



BOARD MEETING AGENDA

DATE: Thursday, June 24, 2021 **TIME:** 9:00 a.m. to 3:30 p.m. (via Zoom)

Agenda Item		Objective	Attach	Time (min)
1.0	Call to Order			
2.0	Board Orientation By Erica Richler, Steinecke Maciura Leblanc, College Counsel Greg Zimnicki, Interim Director of Finance and Corporate Services			120 15
3.0	Public Protection Mandate			1
4.0	Land Acknowledgement Statement *			2
5.0	Declaration of Conflict of Interest			1
6.0	Approval of Agenda			
	Board Agenda – June 24, 2021	Decision	✓	2
7.0	Consent Agenda			
	Registrar's Written Report - June 24, 2021 Draft Council Minutes – March 25, 2021 Draft Council Elections Minutes – March 25, 2021 Executive Minutes – March 4, 2021 Executive Minutes – April 9, 2021 Governance Minutes – March 11, 2021 Governance Minutes – June 1, 2021	Decision	✓	10
8.0	Registrar's Report			
	8.1 Presentation: Q4 2020-2021 Operational Project Status Report, Year End Report by Elinor Larney, Registrar	Information		20
	8.2 Quarterly Performance Report	Decision	✓	10
	8.3 Risk Management Report	Decision	✓	10
	8.4 Annual Registrar Performance Review	Information		2
Lunch Break 12:00 – 1:00 p.m.				
9.0	Finance			
	9.1 FY20/21 Q3 Financial Report	Decision	✓	10
	9.2 FY21/22 Annual Operating Budget	Decision	✓	15
10.0	Governance			
	10.1 Professional Appointment to Quality Assurance Committee	Decision	✓	2
	10.2 Professional Reappointment to Registration Committee	Decision	✓	2
	10.3 Committee Competency Framework	Decision	✓	15

Agenda Item		Objective	Attach	Time (min)
	10.4 Conflict of Interest Policy - Revised	Decision	✓	20
11.0	New Business			
	11.1 Refund Following a Resignation - Policy	Decision	✓	10
	11.2 Medical Assistance in Dying – Guidance Document	Decision	✓	10
	11.3 Virtual Services – Guidance Document	Decision	✓	10
	11.4 Diversity, Equity, and Inclusion – Key Messages	Decision	✓	15
	11.5 Decision-making Framework	Decision	✓	10
12.0	Environmental Scan			
13.0	Other Business			
	13.1 Board Meeting Evaluation	Submit and Complete	<i>link to follow</i>	
14.0	Next Meetings			
	<ul style="list-style-type: none"> • 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			

*** 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.



REGISTRAR'S REPORT

Board Meeting of June 24, 2021

Governance Monitoring Report

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

Registrar Limitation Policies

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

Policies of this category that guided decisions during this period:

- The RL4 – Financial Planning and Budgeting Policies guided the development of the 2021-2022 Projected Budget.
- As per RL8 – External Audit, auditors of the office of Hilborn LLP will conduct an audit of the financial performance of the College for 2020-2021.
- RL12 – Risk Management – guided the information to be presented to Council on the Risk Management Program.
- CRL5 – Monitoring Registrar Performance– guided the discussion of process to monitor Registrar performance

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2020-21 Operational Outcomes

The fourth quarter of the first year of the new strategic plan year has passed, and an update will be presented at Council on the outcomes towards the strategic plan and status of initiatives. In addition, the operational initiatives for the 2021-22 fiscal year, (FY21/22) will also be presented.

College Operations

Staffing Update

- In June, we said goodbye to Nabila Mohammed, Director of Finance and Corporate Services. Greg Zimnicki has temporarily stepped into this role while we search for our permanent person.
- In June, we said goodbye to Adrita Shah Noor, Case Manager, Investigations and Resolutions.
- In May, we welcomed Nathaniel Howell to the role of Associate, Registration in a contract position.
- The College embarked on a review of our staffing and the way we are organized to ensure we are set up appropriately for the future. We have made a few adjustments to staff assignments and will roll out some other processes recommended by the review.

Corporate Services

- The new Finance Audit and Risk Committee had its first meeting. They will be presenting the projected budget for approval as well as the April financial numbers.

- Of importance, the contract for our new Enterprise System that will replace our current database, was signed at the end of May. We had our kickoff meeting with the implementation team and the first working meetings have been set up.
- The company chosen through the procurement process was Gestisoft. Gestisoft is a Canadian company with many clients, both large and small. So far, we are impressed with their team and their enthusiasm for the project. Elizabeth Goff continues to provide project management services for this project. Our staff team are excited about the possibilities for improved processes, workflows and information they hope to gain from this new system.

COVID – 19 Update

- Directive 2 was rescinded in May, when the government decided to allow surgeries and non-urgent procedures to resume. However, occupational therapists must still follow guidance from the Ministry to offer virtual services where possible and continue to use recommended health and safety protections for any in-person services.
- Monitoring and managing activities related to COVID-19 continues to be a priority for the College. Other priorities and initiatives have resumed as much as possible.
- The Quality Assurance (QA) Peer and Practice Assessments as well as the requirement to complete the Professional Development Plan this year were again impacted by the stay-at-home orders and the severe impact on the health care system. We expect to resume peer and practice assessments this July.
- The College continues to operate remotely, and all programs are in full operation (exception – QA). We have supported staff to get their vaccines by allowing them to use work time if necessary.

Communications Program

- COVID-19 communications remain a focus, though we are hopeful future months will see a shift towards additional reopening guidance.
- Other projects are now being resumed and refocused. Three public awareness videos have been developed in French and English, which will be promoted in the coming months.
- Planning is now underway for the annual report.
- The cross-College initiative to promote awareness of the website, OntarioHealthRegulators.ca, which serves as a gateway to all regulators, has resumed, with a new video and promotion planned for 2021.

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- Annual renewal is now mostly complete. The College initiated annual renewal a few weeks earlier this year to allow for flexible payments to be included in the process. We were able to utilize the registrant management system to set up a process whereby registrants were able to select to pay by installment during the renewal period (March-May) based on how early they started the process.
- Statistics of Interest:
 - We have been monitoring numbers for annual renewal to assist with providing some reality to our projected budget on the revenue side. Annual renewal 2020 – 6174, annual renewal for 2021 – 6406 (+23 OTs with an outstanding renewal)

- This is a little under a 4% increase which would be on track with the normal changes we would see each year. We will still see a revenue impact if new graduates are delayed in registering due to the pandemic impacts on their ability to complete their programs on time.
- We introduced payment by installment this year to ease the burden for those who were impacted by the pandemic, financially.
 - OTs paying in 3 installments =535
 - OTs paying 2 installments =287
 - 822 people took advantage of this option which is about 13% of the total people renewing.
- 73 notices of suspension were sent on June 4, 2021 - 50 people subsequently renewed or resigned since June 4 = 23 outstanding renewals
- Anyone not renewing or resigning will be suspended on July 7, 2021

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The 2021 PREP module on Ethics and Professionalism is due to be released early summer. The deadline for completion will be end of October 2021.
- Priorities for the Quality Assurance Program have been to move ahead with the risk-based selection of registrants for the peer and practice assessments as well as develop the screening step that will precede the assessment. With the new competencies for occupational therapists in Canada to be released this year, time will be spent to incorporate any changes into the program.

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.
- The College is hosting a number of student occupational therapists. Two students are assigned to the QA program and working on integration of the new competencies into the Self -Assessment, Professional Development Plan and Peer and Practice Assessments. Two students are working in Practice on the DEI document creation. Two students from Queens are working generally in the Practice Program.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I was re-elected by acclamation as President of ACOTRO at our May 2021 meeting. Also, at this meeting a new ACOTRO Executive was acclaimed. We expect to see a few long-standing members of ACOTRO retire over the next while and this succession plan was put into place.
- 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 nearing completion. The final English draft is out for editing and the French version will be created over the summer. The intent is to release both

the English and French versions at the same time. The website for the project is www.corecomcanada.com. The project should wrap up by end of August.

- A national educational module is in the works to introduce the new competencies to OTs across the country. This will be in place of our normal PREP module. Julie Entwistle will be leading this national project and all provinces who want to be involved have contributed funds to enable a project manager to assist us as well as a French e-learning module to be developed along with the English version.
- The Substantial Equivalency Assessment System (SEAS) for internationally-educated occupational therapists (IEOTs) is in full operation. There was a significant amount of activity this spring as the back log of applicants, created due to the pandemic was prioritized to enable as many as possible to write the July certification exam. The pandemic has not slowed down applications to this program, so we are still seeing normal numbers of new applicants.

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. However, the President, Kevin Taylor, is on a medical leave of absence indefinitely, and so I have had to unexpectedly step into his role and hold the fort. Formal elections for the role of President will be held in the fall at which time the new President 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, they have put in a proposal to obtain additional funding for other work that could be done. We are awaiting word of the proposal's acceptance.

Ministry of Health (MOH)

- Letter to colleges from Sean Court – Assistant Deputy Minister. In your FYI package, you will note a letter asking colleges to confirm any governance changes or ideas that they would support. The Ministry is looking at any possible changes that could be made in the fall in line with burden reduction or efficiencies. As you know, several colleges, particularly the College of Nurses, have been advocating for change to their respective acts, to reduce the size of their Boards from a high of close to 40 down to a more best practice size of 8-12. In addition, a change like this would necessitate separating board appointments from statutory committee appointments. At this time, the Ministry is asking colleges to put forth their best ideas and the Ministry will analyze the responses and determine what makes sense to put forward at this time. The window is short, and the work must be completed over the summer to get ready for the fall session of parliament. Our Governance Committee met to discuss the possible items we might put forward in a response. In addition to confirming that the College has been discussing its Board size, and committee composition, we will also point out that while we have been discussing a competency-based appointment process for the Board, versus the current elections, no decision has been made on this point as we were working within our current legislation. The goal to move to a 50-50 split between professional and public members will be mentioned as well as the wish for a public appointment process that ensures competent public members are appointed in a timely fashion. Another item we will highlight is the changes we have

already made to our nomenclature – from Council to Board, etc. In addition, a suggestion about considering a name change from College to Regulatory Board, or something similar will be made. The Board has previously discussed the confusion about our mandate that our name generates.

- College Performance Measurement Framework (CPMF) – We are awaiting a response or report about the outcome of this process, from the government. We understand that they are working on it with a small working group of regulators, but have been delayed a bit, getting this complete. We can expect that the process will continue next year, and the college will be asked to submit the same report again, with current statistics.
- **Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, 2021**
The Minister of Health introduced this bill on April 27, 2021. It has since been passed in the Legislative Assembly and received royal assent. The Act will, among other provisions:
 - Enact the *COVID-19 Vaccination Reporting Act, 2021*, to require persons or entities who administer the COVID-19 vaccine to disclose to the Ministry of Health (MOH) COVID-19 vaccine related data,
 - Amend the *Medicine Act, 1991*, to regulate physician assistants under the College of Physicians and Surgeons of Ontario,
 - Repeal the *Psychology Act, 1991*, and replace it with the *Psychology and Applied Behaviour Analysis Act, 2021*. The Act will replace the College of Psychologists of Ontario with a new name, College of Psychologists and Behaviour Analysts of Ontario and will regulate psychologists and Applied Behaviour Analysts.
 - Enact the *Health and Supportive Care Providers Oversight Authority Act, 2021* (HSCPOAA), to create a new Oversight Authority (the Health and Supportive Care Providers Oversight Authority) that will oversee personal support workers,
 - It is important to note that the regulatory body created by the Act to oversee personal support workers is not a self-regulated College under the *Regulated Health Professions Act*. The Act authorizes a delegated administrative authority to this body meaning it will be less independent of the government. For instance, members will not be elected by the profession and registration with the authority will be voluntary. In addition, this authority will at some point be open to other professions as this framework can be expanded for new or existing groups where regulation of this type is needed.
- **Bill 288, Building Opportunities in the Skilled Trades Act, 2021**
Presented by the Minister of Labour in May, this act has already been passed and received royal assent to become law. The Act sets out provisions regarding the practice of trades in Ontario and apprenticeship training and certification. Among other provisions, the act will:
 - Repeal the Ontario College of Trades and Apprenticeship Act, 2009 and various other miscellaneous and related provisions,
 - The Ontario College of Trades will be continued as a corporation without share capital under the name "Skilled Trades Ontario". The Act includes various provisions relating to the administration and governance of the Corporation, including the powers and duties of the Registrar of the Corporation.

Implications

While this may not directly affect OT, this development is important because the Act will effectively abolish the Ontario College of Trades to be replaced by a government agency, Skilled Trades Ontario. This means the Ministry of Labour will be more directly controlling the training and regulation of trades.

This sector will be denied self-regulation privilege that members enjoyed under the Ontario College of Trades.

Office of the Fairness Commissioner – (OFC)

- I have been invited to work on the committee to provide input into the 70 compliance practices (formally known as “fair access practices”) with a view towards reducing their number and more clearly differentiating between legal obligations and fair registration best practices.

Truth and Reconciliation Report and College Activities

- Last year at annual renewal, the College sought to have OTs who identify as Indigenous voluntarily self-identify during this process. The goal was to establish a baseline number and to measure the increase over time. (One of the recommendations from the Truth and Reconciliation Report was to increase the numbers of Indigenous health practitioners as a strategy to reduce the health disparities experienced by Indigenous peoples.)
- In analyzing the information obtained at renewal in 2020, and after some data validation, we reported at that time that: 38 registrants self-identified as Indigenous (.6% of total registrants), 9 answered “unsure,” and 69 registrants selected “prefer not to answer.”
- We re-asked that question again this year and received inconsistent data. More people stated that they didn’t want to answer, and more people indicated that they were unsure. We do think that there are about 43 registrants who are Indigenous. Going forward we will likely just ask this information at initial registration, although people can go onto their profile and change their answer if they want.
- Initial discussions with OTs who identified themselves as Indigenous were completed. Next steps for engagement with Indigenous OTs are being planned.

Diversity, Equity and Inclusion (DEI)

- Staff had their first education session with our DEI consultant. It was very well received. About 40 policies and documents were also reviewed by the consultant to assess for concerns or areas for improvement needed. We were pleased to note that while improvements were suggested, the consultant felt that overall, we were starting from a very good place. This work is iterative and further sessions with the consultant are planned for the fall.

See you at the meeting! Elinor



COUNCIL MINUTES

DATE: Thursday, March 25, 2021 **FROM:** 9:00 a.m. – 3:00 p.m.

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In Attendance:

MEMBERS

Jeannine Girard-Pearlman, *Chair*
Paola Azzuolo
Neelam Bal
Donna Barker
Evelyn Chau
Mary Egan
Allan Freedman
Jennifer Henderson
Heather McFarlane
Carol Mieras
Aruna Mitra
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Michelle Stinson
Sophie Xu

REGRETS

Michael Dauncey

GUESTS

Elizabeth Goff, *Project Manager, Enterprise System Project*
Peter Shenfield, *Former Council Member*

OBSERVERS

Sarah Kibaalya, *Ministry of Health of Ontario*

STAFF

Elinor Larney, *Registrar*
Sandra Carter, *Practice Consultant*
Aoife Coghlan, *Manager, Investigations and Resolutions*
Julie Entwistle, *Deputy Registrar*
Coralie Jackson, *OT Student*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Lesley Krempulec, *Practice Consultant*
Tim Mbugua, *Policy Analyst*
Nabila Mohammed, *Director of Finance and Corporate Services*
Brandi Park, *Manager, Registration*
Nancy Stevenson, *Director of Communications*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jeannine Girard-Pearlman welcomed everyone and called the meeting to order at 9:02 a.m.

2.0 Public Protection Mandate

The Chair reminded Council members that the purpose of their work is to protect the public and that all decisions are made in that light.

3.0 Land Acknowledgement

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

4.0 Declaration of Conflict of Interest

The Chair asked for any declarations of conflict of interest. Heather McFarlane declared a conflict of interest for item 8.3, Appointment of Non-Council Member – Quality Assurance Subcommittee.

5.0 Approval of Agenda

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

MOVED BY: Carol Mieras

SECONDED BY: Teri Shackleton

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

CARRIED

6.0 Approval of Consent Agenda

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

- Registrar's Report of March 25, 2021
- Draft Council Minutes of January 28, 2021
- Approved Executive Committee Minutes of January 11, 2021
- Approved Governance Committee Minutes of January 14, 2021
- Nominations Committee Report of March 25, 2021

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Council approves the consent agenda items as presented.*

CARRIED

7.0 Registrar's Update**7.1 Registrar's Presentation – Operational Project Status Report**

Elinor reported on operational areas of focus for Q3 FY20/21 related to strategic objectives for Year 1 of the 2020-2023 Strategic Plan.

7.2 FY20/21 Q3 Financial Report

Nabila Mohammed presented the financial report and responded to questions.

MOVED BY: Stephanie Schurr

SECONDED BY: Jennifer Henderson

***THAT** Council receives the January 2021 Financial Report, Statement of Financial Position and Statement of Operations, as presented.*

CARRIED

7.3 2020 Investment Report

Nabila reviewed the summary investment report and reminded Council that the preservation of capital is the main principle for investments. The College adheres to only those investments covered by the Canada Deposit Insurance Corporation (CDIC). As the College's current investment provider is running out of CDIC insured options, accumulated investments will be reinvested once options become available. The College has opened an investment account with a different provider which will offer additional options for investing now and in the future.

7.4 Quarterly Performance Report

Julie Entwistle stated the Quarterly Performance Report was reviewed and approved by the chairs of each committee. Members expressed appreciation for the new, easier-to-read format, and said they felt better informed with information from previous quarters available for reference.

MOVED BY: Vincent Samuel

SECONDED BY: Teri Shackleton

THAT Council receives the Quarterly Report for Q3 of the 2020-2021 fiscal year.

CARRIED

7.5 Risk Management Report

Elinor reported on risk issues and responded to questions. Overall, the level of risk remained the same. Fee stability is maintained for 2021 and the process for annual renewal will proceed as per normal timelines. Introduced this year is the option to pay by installment, which will be available up until the May 31st deadline. The College remains flexible to explore other options for OTs experiencing financial hardship who contact the office. Activities and requirements related to the Quality Assurance Program have returned to regular schedules. The impact of COVID-19 will continue to be monitored and changes made as necessary.

MOVED BY: Jennifer Henderson

SECONDED BY: Donna Barker

THAT Council receives the Risk Management Report.

CARRIED

7.6 College Performance Measurement Framework (CPMF)

The CPMF was brought forward for discussion and approval. As it is a lengthy document, it had been circulated to members well in advance of the meeting today. A correction was recommended for page 93. Council acknowledged the tremendous amount of work to complete this document and expressed their appreciation to staff.

MOVED BY: Stephanie Schurr

SECONDED BY: Heather McFarlane

THAT Council approves the completed College Performance Measurement Framework for submission to the Ministry of Health, including today's change.

CARRIED

8.0 Governance

8.1 Annual Council Evaluation Summary

The Chair provided a high-level summary of feedback received from members. Comments were very positive and Council members expressed satisfaction with Council's work and their individual roles in public protection. Council felt well-informed, with sufficient time at meetings for discussion prior to decisions. There was a clear separation of Council and staff roles. Recommendations for improvement focus on new Council member orientation and a suggestion to implement a buddy system. The Chair asked Council if a verbal, high-level analyzed summary was sufficient. After some discussion, Council opted to include in future Council

materials, a summarized written report including any action items. If an issue were to arise where a person is named, in the interest of transparency, Executive would omit the person's name and report that an issue is being investigated.

8.2 Elections Update – Districts 3, 5, 6

Elinor reported that there was a slight decrease in voter turnout for this election. Election results were reviewed.

8.3 Appointment of Non-Council Member – Quality Assurance Subcommittee

Heather McFarlane, having expressed a conflict of interest, left the meeting for this item. The Quality Assurance Committee, following a call for candidates and subsequent interviews, brought forward today the recommendation to appoint Candice Silver as a non-Council member to the Quality Assurance Subcommittee.

MOVED BY: Stephanie Schurr

SECONDED BY: Carol Mieras

***THAT** Council approves the appointment of Candice Silver for a three-year term on the Quality Assurance Subcommittee, commencing on April 1, 2021.*

CARRIED

8.4 Appointment of Non-Council Member – Patient Relations Committee

The Patient Relations Committee, following a call for candidates and subsequent interviews, brought forward today the recommendation to appoint Melissa Aldoroty as a non-Council member to the Patient Relations Committee.

MOVED BY: Carol Mieras

SECONDED BY: Neelam Bal

***THAT** Council approves the appointment of Melissa Aldoroty for a three-year term on the Patient Relations Committee, commencing on April 1, 2021.*

CARRIED

8.5 Council Competencies

Stamatis explained that as part of the governance modernization initiative, the Board Competency Framework has been developed which outlines personal attributes, knowledge, skill and expertise required of the Board, as a collective. A discussion was held, and additional recommendations were provided which will be incorporated into the document.

MOVED BY: Jennifer Henderson

SECONDED BY: Aruna Mitra

***THAT** Council approves the adoption of the College Board Competency Framework as presented, including today's changes.*

CARRIED

8.6 Revised Code of Conduct

Stamatis explained that as part of the governance modernization initiative, the College undertook a review of the Code of Conduct for Council and Non-Council Members. Council recommended several additional changes. For transparency, the revised Code will be added to the College bylaws as a new schedule. Public consultation is not required.

MOVED BY: Vincent Samuel

SECONDED BY: Carol Mieras

THAT Council approves the proposed Code of Conduct including today's changes, and that it be added as Schedule B to the College bylaws.

CARRIED

9.0 Council Education

Presentation: *Reduction of Investigations and Resolutions Case Completion Times*
by Aoife Coghlan, Manager Investigations and Resolutions

10.0 Environmental Scan

Council members provided various updates on changes in systems and information of interest that impact the practice of occupational therapy.

11.0 New Business**11.1 Enterprise System Update – in camera**

Pursuant to 7(2)(b) of the Code regarding financial matters, a motion was made to move in camera. Elizabeth Goff joined the meeting. Elinor, Nabila, Nancy, Julie, Stamatis and Andjelina remained, and all other staff, guests and observers left the meeting.

MOVED BY: Carol Mieras

SECONDED BY: Allan Freedman

THAT Council moves in camera

CARRIED

A discussion was held regarding vendors and budget, and approval sought to enter into contract negotiations.

MOVED BY: Stephanie Schurr

SECONDED BY: Neelam Bal

THAT Council approves securing a contract with either Vendor 1 or Vendor 2 with a vendor implementation budget that does not exceed \$300,000.

CARRIED

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

THAT Council moves out of camera

CARRIED

Peter Shenfield joined the meeting. Stephanie Schurr spoke briefly about Peter's professional background and contributions on Council and other College committees, and on behalf of Council, thanked him for his commitment and service. Peter encouraged members to continue in the important work of protecting the public and wished everyone well. Peter left the meeting.

11.2 Use of Social Media

Sandra Carter explained that the *Practice Guideline: Use of Social Media* document was reviewed by the Practice Subcommittee as part of the five-year document review cycle. The revised document, which includes title change, was presented today for Council approval. Public consultation is not required. Council provided further recommendations which will be incorporated into the document.

MOVED BY: Jennifer Henderson

SECONDED BY: Carol Mieras

THAT Council approves the revised Use of Social Media document for publication, including today's changes.

CARRIED**11.3 Revised Standards for the Prevention and Management of Conflict of Interest**

Aoife Coghlan explained that the *Standards for the Prevention and Management of Conflict of Interest* document was reviewed by the Patient Relations Committee and Practice Subcommittee as part of the five-year document review cycle. Council provided several recommendations which will be incorporated into the document. Public consultation is required.

MOVED BY: Carol Mieras

SECONDED BY: Jennifer Henderson

THAT Council approves the draft revised Standards for the Prevention and Management of Conflict of Interest for public and stakeholder consultation.

CARRIED**12.0 Other Business****12.1 Council Meeting Evaluation**

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

13.0 Next Meetings

- Council Meeting, Thursday, June 24, 2021, 9:00 a.m. – 3:30 p.m. via Zoom

14.0 Special Presentation: Farewell

Mary spoke about Sophie's professional background and experience and thanked her, on behalf of Council, for her contribution and commitment to public protection during her year of service on Council. Sophie thanked Council for the kind words and support. Jennifer spoke about Jeannine's professional background and experience and thanked her, on behalf of Council, for her outstanding leadership, commitment, and contribution to public protection during her seven years of service on Council. Jeannine thanked Council and expressed appreciation for Council's support over the years and wished everyone well.

15.0 Adjournment

There being no further business, the meeting was adjourned at 2:20 p.m.

MOVED BY: Allan Freedman

***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, 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.

DRAFT

APPENDIX 2: Status of Implementation of Decisions of Council

Council Meeting Date	Decisions	Current Status
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
March 25, 2021	THAT Council approves the revised Use of Social Media document for publication, including today's changes	Complete
March 25, 2021	THAT Council approves securing a contract with either Vendor 1 or Vendor 2 with a vendor implementation budget that does not exceed \$300,000.	Complete
March 25, 2021	THAT Council approves the proposed Code of Conduct including today's changes, and that it be added as Schedule B to the College bylaws.	Complete
March 25, 2021	THAT Council approves the adoption of the College Board Competency Framework as presented, including today's changes.	Complete
March 25, 2021	THAT Council approves the completed College Performance Measurement Framework for submission to the Ministry of Health, including today's change.	Complete
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
January 28, 2021	THAT Council approves the revised Framework for College Publications.	Complete
January 28, 2021	THAT Council approves the revised Discontinuing Services document for publication, including today's wording changes.	Complete
January 28, 2021	THAT Council approves the implementation of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) recommendation regarding cross-jurisdictional telepractice so that for the purposes of registration, practice occurs where the occupational therapist is located.	Complete
October 29, 2020	THAT Council approves the creation of a Finance, Audit and Risk Committee to commence in April 2021.	Complete
October 29, 2020	THAT Council approves the areas of responsibility related to governance (elections, nominations, Council effectiveness, committee appointments and chairs, investigating complaints and conduct of Council and Committee members), previously	Complete

Council Meeting Date	Decisions	Current Status
	<i>held by the Executive Committee, be moved to the restructured Governance Committee to commence in April 2021.</i>	
October 29, 2020	THAT Council approves that the Executive Committee authority be limited to urgent matters in between Council meetings; evaluation of Registrar performance, overseeing the functioning of Council, including setting the Council agenda and planning meetings, to commence in April 2021.	Complete



COUNCIL ELECTIONS MINUTES

DATE: Thursday, March 25, 2021 **TIME:** 3:00 – 4:00 p.m.

Page 1 of 3

In Attendance:

MEMBERS:

Elinor Larney, Registrar, *Chair, Scrutineer*
Paola Azzuolo
Neelam Bal
Donna Barker
Evelyn Chau
Mary Egan
Allan Freedman
Jeannine Girard-Pearlman
Jennifer Henderson
Heather McFarlane
Carol Mieras
Aruna Mitra
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Michelle Stinson
Sophie Xu

OBSERVERS:

Sarah Kibaalya, *Ministry of Health of Ontario*

STAFF:

Julie Entwistle, *Deputy Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Coralie Jackson, *Student OT*
Nabila Mohammed, *Dir. Finance and Corporate Services*
Nancy Stevenson, *Dir., Communications*
Andjelina Stanier, *Executive Assistant, Scribe, Scrutineer*

REGRETS:

Michael Dauncey

1.0 Call to Order

Chair Elinor Larney called the meeting to order at 2:30 p.m.

2.0 Approval of Agenda

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

MOVED BY: Neelam Bal

SECONDED BY: Teri Shackleton

THAT the agenda be approved as presented.

CARRIED

3.0 Elections

3.1 Election of Officers

Chair Elinor Larney stated that according to the bylaws, the Executive Committee must be composed of two professional and two public members. The slate will be read prior to the vote for each position and additional nominations will be accepted from the floor. A call for nominations will be made three times before declaring the nominations closed for each position. She reminded Council that the final slate and statements of candidacy were provided to members for their review in advance of voting today. The Chair proceeded with the election as follows:

CHAIR

Jennifer Henderson and Heather McFarlane were nominated for the position of Chair of the Board. Nominations from the floor were received for Stephanie Schurr, Vincent Samuel and Allan Freedman. Vincent Samuel and Allan Freedman declined their nominations. Heather McFarlane declined her nomination. The ballot was composed of Jennifer Henderson and Stephanie Schurr. No further nominations were received, and nominations were declared closed. Ballots were completed.

Jennifer Henderson was declared elected by majority of votes, as Chair.

VICE-CHAIR

Jennifer Henderson, Heather McFarlane, Aruna Mitra, Vincent Samuel, Stephanie Schurr and Teri Shackleton were nominated for the position of Vice-Chair of the Board. Jennifer Henderson's name was removed from the slate. Teri Shackleton declined her nomination. No further nominations were received, and nominations were declared closed. Ballots were completed. A majority was not declared. Aruna Mitra, with the lowest number of votes, was removed from the ballot. The remaining candidates were Heather McFarlane, Vincent Samuel and Stephanie Schurr. Ballots were completed. A majority was not declared. Heather McFarlane, with the lowest number of votes, was removed from the ballot. The ballot was composed of Vincent Samuel and Stephanie Schurr. Ballots were completed.

Vincent Samuel was declared elected by majority of votes, as Vice-Chair.

DIRECTOR (Ballot for Public Member)

Jennifer Henderson, Heather McFarlane, Carol Mieras, Stephanie Schurr, Teri Shackleton, Vincent Samuel, Allan Freedman and Michael Dauncey were nominated for the position of Director. Jennifer Henderson and Vincent Samuel were removed from the ballot. Professional members, Heather McFarlane, Carol Mieras, Stephanie Schurr and Teri Shackleton were removed from the ballot. The ballot was composed of Public Members Allan Freedman and Michael Dauncey. No further nominations were received, and nominations were declared closed. Ballots were completed.

Allan Freedman was elected by majority of votes, as Director.

DIRECTOR (Ballot for Professional Member)

Jennifer Henderson, Heather McFarlane, Carol Mieras, Stephanie Schurr, Teri Shackleton, Vincent Samuel, Allan Freedman and Michael Dauncey were nominated for the position of Director. Jennifer Henderson, Vincent Samuel and Allan Freedman were removed from the ballot. Public Member Michael Dauncey was removed from the ballot. No further nominations were received, and nominations were declared closed. Ballots were completed. A majority was not declared. Carol Mieras, with the lowest number of votes, was removed from the ballot. The ballot was composed of Heather McFarlane, Stephanie Schurr and Teri Shackleton. Ballots were completed. A majority was not declared. Teri Shackleton, with the lowest number of votes, was removed from the ballot. The ballot was composed of Heather McFarlane and Stephanie Schurr. Ballots were completed.

Heather McFarlane was declared elected by majority of votes, as Director.

Elinor passed the chair to newly elected Chair, Jennifer Henderson.

3.2 Motion to Destroy Ballots

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

MOVED BY: Carol Mieras

SECONDED BY: Neelam Bal

THAT the electronic ballots for the 2021 Election of Officers be destroyed.

CARRIED

4.0 New Business**4.1 Statutory Committee Form**

Chair Jennifer Henderson asked members to complete their Statutory Committee Selections by means of the survey link which was sent by email today.

4.2 Annual Signing

The Chair asked members to complete their Annual Confidentiality, Code of Conduct, and Conflict of Interest forms which will be sent electronically.

5.0 Next Meetings

- Council Meeting – Thursday, June 24, 2021, 9:00 a.m. – 3:00 p.m. via Zoom
- Council Education – Wednesday, October 27, 2021, Time and place TBD
- Council Meeting – Thursday, January 27, 2022, 9:00 a.m. – 3:00 p.m. Place TBD
- Council Meeting – Thursday, March 24, 2022, 9:00 a.m. – 3:00 p.m. Place TBD
- Council Meeting – Thursday, June 23, 2022, 9:00 a.m. – 3:00 p.m. Place TBD

6.0 Adjournment

The meeting adjourned at 3:15 p.m. at the call of the Chair.



EXECUTIVE COMMITTEE MINUTES

Date: Thursday, March 4, 2021 Time: 10:30 a.m. – 1:30 p.m. via Zoom

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In Attendance:

MEMBERS:

Jeannine Girard-Pearlman, *Chair*
Jennifer Henderson
Stephanie Schurr
Peter Shenfield

GUESTS:

Elizabeth Goff, *Project Manager, ES Project (10.3)*

STAFF:

Elinor Larney, *Registrar*
Sandra Carter, *Practice Consultant (10.4)*
Nabila Mohammed, *Dir. Finance & Corporate Services (8.1-8.3, 10.3)*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 10:27 a.m.

2.0 Public Protection Mandate

The Chair reminded everyone that the purpose of the work of the committee is to protect the public and that all decisions are made in that light.

3.0 Land Acknowledgement and Commitment to Stronger Engagement

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

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

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

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Approval of Draft Executive Minutes from January 11, 2021

The Chair called for edits to the draft minutes of January 11, 2021. None were reported.

MOVED BY: Peter Shenfield
SECONDED BY: Stephanie Schurr

THAT the draft Executive Minutes of January 11, 2021 be approved as presented.

CARRIED

Draft Council Minutes of January 28, 2021

The Chair called for edits to the draft Council Minutes of January 28, 2021. None were reported.

MOVED BY: Jennifer Henderson
SECONDED BY: Peter Shenfield

THAT Executive approves the draft Council Minutes of January 28, 2021 as presented.

CARRIED

7.0 Registrar's Report

7.1 Registrar's Update

Ontario Fairness Commissioner (OFC)

The OFC has implemented a new risk-based process with a greater focus on colleges with past non-compliance issues in registration reporting methods. The College is doing very well and is deemed very low-risk. Elinor was asked to join a new risk-informed compliance network to work on policy around the use of third parties by regulators.

Ontario Society of Occupational Therapists (OSOT)

A letter from OSOT regarding annual renewal for 2021 was circulated to Executive prior to the meeting today. OSOT has asked that fees be split into four payments over the course of a year, with revocation as the penalty for non-payment. Elinor explained this would be problematic with respect to College bylaws among other issues. A response is being drafted to explain that to accommodate OTs this year, renewal will start earlier, in mid-March, with the option to pay in 1-3 installments, by the May 31st deadline. The College will work with individual OTs experiencing financial hardship.

Ministry Emergency Operation Centre (MEOC)

The College was contacted with requests from public health units (PHUs) regarding the vaccination registration process for OTs. A meeting was then arranged with the MEOC and all health regulatory colleges to see if there could be some coordination or expectations laid out, as there was some misinformation circulating (OTs should be contacting the College to book vaccine appointments). The process is now better coordinated; however, the College is responsible for contacting OTs once notified by each public health unit to let them know they can register for a vaccine if they meet eligibility requirements.

National Exam

The national exam for new graduates was held virtually for the first time in January and due to COVID-related restrictions, the exam was written from participants' homes with a virtual proctor. A small number of participants experienced minor issues, mostly related to insufficient bandwidth

or other minor IT problems. The eventual plan is to administer the computer based exam in person at designated exam centres.

OT Students

This year, the College has accepted three OT students. Julie Entwistle has enlisted them in several program areas to help complete various projects.

Human Resources Challenges

Three staff members are off work for health-related reasons: Two on short-term disability and one likely longer term, with no confirmed return dates at this time. Recruiting for a contract position in the Registration program to fill the longer-term absence will begin soon. Hiring for a second 12-month contract position to assist with the implementation of the Enterprise System Project will also begin soon. Brandi Park has been rehired to her previous role as Manager of Registration, following Clara Lau's departure.

Indigenous Occupational Therapists

Last year, as part of the annual renewal process, OTs were asked to self-identify as Indigenous. After receiving some feedback on this question, Elinor and Julie met with two Indigenous consultants, and next week, will meet with a focus group of Indigenous OTs to begin to understand the needs of the OT Indigenous community with respect to regulation and practice in the OT profession.

Canadian Institute for Health Information (CIHI)

ACOTRO is working with CIHI to review and evaluate the data about occupational therapists being collected through each college and forwarded to CIHI.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- SEAS bridging program is being developed with a plan for the program to be used nationwide once complete.
- ACOTRO has been invited to participate with a national working group supported by the Canadian Association of Occupational Therapists, on Truth & Reconciliation. ACOTRO will approach discussions through the regulator lens and avoid advocacy of any kind.
- COTO will apply for provincial funding to build bridging programs and to assist the SEAS program to improve its processes for internationally educated occupational therapists.
- CORECOM: The final draft version of the competencies will go out by email to all OTs for a full national consultation on March 8. ACOTRO, ACOTUP and CAOT will meet with survey facilitators to discuss user impact. Once they are finalized, the task of integrating the competencies into the Quality Assurance Program and other College programs will begin.

7.2 Risk Management Report

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.

MOVED BY: Stephanie Schurr

SECONDED BY: Jennifer Henderson

THAT Executive receives the Risk Management Report.

CARRIED

8.0 Finance

8.1 FY 20/21 Q2 Financial Report

Nabila reviewed the January 31, 2021 Financial Report, Statement of Financial Position and Statement of Operations.

MOVED BY: Peter Shenfield

SECONDED BY: Jennifer Henderson

THAT Executive approves the January 31, 2021 Financial Report, Statement of Financial Position, and Statement of Operations, as presented.

CARRIED

8.2 Annual Investment Portfolio

Nabila reported on the College's investment portfolio as at December 31, 2020 and responded to questions.

8.3 Reserve Fund for Year-End 2020-2021

Nabila reported that there are no changes at this time to the Reserve Funds and that they remain within policy guidelines. This update was provided for information purposes only.

9.0 Governance

9.1 Recommendation for Committee Chairs

Elinor reviewed the documents which assist Executive when recommending Chairs for statutory committees to the newly elected Executive Committee. Executive reviewed feedback provided by members on their availability and interest to be Chair. Following discussion, Chairs were selected. The committee's confidential recommendations will be provided to the 2021-2022 Executive for consideration at their first meeting in April.

MOVED BY: Jennifer Henderson

SECONDED BY: Peter Shenfield

THAT Executive recommends committee Chairs to the 2021-2022 Executive Committee for appointment consideration.

CARRIED

9.2 College Performance Management Framework (CPMF)

Elinor reported that the final draft version of the CPMF was circulated to Council for review in preparation for discussion and decision at the next Council Meeting. This report was a tremendous amount of work over several months, across all program areas and many staff members were involved. Thank you to Julie Entwistle for managing this project.

9.3 Registrar Performance Review Process

Executive held a discussion on the preliminary report as provided by the consultant who was engaged to review and revise the Registrar Performance Review process. The consultant recommended that a selection of staff also participate in the review process in addition to Council. The rating scale was discussed. Executive opted on a 7-point scale, with a different set of labels than provided for in the report, which Elinor will revise slightly based on feedback from Executive. A detailed description of each label will be included in the evaluation survey. The

importance of preserving the confidentiality of responses and anonymity of participating staff was discussed.

MOVED BY: Peter Shenfield

SECONDED BY: Stephanie Schurr

***THAT** Executive approves the revised forms and process for the yearly evaluation of the Registrar.*

CARRIED

10.0 Business Arising

10.1 Committee Work Plan

Executive reviewed and updated the Work Plan.

10.2 Committee Effectiveness Survey Results

Executive reviewed the results. Overall, feedback is very positive. Members expressed they are happy with the Chair's leadership and progress of committee work, and how well members work together.

10.3 Enterprise System Project

Elizabeth Goff joined the meeting. Nabila updated the committee on the status of the project and next steps. The project is currently in Phase 2 following an initial tendering process, multiple vendor consultations and system demonstrations. Two top vendors have been identified. At this juncture, the project requires Council approval for the College to pursue an agreement with one of the top vendors.

MOVED BY: Stephanie Schurr

SECONDED BY: Peter Shenfield

***THAT** Executive recommends to Council to approve the College to pursue an agreement with one of the two vendors presented, on a limited-cost basis for no more than \$300,000.*

CARRIED

10.4 Use of Social Media

Sandra explained that in compliance with the 5-year regular review cycle of College documents, *Practice Guideline: Use of Social Media*, originally issued in 2014, was overdue for review. A full review was conducted, including external scan of other health-regulatory colleges, and recommended revisions have now been incorporated into the document.

MOVED BY: Stephanie Schurr

SECONDED BY: Jennifer Henderson

***THAT** Executive recommends the revised Use of Social Media document be forwarded to Council for approval to disseminate.*

CARRIED

10.5 Council Meeting Evaluation Results – January 28, 2021

Executive reviewed the results and discussed recommendations for improvement. For future Council packages, a watermark will be added to differentiate between current version and the proposed version when both documents are included. The Chair will raise the question at Council to determine what reports and other items can be included on the Consent Agenda.

10.6 Annual Council Evaluation Results

Executive reviewed the results and discussed a recommendation to assign a mentor or buddy to new Council members. The Chair will raise this for discussion at Council.

10.7 Annual Council Self-Evaluation/Optional Action Results

Executive reviewed the summary. The new Executive that will be constituted in April should review these results to determine any future education for Council that will be needed.

10.8 Draft Council Agenda – March 28, 2021

Executive finalized the Council agenda.

11.0 Next Meeting

The next meeting date will be determined once the new Executive officers are elected.

12.0 Adjournment

The Chair thanked Peter for his hard work and contribution to the work of the Executive Committee. She shared that many staff and Council members have expressed how much they enjoyed working with him, what a valued member he has been, and that he will be greatly missed. Peter thanked the Chair for her kind words.

There being no further business, the meeting was adjourned at 1:45 p.m.

MOVED BY: Peter Shenfield

THAT the meeting be adjourned.

CARRIED

APPENDIX: 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.



EXECUTIVE COMMITTEE MINUTES

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

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In Attendance:

MEMBERS:

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

STAFF:

Elinor Larney, *Registrar*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 9:00 a.m. As this committee is newly reconstituted, she invited members to briefly speak about themselves and their interests.

2.0 Public Protection Mandate

The Chair reminded everyone to keep in the forefront that all considerations and decisions are made in the interest of the public.

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 any declarations of conflict of interest. None were declared.

5.0 Executive Committee Orientation

Elinor conducted the committee orientation session and responded to questions.

6.0 Approval of Agenda

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

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes**6.1 Approval of Draft Executive Minutes**

The Chair called for edits to the draft minutes of March 4, 2021. One was reported:

- Page 6, item 12.0 Adjournment: Delete 3:45 p.m. and insert 1:45 p.m.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** the draft Executive Minutes of March 4, 2021 be approved as a report of the outgoing Executive Committee, as amended.*

CARRIED

8.0 Registrar's Report

Discussion was held on the possible redeployment of OTs to alleviate the pressure of increasing numbers of patients in hospitals related to the COVID-19 pandemic.

9.0 Business Arising**9.1 Committee Work Plans, 2020-2021, 2021-2022**

Elinor reported on the status of items on the 2020-2021 work plan and responded to questions. Executive reviewed the 2021-2022 work plan.

9.2 Appointment of Committee Chairs to Committees, Committee Composition and Chair to the Practice Subcommittee

Executive reviewed and discussed the recommendations from the 2020-2021 Executive Committee for the appointment of the 2021-2022 committee chairs. Additional recommendations were made, and the following individuals were appointed. A discussion was held to determine the composition of the committees.

Committee	Chair
Executive	Jennifer Henderson
Registration	Donna Barker
Inquiries, Complaints & Reports	Carol Mieras (Panel A), Stephanie Schurr (Panel B)
Discipline	Donna Barker
Patient Relations	Michelle Stinson
Fitness to Practise	Neelam Bal
Quality Assurance	Teri Shackleton
Governance Committee	Jennifer Henderson
Finance, Audit and Risk	Allan Freedman

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive approves the appointment of Chairs for the College Statutory Committees based on the draft slate provided and today's discussions.*

***THAT** Executive approves the committee composition based on the draft composition provided and today's discussions.*

***THAT** Executive approves the appointment of Heather McFarlane as the Chair of the Practice Subcommittee.*

CARRIED

9.3 Appointment of Committee Liaison to the Public Appointments Secretariat

In compliance that a Public Director be appointed to the Public Appointments Secretariat, the Chair called for volunteers. Vincent Samuel put his name forward.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** Executive appoints Vincent Samuel as Liaison to the Public Appointments Secretariat.*

CARRIED

9.4 March Board Meeting Evaluation - Summary

Executive reviewed feedback provided. Results were very positive overall. A recommendation was made to create a competency development plan based on needs identified through the board and individual members' learning gaps.

10.0 Next Meetings

Following adjournment, the Chair and Elinor remained to discuss possible meeting dates for 2021-2022. Doodle poll will be circulated.

11.0 Adjournment

There being no further business, the meeting was adjourned at 11:45 a.m.

MOVED BY: Heather McFarlane

***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.



GOVERNANCE COMMITTEE MINUTES

DATE: Thursday, March 11, 2021 **FROM:** 1:00 – 4:00 p.m. *via video conference*

Page 1 of 4

MEMBERS PRESENT:

Peter Shenfield, *Chair*
Jeannine Girard-Pearlman
Jennifer Henderson
Vincent Samuel
Stephanie Schurr
Teri Shackleton

STAFF PRESENT:

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

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 1:00 p.m.

2.0 Public Protection Mandate

The Chair reminded members 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.

4.0 Declaration of Conflict of Interest

The Chair asked for any declaration of conflict of interest. None was declared.

5.0 Approval of Agenda

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

MOVED BY: Teri Shackleton

SECONDED BY: Jeannine Girard-Pearlman

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

The Chair asked for changes to the draft minutes of January 14, 2021. None were reported.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee minutes of January 14, 2021 be approved as presented.*

CARRIED

7.0 Revised Code of Conduct

Stamatis explained that as part of the governance modernization initiative, the College has undertaken a review of the Code of Conduct for Council and Non-Council members, originally drafted as two documents in 2009 and reviewed every three years since then. Proposed revisions to the Code include streamlining both documents into one, removal of references to the previous governance policies and limitations, and changes to language to align with new terminology. The revised Code outlines four core values of expected conduct: Fiduciary Duties, Accountability and Competence, Integrity, and Diversity and Inclusion. For transparency purposes the revised Code will also be added to the College bylaws as a new schedule. There is no legislative requirement to send it out for consultation. The Committee expressed very positive feedback and provided some additional edits.

MOVED BY: Teri Shackleton

SECONDED BY: Vincent Samuel

***THAT** the Governance Committee recommends the approval of the proposed Code of Conduct, including today's changes, and that it be forwarded to the Council for approval, at it's March 2021 meeting.*

CARRIED

MOVED BY: Stephanie Schurr

SECONDED BY: Jennifer Henderson

***THAT** the Governance Committee recommends the proposed Code of Conduct be added as Schedule B to the College bylaws.*

CARRIED

8.0 Proposed Board Competency Framework

The Committee held a discussion on the proposed Board Competencies and provided further recommendations. Under attributes, the definition of Objectivity is further refined, and consensus-building will be added as a new competency. Stamatis also introduced a Board Competency Matrix that covers the proposed Board attributes and competencies but also incorporates diversity in the areas of Professional, Regional, Age, Cultural and Gender diversity.

9.0 Proposed Committee Competencies

Stamatis presented results from an environmental scan of other colleges' committee competencies. The Committee reviewed the results and held a discussion. Stamatis will also consult with program managers to get their input on any proposed competencies. This will be brought back to the Committee at its next meeting.

10.0 Committee Training

Discussion was held to discuss upcoming committee training and to solicit feedback on what additional topics or subject matters members feel would be relevant for the upcoming committee to be trained on.

11.0 Environmental Scan – College of Teachers

Stamatis provided an update on the College of Teachers modernization plan. As of February 1, the Ministry of Education appointed a Supervisor to oversee the transition. As a result, the College board has been disbanded.

12.0 Governance Project Plan

Stamatis updated the committee on the status of current and future projects.

13.0 Next Meeting

The next meeting date will be determined once the Committee is reconstituted in April.

14.0 Adjournment

Stamatis and Committee members expressed their sincere appreciation to Peter for all his support, hard work and active leadership on this Committee as his term on Council comes to an end on March 20. Peter thanked everyone.

Meeting adjourned at 3:45 p.m. at the call of the Chair.

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.

APPENDIX 2

Meeting Date	Decisions	Current Status
March 11, 2021	THAT the Governance Committee recommends the approval of the proposed Code of Conduct, including today's changes, and that it be forwarded to the Council for approval, at it's March 2021 meeting.	Complete
March 11, 2021	THAT the Governance Committee recommends the proposed Code of Conduct be added as Schedule B to the College bylaws.	Complete

Meeting Date	Action Items	Current Status
March 11, 2021	Consult with program managers and bring back proposed committee slate of competencies.	Ongoing – tabled for June 1, 2021 meeting



GOVERNANCE COMMITTEE MINUTES

DATE: Tuesday, June 1, 2021

TIME: 9:00 a.m. to 12:00 p.m. via video conference

In Attendance:

MEMBERS:

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

STAFF:

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

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 9:02 a.m. This being the first meeting of the reconstituted committee, the Chair invited members to introduce themselves.

2.0 Public Protection Mandate

The Chair reminded members that the focus and mandate of the work of the College is to protect the public, and that all decisions are made in that light.

3.0 Land Acknowledgement Statement*

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

4.0 Declaration of Conflict of Interest

The Chair asked for declarations of conflict of interest. None were declared.

5.0 Approval of Agenda

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

MOVED BY: Carol Mieras

SECONDED BY: Vincent Samuel

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Minutes of March 11, 2021

The Chair asked for edits or other changes to the draft Governance Committee Minutes of March 11, 2021. None were reported.

MOVED BY: Stephanie Schurr

SECONDED BY: Carol Mieras

***THAT** the draft Governance Committee Minutes of March 11, 2021 be approved as a report of the 2020-2021 Governance Committee.*

CARRIED

7.0 Committee Effectiveness Survey Results

The Chair reviewed results from the 2020-2021 Governance Committee Effectiveness survey and noted that the feedback overall, was very positive. A suggestion to put all motions on one page for easy reference will be implemented for future meetings.

8.0 Committee Orientation

Stamatis and Elinor conducted the committee orientation session and responded to questions.

9.0 Conflict of Interest

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 consolidated into one and will apply to all directors and 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; The option for declarations to be completed by all members prior to meetings and then included in meeting packages, or the option to provide a "Register of Interest" on the College website, whereby members would register conflicts, prior to meetings, and kept as a running record. A discussion was held. The group was in agreement over the new policy; however, concern was expressed over the unnecessary red tape (extra paperwork and redundancy) with the first option, as well as concerns over the posting of personal information online on the Register of Interest. When presented to the Board for approval, in addition to the two options, a third option will be included, which is to continue the current practice of verbal declarations at the start of meetings.

MOVED BY: Vincent Samuel

SECONDED BY: Carol Mieras

***THAT** the Governance Committee recommends the approval of the proposed Conflict of Interest policy for Directors and Committee Members, and that it be forwarded to the Board for approval at their June 2021 meeting.*

CARRIED

10.0 Committee Competencies

The Committee held a discussion on the proposed Committee Competencies that are in addition to the Board Competency Framework previously approved by the Board, which is related to governance modernization and the 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 and staff. 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.

MOVED BY: Carol Mieras

SECONDED BY: Stephanie Schurr

THAT the Governance Committee recommends the approval of the Committee Competency Framework, and that it be forwarded to the Board for approval at their June 2021 meeting.

CARRIED

11.0 Environmental Scan – Bill 283

This item was presented for information purposes only. Stamatis provided an overview of newly introduced Bill 283, *Advancing Oversight and Planning in Ontario Health System Act, 2021* related to the proposed government regulation of Personal Support Workers (PSW). This regulatory model is described as a Regulatory Authority with a board entirely composed of appointed public members and is proposed as an alternative regulatory model for lower risk professions. This model is not governed under the *Regulated Health Professions Act (RHPA)* but rather by the provincial government. A major difference is that discipline matters would be resolved through dispute resolution rather than through the legal process. The bill, which has advanced quickly with final approval anticipated in the coming weeks, could have implications on the future regulation of other groups.

12.0 Next Meetings

Two meetings are anticipated in preparation for the October Board meeting. A Doodle poll will be circulated with dates in early September and early October.

13.0 Adjournment

There being no further business, the meeting was adjourned at 12:09 p.m.

MOVED BY: Carol Mieras

THAT the meeting be adjourned.

CARRIED

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APPENDIX 2

Meeting Date	Decisions	Current Status
June 1, 2021	THAT the Governance Committee recommends the approval of the proposed Conflict of Interest policy for Directors and Committee Members, and that it be forwarded to the Board for approval at their June 2021 meeting.	pending
June 1, 2021	THAT the Governance Committee recommends the approval of the Committee Competency Framework, and that it be forwarded to the Board for approval at their June 2021 meeting.	pending

Meeting Date	Action Items	Current Status



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. The content relates to Council's oversight responsibilities which include strategy, finance, risk, the work of the statutory committees, and compliance with the Regulated Health Professions Act (RHPA) timelines. Some metrics have been included for information purposes, and any quarter-over-quarter anomalies will be explained. This report for the 2020-2023 strategic plan will replace the previous Priority Performance Report and combines that prior document and the Committee Reports to Council. Any decisions indicated here will have been made by Council at the last meeting, and new decisions will be brought forward separately through a briefing note.

Importantly, this report and its contents are in the public interest as Council oversight of the strategic plan, committees, finance, risk and RHPA compliance are vital components of ensuring the public has access to safe, ethical, and quality care from occupational therapists.

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 (days) for closed cases from when the case is opened to the decision letter sent.

For Quality Assurance (QA):

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.

Executive

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2020/2021	Possible RHPA and or Governance model changes.
	Council Orientation, Education, and Policy Review
	Review of Finances and Oversight of Risk Management and Registrar
	2021 Elections of Council Members
	Essential Competencies for Occupational Therapists in Canada Redevelopment (CORECOM)
	Exam and Accreditation (high level oversight monitoring)

Q1	Committee Activities: Two meetings: 1) June 3, 2020 to review priority performance report, quarterly finances, 20/21 proposed budget, annual risk program, audit process, annual registrar evaluation process, revised <i>Standards for Acupuncture</i> for publication, reappointment of two non-Council members, revised Terms of Reference for Practice Issues Subcommittee and Executive, revised statutory committee appointments. 2) August 11, 2020 to discuss fee petition. Conducted annual registrar performance review, oversight of 2020 special election in districts 1 & 2 (Q1 & Q2).
	Decisions Not Requiring Council Approval: Risk management report, quarterly finances, statutory committee appointments.
	Decisions Brought to Council for Approval: 20/21 proposed budget, revised Terms of Reference for Executive and Practice Issues, reappointments of non-Council members, revised <i>Standards for Acupuncture</i> .

Q2	Committee Activities: Three meetings: 1) September 21, 2020 to review 19/20 audit findings and discuss performance of auditor. 2) October 8, 2020 to review priority performance report, risk report, quarterly finances and 5-year financial forecast, College strategic response to COVID-19, FY19/20 employee merit adjustments, reviewed request to reimburse internet costs for Council/Non-Council members, governance policy update process, statutory committee appointments, 2020 Annual Report, revised <i>Standards for Assessments</i> for publication, College Performance Management Framework (CPMF) implications and new process for reporting, October Council meeting feedback. 3) November 26, 2020 to discuss changes to the statutory committee composition, draft quarterly performance report for implementation.
	Decisions Not Requiring Council Approval: quarterly finances, reimbursement of internet costs, governance policy update process, statutory committee appointments, CPMF new process for reporting, changes to statutory committee composition.
	Decisions Brought to Council for Approval: 2020 Annual Report, revised <i>Standards for Assessments</i> .

Q3	Committee Activities: One meeting: <u>January 11, 2021</u> to review/approve: risk report, quarterly finances, new quarterly performance report, two governance policies (Honoraria and Allowable Expense), processes for officer nominations and appointment of committee chairs, revised <i>Framework for College Publications</i> and <i>Guide to Discontinuation of Service</i> . Discuss plan by the Practice Issues Subcommittee for general revisions and streamlining of standards and committee name change, review revisions to the Annual Council Evaluation and results from the October 29, 2020 Council meeting evaluation and finalize the January Council agenda.
	Decisions Not Requiring Council Approval: Quarterly finances, risk report, officer nominations process, process and recommendation for committee chairs, Annual Council Evaluation, registrar review process.
	Decisions Brought to Council for Approval: New Quarterly Performance Report format (replaces the Performance Management Report) and approval of its content, Honoraria and Allowable Expenses policies, revised <i>Framework for College Publications</i> , revised <i>Discontinuing Service</i> , and general revisions and streamlining of standards project.
Q4	Committee Activities: Two meetings held: <u>March 4, 2021</u> to review/approve risk report, quarterly finances, revised registrar's review process, revised <i>Guideline: Use of Social Media</i> , final draft College Performance Management Framework (CPMF), recommendations for 2021/2022 committee chairs, set budget and approve contract negotiations for the Enterprise System Project, review feedback from Committee Effectiveness survey, Annual Council Evaluation and Self-Evaluation/Option Action, discuss OSOT letter re: annual renewal for 2021, finalize March Council meeting and election agendas. <u>April 9, 2021</u> to review 2019/2020 and 2020/2021 work plans, appoint committee chairs and determine committee composition, appoint committee liaison to the Public Appointments Secretariat.
	Decisions Not Requiring Board Approval: Risk report, quarterly finances, committee chairs and committee composition, registrar review process, liaison to Public Appointments Secretariat.
	Decisions Forwarded to the Board for Approval: Refund Policy, Virtual Services and Medical Assistance in Dying Documents, Diversity, Equity and Inclusion Document Key Messages.

Governance

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, System Impact

Workplan 2020/2021	Revise and create terms of references for all statutory and non-statutory committees
	Make bylaw changes to support governance modernization
	Develop Council competencies
	Consolidate and update Code of Conduct
Q1	Committee Activities: Teleconference on June 2, 2020. New terms of reference were presented. A new format was introduced, and similar revisions were made to all statutory and non-statutory committees' terms of reference.
	Decisions Made by Council: Approved the new terms of reference for the Governance Committee.
Q2	Committee Activities: Video conference on September 23, 2020. Reviewed future role of Executive Committee and discussed that responsibilities of Executive related to finance and audit will be delegated to the new Finance, Audit and Risk Committee. Restructuring of other roles of the Executive and Governance committees were also recommended, all to commence in April 2021. Finalized proposed bylaw amendments and rationale that are in line with College's ongoing governance modernization project. Discussed some recent governance reports from British Columbia and Alberta. Governance Training for RHPA Colleges was offered on November 23 and 30, 2020 for interested committee members.
	Decisions Made by Council: Approval of the Committee structure changes. The proposed bylaw amendments to circulate to stakeholders for public consultation for 60-days.
Q3	Committee Activities: Two meetings: <u>December 3, 2020</u> : Finalized the draft terms of reference for the restructured Executive and Governance committees and new Finance, Audit and Risk Committee. Provided initial feedback on the development of the College's competency framework for Council. <u>January 14, 2021</u> : Following legal review, reviewed the draft terms of reference for the anticipated Finance, Audit and Risk Committee. Reviewed feedback related to the Bylaws consultation and proposed bylaw amendments and made additional recommendations. Based on a review of best practices at other regulatory colleges, preliminary list of attributes and competencies was determined.
	Decisions Made by Council: Approval of the revised terms of reference for the Executive and Governance committees and the new Finance, Audit and Risk Committee. Approval of the amendments to the College bylaws.

Q4	<p>Committee Activities: Video conference held on <u>March 11, 2021</u>. Revised code of conduct was presented which includes four core values and the principles that will be added to the College bylaws as a Schedule. The Committee provided a final review of the Board Competency Framework and provided further recommendations. An environmental scan of Committee Competencies used by other colleges was shared and direction was provided on preparing the College's own Committee Competencies. Discussion was also held to discuss upcoming Committee training and solicit feedback from Committee on what topics or subject matters members felt would be relevant. Finally, Committee was updated on the College of Teachers governance modernization plan. Committee was informed that College Council was disbanded, and a supervisor was appointed to oversee its transition.</p> <p>Decisions Forwarded to the Board for Approval: Conflict of Interest Policy, Committee Competency Framework.</p>
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Finance, Audit and Risk

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2020/2021	Committee to commence in April 2021
	Committee orientation and education
	Pre-Audit Discussion, Review of Financial Report, Investment Report, and FY2122 Annual Operating Budget

Q4	<p>Committee Activities: One meeting: <u>May 18, 2021</u> to commence reviews of audit process and financial reports. The auditor was present to complete the pre-audit discussion with the committee. Orientation and education on how to read financial reports was provided to all committee members. The investment report was provided for information purposes. Lastly, the 11-month financial report and FY2122 Annual Operating Budget were presented for recommendation to the Board.</p>
	<p>Finance Report: Financial report was recommended for Board review.</p>
	<p>Risk Report: This was not discussed; however, it was determined operational risks will be brought forth to this committee.</p>
	<p>Decisions Forwarded to the Board for Approval: FY2122 Annual Operating Budget. FY20/21 Q3 financial reports.</p>

Registration

Chair: Donna Barker

Strategic Priorities: Public Confidence, Qualified Registrants

Workplan 2020/2021	Registration Committee Policy Review for clear language and design (Quarter 4 update - pending).						
	Refresher Program review for future updating (Quarter 4 update - on hold).						
	Vulnerable sector check for all registrants' project roll-out (Quarter 4 update - on hold).						

Q1	6265 Registrants		Meetings	Cases	Avg Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Resigned						
	75	255	1	4	74 days	2 Issued Certificates 1 Refused Certificate 1 Additional Training	100% (3/3)	0
Commentary: Resignation numbers are higher in the first quarter due to the extension of the annual renewal deadline.								
Committee Activities: In addition to case reviews, also updated 4 registration policies in clear language and design.								
Decisions Made by Council: N/A								

Q2	6480 Registrants		Meetings	Cases	Avg Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Resigned						
	267	60	2	2	62 days	1 Additional Training 1 Recommendation to Registrar	100% (2/2)	0
Commentary: Typical increase in new registrants during Q2 as new graduates of OT programs apply.								
Committee Activities: In addition to case reviews, also updated 2 registration policies in clear language and design. Approval of the proposed plan that all registrants registered prior to April 1, 2017 submit a valid vulnerable sector check (2-year project).								
Decisions Made by Council: N/A								

Q3	6572 Registrants		Meetings	Cases	Avg Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Resigned						
	104	17	1	0	N/A	N/A	N/A	0
Commentary: There were no registrant or applicant cases that were referred to the Registration Committee in Q3.								

	Committee Activities: The Committee approved the implementation of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) recommendation regarding cross-jurisdiction telepractice, so that, for the purposes of registration, practice occurs where the occupational therapist is located. This policy will take effect June 2021.
	Decisions Made by Council: Approved the ACOTRO recommendation regarding cross-jurisdiction telepractice.

Q4	6474 Registrants		Meetings	Cases	Avg Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Resigned						
	84	194	3	4	58.5 days	4 Certificates issued	100% (4/4)	0
	Commentary: Resignation numbers are higher in the last quarter due to the annual renewal deadline of May 31, 2021.							
	Committee Activities: Meetings on <u>March 17, 2021</u> , <u>April 26, 2021</u> and <u>May 19, 2021</u> : Reviewed 4 cases, received orientation from College legal counsel on the role of the Committee, fairness, decision-making, bias, and human rights obligations. Briefed on the Office of the Fairness Commissioner's new risk-informed compliance framework, which launched on April 1, 2021. Discussed the 2021 National Occupational Therapy Certification Examination schedule. Enacted a policy to address delays in the Substantial Equivalency Assessment System (SEAS) due to the COVID-19 pandemic. Committee granted staff authority to calculate an applicant's currency hours up to two years prior to the date of their application to College, which will allow the College to account for the one year the applicant spent completing SEAS and up to one additional year for the delay in delivery of the virtual competency assessment. Approved a recommendation to the Board to reappoint Joshua Theodore as a Professional Committee Appointee of the Registration Committee for a second three-year term commencing on August 1, 2021.							
	Decisions Forwarded to the Board for Approval: To reappoint Joshua Theodore as Professional Committee Appointee.							

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Carol Mieras

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2020/2021	Implement all 18 recommendations arising from the external audit of the ICRC (2020) by June 2021.
	Continue to reduce case completion times to align with the implementation of updated benchmarks.
	Develop and launch an ICRC Educational Course Directory for remediation by June 2021.
	Develop and launch a complaints feedback process by January 2021.

Q1	Cases				Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved	Avg Case Time			
	Registrar Reports	3	3	377 days	Panel A = 1 Panel B = 2 All ICRC = 1	14 days: 100% 150 days: 100%	1 Reviewed 1 Upheld
	Registrar Administrative Action	1	1	N/A			
	Complaints	4	4	194 days			
	Outcomes	ICRC: 4 Take No Action, 1 Advice/Guidance, 1 Health Undertaking Registrar: 1 Complaint Withdrawal, 1 Take No Action					
	Commentary: Initially while there was a decrease in complaints and reports received in Q3 and Q4 of the last fiscal year, these returned to typical numbers in Q1 of this fiscal year.						
Committee Activities: Engaged in orientation and training to look at the role and jurisdiction of the committee, the legislative framework within which it operates, and to get a better understanding of how the Human Rights Code applies to its work.							
Decisions Made by Council: Review and approval of the ICRC’s revised Terms of Reference.							

Q2	Cases				Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved	Average Time			
	Registrar Reports	1	8	401 days	Panel A = 1 Panel B = 0 All ICRC = 2	14 days: 100% 150 days: 100%	0 Reviewed N/A Upheld
	Registrar Administrative Action	1	4	N/A			
	Complaints	7	4	212 days			
Outcomes	ICRC: 3 Advice/Guidance, 1 Undertaking, 1 Referral to Discipline, 2 Remedial Agreement, 2 Take No Action, 1 Remedial Agreement and Health Undertaking. Registrar: 1 Complaint Withdrawal, 1 Intake Incomplete, 1 Health Undertaking, 2 Take No Action, 1 Registration Referral.						

	Commentary: The first pandemic-related complaints were received in this quarter. Further, the College was put on notice as a named party in an appeal filed respecting a HPARB decision which upheld a decision of the ICRC. College staff wrote to the appellant advising him that no right of appeal exists, and they will need to file for a judicial review. An application was made to have this matter dismissed against the College given the College is improperly named. The courts decision on this is pending.
	Committee Activities: The external audit of ICRC processes and procedures was reviewed and the implementation of all 18 recommendations were approved. The Committee Effectiveness Survey was completed. The candidate results for the appointment of 2 new Non-Council Committee members were proposed for Council. The efficiency of document sharing for electronic meeting packages was also discussed.
	Decisions Made by Council: The approval for the appointment of two professional, Non-Council Committee members.

Q3	Cases				Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved	Average Time			
	Registrar Reports	5	10	488 days	Panel A = 1 Panel B = 1 All ICRC = 1	14 days: 100% 150 days: 100%	0 Reviewed N/A Upheld
	Registrar Administrative Action	4	5	N/A			
	Complaints	10	2	218 days			
	Outcomes	ICRC: 7 Take No Action, 3 Remedial Agreement, 1 Specified Continuing Education or Remedial Program, 1 Undertaking. Registrar: 4 Closed Pending Reregistration, 1 Educational letter					
	Commentary: The Ontario Superior Court of Justice's decision to release the College from an action it has been improperly named in remains outstanding. The number of cases opened in Q3 increased when compared to the previous two quarters, but overall case numbers are consistent with pre-pandemic data.						
Committee Activities: Received refresher training from Julie Maciura, partner with Steinecke Maciura LeBlanc, on how to write and review reasons for a decision, the legal test to make a referral to the Discipline Committee, when to refer a matter to another panel of the ICRC for health inquiries and how to avoid making assumptions not supported by the information available in the record of investigation. Received an update on I&R staff's implementation of revised case completion time benchmarks for cases opened on or after December 1, 2020. Approved a process for obtaining feedback on the College's complaints process from complainants and registrants and directed I&R staff to immediately implement. Reviewed and discussed the sections of the College Performance Measurement Framework relevant to the ICRC processes. Received an update that I&R staff have implemented 92% of the recommendations made in the external audit report respecting the ICRC's processes and procedures. Decided to discontinue the use of remedial agreements as a low-risk outcome effective January 1, 2021 and introduced 1:1 training with the College's practice consultants as an educational option available for undertakings and SCERPs. Received an update from staff on recent case law impacting the ICRC (Geris v. OCP).							
Decisions Made by Council: N/A							

Q4	Cases			Meetings Held	Response Compliance	HPARB Appeals	
	Type	New	Resolved				Avg Case Time
	Registrar Reports	9	4	365*	Panel A = 1	14 days: 100%	1 Reviewed 1 Upheld
	Registrar Administrative Action	18	6	N/A	Panel B = 1	150 days: 75%	
	Complaints	7	6	162	All ICRC = 1	(3/4)	
	Outcomes	Registrar: 1 Complaint Withdrawal, 1 Intake Incomplete; 1 Closed Pending Reregistration; 2 Recommendation/Education Email; 1 Take No Action ICRC: 4 Take No Action; 1 Health Undertaking; 2 Advice/Guidance; 1 Undertaking; 2 Frivolous & Vexatious * Case referred to a panel of the ICRC for a health inquiry excluded from this calculation.					
	Commentary: The ICRC achieved all 4 of its FY20/21 workplan goals. The College received 42 reports during FY20/21, 18 of which formed the basis for ICRC managed investigations and 24 of which remained with the Office of the Registrar for processing. 28 complaint investigations were initiated in FY20/21: An 87% increase when compared to FY19/20. However, FY19/20 complaint numbers were lower than normal likely due to the shutdown of non-essential health care services in Q4 of that fiscal year.						
Committee Activities: At its group meeting, the Committee received an update on their successful completion of their FY20/21 workplan goals, received orientation and training, and launched a new course directory and checklist to help with decision making when concerns are identified requiring education and/or remediation.							
Decisions Forwarded to the Board for Approval: N/A							

Quality Assurance (QAC)

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2020/2021	Ongoing case decisions for non-compliance and peer and practice assessment outcomes.
	Approval of PREP topic, content and learning objectives.
	Approval of key milestones relating to the competency assessment project.
	Pilot of risk-based selection process.
	Approval to update peer and practice assessment process and materials.

Q1	Non-Compliance Cases	PPA Cases	PPA's Pending	Meetings	Avg Case Time	Response Compliance	HPARB Appeals
	5	7	12	2 virtual, 1 e-vote	PPA: 210 days Non-Compliance: 506 days	100% (7/7)	0
	Outcomes	Non-Compliance (5): 2 Policy Reminders, 1 New Due Date, 1 PPA, 1 Notice of Intent to issue Terms, Conditions and Limitations PPA (7): 7 Take No Action with reminders					
	Commentary: With the pandemic, the SA and PREP due dates were extended from October to December; this impacted communications, vendor and technology planning. Some QA staff were redeployed to assist the Practice team. PPA's were suspended while pivoted to virtual. Average case time during this period includes 5-month COVID-19 suspension of activities. Non-compliance case times can be extensive as in the absence of registrant risk to the public, QA works to support the registrant to participate. Two of the five cases extended beyond 700 days, one resigned, and the other two typical at 246 days.						
	Committee Activities: Kept apprised of final annual QA requirements compliance statistics as well as 2020 MyQA roll-over process; approved Quality Assurance Subcommittee chair for final term; recommended new QA subcommittee member to Council; recommended revised QAC and QA subcommittee terms of reference to Council; and approved revised QA compliance policy.						
	Decisions Made by Council: Approval of the proposed new competency assessment process; appointment of new subcommittee member for a three-year term; approved revised Terms of Reference for both the Quality Assurance Committee and Quality Assurance Subcommittee.						

Q2	Non-Compliance Cases	PPA Cases	PPA's Pending	Meetings	Avg Case Time	Response Compliance	HPARB Appeals
	0	0	4	1 e-vote	PPA: N/A Non-Compliance: N/A	N/A	0
Commentary: QA program priorities during this quarter: Request for Proposal was released for the next phase of the competency assessment process project for development of the screening step; recruitment of new peer assessors; revision of process, tools and resources to support virtual PPAs; preparation for risk-based selection pilot.							
Committee Activities: Participated in an e-vote to approve an increased number of peer and practice assessments from 30 to 75 to be completed virtually in Q3 and Q4.							
Decisions Made by Council: N/A							

Q3	Non-Compliance Cases		PPA Cases	PPAs Pending	Meetings	Avg Case Time	Response Compliance	HPARB Appeals
	18		13	12	3	PPA: 356 (Pandemic = 198 days) Non-Compliance: 42 days*	N/A	0
	Outcomes	Non-Compliance (18): 6 Take No Action (tools were completed), 11 Finish the PREP and SA, 1 referred for PPA. PPA (13): 2 Take No Action (perfect score), 6 Take No Action, 4 Take No Action with Recommendation(s), 1 SCERP.						
	Commentary: PPA: All outstanding pre-pandemic PPA's (10) were completed and 15 registrants were selected for a PPA in December using the new risk category selection process (5 deferred). QA Tools: PREP Compliance for 2020 was 98.51%, and 98.34% for the SA. Other: The vendor for the screening step started in January. Training of the seven new peer assessors was initiated. The revised assessment template for the PPA was implemented with all coaching tools and registrant resources updated. A QA Webinar on the PPA process and changes to the QA program was completed in January. Quality Assurance Subcommittee did not meet this quarter.							
	Committee Activities: Committee met on December 7, January 22, and February 25. The following actions were taken: Approved the revised learning plan for the 2021 PREP. Approved the vendor for the screening step. Approved seven new peer assessors. Approved the administrative closure of perfect score cases for selection PPA's by College staff. Reviewed the revised PPA template and Pre-Q. Reviewed the Committee Effectiveness Survey.							
	Decisions Made by Council: N/A							

*revised from 40 to 42 days as previously reported for Q3.

Q4	NC Cases	PPA Cases	PPA's Pending	Meetings	Avg Case Time	Response Compliance	HPARB Appeals
	1	14	10	2	PPA: 89 days *Non-Compliance: 439 days	100% (15/15)	0
	Outcomes	Non-Compliance (1): Registrant issued final decision of a SCERP *Note: this registrant has been an active QA case since 2019 with 2 referrals to QAC; moving forward QA cases will be closed once a final decision has been issued by QAC and a new active case will be opened for the same registrant if it is a re-referral to QAC. This will support improved case time tracking and reporting. PPA (14): 7 Take No Action (TNA) (including 2 perfect scores), 7 TNA with recommendations.					
	Commentary: Quality Assurance Subcommittee met on <u>March 2, 2021</u> to review the PREP content and recommend approval to the Quality Assurance Committee. Decision made to exempt completion of the PDP for a second year in a row. Registrants still encouraged to complete it and were provided with flexibility to list reflective goals based on their current situation / experiences as a result of the pandemic.						
	Committee Activities: Committee met on <u>March 12</u> and <u>May 14</u> . The following actions were taken: Annual QA Requirements: approved combining the Self-Assessment (SA) and Professional development Plan (PDP) into one tool with the new competencies; to launch in 2022; Case Files: approved QA staff to administratively close PPA case files for perfect scores and approved only redacting registrant names on QA case files (no other information to be redacted); Competency Assessment Project: approved direction of step 2 – the screening step - to include short answer / scenario questions in addition to submitting materials to support the PDP; Composition: recommending new professional appointee for Board approval to join QAC beginning June, 2021; 2022 PREP: approved a collaborative National project to introduce the new competencies with a focus on culture, equity, and justice.						
	Decisions Forwarded to the Board for Approval: Appointment of Michael Ivany as a Professional Appointee of the QAC.						

Discipline

Chair: Donna Barker

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2020/2021	Review and update The Rules of Procedure of the Discipline Committee					
	Ensure discipline processes are discharged in a timely and procedurally fair manner					

Q1	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0	1	0	N/A	N/A	N/A	N/A
	Commentary: See committee activities.						
	Committee Activities: A panel of the Discipline Committee commenced a hearing into a matter referred to it by the ICRC – <i>COTO v. SZ</i> . The hearing took place on July 20, 21, 23 - 24, 27 - 28, 31, and August 4, 2020. No new referrals from the Inquiries, Complaints and Reports Committee (ICRC) were received since the Committee's last report to Council and no reinstatement applications are pending.						
	Decisions Made by Council: Council approved revised terms of reference.						

Q2	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	1	1	0				
Commentary: While a panel of the Discipline Committee released its written Decision and Reasons in <i>COTO v. SZ</i> , it only did so with respect to its findings. As the panel's order on penalty and costs is pending, the case is not yet resolved.							
Committee Activities: The hearing in progress continued on September 24, 2020 and once all the evidence was heard, the panelhearing the matter commenced its deliberations. 1 new referral was received: <i>COTO v. JS</i> . The panel who heard <i>COTO v. SZ</i> released its decision, finding Ms. SZ committed acts of professional misconduct. A penalty hearing is scheduled for February 9, 2021. Once the case is fully determined, the written Decision and Reasons and Order will be provided to Council.							
Decisions Made by Council: N/A							

Q3	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0	1	1	288	Revocation, Reprimand, Funding Reimbursement and Costs	N/A	N/A
Commentary: A panel of the Discipline Committee released its written Decision and Reasons on Penalty and Costs in <i>COTO v. SZ</i>							
Committee Activities: The panel hearing <i>COTO v. SZ</i> heard oral submissions from both parties respecting penalty and costs on February 9, 2021. Its written reasons for its decision on penalty and costs was released on February 19, 2021. Subject to any appeal that may be filed by Ms. SZ, this hearing is now concluded. A copy of the panel's decision and reasons on finding as well as on penalty and costs are included in Council's FYI Package. The panel decided to revoke Ms. SZ's certificate of registration, require her to appear before them for a reprimand, and to reimburse the College for any amounts accessed by the person she sexually abused under the College's Sexual Abuse Funding Program. Ms. SZ is required to post security in the amount of \$17,370 to guarantee the payment of any amounts she may be required to reimburse the College for. The panel also ordered Ms. SZ to pay costs in amount of \$196,000. The information available about this hearing on the College's discipline webpage and Ms. SZ's profile on the public register was updated and both decisions will be published on CanIII.							
Decisions Made by Council: N/A							

Q4	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0	1	0	N/A	N/A	N/A	1
Commentary: See committee activities.							
Committee Activities: The Committee met on <u>March 2, 2021</u> to discuss the results of their committee effectiveness survey, review and approve revised Rules of Procedure, and receive an update about a Discipline Hearings Guide developed by staff to help with the administration and processing of discipline hearings.							
Decisions Forwarded to the Board for Approval: N/A							

Patient Relations

Chair: Michelle Stinson

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2020/2021	Review and update the Code of Ethics and the Guide to the Code of Ethics.
	Develop a Client Bill of Rights with input from the Citizen Advisory Group.
	Initiate update of the Standards for Prevention and Management of Conflict of Interest.
	Plan for the needed delivery of sexual abuse training for Council and College staff.
	Identify high level requirements which could enhance the public register's usability and content.

Q1	Case Status			Meetings	Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved					
	0	0	0	0	N/A	N/A	N/A	N/A
	Commentary: No cases received for Patient Relations.							
	Committee Activities: By way of email, reviewed and provided input into draft website content developed to help the public understand what they can expect from their OT during the pandemic.							
	Decisions Made by Council: Reappointment of Non-Council member for a 3-year term.							

Q2	Case Status			Meetings	Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved					
	0	0	0	1	N/A	N/A	N/A	N/A
	Commentary: No cases received for Patient Relations.							
Committee Activities: One virtual meeting on September 30, 2020 to review the feedback from the consultation on the draft revised Code of Ethics. Further edits to the draft Code of Ethics were made.								
Decisions Made by Council: The revised Code of Ethics was approved, as presented.								

Q3	Case Status			Meetings	Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved					
	0	0	0	1	N/A	N/A	N/A	N/A
	Commentary: No cases received for Patient Relations.							
Committee Activities: Meeting December 9, 2020: Decision to retire the Guide to the Code of Ethics, directing College staff to repurpose the content for other educational activities. Reviewed the College’s policy governing the administration of its Sexual Abuse Funding Program (the fund) and directed staff to make revisions. Approved a revised application form regarding access to the fund.Received an update on the purpose, layout and use of the College’s public register and approved the plan to implement changes aimed at enhancing its usability and content. Reviewed a draft Client Bill of Rights and directed staff to send it out for Citizen Advisory Group feedback and a plain language review. Decided that the College’s expanded fund which now includes provision for related non-therapeutic expenses will apply retroactively to past approved applications. Noted that sexual abuse training for Council would be delivered in January 2021.								
Decisions Made by Council: Approve the appointment of Melissa Aldoroty as a Committee Appointee for a 3-year term, commencing April 1, 2021. Approve the draft revised Standards for the Prevention and Management of Conflict of Interest for consultation. Retirement of the Guide to the Code of Ethics.								

Q4	Case Status			Meetings	Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved					
	0	0	0					
0000N/AN/AN/AN/A								
Commentary: No funding applications received requiring Patient Relation’s review.								
Committee Activities: The Committee met on March 9, 2021, to review and recommend to the Board a new Committee Appointee, provide direction to staff on next steps for the finalization and launch of a Draft Bill of Rights and other resources developed to help the public when retaining occupational therapy services, review draft revised conflict of interest standards, and discuss whether practice documents falling under the committee’s purview should be included as part of the one practice document project being undertaken at the College. The Committee met again on May 26, 2021, for the purposes of receiving orientation, approving the Bill of Rights developed; reviewing and approving amendments to the Conscious Decision-Making in Occupational Therapy practice document, and engaging in a joint meeting with Practice Subcommittee to discuss next steps for the amalgamation of multiple practice documents into one.								
Decisions Forwarded to the Board for Approval: Review and approval of the revised Decision-Making Framework.								

Fitness to Practise

Chair: Neelam Bal

Strategic Priorities: Quality Practice

Workplan 2020/2021	Orientation and training completed annually.
	Participate in Discipline Orientation Workshop.

Q1	Case Status			Meetings	Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved					
	0	0	0	0	N/A	N/A	N/A	N/A
	Commentary and Committee Activities: N/A							
	Decisions Made by Council: Recommended that Council approve its revised Terms of Reference							

Q2	Case Status			Meetings	Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved					
	0	0	0	0	N/A	N/A	N/A	N/A
	Commentary and Committee Activities: Discipline Orientation Workshop was offered for interested committee members (November 12, 2020).							
	Decisions Made by Council: N/A							

Q3	No cases or activity to report.							
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Q4	Case Status			Meetings	Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved					
	0	0	0	0	N/A	N/A	N/A	N/A
	Commentary and Committee Activities: Since March 2021, the Fitness to Practise Committee is not properly constituted. Its Terms of Reference stipulate it will be composed of at least two Public Directors. Once the College receives a new Public Director from the Public Appointments Secretariat, this situation will be remedied by the Executive Committee. As there are no outstanding referrals or matters requiring a decision by the Committee, this issue is low risk.							
Decisions Forwarded to the Board for Approval: N/A								

Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

Workplan 2020/2021	Diversity, Equity, and Inclusion document creation to continue into next fiscal year.
	Review and revise Discontinuation and Social Media documents.
	Standards for Record Keeping and Telepractice document review to start in 2021.
	ADDED: Conscious Decision-Making Framework.
	Alignment and streamlining of Standards in 2021 to continue into next fiscal year.

Q1	329 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	86%	4%	10%	93%	COVID-19 Jurisdiction/Telepractice Record Keeping	COVID-19 Ethical Conduct Consent	Acupuncture
	Commentary: Ongoing practice inquiries related to COVID 19; and some in combination with record-keeping and consent. Call spike is typical following Ministry or provincial government announcements. Queries about occupational therapy for return to school was a dominant theme. Increased calls related to jurisdiction and telepractice were received as second wave approached. Workplace consultations were completed as requested to help providers and organizations operationalize and apply the COVID-19 guidance in their practice areas. COVID-19 webpage was maintained with regular Ministry / government updates.						
	Committee Activities: No virtual meeting Q1; Consultation on the Standards for Assessments Aug 11-Sept 1, 2020.						
	Decisions Made by Council: Standards for Acupuncture was approved for publication.						

Q2	402 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	79%	<1.0%	20%	96%	COVID-19 Psychotherapy Consent	COVID-19 Consent Find an OT	Assessment
Commentary: New data capturing process was implemented Q2. Inquiries returned to those typical of pre-COVID. Slight rise in school screenings questions. COVID questions revolved around regional restriction frameworks. Question pertaining to Directive 2 and in-person services resurfaced. Ongoing outreach to academic stakeholders (5 University presentations, 1 OTA program). Collaborations with other Practice Advisors continued, and with CASLPO on return to school guidance. Annual meeting with Ministry of Transportation on Discretionary reports and consulted with workplaces about the Standards of Practice for Psychotherapy. Hosted students from University of Toronto.							
Committee Activities: Meetings on September 16, October 14, and November 25.							
Decisions Made by Council: Standards for Assessment.							

Q3	470 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	81%	3.1%	4.6%	98%	COVID-19 Record Keeping Conflict of Interest Jurisdiction	Vaccination Conflict of Interest Find an OT	Discontinuing Services
Commentary: Practice Resource Program: Diversity, Equity and Inclusion survey launched in January. As part of the survey development process, Practice engaged an OT interest group for high-level commentary. Continue to provide content for newsletter monthly.							
Student Placements: Students from University of Toronto and University of Ottawa are assisting the Practice program with updating College documents, development of case studies and resources for the public as well as analysing survey responses.							
Outreach to System Partners: Two academic presentations: Record Keeping and Telepractice panel.							
Practice Queries: Calls about COVID 19 remain the dominant theme and queries about obtaining vaccines spiked in February.							
Committee Activities: Meeting on February 4th, 2021: Use of Social Media document approved for Executive Committee review. Consulted with Patient Relations Committee to provide feedback for the revisions to the Standards for Prevention and Management of Conflict of Interest. The new name Practice Subcommittee adopted removing the word "issues". Subcommittee agrees with the plan to streamline Standards and there was also consensus in moving forward with updating resources to support clarity and application of the Standards for Psychotherapy.							
Decisions Made by Council: Discontinuing Services, Use of Social Media approved for publication.							

Q4	515 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	92%	4%	4%	93%	COVID-19 Record Keeping Consent Jurisdiction Scope of Practice	COVID-19 Find an OT Fees/Billings	Use of Social Media
Practice Activities: Practice inquiries related to COVID-19 remain consistent, responding to questions about redeployment, the scope of practice and sharing vaccination status. Calls about jurisdiction and telepractice have seen a slight increase as OTs provide ongoing virtual services. Development of practice resources continue - publishing a practice case example and Q & As in the monthly e-newsletter to registrants. Outreach this quarter included: Mohawk College presentation to OTA students and Conversations with the College Webinar discussing the Standards for Assessments and Discontinuing Services (400+ registered and 200+ follow up views). Practice participated in Health Professions Regulators of Ontario practice advisors meeting.							
Committee Activities: Practice Subcommittee met by videoconference on <u>March 22, 2021</u> and held a combined virtual meeting with Patient Relations Committee on <u>May 26, 2021</u> . This combined meeting included discussions about the streamlining of Standards as well as finalizing the draft Decision-Making Framework document. Practice documents currently under review align with the Subcommittee's approved 2021 workplan: the newly titled Virtual Services document (formerly known as Guidelines for Telepractice) and the updated Medical Assistance in Dying document (as per Federal legislation changes) are before the Board for a decision. Also, key messages for the development of the new practice document on diversity, equity, and inclusion are now being provided to the Board for their approval.							
Decisions Forwarded to Executive: Documents: Virtual Services, Medical Assistance in Dying, Key Messages for Diversity, Equity and Inclusion.							



BOARD MEETING BRIEFING NOTE

Date: June 24, 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.

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.

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

BOARD MEETING BRIEFING NOTE

Risk Management Report

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Risk Category	STRATEGIC
Risk:	Regulatory Modernization <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 relationships5. Collaborating with the Ministry of Health (MOH) on the College Performance Measurement Framework
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none">1. HPRO meetings and working group participation2. Ministry updates3. College networking updates4. Governance Committee reports at Council Meeting <p>Action Plan:</p> <ol style="list-style-type: none">1. Work plan developed to implement any missing processes required by the CPMF.2. Governance Committee work will help to fulfil some requirements3. 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 Management Report

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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. In addition, competency assessments were put on hold during the third wave of the pandemic. As well, the professional development plans were waived for this year, due to the pandemic.
Control Procedure(s)	<ol style="list-style-type: none">1. QA competency enhancement requirements in place for all OTs (Prescribed Regulatory Education Program (PREP), self-assessment and professional development plan) On Hold due to Pandemic.2. Monitoring of compliance metrics (MyQA) with mandatory annual QA requirements (will be modified due to the pandemic.)3. Liability insurance requirements for all OTs being monitored4. Complaint's mechanism in place5. QA competency assessment process project well underway6. Interim competency assessment process that was suspended due to COVID-19 second wave has resumed and is complete.7. New competency assessment selection process to commence in July 2021.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none">1. Compliance with mandatory requirements, case reviews by QAC2. Competency assessment project progress and approval by Quality Assurance Committee3. Project progress updates through Quarterly Priority Performance Report <p>Action Plan:</p> <ol style="list-style-type: none">1. New Competency assessment process commencing using virtual means, July 20212. Screening step direction developed by vendor, approved by QAC.3. Additional peer assessors retained to build capacity. Training of new and refresher training of current assessors completed in March 2021.4. Review and update policies relating to the peer assessment process, and QAC's capacity and need to review all Peer and Practice Assessment reports.

BOARD MEETING BRIEFING NOTE

Risk Management Report

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Risk Category	OPERATIONAL
Risk:	Current information systems/IT infrastructure not meeting the growing organizational needs.
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 plan underway.
Action Plan & Monitoring Process	<p>Action Plan:</p> <ol style="list-style-type: none">1. Enterprise-wide System Phase 3, implementation, planned for the 2021-2022 fiscal year2. External project manager in place and work progressing according to plan3. Ongoing financial reserves in place for development and maintenance of this critical College infrastructure4. Contract with new vendor, Gestisoft, is now in place.5. The Board will be kept informed as this project progresses.

Risk Category	OPERATIONAL
Risk:	College operations disrupted as a result of a pandemic (i.e., COVID-19)
Control Procedure(s)	<ol style="list-style-type: none"> 1. Pandemic planning documentation revised and updated 2. Technology in place to support operational functioning remotely 3. College Pandemic task force in place to triage decision-making 4. Re-deployment of staff in priority areas as required 5. Staff assigned to manage vaccine information requests from public health
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 weekly updates <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Review of all processes employed during wave 1 and 2 to inform ongoing actions 2. Ongoing review and monitoring of legislation to inform decision-making 3. Ongoing discussions regarding registrant challenges to further inform decision-making 4. Documents developed to assist occupational therapists to manage many of the practice changes they are experiencing 5. Assisting public health units to disseminate vaccine information to eligible registrants 6. Updating and documenting of Pandemic plan 7. Quality Assurance Program requirement for registrants to complete the Professional Development Plan were waived for this spring again due to wave 3. The competency assessment selection was delayed – will likely resume July 2021. 8. Plans for COTO office re-entry complete, and will be reviewed prior to re-opening on a larger scale.

BOARD MEETING BRIEFING NOTE

Risk Management Report

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Risk Category	OPERATIONAL
Risk:	Revenue is less than previous years due to COVID-19 While the College reduced this risk to <u>moderate</u> for the end of the 2020/2021 year, we are predicting another year with less growth than normal and have budgeted for the upcoming year with that as our guide. College staff will continue to monitor this for the remainder of this fiscal year.
Control Procedure(s)	<ol style="list-style-type: none">1. Timely reporting of renewal numbers and bookkeeping to ensure we know how many registrants have renewed.2. Payment plans offered to all OTs.3. Options to liquidate investments explored and strategy in place.
Action Plan & Monitoring Process	Monitor through: <ol style="list-style-type: none">1. Regular communication with stakeholders to inform constraints and requirements for spending2. Regular forecasting to refine projections as the year progresses3. Future planning based on known and assumed changes expected to operational expenditures Action Plan: <ol style="list-style-type: none">1. Monitoring of the COVID-19 pandemic on the College's registrant base to better understand the impact2. Payment plan was implemented in March 2021. Renewal was back on the normal deadline of May 31. Registrants who needed additional consideration contacted the College directly.

Risk Category	STAKEHOLDER
Risk:	<p>Relational risk with registrants as the College continues (Mostly) with our regular operations and fees despite the ongoing pandemic.</p> <p>The College's mandate to protect the public can become lost by registrants when they manage difficult times, such as practice and income stress brought upon by a healthcare crisis. The return to usual College activities such as sending out consultations and surveys, and not lowering fees have resulted in an increase in negative registrant interactions, evidenced by comments received as we continue our work.</p> <p>While we received some early concerns from our provincial association and from another individual on behalf of a group of OTs, we responded with information about our processes. Renewal has now closed; some OTs chose the payment plan option. The number of OTs identified as not paying fees, is about typical.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Fee stability was maintained in 2021 and the processes for annual renewal proceeded as normal. An extended time frame was not implemented. Late fees were waived again this year. 2. Registrants were given the option of payment in installments that commenced upon notice of renewal and ended at the May 31 deadline. Registrants who needed additional consideration contacted the College as needed. 3. QA activities were put on hold, due to the severity of the 3rd wave of the pandemic.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Tracking and monitoring messaging to the College from registrants during renewal and all interactions. 2. Monitoring compliance with registration requirements and comparing these to previous years. <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Ensure communication is well planned and well timed to facilitate improved understanding of requirements for self regulation. 2. Plan for ongoing communications with registrants as necessary. 3. Carefully plan for messaging and strategies to maintain all stakeholder relations as the pandemic continues. 4. Ensure College staff respond to all inquiries, providing options where appropriate. 5. Careful communications when Quality Assurance Activities are re-instituted.



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Finance, Audit and Risk Committee
Greg Zimnicki, Interim Director Finance and Corporate Services
Subject: June 1, 2020 to April 30, 2021 Financial Report

Recommendation:

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

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of statutory remittances and filings
3. Financial Statements:
 - **Statement of Financial Position** as at April 30, 2021
 - **Statement of Operations** for the period June 1, 2020, to April 30, 2021

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at April 30, 2021)

Items to note with respect to the changes to assets includes:

- 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.
- Property and equipment have increased year-over-year due to the renovation and purchase of a new server.

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

- The HST payable is higher as compared to the same period last fiscal year due to the extension of the annual renewal deadline. Due to the extension, less funds were taken in for the same period last year, resulting in a lower HST payable for the same period this year.
- Deferred registration fees consist of funds that are collected in one fiscal year but recognized as revenue in the following fiscal year. A portion of the current amount represents the annual renewal fees collected in FY1920 for FY2021. These funds are applied evenly at a quarterly rate of approximately \$149,500 per quarter. The next allocation will be at the end of May 2021.

The remaining deferred registration fees balance consists of annual renewal fees for FY2122 to date. The significantly higher balance in this account as compared to the prior year is a result of

BOARD MEETING BRIEFING NOTE

June 1, 2020 to April 30, 2021 Financial Report

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reinstating the May 31 payment deadline. Most of the prior year's renewal fees were received in Q1 and recognized as revenue immediately instead of as deferred registration fees.

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

- An increase in the amount invested in fixed assets due to the renovation costs and server purchase.
- An increase in the excess of revenues over expenses for the period as compared to last year. This is a result of the extension of the annual renewal deadline. Instead of smoothing the recognition of deferred registration fees over the fiscal year, renewal fees collected after May 31, 2020 were recognized as income immediately. As the fiscal year progresses, College expenditures will draw down on this amount.

Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2020, to April 30, 2021)

The excess of revenues over expenses for the period was \$861,174. The budget had projected a surplus of \$483,536 for the same period. The results are \$377,639 favourable to budget.

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

- Total revenues are \$148,387 unfavourable to budget. This variance is expected to be reduced through future allocations of deferred revenue to the end of May 31, 2021. This variance will not be a material difference by the end of the fiscal year.
- Program expenses are favourable to budget by \$217,867, mostly due to the reversal of the Investigations and Resolutions (I&R) year-end accrual. Expenses related to the ongoing I&R hearing are being tracked in the Hearings and Independent Medical Exam fund. As of the end of April 30, 2021, the expenditures in this fund totaled \$242,564. At the end of the fiscal year, these costs will be allocated back to the program costs.
- Communications is favourable to budget by \$34,036 due to changing organizational priorities and operational needs as the impacts of COVID are still being managed.
- Board of Directors is favourable to budget by \$35,968 due to the ongoing pandemic. The budget considered a decreased level of costs associated with on-site meetings; however, the College has continued to operate virtually through to the end of April 2021. As a result, additional cost savings have been realized than budgeted for.
- Other office operations are favourable to budget by \$79,850. This is largely due to the purchasing of more affordable furniture modifications to enable physical distancing than budgeted. Additionally, the College was still working remotely to the end of April 2021, resulting in further savings being realized.
- Operational initiatives are favourable to budget by \$34,718. This is mainly due to projects being under budget through to the end of April 30, 2021 and new projects being prioritized.
 - The governance project is under budget due to completing more work in-house than planned. It is expected this project will be underspent overall.

BOARD MEETING BRIEFING NOTE

June 1, 2020 to April 30, 2021 Financial Report

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- The communications videos project is under budget to date due to competing organizational priorities. This project is now underway and planned to be complete in this fiscal year.
 - The QA continuing competency project is under budget to the end of April 2021, and it is expected this project will be under budget at year end.
 - The enterprise systems project is under budget for the period ending April 30, 2021 due to being more efficient with resources. It is expected this project will be under budget at year end.
 - The College was required to upgrade its existing information system to support critical security updates. As of the end of April 30, 2021 this unbudgeted project incurred \$14,165. No additional expenses are pending.
 - The College is undertaking an organizational review. It has been several years since this was last done. Since there are several large-scale projects in progress, including the QA continuing competency project, the enterprise systems project, and the governance project, it was determined that this would be an ideal time to do an organizational review to ensure operations are as efficient as possible. To the end of April 2021, this project has incurred \$22,693 of expenses. The organizational review is expected to be complete by the end of the fiscal year.
 - With the CORECOM project in its final stages, the College has started planning on how it will roll out the new competencies to occupational therapists in Ontario. As a result, work on this project has commenced and to the end of April 30, 2021, \$8,595 has been spent on developing the plan.
 - The College started to develop its roadmap for ensuring the values of diversity, equity, and inclusion (DEI) are integrated across the organization. A DEI expert was contracted to support this activity. The DEI project began in March and is planned to continue into the next fiscal year. As of the end of April 30, 2021 this project incurred \$9,660 of expenses.
- Professional fees are favourable to budget by \$24,020. This is mostly due to College resources becoming more efficient and continued focused on managing the pandemic. As a result, there has been a reduction in operational need for these resources through to the end of April 2021.
 - Depreciation is favourable to budget by \$18,847 as there was a revaluation of prior years' leasehold improvements due to the lease extension. It is expected that this will remain under budget through to the end of the fiscal year.
 - Information technology is unfavourable to budget by \$30,861 through to the end of April. This is due to a timing difference for some functionality development and hosting costs.

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as of April 30, 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 Council Guidelines for Establishing and Maintaining Reserve Funds.

BOARD MEETING BRIEFING NOTE

June 1, 2020 to April 30, 2021 Financial Report

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Through to the end of April, the follow expenses have been incurred:

- \$242,564 for hearings, which is reflected in the Hearings and Independent Medical Exam Fund.
- \$26,303 has been allocated to the 'invested in fixed assets' amount and is reflective of the net additions (including the renovation and purchase of a new server) and accumulated amortization.

Statutory Remittances and Filings:

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

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Council per diems	Monthly	Up to date
Remittance of Employer Health Tax	In 2021, the exemption limit of \$1,000,000 was made permanent. This means that payroll over \$1,000,000 will have EHT applied at 1.95% during the calendar year.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly Upcoming Filing Due Dates: June 30, 2021 September 30, 2021 December 31, 2021 March 31, 2022	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

BOARD MEETING BRIEFING NOTE

June 1, 2020 to April 30, 2021 Financial Report

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College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at April 30, 2021

	30-Apr-21	30-Apr-20
	\$	\$
ASSETS		
Current assets		
Cash	2,380,707	1,481,187
Accounts receivable and prepaid expenses	46,683	61,647
Total current assets	2,427,390	1,542,834
Investments	3,403,321	3,291,334
Property and equipment, net of accumulated amortization	265,126	175,750
TOTAL ASSETS	\$ 6,095,836	\$ 5,009,918
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	155,786	103,210
HST payable	117,186	1,571
Deferred registration fees	1,229,232	582,639
Total current liabilities	1,502,204	687,419
Total liabilities	1,502,204	687,419
NET ASSETS		
Reserve funds	3,017,436	3,247,210
Invested in fixed assets	265,126	175,750
Unrestricted	449,897	499,762
Excess of revenues over expenses for the period	861,174	399,777
Total net assets	4,593,632	4,322,499
TOTAL LIABILITIES AND NET ASSETS	\$ 6,095,836	\$ 5,009,918

BOARD MEETING BRIEFING NOTE

June 1, 2020 to April 30, 2021 Financial Report

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College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
June 2020 through April 2021

	11 Months Actuals ended Apr 2021 \$	11 Months Budget FY20/21 \$	Variance %
REVENUES			
Registration fees	4,125,376	4,229,659	-2%
Application fees	78,174	73,000	7%
Professional corporation fees	15,514	16,500	-6%
Interest & other income	7,358	55,650	-87%
TOTAL REVENUES	4,226,422	4,374,809	-3%
EXPENSES			
Salaries and benefits	2,428,826	2,539,760	-4%
Programs	(14,447)	203,420	-107%
Communications	66,839	100,875	-34%
Board of Directors	79,187	115,155	-31%
Rent	314,436	315,084	0%
Information technology	140,297	109,436	28%
Other office operations	129,494	209,344	-38%
Operational initiatives	137,582	172,300	-20%
Professional fees	58,980	83,000	-29%
Depreciation	24,053	42,900	-44%
TOTAL EXPENSES	3,365,247	3,891,274	-14%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	861,174	483,536	

STATEMENT OF RESERVE FUNDS

	Opening Balance Jun 1, 2020 \$	Spent to Date/Change \$	Closing Balance Apr 30, 2021 \$
Hearings and independent medical exam fund	\$ 400,000	(242,564)	157,436
Sexual abuse therapy fund	25,000	-	25,000
Contingency fund	1,600,000	-	1,600,000
Premises fund	800,000	-	800,000
Enterprise-wide systems	435,000	-	435,000
Invested in fixed assets	238,823	26,303	265,126
Unrestricted	476,200	(26,303)	449,897
Excess of revenues over expenses for the period*	861,174	861,174	861,174
TOTAL RESERVES	3,975,023	618,610	4,593,633

* The excess of revenues over expenses for the period is higher than usual due to the extension of the annual renewal deadline. Instead of smoothing the recognition of deferred registration fees over the fiscal year, renewal fees collected have been recognized in income immediately. As the fiscal year progresses, College expenditures will draw down on this amount.



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Finance, Audit and Risk Committee
Greg Zimnicki, Interim Director of Finance and Corporate Services
Subject: FY2122 Annual Operating Budget

Recommendation:

THAT the Board approves the FY2122 Annual Operating Budget as presented.

Link to Strategic Plan:

1.5.1 College operations are optimized through collaboration and through responsible stewardship of resources.

Why this is in the Public Interest:

An annual operating budget that reflects the College's strategic priorities will enable successful delivery of the College's mandate.

Background:

The governance policies direct the budget planning process each year. The Registrar Limitations Policy RL4 – Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing the FY2122 Annual Operating Budget.

Per RL4, the Registrar will not allow financial planning that budgets a deficit greater than 3% of the revenue conservatively projected in any fiscal year unless directed by the Board. Due to the anticipated impact to revenues resulting from the COVID-19 pandemic, the FY2122 annual operating budget prepared will require Board approval. This is because it projects a deficit budget greater than 3% of the conservative revenue projection.

Discussion:

Although there has been a consistent 3% growth in College revenues year over year in the past, due to the COVID-19 pandemic this has not continued. In FY2021, the College's revenues remained relatively flat to FY1920, meaning no growth was experienced over the fiscal year. For FY2122, with the signals of things slowly improving, a modest growth in revenues has been projected.

In planning for the 2021-2022 fiscal year, the comments noted above were taken into consideration. A significant effort was made to develop a budget that supported achieving key strategic objectives, while also remaining fiscally prudent. The annual operating budget for the year is in an overall deficit position. A portion of this deficit will be funded by the enterprise-wide IT system fund, and the remaining will be

covered by the College's unrestricted reserves. The total impact of this is outlined in the below in the "Implications" section.

Budget Assumptions:

This budget was prepared based on the assumptions and considerations outlined below.

Revenue:

- Overall revenues are assumed to continue to be impacted by the COVID-19 pandemic.
 - Modest growth of 1.5% in registration income is budgeted as compared to FY2021. However, this growth is impacted by the assumption that there will be a reduction in revenue from delayed new graduate enrolments. New graduate enrolments are expected to be deferred to Q2, resulting in a lower fee paid per the College's fee schedule.
 - Application fees are expected to be similar to amounts received in FY2021.
 - Other income, which includes interest income, is assumed to be similar to FY2021 as interest rates continue to remain low due to the pandemic. Additionally, this amount includes sublease revenue from ACOTRO, which is offset by expenses in the "rent and other expenses" category.

Expenses:

- Salaries and benefits are projected to increase as compared to FY2021. This increase is driven by the following items:
 - An employee in the Registration department was moved into a Coordinator, Data and Process role under Corporate Services and will be primarily focused on the enterprise systems project implementation. To ensure appropriate support staffing in Registration considering this change, a full-time equivalent (FTE) contract position has been budgeted for while the enterprise-wide IT systems project implementation is in progress.
 - Merit increases reflecting for eligible staff based on prior year averages.
 - Staffing costs for an Interim Director, Finance and Corporate Services while recruitment for the permanent replacement proceeds.
 - An increase in employee benefits, driven by the number of eligible staff for employer RRSP contributions and the expected increase in health benefits due to greater usage in FY2021. A 5% increase is planned for health benefits in FY2122.
- For the quality assurance and professional practice areas, the budget is driven by the following items:
 - 100 peer assessments to be completed throughout the fiscal year.
 - All costs associated with the development of the Prescribed Regulatory Education Program (PREP). This year, a cost recovery is also included for the PREP as it will be developed and leveraged nationally to tie into the rollout of the CORECOM project. Since this will be a national undertaking, other occupational therapy regulators across Canada will be contributing to the funding.

BOARD MEETING BRIEFING NOTE

FY2122 Annual Operating Budget

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- The investigations and resolutions (I&R) budget is based on actuals for FY2021 to date (not including the I&R accrual). Hearings costs will be accrued for at the end of FY2021 and recognized in FY2122, so no impact of hearings is budgeted for.
- Registration program costs are driven by payment processing fees, which are mostly incurred during the annual renewal period. In the prior year, the payment processing fees were budgeted at almost twice the annual cost due to the deferral of the annual renewal deadline. It is assumed that in FY2122 payment processing fees will return to normal levels as there is no plan to extend the annual renewal deadline in FY2122. All payment processing fees for the 2022-2023 membership year are planned to be incurred in FY2122.
- For costs related to governance (Board and Committee expenses), the budget is in line with FY2021 actual expense trending for Q1 and Q2. Increased amounts have been budgeted for Q3 and Q4 with the anticipation of the province opening up after the COVID-19 pandemic and an increased opportunity for some in-person meetings.
- The budgets for Professional Fees and Information Technology were based on actual expenses incurred in FY2021.
- The total budget for operational initiatives includes priority projects that align to the College's strategic priorities and values. A listing of the projects budgeted for include:

Operational Initiative	Budget
Enterprise-Wide IT Systems Project	426,250.00
Quality Assurance Continuing Competency Project	85,450.00
CORECOM Project	33,800.00
Diversity, Equity, and Inclusion Project	20,990.00
One Standard Project	20,000.00
Communications Strategic Roadmap Project	15,000.00
Governance Project	8,000.00

The enterprise-wide IT systems project is the only initiative that will be funded through a reserve fund, as there is one that was specifically created for this project. The budget for this project includes vendor implementation costs and other project-associated expenses. Further information related to the impact of this budget and how it will be managed can be found in the "Implications" section below.

- The budget for communications is based on actual expenses incurred in FY2021 as well as activities planned in FY2122.
- Operating expenses have been budgeted based on actual expenses incurred in FY2021 (net of any renovation costs). Also included in this estimate is a modest increase in expenses in Q3 and Q4 in anticipation of the province opening up after the COVID-19 pandemic and the assumption that more staff will be in the office.
- Staff, travel, and conferences expenses were estimated based on actual expenses incurred in FY2021, along with a modest increase in expenses in Q3 and Q4 in anticipation of the province opening up after the COVID-19 pandemic and potentially more staff travel or attendance at in-person conferences.

BOARD MEETING BRIEFING NOTE

FY2122 Annual Operating Budget

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- The amount budgeted for rent and leases reflects lease terms for FY2122, along with modest increases in the estimates for equipment and insurance.
- Other expenses include depreciation costs, which were determined based on the carrying value of existing capital assets. No new capital expenditures are planned for FY2122.

Implications:

Overall, the FY2122 annual operating budget projects a deficit, which will be funded through two separate reserve funds. The overall deficit is broken down between the enterprise systems project and all other expenses.

Enterprise systems project

The enterprise systems project is 76.51% of the deficit and will be entirely covered by the reserve fund.

	\$
Enterprise-wide IT system reserve balance, May 31, 2020*	435,000.00
Total project budget	426,250.00
Estimated balance in reserve, May 31, 2022	8,750.00

*Note: no additions to the enterprise-wide IT system reserve were made in FY2021.

Remaining deficit

The remaining deficit, which includes all other expenses for the year reflects 23.49% of the deficit and will be entirely covered by the unrestricted reserve.

	\$
Unrestricted balance, May 31, 2020	476,200.00
Total deficit, net enterprise-wide IT systems project budget	130,840.00
Estimate balance in reserve**, May 31, 2022	345,360.00

**Note: this amount does not include any additions to the unrestricted reserve that will occur at the end of May 31, 2021. The final unrestricted amount will be known after all audit adjustments are made for the 2020-2021 fiscal year.

The total combined deficit of the enterprise systems project and all other expenses is 12.51% of the conservatively projected revenues and will be funded as noted above. When you remove the enterprise wide-IT systems project from the 12.51% deficit, the operating deficit is 2.94% of conservatively projected revenues.

Attachments:

1. FY2122 Annual Operating Budget Summary



College of Occupational Therapists of Ontario FY2122 Annual Operating Budget Summary

	FY2122 Budget \$	FY2021 Budget \$
Revenue		
Registration fees	4,428,100	4,363,282
Other income	26,500	63,300
	<u>4,454,600</u>	<u>4,426,582</u>
Expenses		
Salaries and benefits	3,055,700	2,778,286
Programs	310,200	454,630
Governance	149,200	168,040
Professional fees	76,700	94,000
Operational initiatives	609,490	227,660
Communications	109,500	126,000
Information technology	156,500	199,002
Operating expenses	69,200	113,750
Staff, travel, and conferences	18,600	58,056
Rent and leases	437,700	422,109
Other expenses	18,900	58,200
	<u>5,011,690</u>	<u>4,699,733</u>
Deficiency of revenue over expenses	<u>(557,090)</u>	<u>(273,150)</u>

Deficit Percentage Breakdown		
	Deficit \$	Deficit as a % of conservatively projected revenues
Enterprise-wide IT systems project	426,250	9.57%
All other expenses	130,840	2.94%
	<u>557,090</u>	<u>12.51%</u>

Funding of Deficit	
	\$
Enterprise-wide IT system reserve balance, May 31, 2020	435,000.00
Total project budget	426,250.00
Estimated balance in reserve, May 31, 2022	<u>8,750.00</u>
	\$
Unrestricted balance, May 31, 2020	476,200.00
Total deficit, net enterprise systems project budget	130,840.00
Estimate balance in reserve, May 31, 2022	<u>345,360.00</u>



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Quality Assurance Committee
Subject: Professional Appointment to Quality Assurance Committee

Recommendation:

THAT the Board appoints Michael Ivany as a professional appointee to the Quality Assurance Committee for a three-year term commencing on June 17, 2021.

Issue:

A Committee member's second term is ending as of June 17, 2021, leaving a vacancy.

Link to Strategic Plan:

Public Confidence: College governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

Thoughtful consideration of Committee appointees ensures due diligence in ensuring varied representation of members serving from within and outside the profession. This process supports the Committee to make fair and unbiased decisions in discharging their duties. In turn, the Committee can best serve and protect the public's need and interests as they pertain to occupational therapy services in Ontario.

Background:

To modernize the College's governance structure, Board and Committee members are being appointed based on their competencies and Committee needs. As the QA program evolves, QA staff have been recruiting and interviewing for several positions including peer assessors and QA Subcommittee members. Michael Ivany initially applied to be a peer assessor, but then withdrew his candidacy due to his situation at the time. Based on the strength of his application, he was approached about considering a role on Committee, was interviewed, and is being recommended to the Board as a suitable candidate to fill the upcoming vacancy.

Discussion:

Currently, the QAC membership represent Districts 1, 2 and 3 (Guelph, Greater Toronto Area / Toronto, and Stratford) with practice knowledge in hand therapy, hospital / acute care, mental health and addiction, paediatrics, and private practice. Michael brings experience in forensic mental health and represents district 5 (North Bay), replacing the upcoming vacancy area of mental health and adding a new represented District to Committee.

Based on our interactions with Michael, he is responsive, professional, and keen, and meets Committee criteria of being in good standing with the College.

BOARD MEETING BRIEFING NOTE

Professional Appointment to Quality Assurance Committee

Page 2 of 2

Implications:

If approved for appointment to the QAC, Michael, will bring a needed mental health and northern perspective.

Attachments:

1. Michael Ivany - Resume (*not available to the public to protect private information*)

Resume not included to protect private information



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Registration Committee
Subject: Professional Reappointment to Registration Committee

Recommendation:

***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.*

Issue:

Joshua Theodore was initially appointed to the Registration Committee on August 1, 2018 for a three-year term ending July 31, 2021. Joshua is eligible for reappointment for one additional three-year term and has expressed interest in being reappointed.

Why this is in the Public Interest:

Thoughtful consideration of Committee appointees is important. Varied representation of appointees serving from within and outside the profession allows the Committee to best serve and protect the public's needs and interests as they pertain to occupational therapy services in Ontario. This process supports the Committee to make fair and unbiased decisions while discharging their duties and responsibilities.

Background:

The Registration Committee shall be composed of two Elected Directors; two Public Directors; one or more Professional Committee Appointee(s); and, at the discretion of the Board, one or more Community Appointee(s). Joshua is the only Professional Committee Appointee currently serving on the Registration Committee. Joshua meets the criteria established in Part 12: Professional Committee and Community Appointees, section 12.01 Professional Committee Appointees.

Discussion:

During his first term, Joshua provided valuable input to the Committee's work. As an internationally educated occupational therapist, he understands the process for becoming a health professional in Canada with foreign credentials. He is accountable, collaborative, inclusive, respectful and understands and appreciates the commitment to the public protection mandate and the time required to execute the role diligently. Reappointing Joshua will enable continuity with the Committee's current work and support the overall effectiveness of the Committee.

Implications:

The reappointment of Joshua Theodore to the Registration Committee will enable the committee to function with a competent, experienced committee member.

Attachments: N/A



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Governance Committee
Subject: Proposed Committee Competency Framework

Recommendation:

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

Issue:

To consider and approve the COTO Committee Competencies Framework

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:

Individuals serving on Committees must possess the knowledge, skills and experience to discharge their duties effectively. Developing and adopting a Committee Competencies Framework which sets out the required level of individual competencies, allows the College to be most effective and efficient by directing that qualified individuals are appointed. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system.

Background:

- The Ministry of Health's College Performance Framework requires that health regulatory colleges have a pre-defined set of skills and competencies for Board and Committee members, and a process of ensuring that registrants wishing to stand for election to the Board or be appointed to a Committee have pre-defined skills and competencies.
- During the March 25th, 2021 Board meeting, Directors approved the adoption of the College's Board Competency Framework which sets out how the Board should be comprised of individuals who possess the knowledge, skill and experience to discharge their duties effectively. Click [here](#) to access the Board Competency Framework.
- Since then, the Governance Committee held a number of meetings looking at committee competencies by reviewing committee competencies developed at other regulatory colleges as well as hearing input from program managers and College staff who provide support to the College committees.

Discussion:

- The proposed committee competencies build on the [Board Competency Framework](#). Committee Members are expected to demonstrate the same attributes (column one) as well, one or more Committee members will bring the same diverse perspectives, background and experiences (column three) from the Board Competency Framework.
- It is also important to note the Committee Competencies Framework listed below depicts the ideal composition of a fully functioning committee. Board and Committee members are not expected to possess every skill or experience listed nor will some of the perspectives and experiences being sought be easily obtainable. It is expected that most Board and Committee Members will be able to achieve a good understanding of all competencies within a short time frame after joining the committee, generally following orientation and some additional training and professional development necessary to make them as effective as possible in their roles.

Recommended Committee Competency Framework

- Based on best practices at other regulatory bodies and in consultation with program managers and staff, the following specific experience, knowledge and skills are recommended for each of the College's regulatory and board committees:

REGISTRATION	
Ability	Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.
Occupational Therapy Practice	Familiarity with occupational therapy practice and domains of practice (clinical, education, research, and administration).
Education/Examinations	Knowledge and experience with the development and administration of education programs and examinations
Registration Processes/Requirements	Understand the process, procedures and requirements that underpin registration and renewal at the College and be able to evaluate information to determine eligibility.
International Health Professional/Graduate	Understand the process for becoming a health professional in Canada with foreign credentials, or ideally have experience in navigating that process.

BOARD MEETING BRIEFING NOTE

Proposed Committee Competency Framework

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PATIENT RELATIONS
Ability Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.
Standards and Professional Ethics Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.
Lived healthcare experience Significant personal experience or experience caring for someone with health challenges or maneuvering through the health care system.

QUALITY ASSURANCE (also includes QA Subcommittee)
Ability Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.
Quality Improvement Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.
Research and Analytical Skills Experience providing evidence-based research to support a project or initiative.
Standards and Scope of Practice Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.
Writing/Editing Experience in professional and academic writing and editing.

BOARD MEETING BRIEFING NOTE

Proposed Committee Competency Framework

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DISCIPLINE & FITNESS TO PRACTICE
Ability Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.
Standards and Professional Ethics Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.
Adjudication and hearing Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.
Writing/Editing Experience in professional and academic writing and editing.

INQUIRIES, COMPLAINTS AND REPORTS
Ability Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.
Standards and Professional Ethics Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.
Health care terminology Know and understand the common terminology, acronyms and phrases used in health care.

FINANCE, AUDIT AND RISK
Financial Literacy and Expertise Knowledge and understanding of financial processes, accounting and reporting and internal control principles. Membership includes at least 1 CPA or equivalent financial expertise.
Business Experience Knowledge and experience of business management practices.

GOVERNANCE
Governance expertise Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.
PRACTICE SUBCOMMITTEE
Standards and Scope of Practice Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.
Systems Perspective Knowledge of the health care system, as well as practice and industry specific understanding. For example, models of care, scope of OT practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health care employers and various practice roles.
Writing/Editing Experience in professional and academic writing and editing.

Implications:

- Should the Board approve the Committee Competencies framework, this fulfills the College's strategic priority along with the Ministry's requirements as per the College Performance Management Framework.
- Once established, the proposed Committee competency framework will inform other aspects of our governance modernization plan including:
 - The development of an initial training program, recruitment process, and the criteria for candidate assessment for Committee appointments.
 - Identify and address competency gaps for individual Committee members and overall training and development; and
 - Evaluate individual Committee members and overall Committee performance.

Next Steps if approved:

- All Committee Members will be asked to complete an online survey where they can anonymously provide information regarding their existing knowledge, skills and experiences in order to get an overall sense of the range of skills and diversity currently on all Committees.
- The Governance Committee would review and identify strengths and the competencies and experiences that are especially needed for each Committee and communicate competency needs to interested registrants and the public who might be interested in applying for appointments.

Attachments:

1. Board Competency Framework



BOARD COMPETENCY FRAMEWORK

Attributes every Director will have or attain:	One or more Directors should have the following professional experience, knowledge and skills:	One or more Directors should have the following diverse perspectives, backgrounds and experiences needed by the Board to support strong decision-making in the public interest:
Accountability, Honesty and Integrity Act with integrity and speak the truth, be able and willing to take full responsibility for decisions and follow through on commitments.	Leadership Demonstrates confidence and good judgment 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.	Professional Diversity Occupational therapy practices are diverse and public and private sector contexts. The perspective of the different practice settings and areas of practice and contexts need to be present on the Board.
Collaborative, Open and Curious Recognize that, in a complex system, what can emerge as a result of meaningful engagement and dialogue will be stronger than what is created in isolation. Be open to new ideas, new perspectives, and new ways of doing things, always bringing a learning mindset to decision-making.	Board and Governance Experience Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, and/or non-profit sector, through prior 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.	Regional Diversity Occupational therapy practices vary throughout the province and so does the experience of the public's interaction and expectations of the health care system. The perspectives of the various regions of the province on the Board is desirable.
Communicator Be able to effectively and actively listen with the ability to express ideas, opinions and positions clearly.	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.	Age Diversity The board needs the perspectives of various age groups from both elected and appointed members.

Attributes every Director will have or attain:	One or more Directors should have the following professional experience, knowledge and skills:	One or more Directors should have the following diverse perspectives, backgrounds and experiences needed by the Board to support strong decision-making in the public interest:
Inclusivity Create an environment and culture that welcomes diverse perspectives, new partners and ideas.	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.	Cultural Diversity Occupational therapy practices are significantly influenced by culture. It is critical to have diverse cultural perspectives represented on the Board, specifically perspectives of the First Nations and other ethnic groups.
Objectivity Be able to self-reflect and make decisions based on evidence and reliable and valid information, to best fulfil the public mandate.	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.	Gender Diversity The Board needs the perspectives of both women and men and people of non-binary genders in decision-making.
Public Interest Focus Upholds the public's right to safe, ethical care, demonstrated by an understanding and appreciation of, and commitment to, the public protection mandate and the time required to execute the role diligently. Recognizing that the public interest will always be prioritized over personal or professional interests.	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 willing to see things from a variety of perspectives, and can listen, understand, and respond to others.	
Respectful Be able to work with others effectively and appreciate different perspectives and opinions regardless of their background, culture or divergent opinions, while fostering and promoting, not impeding or stifling, robust dialogue.	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 terms goals and identify a process to achieving long term objectives, ensures risks are assessed and monitored. Experience leading a team to articulate a vision, identify strategic priorities, and oversee organizational performance.	

Attributes every Director will have or attain:	One or more Directors should have the following professional experience, knowledge and skills:	One or more Directors should have the following diverse perspectives, backgrounds and experiences needed by the Board to support strong decision-making in the public interest:
<p>Self-Awareness</p> <p>Have a clear understanding of personal strengths, areas of development and potential biases, self-reflection, remaining open to feedback, continuous growth and improvement.</p>	<p>Financial Literacy</p> <p>Experienced 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 the integrity of financial information received by the Board.</p>	
	<p>Technological Competence</p> <p>Be able to work electronically in order to uphold security, privacy and efficiency of the College's work.</p>	



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Governance Committee Revised
Subject: Conflict of Interest Policy

Recommendation:

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

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.

Issue:

To consider and approve the College's proposed conflict of interest policy. In addition, a Register of Interests is a method to implement the policy and promote transparency.

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 declaration of interest would require Directors and Committee Members to disclose in writing any professional, business or personal interests. This declaration will be transferred to a Register of Interests which will be made available to ensure transparency and public trust that Directors and Committee Members are putting the public interest first.

Background:

- 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 3 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 and before participating in their first meeting with the College (see attachment 1).
- 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 adoption of the proposed conflict of interest policy will fulfill the Ministry's requirements.

Discussion:

- Reviewing governance best practices along with the issues raised by the consultant created an opportunity to update the College's conflict of interest policy.
- Governance reviews undertaken by other regulatory organizations across Canada highlighted the issues surrounding conflict of interest and the inconsistencies with how regulatory colleges handled them.
- 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 Legal Counsel.
- 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 Member".
 - The proposed conflict of interest policy is one document and is applicable to both Directors and Committee Members.
 - Removed any 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 the types of relationships which potentially represent conflict 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.
- It is worth noting that maintaining a Register of Interest is considered best governance practice. The Ministry's CPMF requirement is that the conflict of interest questionnaire be public. To ensure compliance, most health colleges have started to include the results of the questionnaire as part of their Board meeting package.
- The proposed conflict of interest policy and Register of Interest goes beyond the CPMF requirements as it covers all Directors, and Committee Members. To encourage openness and to

emphasize the needs for the highest standards of honesty and impartiality, the proposed Register of Interest would be made public, and the results displayed on the College website.

Register of Interest:

- A new feature of the conflict of interest policy would require all Directors and Committee Members to use the declaration of interests to identify and declare any personal interests or connections with others in positions of influence. The information collected in the individual declarations would be compiled as a Register of Interest.
- Governance expert, Harry Cayton, in his review of the College of Dentists in British Columbia indicated best practice on dealing with conflict of interest. “All Boards should keep and publish a register of interests and any new interests should be declared and recorded at the start of each meeting”. The importance of identifying and reporting conflicts of interests extends to committees and disciplinary panels. Failure to declare any personal, professional or financial knowledge or relationship may result in a failure of probity or even in disciplinary proceedings as a miscarriage of justice”. (Click [here](#) to access the report).
- A Register of Interest is designed to help the College identify and record conflict of interests and keep a running document of all actual or perceived conflicts among Directors and Committee Members. This will help reduce risk and increase transparency ensuring that, in principle, Directors and Committee Members make decisions from any influence, either external or personal.
- While Board meeting packages are public there is concern about how truly transparent the practice is. The Governance Committee, as an alternate method to communicate the declaration of interest forms, is proposing to make the Register of Interest public by displaying a summary of responses on the College website.
- Example of other Colleges that have implemented a similar Register and have displayed on their website include:
 - [College of Naturopaths of Ontario](#)
 - [College of Dental Surgeons of British Columbia](#)

Implications:

- Should the Board decide to not include a Register of Interest but to continue to be compliant with the CPMF requirements, all individual Declaration of Interest forms will be added to the meeting packages moving forward.

Next Steps:

- If approved, the revised Declaration of Interest form will be shared with all Director and Committee Members. The compilation of individual declarations will be published on the College website as the Register of Interest.

Attachments:

1. Proposed Conflict of Interest Policy
2. Existing version: GP12 Conflict of Interest Policy
3. Existing version: Conflict of Interest Guideline for Council and Non-Council Members

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. The declaration will then be transferred to a Register of Interests which will be made available on the public website.
6. The Registrar will be responsible for keeping the Register of Interests which will be published on the College website.

Interests that Require Declaration

7. 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

- 8. 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.
- 9. 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.
- 10. 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.
- 11. The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts 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

- 12. 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.

13. 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 virtual 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.
14. 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.
15. 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.
16. 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.
17. Every declaration or finding of conflict of interest, as well as any consequent action, shall be recorded in the minutes of the meeting.



Declaration of Interest

Name: _____

Role within COTO: _____ (Director or Committee Member)

Relationship	Details relating to you	Details relating to a connected person
1. Paid Employment <i>Give details of all paid employment including full/part time, consultancies, contract and paid directorships.</i>		
2. Ownership of any company, business or consultancy <i>Include any relevant details relating to a connected person.</i>		
3. Memberships in other professional bodies, associations, voluntary or otherwise <i>Individuals are free to maintain membership in professional organizations. A declaration of these memberships give assurance that there is no conflict with the College's mandate.</i>		
4. Close personal ties with other College Directors, Committee Members, or College staff <i>Individuals who have close ties with other decision-makers may be perceived as having an undue influence on decisions.</i>		
5. Any other declarations <i>Include any information that may be relevant such as:</i> <ul style="list-style-type: none">• Any offences, charges or bail conditions.• Whether you have been investigated or disciplined by any professional association or regulatory body.		

Declaration

I certify the above information contained in this Declaration of Interest 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 Declaration of Interest.

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

Full Name _____

Signature _____

Date _____

Policy Type:	Governance Process
Policy Title:	Conflict of Interest
Reference:	GP12
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2015, January 2019
Date Reviewed:	January 2016

Council members and non-Council members of committees must disclose to the Chair or the Registrar in writing or verbally, all real, apparent or potential conflicts of interest the fact of which will be recorded in the minutes.

Council has enacted bylaws to assist individuals in identifying and dealing with conflicts of interest and to facilitate enforcement of expectations. This statement must be read in conjunction with the bylaws. The purpose of this statement is to assist Council members and non-Council members of committees to declare conflicts of interest.

Accordingly, to the extent feasible in the circumstances,

1. At least once a year, Council members and non-Council members of committees ("members") will disclose in writing all then known real, apparent or, potential conflicts of interests.
2. Members will not participate, either on behalf of the College or any party, in the decision regarding any matter involving the College from which they may directly or indirectly benefit.
3. Any member who has an interest, directly or indirectly, in a proposed matter or in a matter with the College will declare her or his interest in the matter at a meeting of Council or the Committee, as appropriate.
4. If the member becomes aware that a matter in which the member has a direct or indirect interest may be discussed at a future meeting of Council, or committee meeting, the member in accordance with article 15.01.9 of the bylaws will inform the Registrar, President, or the Committee Chair of the direct or indirect interest in writing.
5. In the case of a proposed matter, the member will declare her or his interest at the Council meeting or the Committee meeting as appropriate, at which the question of entering into the matter is first taken into consideration or if the member is not present at such meeting, then at the first meeting held thereafter. This paragraph applies even where paragraph 4 has been complied with.
6. If the member is not at the date of that meeting interested in the proposed matter, the member will make the declaration at the first Council, or committee meeting, which is held after becoming interested in the proposed matter. In the case where the member becomes interested in a matter after it is made, the member will either inform the President or committee Chair in writing or declare her or his interest at the first Council or committee meeting held after she or he becomes so interested. (i.e. This provision is meant to address when a member develops a conflict of interest after the matter is first raised.)
7. Members will not vote on any proposed matter, or on an actual matter with the College in which they have a direct or indirect financial interest.

8. Any member who has declared an interest in any proposed or actual matter or other financial interest with the College which is being discussed, will absent herself or himself during the discussion of and vote upon the matter and the event will be recorded in the minutes. As per bylaw 15.01.10b, any explanation to Council or committee will simply state: For reason of conflict of interest, the member will leave the meeting during the discussion of that matter.
9. Any member who, either directly or through an immediate family relationship, has an involvement with the College as a provider of services will notify the Registrar, President or the Chair of the committee, in writing, the nature of the relationship.
10. Any matters that come before the Council or committees that appear to raise an issue of real apparent or potential conflict of interest for a member, arising from such relationship, may be raised by that member, or any other member (in accordance with article 15.01.11 of the bylaws) for discussion.
11. If a member recognizes that she or he has failed to declare a conflict of interest that should have been declared, she or he shall declare it in writing to the appropriate person as soon as the member recognizes the omission.
12. Depending on the nature of the conflict of interest and the surrounding circumstances the College may deal with an undeclared conflict of interest or other breach of the bylaw or this policy informally or formally.
13. In any formal determination by the Council or the Committee as to whether a conflict arising out of such a relationship exists, the member who is the subject of the discussion will be entitled to speak to the issue but will not vote or be present for the discussion or the vote.
14. If in the judgment of the Council or the Committee, as appropriate, a conflict (real, apparent or potential) exists, then the member with the conflict will not vote or be present for the discussion or the vote.

The above are examples of when a declaration of a real, apparent or potential conflict of interest may be required and how such a declaration might be made. Further guidance on these issues can be found in the bylaws of the College.

This Policy is not intended to discourage the development by the College of strategic partnerships with appropriate organizations, but to ensure that those involved in the management and governance of the College maintain the highest level of public trust and integrity.

DISCLOSURE OF CONFLICT OF INTEREST

To the best of my knowledge, I, _____

as a member of Council ☐ or Non-Council ☐ of the College of Occupational Therapists of Ontario
(the College)

☐ DO COMPLETE SECTION 1 BELOW
☐ DO NOT

have an actual, potential, or perceived conflict of interest.

An **actual** conflict of interest exists when a Council or non-Council committee member benefits, directly or indirectly, from a decision or action of the organization.

A **potential** conflict of interest exists when a Council or non-Council committee member is involved in a transaction from which, depending on the College's decision, he/she may benefit either directly or indirectly.

A **perceived** conflict of interest exists when a reasonable and objective observer viewing a transaction would conclude that a Council or non-Council committee member participating in the transaction will or may benefit, either directly or indirectly from the transaction.

A benefit is received **directly** by a Council or non-Council committee member if he/she receives the benefit himself/herself. A benefit is received indirectly if it is received by a member of his/her immediate family or by a corporation or other organization in which the Council or non-Council committee member has an interest.

Immediate family includes the member's parent, brother, sister, spouse, son, daughter, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandchild, niece, nephew, aunt or uncle. **Spouse** includes someone to whom the member is married or with whom the member is living in a conjugal relationship outside marriage.

In addition, I undertake to inform Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

Signature

Date

Section 1:

Please clarify the nature of the conflict:

Revised: January 2019

CONFLICT OF INTEREST

Guidelines for Council and Non-Council Members

This document is provided to assist Council and non-Council Committee members with reference information related to governance process policy GP12. (The following guidelines are also included in the bylaws.)

For the purposes of the bylaws and all matters of Council and non-Council Committee member ("member") conduct, a conflict of interest is defined to include the following concepts:

TYPES OF CONFLICT

Pecuniary Interests

Real, apparent, and potential conflicts where a private or personal interest may be sufficient, to influence the objective discharge of a person's official duties.

A real conflict exists when (1) the member has a private interest, (2) the member knows of the private interest, and (3) there is sufficient connection between the private interest and the member's public responsibilities to influence the performance of them.

An apparent conflict exists when there is a reasonable apprehension, which reasonably well-informed persons could properly have, that a conflict of interest exists.

A potential conflict exists as soon as an apparent real conflict is foreseeable.

Financial conflicts include:

1. Interests in contracts which the College is considering entering into; and
2. accepting benefits where the individual is providing the benefit to influence College decision-making (or the benefit could reasonably be interpreted as having that purpose or effect).

The misuse of information is considered a conflict where information acquired in the course of performing College duties, is used for personal gain or for the personal gain or for the benefit of someone else.

Fiduciary Interests

The duty of loyalty, good faith and diligence owed by a member of Council to the College.

Every member of Council shall act in the best interests of the public receiving occupational therapy services in Ontario, and no member by reason of his/her appointment shall conduct himself/herself as a representative of any professional, socioeconomic, cultural or geographic group or other constituency.

It is expected that all members of Council will speak outside of meetings with a united voice after a decision has been made or a policy has been set. This is described in more detail in the document "Code of Conduct" for Council members.

Bias

A legal concept applied to members of all College-appointed panels.

Situations of perceived bias may arise during the selection of panel members. When considering declaring a conflict of interest, it is important to balance perceived bias with the committee's viability to carry out its legislated functions.

Panel members would usually be considered to hold a bias where:

- he/she had a prior involvement in the events giving rise to the College proceeding
- he/she holds a personal interest in the outcome of the proceedings
- he/she has taken a public stand on the issue before the proceedings
- he/she has a family relationship or employer/employee relationship with the individual involved in the proceedings.

RESOLVING CONFLICTS OF INTEREST

Any member of Council or any non-Council member who recognizes that they are in a direct or indirect conflict of interest situation will declare a conflict in the following manner:

1. If the conflict relates to the member's overall role, the member will notify the President or the Registrar as soon as possible.
2. If the conflict relates to the member's role in the matter of a specific item on the Council agenda, the member will notify the President or the Registrar at the meeting(s) at which the item will be discussed, or if the member is not present at such meeting, then at the first meeting held thereafter.
3. If the conflict relates to the member's role on a committee, the member will notify the Chair of the committee, prior to any meeting or hearing related to the matter.

The disposition of a conflict as reported above will be done in the following manner:

1. If the conflict affects the member's overall role:
 - a. The President will cause an investigation of the alleged conflict to be had through the Executive Committee. Council will be informed.
 - b. The Executive Committee's findings will be presented to Council for resolution.
 - c. The decision of Council will be considered final.
2. If a conflict relates to a member's role pertaining to an item on the Council agenda, the member will declare the conflict and will be permitted to provide a brief explanation to Council. The member shall leave the meeting room during the discussion of the agenda item giving rise to the conflict.
3. If the conflict relates to a member's role pertaining to a panel of a statutory committee, the Chair will appoint another member to the panel, if required.

Any member who believes that another member has a conflict which has apparently not been declared, will, if possible, discuss the matter with the member. If the matter is not resolved to the satisfaction of the member who perceives the conflict, he/she will discuss it with the President.

1. The President will cause an investigation of the alleged conflict to be had through the Executive Committee. Council will be informed.
2. The Executive Committee's findings will be presented to Council for resolution.

3. The decision of Council will be considered final.

Where the Council decides to disqualify an elected member based on the findings of an investigation related to conflict of interest, the President will request their resignation failing which the member shall be disqualified in accordance with the provisions of the bylaws.

Where the Council decides to disqualify an appointed member based on the findings of an investigation related to conflict of interest, the President will request the resignation of the member through the Minister of Health.

Created: October 2006

Reviewed: May 2010

Revised: March 2017

Existing Version

DISCLOSURE OF CONFLICT OF INTEREST

To the best of my knowledge, I, _____

as a member of Council ☐ or Non-Council ☐ of the College of Occupational Therapists of Ontario
(the College)

☐ DO COMPLETE SECTION 1 BELOW

☐ DO NOT

have an actual, potential, or perceived conflict of interest.

An **actual** conflict of interest exists when a Council or non-Council committee member benefits, directly or indirectly, from a decision or action of the organization.

A **potential** conflict of interest exists when a Council or non-Council committee member is involved in a transaction from which, depending on the College's decision, he/she may benefit either directly or indirectly.

A **perceived** conflict of interest exists when a reasonable and objective observer viewing a transaction would conclude that a Council or non-Council Committee member participating in the transaction will or may benefit, either directly or indirectly from the transaction.

A benefit is received **directly** by a Council or non-Council committee member if he/she receives the benefit himself/herself. A benefit is received indirectly if it is received by a member of his/her immediate family or by a corporation or other organization in which the Council or non-Council committee member has an interest.

Immediate family includes the member's parent, brother, sister, spouse, son, daughter, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandchild, niece, nephew, aunt or uncle. **Spouse** includes someone to whom the member is married or with whom the member is living in a conjugal relationship outside marriage.

In addition, I undertake to inform Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.

Signature

Date

Section 1:

Please clarify the nature of the conflict:



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Executive Committee
Subject: Refund Following a Resignation Policy

Recommendation:

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

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

Issue:

Feedback received from OTs suggest the current refund process does not fairly address resignations that fall outside the first quarter of the financial year.

Link to Strategic Plan:

Public Confidence and Qualified Occupational Therapists:

- Public Confidence
1.5 College operations are transparent, effective and efficient in serving and protecting the public interest,
- Qualified occupational therapists
2.2 Decisions about occupational therapists are transparent and accessible.

Why this is in the Public Interest:

The College has a duty to ensure operations are adequately funded to serve and protect the public interest. However, ensuring that policies are transparent and fair related to registrants and fees is also important.

Background:

Registration and Renewal Fees

The College registration year runs from June 1 – May 31. Occupational therapists (OTs) pay a registration fee when they register with the College. The fee is pro-rated quarterly based on when the OT initially registers, the breakdown is as follows:

Quarter	Fee (\$)	HST (\$)	Total Amount (\$)
Q1 (June 1 – Aug 31)	657.55	85.48	743.03 (full registration fee)
Q2 (Sep 1 – Nov 30)	493.17	64.11	557.28

BOARD MEETING BRIEFING NOTE

Refund Following a Resignation Policy

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Quarter	Fee (\$)	HST (\$)	Total Amount (\$)
Q3 (Dec 1 – Feb 28)	328.78	42.74	371.52
Q4 Mar 1 - May 31)	164.39	21.37	185.76

Once registered, OTs are required to renew by May 31 of each year. The renewal fee is equivalent to the full registration fee (\$743.03).

Resignations

OTs not working or using the title occupational therapist in Ontario may choose to resign their registration.

Resigning means the individual will no longer be able to work as an OT, use the occupational therapist title, abbreviation, or designation OT Reg. (Ont.), in Ontario, until they are re-registered with the College.

OTs resign for various reasons including parental leaves, sick leaves, leave of absence from the profession and retirement. Resignation can be permanent (retirement) or temporary (parental leave). An individual who resigns and wants return to practice must submit a new application for registration. The individual must meet the requirements in place at the time of application.

OTs can resign at any time during the year. Most resignations take place in Q4, prior to the annual renewal deadline. The College has policies in place that speak to the implications of resigning during a QA process or an investigation.

Currently, College bylaw 18.03.3 and 18.04.08 allows an OT who resigns within the first quarter to receive a refund of half the annual fee (371.52). Refunds are not available to OTs who resign after August 31.

Discussion:

For several years the College has received feedback from OTs that the refund process is not fair. OTs feel that it is unreasonable for them to pay the full registration fee when they are only practising for a portion of the year.

The College has carefully considered this issue and consulted other health regulatory colleges. Some of these regulators, including occupational therapist colleges in other Canadian jurisdictions, offer pro-rated refunds when an individual resigns.

If approved, the proposed policy will authorize the Registrar to issue a partial refund on pro-rated basis to OTs who resign within the first three quarters of the financial year.

The College expects this policy to be positively received by OTs.

Implications:

Although this policy will affect the budget by increasing the College expenditure on refunds, this is not expected to be a significant cost to the College. It will not impact the College's ability to carry out its mandate.

The College plans to minimize administrative costs by making this process as automated as possible. If an occupational therapist resigns within the first three quarters and does not owe any fee to the College, for example an administrative fee for failing to update professional liability insurance, the refund will be issued. Refunds will be issued once per quarter.

BOARD MEETING BRIEFING NOTE

Refund Following a Resignation Policy

Page 3 of 3

Bylaw 18.02 permits the Registrar to waive all or part of a fee, penalty or amount in exceptional circumstances and that a refund following a resignation is essentially the waiving of a fee. College legal counsel has advised that a policy should set out the terms of a refund following a resignation rather than a bylaw. It is of legal opinion and for fairness and transparency purposes that s. 18.03.3 and 18.04.8 of the College bylaws be rescinded.

There is no requirement under the Health Professions Procedural Code that the rescinded sections be circulated for registrant and stakeholder feedback prior to enactment.

Next Steps:

OTs who resigned June 1, 2021 or later will be issued a refund in accordance with the new policy.

The policy will be added to the College website along with additional information OTs should consider before resigning. The policy will be communicated to OTs in the next College newsletter.

Attachments:

1. Proposed Policy – Refund Following a Resignation
2. Bylaw s. 18.03.3 and 18.04.8



REFUND FOLLOWING A RESIGNATION

8-210

Section:	Office of the Registrar
Applicable to:	Occupational Therapists holding a general or provincial certificate of registration
Approved by:	Registrar
Date Established:	June 2021
Date Revised:	

Purpose:

This policy describes the criteria the Registrar will use when determining whether an occupational therapist (OT) is eligible for a refund following a resignation from the College.

Principle(s):

Criteria for issuing a refund is based on the general principles of fairness, transparency, consistency and equity.

Policy:

An OT holding a general or provisional certificate of registration may be eligible for a partial refund if they resign their certificate of registration between June 1 and February 28/29.

Refund of the annual registration fee will be provided in accordance with Schedule A, if the individual meets the following conditions:

The individual:

- Must not be in default of any financial obligation to the College; and
- Must stop practising occupational therapy and resign on or before the dates specified in Schedule A.

Individuals who meet the conditions for a refund will automatically be issued a refund in the same manner in which the fee was paid, with the exception of individuals who paid by telebanking who will be issued a cheque. Refunds will be issued three times per year, at the end of each quarter.

Schedule A

Date	Refund
June 1 to August 31	\$557.28
September 1 to November 30	\$371.52
December 1 to February 28/29	\$185.76



Bylaws

Amended ~~June~~January 2021

Originally Issued September 1994

Part 18: Fees

18.01 Application Fee

18.01.1 There shall be a non-refundable application fee of \$200.00 plus applicable taxes. No further application fee will be required if the applicant reapplies to the College or pursues further evaluation from the College within one year of payment of the application fee in question.

18.01.2 Despite bylaw 18.01.1, the reinstatement fee for an applicant who previously resigned their general practicing certificate of registration with the College and whose application does not involve a referral to the Registration Committee is \$40 plus applicable taxes.

18.02 Fees Waiver

18.02.1 The Registrar may waive all or part of a fee, penalty or amount in exceptional circumstances. The Registrar shall document the reasons for the waiver.

18.03 Registration Fee

18.03.1 The Registration Fee is an amount equal to the Annual Fee.

18.03.2 The College registration year is from June 1 to May 31. Registration Fees are pro-rated on a quarterly basis for new Registrants. Pro-rated fees for registration between the following dates are as follows:

- a. between June 1 and August 31, \$657.55 plus applicable taxes;
- b. between September 1 and November 30, \$493.17 plus applicable taxes;
- c. between December 1 and February 28, \$328.78 plus applicable taxes;
- d. between March 1 and May 31, \$164.39 plus applicable taxes.

~~**18.03.3** The Registrar shall rebate a Registrant who resigns between June 1 and August 31, \$328.78 plus applicable taxes. Repealed, effective June 24, 2021~~

18.04 Annual Fee

18.04.1 Every Registrant shall pay an Annual Fee in accordance with this section for each registration year.

18.04.2 A registration year begins on June 1 in one year and ends on May 31 in the following year.

18.04.3 The Annual Fee for a registration year must be paid on or before June 1 in the registration year. Effective May 31, 2018 the Annual Fee for a registration year must be paid on or before May 31 in the registration year.

18.04.4 The Annual Fee payable by a Registrant for a registration year is:

- a. \$657.55 plus applicable taxes for a Registrant holding a general practising certificate or a provisional practising certificate; and
- b. \$65.76 plus applicable taxes for a Registrant holding a temporary certificate.

18.04.5 A Registrant shall not pay an Annual Fee for the registration year in which the Registrant is issued a certificate of registration and has paid the Registration Fee.

18.04.6 On or before April 1 of any registration year, the Registrar shall notify each Registrant of the amount of their Annual Fee and of the fact that effective May 31, 2018 it is due on May 31.

18.04.7 If a person is first issued a certificate of registration between April 1 and June 1 of any registration year, the Registrar shall make reasonable efforts to notify the Registrant as soon as possible of the amount of their Annual Fee and of the fact that effective May 31, 2018 it is due on May 31.

~~**18.04.8** The Registrar shall rebate a Registrant holding a general practicing certificate or a provisional practicing certificate who resigns between June 1 and August 31, \$328.78 plus applicable taxes. Repealed, effective June 24, 2021~~

18.05 Late Fee

A Registrant who fails to pay an Annual Fee on or before the day on which it is due shall pay a penalty of \$100.00 plus applicable taxes, in addition to the Annual Fee.

18.06 Fee for Returned Cheques

18.06.1 The fee for the first cheque submitted to the College and returned as non-cashable is \$25.00 plus applicable taxes.

18.06.2 Where a cheque has been returned, re-payment of the amount due, as well as the fee outlined in s. 18.06.1, shall be paid by money order or certified cheque.

18.06.3 When a returned cheque is tendered in relation to the Annual Fee and it is not remedied by the deadline for the payment of the Annual Fee, then in addition to the fee for returned cheques, the late fee is applicable.

18.07 Fee for Replacement Documents

18.07.1 The fee for a replacement certificate of registration is \$25.00 plus applicable taxes.

18.08 Fees Set by the Registrar

18.08.1 A person shall pay for anything that the Registrar or a committee is required or authorized to do by statute, regulation or bylaw:

- a. if a fee is specified, the specified fee; or
- b. if no fee is specified and if the Registrar has set a fee, the fee set by the Registrar.

18.09 Fees for Letters, Confirmations of Certified Documents

18.09.1 The fee for follow-up letters to a Registrant who has not complied with a request to which the Registrant must comply, such as a request to make available the Registrant's self- evaluation report to the Quality Assurance Committee is \$25.00 plus applicable taxes per letter.

18.09.2 The fee for confirming documents or information for the purposes of administering the Labour Mobility Support Agreement, including a certified copy of proof of graduation, transcripts of studies, examination results, registration status or standing with the College, is \$40.00 plus applicable taxes per request. A request can include confirmation of multiple items of information.

18.10 Fees for Professional Corporations

18.10.1 The fee for the issuance of a certificate of authorization, including any reinstatement of a certificate of authorization, for a professional corporation is \$500.00 plus applicable taxes.

18.10.2 The fee for the annual renewal of a certificate of authorization is \$250.00 plus applicable taxes.

Proposed



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Executive Committee
Subject: Medical Assistance in Dying Document Amendments

Recommendation:

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

Why this is in the Public Interest:

Federal Legislation pertaining to MAiD has been changed, necessitating a change to the College MAiD document. Updating practice documents following legislative change is an important part of public protection such that both registrants and the public have access to current resources that pertain to specific practice activities. It is estimated that since permitted, over 2 percent of all deaths in the country are medically assisted, and this number is growing. Occupational therapists work with clients who may want to pursue MAiD and therefore need to be fully informed to understand their role in serving this client population.

Link to Strategic Plan:

Quality Practice: Occupational therapists are competent, safe, effective, and accountable. The College engages occupational therapists to advance quality, ethical practice. Professional standards are up-to-date and reflect evolving practice.

Background:

MAiD was approved in Canada in 2016. Since then, cases have been brought forward to challenge the "reasonable foreseeability of natural death" eligibility criterion. In one such case, *Truchon v. Attorney General of Canada*, the Superior Court of Québec decided that the reasonable foreseeability of natural death criterion contravene the right to life under section 7 of the Charter of Rights and Freedoms. The court noted that individuals meeting all other criteria, including intolerable suffering, might be led to put an end to their lives by other less dignified means, prematurely.

In response to this case, the Canadian government introduced Bill C-7, *An Act to amend the Criminal Code (medical assistance in dying)*. This bill aimed to provide a pathway for individuals whose deaths are not reasonably foreseeable to also access MAiD. Due to this change in legislation, the MAiD practice document has been updated and brought forward for review.

Discussion:

The new *Act to amend the Criminal Code (medical assistance in dying)* made changes to the Criminal Code to, among other issues:

BOARD MEETING BRIEFING NOTE

Medical Assistance in Dying Document Amendments

Page 2 of 3

- (a) repeal the provision that requires a person's natural death be reasonably foreseeable for them to be eligible for medical assistance in dying
- (b) specify that persons whose sole underlying medical condition is a mental illness are not eligible for medical assistance in dying until 2023
- (c) permit medical assistance in dying to be provided to a person who has been found eligible to receive it, whose natural death is reasonably foreseeable and who has lost the capacity to consent before medical assistance in dying is provided, on the basis of a prior agreement they entered into with the medical practitioner or nurse practitioner
- (d) permit medical assistance in dying to be provided to a person who has lost the capacity to consent to it as a result of the self-administration of a substance that was provided to them under the provisions governing medical assistance in dying in order to cause their own death, and:
- (e) create safeguards that must be respected before medical assistance in dying may be provided to a person, the application of which depends on whether the person's natural death is reasonably foreseeable.

The Act now opens the door to individuals whose deaths are not reasonably foreseeable but who meet the other MAiD eligibility criteria, including they have a serious and incurable "disease, illness, or disability," are in an advanced state of decline and are suffering intolerably.

The Act includes a new track with requirements for these individuals. One of them requires a minimum 90-day period between when the person's first assessment for MAiD begins and the day on which the MAiD procedure is carried out.

The new Act stipulates that the individual must undergo two MAiD eligibility assessments by two different medical practitioners.

The individual must sign their request for MAiD before an independent witness. The amended Act permits a person who provides paid health or personal care services to the person seeking MAiD to act as an independent witness to the person's written request for MAiD. In addition, the individual must be informed of the "means available to relieve their suffering," which can include counselling, mental health and disability support services and palliative care. This includes offering consultations with professionals related to those services. The person can withdraw their request at any time.

After two years, the Act will allow access to individuals seeking MAiD solely based on a mental disorder. These individuals were originally banned from accessing MAiD, with the government wanting to study the issue further. However, it ultimately agreed to establish a sunset clause in the bill, giving governments and medical bodies time to come up with guidelines and safeguards.

One of the key issues that the Act did not address is for individuals who don't currently meet eligibility criteria but who want to make their request now for fear of losing capacity to make such a decision later, for instance, due to dementia. This issue was left out to be addressed when parliament reviews MAiD.

BOARD MEETING BRIEFING NOTE

Medical Assistance in Dying Document Amendments

Page 3 of 3

This Act presents another positive step towards allowing more Canadians to have access to medical assistance in dying.

Attachments:

1. Proposed Revised Medical Assistance in Dying Document (name also updated)
2. Existing Version: Guidelines for Medical Assistance in Dying



Medical Assistance in Dying

Updated June 2021

Originally Issued July 6, 2016

Medical Assistance in Dying

On June 17, 2016, the federal government enacted amendments to the *Criminal Code of Canada* (the “Criminal Code”) to permit physicians and nurse practitioners to provide medical assistance in dying (sometimes referred to as MAiD) and to allow other healthcare providers to aid clients in this process, provided they follow the rules of the legislation, applicable provincial requirements, and professional standards.

This document intends to provide guidance on professional expectations and ethical obligations for occupational therapists (OTs) related to medical assistance in dying. It also provides direction for OTs who conscientiously object to aiding in the provision of this process with a client.

The federal and provincial government continue to monitor cases of medical assistance in dying. The federal government is obligated to review complex issues, such as requests by mature minors, advanced requests (to support those who may want to make their request now in fear of losing capacity to make such a decision later), and requests where mental illness is the sole underlying medical condition. To address some of these issues, in March 2021, the federal government passed Bill C-7, An Act to amend the Criminal Code (medical assistance in dying) and increased access to this process. This document reflects those changes. If discrepancies arise between these documents and the legislation, the legislation prevails.

Overview of the Legislation

At an individual’s request, physicians and nurse practitioners are permitted to provide that individual with assistance in one of two ways:

1. Directly administer a substance that causes an individual’s death; or,
2. Provide or prescribe a substance for an individual to self-administer to cause their own death.

To be eligible for medical assistance in dying, a person must meet all the criteria set out in the legislation:

- be eligible for publicly funded health-care services in Canada;
- be at least 18 years of age and mentally competent;
- have a grievous and irremediable medical condition;
- voluntarily request medical assistance in dying (not resulting from outside pressure or influence);
- give informed consent for medical assistance in dying (advance consent or substitute decision-maker consent is not permitted). However, this can be administered to a person who has lost the capacity to consent if death is reasonably foreseeable and the person entered into an agreement with the physician or nurse practitioner consenting to medical assistance in dying before losing capacity. It can also be administered to a person who has lost capacity to consent because of self-administration of a substance provided by a

Medical Assistance in Dying

physician or nurse practitioner for the purpose of medical assistance in dying.

- have one independent witness to the signature of a person on their written request for medical assistance in dying. The independent witness of their signature can be someone who provides paid health or personal care services to them.

As per federal legislation, to meet all the criteria for a person's medical condition to be considered grievous and irremediable, a person must:

- have a serious and incurable illness, disease, or disability;
- be in an advanced state of irreversible decline in capability;
- have enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions they consider acceptable;
- be at a point where natural death has become reasonably foreseeable, considering all their medical circumstances, without a prognosis necessarily having been made as to the length of time they may have remaining.

Where death is not reasonably foreseeable:

- the medical or nurse practitioner administering medical assistance in dying must consult with another medical practitioner if the first practitioner does not have expertise on the condition of the person seeking it; and
- 90 days must pass between the first assessment of medical assistance in dying eligibility criteria and the day on which it is administered. However, this period can be shortened if the person is about to lose the capacity to make health care decisions, as long as both assessments have been completed.

A person with mental illness may be eligible for medical assistance in dying if they meet all the eligibility criteria. People suffering solely from a mental illness, however, are not eligible for medical assistance in dying until March 17, 2023, when this provision is expected to be repealed.

On May 9, 2017, the provincial government passed the *Medical Assistance in Dying Statute Law Amendment Act, 2017* to provide clarity and protection for patients and health care providers. This legislation and the March 2021 amendments to medical assistance in dying addresses:

- Benefits coverage to ensure benefits are not denied only based on medical assistance in dying;
- Protections from civil liability for health care professionals when lawfully providing medical assistance in dying;
- Protecting the privacy of health care providers and organizations that provide medical assistance in dying;
- Reporting and monitoring of medical assistance in dying cases;
- Establishing a care coordination service to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options.

Occupational Therapist's Roles and Responsibilities in Assisted Dying

Under the legislation, OTs are permitted to aid a physician or nurse practitioner in the provision of medical assistance in dying in accordance with federal and provincial legislation and the standards of the profession.

Practice Ethically

OTs are expected to adhere to the professional [Code of Ethics](#) in all practice areas and settings. The Code of Ethics is particularly important in establishing expectations for OTs regarding medical assistance in dying as the fundamental values and principles of occupational therapy inform the position of the College.

In dealing with the sensitive nature of medical assistance in dying, OTs are expected to treat all clients with dignity, demonstrate respect for client choice, employ culturally safe practice, and remain non-judgmental in the decision of clients, families, and other care providers.

Know and Understand Legislation, Practice Standards, and Organizational Policies

OTs are expected to know and understand the laws that pertain to medical assistance in dying, monitor changes to these, and understand and apply the legislation to occupational therapy standards of practice and service delivery.

Under the legislation, OTs are not permitted to determine client eligibility for medical assistance in dying. However, OTs may have a role in assisting a physician or nurse practitioner to determine client eligibility. An OT may also be called upon, after eligibility for medical assistance in dying has been confirmed, to provide occupational therapy services including assessment, treatment, or consultation.

In addition to the legislation and College expectations, OTs must be aware of their employer's position on medical assistance in dying and understand any organizational policies or procedures that apply. OTs are encouraged to seek clarification of organization policies if positions are unclear. Some organizations may decline to provide medical assistance in dying on the grounds of conscientious or religious beliefs.

Understand and Apply the OT Role

OTs must understand they are not permitted to determine eligibility for assisted dying and must be

Medical Assistance in Dying

aware of the steps to appropriately support the client through the process.

If a first point of contact for a client requesting medical assistance in dying, the OT must:

- Respect client autonomy, remain client-centred and treat the client with dignity regardless of the OTs personal beliefs and values;
- Inform the client of the OTs role in response to the request including that that the OT cannot determine eligibility;
- Obtain consent to refer the client to a health professional legally authorized to determine eligibility for medical assistance in dying (physician or nurse practitioner), and;
- Proceed with the originally agreed upon occupational therapy service plan as appropriate.

Within the OT scope of practice, there are several treatment options appropriate for clients who have elected to proceed with medical assistance in dying (Bernick, Winter, Gordon, and Reel, 2015). These may include:

- Assisting with concluding lifetime occupational roles
- Assessing capacity and/or cognition
- Exploring options for continued engagement and alternatives
- Creating meaningful memories
- Counselling individuals and families
- Providing education about options and alternatives for end-of-life care
- Assisting with equipment requirements and comfort measures
- Educating clients and family about available resources

Conscientious Objection

The legislation on medical assistance in dying respects the personal convictions of health care providers. OTs may elect not to participate or aid in the provision of medical assistance in dying due to conscience and religion.

If an OT conscientiously objects to medical assistance in dying, they are expected to:

- a. Do so transparently whilst meeting the responsibilities and accountabilities of the standards of practice;
- b. Respect client autonomy, remain client-centred and treat the client with dignity regardless of the OT's personal beliefs and values;
- c. Not withhold information or impede access to medical assistance in dying;
- d. Direct the client to available services and resources;
- e. Obtain consent to refer the client to an alternate service provider who will address the client's request for medical assistance in dying, as appropriate;
- f. Continue with the occupational therapy service components that are not directly related to the request for assisted dying, as appropriate, until care can be successfully transferred to another OT or alternate service provider.

Medical Assistance in Dying

When determining whether it would be appropriate to continue care, the OT must be confident their own personal beliefs and know that their values will not present a conflict of interest that may prevent them from acting in the client's best interests. Lastly, the OT must also ensure that discontinuing care will not compromise client safety or planned intervention outcomes. The discontinuation of needed professional services is addressed under Ontario Regulation 95/07: Professional Misconduct and is outlined in the [Discontinuing Services](#) practice document.

Resources

1. **Government of Canada:** [Medical Assistance in Dying](#)
2. **Ontario Ministry of Health and Long-Term Care** [Medical Assistance in Dying – Health Care Professionals](#)
3. **Ontario Ministry of Health and Long-Term Care** Medical Assistance in Dying: Information for Patients
<https://www.health.gov.on.ca/en/pro/programs/maid/docs/maid.pdf>

References

[*An Act to amend the Criminal Code and to make related amendments to other Acts \(medical assistance in dying\), 2016*](#)

[*An Act to amend the Criminal Code \(medical assistance in dying\), 2021*](#)

Bernik, A., Winter, A., Gordon, C. & Reel, K. (2015). Could occupational therapists play a role in assisted dying? CAOT Conference Presentation. Winnipeg: Manitoba.

Carter v Canada. [2015] 1 SCR 331.

Medical Assistance in Dying Statute Law Amendment Act, 2017

Ontario Regulation 95/07: Professional Misconduct.



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Proposed



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

Guidelines

Guidelines for Medical Assistance in Dying

Revised November 2017

Originally Issued July 6, 2016

Guidelines for Medical Assistance in Dying

Medical assistance in dying (MAID) is permitted in Canada as a result of a decision by the Supreme Court of Canada (SCC). On June 17, 2016, the federal government enacted amendments to the *Criminal Code of Canada* (the “Criminal Code”). This law permits physicians and nurse practitioners to provide medical assistance in dying and other healthcare providers to aid in medical assistance in dying, provided they follow the rules of the legislation, applicable provincial requirements and professional standards.

The Guidelines for Medical Assistance in Dying are intended to provide guidance on professional expectations and ethical obligations for occupational therapists (OTs) related to medical assistance in dying. The Guidelines also provide direction for OTs who conscientiously object to aiding in the provision of medical assistance in dying. These Guidelines replace the College’s July 2016 Interim Guidelines for Medical Assistance in Dying.

The federal and provincial government continue to monitor cases of medical assistance in dying. The federal government is also obligated to review complex issues, such as requests by mature minors, advanced requests, and requests where mental illness is the sole underlying medical condition, which are not addressed in the current legislation. The College will monitor the situation closely and revise the Guidelines as necessary. If discrepancies arise between these Guidelines and the legislation, the legislation will supersede these Guidelines.

Overview of the Legislation

In accordance with federal legislation, physicians and nurse practitioners are permitted, at an individual’s request, to provide that individual with medical assistance in dying in one of two ways:

1. Directly administer a substance that causes an individual’s death; or,
2. Provide or prescribe a substance for an individual to self-administer to cause their own death.

To be **eligible** for medical assistance in dying, a person must meet **all** the criteria set out in the legislation. To meet **all** the criteria a person must:

- be eligible for publicly funded health-care services in Canada;
- be at least 18 years of age and mentally competent;
- have a grievous and irremediable medical condition;
- voluntarily request medical assistance in dying (not resulting from outside pressure or influence); and,
- give informed consent for medical assistance in dying (advance consent or substitute decision-maker consent is not permitted).

As per federal legislation, to meet **all** the criteria for a person's medical condition to be considered grievous and irremediable, a person must:

- have a serious and incurable illness, disease or disability;
- be in an advanced state of irreversible decline in capability;
- have enduring physical or psychological suffering that is intolerable to them and cannot be relieved under conditions they consider acceptable; and,
- be at a point where natural death has become reasonably foreseeable, taking into account all their medical circumstances, without a prognosis necessarily having been made as to the specific length of time they have remaining.

A person with mental illness may be eligible for medical assistance in dying if they meet all the eligibility criteria. People suffering solely from a mental illness, however, may not be eligible.

On May 9, 2017, the provincial government passed the *Medical Assistance in Dying Statute Law Amendment Act, 2017* to provide clarity and protection for patients and health care providers. This legislation addresses:

- Benefits coverage to ensure benefits are not denied only on the basis of medically assisted death;
- Protections from civil liability for health care professionals when lawfully providing medically assisted death;
- Protecting the privacy of health care providers and organizations that provide medically assisted death;
- Reporting and monitoring of medical assistance in dying cases;
- Establishing a care coordination service to assist patients and caregivers in accessing additional information and services for medical assistance in dying and other end-of-life options.

OT Roles and Responsibilities in Assisted Dying

Under the legislation, OTs are permitted to aid a physician or nurse practitioner in the provision of medical assistance in dying in accordance with federal and provincial legislation and the standards of the profession.

1. Practice Ethically

OTs are expected to adhere to the professional Code of Ethics in all practice areas and settings. The Code of Ethics is particularly important in establishing expectations for OTs regarding medical assistance in dying as the fundamental values and principles of occupational therapy inform the position of the College.

As stated in the Code of Ethics, “Occupational therapists are guided by the fundamental values of **RESPECT and TRUST**. These core values are as important as the laws, regulations, and College standards and guidelines under which occupational therapists are governed. The values of respect and trust give rise to the principles of practice that underpin occupational therapy practice”.

The principles of practice are:

- **Client-centred practice** - determine meaning and purpose for the client and recognize that each client is an individual
- **Respect for Autonomy** - recognize each client's right to make choices for him or herself and honour the dignity and worth of each individual
- **Collaboration and Communication** - practise as a team member with clients and other professionals
- **Honesty** - truthfulness is a cornerstone of trust
- **Fairness** - practise justice and equity in dealings with others
- **Accountability** - take responsibility for decisions, actions, professional competence and judgement
- **Transparency** - full disclosure ensures integrity in relationships with clients, other professionals and society at large

In dealing with the sensitive nature of medical assistance in dying, OTs are expected to treat all clients with dignity, demonstrate respect for client choice, and remain non-judgmental in all interactions with clients, families and other care providers.

2. Know and understand all relevant legislation, practice standards and organizational policies

OTs are expected to know and understand the laws that pertain to medical assistance in dying, the implications for occupational therapy standards of practice, and the application of the legislation in the context of their practice. OTs who encounter medical assistance in dying within their practice, are encouraged to monitor federal and provincial initiatives for any changes that may impact their practice.

Under the legislation, OTs are not permitted to determine client eligibility for medical assistance in dying. However, OTs may have a role in assisting a physician or nurse practitioner in the process of determining eligibility. An OT may also be called upon, after eligibility for medical assistance in dying has been confirmed, to provide occupational therapy services including assessment, treatment and/or consultation.

In addition to the legislation and College expectations, OTs must be aware of their employer's position on medical assistance in dying and understand any organizational policies or procedures that pertain to medical assistance in dying. OTs are encouraged to seek clarification of organization policies if positions are unclear. Some organizations may decline to provide medical assistance in dying on the

grounds of conscientious or religious beliefs. In these circumstances, OTs must know how to respond and how to manage client requests in alignment with organizational procedures.

3. Know the role of the OT and the limitations of the occupational therapy scope of practice in addressing client questions or requests for medically assisted death

OTs work with diverse client populations in a broad range of practice areas and settings across the province. Given the client-therapist relationship and the nature of occupational therapy interventions, it is possible that an OT will be the first person to whom a client expresses their interest in receiving medical assistance in dying. If this is the case, the OT must understand they are not permitted to determine eligibility for assisted dying and must be aware of the steps to appropriately support the client through the process.

As a first point of contact for a client requesting medically assisted death, the OT must:

- Respect client autonomy, remain client-centred and treat the client with dignity regardless of the OT's personal beliefs and values;
- Inform the client of the OT's role in response to the request including that the OT is not permitted to determine eligibility;
- Obtain consent to refer the client to a health professional legally authorized to determine eligibility for medically assisted death (physician or nurse practitioner); and
- Proceed with the originally agreed upon occupational therapy service plan as appropriate.

4. Understand the role of the OT in aiding an authorized medical practitioner in the determination of eligibility for medically assisted dying

The onus to determine eligibility, including capacity to give consent and making a determination that a client's condition is grievous and irremediable, rests with the physician or nurse practitioner providing medical assistance in dying. OTs are often relied upon for their knowledge, skill and experience in assessing the functional abilities of clients as it pertains to capacity for decision-making and may be asked to assist in this regard. OTs may also offer assistance in identifying potential measures to decrease or remediate suffering. If asked to provide a professional opinion, the OT must ensure they are practicing within the scope of practice of the profession, have the necessary competence, and apply an assessment process that complies with the Standards for Assessment.

As with any occupational therapy assessment or intervention, the OT is required to obtain informed consent from the client. The client must understand the risks and benefits of proceeding or not proceeding with the occupational therapy assessment, the possible outcomes of the occupational

therapy assessment, and the opportunity to withdraw consent at any time.

5. Clearly define the role of the OT in the treatment of clients eligible for medically assisted dying

Within the occupational therapy scope of practice, there are several treatment options appropriate for clients who have opted for medical assistance in dying (Bernick, Winter, Gordon and Reel, 2015).

Occupational therapy service may include:

- Assisting with concluding lifetime occupational roles
- Assessing capacity and/or cognition
- Exploring options for continued engagement and alternatives
- Creating meaningful memories
- Counselling individuals and families
- Providing education about options and alternatives for end-of-life care, such as palliative care
- Assisting with equipment requirements and comfort measures
- Educating clients and family about available resources

Regardless of the roles assumed by OTs and the occupational therapy interventions implemented, the OT must:

- practice within the scope of the profession;
- ensure he or she is competent to perform the intervention;
- set clear expectations for the client, family and team members; and,
- recognize the limits of his or her abilities related to medical assistance in dying.

For all assessments and interventions, OTs are accountable to meet the standards of practice for the profession and demonstrate the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd Edition.

Conscientious Objection

The legislation on medical assistance in dying respects the personal convictions of health care providers. OTs may elect not to participate or aid in the provision of medical assistance in dying on the grounds of conscience and religion.

OTs who have a conscientious objection to aiding in the provision of medical assistance in dying must do so in a transparent manner that remains client-centred, respects client autonomy and dignity, and meets the responsibilities and accountabilities of the standards of practice.

If an OT conscientiously objects to medical assistance in dying, the OT is expected to:

- a. Respect client autonomy, remain client-centred and treat the client with dignity regardless of the OT's personal beliefs and values;
- b. Not withhold information or impede access to medical assistance in dying;
- c. Direct the client to available medical assistance in dying services and resources;
- d. Obtain consent to refer the client to an alternate service provider who will address the client's request for medical assistance in dying, as appropriate;
- e. Continue with the occupational therapy service components that are not directly related to the request for assisted dying, as appropriate, until care can be successfully transferred to another OT or alternate service provider.

When determining whether it would be appropriate to continue care, the OT must be confident their own personal beliefs and values will not present a conflict of interest that may prevent them from acting in the client's best interests.

The OT must also ensure that discontinuing care will not compromise client safety or planned intervention outcomes. The discontinuation of needed professional services is addressed under Ontario Regulation 95/07: Professional Misconduct. Discontinuation must be reasonably regarded by OTs as appropriate with respect to:

- i. the registrant's reasons for discontinuing the services,
- ii. the condition of the client,
- iii. the availability of alternate services, and
- iv. the opportunity given to the client to arrange alternate services before the discontinuation.

Resources

OTs who have questions about medical assistance in dying are encouraged to review available government resources, contact the Practice Resource Service at the College, consult with employer representatives and/or seek legal advice.

College Practice Resource Service

practice@coto.org

416-214-1177/1-800-890-6570 ext 240

1. **Government of Canada: Medical Assistance in Dying**
<http://healthycanadians.gc.ca/health-system-systeme-sante/services/palliative-palliatifs/medical-assistance-dying-aide-medicale-mourir-eng.php>
2. **Ontario Ministry of Health and Long-Term Care**
Medical Assistance in Dying – Health Care Professionals
<http://www.health.gov.on.ca/en/pro/programs/maid/>
3. Joint Statement by the **Ontario Minister of Health and the Attorney General** on the Federal Government's Medical Assistance in Dying Legislation (June 17, 2016)
<https://news.ontario.ca/mohltc/en/2016/06/statement-by-ontarios-minister-of-health-and-attorney-general-on-the-federal-governments-medical-ass.html>
4. **University of Toronto Joint Centre for Bioethics**
<http://www.jcb.utoronto.ca/news/maid-draft-policy-template.shtml>
5. **Care Coordination Service – Ontario**
Information about the care coordination service can be found on the Ministry of Health and Long-Term Care website <http://health.gov.on.ca/en/pro/programs/maid/>.

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An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying), 2016. Accessed at <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8309978> on June 6, 2016.

Medical Assistance in Dying Statute Law Amendment Act, 2017

Bernik, A., Winter, A., Gordon, C. & Reel, K. (2015). Could occupational therapists play a role in assisted dying? CAOT Conference Presentation. Winnipeg: Manitoba.

Carter v Canada. [2015] 1 SCR 331.

Ontario Regulation 95/07: Professional Misconduct.



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BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Executive Committee
Subject: Virtual Services (Formerly Guidelines for Telepractice in Occupational Therapy)

Recommendation:

THAT the Board approves the document – Virtual Services, for publication.

Issue:

The emergence of COVID-19 has increased the provision of occupational therapy services through virtual means. Practice inquiries about virtual services have increased over the past year, requiring the current document “Guidelines for Telepractice in Occupational Therapy” to be updated.

Link to Strategic Plan:

Quality Practice

- Professional standards are up-to-date and reflect evolving practice.
- Occupational therapists are competent, safe, effective, and accountable.

Why this is in the Public Interest:

Revision of this document will reflect evolving occupational therapy practice. This will further the College's mandate for public protection by ensuring OTs deliver safe, effective, and ethical virtual services.

Background:

Guidance about Telepractice was initially issued in 2001 and revised in 2017. The COVID-19 pandemic has increased the need for the delivery of virtual occupational therapy services. Given this recent change, Practice Subcommittee identified the revision of the Guidelines for Telepractice in Occupational Therapy as a priority for the 2021 work plan.

Other regulatory organizations and the Information and Privacy Commissioner of Ontario (IPC) have recently published updated guidance for virtual practice.

In March, a short survey was submitted to the Citizen's Advisory Group (CAG) asking for their feedback about the title for the revised Telepractice document. Given the variation in terms used to describe telepractice, CAG preferred the title Virtual Services, and Subcommittee agreed.

Internal Scan

Website Analytics

In 2020, the Guidelines for Telepractice in Occupational Therapy were the most highly viewed knowledge-based resource on the COTO Website (n=3633); and the second most viewed PDF document

BOARD MEETING BRIEFING NOTE

Virtual Services (Formerly Guidelines for Telepractice in Occupational Therapy)

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(n=1676). In comparison, in 2018 and 2019, the Guidelines for Telepractice ranked the 23rd most viewed resource item, showing the significant increase in the use of this document during the pandemic.

Investigations and Resolutions

At this time, there are no complaints associated with virtual services.

Practice Data Themes:

- Jurisdiction – practising across provinces
- Virtual care platform selection and security considerations
- Determining what OT services can be delivered virtually
- Determining if telepractice is appropriate for the client/population
- Occupational Therapist Assistants and their involvement and supervision

External Scan

Key elements of Telepractice documents produced by other regulatory bodies include:

- Safety and planning considerations in the case of unexpected events in virtual practice
- Examples of aspects to consider when deciding if virtual care is appropriate for the client
- Considerations for selection and interpretation of assessments conducted virtually
- A section outlining the registrant's general performance expectations (i.e., responsibility to uphold all relevant standards and need for practitioners to stay up to date)
- How to augment routine practice for virtual platforms (i.e., considerations for consent)
- Security, confidentiality, and privacy considerations
 - Safeguards needed to enhance confidentiality, security, and privacy
 - Considerations in the selection of technology
 - Verification of the client's identity
 - A reminder of obligations under privacy of health information legislation - PHIPA and applicability of PHIPA to virtual services
- Transparency in billing/invoices (i.e., should note services provided virtually)

Summary of Progress to Date

Date	Responsible	Outcome
March 22, 2021	Practice Subcommittee	<ul style="list-style-type: none">• First draft presented by Student OT• Subcommittee provided additional feedback to be incorporated into the document
March – April 2021	Citizen's Advisory Group	<ul style="list-style-type: none">• Survey – Title preference for the revised document
May 10, 2021	External Editor	<ul style="list-style-type: none">• Style and editorial changes made
May 26, 2021	Practice Subcommittee	<ul style="list-style-type: none">• Review and Decision to move to Executive Committee
June 11, 2021	Executive Committee	<ul style="list-style-type: none">• Approval for Board review

BOARD MEETING BRIEFING NOTE

Virtual Services (Formerly Guidelines for Telepractice in Occupational Therapy)

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Discussion:

The Board is asked to review the newly titled Virtual Services draft document and determine if it is ready for publication.

Implications:

Updating this document will mitigate risks to the public and outline recommended practices for OTs when providing virtual services.

As this document is recommended practice and not a standard, our current document framework does not indicate circulation to registrants and stakeholders is necessary.

Attachments:

1. Proposed - Virtual Services Document
2. Existing Version - Guidelines for Telepractice in Occupational Therapy



College of Occupational Therapists of Ontario
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Virtual Services

Revised June 2021

Originally Issued 2001

Introduction

The use of technology to deliver healthcare services has become increasingly prevalent as an alternative or adjunct to in-person services. Virtual services (formerly known as telepractice) refer to using information and communication technologies to provide occupational therapy services when clients and occupational therapists (OTs) are not together in-person (World Federation of Occupational Therapists, 2014). Virtual services can include phone calls, video conferencing, or other technology-assisted formats. Although this document is a resource for OTs providing clinical services virtually, there may be some elements applicable to non-clinical services, such as privacy and security considerations for virtual meetings or the provision of education in an online workshop or webinar.

Public Protection

The public expects to receive safe, ethical, and competent occupational therapy services, regardless of the means of service delivery. In addition, OTs should ensure that they are taking all reasonable measures to prevent adverse client outcomes during the provision of virtual services.

Guiding Principles

OTs must meet the same professional obligations for services delivered virtually as in-person, using clinical judgement to determine what activities can safely and appropriately be offered by virtual means while maintaining the client's best interest. The College expects OTs to follow the Standards of Practice and remain informed about virtual service delivery, use of technology, and privacy and security measures associated with the selected virtual platform.

Appropriateness of Virtual Services

OTs must have the knowledge, skills, and abilities required to provide virtual services, and are best suited to determine if virtual service delivery will effectively address the needs of their clients. The appropriateness of virtual services should be based on client and environmental factors and align with the nature of the service. Client choice and preference, availability and accessibility of technology for both, and the client's physical, behavioural, cognitive, and sensory abilities must be considered. Understanding that there are limits to virtual services, OTs must use their clinical judgement to decide what activities are suitable for online use. For example, OTs delivering virtual services must consider whether the selection or adaptation of tools is right for online implementation. OTs should document any limitations associated with virtual service provision when making clinical decisions.

In determining the appropriateness of virtual services, OTs should take a collaborative approach with clients / substitute decision-makers by discussing available options such as in-person, virtual, or a hybrid style of delivery. This could include having both in-person and virtual sessions, or when OTs are gathering information in advance of, or following an appointment. OTs should be aware of resources or qualified healthcare providers in the client's location if virtual services are no longer meeting the client's healthcare needs. OTs who are employees should be familiar with, understand, and follow their employer's policies and procedures about virtual services.

Security and Confidentiality

Safeguarding personal health information (PHI) is critical. Under the *Personal Health Information Protection Act, 2004* (PHIPA), OTs offering virtual services must take reasonable measures to maintain confidentiality, protect PHI, and collect, use, and disclose only the PHI required. Protection against security and privacy attacks is a continuous responsibility, and OTs should monitor and address any privacy and security threats. OTs are encouraged to develop and share any virtual service policies and procedures with clients, including details about the proposed service, along with any safeguards used to protect client privacy and confidentiality. OTs should put in place reasonable physical, technical, and administrative safeguards to protect PHI. If privacy cannot be adequately protected, in-person consultation or alternative communication technology should be used.

OTs are encouraged to review the Information and Privacy Commissioner of Ontario's [*Privacy and Security Considerations for Virtual Health Care Visits \(2021\)*](#) in its entirety.

Use of Technology

OTs should be proficient in the operation of the technology selected and manage unexpected interruptions or privacy breaches. When selecting technology for use in virtual services, OTs must understand the capabilities and limitations of the technology, and the security of the technology for both client and therapist.

OTs must ensure that the technology used in virtual practice is sufficient to communicate effectively, conduct safe health services, and form an accurate professional opinion. Before proceeding with virtual services, OTs are encouraged to consult with individuals with expertise in technology security to ensure client information is protected from theft, loss, unauthorized access, use, or disclosure. If using third-party IT service providers to deliver virtual services, OTs should ensure that the service providers comply with the privacy and security measures outlined in privacy legislation.

Privacy Breaches

OTs should be prepared to respond in the event a privacy breach occurs during the virtual session. To learn more about what steps to take if a privacy breach occurs, OTs should review College information here: <https://www.coto.org/quality-practice/professional-conduct/privacy>. The Information and Privacy Commissioner of Ontario also has a resource titled [*Responding to a Health Privacy Breach: Guidelines for the Health Sector \(2021\)*](#). Occupational therapists who are employees should be familiar with their employer's policies and procedures in the event of a privacy breach.

Virtual Platforms

The College cannot recommend specific virtual platforms or technologies for the delivery of occupational therapy services. The College expects any platform chosen when providing virtual services to adhere to privacy legislation (i.e., PHIPA). OTs should be in communication with employers about approved virtual platforms. OTs can seek out assistance from other resources who may have additional information pertaining to choosing appropriate platforms for use in practice.

Client Safety and Contingency Planning

Adverse or unanticipated events such as medical emergencies or the deterioration of the client's physical, emotional, or cognitive condition may occur during the session. OTs should confirm the current location/address of the client. OTs should have a plan in place or develop protocols to deal with unexpected events (emergency contact information or the number for local first responders in the client's current location). If technical difficulties arise, OTs should have access to technical support so they can quickly recontact the client.

Jurisdiction

As of June 1, 2021 the rules for providing virtual services to clients in Ontario have changed. The new position of the College is that “practise” occurs where the OT is registered, not based on the location of the client. This means the occupational therapist must follow the rules and regulations of the province where they are registered, even if they are providing services to a client residing in Ontario.

Occupational Therapists Registered in Other Provinces

OTs registered in other provinces who want to provide virtual services to clients in Ontario can do so based on their existing registration in the province they are located. The rules for in-person services are unchanged; OTs from other provinces **must obtain temporary or general registration in Ontario to provide in-person services** to clients located in Ontario.

Occupational Therapists Registered in Ontario wanting to provide Virtual Services to clients in other Provinces or Countries

Occupational therapists should contact the regulator in the province or country where the client is located to confirm registration requirements. Confirmation of liability insurance to practice in a province other than Ontario should also be confirmed or obtained.

Considerations for occupational therapists when providing virtual services to clients in a different jurisdiction (province or country):

- Inform the client of your location and the regulatory College where you hold registration
- Confirm client identity and current location
- Practice within the limits of the certification of registration in province where you are registered
- Ensure your liability insurance provides coverage for virtual activities
- Ensure you have adequate information about resources in the current location of the client
- Discuss any additional risks and benefits of receiving virtual services from an occupational therapist working from a different province
- Have a contingency plan should virtual services no longer be appropriate.

Consent

Consent conversations for virtual services should cover the same elements as for in-person services, outlined in the [Standards for Consent](#), including knowledgeable consent for collecting, using, and disclosing PHI.

Consent discussions specific to virtual services may also need to include the following:

- Any adjustments or modifications to the virtual service plan
- Any restrictions around recording sessions
- Consents about emergency contacts and procedures
- Others involved in virtual occupational therapy services and their role (for example: occupational therapist assistants [OTAs] or students, vendors, caregivers, interpreters etc.)

- Any fees associated with the virtual services
- Risks, benefits, and limitations of technology and other features of the platform
- Communication protocols during a virtual session

Record Keeping

OTs providing virtual services must maintain accurate client records as outlined in the [Standards for Record Keeping](#). This involves documenting relevant information in the clinical record, including noting what services were provided virtually, the platform used, and any supporting rationale required.

Professional Boundaries

As with all services, OTs must establish and maintain professional boundaries with clients and follow the [Standards for Professional Boundaries](#) when providing virtual services. Virtual practice brings the potential for more informal interaction; OTs should be alert to signs of boundary crossings and continuously monitor self-behaviours. OTs should be mindful of the environment in which virtual services occur and avoid excessive displays of their own personal life, which may shift the dynamics of the therapeutic relationship. Finally, OTs should be cautious and avoid communicating with clients using personal email addresses, unencrypted or unsecured cloud-based messaging or video conferencing platforms.

Group Sessions

OTs play a critical role in ensuring individual privacy and confidentiality during online group sessions. By sharing expectations for group conduct and taking all reasonable measures to prevent unauthorized access and disclosure of information, OTs will assist attendees to feel safe when participating in group formats. OTs can consider implementing options such as restricting access to only authenticated users - for example, providing a unique PIN for each session or a secure password. Other ideas include:

- Suggesting that participants be in a private area during the session
- Asking that participants mute their microphone when not participating
- Setting expectations around the use of cameras and any platform dialogue functions.

Remote Supervision of OTAs and Students

As with in-person services, OTs must maintain their accountability and responsibility in the supervision of OTAs and students if they are involved in virtual service delivery. OTs engaging in virtual supervision of OTAs or students should follow the [Standards for the Supervision of Occupational Therapist Assistants](#) and [Standards for the Supervision of Students](#).

Fees and Billing

OTs must be transparent about all fees associated with virtual practice and indicate on bills that virtual services were delivered.

References

- College of Occupational Therapists of Ontario. (2015). *Standards for Professional Boundaries*. <https://www.coto.org/resources/standards-for-professional-boundaries>
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- World Federation of Occupational Therapists. (2014). World Federation of Occupational Therapists' position statement on telehealth. *International Journal of Telerehabilitation*, 6(1), 37–39.

This document replaces

- College of Occupational Therapists of Ontario. (2017). *Guidelines for Telepractice in Occupational Therapy*.



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Guidelines for Telepractice in Occupational Therapy

Revised November 2017

Originally Issued 2001

Introduction

With advances in technology, clients, occupational therapists (OTs), employers and other stakeholders are seeking alternatives to face-to-face professional interactions. Requests to access occupational therapy services through information and communication technologies (ICT) are becoming more frequent, particularly in the following situations when:

- OTs and their clients are not in the same location.
- OTs or clients are temporarily out of province and seeking a seamless continuation of service.
- Clients living in one jurisdiction are exploring occupational therapy services in other locations.
- Employers are exploring the delivery of occupational therapy services from a centralized location to clients across the country.

Telepractice refers to the use of information and communication technologies (ICT) for the purpose of delivering health care services when the client and occupational therapist are in different physical locations¹. It is seen as a means of improving health outcomes by removing barriers to access services.

Telepractice allows OTs and clients to work together through the use of various technologies, including video conferencing, remote monitoring, virtual apps, video games, and data transmission². Telepractice facilitates service provision between OTs, clients and other health care providers for assessment, treatment, monitoring, and consultation³.

This guideline aims to help OTs:

- understand the complexities of telepractice, and
- determine if telepractice is an appropriate approach for use with their clients.

Guidelines cannot address all circumstances. The College expects OTs engaging in telepractice to stay informed of relevant changes to legislation, regulations, standards, policies and procedures.

These guidelines replace Telepractice: Information for Occupational Therapists Providing Telehealth Service, 2001 and Telehealth: Information for Consumers of Occupational Therapy Telehealth Services, 2001.

These guidelines are intended to facilitate the use of professional judgement by OTs. As with any service or method of service delivery, OTs need to exercise their judgement case by case. The OT's

¹World Federation of Occupational Therapists, 2014

² World Federation of Occupational Therapists, 2014

³ World Federation of Occupational Therapists, 2014

fundamental responsibilities to clients remain the same whether service is provided face-to-face or by telepractice.

Overview

1. Jurisdiction
2. Risk Management
3. Technology
4. Confidentiality, Privacy and Access
5. Consent
6. Record Keeping
7. Professional Boundaries
8. Continuing and Transferring Care
9. Ethics
10. Advertising
11. Fees and Billing

1. Jurisdiction

OTs should know and apply the legislation, standards and guidelines for telepractice services within the client's jurisdiction.

The College of Occupational Therapists of Ontario has jurisdiction over occupational therapists who are registered and practice within Ontario. Different rules may apply outside of Ontario.

The jurisdiction for the provision of occupational therapy services is defined by the location where the client resides. If the client is residing in Ontario, then the jurisdiction for OT services is Ontario. If the client resides in British Columbia, then the jurisdiction for OT service delivery is British Columbia regardless of where the OT is located.

Where telepractice service is provided to clients residing outside Ontario, the OT should be aware of the legislation, professional standards of practice and regulatory requirements in the client's location. The OT should not assume that the standards applicable in Ontario would be the same as those which apply in the client's jurisdiction. OTs registered in Ontario are also accountable to the College in Ontario even though they may be providing service to a client in another jurisdiction.

If OTs wish to provide services to a client residing outside Ontario, the OTs are responsible for determining what, if any, regulatory or registration requirements exist in those other jurisdictions. The following chart outlines the regulatory requirements for Ontario based on the location of the OT and the client.

Regulatory Requirements for Providing Occupational Therapy Telepractice

OT Location	Client Location	Registration	Legislation & Standards	Professional Liability Insurance
Registrant in Ontario	Client in Ontario	COTO	Comply with the COTO Standards of Practice, applicable legislation and regulations	Professional liability insurance must include sexual abuse therapy and counseling fund endorsements as per College bylaws, part 20.
Registrant in Ontario	Client outside Ontario	Regulatory organization where client resides. Registration may be required in the jurisdiction where the client resides.	Comply with the regulation, legislation and standards of practice in Ontario <u>and</u> the jurisdiction where the telepractice service will be provided. Clients must be notified of the location from which the OT is providing service.	Contact the regulatory body in the client's location to obtain the requirements for professional liability insurance. The OT should contact their own professional liability insurance carrier to ensure the appropriate coverage for providing telepractice services in other jurisdictions
Registrant residing outside Ontario (registered in Ontario)	Client in Ontario	COTO	Comply with the COTO Standards of Practice, applicable legislation and regulations.	Professional liability insurance must include sexual abuse therapy and counseling fund endorsements as per College bylaws, part 20.
OT from outside Ontario (not registered in Ontario)	Client in Ontario	COTO (OTs from outside Ontario must be registered in Ontario to provide direct client care in Ontario through telepractice)	Comply with COTO Standards of Practice, applicable Ontario legislation and regulations. Clients must be notified of the location from which the OT is providing service.	Contact COTO to confirm the requirements for professional liability insurance which must include sexual abuse therapy and counseling fund endorsements

When practising across jurisdictions, OTs should have knowledge of the available products, equipment, health care services and resources in that jurisdiction as a client may require a referral to access local supports.

OTs should ensure they have adequate information about the client's jurisdiction to provide effective OT service and make any limitation in their knowledge clear to the client. For example, the OT may not have full knowledge of the availability of local resources or socio-economic factors relevant to treatment and should explain any possible limitations to the client.

2. Risk Management

OTs should consider if telepractice is the most appropriate means of providing occupational therapy services, with consideration of risk management and liability.

OTs engaging in telepractice are accountable and responsible for all occupational therapy services provided to clients. OTs should ensure clients are aware OTs are regulated health professionals and clients can contact the College with any concerns. OTs should clearly explain their scope of practice and any benefits and limitations of telepractice so they can manage expectations with clients, family members and referral sources. OTs should consider what occupational therapy services can be reasonably and safely delivered using telepractice technologies. OTs should also have a process to deal with any adverse or unexpected events during a telepractice session.

Since telepractice services can cross regions with varying access to resources, OTs must understand what local resources are available to the client to ensure any recommendations are appropriate and that the client has realistic expectations. OTs should be aware of any policies or procedures that impact their ability to provide service in each region to ensure appropriate and compliant service delivery. For example, client's in one local health integration network (LHIN) may have different eligibility criteria to access services than client's living in a different LHIN.

In some situations more than one health professional may be involved in the telepractice plan of care. Under this circumstance, OTs must ensure the client is aware of the components of the treatment plan the OT is responsible for within the OT's scope of practice.

OTs providing service through telepractice should consider any potential issues or concerns that may arise specific to any given client, and be aware of options if telepractice is no longer appropriate to meet the client's needs.

OTs should ensure that clients understand how telepractice service will be organized and ensure clients know what to expect regarding the time and duration of appointments. OTs should also clarify

client expectations for communication between scheduled service and direct the client how to address any emergent health issues that may arise.

3. Technology

OTs must understand the capabilities and limitations of ICT equipment and the implications for providing telepractice.

The OT must ensure that the technology used in telepractice is of sufficient quality to:

- communicate effectively;
- provide safe occupational therapy interventions; and,
- form an accurate professional opinion to make necessary health care decisions.

The OT should also consider the client's needs, reliability and security of the IT systems (home computer or organizational system), internet access, and technical support. Before engaging in telepractice, OTs should have sufficient training in the use of the technology, and take reasonable measures to ensure minimal service interruptions. As well, OTs should establish a process to quickly contact the client ⁴ in the event of technical difficulties.

The OT must ensure that the communications system is sufficiently secure to protect the privacy of the client's health information. This involves understanding how personal information is transmitted, processed and stored.⁵ The OT should consider consulting a technology specialist to ensure security mechanisms that protect a client's personal health information against theft, loss, unauthorized access, use or disclosure are in place prior to using telepractice.

4. Confidentiality, Privacy and Access

OTs using telepractice services must take reasonable measures to maintain confidentiality and protect personal health information.

The OT is obligated to ensure the client's privacy is respected and the confidentiality of personal health information remains protected. Practices must align with the relevant legislation in the jurisdiction where the occupational therapy services are provided.

⁴ American Psychological Association, 2013; Information Privacy Commission of Ontario, 2012

⁵ IPC, 2016

OTs should inform their clients of the limits to privacy and confidentiality and be transparent about the risk for inadvertent disclosure when using communication technologies⁶. When transmitting client information by electronic means, OTs should maximize confidentiality. Confidentiality may be enhanced by using encryption and password protection, using a secure network, and limiting the use of personal health information (as outlined in the College Standards for Record Keeping).

OTs are encouraged to develop and share privacy policies and procedures with clients, and are expected to comply with any organizational policies and procedures related to records security⁷. OTs should also inform clients how to access any of their health information that has been collected and used for the purpose of OT service delivery.

5. Consent

Prior to initiating telepractice services, OTs must obtain informed consent for occupational therapy services (assessment, treatment and consultation) and knowledgeable consent for the collection, use and disclosure of personal health information.

The requirement for OTs to obtain client consent is the same for telepractice and in-person client interactions. The OT should clearly outline the nature, benefits, risks, limitations, and potential outcomes of the occupational therapy services. The client should have the opportunity to ask questions and hear about alternative courses of action as appropriate.

Depending on where the client lives, different professional standards for obtaining consent may apply. The OT should be aware of the applicable standards and legislation.

The OT should include information about the risks associated with providing health care services in formats other than in-person interactions. For example, the OT may not have the benefit of viewing non-verbal cues, which could influence the OT's professional opinion. Disclosure to the client should include:

- The OT's name, work address, practice jurisdiction, area of practice and training/education as applicable
- Registration with the College of Occupational Therapists of Ontario
- Registration with the regulatory body in the jurisdiction where the client resides (location of telepractice service)
- Any potential conflicts of interest
- Fees for occupational therapy services
- Risks and benefits of participating or not participating in occupational therapy services including telepractice as a delivery method for services

⁶ APA, 2007

⁷ IPC, 2010

- Participation of other care providers
- Options or alternatives to occupational therapy services (if available)
- Client's right to refuse or withdraw participation at any time

Consent is an ongoing process. OTs must ensure that consent is obtained, recorded and maintained as part of the client record.

6. Record Keeping

OTs engaged in telepractice are required to maintain client records in accordance with the Standards for Record Keeping.

It is imperative that OTs maintain comprehensive clinical records and document all professional encounters that take place through telepractice⁸. How the occupational therapy intervention was provided, the technology used and the details of the care itself⁹ must be included in the record. Additional record keeping standards may apply in other jurisdictions.

7. Professional Boundaries

OTs must establish and maintain professional boundaries.

OTs always have the responsibility to maintain professional boundaries and be aware of warning signs for boundary crossings. Warning signs may include excessive personal disclosure, development of personal relationships, and concessions that are atypical of a client-therapist interaction¹⁰. OTs are expected to establish policies and procedures to prevent boundary issues.

Telepractice brings the potential for more informal interaction. OTs should be aware and monitor self-behaviours at all times. It is important to pay attention to the environment where telepractice intervention will take place and to avoid any personal items that may place the OT at risk for boundary crossings or violations. OTs should consider setting parameters at the onset of service to limit the potential for boundary issues. OTs are encouraged to consult the Standards for Professional Boundaries.

⁸ APA, 2015

⁹ CAPR, 2006

8. Continuing and Transferring Care

OTs should be aware of options for continuing care when providing telepractice services.

In the event that telepractice is no longer appropriate for OT service delivery for a specific client and in-person follow-up care is required, the OT should take reasonable measures to ensure the client will be referred to the most appropriate qualified individual in a timely manner. OTs treating clients by telepractice should be aware of alternative service options in the client's location. Please refer to the Guide to Discontinuation of Service for additional information.

9. Ethics

OTs are required to uphold the Code of Ethics and inform clients of their rights.

Regardless of the nature of practice or method of service delivery, the Code of Ethics serves as a foundation for occupational therapy practice. In delivering telepractice service, OTs should implement the core values of respect and trust and apply the principles of collaboration and communication, client-centred practice, respect for autonomy, honesty, fairness, accountability, and transparency.

10. Advertising

OTs providing services by telepractice must understand and adhere to the advertising regulations.

Before advertising telepractice services, OTs in Ontario should review Ontario Regulation 226/96: General - Part V: Advertising. OTs engaging in telepractice services outside Ontario are encouraged to review any relevant regulations in the jurisdiction in which they wish to advertise.

11. Fees and Billing

OTs are expected to transparently communicate all fees associated with telepractice.

If there are any fees associated with telepractice services, OTs should clearly communicate this information to clients prior to commencing service delivery. If the OT is providing telepractice services

privately, the OT should ensure a fair and equitable fee schedule. OTs need to be aware of the billing requirements of the local health authorities where the telepractice service is being offered and/or the requirements for third-party payers.

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College of Occupational Therapists of Ontario (2001). Telepractice: Information for Occupational Therapists Providing Telehealth Services. Toronto, ON.



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BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Executive Committee
Subject: Diversity, Equity, and Inclusion Document - Key Messages

Recommendation:

THAT the Board approve 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.

Issue:

Currently, the Code of Ethics, Practice Standards, and the Essential Competencies of the Profession act as guideposts for expected behavior of occupational therapists and mention, without context, “diversity, equity, and inclusion” as necessary principles of practice. However, the events of 2020, including the public deaths of George Floyd and Joyce Echaquan (to name only a few), have raised concerns that those who regulate professionals need to do more to protect the public from racial injustice. It is recognized that without context to diversity, equity, and inclusion in practice documents, occupational therapists may not understand what is expected of them to provide “culturally safe services.” This has also been identified in the forthcoming Competencies of Practice with a new section, “Culture, Equity and Justice,” aiming to bring the profession into the current social, public, and regulatory expectations of service delivery.

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.

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

BOARD MEETING BRIEFING NOTE

Diversity, Equity, and Inclusion Document - Key Messages

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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 service, 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 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 the events of 2020 and the resulting outcry, shifting the public to intolerance for systemic discrimination and social injustices.

In January 2021, the College circulated a registrant survey regarding diversity, equity, and inclusion in occupational therapy practice and had 408 responses. The feedback was compiled and presented to Practice Subcommittee. It was also provided to McMaster students who have been engaging in a project to assist us in the development of content for a future practice document. This document will incorporate the feedback we received from the survey, include current literature, and will link to the new Competencies for Occupational Therapists in Canada, which was circulated to all OTs in Canada, in draft form, and include the following new section (to be finalized and released in Summer/Fall 2021):

A. Culture, Equity, and Justice

We respect and continue to learn about traditions and ways of doing

Occupational therapists acknowledge and respond to the history, cultures, and social structures influencing health and occupation. They recognize that social, structural, political, and ecological determinants of health strongly influence occupation and participation, and that inequities exist in accessing occupations and occupational therapy services. Occupational therapists continue to develop understandings of human diversity and how personal identities intersect and generate different modes of discrimination and privilege. They create culturally safer relationships, anti-racist and ethical spaces, acting on situations and systems of inequity and oppression within their spheres of influence.

The competent occupational therapist is expected to:

C1. Promote equity in practice

- C1.1 Identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples.
- C1.2 Challenge biases such as ableism, ageism, heterosexism, racism, and sexism that both privilege and marginalize people and communities.
- C1.3 Respond to social, structural, political, and ecological determinants of health, well-being, and occupational opportunities.
- C1.4 Alleviate the effects of inequitable distribution of power and resources across individuals, groups, and communities.
- C1.5 Support the factors that promote health, well-being, and occupations.

C2. Promote anti-racist behaviours and culturally safe, inclusive relationships

- C2.1 Develop a shared understanding of culturally safer, anti-racist and inclusive care as determined by clients.
- C2.2 Mitigate the influences of own bias, inequitable behaviour, and social position and power.
- C2.3 Demonstrate respect and humility when engaging with people and communities affected by marginalization.
- C2.4 Integrate clients' understandings of health, well-being, healing, and occupation.
- C2.5 Access resources to develop culturally safer and inclusive approaches.
- C2.6 Collaborate with local partners, such as interpreters and leaders.

C3. Contribute to occupational rights and self-determination

- C3.1 Raise clients' awareness of the role and the right to occupation.

BOARD MEETING BRIEFING NOTE

Diversity, Equity, and Inclusion Document - Key Messages

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- C3.2 Facilitate clients' participation in occupations supporting health and well-being.
- C3.3 Assist with access to available support networks and resources.
- C3.4 Navigate systemic barriers to support clients and self.
- C3.5 Engage in critical dialogue on social and occupational injustices and inequitable opportunities for occupations.
- C3.6 Advocate at population health and systems levels for environments and policies that supportsustainable occupational participation.
- C3.7 Raise awareness of limitations and bias in data, information, and systems.

A summary of the various actions being taken towards this initiative are as follows:

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
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	Student 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	To decide if key messages are approved for development.

BOARD MEETING BRIEFING NOTE

Diversity, Equity, and Inclusion Document - Key Messages

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Discussion:

Through the work completed, the following key messages have been identified to inform the practice document on diversity, equity, and inclusion in the context of OT practice:

- 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 protects the public and benefits 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.

Implications:

The creation of this document will require consultation with subject-matter experts in the BIPOC and 2SLGBTQI+ communities. It will be approved by the Board, and public and registrant consultation will be important to ensure its completeness. Other programs, including Quality Assurance and Investigations and Resolutions, may use this document in the future to inform decision-making, resource, and program planning (including the PREP).

Attachments:

1. Summarized survey results.
2. McMaster student themes as created from survey data and competency review.



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

January 20- February 26, 2021

Diversity, Equity, and Inclusion Survey

About the Diversity, Equity, and Inclusion (DEI) Survey

The College of Occupational Therapists of Ontario (COTO), distributed a survey from January 20, 2021 to February 26, 2021 in order to gather input on DEI within occupational therapy (OT). This survey gathered data on registrants' personal experiences with DEI, the impact of DEI on their practice, their access to training on DEI, what aspects of previous training was helpful, the type of resources that would be most useful or helpful to registrants, and the what aspects of DEI are important for registrants to know. A total of **408** registrants' responded and their feedback and comments are the focus of this brief report.

Summary of Results

The following results are based on thematic analysis of feedback and comments provided for qualitative responses, as well as quantitative data gathered in the DEI survey.

- Respondents reported experience with DEI issues through their membership to specific groups, and/or through their work with marginalized populations.
- Respondents identified both personal level DEI issues, as well as institutional and systems level issues that they or their clients have encountered.
- Respondents report engaging in education regarding DEI through their associated institutions, or through self-directed learning, but feel that they require more education, and more resources to guide their practice.
- The majority of respondents (61%) indicated that they had access to training on DEI over the last year. Most of the training was provided through an employer (45%), and some engaged in training independently (23%).
- The elements of their previous training that was helpful included first person perspectives and experiences, practical examples, as well as opportunities for reflection on their own assumptions and practices.
- Respondents believe that case studies that explore specific situations (70%), Webinars that provide education to further understanding (64%), and Prescribed Regulatory Education Program (PREP) (61%) would be most useful or helpful.
- Respondents believe that it is important for OTs to understand the systemic nature of DEI issues, to be aware of their own biases, the importance of engaging in self-reflection, and to audit their practice for potential DEI issues.
- Respondents desire practical strategies, resources, and tools, as well as information on respectful and inclusive terminology.
- Respondents recognize the need for more diversity among occupational therapists.
- Respondents recognize that addressing DEI issues is complex and will take time, and that marginalized groups must be consulted when creating and disseminating resources.

Summary of Results by Question

The following provides a more in-depth analysis of responses for each of the 7 questions asked in the DEI survey.

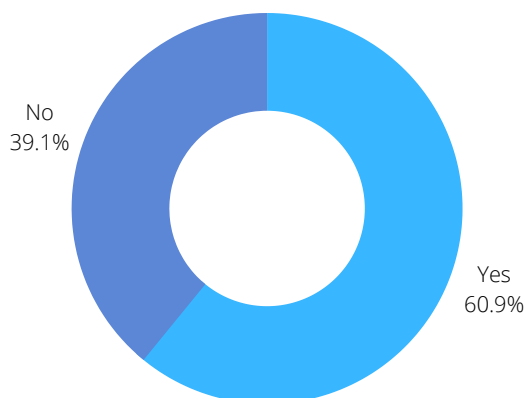
Question 1: We are interested in knowing the unique perspective you bring to this survey. If comfortable, please comment on your own personal experience with diversity, equity, and inclusion.

- Many respondents disclosed their gender, sexuality, ethnicity, race, disability, religion, language (e.g., white, black, cis-woman), and many identified with multiple intersecting identities (e.g., female visible minority, gay black man)
- Most respondents identified that they had experience with DEI through their belonging to a marginalized group or through their work with marginalized groups/individuals
- Respondents discussed both overt and covert discriminatory practices that they experienced or witnessed
- Respondents discussed systems level factors that are discriminatory (e.g., institutional policies, stigma, discriminatory hiring practices)
- Respondents report engaging in education and discussions about DEI through their associated institutions, and/or self-directed learning through courses, and readings
- Respondents discussed their privilege and their position of privilege within the health care system
- Respondents outlined actions that are needed to address DEI issues in OT, such as:
 - Need more diversity among our OTs
 - Need representation of marginalized groups in leadership positions
 - Need more education and practical resources (e.g., how to be an ally)

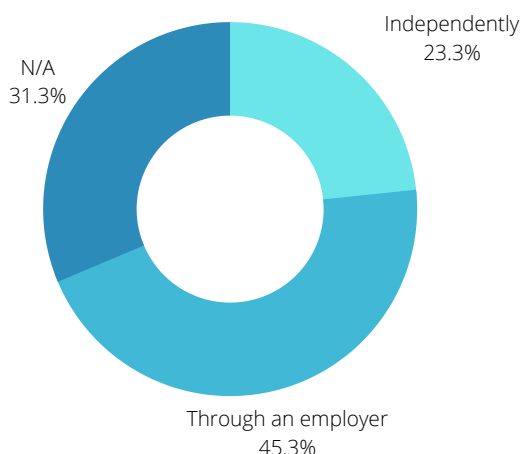
Question 2: Please help us understand how diversity, equity, and inclusion impact you in your practice as an occupational therapist.

- Respondents reported that it is important to be aware of one's own biases and to be mindful of client's cultural differences and preferences in practice
- Respondents indicated that considering DEI in practice is important because of the diversity of clients that are encountered in practice, as well to:
 - understand the clients lived experiences and its impact on their health
 - to be able to practice in a client-centered way
 - to be cognizant of barriers to health care and occupational engagement
- Respondents acknowledged their own privilege and that they have more to learn (e.g., need to be conscious of white fragility, positions of power)
- Respondents indicated that they encounter DEI issues in practice, such as:
 - Lack of resources to meet the needs of certain populations (e.g., difficulty accessing translators)
 - Barriers to accessing services (e.g., trauma and discrimination)
 - Lower standards of care for marginalized groups (e.g., caregiver biases)
 - Witnessing or experiencing overt discrimination (e.g., racist or homophobic comments) perpetuated by other health providers and/or clients

Question 3: In the last year, have you had access to training on diversity, equity and inclusion?



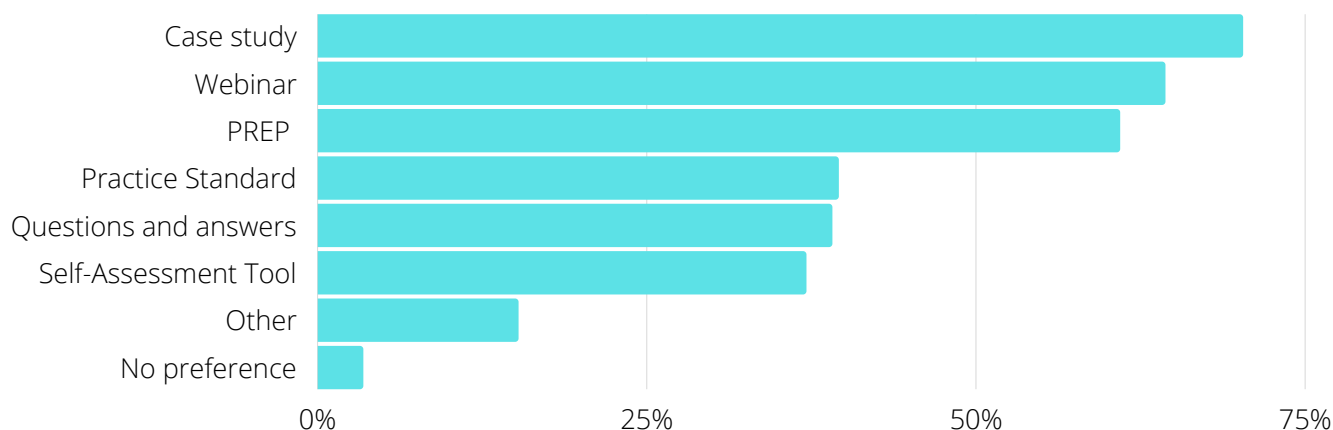
Question 4: If you had access and participated in the training, please tell us how you obtained this (tick as many as apply).



Please tell us what you found helpful about any of the training you received.

- Many respondents disclosed the type of training that they engaged in (e.g., Indigenous sensitivity training), as well as the source of their training (e.g., Gestalt Institute)
- Some aspects of the training that respondents found helpful included:
 - first person perspectives and experiences
 - insights into challenges faced and barriers to care
 - opportunities for reflection on internal biases, assumptions, current practices, and privilege
 - practical examples of how to create inclusive environments and practice, and what to do when encountering biases and discrimination
 - historical context and consideration for systemic issues
- Respondent indicated that the training they engaged in could have been improved by including coverage of more populations, focusing on how to support clients as well as co-workers, and inclusion of more opportunities for reflection
- Respondent feedback highlighted the importance of not relying on members of marginalized groups to self-disclose examples or trauma or discrimination

Question 5: The College is in the process of developing resource(s) to support occupational therapists to be safe, ethical, and competent while delivering services that encompass DEI in their practice setting. What type of resource(s) do you feel will be more useful or helpful?



- Respondents brought forth other resource options that could be useful or helpful, including workshops or courses, and group or panel discussions
- Respondents identified the need for BIPOC and marginalized communities to be included in the preparation and delivery of any resources
- Respondents suggested that resources should encourage on-going reflection, and provide opportunities for dialogue

Question 6: The College creates documents to outline expectations and support occupational therapists in their interactions with clients, colleagues, and coworkers. What do you think is important for occupational therapists to know and do in relation to diversity, equity and inclusion?

- Respondents indicated that it is important that occupational therapists understand the systemic nature of DEI issues, such as:
 - social inequities and barriers to service
 - how belonging to a minority group impacts the health care experience
 - how white privilege and white supremacist systems maintain inequities
- Respondents indicated that on-going education is required, and that OTs should have an understanding of DEI concepts, implicit bias, ableism, theories of disability, ageism, intersectionality, historical influences, white privilege, microaggressions, and inequities in health care delivery, among others
- Respondents indicated a desire for information about terminology related to DEI (e.g., clear definition of what diversity, equity, and inclusion are and what inclusive and respectful language and terminology to use)
- Respondents indicate that it is important for OTs to be aware of their own biases, to engage in self-reflection, and audit their practice for potential DEI issues
- Some respondents discussed the potential need for a practice standard and case scenarios related to DEI

- Some respondents discussed that it is important for OTs to demonstrate 'cultural humility', and the difficulty in achieving 'cultural competence'
- Respondents desire practical strategies, resources and tools to address:
 - how to be an ally and advocate for others
 - where to get support and what to do if encountering or witnessing an issue
 - how to manage own biases
 - how to communicate with patients from diverse backgrounds
 - how to foster inclusion, create safe spaces, and promote equity
- Respondents identified a lack of diversity among OT practitioners, and need for more diversity among occupational therapists

Question 7: Do you have any other comments about diversity, equity, and inclusion that you would like to share?

- Most respondents are pleased that DEI is being discussed by the College and among OTs
- Respondents acknowledged that addressing DEI issues is complex and will take time
- Respondents highlighted the need to consult with marginalized groups before sharing or publishing resources (e.g., "nothing about us, without us")
- Respondents made further suggestions for resources that would be helpful, including resources guiding practitioners on how to support staff or patients who are experiencing issues, and resources to support the provision of equitable services
- Respondents made suggestions regarding how to increase diversity in the profession such as: providing financial support for underrepresented groups, promotion of marginalized individuals to leadership roles, changing admission standards for OT programs (GPA and interviews), and recruitment and mentorship initiatives
- Some respondents indicated that DEI is not complicated and are disappointed that the College is only "thinking" about DEI now

McMaster Evidence-Based Project Draft Themes to Develop

Themes/Information	Key Points
Defining JEDI (justice, equity, diversity, inclusion).	<ul style="list-style-type: none"> - Having a clear definition so OT community is on the same page - Provide examples for each definition relevant to OT practice
Systemic injustices	<ul style="list-style-type: none"> - Examples (i.e. racism, sexism, ableism)
Intersectionality	<ul style="list-style-type: none"> - Oppression through multiple intersecting factors
Privilege and power dynamics	<ul style="list-style-type: none"> - Within healthcare system (i.e. between client and OT) - Recognizing and addressing privilege
Implicit bias	<ul style="list-style-type: none"> - Definition - How to reflect on own biases and recognize them - Language use - Unlearning biases and re-learning as a lifelong commitment
Shift from cultural competency/sensitivity & equality to cultural humility & equity	<ul style="list-style-type: none"> - Cannot be competent in all cultures, so thinking must be shifted to cultural humility - Define cultural humility - Strive for equity rather than equality to ensure inclusivity for all clients/OTs (define both terms?) - Importance of doing own learning rather than relying on clients to educate, as this can be traumatizing and harmful
Benefits of Inclusivity	<ul style="list-style-type: none"> - Experiences of client and clinician interactions (regarding clients' feeling safe when working with OTs).
Ethical Decision Making in Practice	<ul style="list-style-type: none"> - Challenges with applying "best practice" to people of all cultures and backgrounds (lack of research)



BOARD MEETING BRIEFING NOTE

Date: June 24, 2021
From: Patient Relations Committee
Subject: Decision-Making Framework

Recommendation:

THAT the Board approves the Decision-Making Framework document for publication.

Issue:

The original Conscious Decision-Making in Occupational Therapy was issued in June 2002 and revised in 2012. More recently, this document underwent minor edits to align with changes made to the Code of Ethics, however, to reflect the current practice environment, a more comprehensive review was done. The summary of this process is presented in this briefing note.

Link to Strategic Plan:

This advances the Quality Practice aspect of the College, and specifically ensures that professional standards are up-to-date and reflect evolving practice (3.1) & professional standards focus on patient-centered care and patient safety (3.1.1).

Why this is in the Public Interest:

This companion to the Code of Ethics, is uniquely designed to help OTs make straight forward as well as complex and often ethical decisions in their day-to day practise. This resource offers a comprehensive approach for decision making, equipping occupational therapists in providing the best interventions with client and their families. Updating this resource supports occupational therapists to practice ethically, safely and effectively.

Background:

From Jan 1, 2020 – Mar 16, 2021, the Conscious Decision-Making document received a total of 2038 pageviews making it one of our popular documents which often ranks in the top 10 of most viewed items.

Environmental Scan

In March 2021 an external environmental scan was conducted to search other decision-making resources by OT regulators. Few did have decision-making frameworks. COTBC's [decision-making tool](#) for deciding on support personnel followed similar steps as outlined in our existing framework and but also included a classification of the risk of harm to the client.

Other health regulators that had similar tools had additional factors in decision making such as an awareness of personal biases and the use of established ethical principles by providers.

Similarly, the literature review confirmed the same basic decision-making steps and again identified new factors to consider in the revised framework such as:

- **Client-centeredness:** Taking into consideration their preferences, values, beliefs and any relevant cultural aspects
- **Quality of life:** getting the client's perspective on their current and future quality of life
- Awareness that the **therapist's biases**, values and/or cultural aspects can skew decision-making
- Using **consultations with other healthcare members** to further analysis and critical thinking
- The importance of **professional instinct** in guiding what is "good" and "right"
- Being able to **articulate the rationale** for your decision
- Some research added the **ranking the potential options** to pick the "best" choice

One article that added particular value to the revised document is entitled "*Doing what's right: A grounded theory of ethical decision-making in occupational therapy*" (VanderKaay, 2020) which is both current and reflects occupational therapy in the Canadian context. Among other factors, this research recognizes the dynamic aspect of decision-making and describes six fundamental "contributing factors".

Summary of Changes to Resource

1. Streamlined and made more concise (17→7 pages)
2. Removed outdated language
3. Removed "conscious" in title and throughout resource
4. Removed outdated case study and replaced it with a common clinical example that is woven throughout the resource
5. Added a section with reflective questions
6. Included themes from recent research
7. Reformatting and updated references

Summary of Progress to Date

Date	Responsible	Outcome
March 22, 2021	Practice Subcommittee	<ul style="list-style-type: none">• Introduction to the document and the proposed preliminary changes
March – April, 2021	Practice Team	<ul style="list-style-type: none">• External environmental scan• Prepared revised document
April 20, 2021	Registrar & QA Manager	<ul style="list-style-type: none">• Recommended edits & revised title
April 30, 2021	External Editor	<ul style="list-style-type: none">• Style and editorial changes made
May 26, 2021	Patient Relations Committee	<ul style="list-style-type: none">• Recommended edits & confirmed title change

Discussion:

Board to review and provide decision.

Implications:

There may be other documents that need to be refreshed to reflect changes made in this new version. The 4A Approach to Conscious-Decision Making will need to be updated or retired. The QA Program may use the resource in the next PREP. There are no policy or bylaw implications.

BOARD MEETING BRIEFING NOTE

Decision-Making Framework

Page 3 of 3

Attachments:

1. Proposed Decision-Making Framework
2. Existing Version Conscious Decision-Making Framework



Decision-Making Framework

Revised May 2021

Introduction

Occupational therapists (OTs) can be faced with both simple and complex decisions daily in their practice setting. The implications of these can have significant impacts on clients, OTs, colleagues, organizations, and the healthcare system at large.

Gathering and contemplating all the relevant factors involved in decision-making can be overwhelming. Information may be contradictory and incomplete, those involved in the decision-making can express intense feelings, and the consequences and risks can be very high. To help ensure that relevant aspects have been considered, this framework offers key considerations for OTs when faced with practice decisions.

Practical experience has been blended with current research to develop this framework. Because this process is not linear, the Prism Model of Ethical Decision-Making by VanderKaay and colleagues (2020) has been included in steps three and four below. This descriptive model recognizes the dynamic nature of the decision-making process and reflects occupational therapy in the Canadian context. The College's decision-making framework refers to, and is designed to work in tandem with, the Standards of Practice and other College resources.

Decision-Making Framework

Step One: Describe the Situation

To get down to the most important considerations, take some time to briefly describe the situation. Answering several key questions can help. There is an example below each question to help apply it to occupational therapy practice. In this example, the occupational therapist has received information about a client's ability to drive safely and is faced with the decision on how to proceed.

Question: What are the key elements of the situation?

Example: An older adult is living alone and has been diagnosed with dementia. There has been recent cognitive and overall functional decline. They drive the car short distances for essential needs like groceries and medical appointments. Recently they got lost returning home from a medical appointment at new location. The OT is concerned about their driving and the ability to remain safe and independent.

Question: What are the potential risks associated with the situation? Cues: What could happen? How likely is it to occur? How severe would the outcome be? How can the chance of occurrence or the impact of the event be reduced?

Example: The client got lost while driving an unfamiliar route and demonstrates limited insight into the possible harm. The client has poor memory and is unable to recall emergency contact information such as their home address or his daughter's cell phone number. With the progressive nature of the condition, another incident in the future is likely. Risk to the client could be severe if they are lost or in a car accident.

Question: What is the decision to be made?

Example: Does a discretionary report about fitness to drive need to be submitted right away?

Question: Are there personal assumptions, biases, or cultural differences that could impact decision-making? (Fornari, 2015)

Example: The OT reflects on their own assumptions about older adults and driving ability; on the importance of driving for independence, a sense of purpose, and socialization, but also thinks about the significant risk to the public if driving skills deteriorate and something harmful happens.

Step Two: Use the Fundamental Checklist

Listed below are six contributing factors that influence an OT's decision-making processes (VanderKaay et al., 2020). The factors have been expanded upon with relevant practice examples. Consider each one as it relates to the situation.

Client and Family

Remaining client centred sometimes requires OTs to recognize the push and pull that can exist when attempting to respect both the autonomy and the safety of the client. Influencers such as client goals, preferences, lived experience, values, beliefs, and desired quality of life (van Bruchem-Visser et al., 2020) need to be articulated in the decision-making process. Clients and families want to have open and transparent discussions in this partnership involving their healthcare.

Example: The client wants to continue driving so he can remain living at home. The daughter recognizes the importance for his quality of life and sense of purpose. For safety reasons she insists on accompanying her father when driving but the client prefers to drive alone.

Organization

If OTs are part of an organization, there may be guidance that sets out the expectations for certain types of situations, including policies or other guiding resources (for example, clinical decision-making tools or support processes). There may also be decision-making factors related to the wider healthcare system for consideration—for example, funding allotments for service, or principles of health equity and access to service.

Example: The OT refers to the organization's Managing Risk tool.

Theories and Evidence

OTs are expected to use theories and evidence to inform decision, including those based in ethics. Theories are used to guide, plan, address issues, and support decisions—for example, what are the best practices given the situation, risks, and client factors.

Ethical decisions do not usually present with a simple, or ideal, course of action. OTs often face ethical dilemmas where there is no clear or right answer. As OTs grapple with the facts of the situation and the weighty implications of their decisions, they can look to the **Code of Ethics**. OTs are guided by the fundamental values of respect and trust. Within each of these values, the Code of Ethics outlines principles to help OTs identify important factors to consider and guide possible actions to take.

Example: The principle of **respecting autonomy** requires the OT to think about the client's right to make their own choice and in this situation the client wants to keep driving even though it may pose a risk. At the same time, the OT is held **accountable** for their assessment as well as actions to lessen the likelihood of these safety risks occurring. Accountability and **communication** prompt the OT to discuss the safety concerns with the client and his daughter. The OT explains the decision to submit a discretionary report and the client has a chance to express his thoughts and to have his concerns addressed.

Professional Regulations

Find out about any regulatory requirements that apply to the situation. The College's Code of Ethics, the Essential Competencies, and the College's Standards for Practice documents describe the required expectations for the day-to-day practice of OTs. Other guidance is available for specific occupational therapy situations, such as the resource to the *Child, Youth and Family Services Act* for OT's wanting to know more about the obligations for reporting a child that may need protection.

Example: The OT reviews the College's document on *Discretionary Reporting of Fitness to Drive*. This orients OTs to the legislation, accountabilities, and other key information, such as documentation, consent, and privacy. The document states that "OTs have the authority to report concerns about a client's fitness to drive directly to the Ministry of Transportation ... but are not legally required to do so" (p. 3).

Healthcare Team

While OTs are accountable for their own professional decision-making, others, such as those in the circle of care, can add valuable perspectives and contribute to the reasoning and decision-making process. Discussing thought-provoking questions, clarifying facts, and generating options can help to talk through and narrow the course of action to be taken.

Example: The OT can bring up the situation at clinical rounds or speak separately to interprofessional team members for input. Perhaps this issue is already being addressed or monitored by another member of the healthcare team, such as the treating physician.

Law

Certain pieces of legislation directly impact specific aspects of occupational therapy practice. Examples of such legislation include the *Child, Youth and Family Services Act, 2017*; *Health Care Consent Act, 1996*; *Regulated Health Professions Act, 1991*; and *Personal Health Information Protection Act, 2004*.

Example: Under the *Highway Traffic Act, 1990*, OTs are identified as prescribed persons who may report to the Registrar a person who is at least 16 years old who, in the opinion of the prescribed person, has or appears to have a medical condition, functional impairment or visual impairment that may make it dangerous for a person to operate a motor vehicle (section 203[2]).

Step Three: Consult Others Outside the Immediate Team

Consulting with others who can provide additional expertise in a specific area can be enlightening. This can allow for a widened clinical perspective, brainstorming of possible outcomes, expertise in the domain, and professional support (VanderKaay et al., 2020). As a reminder, OTs need to follow the Standards for Consent and Standards for Record Keeping to ensure client privacy when discussing personal health information.

Consultation with others can include

- Colleagues
- Supervisors
- Lawyers or legal professionals
- Ethicists or an ethics board
- Regulatory bodies
- Other clinical or non-clinical professionals or subject matter experts

Step Four: Identify Options and Choose the Best Action

During the process of contemplating all the information gathered, various options may emerge. Some factors may be weighted differently, such as level of risk, legislation, or preservation of quality of life for the client and their family. Relying on sound professional judgement, OTs will prioritize and choose the best option.

These prompts can assist in making and justifying the best choice (Winnipeg Regional Health Authority 2015):

- What makes this the best approach?
- Does the rationale sound reasonable when you say it aloud?
- What is your professional instinct telling you?

Recognize and Address Consequences

Possible consequences of the decision should be thought out in advance and managed sensitively and appropriately to avoid unintended consequences. It is important to be aware of the impact on the client,

their family, colleagues, and stakeholders, along with your ongoing role. The Code of Ethics notes that “values are the ethical building blocks of human behaviour and interaction. They are at the heart of our everyday exchanges, and shape how we relate to and treat others” (p. 2). Principles such as transparency, honesty, and respect can guide the approach to these delicate discussions. For example, it may be appropriate to inform a client about a mandatory report and allow them to express their thoughts and feelings, thereby promoting the need to provide education about the next steps.

Document

Document your decision-making process and update the client record appropriately. As outlined in the Standards for Record Keeping, “records should reflect the OT’s professional analysis and/or opinion, interventions, recommendations and ethical considerations” (p. 2). Standard 3.8 states that any data gathered and used to inform clinical decisions should be documented.

Step Five: Evaluate the Decision

To promote ongoing competence, take the time to evaluate and reflect on the decision-making process. Recognize the lessons learned and apply these should a similar scenario arise in future. These prompting questions can be used:

- What was the impact of your decision on those involved?
- Is there anything in your practice that needs to be adjusted now or in the future?
- Is there a need for advocacy?
- Assuming a similar situation presents itself, would you make the same choices? If no, what would you change?

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Conscious Decision-Making in Occupational Therapy Practice

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Introduction

Each of us is required to make a multitude of decisions every day. The nature of these decisions moves along a continuum. They may present as simple or concrete choices that have little impact on the individual(s) involved or they may be complex with an outcome that greatly affects others and has a long-lasting impact. In the majority of situations, the decision-making process is habitual and invisible.

Occasionally situations arise that require a very thoughtful and calculated or “conscious” decision. The following framework is provided to assist occupational therapists in making conscious decisions that reflect accountable, principled practice.

The Need for a Decision-Making

There are many factors that contribute to a complex and challenging practice environment. Autonomous practice brings responsibility for managing one’s own practice. The public’s expectation of accountability is strong. New technologies, a growing evidence base, and changing funding structures all add to the complexity of today’s work environment. It is suggested that OTs will benefit from a structured method to assist them to analyze complex and challenging situations that arise in practice.

The following tool is intended to help therapists to identify and consider the principles inherent in any practice scenario, and to choose a course of action in keeping with their regulatory and professional accountabilities. This tool is intended to enhance College resources by offering a mechanism for therapists to process the information.

“Conscious” Decision-Making

“Conscious competence” serves as a fundamental concept within the College’s Quality Assurance Program. The College defines a **consciously competent practitioner** as one who:

- knows his or her strengths and limits;
- knows the standards, guidelines and rules, and the values behind them;
- makes good choices consciously and deliberately, and
- is able to explain why he or she took a particular course of action.

As stated earlier, many decisions are made every day and although they may be sound, often they are arrived at automatically or routinely. Every so often however, a situation presents itself whereby the therapist becomes aware of the need to consider the issue and choose a course of action carefully and deliberately.

A Conscious Decision-Making Process

Situations that require conscious decisions frequently involve an ethical dilemma and are often initially identified by the therapist as an uneasy or hesitant feeling – a sort of “niggly” or troubling feeling, sometimes referred to as a “yuck factor.” Becoming aware of and understanding this gut feeling is usually the first step toward a conscious decision-making process. Even if these uncomfortable feelings are not experienced, it is important to reflect on practice to determine if the principles of ethical practice are being upheld.

Ethical decisions are about doing the right or good thing. This uneasy feeling suggests there is something not quite right. Sometimes there is an option that is a clearly good one, but there are, unfortunately, many situations when the right thing feels wrong because a positive outcome for everyone involved is not possible. There is no tool or process that will completely eliminate the difficulty attached to these decisions. However, if a conscious decision-making process has been followed you can feel confident that a reasonable outcome can be achieved.

A review of decision-making tools reveals there are many approaches and many similarities within them. The specific steps of the process are less important than the “consciousness” of completing the process. In order to ensure a sufficient level of “consciousness” in the decision-making process, the therapist needs to:

- know the facts and contributing factors;
- know the standards, guidelines, rules, values and principles involved;
- identify the available courses of action, and
- be able to explain and evaluate the decision.

The framework that follows serves as one mechanism that will help to accomplish conscious decision - making.

This framework is also available as worksheets on pages 14-16.

A Conscious Decision-Making Framework

Step One: Describe the Situation

Ask yourself the following questions:

1. What are the facts of the situation?
2. What is the scope of the referral?
3. Who is the client?
4. Who are the other stakeholders?
5. What is the underlying issue(s)?

Step Two: Identify the principles related to the situation

The principles include those outlined in the Code of Ethics and elaborated upon in the Guide to the Code of Ethics. These include, but are not limited to: client-centred practice; respect for autonomy; collaboration and communication (those principles promoting the values of respect); and honesty; fairness; accountability and transparency (all promoting the values of trust.)

Step Three: Identify the relevant resources to assist with the decision-making

1. Is there any relevant legislation, regulation(s) standards or guidelines? (relevant College Standards may include: Consent; Professional Boundaries; Conflict of Interest; Prevention of Sexual Abuse; Assessment; and Record Keeping.)
2. Are there any individuals with expertise in the area? (e.g., colleagues, managers, leaders, the College)
3. Is there any relevant evidence (literature, research, best practice)?

Step Four: Consider if you need further information or clarification

1. Do you understand the intent of the relevant legislation, regulations, standards or guidelines?
2. What evidence exists (literature, research, best practice)?
3. Are there any missing facts? Have you identified the client's best interests?
4. Are all of the stakeholders and their interests identified?

Step Five: Identify the options

Imagine a range of reasonable and realistic options to address the different aspects of the situation. Your plan may ultimately include a set of these options.

Step Six: Choose the best option

Apply the principles and any legislation, regulation, standard, guideline or policy that applies. Consider the expected outcome and potential impact of each option.

Step Seven: Take action

Select an option or set of options that you believe will offer the best approach to the situation. Decide on how best to take the action.

Step Eight: Evaluate the decision

1. How comfortable do you feel that you chose the best option?
2. What was the impact of your decision on those involved?
3. Did you achieve the expected outcome?
4. Would you make the same decision again, or do something differently?
5. Is there anything in your practice that needs to be adjusted now or in the future?
6. Are there any amends or reparations that need to be made?

Applying the Principles to the Decision-Making Framework

The above framework relies on promotion of the values of respect and trust through consideration of the principles of practice in relation to the situation. Knowing how to identify and apply these principles is key. There are many factors that impact on the final decision. These include client needs, professional ethics, professional standards, legislation, guidelines, policies, and therapist competence. Maintaining a focus on the key principles can help to organize the process and ensure the end result is one of *principled OT practice*. While greater detail can be found in the College's Guide to the Code of Ethics, the following briefly summarizes the key principles of OT practice:

Client-Centred Practice

The principle of maintaining a client-centred approach is at the core of occupational therapy – demanding that practice is centred on the client's needs, wishes, and abilities, in the context of their priorities, supports and resources.

Respect for Autonomy

Autonomy, often stated as the principle of respect for autonomy, is the idea that a capable person (in the sense of mental capacity or competence) can make their own decisions about their own life, within legal limits, as always. Autonomy is implicit in the idea of client-centred practice.

Collaboration and Communication

Clear and respectful communication is core to the development and maintenance of the client-therapist relationship. It is considered a core competency for our practice that we utilize a communication process that promotes shared understanding with those with whom we interact. Effective communication involves the establishment of a feedback process and includes appropriate use of verbal, non-verbal and written communication.

Honesty

Honesty is recognized by most people as telling the truth. Honesty generally exists alongside other virtuous traits such as integrity and straightforwardness. These ensure that 'how' we are honest is in keeping with other principles and our clients' best interests.

Fairness

Fairness is a term that is familiar to most people. Being fair and being perceived as fair are critical to developing trust, and demonstrating respect.

Accountability

As regulated professionals, occupational therapists are required to clearly demonstrate that they serve each client's best interest. Accountability means we are responsible for our actions; we have an obligation to account for and to be able to explain our actions.

Transparency

Transparent practice requires full disclosure, which ensures integrity within the client-therapist relationship and requires clear, open and thorough communication. It is inappropriate to withhold information, intentionally or not, that may impact the client's ability to become involved as an informed participant. We are responsible for ascertaining the nature and extent of information to be shared and with whom it needs to be shared. Transparency never substitutes for accountability – it supports it.

While identifying the principles is important, understanding the weighting of them in any given situation is also critical. This is most often determined by the extent to which they are supported in law,

regulation or policy. The general hierarchy or weighting is as follows: legislation and regulation, standards and essential competencies of practice, practice guidelines, policies and procedures. The role of each of these is described below.

Legislation and Regulation

Legislation is determined by elected representatives to government and is intended to represent the public interest. Regulations are also approved by government and must be consistent with the intent of the legislation they define. While it is clear that one must abide by the laws and regulations that apply in the situation, it is also important to remember that there is always the need for interpretation and the use of judgement when applying these rules. Case law, sometimes called common law or judge-made law, often helps to define the intent of these laws and may serve as an additional guide for interpretation.

There are many laws that govern the practice of health professionals. Some apply broadly, such as the *Health Care Consent Act, 1996*, the *Regulated Health Professions Act, 1991*, and the *Personal Health Information Protection Act, 2004* and others are more specific to the type of practice or population served, such as the *Mental Health Act, 1990*, *Child and Family Services Act, 1990* or *Insurance Act, 1990* (see page 17 for further references).

Standards of Practice/Essential Competencies

Standards of practice include the essential competencies (knowledge, skills, judgement, and behaviours) that define the profession and define the generally accepted level of practice for the profession. Although they are not established as regulation, the Standards are supported in regulation. It is considered professional misconduct not to practice according to the standards of the profession. It is also an essential competency to apply the standards within one's practice. Standards published by the College attempt to reflect the commonly recognized and generally accepted practice of occupational therapists in Ontario. For this reason, it is important to remain aware of both the contents of the published standards of practice and follow the common practice of OT colleagues as well as current research and published findings and evidence within OT practice. All the Standards of Practice and the Essential Competencies of Practice for Occupational Therapists in Canada are available at www.coto.org.

The specific Standards of Practice most relevant to ethical decision-making are: Standards for Professional Boundaries, Standards for Consent, Standards for Prevention of Sexual Abuse, and

Standards for Prevention and Management of Conflict of Interest. Other standards may apply, and all are available at www.coto.org.

Practice Guidelines, Policies and Procedures

The College publishes Practice Guidelines that provide detailed information on specific topics that represent current best practices and are meant to support prudent practice. Institutions and organizations may establish policies and procedures that provide further guidance for specific situations. Similar to practice guidelines they generally articulate a position and provide direction to achieve the desired result.

Policies and procedures may be established by individual employers, agencies or institutions, and clarify process in specific situations.

Case Study: Working Through the Decision-Making Framework

The following scenario will help to demonstrate how the decision-making framework outlined on page 5 can assist in considering the applicable principles of practice and determining some reasonable options:

You are an occupational therapist who works in the community and you have received a referral to assess a 72-year-old man who lives with his wife Elana. You are informed that Thom has had a recent myocardial infarction and you are asked to complete an assessment and provide an appropriate program to support his return home. Upon assessment, you notice that he may have some visual deficits unrelated to his cardiac condition, and after further visual screening you determine he has visual deficits. During the assessment, Thom informs you that he drives Elana to her voluntary work at the local hospice once a week. You are concerned that he should not be driving and that he poses a danger to himself, Elana, and others in general by getting behind the wheel. You tell Thom about your concern and he assures you that his vision is fine and he has absolutely no trouble driving. He states it is just a 10-minute drive each way. Elana does not drive and this is one of the few things he is able to do to help her maintain her voluntary role which has been very important since she retired two years ago. He also tells you that his doctor knows he is driving and has no concerns so you really must not worry. You leave the assessment feeling uneasy and uncertain about what you should do next.

Step One: Describe the Situation

You have received a referral with a request to assess and treat Thom. There is limited direction or background provided. You have identified visual deficits while assessing overall functional performance. You have also identified that Thom engages in an activity (driving) that you believe is unsafe for him and others given his visual difficulties.

Thom's wife, Elana, is obviously aware he is driving and allows him to take her out regularly. Thom's physician is also reportedly aware about the driving and isn't concerned. You are concerned he may have an accident and harm or even kill himself or others as a result of his decision to drive. You don't know if you could be held responsible in some part because you know he shouldn't be driving.

The issue is whether or not to act on the safety concern. To take action would go against Thom's wishes, yet you believe you not only have an obligation to ensure his safety, but that of Elana and other members of the public as well.

Step Two: Identify the Principles Related to the Situation

You must take into account the meaning of the situation and its many dimensions for Thom. Even where there may be no simple *good* solution, striving to understand Thom's own response to the situation – the meaning it has for him – will help to ensure that you carry out your choice in a respectful way.

Respect for autonomy: You must maintain client confidentiality by only ever sharing information with consent, except where legally obliged to do otherwise. It is considered professional misconduct to share personal information without the consent of the client or the legal authority to do so. Thom has not consented in this case. It is only appropriate to release information if there is a legal requirement or authority to do so. Also related to this principle, Thom needs to be given sufficient information to understand what you are proposing and what the risks and alternatives are with respect to agreeing or not agreeing with the plan.

Collaboration and communication: Once you have made your decision about the course of action you will choose, you engage in a conversation with Thom – in an attempt to help him understand your concerns. Aiming to work in collaboration with your clients will promote respect. The principles of **honesty** and **transparency** enter the picture here, too – if your communication is honest and actions transparent, there is a greater likelihood of promoting trust.

Accountability: You are responsible for your actions and are expected to act in Thom's best interests. You are also expected to act in accordance with relevant legislation, regulations and the standards of the profession, using the knowledge, skill and judgement reasonably expected of an OT. You have an obligation to ensure Thom's safety and, as a recognized health professional, the safety of the public.

Step Three: Identify the Relevant Resources to Assist with Decision-Making

It can be a challenge just to determine which resources to refer to. The hierarchy described earlier can provide some direction. Adherence to any legislation, regulations or other legal requirements is expected and therefore identifying such information is a good place to start. With respect to legislation in this scenario, the *Highway Traffic Act* has some relevancy. It is important for you to understand whether or not you have a duty or requirement to report your concerns under this legislation. In fact the Act only requires *medical practitioners* to report to the Registrar of Motor Vehicles such information as the client's name, address and medical condition if the medical practitioner believes it is dangerous for the client to operate a motor vehicle. Therefore this legislation does not provide you with the legislative requirement to release information without consent. It does however clarify that the physician is required to report the concern (assuming he or she believes there is concern about driving as a result of the client's medical status).

Having identified confidentiality as one of the issues in this case, it is also important to determine if there is any privacy legislation that addresses this issue. Ontario's *Personal Health Information Protection Act, 2004* supports the protection of client confidentiality. It requires Thom's consent in order to release information, except in some situations including when there is concern of serious risk of harm.

Another resource that may provide a type of legal authority to release information is referred to as common or judge-made law. There is common law related to duty to warn. Given that most OTs will not be readily familiar with common law, it may be necessary to access a legal representative to assist with both identifying and understanding this type of information. Generally speaking, duty to warn involves a judgement about the nature or extent of potential risk, the probability or predictability of the behaviour causing the risk and the ability to identify the person(s) at risk. If there is sufficient risk of harm, then the duty to warn serves as the legal authority to release information.

The next step is to consider if there are any College Standards or Guidelines that apply to this situation. For example, further guidance related to Consent may be found in the Standards for Consent, as well, the Standards for Occupational Therapy Assessment may also be helpful. For example, the Standards for Consent provide expectations that the OT will ensure that the client understands the proposed course of action and the implications thereof. Also, the Standard outlines the process for managing the client's withdrawal of consent. In this case, Thom will have initially granted you consent for the assessment, but then might, upon hearing the implications of possibly sharing the concerns about his driving, may choose to withdraw this consent. The Standards for Occupational Therapy Assessments provide expectations that you will be competent to provide the services. For example, in this scenario you may want to consider if the vision screening used in the initial assessment provides sufficient evidence to allow you to make a conclusive decision about the client's ability to drive safely. Do you know if the assessment is valid and reliable? Would it be sufficient to raise reasonable concern about driving? What is your own knowledge base in this area of practice? Where can you find more information about reliable driving safety assessments?

Step Four: Consider if You Need Further Information or Clarification

At this stage in the process it is helpful to determine if more information would be helpful. Consider if you have missed any factors that will impact on the decision. As stated in the Position Statement On the Interpretation of the Controlled Act of Communicating a Diagnosis, OTs often play an important role in collecting and interpreting data that contributes to and may confirm or lead to confirmation of a diagnosis. When a therapist is alerted through an assessment, to signs or symptoms that are suggestive of a disease or disorder, it is important to consider the need for a diagnostic practitioner to be involved (in this case perhaps an optometrist or ophthalmologist). In addition, you may consider seeking recommended approaches for discussing driving safety that might help foster deeper reflection by Thom on how safe he is to drive? The fact that most accidents happen within a few kilometres from home might be important to share with Thom. You may also ask if he would feel safe driving with his five-year-old granddaughter in the car or when she is in a stroller on the sidewalk nearby. It may be useful to contact someone more familiar with these discussions and to familiarize yourself with the services available in the area to support people who can no longer drive.

In these situations, the College would expect the therapist to make the client aware of the significance of the finding and recommend the appropriate action, including referral to another health professional.

Step Five: Identify the Options

Once you have sufficient information, try to consider at least two different ways of dealing with the situation. In this case, any of the following options could be considered:

1. Do nothing about the driving and carry on with intervention specific to the referral.
2. Depending on your expected future involvement with Thom's treatment for other needs, you may choose to raise the topic again in the very near future and employ some of the recommendations you explore in the meantime.
3. Alert another source about the safety concern. This could include:
 - a. a family member (such as his spouse)
 - b. the treating physician
 - c. the Ministry of Transportation or police.
4. Refer to another source for further assessment:
 - a. Driving Assessment Centre
 - b. Optometrist or Ophthalmologist.

You may leave it at that point or wait for the results and then inform or alert another source (#3) if it is necessary.

Step Six: Choose the Best Option

1. Do nothing about the driving and carry on with intervention specific to the referral. This option places considerable weight on the principles of client-centred practice and autonomy. On the positive side, it allows you to respect Thom's wishes. As well, Thom's own knowledge and expertise about his condition is valued. In choosing to do nothing, you would need to feel comfortable that there isn't sufficient risk of harm to support a duty to warn. It is true that everyone accepts some risk when getting into a car. This option may also be reasonable if you believe the visual screen results are unreliable.

The negative aspect of this option is the fact that you did screen further for visual deficits and that Thom performed poorly. You may have an obligation to refer Thom to another professional (see option 4).

2. Raise the topic in the near future and employ some of the recommendations in the meantime. Approaching the issue again after gaining further recommendations from a more experienced colleague may be a good compromise when you are not adequately convinced by the assessments you have done that were not specific to driving. By explaining to Thom that some further assessments might be wise, assisting him with understanding the gravity of potentially unsafe driving and gaining his consent to carry out some other evaluations, you are promoting the values of respect by engaging in collaboration working, and the value of trust by following the principles of honesty and transparency with regard to your concerns and intentions.
3. Alert another source about the safety concern. Alerting another source supports an obligation to ensure Thom's safety and that of others. Other practitioners may have a different ability to assess or manage the risk of harm. For example, if you alerted the physician, he or she may be able to confirm there is a medical concern that makes it dangerous for Thom to drive. The physician can and must then report to the Ministry of Transportation, with or without client consent. By alerting the physician you may also be acting within the consent granted to communicate with another member of the health care team.

Family members may also be able to support your efforts to convey concern, however their involvement is not always welcome, and the down side of this option lies with the risk of Thom claiming there was a breach of confidentiality. You would have to demonstrate sufficient reason to have acted against Thom's wishes and instead on a duty to warn.

4. Refer to another source for further assessment. This option may be seen as an intermediate step with that of alerting someone else. Instead of reporting your concerns about driving immediately, you may choose to make a recommendation for further assessment of Thom's vision. He may appreciate the opportunity to act on the recommendation on his own. This process may also allow for some negotiation to explore the issue further and then if Thom continues to disregard identified concerns, you or others involved will have sufficient evidence to proceed with a duty to warn.

Step Seven: Take Action

Select an option or set of options that you believe will offer the best approach to the situation, given the relevant principles and the full information you have of the situation. Consider how you will carry out the chosen option – this is equally important to what you do. It is entirely possible to do the right thing in the wrong manner. Remember to document your decision and rationale. If the process you followed is called into question in the future, you may not remember your reasoning unless you write it down.

Step Eight: Evaluate the Decision

You may know immediately if your decision was right or it may be some time in the future. Regardless, it is important to reflect on the process:

- How comfortable do you feel that you chose the best option?
- How well did you carry out your decision? Did you manage to do the right thing in a good way?
- What was the impact of your decision on those involved?
- Did you achieve the expected outcome?
- Is the situation adequately resolved, or is it necessary to consider another option?
- Would you make the same decision again, or do something differently?

Remember that the most challenging decisions are often the result of dilemmas that involve ethical issues and often do not have one correct response. While the outcome is the focus of the decision, being able to explain the rationale for it may be just as important.

5. Is there anything in your practice that needs to be adjusted now or in the future?

Sometimes a policy change or development of a procedure can assist you to prevent or manage situations in the future.

6. Are there any amends or reparations that need to be made?

If the incorrect decision was made and harm was done, perhaps there are steps that need to be taken to make things right again. In addition, an apology may be warranted and can be a sign of empathy, compassion and caring.

This worksheet has been provided as a template for working through decisions in your practice. Detach and make copies as required.

Conscious Decision-Making Worksheet

Step One: Describe the situation. Ask yourself the following questions:

1. What are the facts of the situation?
2. What is the scope of the referral?
3. Who is the client?
4. Who are the other stakeholders?
5. What is the underlying issue(s)?

Step Two: Identify the Principles related to the situation.

These include, but are not limited to: client-centred practice; respect for autonomy and collaboration and communication (those principles promoting the value of respect); and honesty; fairness; accountability and transparency (all promoting the value of trust).

Step Three: Identify the relevant resources to assist with the decision-making.

1. Is there any relevant legislation, regulation(s) or guidelines?
2. Are there any individuals with expertise in the area?
3. Is there any relevant evidence (literature, research, best practice)?

Step Four: Consider if you need further information or clarification.

1. Do you understand the intent of the legislation, standard or guideline?
2. What evidence exists (literature, research, best practice)?
3. Are there any missing facts? Have you identified the client's best interests?
4. Are all of the stakeholders and their interests identified?

Step Five: Identify the options.

Imagine a range of reasonable and realistic options to address the different aspects of the situation. Your plan may ultimately include a set of these options.

Step Six: Choose the best option.

Apply the principles and any legislation, standard, guideline or policy that applies. Consider the expected outcome and potential impact of each option.

Step Seven: Take action.

Select an option or set of options that you believe will offer the best approach to the situation, given the relevant principles. Decide on how best to take the action.

Step Eight: Evaluate the decision.

1. How comfortable do you feel that you chose the best option?
2. What was the impact of your decision on those involved?
3. Did you achieve the expected outcome?
4. Would you make the same decision again, or do something differently?
5. Is there anything in your practice that needs to be adjusted now or in the future?
6. Are there any amends or reparations that need to be made?

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FYI Package

- Letter (June 8, 2021) from the Ministry of Health of Ontario re: Governance Reform
- Memo (April 1, 2021) from the Office of the Fairness Commissioner (OFC) re: Implementation of the OFC's Risk-Informed Compliance Framework
 - OFC – Risk-Informed Compliance Framework Policy
 - OFC – Risk-Informed Compliance Framework - Principles Diagram
 - OFC - Frequently Asked Questions and Answers re: Risk-Informed Compliance Framework
- Acronym List

June 8, 2021

158-2021-46

Dear College Presidents and Registrars/ Executive Directors

Over the past several months, we have seen the ongoing diligent and tireless contributions of all our health system partners in response to the COVID-19 pandemic.

As we prepare for a potential burden reduction Bill this Fall, the ministry is exploring opportunities for governance reforms under the *Regulated Health Professions Act, 1991* and your respective 26 health profession Acts that would increase your efficiency and your ability to respond swiftly to emerging needs.

I am aware that many colleges have expressed interest in governance changes since 2017. Since that time, there have been developments, namely, the ongoing pandemic and the introduction of Bill 283, which have added to the discussion on governance reform.

As I have noted in previous conversations, I would like to seek your input on whether previous advice to the ministry on governance reform has changed in light of the progress of time and recent experience with the COVID-19 pandemic, as well as, the government's introduction of legislation establishing a new framework for oversight.

I am requesting your feedback on possible governance reforms by June 30th.

I look forward to our continued partnership as we explore opportunities to improve and strengthen the oversight system for health professions in Ontario.

Sincerely,



Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director



MEMORANDUM

To: Registrars and/or Chief Executive Officers of
Regulated Professions, Health Colleges and the
Ontario College of Trades

From: Irwin Glasberg
Fairness Commissioner

Subject: Implementation of the OFC's Risk-informed
Compliance Framework

Date: April 1, 2021

When the Office of the Fairness Commissioner (OFC) commenced operations in 2007, the officials attached to the agency at that time reviewed a number of models to help structure our compliance mandate. This task was challenging given that the first iteration of Ontario's fair access legislation was unique in the Western world and because the OFC was responsible for numerous regulators involved in a variety of unique professional spheres.

The OFC ultimately decided to implement what it called a Continuous Improvement Strategy. This approach was operationalized through a series of recurring, cyclical activities designed to create incremental changes and to more proactively enforce compliance when that became necessary. Through this system, the OFC worked with regulators steadily and constructively to improve fair registration practices in the province.

All regulators have made headway over the last 14 years. However, the process has been uneven, with some regulators making more progress than others. At the same time, there has been a shift in the philosophy of regulation. Many oversight agencies with mandates similar to that of the OFC, have embraced modern regulator principles, as well as complementary risk-informed compliance frameworks.

This new orientation means that, in an environment of constrained resources, oversight bodies must adopt evidence-based approaches that direct resources to those organizations that could benefit most from regulatory attention. This scheme is then supplemented with a broader set of education and compliance tools that can be deployed in a customized fashion.



Earlier this year, the OFC consulted extensively with subject matter experts, the regulatory community and other stakeholders on a proposal to modernize our agency's compliance framework to conform with this new regulatory philosophy. The response was very positive. As a result of these discussions, we were able to further refine our scheme.

I am writing to confirm that we will be implementing our new principles and compliance framework, in a staged fashion, beginning on April 1, 2021, as we previously signaled in our discussions with regulators. We have also instituted a 12-month transition period to allow regulators to migrate to the new system and to comply with any outstanding OFC recommendations.

Our key objective will be to work with regulators to achieve better outcomes for applicants to the professions, health colleges and compulsory trades. We are also confident that this approach will serve to reduce regulatory burdens in the sector.

I am enclosing with this memorandum a copy of the new Risk-informed Compliance Framework and Policy, the OFC's modern regulator principles placemat, and a list of Frequently Asked Questions. All these materials will shortly be posted on our website.

In the coming weeks, your Compliance Analyst will engage your officials in a preliminary discussion of the framework and our transition strategy.

Consequently, I would ask that you circulate the attached materials to your leadership and staff as appropriate. Questions about the framework can be directed to your Compliance Analyst.

Finally, I would like to thank the 27 regulators that participated in our consultation sessions. Your input materially assisted our thinking on this important element of our mandate.

Kindest regards,

"Original signed by"

Irwin Glasberg
Fairness Commissioner

Attachments:

- Risk-informed Compliance Framework and Policy
- OFC's Modern Regulator Principles Placemat
- Frequently Asked Questions



FAIRNESS COMMISSIONER
COMMISSAIRE À L'ÉQUITÉ

2021

Office of the Fairness Commissioner

Risk-informed Compliance Framework and Policy

Office of the Fairness Commissioner
4/1/2021

Effective Date: April 1, 2021

Version Number: Version 1.0

Replaces: Continuous Improvement Strategy

Responsible Area: Policy and Program Unit, Office of the Fairness
Commissioner

**Any questions about this policy or requests for alternate formats can be sent to
the Office of the Fairness Commissioner by email at ofc@ontario.ca**

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Introduction

This document outlines the specific components of the Office of the Fairness Commissioner's Risk-informed Compliance Framework (the framework) and the procedures through which this framework will be implemented.

The objectives of this framework are 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.
- Promote the identification of targeted risk factors to enable necessary mitigation and remediation efforts.
- Reduce unnecessary burdens on regulators and Office of the Fairness Commissioner (OFC) staff, recognizing that all public sector organizations operate with constrained resources.

The Context for Self-regulation

In Ontario, individuals must obtain a license or certification from an entity that oversees the practice of a regulated profession or compulsory trade in order to practice in the field and/or use a title. These entities are either described as regulated professions, health colleges or the Ontario College of Trades (hereinafter referred to as "regulators").

Regulators exist to protect the public interest by licensing only those professionals that are qualified and by holding their members accountable for meeting practice standards. These organizations are different from professional associations that exist to provide services to their members and to advocate for the interests of their professions and members.

To achieve this public protection mandate, various provincial statutes grant authority to these regulators to:

- Set standards for individuals who enter the profession or compulsory trade
- Licence these individuals
- Oversee how licenced members adhere to standards of practice.

This scheme is referred to as self-regulation.

The Applicable Legislative Framework

In 2006, the Ontario legislature introduced the then *Fair Access to Regulated Professions Act, 2006* (FARPA). This legislation was designed to help ensure that the registration practices of regulated professions were transparent, objective impartial and fair. The legislation also established the OFC and gave it authority to oversee the registration practices of these professions.

FARPA received Royal Assent in December 2006 and it amended the *Regulated Health Professions Act* (RHPA) by incorporating similar, though not identical, provisions into the Health Professions Procedural Code (Schedule 2). In 2013, FARPA was amended to provide the OFC with oversight of the compulsory trades that fell under the authority of

the Ontario College of Trades. The legislation is now referred to as the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* (FARPACTA). Schedule 2 to the RHPA and FARPACTA are collectively known as fair access legislation.

The regulators that are subject to fair access legislation are required to comply with a number of statutory obligations. These include:

- Meeting the general duty to develop registration practices that are transparent, objective, impartial and fair. [section 6 of FARPACTA and section 22.2 of Schedule 2 to the RHPA].
- Meeting the specific duties outlined in the statutes relating to the provision of information, the need to make timely decisions, along with responses and reasons, the provision of an internal appeal or review process, the basis for assessing applicant qualifications, staff training and the right of an applicant to obtain access to relevant records. [sections 7-12 of FARPACTA and sections 22.3-22.4 of Schedule 2 to the RHPA]
- Providing reports to the OFC. [sections 19-25 of FARPACTA and sections 22.6-22.11 of Schedule 2 to the RHPA¹]

The OFC's Modern Regulator Principles

Over the past decade, the public sector has moved towards modernizing its regulatory systems. This modernization trend is driven by research that traditional enforcement tools may not always be effective, efficient or agile enough to achieve public interest outcomes. Thus, it is important that oversight agencies, like the OFC, can rely on regulatory approaches that are proactive and innovative, and that engage a variety of compliance and educational tools.

Based on its review of approaches to regulatory compliance across jurisdictions, and building upon extensive consultation with stakeholders, the OFC has adopted the following six modern regulator principles to inform its Risk-informed Compliance Framework and other elements of its mandate. These principles are set out below:

1. *Our approach to regulatory compliance will be based on transparency, professionalism and collaboration.*

The Office of the Fairness Commissioner will:

- focus on achieving better outcomes through simpler and more straightforward compliance expectations.
- consult and collaborate with professions and trades when new approaches or changes to regulatory frameworks are proposed.
- be accountable for its decisions and open to public scrutiny.

2. *Our compliance approach will be evidence-based and risk-informed.*

We will consider both the historical performance of individual regulators, and their future risk profiles, in selecting appropriate compliance tools and our level of engagement with them.

¹ The audit provisions in FARPACTA and Schedule 2 to the RHPA require the auditor to submit the report to the OFC, not the regulator.

The future-looking risk factors will be those that could materially impact the achievement of better outcomes for applicants and that achieve defined fairness-based public policy considerations. The most current set of historical and forward-looking considerations may be found [here](#) (hyperlink).

In any given period, the OFC's compliance activities may be geared towards individual regulators, more thematic/systemic issues across classes of regulators, or both.

We will take into account the distinct mandates of individual regulators and adjust our responses as needed, based on a regulator's profile, current situation, and how it is achieving compliance.

3. *We will apply a proportionate approach to improve and promote compliance.*

The resources that we will employ to monitor the activities of a regulator will be proportional to the historical experience, and level of risk, associated with that regulator's activities.

The OFC will focus its efforts on those regulators that have achieved less progress in meeting their compliance requirements than their peers and/or are considered to demonstrate an elevated forward-looking risk profile. Conversely, regulators that are meeting their specific compliance obligations, and/or making substantial progress in providing registration practices that are transparent, objective, impartial and fair, may be subject to less prescriptive reporting and related requirements.

4. *We will communicate, educate and offer guidance to regulators to promote and enhance compliance.*

The OFC will employ a suite of compliance tools and work with regulators to improve their registration and assessment processes. These approaches will include education, outreach, peer discussions, the dissemination of best practices materials and tool-kits, annual reporting requirements and more formal reviews of regulation practices designed to enhance compliance.

5. *We will monitor, measure, evaluate and report on our activities and outcomes in order to adapt and improve our compliance activities.*

To the extent possible, the data and evidence that the OFC collects will inform the determination of regulator risk profiles and associated compliance activity. The OFC will also work to employ modern technologies and pathways to simplify its data collection, reporting and information dissemination functions.

6. *We will share information and collaborate to reduce burdens and promote greater consistency.*

The OFC will work constructively with other regulatory oversight bodies to reduce the regulatory burden on individual regulators. In particular, the OFC acknowledges that both it and the Ontario Ministry of Health have a shared responsibility to work with health colleges to achieve fair registration practices.

To download the OFC’s modern regulator principles placemat, [click here](#) (hyperlink).

The OFC’s Risk-informed Compliance Framework

The OFC’s compliance framework and allocation of associated resources will be guided by its Risk-informed Compliance Framework. The framework will rely on both the regulator’s historical performance, and forward-looking risk factors that could impact a regulator’s ability to achieve better registration outcomes for applicants. These two components are elaborated upon below.

Historical Performance Indicators

The OFC will consider the following five historical performance indicators:

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.

Once the OFC has analyzed the regulator’s performance against these factors, it will then place the regulator into one of three compliance categories, as described in Table 1 below:

**Table 1:
Compliance Categories**

<i>Full Compliance with the Objectives of the Legislation</i>	<i>Substantial Compliance with the Objectives of the Legislation</i>	<i>Performance Falls Short of Compliance with the Objectives of the Legislation</i>
The OFC has not issued any compliance-based recommendations to the regulator during the past assessment cycle.	The OFC’s compliance recommendations do not directly impact the regulator’s core decision-making role to either grant or deny application licences.	The OFC’s compliance recommendations relate to issues that directly impact the regulator’s decisions to either grant or deny licences to applicants. There may also be evidence of acts or omissions that contravene the legislation.

The regulator has consistently implemented the OFC’s advice and recommendations in a timely and collaborative manner.	Same as first column.	There are a number of material OFC recommendations that remain outstanding and/or the proposed implementation timeline that the regulator has proposed is unreasonable.
The regulator has taken substantial steps to improve the fairness and efficiency of its registration processes, through such mechanisms as investments in IT infrastructure, partnerships with other organizations, improving its processing time frames and working constructively with applicants to help them achieve their registration goals.	Same as first column but to a lesser extent.	The regulator’s investment in IT infrastructure, partnerships and client-centered processes has lagged that of other regulators.
The regulator has proactively and consistently identified barriers to access by, for example, instituting OFC-endorsed commendable practices, other best practices and innovations, to mitigate such barriers.	Same as column one but to a lesser extent.	The regulator has failed to proactively identify barriers to access and to reasonably respond to these circumstances despite OFC’s recommendations to do so.

Forward-Looking Risk Factors

The OFC has also identified five forward-looking risk factors to help determine the regulator’s risk profile. These risk factors identify the existing and potential risks posed to fair registration access for Canadians and internationally trained individuals.

1. Organizational Capacity

1.1 Description of the Risk Factor

A regulator that is, for example, newly established, relatively modest in size and/or inadequately staffed, may experience heightened challenges in meeting its compliance obligations or registration goals.

1.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- Extent of the regulator’s overall knowledge of, and experience with, fair access legislative requirements and how to achieve them.

- Extent to which the regulator has adopted a risk-based approach to its own decision-making framework.
- Extent of reliance on mature and agile IT systems and related business processes.

1.3 Factors to Consider in Determining the Impact of the Risk

- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

2. Overall control that a regulator exerts over its assessment and registration processes.

2.1 Description of the Risk Factor

The regulator does not have robust processes in place to monitor and evaluate the work of its third-party service providers.

The regulator cannot demonstrate that it holds these service providers accountable to ensure that the delegated assessment or registration activity is undertaken in a way that is transparent, objective, impartial and fair.

Material changes regularly occur to the regulator's mandate, especially those imposed by legislation and/or external circumstances.

2.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- The number and nature of existing third-party arrangements.
- Extent to which a clear accountability framework is formalized and agreed upon between the regulator and its service providers.
- Extent to which the regulator is successfully overseeing the work of its third-party service providers upon whom the regulator relies for the delivery of these services.
- Whether an applicant's appeal rights are preserved with respect to the third party's decision-making processes.
- The dynamism of the regulator's industry or sector and the extent to which the regulator is subject to potential material changes to its assessment and registration systems.

2.3 Factors to Consider in Determining the Impact of the Risk

- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.



- The materiality of the delegated/outsourced registration activity to the licensing process.
- Extent to which the delegated registration activities are carried out in a timely manner and adhere to the regulator's articulated performance standards.

3. Response to emergency situations, such as the Covid-19 pandemic

3.1 Description of the Risk Factor

The regulator's assessment and registration processes have been materially impacted by emergency situations, such as the Covid-19 pandemic, and/or it is not focused on re-engineering its processes to make them more resilient to disruptions.

3.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- Extent to which key aspects of the regulator's assessment and registration processes have been disrupted to date owing to the Covid-19 pandemic.
- Extent to which the regulator's regulatory framework, systems, processes and infrastructure allow for a flexible and agile response to emergency event disruptions such as the pandemic, including the provisional registration of candidates.
- Plans that the regulator has formulated to develop a more resilient and disruption-resistant registration process in the future.

3.3 Factors to Consider in Determining the Impact of the Risk

- Nature of anticipated registration delays, if any.
- Extent to which the regulator delivers essential services that are critical to the province's response to the pandemic and economic recovery.
- Whether the regulator has permitted applicants to begin to practice subject to completing any remaining registration requirements.
- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

4. Over-reliance on Canadian experience requirements

4.1 Description of the Risk Factor

The regulator requires Canadian work experience as part of its licensing/registration requirement in a way that leads to inappropriate exclusion of internationally trained applicants who do not possess, and find it difficult to secure, such experience.

4.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- Whether the regulator's governing statute contains Canadian work experience requirements and whether the regulator has the ability to waive the requirement.
- Extent to which the regulator can demonstrate how the Canadian work experience requirement is necessary and relevant to public health and safety and has searched for, and adopted, acceptable alternatives.
- Extent to which this approach has compromised the ability of internationally trained applicants to pursue their professions or trades in Ontario.

4.3 Factors to Consider in Determining the Impact of the Risk

- Criticality of the services that members of the profession/compulsory trade perform.
- Extent to which the number of internationally trained applicants applying to the profession/ compulsory trade are increasing/decreasing, and contributing/compromising broader immigration and labour market goals.
- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

5. Public policy considerations

5.1 Description of the Risk Factor

The OFC will initially consider two specific public policy issues:

Labour market considerations

The regulator's registration processes are inadequately helping to address critical labour shortages in the province.

Inclusion and anti-racism considerations

The regulator does not demonstrate a sufficient awareness of unconscious bias and commitment to apply inclusion and anti-racism principles to its assessment and registration processes.

5.2 Factors to Consider in Determining the Likelihood of the Risk Occurring

- Evidence of labour shortages coupled with inefficient, slow and/ unduly restrictive registration processes.
- Extent to which the regulator applies an inclusion/anti - racism lens to its registration processes and decisions, as demonstrated, for example, by its approach to the treatment of racialized and internationally trained professionals.

- Extent to which inclusion and anti - racism principles are embedded in the organizational culture, as demonstrated, for example, by the regulator's accountability structure and commitment to training.

5.3 Factors to Consider in Determining the Impact of the Risk

- Oversupply/undersupply of the profession/trade in the labour market.
- Criticality of the services that the category of professional/skilled tradesperson performs.
- Historical performance in successfully registering racialized and internationally trained candidates.
- Where the size of the regulator's annual registration cohort is large, the overall impact would be more substantial.

Under the forward-looking component of the methodology, the five risk factors will be assessed according to a more traditional risk assessment matrix (i.e., by analyzing the potential impact of the risk and the likelihood of its occurrence). These factors will then be analyzed to arrive at an overall risk profile for the regulator.

Determining the Risk Category of a Regulator

To determine a cumulative risk category for a regulator, the OFC will aggregate the risk profile of a regulator with the historical performance assessment. This may yield one of three possible risk categories:

1. Low
2. Moderately low
3. Moderate to high.

This risk category will, in turn, determine the degree of attention that the OFC will confer on the regulator and the associated compliance activities.

The OFC will typically reserve its more focused compliance processes for those regulators that it places in the moderate to high risk category.

OFC's Compliance Tools and Compliance Continuum

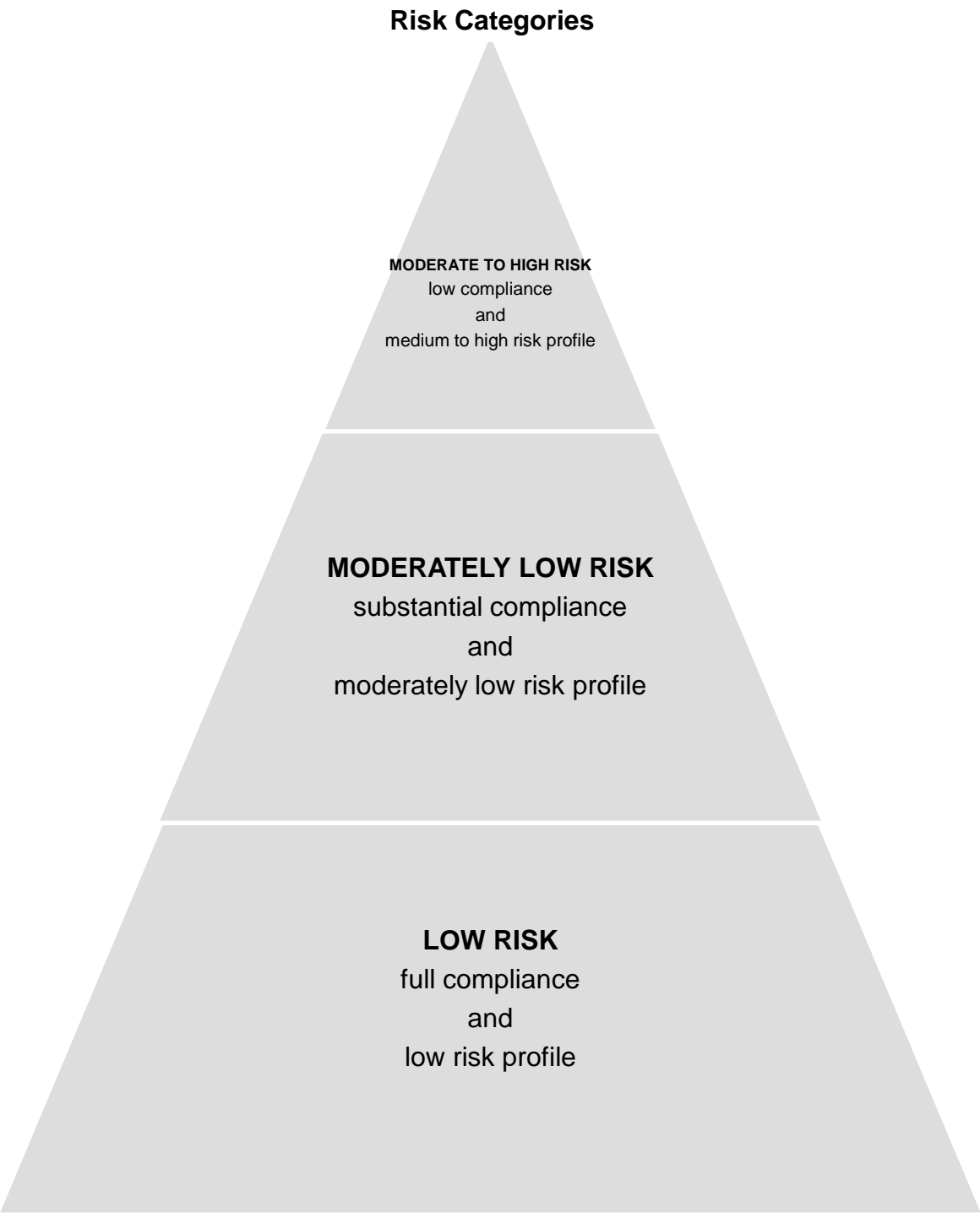
The OFC has at its disposal a suite of tools to help ensure that regulators are complying with their legislative obligations and instituting fair and innovative registration practices. While the selection of compliance tools will be evidence-based, the OFC will also apply appropriate judgment to recognize factors that are outside the control of the regulators.

The extent of these tools, and the degree intervention, will be based on a compliance continuum. The compliance tools, and the circumstances by which they may be used, are described in Appendix 1.

The continuum of compliance tools is presented in the two pyramids below. Actions at the top of the inverted pyramid reinforce, and build upon, actions at the bottom. The approach involves progressive escalation to promote compliance with the legislation.

The OFC currently anticipates that the vast majority of the regulators are in the low risk category.

Diagram 1: Risk-based Continuum Categories with Associated OFC Compliance Tools





Associated OFC Compliance Tools

Transition Strategy

The OFC will implement its Risk-informed Compliance Framework on a provisional basis on or about April 1, 2021. In the first year of operation, the assessment of a regulator's risk category will be based predominantly on historical performance. The regulator will then be placed in a provisional risk category. The OFC will inform the regulator of the risk category in which it has been placed.

In addition, the assessment will rely more on qualitative analysis in the early stage of the transition period until more precise and quantitative measures are developed and validated.

During the transition period, the OFC will work with regulators towards implementing any outstanding compliance recommendations from the previous OFC assessment cycle, and to obtain information from the regulator on how the risk factors apply to them.

Towards the end of the transition period, the OFC Compliance Analyst assigned to the regulator will re-assess the risk categorization, in discussion with the regulator, taking into account the extent to which the regulator has made progress in implementing any outstanding compliance recommendations.

The full migration to the new system will commence on April 1, 2022.

At its discretion, the OFC may extend the transition period by a maximum of six months if it concludes that the impacts of the Covid-19 pandemic have materially impacted the ability of the regulator to align its risk mitigation processes and migrate to the new compliance framework.

Appendix 1: OFC Compliance Tools

This section briefly describes each of the OFC's compliance tools and the circumstances in which it may be used.

1. *Advice and Promotion of Fair Registration Best Practices*

This tool incorporates a range of actions designed to promote compliance through education, advice, guidance and promotion of fair registration best practices. It is an appropriate tool to apply for all regulators and the OFC's focus will depend on observed gaps in the regulator's processes.

2. *Completion and Submission of Reports*

Pursuant to section 20 of FARPACTA, and section 22.7 of Schedule 2 to the RHPA, regulators are required to prepare and submit to the OFC a fair registration practices report annually or at such other times as the Fairness Commissioner may specify. As part of this obligation, the OFC asks that this report contain information on:

- The current size of the membership of the profession, college or compulsory trade,
- The number of total applicants,
- The number of internationally trained applicants,
- A demographics breakdown of both members and applicants (e.g., by gender and country of origin).

The OFC may seek additional information from regulators on a case-by-case basis according to their risk categories.

3. *Meetings with Regulators*

OFC staff will schedule regular meetings with regulators, the frequency of which will depend on the regulator's risk category. These meetings will constitute a platform to exchange information and for regulators in the low and moderately low risk categories to provide updates and share information, as well as innovative fair registration best practices. For regulators in the moderate to high risk category, the meetings will serve as compliance forums to address and resolve ongoing and/or persistent fair access issues.

4. *Compliance Action Plan*

The compliance action plan is a tool reserved for regulators in the moderate to high risk category. The OFC and regulator will use this tool to track how a regulator is addressing, and making progress on, compliance issues that the OFC has identified for further action. While the OFC will work with the regulator to develop a mutually agreed upon compliance plan, it will also have the discretion to formulate this document on a unilateral basis.

5. *Letter from the Fairness Commissioner to the CEO/Registrar, Board of Directors and/or Responsible Minister*

If the regulator does not institute corrective actions, or show meaningful progress against stated objectives, the Fairness Commissioner may choose to write to senior officials within the organization and/or the responsible minister

to outline his or her concerns. This approach would typically be reserved for regulators in the moderate to high risk category.

6. *Publicizing non-compliance issues /opportunities for improvement (annual report or other publications)*

If the compliance tools described above do not produce effective results, and the compliance issues persist, the OFC may choose to publicize its ongoing concerns regarding the regulator's registration practices, through a variety of media, such as the OFC's website, annual report and other publications.

The OFC will only use this compliance tool for regulators in the moderate to high risk category and provide prior notice of this action.

7. *Review of Registration Practices*

Under section 19 of FARPACTA, and section 22.6 of Schedule 2 to the RHPA, the OFC may also require that a regulator undertake a review of its registration practices to ensure that these practices are transparent, objective, impartial and fair. The OFC may mandate this review, on a case-by-case basis. While this report is required to canvass issues relating to the relevance or necessity of registration requirements, the timeliness of decision-making and the reasonableness of fees, the OFC can specify additional issues for review.

8. *Assessment*

Section 13(3)(a) of FARPACTA and section 22.5(1)(a) indicate that it is the function of the Fairness Commissioner to assess the registration practices of regulators based on their obligations under the statute and regulations. The assessment process is a compliance tool that the OFC may use for regulators in the moderate to high risk category. The OFC will conduct an assessment of a regulator's registration practices to determine the regulator's level of compliance. It will involve a review of relevant information to assess the extent to which the regulator is complying with its legal obligations and to develop informed conclusions on the appropriate corrective actions that the regulator should be taking.

9. *Audit*

The audit process is analogous to an independent investigation that is conducted by a third party that the OFC approves. It will typically involve a defined and targeted review of material and persistent deficiencies in a regulator's registration processes. The audit is expected to yield a report with findings and recommendations. Under section 21(2) of FARPACTA and section 22.8(2) of Schedule 2 to the RHPA, the cost of the audit is borne by the regulator and the final report must be filed with the Minister of Labour, Training and Skills Development for regulated professions and trades, and the Minister of Health for the health colleges.

Given the significant nature of the audit authority, the OFC will employ this tool sparingly and only where the circumstances so warrant. This tool is an available option for regulators in the moderate to high risk category.

10. Compliance Order

If the Fairness Commissioner concludes that a regulated profession has contravened either the specific duties (Part III) and/or reporting obligations (Part VI) enumerated in FARPACTA, a compliance order may be issued against the regulator. The order may contain any actions that the Fairness Commissioner deems appropriate for the regulator to do, or to refrain from doing, in order to comply with the legislation.

FARPACTA outlines a specific process for issuing an order. This authority is not conferred to the Fairness Commissioner under Schedule 2 to the RHPA.

Office of the Fairness Commissioner:

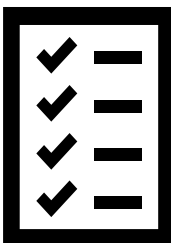
Modern Regulator Principles



1. Our approach to regulatory compliance will be based on transparency, professionalism and collaboration.

The Office of the Fairness Commissioner (OFC) will:

- focus on achieving better outcomes through simpler and more straightforward compliance expectations.
- consult and collaborate with professions and trades (hereinafter “regulators”) when new approaches or changes to regulatory frameworks are proposed.
- be accountable for its decisions and open to public scrutiny.



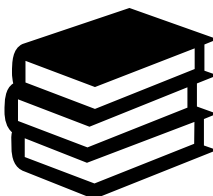
2. Our compliance approach will be evidence-based and risk-informed.

We will consider both the historical performance of individual regulators, and their future risk profiles, in selecting appropriate compliance tools and our level of engagement with them. The future-looking risk factors will be those that could materially impact the achievement of better outcomes for applicants and that achieve defined fairness-based public policy considerations. The most current set of historical and forward-looking considerations may be found [here](#) (hyperlink). In any given period, the OFC’s compliance activities may be geared towards individual regulators, more thematic/systemic issues across classes of regulators, or both. We will take into account the distinct mandates of individual regulators and adjust our responses as needed, based on a regulator’s profile, current situation, and how it is achieving compliance.



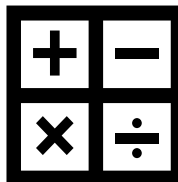
3. We will apply a proportionate approach to improve and promote compliance.

The resources that we will employ to monitor the activities of a regulator will be proportional to the historical experience, and level of risk, associated with that regulator’s activities. The OFC will focus its efforts on those regulators that have achieved less progress in meeting their compliance requirements than their peers and/or are considered to demonstrate an elevated forward-looking risk profile. Conversely, regulators that are meeting their specific compliance obligations, and/or making substantial progress in providing registration practices that are transparent, objective, impartial and fair, may be subject to less prescriptive reporting and related requirements.



4. We will communicate, educate and offer guidance to regulators to promote and enhance compliance.

The OFC will employ a suite of compliance tools and work with regulators to improve their registration and assessment processes. These approaches will include education, outreach, peer discussions, the dissemination of best practices materials and tool-kits, annual reporting requirements and more formal reviews of regulation practices designed to enhance compliance.



5. We will monitor, measure, evaluate and report on our activities and outcomes in order to adapt and improve our compliance activities.

To the extent possible, the data and evidence that the OFC collects will inform the determination of regulator risk profiles and associated compliance activity. The OFC will also work to employ modern technologies and pathways to simplify its data collection, reporting and information dissemination functions.



6. We will share information and collaborate to reduce burdens and promote greater consistency.

The OFC will work constructively with other regulatory oversight bodies to reduce the regulatory burden on individual regulators. In particular, the OFC acknowledges that both it and the Ontario Ministry of Health have a shared responsibility to work with health colleges to achieve fair registration practices.

Historical Performance Indicators

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

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, specifically:
a. critical labour shortages of professionals or tradespersons that involve the regulator
b. the need to apply inclusion and anti - racism approaches to the regulator's assessment and registration processes



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.

An agency of the Government of Ontario



- 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.

Acronym	Full Name
2IC	Second in command
AAD	Agencies and Appointments Directive (Government of Ontario)
ACDRB	Alliance of Canadian Dietetic Regulatory Bodies
ACOTRO	Association of Canadian Occupational Therapy Regulatory Organizations
ACPRO	Association of Canadian Psychology Regulatory Organizations
ADM	Assistant Deputy Minister
ADMO	Office of the Assistant Deputy Minister
ADO	Accessibility Directorate of Ontario
ADR	Alternative Dispute Resolution
AFRHP	Alberta Federation of Regulated Health Professions
AGRE	Advisory Group for Regulatory Excellence
AIT	Agreement on Internal Trade
AMRITRC	Alliance of Medical Radiation and Imaging Technologists Regulators of Canada
AODA	<i>Access for Ontarians with Disabilities Act</i>
BCHR	British Columbia Health Regulators
BIPOC	Black, Indigenous, People of Colour
CAASPR	Canadian Alliance of Audiology and Speech-Language Regulators
CAC	Citizen Advocacy Centre (U.S.)
CADTR	Canadian Alliance of Dental Technology Regulators
CAG	Citizen Advisory Group
CAMLPR	Canadian Alliance of Medical Laboratory Professionals Regulators
CanLII	Canadian Legal Information Institute
CAPR	Canadian Alliance of Physiotherapy Regulators
CARB-TCMPA	Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists
CASL	Canada's Anti-Spam Legislation
CASLPO	College of Audiologists and Speech-Language Pathologists of Ontario
CCO	College of Chiropractors of Ontario
CCPNR	Canadian Council for Practical Nurse Regulators
CCRNR	Canadian Council of Registered Nurse Regulators
CCSH	Commitment to Cultural Safety and Humility (WG)
CDHO	College of Dental Hygienists of Ontario
CDRAF	Canadian Dental Regulatory Authorities Federation
CDTO	College of Dental Technologists of Ontario
DEI	Diversity, Equity, and Inclusion (see EDI)
CEO	Chief Executive Officer
CFCREAB/ChiroFed	Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (Federation)
CFHI	Canadian Foundation for Healthcare Improvement
CHO	College of Homeopaths of Ontario
CIHI	Canadian Institute for Health Information
CKO	College of Kinesiologists of Ontario
CLEAR	Council on Licensure, Enforcement and Regulation
CMLTO	College of Medical Laboratory Technologists of Ontario
CMO	College of Midwives of Ontario
CMOH	Chief Medical Officer of Health
CMRC	Canadian Midwifery Regulators Council

Acronym	Full Name
CMRITO	College of Medical Radiation and Imaging Technologists of Ontario
CMTO	College of Massage Therapists of Ontario
CNAR	Canadian Network of Agencies for Regulation
CNAR	Canadian Network of Agencies for Regulation
CNO	College of Nurses of Ontario
COCOO	College of Chiropodists of Ontario
<i>Code</i>	<i>Health Professions Procedural Code, Schedule 2 to the RHPA</i>
CONO	College of Naturopaths of Ontario
CORU	Health & Social Care Professionals Council (Ireland)
COTO	College of Occupational Therapists of Ontario
COVID-19	Wuhan Novel Coronavirus (2019)
CPA	Chartered Professional Accountants
CPGs	Clinical Practice Guidelines
CPMF	College Performance Measurement Framework
CPSI	Canadian Patient Safety Institute
CPSO	College of Physicians and Surgeons of Ontario
CRA	Canada Revenue Agency
CRPO	College of Registered Psychotherapists of Ontario
CRTO	College of Respiratory Therapists of Ontario
CTCMPAO	College of Traditional Chinese Medicine Practitioners & Acupuncturists of ON
DAA	Delegated Administrative Authority
DAA	Designated Administrative Authorities
EC	Excellence Canada (formerly the National Quality Institute)
EDI	Equity, Diversity, and Inclusion (see DEI)
EHPRO	Education for Health Professional Regulators of Ontario
EHR	Electronic Health Record
EMR	Electronic Medical Record
F&V	Frivolous and Vexatious (e.g., complaints)
FARB	Federation of Associations of Regulatory Boards (U.S.)
<i>FARPA</i>	<i>Fair Access to Regulated Professions Act</i>
FDHRC	Federation of Dental Hygiene Regulators of Canada
FHRCO	Federation of Health Regulatory Colleges of Ontario (former name of HPRO)
FMRAC	Federation of Medical Regulatory Authorities of Canada
FOI	Freedom of Information (Request)
FOMTRAC	Federation of Massage Therapy Regulatory Authorities of Canada
FORAC	Federation of Optometric Regulatory Authorities of Canada
FQR	Foreign Qualifications Requirement
FRP	Fair Registration Practices (OFC)
FSCO	Financial Services Commission of Ontario (replaced by FSRA)
FSRA	Financial Services Regulatory Authority (replaced FSCO)
HBS	Health Boards Secretariat
HCAI	Health Claims for Auto Insurance (electronic claims transmission system)
HIROC	Healthcare Insurance Reciprocal of Canada
HPARB	Health Professions Appeal and Review Board
HPDB (MDS)	Health Professions Database (Minimum Data Set)
<i>HPPC</i>	<i>Health Professions Procedural Code (see “Code” above)</i>
HPRAC	Health Professions Regulatory Advisory Council

Acronym	Full Name
HPRO	Health Profession Regulators of Ontario
HQO	Health Quality Ontario
HRMAT	Health Regulatory Modernization Advisory Table (MOH)
HRSDC	Human Resources and Skills Development Canada
HRTO	Human Rights Tribunal of Ontario
IBC	Insurance Bureau of Canada
ICRC	Inquiries, Complaints and Reports Committee
IHF	Independent Health Facilities (Act)
IPAC	Infection Prevention and Control
IPC	Interprofessional Collaboration
IPCO	Information and Privacy Commissioner of Ontario
LCO	Law Commission of Ontario
LHIN	Local Health Integration Network
LMCG	Labour Mobility Coordinating Group
LTC	Long-Term Care
MAHRC	Manitoba Alliance of Health Regulatory Colleges
MCI	Ministry of Citizenship and Immigration
MCSS	Ministry of Community and Social Services
MEOC	MOH Emergency Operations Centre
MESPO	Model for the Evaluation of Scopes of Practice in Ontario (MOH)
MGCS	Ministry of Government and Consumer Services
MOH	Ministry of Health
MOU	Memorandum of Understanding
MPREP	Multi-Profession Roundtable on Employment and Policy
MTCU	Ministry of Training, Colleges and Universities
NACOR	National Association of Canadian Optician Regulators
NAPRA	National Association of Pharmacy Regulatory Authorities
NARTRB	National Alliance of Respiratory Therapy Regulatory Bodies (Alliance)
NDA	Non-Disclosure Agreement
NLCHP	Newfoundland and Labrador Council of Health Professionals
NSRHPN	Nova Scotia Regulated Health Professions Network
OCOT	Ontario College of Trades
OCP	Ontario College of Pharmacists
OCSWSSW	Ontario College of Social Workers and Social Service Workers
OCT	Ontario College of Teachers
OFC	Office of the Fairness Commissioner (of Ontario)
OHA	Ontario Hospital Association
OHIP	Ontario Health Insurance Plan
OHPIP	Ontario Health Plan for an Influenza Pandemic
OHR	OntarioHealthRegulators.ca (FHRCO's public-focused website)
OHRC	Ontario Human Rights Commission
ORAC	Ontario Regulators for Access Consortium
PAACCIU	Public Appointments, Agency Coordination and Corporate Initiatives Unit (MOH)
PCNO	Provincial Chief Nursing Officer
PEO	Professional Engineers Ontario
PEP	Public Engagement Project
PHIPA	<i>Personal Health Information Protection Act</i>

Acronym	Full Name
PHU	Public Health Unit
PIPEDA	<i>Personal Information and Protection of Electronic Documents Act</i>
POA	Power of Attorney
PSA	Public Service Announcement
PSA	Professional Standards Authority for Health and Social Care (U.K.)
PwC	PricewaterhouseCoopers
QA	Quality Assurance
QAWG	Quality Assurance Working Group
RCDSO	Royal College of Dental Surgeons of Ontario
RHP	Regulated Health Professional
RHPA	<i>Regulated Health Professions Act, 1991</i>
RPG	Reasonable and Probable Grounds
RPNRC	Registered Psychiatric Nurse Regulators of Canada
SABS	Statutory Accident Benefits Schedule
SATF	Sexual Abuse Task Force
SCERP	Specified Continuing Education or Remediation Program
SDM	Substitute Decision Makers
SME	Subject Matter Expert
SOAR	Society of Ontario Adjudicators and Regulators
SPPA	<i>Statutory Powers Procedure Act</i>
SPPFLSD	Strategic Policy, Planning and French Language Services Division (MOH)
TCL	Terms, conditions, and limitations
TOV	Transfer of Value
TPSAP-WG	Training to Prevent the Sexual Abuse of Patients – Working Group
TWG	Transparency Working Group (MOH)
WG	Working Group
WHO	World Health Organization
WSIB	Workplace Safety and Insurance Board

Acronyms not used for the following to avoid confusion: College of Denturists of Ontario, College of Dietitians of Ontario, College of Opticians of Ontario, College of Optometrists of Ontario, College of Physiotherapists of Ontario, College of Psychologists of Ontario