



## COUNCIL AGENDA

**DATE:** Thursday, January 28, 2021 **FROM:** 9:00 a.m. to 3:30 p.m.

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Agenda Item		Objective	Attachment	Time
1.0	Call to Order			
2.0	Public Protection Mandate			
3.0	Land Acknowledgement			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda	Decision	✓	
6.0	Consent Agenda			
	<ul style="list-style-type: none"> <li>Registrar's Written Report of January 28, 2021</li> <li>Draft Council Minutes of October 29, 2020</li> <li>Governance Committee Minutes of December 3, 2020</li> </ul>	Decision	✓	10 min
7.0	Registrar's Report			
	7.1 Presentation: <i>Operational Status Report for Q2 FY 20/21</i> by Elinor Larney, Registrar	Information		10 min
	7.2 FY20/21 Q2 (Nov) Financial Report	Decision	✓	10 min
	7.3 Proposed 2020-2023 Quarterly Performance Report	Decision	✓	15 min
	7.4 Risk Management Report	Decision	✓	10 min
	7.5 College Performance Measurement Framework (CPMF)	Information	✓	10 min
<b>Break - 15 min</b>				
8.0	Governance			
	8.1 Elections Update – Districts 3, 5, 6	Information		1 min
	8.2 Appointment of Nominations Standing Committee	Decision	✓	10 min
	8.3 Proposed Bylaw Amendments	Decision	✓	20 min
	8.4 Terms of References – Executive, Governance, Finance, Audit, and Risk Committees	Decision	✓	20 min
	8.5 Policy Review – Honoraria, Allowable Expenses	Decision	✓	5 min
<b>Lunch 12:00 or 12:15 (45 min - 60 min)</b>				
9.0	Council Education			
	Presentation: <i>Prevention of Sexual Abuse in the Professional Relationship</i> by Dr. Ruth Gallop (1:00 p.m.)			60 min
<b>Break – 15 min</b>				

Agenda Item		Objective	Attachment	Time
<b>10.0</b>	<b>New Business</b>			
	<b>10.1</b> Cross-Jurisdictional Telepractice	Decision	✓	15 min
	<b>10.2</b> Guide to the Code of Ethics – Decision to Retire	Decision	✓	5 min
	<b>10.3</b> Revised Guide to Discontinuation of Service	Decision	✓	10 min
	<b>10.4</b> Revised College Document Framework	Decision	✓	10 min
	<b>10.5</b> Standard Revisions and Streamlining	Decision		10 min
<b>11.0</b>	<b>Other Business</b>			
	<b>11.1</b> Council Meeting Evaluation	Complete & Submit	<a href="#">Link to follow</a>	
	<b>11.2</b> Annual Council Evaluation	Complete & Submit	<a href="#">Link to follow</a>	
	<b>11.3</b> Annual Council Self-Evaluation	Complete & Submit	<a href="#">Link to follow</a>	
<b>12.0</b>	<b>Next Meetings</b>			
	<ul style="list-style-type: none"> <li>• Council Meeting and Officer Elections: Thursday, March 25, 2021, 9:00 AM – 4:00 PM, Location TBA</li> <li>• Council Meeting: Thursday, June 24, 2021, 9:00 AM – 3:30 PM, Location TBA</li> </ul>			
<b>13.0</b>	<b>Adjournment</b>			

**\* 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

### Council Meeting of January 28, 2021

#### Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this January report will include policies categorized as "A" or the Strategic Plan, (previously referred to as Ends policies or leadership outcomes. As we are moving away from the policy governance model, we are implementing some different language. Bear with us as this evolves.)

I am not recommending any changes to the strategic plan. The strategic planning cycle commenced in October 2019 and resulted in a document called the Leadership Outcomes, or also referred to as the Strategic Plan. This new direction took effect June 2021. Staff usually spend the spring involved in operational planning that results in an operational plan of projects and activities meant to meet the direction set in the Strategic Plan. We were pulled from this normal activity into major COVID-19 activities and have regrouped this fall to attempt to finalize this year's activities and do some longer-range planning. It is more difficult to accomplish strategic objectives in this virtual and distracted world than usual. However, projects have been planned and are underway, some of which have been reported to Council in June and October. I plan to report on the status of some of these projects at the meeting.

Policies that guided decisions during this period:

- GP 3 – Governing Style – The Annual Council Evaluation and Council Member Self-Evaluation are underway.
- GP14 – Council Evaluation - has guided the discussion around the process for 2021
- GP-17 Elections and Appointments for Professional Members - guided election process for Districts 3, 5, and 6

#### 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:

- RL-4 Treatment of Registrants – has guided the ongoing communications with Registrants related to information about the Pandemic and government restrictions.
- RL-11 Communications and Support to Council – has guided the information provided to Council about the Bylaws consultation.
- RL12 – Risk Management: Guided the information to be presented to Council on the Risk Management Program.

#### For Your Information:

#### **LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE**

#### 2020-21 Operational Planning

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

## College Operations

### Staffing Update

- Staffing is stable, no changes to report.

### COVID – 19 Update

- Directive 2 continues to be in place, mandating the health care system offer virtual services where possible, and proper health and safety protections for any in person services.
- Despite the lock down that was put into place, the health care system was not shut down, as in the spring of 2020, so while OTs continue to be significantly impacted by the pandemic, they are not prohibited from providing services.
- With the introduction of COVID-19 vaccines, the College is keeping abreast of any information that is requested to be shared with OTs. We have had a request from one public health unit for information about numbers of OTs in their region to assist with their planning. So far, that is the only impact on the College thus far. The College has not been asked to be of assistance in any other way, yet.
- We understand that OTs have been redeployed to assist with pandemic activities and some OTs may be asked to assist with vaccinations. As this is a controlled act, OTs must be properly trained and be competent to perform this procedure, receive delegation from an appropriate person with the authority to perform the procedure, and ensure their liability insurance will cover them for this activity, which is considered to be out of the scope of practice for OTs. OTs may be redeployed to a variety of other activities that are likely not controlled acts.
- Monitoring and managing activities related to COVID-19 continues to be a priority for the College. Other priorities and initiatives have resumed as much as possible.
- The College continues to operate remotely, and all programs are in full operation.

### Communications Program

- Management of COVID-19 communications continues with updates delivered via the dedicated webpage, electronic newsletter and social media. Most recently a vaccine information webpage was created with links to key resources: <https://www.coto.org/you-and-your-ot/information-on-covid-19>.
- Other project planning is now underway including plans for resumption of social media campaigns, College and Ontario Health Regulators' outreach activities and the development of new videos.

## **LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS**

### Registration Program

- There were several registrants who, due to financial hardship, were approved to extend their payments for annual renewal past the August 31 deadline. Extending payments is a manual process for the College, so is resource intensive and not something we could apply to the entire registrant base. We are happy to report that all outstanding payments have now been made.
- As noted elsewhere, we are resuming normal timelines for renewal this year, but anticipate allowing payments to be split into two or three instalments depending on when a registrant initiates the renewal process. All payments need to be completed by May 31.
- The renewal fees will remain the same, no increase is planned for this year. Note: the college has not increased the renewal fees since 2007.

- The College conducted its annual audit to ensure registrants carry appropriate liability insurance. The outcome of this audit was that: 1 registrant was revoked, but then reinstated once she submitted the appropriate paperwork, 99 registrants did not update their insurance information so needed to be contacted to ensure that they carried appropriate insurance. 28 of the 99 registrants above, also incurred a lapse in their insurance coverage. These registrants will have follow up from the college.
- During the last renewal year, the College asked registrants to identify if they were of Indigenous heritage. We explained that in our review of the Truth and Reconciliation Report, there was a recommendation to increase the numbers of Indigenous health professionals who could also work to decrease the health disparities faced by Indigenous communities. To establish a baseline, we asked the question for the first time of Ontario registrants. We are currently in the process of validating the responses and have reached out to those who checked 'yes' to confirm, and to ask if they would like to participate in a discussion with the College about their experiences. You may remember that was one of the recommendations made by our Indigenous consultants during the October Council meeting. We are hoping to have a meeting with interested registrants in the next few weeks.

### **LEADERSHIP PRIORITY #3: QUALITY PRACTICE**

#### **Quality Assurance Program**

- Staff continue to develop the 2021 PREP module on Ethics and Professionalism.
- Deadlines for the Self-assessment and the 2020 PREP - (Topic - Risk Management) were December 31. Staff report a very high compliance rate. The 2020 Self-Assessment compliance rate was: 98.3%; and the compliance rate for the PREP was: 98.5%. There are some exemptions etc. for the very small percentage of OTs who somehow did not complete these mandatory requirements. Part of the responsibility of the QA program is to enforce compliance with required QA components. So, the next step is for program staff to follow up with registrants who did not complete these requirements.

#### **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.
- A survey for registrants has been sent to collect information from OTs about their experiences with Diversity, Equity and Inclusion. It is hoped that information collected from this survey can be used to inform a practice resource for registrants. Four student occupational therapists from McMaster will assist the team to analyze the data collected.
- The College currently has two student occupational therapists from the University of Toronto working with the practice team and the patient relations program. They will be with us until April 2.
- The practice team continues to deliver their outreach activities which include presentations at universities for topics such as record keeping, professional boundaries and professionalism.
- Their next webinar is on the topic of assessments and discontinuing services. It is planned for March 2021.

#### **Investigations and Resolutions Program (I and R)**

- The I and R staff in conjunction with the ICRC reviewed the findings from the external audit of their program's operations and have implemented 16.5/18 of the improvements suggested.
- A continued goal of this program has been to reduce case completion times. You will note their ongoing reporting of this in the Quarterly Performance Report.

#### **LEADERSHIP PRIORITY #4: SYSTEM IMPACT**

##### **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**

- I continue as President of ACOTRO. We had our Board meeting, virtually, in November 2020, and our next meeting is February 2021.
- Each ACOTRO member, or OT regulator in Canada, contributes data to the Canadian Institute for Health Information (CIHI). This information can be used for multiple purposes but can inform anyone about the supply and deployment of occupational therapists throughout Canada. This year we are embarking on discussions with CIHI to attempt to better align this data with current practice and trends. One item we have been discussing is the inclusion of data about OTs who identify as indigenous. This will help to identify this information on a national basis. Other elements related to racial background is also being considered. As CIHI collects statistics from several professions, any new data elements of this type will likely be standardized across professions.
- ACOTRO has been in discussions with Veterans Affairs Canada (VAC) and has developed a framework to inform registration decisions for OTs who work in this federally funded program. As they have an infrastructure that crosses many jurisdictions, this will streamline the process and promote consistency across Canada.
- You have in your package, a briefing note, and accompanying decision that will implement a policy recommendation from ACOTRO, that OT colleges across Canada agree that for the purposes of registration, an OT needs to be registered where they physically are located. This is different from the current practice of registering an OT where the client resides. This policy change will facilitate appropriate regulatory oversight for virtual care or telepractice.
- 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. Currently the Steering Committee is finalizing the draft competencies, prepared by the vendor, for general consultation with occupational therapists and stakeholders. The website for the project is [www.corecomcanada.com](http://www.corecomcanada.com). The goal for completion of the project is spring 2021.
- The Substantial Equivalency Assessment System (SEAS) for internationally educated occupational therapists is now back in full operation. There was a pause to the competency assessment process as the process was changed from an in-person assessment to one that is delivered virtually. As this is a high stakes assessment, care was taken to ensure the process remains valid and fair.

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

- I continue to act as Vice President of this organization. Being part of the management committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.

- HPRO has been focused on collaborative initiatives to assist colleges in fulfilling their regulatory roles. For example, HPRO has suggested that regulatory governance and the performance measurement framework are two initiatives that will benefit from collaborative efforts. In addition, colleges have been working together to share resources and information related to COVID-19.

### **Ministry of Health (MOH)**

- Public Member appointments – We have not yet heard about the status of the applications for re-appointment submitted in November 2020. We have three appointments that will expire this spring so the process for re-appointment will begin again.
- College Performance Measurement Framework (CPMF) – There is a briefing note about this report in your package. College staff will be expending much effort to complete this report. The empty report is included in the package, so you get a sense of what we are being asked to complete as a college. The completed report will come to the March meeting. I believe the MOH expects Councils to approve these reports.

### **System Partners**

- Office of the Fairness Commissioner – (OFC) – The registration team and I had a chance to meet with the new Fairness Commissioner, Mr. Irwin Glasberg (Appointed in January 2020) in the fall, to get acquainted and to provide an update about registration activities. We were happy to receive positive comments and were pleased to inform the commissioner and his staff that our ability to complete registration activities were not interrupted as a result of the pandemic. We did convey the issues with the SEAS program and the interruption in that service, and the plan to get it back on track.
- The OFC is restarting their consultation committee related to modernizing their processes that fulfil their work. I have been asked to continue on this committee. Meetings have started this January and will occur over the next several weeks. I am pleased to be able to provide input into these important processes.

See you at the meeting! Elinor



## DRAFT COUNCIL MINUTES *(with appendices 1 & 2)*

**DATE:** Thursday, October 29, 2020 **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  
Michael Dauncey  
Mary Egan  
Allan Freedman  
Jennifer Henderson  
Heather McFarlane  
Carol Mieras  
Aruna Mitra (1.0-11.1)  
Vincent Samuel  
Stephanie Schurr  
Teri Shackleton  
Peter Shenfield  
Michelle Stinson  
Sophie Xu

### GUESTS

Lindsay DuPré  
Dallas Fiddler  
Blair MacKenzie, *Hilborn LLP*

### OBSERVERS

Fizza Asad, *College of Opticians of Ontario*  
Martha Bauer, *Ontario Society of Occupational Therapists*  
Christie Brenchley, *Ontario Society of Occupational Therapists*  
Deidre Brooks, *College of Opticians of Ontario*  
Kelly Hennessy  
Sarah Kibaalya, *Ministry of Health*  
Multiple other unidentified observers

### STAFF

Julie Entwistle, *Deputy Registrar*  
Sandra Carter, *Practice Consultant*  
Sarah Karas, *Office Administration Junior Associate*  
Stamatis Kefalianos, *Manager, Regulatory Affairs*  
Lesley Krempulec, *Practice Consultant*  
Clara Lau, *Manager, Registration*  
Tim Mbugua, *Policy Analyst*  
Nabila Mohammed, *Director of Finance and Corporate Services*  
Nancy Stevenson, *Director of Communications*  
Andjelina Stanier, *Executive Assistant, Scribe*

### 1.0 Call to Order

Chair Jeannine Girard-Pearlman welcomed everyone, called the meeting to order at 9:03 a.m. and reminded Council members the purpose of the work of Council is to protect the public and that all decisions are made in that light. Deputy Registrar Julie Entwistle will fill in today for Registrar Elinor Larney who is away.

### 2.0 Land Acknowledgement

The Chair read the Land Acknowledgement Statement (Appendix 1).



### 3.0 Welcome and Introductions

The Chair welcomed Neelam Bal and Paola Azzuolo, newly elected Council members from Districts 1 & 2 respectively and invited Council members to introduce themselves.

### 4.0 Declaration of Conflict of Interest

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

### 5.0 Approval of Agenda

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

MOVED BY: Allan Freedman

SECONDED BY: Carol Mieras

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

**CARRIED**

### 6.0 Consent Agenda

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

- Draft Council Minutes of June 23, 2020
- Registrar's Report of October 29, 2020
- Executive Committee Report of October 29, 2020
- Practice Issues Committee Report of October 29, 2020
- Quality Assurance Committee Report of October 29, 2020
- Discipline Committee Report of October 29, 2020
- Inquiries, Complaints and Reports Committee Report of October 29, 2020
- Fitness to Practise Committee Report of October 29, 2020
- Registration Committee Report of October 29, 2020
- Patient Relations Committee Report of October 29, 2020
- Governance Committee Report of October 29, 2020

Two changes were noted in the Draft Council Minutes of June 23, 2020:

- 1) Page 1, Staff, Aoife Coghlan: Delete *Acting Manager, Regulatory Affairs* and insert *Manager, Investigations and Resolutions*
- 2) Page 4, item 7.2.1 first line: Insert *potential* before *conflict of interest*

MOVED BY: Carol Mieras

SECONDED BY: Donna Barker

***THAT Council approves the consent agenda items as amended***

**CARRIED**

## **7.0 Audited Financial Statements / Annual Report**

### **7.1 2019/2020 Audited Financial Statements**

Auditor Blair MacKenzie joined the meeting. Blair provided an overview of the 2019/2020 audit findings. He explained that the purpose of the audit is to ensure there were no material misstatements to the financial statements of the College. The audit was conducted using the not-for-profit accounting standards, and there were no disagreements with management during or after the audit. Prior to the audit, the auditors identified and prepared procedures to test risks and staff were informed of the process. This year, due to the COVID-19 pandemic and related office closures, the audit was conducted virtually. An additional section related to the pandemic was included on page 13 of the financial statements which notes the impact of the extended annual renewal deadline, specifically on year end cash and deferred registration fees balances, which are significantly lower than the previous year. Blair left the meeting upon the conclusion of this item.

MOVED BY: Peter Shenfield

SECONDED BY: Heather McFarlane

***THAT Council receives the audited Financial Statements for the 2019-2020 fiscal year.***

**CARRIED**

### **7.2 Acceptance of Annual Report**

Council reviewed the 2020 Annual Report and provided one minor recommendation for clarity on page 88.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

***THAT Council receives the Annual Report for the 2019-2020 fiscal year, including today's change.***

**CARRIED**

## **8.0 Registrar's Update**

### **8.1 Registrar's Presentation – Operational Project Status Report**

Julie reported on operational areas of focus for Q1 FY20/21 related to strategic objectives for Year 1 of the 2020-2023 Strategic Plan.

### **8.2 FY20/21 Q1 Financial Report**

Nabila Mohammed presented the financial report and responded to questions.

MOVED BY: Peter Shenfield

SECONDED BY: Stephanie Schurr

***THAT Council receives the August 2020 Financial Report, Statement of Financial Position and Statement of Operations, as presented.***

**CARRIED**

### 8.3 Five-Year Financial Forecast

Nabila explained that the College auditor, Hilborn LLP, worked with the finance team to develop a five-year financial forecast. She explained that no revenue growth is anticipated for this fiscal year and that revenue implications will be felt through to 2022, with catch up anticipated for 2022/2023. Expenses are outlined as conservative projections based on current assumptions.

### 8.4 Risk Management Report

Julie reviewed the Risk Management Report and responded to questions. Overall, the level of risk remained the same however two new risks that the College is monitoring but which have not been raised to the high or critical level are the risk of a cyber-attack and ransom demands, and second, the concerns of registrants related to the Annual Renewal process for 2021.

MOVED BY: Stephanie Schurr

SECONDED BY: Peter Shenfield

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

### CARRIED

#### 8.4.1 Risk Management: College's Strategic Response to the COVID-19 Pandemic

Julie explained that the College's response to the COVID-19 pandemic has focused on collaboration with healthcare system stakeholders and government agencies, and increased targeted communication with registrants to provide clarification, education and guidance including relevant resources for OT practice. In July, a registrant satisfaction survey on the College's pandemic response was conducted and over 500 responses were received, most very positive. With respect to internal office protocols, staff safety remains a priority. With the resurgence of the second wave of the virus, staff continue to work remotely.

## 9.0 Governance

### 9.1 Elections Update – Districts 1 and 2

Julie welcomed newly elected Council members, Paola Azzuolo and Neelam Bal and referenced the briefing note which outlines the results of the elections for additional information.

### 9.2 Committee Structure Changes

Stamatis Kefalianos provided an overview of the ongoing governance review process. Recommendations for improvement include the transfer of governance related matters from the Executive Committee to the Governance Committee, as well as the creation of a Finance, Audit and Risk Committee, which would assume financial oversight from the Executive Committee. The Terms of Reference for the 3 committees would be created and/or revised. The restructured committees would commence in April 2021.

MOVED BY: Peter Shenfield

SECONDED BY: Teri Shackleton

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

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

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

**CARRIED**

### **9.3 Proposed Bylaws Amendments**

Stamatis presented bylaw amendments in line with changes to the College governance structure, for stakeholder consultation as required by the Regulated Health Professions Act (RHPA).

MOVED BY: Peter Shenfield

SECONDED BY: Jennifer Henderson

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

**CARRIED**

### **9.4 Appointments of Non-Council Committee Members to the Inquiries, Complaints and Reports Committee (ICRC)**

Heather McFarlane, Chair of the ICRC, explained that the committee has selected two candidates with relevant experience and background and the committee recommends their appointments to fill two vacant non-Council positions.

MOVED BY: Heather McFarlane

SECONDED BY: Michelle Stinson

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

**CARRIED**

## **10.0 Council Education**

**10.1 Presentation: Looking Back to Move Forward** by Lindsay DuPré & Dallas Fiddler

## **11.0 New Business**

### **11.1 Revised Standards for Assessments**

Sandra Carter explained that following Council's approval at the March 2020 meeting to send out the revised Standards for Assessments for stakeholder feedback, the consultation was

conducted over the summer and feedback was received. Recommended revisions as appropriate, including title change, have been incorporated into the document.

MOVED BY: Jennifer Henderson

SECONDED BY: Teri Shackleton

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

**CARRIED**

#### **11.2 Revised Code of Ethics**

Tim Mbugua explained that following Council's approval in January 2020, the revised Code of Ethics was sent out for registrant and other stakeholder consultations over the summer and feedback was incorporated into the document as appropriate.

MOVED BY: Michelle Stinson

SECONDED BY: Peter Shenfield

*~~WKDW~~subject to any changes recommended by Council being incorporated, that Council approves the draft Code of Ethics, as presented.*

**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**

- Thursday, January 28, 2021 9:00 a.m. – 3:00 p.m. via video conference
- Thursday, March 25, 2021 (Time and Place TBA)
- Thursday, June 24, 2021 (Time and Place TBA)

#### **14.0 Adjournment**

There being no further business, the meeting was adjourned at 3:00 p.m.

MOVED BY: Carol Mieras

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

**CARRIED**

### **Appendix 1: College Land Acknowledgement Statement**

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

**Appendix 2: Status of Implementation of Decisions of Council**

<b>Council Meeting Date</b>	<b>Decision</b>	<b>Current Status</b>
October 29, 2020	<b>THAT</b> Council receives the audited Financial Statements for the 2019-2020 fiscal year	Complete
October 29, 2020	<b>THAT</b> Council receives the Annual Report for the 2019-2020 fiscal year, including today's recommendation	Complete
October 29, 2020	<b>THAT</b> Council approves the creation of a Finance, Audit and Risk Committee to commence in April 2021.	Scheduled for April 2021
October 29, 2020	<b>THAT</b> Council approves the areas of responsibility related to governance (elections, nominations, Council effectiveness, committee appointments and chairs, investigating complaints and conduct of Council and Committee members), previously held by the Executive Committee, be moved to the restructured Governance Committee to commence in April 2021.	Scheduled for April 2021
October 29, 2020	<b>THAT</b> 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.	Scheduled for April 2021
October 29, 2020	<b>THAT</b> Council approves in principle the amended bylaws, and as required by the RHPA, to circulate the bylaws to stakeholders and registrants for consideration prior to final approval.	Consultation completed, final recommendations for bylaw changes to Council January 2021
October 29, 2020	<b>THAT</b> Council approves the appointments of Roselle Adler and Sarah Shallwani as non-Council committee members to the Inquiries, Complaints and Reports Committee, for a three-year term beginning November 1, 2020.	Complete
October 29, 2020	<b>THAT</b> Council approves the revised Standards for Assessments as presented for publication.	Complete
October 29, 2020	<b>THAT</b> subject to any changes recommended by Council being incorporated, that Council approves the draft Code of Ethics, as presented.	Complete



## GOVERNANCE COMMITTEE MINUTES

**DATE:** Thursday, December 3, 2020 **FROM:** 9:00 a.m. – 12:00 p.m. via video conference

Page 1 of 3

### 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 9:00 a.m.

#### 2.0 Land Acknowledgement Statement

The Chair read the Land Acknowledgement Statement (Appendix 1).

#### 3.0 Approval of Agenda

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

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Teri Shackleton

*THAT the agenda be approved as presented.*

**CARRIED**

#### 4.0 Declaration of conflict of interest

The Chair asked for any declarations of conflict of interest. None were reported.

#### 5.0 Approval of Minutes

The Chair asked for changes to the draft minutes of September 23, 2020. None were reported.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

*THAT the draft Governance Committee Minutes of September 23, 2020 be approved as presented.*

**CARRIED**



**6.0 Terms of Reference – (New) Finance, Audit and Risk, (Revised) Executive and Governance**

Stamatis and Elinor reviewed the proposed changes to the three sets of terms of reference and responded to questions. Executive provided additional recommendations which will be incorporated.

***THAT** the Governance Committee recommends that the amended terms of reference for the Executive Committee, to commence in April 2021, be forwarded to Council for approval, including today's changes.*

***THAT** the Governance Committee recommends that the amended terms of reference for the restructured Governance Committee, to commence in April 2021, be forwarded to Council for approval, including today's changes.*

***THAT** the Governance Committee recommends that the new terms of reference for the Finance, Audit and Risk Committee, to commence in April 2021, be forwarded to Council for approval, including today's changes.*

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Stephanie Schurr

**CARRIED**

**7.0 Council Competencies**

Stamatis provided an overview of the environmental scan conducted of health regulatory colleges and other regulatory organizations to understand various strategies used in determining competencies for board members. Executive provided initial feedback on the development of the College's competency framework. Stamatis will prepare a competency framework and matrix using the model by the Health Professions Regulatory Organizations (HPRO) as a starting point.

**8.0 Bylaws Consultation Update**

Stamatis provided an update on the Bylaws consultation which is currently underway until early January 2021. Over 80 responses have been received to date with 80% of this initial feedback being mostly positive. All feedback will be brought to the next Governance Committee meeting.

**9.0 Governance Project Plan**

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

**10.0 Governance Environmental Scan**

Stamatis provided an overview of legislation affecting the College of Teachers as part of Bill 229, *Protect, Support, and Recover from COVID-19 Act*, and legislation affecting Alberta's regulatory health colleges and associations, Bill 46, *Health Statutes Amendment Act*.

**11.0 Next Meeting**

The next meeting was confirmed for Thursday, January 14, 2021, 9:00 a.m. – 12:00 p.m. via video conference.

**12.0 Adjournment**

There being no further business, the meeting was adjourned at 11:44 a.m.

MOVED BY: Teri Shackleton

SECONDED BY: Jeannine

***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.*



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Nabila Mohammed, Director, Finance and Corporate Services  
**Subject:** FY20/21 Q2 Financial Report

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### **Recommendation:**

***THAT Council receives the November 2020 Financial Report, Statement of Financial Position, and Statement of Operations, as presented.***

This Financial Report contains three sections:

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

### **Highlights of Statement of Financial Position**

*(Please refer to the attached Statement of Financial Position as at November 30, 2020)*

Items to note with respect to the changes to assets:

- The balance in the investments will not align with the monthly BMO Investment Reports for interim financial reporting as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end only. Variances to prior year reflect changes in the investment portfolio, including investments purchased in June 2019 and others maturing throughout the year.
- Property and equipment have increased year-over-year due to the renovation as well as purchase of a new server.

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

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

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

- An increase in the reserve funds and a decrease in unrestricted amounts due to the allocation to reserve funds made in March 2020.

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

**Highlights of Statement of Operations**

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

The excess of revenues over expenses for the period was \$2,195,902. The budget had projected a surplus of \$1,912,676 for this period. The results are \$283,226 favourable to budget.

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

- Total revenues are \$118,739, unfavourable to budget. This variance is expected to be reduced nominally in future periods due to anticipated remaining student registrations and the final installment payments for annual renewal in December.
- Program expenses are favourable to budget by \$160,526, mostly due to the reversal of the investigations and resolutions 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 Q2, the expenditures in this fund totaled \$173,359. At the end of the fiscal year, these costs will be allocated back to the program costs.
- Communications is favourable to budget by \$52,269 due to changing organizational priorities, and operational needs as the impacts of COVID are still being managed.
- Council is favourable to budget by \$28,903 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 Q2. As a result, additional cost savings have been realized.
- Other office operations are favourable to budget by \$46,607. 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 through to the end of Q2, resulting in additional savings being realized.
- Operational initiatives are favourable to budget by \$49,568. This is mainly due to projects being under budget through to the end of Q2.
  - The governance project is under budget due to completing more work in-house than planned. Expenses are expected to increase; however, it is expected this project will be underspent overall.
  - The communications videos project is under budget to date due to competing organizational priorities. Preliminary discussions on this project have commenced, however, due to the ongoing pandemic, a review of priorities is needed, and funds may be diverted as necessary.

- Professional fees are favourable to budget by \$34,332. 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 Q2.
- Depreciation is favourable to budget by \$11,542 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 \$21,139. This is due to a timing difference for system license payments, as well as the purchase of minor equipment to support the organizational network.

### **Highlights of Statement of Reserves**

*(Please refer to the attached Statement of Reserves as of November 30, 2020)*

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

Through to the end of Q2, the follow expenses have been incurred:

- \$173,359 for hearings, which is reflected in the Hearings and Independent Medical Exam Fund.
- \$33,297 has been allocated to the 'invested in fixed assets' amount and is reflective of the net additions (due to the renovation and purchase of a new server) and accumulated amortization.

**Statutory Remittances and Filings**

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

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Council per diems	Monthly	Up to date
Remittance of Employer Health Tax	There has been an adjustment to the exemption limit for EHT due to COVID-19. This is for the 2020 calendar year only and retroactive to January. The temporary exemption limit for 2020 is 1.95% of calendar payroll over \$1,000,000.  In 2021, the exemption limit will return to 1.95% of calendar payroll over \$490,000.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly	Up to date, HST return filed up to November 30, 2020.  Next filing due March 31, 2021 for the period December 1, 2020 to February 28, 2021.
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date, filed February 2020 for the year ended December 31, 2019.
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2020.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2020.	Up to date

**College of Occupational Therapists of Ontario**  
**STATEMENT OF FINANCIAL POSITION**  
**As at November 30, 2020**

	11/30/2020	11/30/2019
	\$	\$
<b>ASSETS</b>		
Current assets		
Cash	2,922,237	2,200,253
Accounts receivable and prepaid expenses	20,088	37,989
Total current assets	2,942,326	2,238,241
Investments	3,403,321	4,191,334
Property and equipment, net of accumulated amortization	272,120	88,827
<b>TOTAL ASSETS</b>	<b>\$6,617,767</b>	<b>\$6,518,403</b>
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable and accrued liabilities	321,356	126,355
HST payable	-	(3,040)
Deferred registration fees	298,856	1,988,728
Total current liabilities	620,213	2,112,043
Total liabilities	620,213	2,112,043
<b>NET ASSETS</b>		
Reserve funds	3,086,641	2,883,000
Invested in fixed assets	272,120	88,827
Unrestricted	442,903	963,684
Excess of revenues over expenses for the period	2,195,890	470,848
Total net assets	5,997,554	4,406,359
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$6,617,767</b>	<b>\$6,518,403</b>

**College of Occupational Therapists of Ontario**  
**STATEMENT OF OPERATIONS**  
 June 2020 through November 2020

	Q2 Actual YTD ended Nov 2020 \$	6 Months Budget FY20/21 \$	Variance %
<b>REVENUES</b>			
Registration fees	3,921,880	4,016,544	-2%
Application fees	61,560	58,400	5%
Professional corporation fees	8,264	9,000	-8%
Interest & other income	4,845	31,356	-85%
<b>TOTAL REVENUES</b>	<u>3,996,549</u>	<u>4,115,300</u>	<u>-3%</u>
<b>EXPENSES</b>			
Salaries and benefits	1,328,283	1,365,673	-3%
Programs	(2,306)	158,220	-101%
Communications	32,481	84,750	-62%
Council	47,867	76,770	-38%
Rent	169,896	171,864	-1%
Information technology	65,150	44,011	48%
Other office operations	79,629	126,236	-37%
Operational initiatives	39,933	89,500	-55%
Professional fees	22,668	57,000	-60%
Depreciation	17,058	28,600	-40%
<b>TOTAL EXPENSES</b>	<u>1,800,659</u>	<u>2,202,624</u>	<u>-18%</u>
<b>EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD</b>	<u><u>2,195,890</u></u>	<u><u>1,912,676</u></u>	<u><u>15%</u></u>

<b>STATEMENT OF RESERVE FUNDS</b>			
	Opening Balance Jun 1, 2020 \$	Spent to Date/Change \$	Closing Balance Nov 30, 2020 \$
Hearings and independent medical exam fund	\$ 400,000	(173,359)	226,641
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	33,297	272,120
Unrestricted	476,200	(33,297)	442,903
Excess of revenues over expenses for the period*		2,195,890	2,195,890
<b>TOTAL RESERVES</b>	<u><u>3,975,023</u></u>	<u><u>2,022,531</u></u>	<u><u>5,997,554</u></u>

\* 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 progress, College expenditures will draw down on this amount.





## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Executive  
**Subject:** Proposed 2020-2023 Quarterly Performance Report

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### **Recommendation:**

***THAT** Council approves for implementation, the proposed 2020-2023 Quarterly Performance Report.*

***THAT** Council receives the Quarterly Report for Q1 and Q2 of the 2020-2021 Fiscal Year.*

### **Public interest in this issue:**

Public confidence and trust in Occupational Therapy regulation will be developed and maintained through the transparent, relevant, and clear disclosure of important College operational and strategic information. This forms the objective of the 2020-2023 Quarterly Performance Report.

### **Interest in this issue:**

Strategic Priority 1.2.4 states: *The College's Performance Management Report is comprehensive and accessible to the public.* As Council is tasked with oversight of the College's discharge of the agreed-upon strategic plan, approval of this report is a necessary part of public protection. The information provided to Council in this regard will also be available to the public, hence the need to ensure this report is comprehensive and clear for both audiences.

Council is asked to make two decisions, the first, to approve the new format of reporting, and secondly to receive its contents.

### **Background:**

With a new strategic plan and considering feedback received on the utility of the previous Priority Performance Report, a new report was designed and drafted for the next three-year strategic cycle. The updated version combines the Committee Reports to Council and the previous Priority Performance Report into one document that streamlines Council's oversight and responsibilities regarding Finance, Audit and Risk, Statutory Committees and Governance. As this includes quarterly information, and to differentiate this from the new Ministry requirement to complete an annual College Performance Management Framework, we have applied the name **Quarterly Performance Report**.

### **Process:**

The redesign of this report involved:

- Detailed review of the 2017-2020 Priority Performance Report.
- Considered previous Council feedback and discussions regarding the previous report.
- Reviewed the strategic plan and how it overlaps with the College programs and committees.

- Reviewed other College Performance Reports (specifically the College of Physiotherapists who have a more visual and graphic report).
- Reviewed the College Annual Report to understand what information is, and is not, valuable to provide to Council on a quarterly basis.
- Reviewed the new College Performance Management Framework as received from the Ministry.
- Reviewed the information included in the committee reports to council.
- Developed draft data sets and information targets and compared these to the previous report.
- Met with each Program Manager and Director to discuss the revised version.
- Reviewed Governance considerations and Council oversight responsibilities.
- Consulted with the Registrar and Corporate Office on scope and objectives of the report.
- Populated the sample report with draft data sets to provide a test consideration for Executive.
- Discussed draft reports with Executive.

In creating this, it is important to keep in mind that there has been an attempt to balance analytics and data with important information about the programs and committees Council oversees.

### **Discussion:**

The attached is the proposed report, populated for Quarter 1 and Quarter 2 of this Fiscal Year as it applies to the new three-year Strategic Plan. This report can continue to evolve with input from Council, so all feedback is appreciated.

### **Attachments:**

1. Version 1 of the 2020-2023 Quarterly Performance Report

## Quarterly Performance Report

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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 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.

## Executive

**Chair:** Jeannine Girard-Pearlman

**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	<b>Committee Activities:</b> Two meetings: 1) <u>June 3, 2020</u> 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 and Executive, revised statutory committee appointments. 2) <u>August 8, 2020</u> to discuss fee petition. Conducted annual registrar performance review, oversight of 2020 special election in districts 1 & 2 (Q1 & Q2).
	<b>Decisions Not Requiring Council Approval:</b> Risk management report, quarterly finances, statutory committee appointments.
	<b>Decisions Brought to Council for Approval:</b> 20/21 proposed budget, revised Terms of Reference for Executive and Practice Issues, reappointments of non-Council members, revised Standards for Acupuncture.
Q2	<b>Committee Activities:</b> Three meetings: 1) <u>September 21, 2020</u> to review 19/20 audit findings and discuss performance of auditor. 2) <u>October 8, 2020</u> 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) <u>November 26, 2020</u> to discuss changes to the statutory committee composition, draft quarterly performance report for implementation.
	<b>Decisions Not Requiring Council Approval:</b> quarterly finances, reimbursement of internet costs, governance policy update process, statutory committee appointments, CPMF new process for reporting, changes to statutory committee composition.
	<b>Decisions Brought to Council for Approval:</b> 2020 Annual Report, revised Standards for Assessments.

## Governance

**Chair:** Peter Shenfield

**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	<b>Committee Activities:</b> 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.
	<b>Decisions Made by Council:</b> Approved the new terms of reference for the Governance Committee.

Q2	<b>Committee Activities:</b> 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.
	<b>Decisions Made by Council:</b> Approval of the Committee structure changes. The proposed bylaw amendments to circulate to stakeholders for public consultation for 60-days.

## Finance, Audit and Risk

**Chair:** TBD April 2021

**Strategic Priorities:** Public Confidence, System Impact

Workplan 2020/2021	Committee to commence in April 2021

Q4	<b>Committee Activities:</b>
	<b>Finance Report:</b>
	<b>Risk Report:</b>
	<b>Decisions Made by Council:</b>

## Registration

**Chair:** Vincent Samuel

**Strategic Priorities:** Public Confidence, Qualified Registrants

Workplan 2020/2021	Registration Committee Policy Review for clear language and design.						
	Refresher Program review for future updating.						
	Vulnerable sector check for all registrants' project roll-out.						

Q1	6265 Registrants		Meetings	Cases	Avg Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Resigned						
	75	255	1	3	74 days	2 Issued Certificates 1 Refused Certificate 1 Additional Training	100% (3/3)	0
<b>Commentary:</b> Resignation numbers are higher in the first quarter due to the extension of the annual renewal deadline.								
<b>Committee Activities:</b> In addition to case reviews, also updated 4 registration policies in clear language and design.								
<b>Decisions Made by Council:</b> 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
<b>Commentary:</b> Typical increase in new registrants during Q2 as new graduates of OT programs apply.								
<b>Committee Activities:</b> 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).								
<b>Decisions Made by Council:</b> N/A								

## Inquiries, Complaints and Reports Committee (ICRC)

**Chair:** Heather McFarlane

**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			
	Registrar Administrative Action	1	1	N/A			
	Complaints	4	4	194 days	All ICRC = 1	14 days: 100% 150 days: 100%	1 Reviewed 1 Upheld
Case Outcomes							
<b>Registrar:</b> 1 Complaint Withdrawal, 1 Take No Action							
<b>ICRC:</b> 4 Take No Action, 1 Advice/Guidance, 1 Health Undertaking							
<b>Commentary:</b> 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.							
<b>Committee Activities:</b> 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.							
<b>Decisions Made by Council:</b> Review and approval of the ICRC's revised Terms of Reference.							



Q2	Cases			Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved			
	Registrar Reports	1	8			
	Registrar Administrative Action	1	4			
	Complaints	7	4	212 days	Panel A = 1 Panel B = 0 All ICRC = 2	14 days: 100% 150 days: 100%
Case Outcomes						
<b>Registrar:</b> 1 Complaint Withdrawal, 1 Intake Incomplete, 1 Health Undertaking, 2 Take No Action, 1 Registration Referral. <b>ICRC:</b> 3 Advice/Guidance, 1 Undertaking, 1 Referral to Discipline, 2 Remedial Agreement, 2 Take No Action, 1 Remedial Agreement and Health Undertaking.						
<b>Commentary:</b> 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.						
<b>Committee Activities:</b> 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.						
<b>Decisions Made by Council:</b> The approval for the appointment of two professional, Non-Council Committee members.						

## Quality Assurance

**Chair:** Stephanie Schurr

**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.

	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
Q1	Case Outcomes						
	<b>Non-Compliance (5):</b> 2 Policy Reminders, 1 New Due Date, 1 PPA, 1 Notice of Intent to issue Terms, Conditions and Limitations <b>PPA (7):</b> 7 Take No Action with reminders						
	<b>Commentary:</b> 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.						
	<b>Committee Activities:</b> 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.						
	<b>Decisions Made by Council:</b> 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
	Case Outcomes						
	N/A						
	<b>Commentary:</b> 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.						
	<b>Committee Activities:</b> 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.						
	<b>Decisions Made by Council:</b> N/A						

## 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
<b>Commentary:</b> See committee activities.							
<b>Committee Activities:</b> 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, August 4, and September 24, 2020. Once all the evidence was heard, the panel hearing the matter commenced its deliberations. 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.							
<b>Decisions Made by Council:</b> Council approved revised terms of reference.							

Q2	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	1	2	0	N/A	Findings of Professional Misconduct	N/A	N/A
<b>Commentary:</b> 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.							
<b>Committee Activities:</b> 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.							
<b>Decisions Made by Council:</b> N/A							

## Patient Relations

**Chair:** Jeannine Girard-Pearlman

**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
	<b>Commentary:</b> No cases received for Patient Relations.							
<b>Committee Activities:</b> 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.								
<b>Decisions Made by Council:</b> 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
	<b>Commentary:</b> No cases received for Patient Relations							
<b>Committee Activities:</b> 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.								
<b>Decisions Made by Council:</b> The revised Code of Ethics was approved, as presented.								

## Fitness to Practice

**Chair:** Teri Shackleton

**Strategic Priorities:** Quality Practice

Workplan 2020/2021	Orientation and training completed annually. Participate in Discipline Orientation Workshop.
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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
	<b>Commentary and Committee Activities:</b> Discipline Orientation Workshop was offered for interested committee members on November 12, 2020.							
<b>Decisions Made by Council:</b> N/A								

## Practice

**Chair:** Jennifer Henderson

**Strategic Priorities:** Quality Practice, System Impact

Workplan 2020/2021	Diversity, Equity and Inclusion document creation. Goal is to have a draft by Q4.
	Review and revise Discontinuation and Social Media documents.
	Standards for Record Keeping and Telepractice document review to start in 2021.
	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
Q1	<b>Commentary:</b> 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.						
	<b>Committee Activities:</b> No virtual meeting Q1; Consultation on the Standards for Assessments Aug 11-Sept 1, 2020.						
	<b>Decisions Made by Council:</b> 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
Q2	<b>Commentary:</b> 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 U of T.						
	<b>Committee Activities:</b> Meetings on September 16, October 14, and November 25.						
	<b>Decisions Made by Council:</b> Standards for Assessment.						





## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Executive Committee  
**Subject:** Risk Management Report

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**Recommendation:**

*THAT Council receives the risk management report.*

**Issue:**

Council in its policy RL12, requires that information on risks, to aid Council in discharging its risk management oversight role, shall not be incomplete or inappropriate. Council has delegated the oversight of the Risk Management Program to the Executive Committee, who has reviewed the report and recommended Council receive the current report.

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

**Public Interest in this Issue:**

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 Council.

**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.

**New Risk Added to the Risk Register:**

- Registrant concerns regarding the continuance of QA during the pandemic and the anticipation of negativity when renewal is posted for May 2021 after being extended to August in 2020. We are planning our processes now and the communications related to both renewal and the QA program. We hope to maintain normal timelines and will continue to move QA and renewal of registration forward this year as possible.

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

Risk Category	STRATEGIC
<b>Risk:</b>	<b>Regulatory Modernization – The Ministry of Health will be collecting a large number of metrics and evidence around various facets of all college operations through the College Performance Measurement Framework (CPMF).</b>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Membership with Health Profession Regulators of Ontario (HPRO)</li> <li>2. Governance objective on the strategic plan.</li> <li>3. New ongoing Governance Committee with plan to align governance structures and processes with best practices.</li> <li>4. Establishing and sustaining positive government relationships</li> <li>5. Collaborating with the Ministry of Health (MOH) on the College Performance Measurement Framework</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. HPRO meetings and working group participation</li> <li>2. Ministry updates</li> <li>3. College networking updates</li> <li>4. Governance Committee reports at Council Meeting</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Deputy Registrar working with Program Managers to collect necessary data</li> <li>2. Governance Committee work will help to fulfil some requirements</li> <li>3. College Performance Measurement Framework to be implemented as per MOH timelines – first report due: Partial November 2020, full report due in March 2021.</li> </ol>

Risk Category	QUALITY
<b>Risk:</b>	<b>OTs with competency deficits may be continuing to practice, unchecked by the College, as the Quality Assurance (QA) program is undergoing redesign.</b>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. QA competency enhancement requirements in place for all OTs (Prescribed Regulatory Education Program (PREP), self-assessment and professional development plan)</li> <li>2. Monitoring of compliance metrics (MyQA) with mandatory annual QA requirements</li> <li>3. Liability insurance requirements for all OTs being monitored</li> <li>4. Complaints mechanism in place</li> <li>5. QA competency assessment process project well underway: Council approved new process in June 2020</li> <li>6. Interim competency assessment process that was suspended due to COVID-19 set to resume, assessments to be completed by end of 2020.</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. Compliance with mandatory requirements, case reviews by QAC</li> <li>2. Competency assessment project progress and approval by Quality Assurance Committee</li> <li>3. Project progress updates through Quarterly Registrar's Report</li> <li>4. Project progress updates through Quarterly Priority Performance Report</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Competency assessment process resuming using virtual means, January 2021</li> <li>2. Project vendor contracted December 2020 to develop screening step and improvements to peer and practice assessment process</li> <li>3. Revised peer and practice assessment process to improve efficiencies and in preparation for pilot</li> <li>4. Pilot first step of new competency assessment process beginning in January 2021</li> <li>5. Additional peer assessors retained to build capacity. Training of new and refresher training of current assessors to be completed in January 2021.</li> <li>6. Review and update policies relating to the peer assessment process, and QAC's capacity and need to review all PPA reports.</li> <li>7. Webinar scheduled for January for registrants to communicate the QA changes and to help reduce concerns about the new program.</li> </ol>

Risk Category	OPERATIONAL
<b>Risk:</b>	<b>Current information systems/IT infrastructure not meeting the growing organizational needs.</b>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Dedicated resources for IT operations</li> <li>2. External vendors providing support</li> <li>3. Contracts with vendors with service level agreements</li> <li>4. Security audit completed. Priority actions resolved.</li> <li>5. Enterprise system plan underway.</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<b>Action Plan:</b> <ol style="list-style-type: none"> <li>1. Enterprise wide system phase 2, planned for the 2020-2021 fiscal year</li> <li>2. External project manager contracted and work progressing according to plan</li> <li>3. Ongoing financial reserves created for development and maintenance of this critical College infrastructure</li> <li>4. RFP responses are now received and are undergoing review.</li> <li>5. Council will be involved in the approval process for the project.</li> </ol>

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

	5. Updating and documenting of Pandemic plan
<b>Risk Category</b>	<b>OPERATIONAL</b>
<b>Risk:</b>	<p><b>Revenue is less than previous years due to COVID-19</b></p> <p><b>This risk is now considered <u>moderate</u> for the current year, as the revenue is mostly known from renewal. (see financial report). College staff will continue to monitor this for the remainder of this fiscal year, and into the next year as the COVID risk continues.</b></p>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Timely reporting of renewal numbers and bookkeeping to ensure we know how many registrants have renewed.</li> <li>2. Monitoring of payment plans to prevent non-payment.</li> <li>3. Options to liquidate investments explored and strategy in place.</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. Regular communication with stakeholders to inform constraints and requirements for spending</li> <li>2. Regular forecasting to refine projections as the year progresses</li> <li>3. Future planning based on known and assumed changes expected to operational expenditures</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Monitoring of the COVID-19 pandemic on the College's registrant base to better understand the impact</li> <li>2. Active planning of 2021 renewal process to prevent interruptions or delays in cashflow for the next renewal year.</li> </ol>

Risk Category	Stakeholder
<b>Risk:</b>	<p><b>(NEW) Relational risk with registrants as the College continues our regular operations and fees despite the ongoing pandemic.</b></p> <p>The College's mandate to protect the public can become lost when registrants 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, enforcing Quality Assurance expectations, and not lowering fees have resulted in an increase in negative registrant interactions, evidenced by comments received as we continue our work. With the pandemic continuing, and the return of programs like Practice Document Review, Bylaw Revisions, Quality Assurance Peer Assessments and upcoming Registration renewal, we expect ongoing concern from registrants.</p>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Fee stability will be maintained in 2021 and the processes for annual renewal will proceed as normal. An extended time frame is not planned.</li> <li>2. Registrants will be given the option of payment in installments that will commence upon notice of renewal and end at the May 31 deadline.</li> <li>3. QA activities will continue to resume, as these are part of the College's legal requirements as a regulator. Further, the QA tools are designed to help OTs provide safe, ethical and competent care of clients, which is even more important during a healthcare crisis.</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. Tracking and monitoring messaging to the College from registrants during renewal and all interactions.</li> <li>2. Monitoring compliance of QA and registration requirements and comparing these to previous years.</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Ensure communication is well planned and well timed to facilitate improved understanding of requirements for self regulation.</li> <li>2. Plan for ongoing communications with registrants as necessary.</li> <li>3. Carefully plan for messaging and strategies to maintain all stakeholder relations as the pandemic continues.</li> <li>4. Ensure College staff respond to all inquiries, providing options where appropriate.</li> </ol>



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Julie Entwistle, Deputy Registrar  
**Subject:** College Performance Measurement Framework

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**Recommendation:**

This is for information only.

**Public Interest in this Issue:**

The College Performance Measurement Framework (CPMF) was developed by the Ontario Ministry of Health to oversee how Colleges are meeting their mandate of protecting the public. This accountability and level of transparency into College operations, expectations, and efficiencies, is the first of its kind for regulation in Ontario. The report is divided into seven main domains that include Governance, Resources, System Partner, Information Management, Regulatory Policies, Suitability to Practice, and Measurement and Reporting Improvement. Each section has questions and targets to achieve, with areas to report on each. The public and other stakeholders will find this report informative about how the College is achieving our mandated and legislated work.

**Background:**

The first draft of the CPMF was received in September and reviewed by the Leadership team. At that point, accountabilities were outlined and managers were tasked with reviewing the report for their program area to determine: a) what is being expected from a data collection and dissemination perspective and b) what are the gap areas to inform what will we now be required to collect for 2021 and beyond. Meetings were held internally to discuss the report and the expectations. The Health Profession Regulators of Ontario (HPRO) also worked to organize the College's collaboration and completion of the report through regular weekly meetings which continue.

In November, the College populated and sent the System Partners area of the report to the Ministry and engaged with them in a meeting about our first efforts with this section. Feedback was provided and has been incorporated into the report that will be finalized and distributed. In December, the Ministry provided the final version of the template report, for completion and submission by March 31, 2021. The reporting period is the calendar year, and not our Fiscal Year, so the first draft will be populated with 2020 data.

Efforts have been made to review the requirements of this new report against other public reporting mechanisms such as the Annual Report, Committee Reports to Council, Risk Report, and the previous Priority Performance Report. The report is being brought to Council today for information as Council will be asked to approve the completed report at the March meeting. With the report, College staff will also

outline any changes to Council process or procedures that will accompany the updated Ministry reporting expectations.

**Attachments:**

- College Performance Measurement Framework



# College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

- 1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. help Colleges improve their performance.

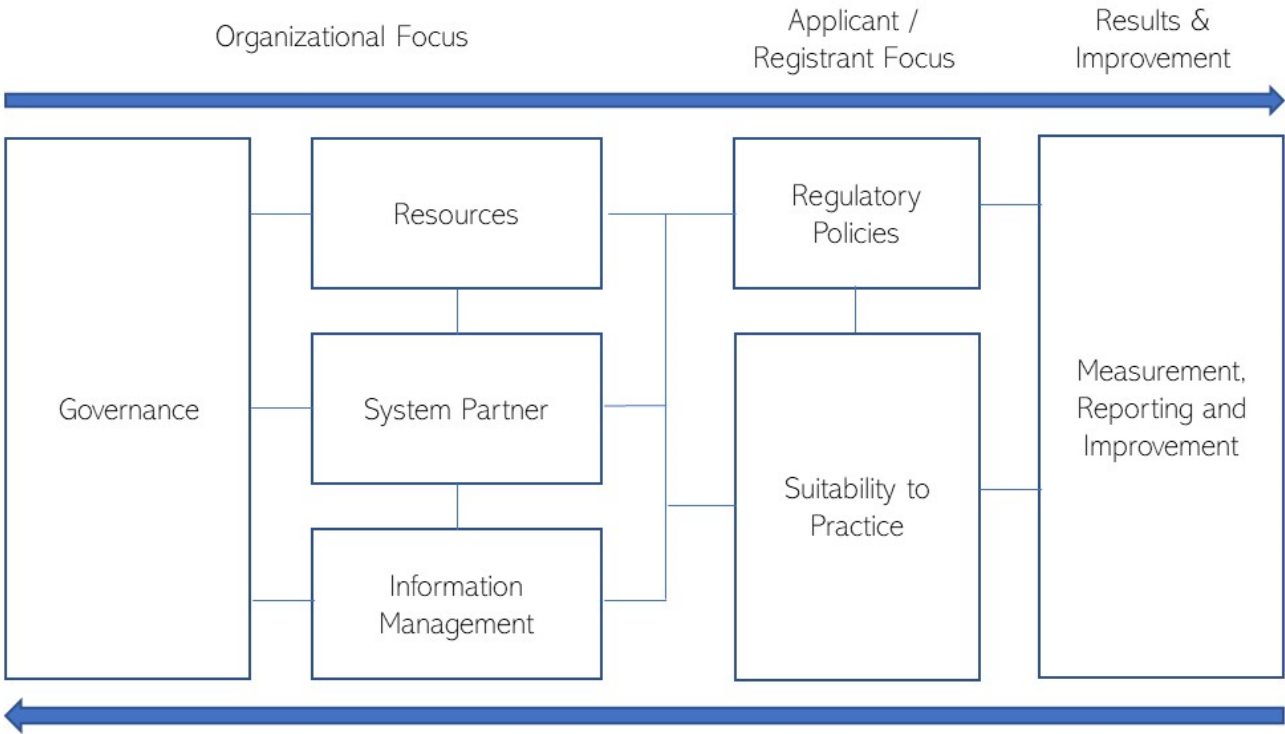
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

**Figure 1:** CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

**Table 1:** Overview of what the Framework is measuring

Domain		Areas of focus
1	Governance	<ul style="list-style-type: none"><li>The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance.</li><li>Integrity in Council decision making.</li><li>The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.</li></ul>
2	Resources	<ul style="list-style-type: none"><li>The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.</li></ul>
3	System Partner	<ul style="list-style-type: none"><li>The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.</li></ul>
4	Information Management	<ul style="list-style-type: none"><li>The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.</li></ul>
5	Regulatory Policies	<ul style="list-style-type: none"><li>The College’s policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.</li></ul>
6	Suitability to Practice	<ul style="list-style-type: none"><li>The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.</li></ul>
7	Measurement, Reporting and Improvement	<ul style="list-style-type: none"><li>The College continuously assesses risks, and measures, evaluates, and improves its performance.</li><li>The College is transparent about its performance and improvement activities.</li></ul>

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

*Example:*

Domain 1: Governance				
Standard	Measure	Evidence	Improvement	
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ol style="list-style-type: none"> <li>Meeting pre-defined competency / suitability criteria, and</li> <li>attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.</li> </ol>	<ul style="list-style-type: none"> <li>The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.</li> </ul>	
		b. Statutory Committee candidates have: <ol style="list-style-type: none"> <li>met pre-defined competency / suitability criteria, and</li> <li>attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</li> </ol>	<ul style="list-style-type: none"> <li>The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.</li> </ul>	
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil	
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ol style="list-style-type: none"> <li>Council meetings;</li> <li>Council</li> </ol>	Nil	
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil	

## THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.<sup>1</sup>

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<sup>1</sup> Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.



## Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

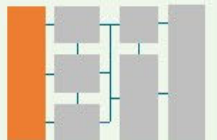
- where a College fulfills the “required evidence” it will have to:
  - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
  - clarification of which component of the evidence the College meets and the component that the College does not meet;
  - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
  - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
  - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

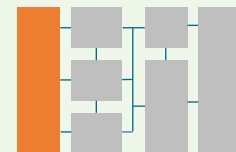
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:  i. Meeting pre-defined competency / suitability criteria, and  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>The competency/suitability criteria are public:    Yes <input type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li><li>Duration of orientation training:</li><li>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li><li>Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li></ul>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i>

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

Domain 1: Governance			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:  i. meeting pre-defined competency / suitability criteria, and  ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>• The competency/suitability criteria are public:    Yes <input type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li><li>• Duration of orientation training:</li><li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li><li>• Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li></ul>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

		<i>Additional comments for clarification (optional):</i>
	b. Statutory Committee candidates have:  i. met pre-defined competency / suitability criteria, and  ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>• The competency / suitability criteria are public:    Yes <input type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li><li>• Duration of each Statutory Committee orientation training:</li><li>• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li><li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes   <input type="checkbox"/>   No   <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i>
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none"><li>• Duration of orientation training:</li><li>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li><li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics:</li></ul>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes   <input type="checkbox"/>   No   <input type="checkbox"/></i>	

		<i>Additional comments for clarification (optional):</i>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:  i. Council meetings;  ii. Council	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Year when Framework was developed <b>OR</b> last updated:</li><li>Insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved: &lt;insert link&gt;</li><li>Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input type="checkbox"/></li><li>If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</li></ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i>
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how often over the last five years? &lt;insert number&gt;</li><li>Year of last third-party evaluation: &lt;insert year&gt;</li></ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>

		<i>Additional comments for clarification (optional)</i>
	c. Ongoing training provided to Council has been informed by:	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
	i. the outcome of relevant evaluation(s), and/or	<ul style="list-style-type: none"><li>• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;</li><li>• Insert a link to Council meeting materials where this information is found <b>OR</b></li><li>• Describe briefly how this has been done for the training provided <u>over the last year</u>.</li></ul>
	ii. the needs identified by Council members.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i>
<b>Standard 2</b>		
<b>Council decisions are made in the public interest.</b>		
<b>Measure</b>	<b>Required evidence</b>	<b>College response</b>
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>• Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented <b>OR</b> last evaluated/updated:</li><li>• Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>

		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods <sup>2</sup> .	The College fulfills this requirement: Yes <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other &lt;please specify&gt;</li><li>The year that the cooling off period policy was developed <b>OR</b> last evaluated/updated:</li><li>How does the college define the cooling off period?<ul style="list-style-type: none"><li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</li><li>insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b></li><li>where not publicly available, please describe briefly cooling off policy:</li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<sup>2</sup> Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

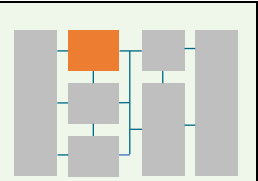
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"><li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li><li>ii. questionnaires include definitions of conflict of interest;</li><li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li><li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</li></ul>	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>• The year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated</li><li>• Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/></li><li>• Insert a link to most recent Council meeting materials that includes the questionnaire:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>• Describe how the College makes public interest rationale for Council decisions accessible for the public:</li><li>• Insert a link to meeting materials that include an example of how the College references a public interest rationale:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>



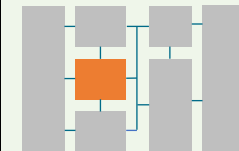
Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		•    Insert link to webpage where Council minutes are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		•    Insert a link to webpage where Executive Committee minutes / meeting information are posted:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> <li>Insert a link to the College's latest strategic plan and/or strategic objectives:</li> </ul>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

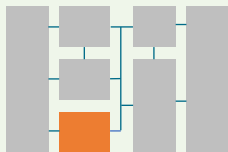
DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.  <u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to Council meeting materials that include approved budget <b>OR</b> link to most recent approved budget:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

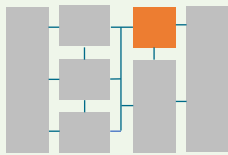


	b. The College:  i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;  ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<u>If applicable:</u> <ul style="list-style-type: none"><li>• Insert a link to “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved:</li><li>• Insert most recent date when “financial reserve policy” has been developed <b>OR</b> reviewed/updated:</li><li>• Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/>    No <input type="checkbox"/></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

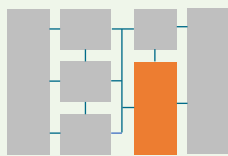
DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p><b>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</b></p> <ul style="list-style-type: none"><li>• <b>Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</b></li></ul>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><li>• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i></li></ul>
	<div><div><p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></p><p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p><ul style="list-style-type: none"><li>• <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i></li><li>• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i></li></ul></div><div><p><b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b></p><p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p><ul style="list-style-type: none"><li>• <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i></li><li>• <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i></li></ul></div></div>

DOMAIN 4: INFORMATION MANAGEMENT			
Standard 8			
Information collected by the College is protected from unauthorized disclosure.			
Measure	Required evidence	College response	
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>Insert a link to policies and processes <b>OR</b> provide brief description of the respective policies and processes.</li></ul>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>	
		<i>Additional comments for clarification (optional)</i>	

DOMAIN 5: REGULATORY POLICIES			
Standard 9			
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
Measure	Required evidence	College response	
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <b>OR</b> describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).</li></ul>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (optional)</i>		
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:  i. evidence and data,  ii. the risk posed to patients / the public,  iii. the current practice environment,  iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)  v. expectations of the public, and  vi. stakeholder views and feedback.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) <b>OR</b> describe it in a few words.</li></ul>	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>			
<i>Additional comments for clarification (optional)</i>			



DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
		
Measure	Required evidence	College response
10.1Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>3</sup> .	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> describe in a few words the processes and checks that are carried out:</li><li>Insert a link <b>OR</b> provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<sup>3</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<div>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon <b>OR</b> describe in a few words the process and checks that are carried out.</li><li>Provide the date when the criteria to assess registration requirements was last reviewed and updated.</li></ul></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/>    No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
<p>10.2Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency<sup>4</sup> and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<div>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon <b>OR</b> provide a brief overview:</li><li>List the experts / stakeholders who were consulted on currency:</li><li>Identify the date when currency requirements were last reviewed and updated:</li><li>Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</li></ul></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/>    No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>

<sup>4</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

10.3Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to the most recent assessment report by the OFC <b>OR</b> provide summary of outcome assessment report:</li><li>Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/></li></ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (if needed)

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:<ul style="list-style-type: none"><li>Name of Standard</li><li>Duration of period that support was provided</li><li>Activities undertaken to support registrants</li><li>% of registrants reached/participated by each activity</li><li>Evaluation conducted on effectiveness of support provided</li></ul></li><li>Does the College always provide this level of support:    Yes <input type="checkbox"/>    No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>5</sup> .	a. The College has processes and policies in place outlining:  i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;  ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and  iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> link to website where this information can be found:</li><li>Is the process taken above for identifying priority areas codified in a policy:    Yes <input type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to policy</i></li><li>Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach <b>OR</b> describe right touch approach and evidence used:</li><li>Provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none"><li>Public                                      Yes <input type="checkbox"/>      No <input type="checkbox"/></li><li>Employers                                      Yes <input type="checkbox"/>      No <input type="checkbox"/></li><li>Registrants                                      Yes <input type="checkbox"/>      No <input type="checkbox"/></li><li>other stakeholders    Yes <input type="checkbox"/>      No <input type="checkbox"/></li></ul></li><li>Insert link to document that outlines criteria to inform remediation activities <b>OR</b> list criteria:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

<sup>5</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> describe the process:</li><li>Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> describe the process:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

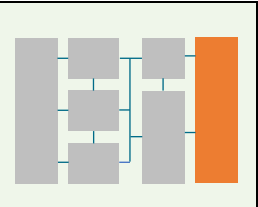
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:</li></ul>
		<ul style="list-style-type: none"><li>Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process:                      Yes <input type="checkbox"/>    No <input type="checkbox"/></li></ul>
		<ul style="list-style-type: none"><li>Does the College evaluate whether the information provided is clear and useful:    Yes <input type="checkbox"/>    No <input type="checkbox"/></li></ul>
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>	
	<i>Additional comments for clarification (optional)</i>	
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)</li></ul>
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>		
<i>Additional comments for clarification (optional)</i>		

	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> <li>List all the support available for public during complaints process:</li> <li>Most frequently provided supports in CY 2020:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process <b>OR</b> provide a brief description:</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p><b>Standard 13</b></p> <p><b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b></p>		
Measure	Required evidence	College response
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>Insert a link to guidance document <b>OR</b> describe briefly the framework and how it is being applied:</li> <li>Provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable):</li> </ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>



Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to policy <b>OR</b> describe briefly the policy:</li><li>Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included <b>OR</b> list KPIs and rationale for selection:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>



		<i>Additional comments for clarification (if needed)</i>
15.2Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>
15.3The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to College’s dashboard or relevant section of the College’s website:</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

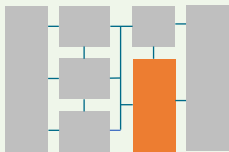
## PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

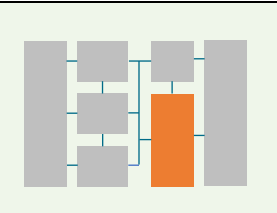
In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

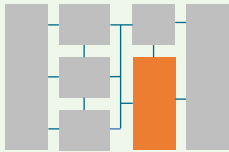
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

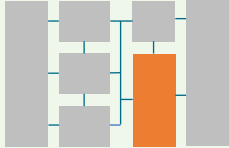
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		<p><b>What does this information tell us?</b> Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#	
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.		
NR = Non-reportable: results are not shown due to < 5 cases		

Additional comments for clarification (if needed)

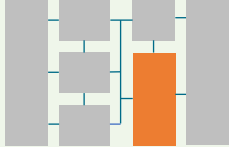
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
	#	%	<b>What does this information tell us?</b> If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.  The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.
CM 2. Total number of registrants who participated in the QA Program CY 2020			
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *			
Additional comments for clarification (optional)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<b>What does this information tell us?</b> This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
Additional comments for clarification (if needed)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

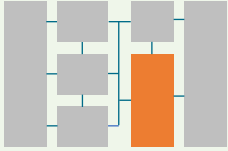
DOMAIN 6: SUITABILITY TO PRACTICE						
Standard 13						
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.						
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology						
If College methodology, please specify rationale for reporting according to College methodology:						
Context Measure (CM)						
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020		Formal Complaints received†		Registrar Investigations initiated‡	<p><b>What does this information tell us?</b> This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</p>	
Themes:		#	%	#		%
I. Advertising						
II. Billing and Fees						
III. Communication						
IV. Competence / Patient Care						
V. Fraud						
VI. Professional Conduct & Behaviour						
VII. Record keeping						
VIII. Sexual Abuse / Harassment / Boundary Violations						
IX. Unauthorized Practice						
X. Other <please specify>						
Total number of formal complaints and Registrar’s Investigations**			100%		100%	



<p>* <b>Formal Complaint:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p><b>Registrar’s Investigation:</b> Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ <b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p>Additional comments for clarification (if needed)</p>	

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020			
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020			
CM 9. Of the formal complaints* received in CY 2020**:	#	%	<b>What does this information tell us?</b> The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed** of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			
** <b>Disposal:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).			
* <b>Formal Complaints:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.			
† <b>ADR:</b> Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			

<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ <b>Registrar’s Investigation:</b> <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p><b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 6: SUITABILITY TO PRACTICE								
Standard 13								
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.								
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology								
If College methodology, please specify rationale for reporting according to College methodology:								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2020								
Distribution of ICRC decisions by theme in 2020*		# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.	
I. Advertising								
II. Billing and Fees								
III. Communication								
IV. Competence / Patient Care								
V. Fraud								
VI. Professional Conduct & Behaviour								
VII. Record keeping								
VIII. Sexual Abuse / Harassment / Boundary Violations								
IX. Unauthorized Practice								
X. Other <please specify>								
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.								
† NR = Non-reportable; results are not shown due to < 5 cases.								

++

The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

What does this information tell us?

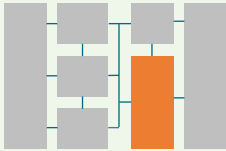
This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



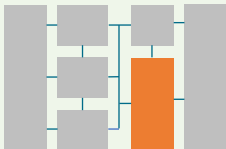
Statistical data collected in accordance with recommended methodology or College own methodology:

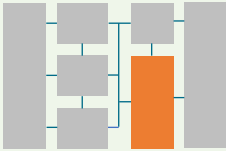
☐ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90 <sup>th</sup> Percentile disposal* of:	Days	<div>What does this information tell us?</div> <div>This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</div>
I. A formal complaint in working days in CY 2020		<div>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</div>
II. A Registrar’s investigation in working days in CY 2020		
<div>* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</div> <div>* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</div>		
<div>Additional comments for clarification (if needed)</div>		

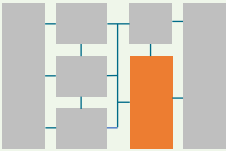
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	<b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *  The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested^ discipline hearing in working days in CY 2020		
II. A contested# discipline hearing in working days in CY 2020		
<p>* <b>Disposal:</b> Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p> <p>^ <b>Uncontested Discipline Hearing:</b> In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p># <b>Contested Discipline Hearing:</b> In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p> <p>Additional comments for clarification (if needed)</p>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p><b>What does this information tell us?</b> This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</p>
Type	#	
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.</p> <p><b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases.</p> <p>Additional comments for clarification (if needed)</p>		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

☐ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<b>What does this information tell us?</b> This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type	#	
I. Revocation <sup>+</sup>		
II. Suspension <sup>\$</sup>		
III. Terms, Conditions and Limitations on a Certificate of Registration <sup>**</sup>		
IV. Reprimand <sup>^</sup> and an Undertaking <sup>#</sup>		
V. Reprimand <sup>^</sup>		

\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.

\$ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:

• Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),

• Practice the profession in Ontario, or

• Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

\*\* Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

# An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)



**For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:**

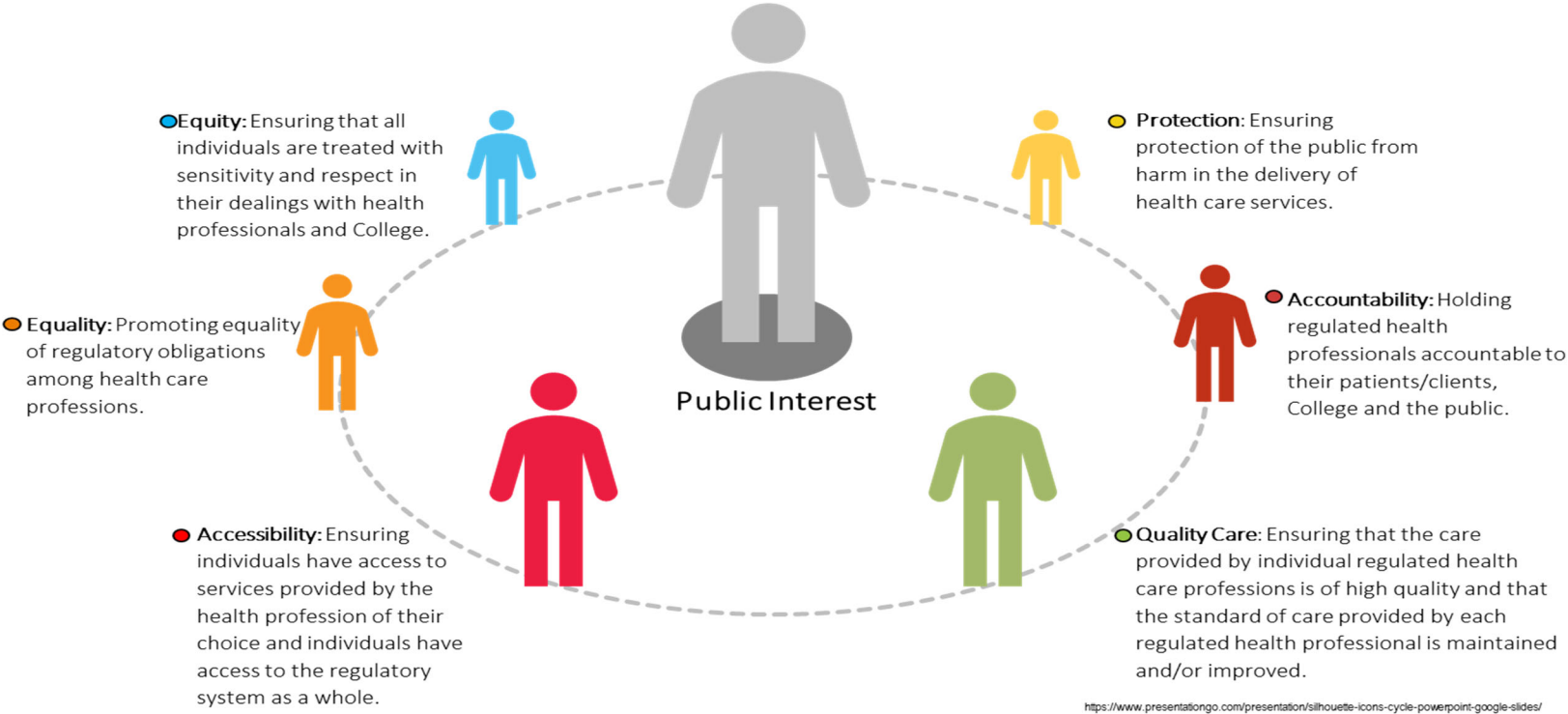
Regulatory Oversight and Performance Unit  
Health Workforce Regulatory Oversight Branch  
Strategic Policy, Planning & French Language Services Division  
Ministry of Health  
438 University Avenue, 10th floor  
Toronto, ON M5G 2K8

E-mail: [RegulatoryProjects@Ontario.ca](mailto:RegulatoryProjects@Ontario.ca)

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST  
in the context of the College Performance Measurement Framework





## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Executive Committee  
**Subject:** Appointment of Nominations Standing Committee

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Page 1 of 1

**Recommendation:**

*THAT Council approves the appointment of (determined at Council) to the Nominations Committee.*

**Issue:**

Council nominates two members at its meeting in January to fulfill the governance process of managing the elections to Executive in March.

**Public Interest in this Decision:**

It is in the public interest that a fair process be followed to elect members of Council to the Executive Committee. In addition, the public interest is served when competent Council members hold leadership positions and are free from conflict of interest.

**Background:**

Election of officers for the College occurs each March. Prior to this, Council is guided by the Nominations Committee Terms of Reference that sets out the process prior to election day held after the Council meeting in March.

The actual election conducted by the College is based on the bylaws. Our bylaws are silent on the process for nomination of officers for election. However, operationally, the usual process has included ensuring the confirmed slate of nominees and their statements of candidacy are distributed to Council members prior to Council day when the elections will be held.

Despite all the upcoming governance changes, the College still needs to proceed with an election of officers to the Executive Committee for the 2021-2022 year. The terms of reference for Executive are on the list for change and if approved by Council, will be the new role for Executive only after March.

**Discussion:**

Council should nominate two Council members to the nominations committee who will not be standing for election as an officer.

We are not recommending any changes to the process this year. However, depending on the outcome of the governance discussions in January, we will want to consider changing the title of the President to Chair of the Board, etc.

**Attachments:**

1. Terms of Reference – Nominations Committee

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Nominations Committee
<b>Reference:</b>	GP10j
<b>Date Prepared:</b>	June 2002
<b>Date Revised:</b>	March 2010, January 2018, June 2020
<b>Date Reviewed:</b>	June 2017

## **Committee Category**

Non-Statutory

## **Mandate**

The Nominations Committee's (the "Committee") primary function is to oversee the development of a slate for the election of officers in accordance with Part 7.01 of the College of Occupational Therapists of Ontario's (the "College") bylaws.

## **Accountability and Authority**

The Committee is a non-statutory committee of the College and is directly accountable to Council.

## **Limitations**

The Committee shall only exercise the authority as delegated by Council, and fulfill the duties and responsibilities authorized by these Terms of Reference.

## **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Calling for nominations;
- Reviewing the Council member nomination forms;
- Ensuring there are candidate(s) for each officer position;
- Ensuring the consent of nominated members to stand for election;
- Requesting a candidate statement from each individual standing for election;
- Communicating the completed slate to College staff for distribution at the elections meeting: and,
- Ensuring College staff make the slate and statements of candidacy available to Council members by electronic mail prior to the commencement of the election.

## **Composition of Committee**

The Committee shall be composed of at least:

- a. Where possible, one member of Council who is a registrant of the College and one member of Council appointed to Council by the Lieutenant Governor in Council;
- b. at least two members of Council who are retiring from Council; or,

- c. if fewer than two members of Council are retiring, then the Committee shall include one or two members of Council who do not intend to stand for election as an officer.

### **Term of Office**

Committee members are selected annually at the January meeting of Council and are active until the March meeting at which time the officer election process is completed.

### **Meetings**

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

### **Quorum**

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

### **Selection of the Chair**

The Chair of the committee is a member of Council and is selected annually by the Committee.

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

### **Voting**

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

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

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

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

### **Reporting**

The Committee shall provide a report of its activities as required to Council. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

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

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

**Committee Records**

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

**Confidentiality**

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

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

**Evaluation**

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



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Governance Committee  
**Subject:** Bylaw Amendments – Final Review and Approval

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Page 1 of 6

### **Recommendation:**

*THAT Council approves the proposed amendments to the College bylaws as presented.*

### **Issue:**

Council is asked to review the feedback about the proposed bylaw amendments which start to implement some of the changes set out in the college governance changes workplan. One outstanding issue the Governance Committee wants to bring forward for Council's consideration is whether to adopt the proposed 3-year cooling off period.

### **Public Interest in this Issue:**

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

### **Alignment with Strategic Priorities:**

This aligns under Public Confidence:

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

### **Background:**

- At the January 2020 Council meeting, Council voiced support for the plan to implement the College's governance review project. Recognizing that the *Occupational Therapy Act, 1991* provides some flexibility, all governance reform changes that Council approved in January will be made within the current legislative framework and do not require legislative change.
- Certain changes have been implemented while others require changes to the bylaws prior to full implementation.
- The steps taken in the bylaw review have included the following:
  - Reviewing several third-party governance reports and recommendations of other regulators on governance best practices;
  - Benchmarking the College's bylaws against the bylaws of other Colleges including Pharmacy, Optometrists, Medical Laboratory Technologists and Opticians;

- Undertaking an internal staff review to identify issues with the bylaws that have been problematic from an internal perspective; and
- Legal review by Julie Maciura, College Legal Counsel.

The proposed bylaw amendments that were circulated included:

#### Part 1 Definitions

- Changing the titles of Council roles and terminology

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

- Adding new terminology "Community Appointee"

#### Part 5 Election of Council Members

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

#### Part 6 Academic Appointments to Council

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

#### Part 7 Officers

- Removal of the member at large terminology.

#### Part 8 Council

- Expanding the list of criteria for disqualification of elected professional members and academic appointees.
- Process for appointing Committee members and Chairs to be moved to Council by way of the Governance Committee and away from Executive.
- A temporary suspension provision is added for a Council member who is subject to a proceeding (complaint, mandatory report, disciplinary or incapacity proceeding) until the matter is resolved.



**Part 12 Non-Council Members of Council**

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

**Part 13 Statutory Committees & Standing Committees**

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

**Part 14 Provisions Applicable to all Committees**

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

**Stakeholder Consultation**

Council approved the draft bylaws for broader stakeholder consultation on October 29, 2020. The consultation was administered over a 60-day period from November 11, 2020 to January 11, 2021. The College received a total of 96 online responses and a written response by the Ontario Society of Occupational Therapists.

**General Survey Results***Demographics*

- 93 respondents identified as occupational therapists
- 3 respondents identified as a member of the public

*Consultation Summary***Are you in agreement with the proposal of changing terms and definitions of Part 1?**

Yes	No	Comments
70	5	11

*Summarized Comments:*

- Some respondents were unclear why the proposed terms and definitions are being made. A few comments made also felt the new terminology and the proposed definitions could cause even more confusion and were therefore not needed.

*Analysis:*

- The terms and definitions were updated to reflect each role more accurately and move away from the ceremonial perception. Among online survey respondents, a clear majority favour using the new proposed terms and definitions. They view the term "Board" to be clearer and better understood by the public.

*Governance Committee recommendation:* No changes be made to this section.

**Are you in agreement with the proposal in Part 5 to expand the criteria for registrants to be eligible to stand for election?**

Yes	No	Comments
56	4	10

*Summarized Comments:*

- Online respondents and written feedback questioned the proposed 3-year cooling off period feeling it can hinder individuals with board experience from an association from sitting on Council.
- Written feedback sought clarification to the definition of “consultant”.

*Analysis:*

- The cooling off period refers to the time required before an individual can be elected to the Council/Board where the individuals holds a position that could create an actual or perceived conflict of interest with respect to their role and responsibility at the College.
- Currently the College does not have a cooling off period on its list of criteria it uses to exclude registrants from either running for election as an elected member of Council or being appointed as an academic member of Council.

*Governance Committee recommendations:*

- The provision related to the proposed 3-year cooling off period to brought forward to Council for discussion and final decision.
- For clarification purposes the word “paid” be added before consultant for sections 5.01.1 (o), 6.01.2 (o), and 12.01.1 (0).

**Are you in agreement with the proposal in Part 8 to expand the disqualification criteria for Board of Directors?**

Yes	No	Comments
56	6	5

*Summarized Comments:*

- Not many comments were received but one online respondent questioned the need to have academic appointees on the College Council.

*Analysis:*

- Section 5 (1)(c) of the *Occupational Therapy Act, 1991*, stipulates the composition of College Council must include 1 or 2 persons who are members of faculty of an Ontario university occupational therapy program. As this is imbedded in legislation only the government has the authority to make any changes to council composition.

*Governance Committee recommendation:* No changes be made to this section.

**Are you in agreement with the proposal in Part 12 for the eligibility criteria of Community Appointees?**

Yes	No	Comments
49	5	10

*Summarized Comments:*

- Online respondents and written feedback again suggested that the proposed “3-year cooling off period” was too long. Written feedback provided many comments to this section including seeking clarification on the cooling-off period. Also, a number of suggested wording changes and typographical errors were identified in this section and throughout the proposed bylaws.
- Feedback received both written and online wanted to add disqualification criteria for Community Appointees.
- Written feedback identified inconsistent terminology throughout this section and in other sections in the proposed bylaws. and acknowledged the need for clear and consistent titles.

*Analysis:*

- Cooling-off period is only applicable to anyone who sits on a board or is an employee of an association related to occupational therapy. If someone simply belongs to an association or sits on a committee or a task force but holds no leadership position the cooling-off period is not applicable.
- Community appointees are members of the public and unlike registrants are not subject to the OT Act, RHPA and College bylaws of the College.
- *Governance Committee recommendation:* No major changes to this section. Governance Committee acknowledges the need for clear and consistent titles and terminology and changes were made throughout the bylaws.

**Please provide additional comments you may have regarding the proposed bylaw changes**

*Summarized comments:*

- *Overall changes make sense.*

- *Good to see the College keeping up with the current way of conducting Boards.*
- *Comments relating to addressing diversity on the Board.*
- *Changes appear fair and explicit, both of which are important in bylaws – Well done.*

*Overall analysis:*

Based on the feedback received, there is no strong general opposition to any of the proposals. However, some do have concerns which do not appear to be broadly shared by the profession around the 3-year cooling-off period.

**Discussion:**

- Council is asked to review the feedback of the proposed bylaw amendments and provide comments on any final revisions as required.
- Governance Committee wants to bring to Council's attention the 3-year cooling off provisions in Parts 5.03.1(h), 6.01.2(g) and 12.02.1(f) of the proposed bylaws. In current College bylaws there is no cooling off period. Having a cooling off period in bylaws will assist the College in avoiding Council or Committee members from having any real or perceived conflict of interest, who may have previously been involved as a board member or employee of a professional association.
- There are several drivers for adding a cooling off period in College bylaws: the College's strategic plan, the Ministry of Health's College Performance Management Framework expectations, trends in the external regulatory landscape and in the practices of several Ontario health regulatory colleges as well.
- The 3-year cooling-off period is also consistent with our current bylaws when an elected Council member reaches the end of their completed three terms (9 years) sitting on Council but is less than the 6 years cooling period imposed for staff members who are also registrants and decide to run for Council.

Options for Council Consideration:

1. Keep the suggested 3-year cooling-off period.
2. Reduce the cooling-off period to 2 years.
3. Discuss another time frame for cooling off.
4. Stay with the current bylaws of no cooling off period.

Option 4 is not recommended due to the reasons stated above.

*Question for Council: Do you support keeping the proposed 3-year cooling-off provisions in the bylaws?*

**Attachments:**

1. Bylaw clause by clause comparison with additional track changes (highlighted in yellow)
2. Bylaw consultation summary feedback
3. Response to consultation by the Ontario Society of Occupational Therapists



## Attachment 1 – Proposed Bylaw Amendments

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



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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	<b>Professional Committee Appointee</b> <u>Means a Registrant of the College who is not a member of the Board, who has been appointed to a Committee</u>	
<b>Public Member</b> Means a person appointed by the Lieutenant Governor in Council as described in section 5(1)(b) of the Act.	<b>Public <del>Member</del> Director</b> Means a person appointed by the Lieutenant Governor in Council as described in section 5(1)(b) of the Act.	<u>Amended to reflect updated terminology. Consequential amendments have been made throughout the bylaw.</u>
None.	<b>Vice-Chair</b> <u>Means the Vice-Chair of the Board of Directors of the College</u>	<u>Added to reflect the change in terminology from "Vice-President" to "Vice-Chair". Consequential amendments have been made throughout the bylaw.</u>
<b>Part 5: Election of Council Members</b>	<b>Part 5: Election of <u>Board</u> Council Members</b>	
<b>5.02 Year of Elections</b> <b>5.02.1</b> An election of members to the Council was held in the month of March 1996 and shall be held in every third year after that for electoral districts 2 and 4.	<b>5.02 Year of Elections</b> <u>5.02.1 An election of Directors members to the Board Council was held in the month of March 31 1996 and shall be held in 2023 and in every third year after that for electoral districts 2 and 4.</u> <del>5.02.1 An election of Directors members to the Board Council was held in the month of March 1996 and shall be held in 2023 and in every third year after that for electoral districts 2 and 4.</del>	<u>Administrative change to eliminate the dates of election that have occurred. Election timing (in years) for each district is updated.</u>



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





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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
h. the Registrant is not a director, officer, or employee of a voluntary organization of occupational therapists;	h. the Registrant is not <u>at present nor has been at any time within the three years preceding the date of nomination</u> a director, <u>owner, board member</u> , officer, or employee of <u>any voluntary organization of occupational therapists professional association</u> ;	<u>This adds a “cooling off” period of three years to avoid a perceived and/or a real conflict of interest.</u>
None.	<u>i. the Registrant has not resigned from the Board in the three years preceding the date of nomination</u> ;	
None.	<u>j. the Registrant does not have a conflict of interest to serve as a Board Director or has agreed to remove any such conflicts of interest before taking office.</u>	
i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of:  i. a criminal offence;  ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or  iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	<u>k.</u> <u>a court</u> <sup>[SK1]</sup> or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of:  i. a criminal offence;  ii. <u>any</u> offence relating to the <u>prescribing</u> , compounding, dispensing, selling, or administering of drugs; or  iii. any offence relevant to the Registrant's suitability to practise occupational therapy;	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
j. the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	<u>lj.</u> the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; <del>and</del>	
None.	<u>m. the Registrant has not initiated, joined, continued, or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and,</u>	<u>A member engaged in any legal action against the College will not be eligible to serve on the Board as that would be a conflict of interest.</u>
k. on or after April 1, 2016, the Registrant is not, and has not been within the previous six years, an employee of the College.	<u>n.k. on or after April 1, 2016, the Registrant has not been an employee or paid consultant of the College in the is not, and has not been within the previous six years preceding the date of nomination</u> <sup>[SK2]</sup> , <del>an employee of the College.</del>	
<b>5.07 Additional Calls for Nomination</b> <b>5.07.1</b> If there are no candidates or an insufficient number of candidates in an electoral district who are eligible for election, there shall be additional calls for nominations, as required, throughout the nomination period.	No change.	
<b>5.07.2</b> If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the Executive Committee shall nominate one or more Registrants who are eligible for election.	<b>5.07.2</b> If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the <u>Governance Executive</u> Committee shall nominate one or more Registrants who are eligible for election.	<u>Handling of the nomination/election process as well as conflict of interest (Part 15) will be overseen by the Governance Committee instead Executive Committee.</u>



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<b>5.07.3</b> A person who consents to a nomination by the Executive Committee shall be deemed to be a validly nominated candidate when the nomination is received by the Registrar.	<b>5.07.3</b> A person who consents to a nomination by the <u>Governance Executive</u> Committee shall be deemed to be a validly nominated candidate when the nomination is received by the Registrar.	
<b>5.15 Referral of Disputes to Executive Committee</b> <b>5.15.1</b> If the Executive Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of any member of Council it shall initiate an inquiry.	<b>5.15 Referral of Disputes to <u>Governance Executive</u> Committee</b> <b>5.15.1</b> If the <u>Governance Executive</u> Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of any member of <u>the Board Council</u> it shall initiate an inquiry.	
<b>5.16 Report and Recommendation of Executive Committee</b> <b>5.16.1</b> Where the Executive Committee initiates an inquiry under article 5.15, it shall hold an inquiry into the validity of the election of the member of Council in question and, following the inquiry, shall make a report and recommendation to Council.	<b>5.16 Report and Recommendation of <u>Governance Executive</u> Committee</b> <b>5.16.1</b> Where the <u>Executive Governance</u> Committee initiates an inquiry under article 5.15, <u>it shall hold an inquiry</u> into the validity of the election of the <u>Board of Director Council</u> <sup>[SK3]</sup> in question and, following the inquiry, shall make a report and recommendation to <u>the Board Council</u> .	
<b>5.17 Options Available to Council</b> <b>5.17.1</b> Council may, after reviewing the report and recommendation of the Executive Committee and subject to article 5.14, do one of the following: i. declare the election result in question to be valid; or	<b>5.17 Options Available to <u>the Board Council</u></b> <b>5.17.1</b> <u>The Board Council</u> may, after reviewing the report and recommendation of the <u>Governance Executive</u> Committee and subject to article 5.14, do one of the following: i. declare the election result in question to be	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
ii. declare the election result in question to be invalid; and either a. declare another candidate to have been elected; or b. direct that another election be held.	valid; or ii. declare the election result in question to be invalid; and either a. declare another candidate to have been elected; or b. direct that another election be held.	
<b>Part 6: Academic Appointments to Council</b>	<b>Part 6: Academic Appointments to <u>Council Board</u></b>	
<b>6.01 Academic Appointments</b> <b>6.01.1</b> One or two person(s), at least one of whom will hold a full-time faculty appointment, shall be appointed to sit on the Council as an academic appointment.	<b>6.01.1</b> One or two <u>Academic appointee(s)-</u> <del>person(s)</del> , at least one of whom will hold a full-time faculty appointment, shall be appointed <u>by the Board</u> to sit <del>on the Council on the Board</del> as an academic appointment.	
<b>6.01.2</b> The academic appointment shall be selected in the prescribed manner from members of the faculties of all programs in Ontario approved by the	<b>6.01.2</b> The <u>Registrar shall consult with and obtain recommendations from the</u> <sup>[SK4]</sup> <u>Program Directors or Chairs</u> <del>academic appointment shall be</del>	<u>The appointment of an Academic registrant is made transparent.</u>
College of Occupational Therapists of Ontario.	<del>selected in the prescribed manner from members of the faculties</del> of <u>approved Ontario universities that offer occupational therapy all programs, no later than 90 days before the date the appointment takes effect in Ontario approved by the College of Occupational Therapists of Ontario.</u>	
None.	<b>6.01.3</b> <u>The Governance Committee shall receive all recommendations and make such enquiries as it deems appropriate, before making a recommendation to the Board.</u>	



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



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



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





Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
j. on or after April 1, 2016, the Registrant is not, and has not been within the previous six years, an employee of the College.	<del>n.</del> <del>on or after April 1, 2016,</del> the Registrant <u>has</u> <del>is not been an employee or paid consultant of the College in the , and has not been within the</del> <del>previous</del> six years <u>preceding the date of appointment</u> <sup>[SK5]</sup> <del>, an employee of the College.</del>	
<b>6.02.2</b> An appointee who has served on Council for more than nine consecutive years is not eligible for re-appointment until	<b>6.02.2</b> An appointee who has served on <del>Council</del> <u>the Board</u> for more than nine consecutive years is not eligible for re-	
at least three years have passed since the member has last served on the Council.	appointment until at least three years have passed since the <u>Registrant member</u> has last served on the <del>Council</del> <u>Board</u> .	
<b>Part 7: Officers</b>	<b>Part 7: Officers</b>	
<b>7.01 Election of Officers</b> <b>7.01.1</b> The Registrar or his or her designate shall conduct the election of Officers at the first meeting of a new Council.	<b>7.01 Election of Officers</b> <b>7.01.1</b> The Registrar or his or her designate shall conduct the election of Officers at the first meeting of a new <u>Board</u> <del>Council</del> .	
<b>7.01.2</b> The election of President, Vice-President, Member-at-Large (Finance) and Member-at-Large (Education) shall be by secret ballot.	<b>7.01.2</b> The election of <del>the Chair</del> <u>President</u> , Vice- <u>Chair President</u> , and remaining <u>Executive Committee positions</u> <del>Member at Large (Finance) and Member at Large (Education)</del> shall be by secret ballot.	<u>New terminology is updated. Member at Large for finance and education terminology is eliminated.</u>



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



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



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



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



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<b>Part 8: Council</b>	<b>Part 8: <u>Council Board</u></b>	
<b>8.01 Duties of Council Members</b> <b>8.01.1</b> The primary function of Council members is to make decisions in the public interest, balancing this responsibility with an understanding of the occupational therapy profession and the environments in which it is practised. Council members establish the goals and policies of the College in accordance with the relevant legislation.	<b>8.01 Duties of <u>Council</u><sup>[SK7]</sup> <u>Directors Members</u></b> <b>8.01.1</b> The primary function of <u>Board Council</u> <u>Directors members</u> is to make decisions in the public interest, balancing this responsibility with an understanding of the occupational therapy profession and the environments in which it is practised. <u>Board Council Directors members</u> establish the goals and policies of the College in accordance with the relevant legislation.	
<b>8.01.2</b> The duties of Council members include:	<b>8.01.2</b> The duties of <u>Council Board members</u> <u>Directors</u> include:	
a. serving on Council and at least one statutory committee to which they are appointed;	a. serving on <u>Council the Board</u> and at least one statutory committee to which they are appointed;	
b. serving on additional committees, task forces, standing committees or advisory groups from time to time;	b. serving on additional committees, task forces, standing committees or advisory groups from time to time;	
c. reviewing all material sent in advance for Council and committee meetings;	c. reviewing all material sent in advance for <u>Council Board</u> and committee meetings;	
d. developing and maintaining a knowledge of College functions and issues facing Council;	d. developing and maintaining a knowledge of <u>Board College</u> functions and issues facing <u>Council the Board</u> ;	



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





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d. recognize and respect confidential information learned in the course of College activities;	d. recognize and respect confidential information learned in the course of College activities;	
e. understand the role of staff as resources to committees;	e. understand the role of staff as resources to committees;	
f. resolve any concerns with the committee Chairperson, Council President or Vice-President;	f. resolve any concerns with the committee Chairperson, <u>Board Council President Chair</u> or Vice- <u>President Chair</u> ;	
g. maintain good public relations with membership, the public, health care organizations, educational groups, and government bodies in their regions; and	g. maintain good public relations with membership, the public, health care organizations, educational groups, and government bodies in their regions; and	
h. attend Council and committee meetings regularly.	h. attend <u>Board Council</u> and committee meetings regularly.	
<b>8.02 Disqualification of Council Members</b> 8.02.1 The Council shall disqualify an elected member or an appointed Academic member if the member:	<b>8.02 Disqualification of <del>Council Members</del> <u>Board of Directors</u></b> <sup>SK8</sup> 8.02.1 The <u>Board Council</u> shall disqualify an <u>Elected Director member</u> or an <u>appointed-Academic member</u> if they <u>member</u> :	<u>Disqualification requirements for all Directors of the Board are amended to reflect clear expectations of disqualifications and concern/complaints situations.</u>
a. resigns from Council;	a. resigns from <u>the Board Council</u> ;	
b. ceases to hold a certificate of registration;	b. <del>ceases to hold a certificate of registration;</del> <u>in the case of an elected Director, cease to either practise or reside in the electoral district for which they were elected;</u>	



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



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



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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
r. becomes a member of a council of any other college regulated under the RHPA.	<u>pr.</u> becomes a member of a <u>Board council</u> of any other college regulated under the RHPA.	
None.	<u>q. ceases to hold a certificate of registration;</u>	
None.	<u>r. remains, thirty days after notice, in default of providing any information required by the College; or</u>	
None.	<u>s. initiates, joins, materially contributes or continues a legal proceeding against the College or any committee or representative of the College.</u>	
<b>8.02.2</b> An elected member or appointed Academic member who is disqualified from sitting on the Council ceases to be a member of the Council.	<b>8.02.2</b> An <u>E</u> lected <u>Director member</u> or <u>appointed</u> Academic <u>Appointee member</u> who is disqualified from sitting on the <u>Board Council</u> ceases to be a <u>Council</u> <sup>[SK9]</sup> <u>Director</u> .	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<p><b>8.02.3</b> If the Registrar receives information which suggests that a Council member meets one or more of the criteria for disqualification set out in section 8.02.1, other than paragraphs a, b, k and l in which case Council shall immediately disqualify the elected member or appointed Academic member, the Registrar shall follow the procedure set out in section 8.02.4. Where the Registrar has reasonable and probable grounds to believe that a member of Council meets the criteria for disqualification and no one has made a complaint in writing, the Registrar shall make a complaint in writing.</p>	<p><b>8.02.3</b> If the Registrar receives information which suggests that a <u>Director Council</u><del>member</del> meets one or more of the criteria for disqualification set out in section 8.02.1, other than paragraphs a, b, c, d, e, f, k o, p, q, or s in which case <u>Council the Board</u> shall immediately disqualify the <u>Elected member</u><del>Director</del> or <u>appointed Academic member</u><del>Appointee</del>, the Registrar shall follow the procedure set out in section 8.02.4. Where the Registrar has reasonable and probable grounds to believe that a[SK10] <u>Board</u><del>Director-Council</del> meets the criteria for disqualification and no one has made a complaint in writing, the Registrar shall make a complaint in writing.</p>	
<p><b>8.02.4</b> The following procedure shall be followed in the event that a Council member is alleged to have contravened the duties of a member of Council and meets the criteria for disqualification set out in section 8.02.1 other than paragraphs a, b, k and l.</p>	<p><b>8.02.4</b> The following procedure shall be followed in the event that a <u>Council</u><del>Board</del>[SK11]<del>Director member</del> is alleged to have contravened the duties of a <u>Director member of Council</u> and meets the criteria for disqualification set out in section 8.02.1 other than paragraphs a, b, c, d, e, f, k, o p, q, or s .</p>	



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



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





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



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



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



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



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



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



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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<b>Part 12: Non-Council Members of Committees</b>	<b>Part 12: <u>Professional Committee and Community Appointees</u> <del>Non-Council Members of Committees</del></b>	
<b>12.01 Non-Council Members of Committees</b> <b>12.01.1</b> A non-Council member is eligible for appointment to a committee of the College or, subject to Bylaw 12.03.2, is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:	<b>12.01 <u>Professional Non-Council Members of</u><sup>[SK12]</sup> <u>Committee s and Community Appointees</u></b> <b>12.01.1</b> A <u>registrant Professional Committee Appointee non-Council member</u> is eligible for appointment to a committee of the College <u>as a Professional Committee Appointee</u> or, subject to Bylaw 12.03.2, is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:	<u>Eligibility requirements for Professional Committee Appointees are consistent with Board of Directors.</u>
a. the Registrant practises occupational therapy in Ontario or resides in Ontario;	No Change.	
b. the Registrant is not in default of payment of any fees required under these bylaws;	No Change.	
c. the Registrant is not the subject of any disciplinary or incapacity proceeding, inside or outside of Ontario;	c. the Registrant is not the subject of any disciplinary or incapacity proceedings, <u>by a body that governs a profession</u> , inside or outside of Ontario;	
d. the Registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the appointment as a result of a professional misconduct, incompetence or incapacity proceeding;	d. the Registrant's certificate of registration has not been revoked or suspended, <u>inside or outside of Ontario</u> , in the six years preceding the date of the appointment as a result of a professional misconduct, incompetence or incapacity proceeding;	





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



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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
j. the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; and	<u>j.</u> the Registrant is not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice; <del>and</del>	
None.	<u>m. the Registrant has not initiated, joined, continued or materially contributed to a legal proceeding against the College, or any Committee or representative of the College; and</u>	
k. on or after April 1, 2016, the Registrant is not, and has not been within the previous six years, an employee of the College.	<del>nk. on or after April 1, 2016, the Registrant</del> <u>has not been an employee or paid consultant<sup>[SK13]</sup> of the College in the six years preceding the appointment. is not, and has not been within the previous six years, an employee of the College.</u>	
None.	<b><u>12.02 Community Appointees</u></b> <b><u>12.02.1</u></b> <u>An individual is eligible for appointment to a committee of the College as a Community Appointee or, subject to Bylaw 12.03.2 is eligible for re-appointment to a committee of the College if, on the date of the appointment or re-appointment:</u>	<u>Eligibility requirements of Community Appointees are established</u>
None.	<u>a. the individual resides in Ontario;</u>	
	<u>b. the individual has never been a registrant;</u>	
	<u>c. the individual is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession inside or outside of Ontario;</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<u>d. the individual has not been disqualified from serving on the Board or Committee in the six years preceding the appointment;</u>	
	<u>e. the individual has not been found to have <del>committee committed</del> an act of professional misconduct or to be incompetent by a body that governs a profession inside or outside of Ontario<sup>[SK14]</sup>;</u>	
	<u>f. the individual is not present nor has been at any time within the three years preceding the appointment a director, owner, board member, officer or employee of any professional association;</u>	
	<u>g. the individual has no direct or indirect ownership interest in an occupational therapy <del>clinic</del><sup>[SK15]</sup> or practice;</u>	
	<u>h. the individual does not have a conflict of interest to serve as a member of a Committee or has agreed to remove any such conflicts of interest before taking an appointment;</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<p><u>i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the individual in respect of:</u></p> <p><u>i. a criminal offence;</u>  <u>ii. any offence relating to the prescribing, compounding, dispensing, selling or administering of drugs; or,</u>  <u>iii. any offence relevant to their suitability to be licensed or registered with any professional regulatory body.</u></p>	
	<u>j. the individual is not subject to any existing condition or restrictions (such as bail conditions) imposed by a court or other lawful authority;</u>	
	<u>k. the individual has not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and</u>	
	<u>l. the individual has not been an employee or consultant of the College in the six years preceding the date of the appointment.</u>	
<b>12.02 Appointment of Non-Council Members</b>	<b><del>12.032 Appointment of Non-Council</del><sup>[SK16]</sup> <del>Professional Committee and Community</del> <del>Appointments</del> <b>Appointment to Committees</b></b>	



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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<b>12.03 Terms of Office of Non-Council Members</b> <b>12.03.1</b> The term of office of a member of a committee of the College who is a non-Council member is three years from the date of appointment or re-appointment to the committee.	<b>12.04 Terms of Office</b> <b>12.04.1</b> The term of office of a member of a committee of the College who is a <u>Professional Committee</u> or <sup>SK17</sup> <u>Community Appointee non-Council member</u> is three years from the date of appointment or re-appointment to the committee.	
<b>12.03.2</b> No non-Council member may be a member of the same committee of the College for more than six consecutive years.	<b>12.04.2</b> No <u>Professional Committee or Community Appointee non-Council member</u> may be a member of the same committee of the College for more than six consecutive years.	
<b>12.03.3</b> A Registrant who has served as a non-Council member for more than six consecutive years is not eligible for appointment as a non-Council member until at least one year has passed since the Registrant last served as a non-Council member.	<b>12.04.3</b> A person who has served as a <u>Professional Committee</u> or <sup>SK18</sup> <u>Community Appointee non-Council member</u> for more than six consecutive years is not eligible for appointment until at least one year has passed since the person last served as a Professional or Community appointee.	
<b>12.04 Disqualification of Non-Council Members</b> <b>12.04</b> The Council shall disqualify a non-Council member appointed to a committee of the College from sitting on the committee if the member:	<b>12.05.4 Disqualification of <u>Committee Non-Council Members</u></b> <b>12.05.14</b> The <del>Board Council</del> shall disqualify a <u>Professional Committee</u> or <sup>SK19</sup> <u>Community Appointee non-Council member</u> appointed to a committee of the College <del>from sitting on the committee</del> if the person:	<u>Disqualification requirements for Professional Appointees are consistent with Board of Directors</u>
a. resigns from a committee;	<u>No change.</u>	
b. ceases to hold a certificate of registration;	<del>b. ceases to hold a certificate of registration;</del>	



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





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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
None.	<u>q. initiates, joins, materially contributes or continues a legal proceeding against the College or any Committee or representative of the College; or</u>	
None.	<u>r. in the case of a Community Appointee, no longer meets the eligibility requirements specified in section 12.02.1.</u>	
<b>12.04.1.1</b> The following procedure shall be followed in the event that a non-Council member is alleged to have contravened the duties of a Committee member or meets the criteria for disqualification set out in section 12.04.1 other than paragraphs a, b, and d.	<b>12.06.4.1.1</b> The following procedure shall be followed in the event that a <del>non-Council member</del> <u>Professional Committee Appointee</u> is alleged to have contravened the duties of a Committee member or meets the criteria for disqualification set out in section 12.054.4 other than paragraphs a, b, <del>and d</del> <u>k, o, p, s or t, in which case the Professional Committee Appointee</u> <sup>[SK20]</sup> <u>shall be automatically be disqualified.</u>	
i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council or non-Council member or the Registrar. If a member of Council or a non-Council member receives such a complaint, he or she shall immediately file it with the Registrar.	i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a <u>Board member Council</u> <sup>[SK21]</sup> <u>Professional Committee Appointee</u> <del>non-Council member</del> or the Registrar. If a member of <u>the Board</u> <sup>[SK22]</sup> <u>Council</u> or a <u>Professional Committee Appointee</u> <sup>[SK23]</sup> <del>non-Council member</del> receives such a complaint, he or she shall immediately file it with the Registrar.	



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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
iv. A decision finding that there has been a breach of duties or that a non-Council member meets the criteria for disqualification set out in section 12.04.1, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of Council Members present and voting.	iv. A decision finding that there has been a breach of duties or that a <u>Professional Committee Appointee</u> <del>non-Council member</del> meets the criteria for disqualification set out in section 12.0 <u>54.1</u> , and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of <u>Council</u> <del>Members-Directors</del> present and voting.	
<b>12.04.2</b> A non-Council member who is disqualified under s. 12.04.1 from sitting on a committee of the College, ceases to be a member of the committee, and the Council shall appoint a successor as soon after the disqualification as feasible.	<b>12.0<u>64.12</u></b> A <del>non-Council member</del> <u>Professional Committee Appointee</u> <sup>[sk24]</sup> who is disqualified under s. 12.0 <u>54.1</u> from sitting on a committee of the College, ceases to be a member of the committee, and the <u>Board Council</u> shall appoint a successor as soon after the disqualification as feasible.	
<b>12.04.3</b> The term of office of a person who is appointed as a successor under s. 12.04.2 shall be three years.	<b>12.0<u>64.23</u></b> The term of office of a person who is appointed as a successor under s. 12.0 <u>64.12</u> shall be three years.	
<u>None.</u>	<b><u>12.06.3 Temporary Suspension</u></b> <u>(1) A Professional Committee Appointee who becomes the subject of a complaint, mandatory report, disciplinary or incapacity proceeding, shall not serve on any Committee until a final decision (including any appeal) has been rendered.</u>	



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<u>None.</u>	<u>(2) A Professional Committee Appointee who fails to comply with paragraphs 12.05 (c) or (p), shall not serve on the Board or any Committee until the failure is remedied unless the failure resulted in their disqualification.</u>	
<b>Part 13: Statutory Committees &amp; Standing Committees</b>	<b>Part 13: <del>Statutory Committees &amp; Standing</del> Committees</b> [SK25]	
<b>13.01 Executive Committee</b> <b>13.01.1</b> The Executive Committee shall be composed of: a. the President, the Vice- President, the Member-at-Large (Finance) and the Member-at Large (Education); b. the Executive Committee includes two professional members of the Council and two Public Members.	<b>13.01 Executive Committee</b> <b>13.01.1</b> The Executive Committee shall be composed of: a. the <del>Chair President, the and Vice- Chair,- President, the Member-at-Large (Finance) and the Member-at-Large (Education)</del> and two additional <u>Directors</u> ; b. the Executive Committee includes two- <del>professional members</del> <u>Elected Directors</u> of the <del>Council Board</del> and two Public <del>Members</del> <u>Directors</u>	
<b>13.01.2</b> The President of the Council shall be the Chair of the Executive Committee.	<b>13.01.2</b> The <del>President</del> <u>Chair</u> of the <del>Council Board</del> shall be the Chair of the Executive Committee.	



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



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



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





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



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



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



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



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



Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
<b>13.12.2</b> Where one or more vacancies occur in the membership of a standing committee, the committee members remaining in office constitute the committee so long as their number is not fewer than the prescribed quorum.	<del>13.12.2 Where one or more vacancies occur in the membership of a standing committee, the committee members remaining in office constitute the committee so long as their number is not fewer than the prescribed quorum.</del>	
None.	<u><b>13.10 Appointment of Committee Members</b></u> <u>Unless anywhere else stated in the bylaws, every Committee member shall be appointed by the Board with the exception of Executive Committee, whose members shall be elected to office.</u>	
<b>Part 14: Provisions Applicable to all Committees</b>	<b>Part 14: Provisions Applicable to all Committees</b>	
<b>14.01 Committee Procedures</b> <b>14.01.1</b> Unless otherwise prescribed in these bylaws, the Executive Committee shall appoint a Chairperson for each committee	<b>14.01 Committee Procedures</b> <b>14.01.1</b> Unless otherwise prescribed in these bylaws, the <u>Governance Executive</u> Committee shall appoint a Chairperson for each committee	
<b>14.01.2</b> The Executive Committee may and, if necessary for a committee to achieve its quorum shall, appoint members of the Council to fill any vacancies which occur in the membership of a committee.	<b>14.01.2</b> The <u>Governance Executive</u> Committee may and, if necessary for a committee to achieve its quorum shall, appoint <del>members of the</del> <u>Directors</u> <u>Council</u> <sup>[SK26]</sup> to fill any vacancies which occur in the membership of a committee.	
<b>14.01.3</b> Every appointment to a committee with the exception of non-Council committee appointments automatically expires at the meeting held in conjunction with the annual election of officers.	<b>14.01.3</b> Every appointment to a committee with the exception of <u>a Professional Committee and Community non-Council committee appointments</u> <u>Appointees</u> <sup>[SK27]</sup> automatically expires at the meeting held in conjunction with the annual election of officers.	



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





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





Current Bylaw	Proposed Bylaw All changes marked in red	Rationale
	<b><u>14.02 Location and Frequency of Meetings</u></b> <b><u>14.02.1</u></b> Committee meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.	
	<b><u>14.03 Manner of Meeting</u></b> <b><u>14.03.1</u></b> Any meetings of a Committee may be conducted by <sup>[SK28]</sup> <del>means of</del> teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio and video conferencing), and persons participating in the meeting by such means are deemed to be present at the meeting.	
	<b><u>14.04 Chair</u></b> <b><u>14.04.1</u></b> In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.	



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

# Q1 Are you a \_\_\_\_\_?

Answered: 96   Skipped: 1

ANSWER CHOICES	RESPONSES	
Registrant	96.88%	93
Member of the public	3.13%	3
Student	0.00%	0
Patient or client	0.00%	0
Representative of an occupational therapy association	0.00%	0
Representative of another health profession	0.00%	0
Student	0.00%	0
Other (please specify):	0.00%	0
TOTAL		96

#	OTHER (PLEASE SPECIFY):	DATE
	There are no responses.	

## Q2 Are you in agreement with the proposal of changing terms and definitions of Part 1?

Answered: 86 Skipped: 11

ANSWER CHOICES	RESPONSES
Yes	81.40% 70
No	5.81% 5
Student	0.00% 0
Patient or client	0.00% 0
Student	0.00% 0
Other (please specify):	12.79% 11
<b>TOTAL</b>	<b>86</b>

#	OTHER (PLEASE SPECIFY):	DATE
1	Indifferent, as long as it does not compromise results. Not sure the purpose of the changes, but I'm certainly ok with it.	12/18/2020 2:57 PM
2	Unclear why titles are being changed	12/17/2020 3:50 PM
3	I am unsure of the change from Member to Director for Council and Public Members?	11/23/2020 7:40 AM
4	The proposed name changes it feel like a private company. I think the current terminology sounds better (if I were to try to put myself in the shoes of a member of the public who is not an OT)	11/22/2020 10:23 AM
5	The proposed change to "Board" is a good idea but I think Public Member should remain the same as it may be confusing to change it to Public Director.	11/17/2020 12:45 AM
6	I feel that the new terms are less descriptive and more abstract then the original terminology, that could cause more confusion amongst the public whom the college is there to protect (consider clients where ESL, cognitive impairments, and/or learning disabilities). The term "professional committee appointee" certainly does not provide the same level of knowledge about the position and is not as intuitive as "non-council member". This is the same as "Public Member" vs "Public Director" once lends the reader to believe that the public member is someone from the public which represents the public where as the public director sounds like an OT from within the COTO who liaises with the public and manages public concerns.	11/16/2020 2:23 PM
7	I think Board or Board of Directors implies the wrong message. I like the term "Governing Body" or something like that. Board of Directors makes me think of a condo board, where members have blatant self-interests. Also, Boards of Directors are notoriously unaware of what happens on the front line (in hospital settings), and I think this sets to elevate the status of the Council by name only without clearly emphasizing that this is a regulatory body, not a commercial enterprise or a lofty panel of individuals that understand clinical practice issues affecting the public.	11/15/2020 9:14 AM
8	I trust that this is helpful.	11/14/2020 3:41 PM
9	I find the new titles less clear and intuitive.	11/13/2020 9:57 AM
10	a	11/13/2020 6:40 AM
11	the reasoning behind the terminology changes is lacking	11/12/2020 8:59 PM

### Q3 Are you in agreement with the proposal in Part 5 to expand the criteria for registrants to be eligible to stand for election?

Answered: 70   Skipped: 27

ANSWER CHOICES	RESPONSES	
Yes	80.00%	56
No	5.71%	4
Student	0.00%	0
Patient or client	0.00%	0
Student	0.00%	0
Comment:	14.29%	10
TOTAL		70

## Bylaw Consultation

#	COMMENT:	DATE
1	I wonder about the provision (which looks like it existed in the past) that nominees could not have been on the board or been an employee of a professional association in the past 3 years. I suppose the reasoning is that they would be partial to the interests of OTs, rather than the public interest - yet I would say that all members of the now 'Board', previously 'Council' would be deeply committed to the OT profession being the best it can be. I feel like some employees and board members of both OSOT and COTO have in the past 'crossed over', and done an excellent job. Is the 3 year waiting period possibly too long? One year would seem to ensure that they are not currently attached to the professional association, and have dissociated.	12/23/2020 8:38 AM
2	Too confusing to read for me right now at the end of my week working on a COVID floor. I trust that it's a good proposal.	12/18/2020 2:58 PM
3	6 years is an arbitrary number - I don't understand how it provides more respect to the college.	12/1/2020 12:41 PM
4	What if the registrant was involved with a professional body in another province? What about the provinces where the professional body and college are combined? Can you ensure that the 6 year restriction is sufficient and /or not excessive? where did you get the 6 year number?	11/24/2020 9:01 PM
5	The proposal in general is agreeable, however the wording around conflict of interest, in each area that it appears, lends some ambiguity, in that the person must agree to remove the conflict of interest before... This could be read as the person only needing to agree, but not specifically removing the conflict. Consider changing the wording to "agree that they will remove before" or "agree that the conflict will be removed before"	11/22/2020 10:05 AM
6	Could you provide rationale for the period of six years? I know seven years the time to keep clinical records; two years to not have a relationship with a capable client (not that I would ever do that!). Where does six years come into play? I disagree with the comment on legal precedings against the College. Say if there was a scenario where the College or one of its representatives was found to be negligent or liable or "guilty" of a criminal offence? It also punishes registrants / individuals who might be exercising a legal right to bring litigation against the College. Of course, if the final outcome were that the litigation was frivolous or without merit, then I would endorse not having that individual sit on a College Board. I would also endorse a temporary disqualification of a person with pending litigation against the College to be temporarily ineligible for Committee membership. I also think that if a member of a Committee has brought any complaints forward to another Committee member or a Registrant, that both parties should be removed from any Committee positions to avoid any conflict of interest.	11/15/2020 9:29 AM
7	I don't see the need to wait 3 years if a person has been on a Board of an Association. A 3 month cooling off period would suffice. Take for instance a person on the Board of OSOT who is near retirement and has a wealth of experience to bring to the COTO Board. That individual may wish to spend his/her next and last 3 years at COTO but the waiting period of 3 years would devoid the OT of that opportunity.	11/14/2020 2:45 PM
8	I find the wording is becoming more vague.	11/13/2020 9:57 AM
9	a	11/13/2020 6:43 AM
10	I feel the college has too much overhead and should consider moving to a location further from downtown Toronto where there's less rental expense.	11/13/2020 6:18 AM

## Q4 Are you in agreement with the proposal in Part 8 to expand the disqualification criteria for Board of Directors?

Answered: 67   Skipped: 30

ANSWER CHOICES	RESPONSES	
Yes	83.58%	56
No	8.96%	6
Student	0.00%	0
Patient or client	0.00%	0
Student	0.00%	0
Comment:	7.46%	5
<b>TOTAL</b>		<b>67</b>

#	COMMENT:	DATE
1	I trust that it's fine.	12/18/2020 2:58 PM
2	Yes, I am in agreement. I believe that the proposal aims to improve clarification in necessary ways. Thank you.	11/16/2020 10:32 AM
3	I require more understanding of why Academic Appointees are on the College. COTO is meant to protect the public. Many tenure stream professors have no current, recent, or realistic experience with treating or interacting with the public. Many do not have to apply the College Standards for Practice within their daily lives. I would suggest that they not be Appointees but rather be elected either by their academic peers or Registrants. It would help to transparently know the Appointee process and qualifications. There is an "old white girls club" in academia that certainly does not represent the public or the emerging profile of College registrants. There is an inherent bias that many of the "old school" professors have. I would also like to see there be a rotating aspect to Academic appointees so that each school has an opportunity to have contribute to College proceedings and to ensure that appointees have had sufficient experience as an educator (i.e. at least three years). I'd also like to see some stipulation, overall with all Committee members, to ensure that diversity occurs with appointments and fielding candidates for elections (i.e. race, gender, sex, ethnicity, religion, Indigenous history, rural and urban location, etc.) I also think that if an academic appointee is under investigation or placed on suspension by their university employer, that they be ineligible for Committee / Appointee duties until they are cleared.	11/15/2020 9:35 AM
4	Again, wording is sounding increasing vague in my opinion.	11/13/2020 9:58 AM
5	a	11/13/2020 6:45 AM

## Q5 Are you in agreement with the proposal in Part 12 for the eligibility criteria of Community Appointees?

Answered: 64 Skipped: 33

ANSWER CHOICES	RESPONSES	
Yes	76.56%	49
No	7.81%	5
Student	0.00%	0
Patient or client	0.00%	0
Student	0.00%	0
Comment:	15.63%	10
<b>TOTAL</b>		<b>64</b>

#	COMMENT:	DATE
1	12.02.1 e. "committee" should read "committed"	11/10/2021 1:29 PM
2	same as for the other section - why 3 years (if the registrant was from out of province and was involved in an association in another province where would the conflict of interest be esp if that provincial body is one where the college and association are combined) and 6 years after discipline?	11/24/2020 9:03 PM
3	The same comment as before: should change the conflict of interest wording to be very clear that the individual is not just agreeing to remove the conflict before, but agrees that they will remove the conflict, or that the conflict will be removed before... Otherwise the wording provides and option that they could go into the role having agreed but not having removed.	11/22/2020 10:07 AM
4	I'm unsure about this. What is the College doing to ensure that Community Appointees come with a diverse background to represent the true client profile we serve in Ontario? Also, has there been thought of having client ambassadors or previous OT clients participate in advisory roles?	11/15/2020 9:36 AM
5	I find the 3 year restriction too long. A 3 month cooling off period would suffice.	11/14/2020 2:48 PM
6	I am in agreement, with the exception that I believe that the community appointee should be eligible if any of the above disqualification criteria have been resolved at least 6 years (eg. 6 years after time served for a criminal offense, 6 years after resolution of misconduct/incompetence ruling and proof of resolution). In item "e" there is a typo (should be "committed" rather than "committee").	11/14/2020 8:26 AM
7	overall, I'm okay with these clarification.	11/13/2020 9:59 AM
8	Don't understand item 'f'- individual is not present. What does that mean?	11/13/2020 9:18 AM
9	a	11/13/2020 6:46 AM
10	certain committees such as QA should be only made up of registrants	11/12/2020 9:02 PM



## Q6 Please provide additional comments you may have regarding the proposed bylaw changes

Answered: 14 Skipped: 83

#	RESPONSES	DATE
1	It would be of benefit to the public and registrants if there was a clause for term duration which would limit members that are occupying various council or committees or boards for years.	12/17/2020 4:01 PM
2	Overall the changes make sense.	12/1/2020 12:43 PM
3	I would like to know the cost of this change and do the words change the function? if not - why spend the money?	11/24/2020 9:04 PM
4	i support the proposed changes.	11/23/2020 9:57 AM
5	Good to see the college keeping up with the current way of conducting Boards.	11/18/2020 9:33 AM
6	N/A	11/16/2020 2:25 PM
7		11/15/2020 9:44 AM
8	Restricting a consultant to either 3 or 6 years cooling off period is overly restrictive. Let's say an OT is a COTO consultant for a disciplinary action. Does this mean that THIS consultant must wait 3 years to be on the Board? That's wrong.	11/14/2020 2:49 PM
9	none	11/13/2020 7:10 PM
10	nil	11/13/2020 4:19 PM
11	Changes appear fair and explicit, both of which are important in bylaws - well done.	11/13/2020 7:38 AM
12	Please thoughtfully consider ways to reduce annual fees for occupational therapists, many of whom have had significant reduction of annual income in 2020. Thank you.	11/13/2020 6:21 AM
13	I don't really see the point. It looks like a giant make work project that wastes registrant's dues.	11/13/2020 12:38 AM
14	N/A	11/12/2020 5:15 PM

## Q7 How did you find out about this consultation (select all that apply)

Answered: 62 Skipped: 35

ANSWER CHOICES	RESPONSES	
College's homepage	8.06%	5
College's newsletter	61.29%	38
Social media	1.61%	1
Email from colleague or friend	8.06%	5
Other (please specify)	27.42%	17
Total Respondents: 62		

#	OTHER (PLEASE SPECIFY)	DATE
1	I am a member of CAG (CAG newsletter).	1/10/2021 1:30 PM
2	College e-mail	12/18/2020 2:59 PM
3	College	12/17/2020 4:01 PM
4	Email from college	12/12/2020 2:57 PM
5	email from college	12/1/2020 6:56 PM
6	OSOT newsletter	11/22/2020 10:24 AM
7	e-mail from COTO	11/18/2020 11:27 AM
8	Email from College	11/17/2020 10:10 AM
9	Email from COTO	11/17/2020 12:54 AM
10	OSOT monthly update	11/16/2020 6:47 PM
11	N/A	11/16/2020 2:25 PM
12	College email to me	11/15/2020 9:44 AM
13	college email	11/13/2020 4:19 PM
14	COTO email	11/13/2020 6:21 AM
15	COTO email to me	11/12/2020 9:03 PM
16	College's email send out to registrants	11/12/2020 5:15 PM
17	registrant email	11/12/2020 4:20 PM

**RESPONSE TO CONSULTATION OF  
THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO  
REGARDING PROPOSED BY-LAW AMENDMENTS - Governance**

**January 2021**

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The Ontario Society of Occupational Therapists (OSOT) is pleased to have had the opportunity to review the proposed bylaw amendments of the College of Occupational Therapists of Ontario (COTO or the College) with respect to Governance. We forward the following comments and feedback relating to the recommendations as documentation of our review and the feedback received from OSOT members.

The Society has reached out to members to solicit their feedback to the draft bylaw amendments, as is typical in any policy consultation opportunity.

Feedback from members of the Society has raised concern related to eligibility criteria of elected Board Members and Professional Committee appointees in relation to the following:

- The proposed amendments to Sections 5.03.1 (h), 6.01.2 (g), and 12.02.1 (h) relating to the exclusion criteria for those occupational therapists who have been *appointed as a director, owner, board member, officer or employee of any professional association*. Members see the experiences individuals gain through their participation in these capacities beneficial to the College's Board and see the "cooling off period" of 3 years as being too long.
- The proposed amendment to Section 5.03.1 (n), 6.01.2 (n), and 12.01.1 (n) relating to *the Registrant has not been an employee or consultant of the College in the six years preceding the date of nomination*. Members seek clarification of the definition of "consultant" to determine if this includes paid consultants only or does it include those who provide professional advice or information as part of a complaint investigation or disciplinary hearing? The latter of which would be a valuable asset to the COTO Board of Directors.

The Society has taken the opportunity to review the College's proposed amendments to its governance and provides the following feedback on the proposed bylaw amendments.

## General Comments

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For the most part, the proposed amendments to the College Bylaws are aligned with the recent move to competency-based Governance models (i.e., College of Nurses of Ontario Governance Vision 2020) and has updated the language and requirements for such changes.

Clarification is needed for the following items:

## Definitions and Application

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- **1.01 Definitions: We note definitions for “Director”, “Elected Director” and “Public Directors” and question whether there is a need for the definition of “Director”.** It would appear that throughout the document “Elected Director” or “Public Director” is utilized.
- **1.01 Definitions: Introduction of the terms “Professional Committee Appointee” and “Community Appointee”.** While these definitions are clear, the terminology is confusing throughout the balance of the bylaws. A number of queries are raised:
  - As these terms both refer to individuals who will be appointed to a committee of the College, would it be clearer to use the same format of title for each – e.g. Professional Committee Appointee and Community Committee Appointee.
  - The word “community” is a bit ambiguous without definition in and of itself. It is unclear why “Public Committee Appointee” could not be used to clarify that committees may have professional/registrant and public members.
  - There are several references in the bylaws where clarification and consistent use of these terms would be a benefit. A case in point would be the heading for Part 12: *Professional Committee and Community Appointees*, or Section 12.03 *Professional Committee and Community Appointments*. We believe that Section 12.03 would be clearer to read *Appointment of Professional Committee and Public Committee Appointees*.
  - There is inconsistent use of the terms in sections 12.04.1 - 12.05

## Election of Board Members

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- **5.03 (h) *the Registrant is not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association.*** Please clarify the definition of a professional association. We note that experience on any Board of Directors could bring valued competencies to the College. While active engagement on an occupational therapy professional association board might justify a “cooling off” period, would it be necessary to limit participation on other professional

association boards? An OT might, for example, serve on the Board of the Society of Registered Psychotherapists of Ontario, the Board of the Canadian Society of Medical Examiners, etc.

We read this criterion to suggest that registrants who may participate in committee or team work within a professional association and are not Board Directors or Officers would be eligible for election to the Board of the College.

- **5.07.1 Additional Calls for Nomination.** Although no change to this article is proposed we would suggest that this could be further clarified to increase transparency of College practices and reduce potential for scrutiny of practice. There is no definition of what “an insufficient number of candidates” means. This could leave the College at risk of perceived manipulation of an election. If only one nominee is received, is this individual acclaimed? If there are two candidates is this sufficient for an election? If so, this should be stated. If not, there needs to be some rationale for why not, otherwise it could be interpreted that the College can use this clause to ensure that there is a candidate(s) that is/are more acceptable to the College than those who have come forward in the nomination process.

## Part 7 - Election of Officers

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- **7.02.2 (g)** identifies the representational duties of the Chair of the Board of Directors and includes a listing of “...public functions such as, OSOT, annual CLEAR Conference, and annual CNAR Conference.” As OSOT itself is not a public function, it would appear that a word or words are missing. We would suggest that “...*Ontario Society of Occupational Therapists events (or Conference) ...*” would be more appropriate. Further, if these examples are to remain in the bylaw we would suggest use of full titles of organizations in lieu of acronyms.

## Part 12 - Non-Council Members of Committees

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- This section underlines comments made above regarding the definition of a *Professional Committee Appointee* and a *Community Appointee*.
- **12.01.1 9 (h)** restricts the eligibility of registrants who have been “*a director, owner, board member, officer, or employee of any voluntary professional association*”. OSOT reads this to allow registrants who have participated or are participating as active volunteers of a professional association’s working committees or teams to be eligible for appointment as a non-Board member of a Committee.
- **12.02.1 (g)** pertaining to Community Appointees: *the individual has no direct or indirect ownership interest in an occupational therapy clinic*; would this also include occupational practice other than in a clinic setting? Private occupational therapy services are most often delivered through a company model that may or may not engage a clinic. Suggested change is

to add “...interest in an occupational therapy clinic **or practice.**”

- **12.03** Professional Committee and Community Appointments. We believe that this section would be clearer to read *Appointment of Professional Committee and Public Committee Appointees*.
- **Section 12.03.2** identifies a range of criteria to be considered in appointing Professional Committee and Community Appointees to complement attributes of other Committee members. We presume that it should not be a requirement that Community Appointees be working and have a “location of practice”. Does the College have a Diversity and Inclusion policy that should be referenced in this section? It is recognized that breadth of diversity is important but this should not focus merely on geography or employment/practice experience.
- **Section 12.04.3** uses different terminology than introduced in the definitions – *Professional or Community Appointee*. We have identified the need for clear consistent titles and use of titles in the document.
- **Section 12.05** addresses both Professional Committee and Community Appointments together, however, some criteria appear to be relevant to Professional Committee Members exclusively. As item 12.05 (r) summarizes exclusion criteria for Community Appointments, there is no need to include them in the remaining criteria of 12.05. As it currently stands, Community Appointments would be disqualified if they:
  - (b) ceases to either practise or reside in Ontario – if they are a non-professional retiree would they be disqualified?
  - (c), (d), (e), and (o) specifically relate to Professionals ONLY.

It is recommended that the disqualification criteria for Professional Committee Appointees and Community Appointees be separated.

- **Section 12.05 (b)** *ceases to either practise or reside in Ontario*. Some individuals may reside in Ontario for a portion of the year only and would be disqualified based on this. It may be required to specify if temporary residency outside of Ontario would disqualify them (e.g. Snowbirds).
- **Section 12.05 (h)** *fails to attend without cause, Committee education hosted by the College from time to time*; “from time to time” is not necessary and should be removed.
- **Section 12.06 (i)** – identifies that a complaint about a Professional Committee Appointee of a College Committee “...can be made by a member of the public, a Board or Professional Committee Appointee or the Registrar.”
  - Can a registrant make a complaint? Are they considered a member of the public or should “registrant” be identified separately? We would suggest that it is entirely appropriate that registrants have the right to make a complaint.

- We believe the list should identify “*a Board member*” as opposed to “*a Board*”
- **Section 12.06** appears to apply only to a Professional Committee Appointee who is alleged to have contravened the duties of a Committee member or meets the criteria for disqualification of section 12.05. As the Bylaw now identifies that both Professional Committee Appointees and Community Appointees may be appointed to the Statutory and Standing Committees, should there not be a process for complaints against a Community Appointee if they are alleged to have contravened the duties of a Committee member, etc.?

## Part 13 - Statutory and Standing Committees

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- We note the extension of membership on Statutory and Standing Committees to include one or more Professional Committee members and, at the discretion of the Board, one or more Community Appointees which raises the following questions;
  - Is there/should there be a limit to the size of a committee? Costs and working efficiencies of committees are of concern to registrants. “More” is an ambiguous number.
  - How is vacancy determined when there is not a fixed number of appointed members? Section 14.01.2 suggest that the Governance Committee may appoint Board Directors to fill any vacancies if needed to fill a quorum. There is no reference to what constitutes quorum.
  - It is inferred, but perhaps not explicit, that Professional Committee Appointees and Community Appointees are voting members of Committees to which they are appointed.
  - Are non-Board members of Statutory or Standing Committees paid a stipend for their work? We note that the extension of a stipend for work on committees is made to Board Directors but we don’t see notation of a stipend for non-Board appointees. If this is the case the rationale is unclear and the optics of increasing committee membership with uncompensated resources might be construed to reduce the workload of compensated Board Directors. The issue of equity should be addressed.

## Part 14 – Provisions Applicable to all Committees

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- **Section 14.01.3** identifies that all appointments to a committee automatically expire at the time of the annual election of officers with the exception of Professional Committee Appointees. Would the exception not also extend to any Community Appointees of committees?
- **Section 14.02** suggests that the location for a committee meeting be set. In light of the provisions of section 14.03 to host meetings that can be attended virtually, inclusion of setting “a place” in advance seems unnecessary and somewhat dated. Section 14.03.1 might be

amended to suggest that *“meetings may be conducted in person or by teleconference or any other means...”*.

## Typographical Corrections

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The following typographical corrections are required:

- **5.03.1 (ki)** will need to have the “i” removed.
- **5.16.1** reads unclearly and should be, we believe, corrected to read “...inquiry into the validity of the election of the Board Director in question....”
- **12.02.1(e)** should read “...has not been found to have committed an act...” rather than “committee”.

Thank you for the opportunity to provide feedback on these proposed amendments to the Bylaws. Should there be any question regarding any of our feedback, please do not hesitate to contact [Christie Brenchley](#), Executive Director or [Marnie Lofsky](#), Manager Professional Practice.





## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Governance Committee  
**Subject:** Terms of References (Executive, Governance, and Finance, Audit and Risk Committees)

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Page 1 of 3

### **Recommendation:**

*THAT Council approves the amended Terms of Reference for the Executive Committee, to commence in April 2021.*

*THAT Council approves the amended Terms of Reference for the restructured Governance Committee, to commence in April 2021.*

*THAT Council approves the new Terms of Reference for the Finance, Audit and Risk Committee, to commence in April 2021.*

### **Issue:**

Council is asked to approve the Terms of Reference for the restructured Executive and Governance Committee and the new Finance, Audit and Risk Committee to continue to move forward on the work plan for governance improvements.

### **Public Interest in this Issue:**

Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system.

### **Alignment with Strategic Priorities:**

This aligns under Public Confidence:

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

### **Background:**

- A central theme of most governance reform has been on how best to ensure the independence, competence and diligence of the governance process and so Council's work. A significant conclusion reached is that Council's needs to delegate work to multiple committees in order to fully accomplish this.
- The most prevalent committees being formed in other organizations are Finance/Audit, Governance and Human Resources Committees. These new committees have accelerated the trend towards more focused standing committees.

- At its October 2020 meeting, Council agreed to strike a Finance, Audit and Risk Committee and introduce the role of governance (areas of responsibility related to Council elections, Council effectiveness, Committee appointments/Chairs, and investigating complaints/conduct of Council and Committee members) previously held by the Executive Committee to be moved to the Governance Committee, commencing in April 2021.
- Council also agreed that Executive Committee authority be limited to urgent matters in between Council meetings, evaluation of Registrar Performance, and overseeing the functioning of Council including setting the Council agenda and planning meetings.
- The proposed structure includes the formation of a new committee to spread out the responsibilities of the Executive Committee more evenly. These committees will be filled by Council members, thus allowing more members to become involved in the corporate governance aspect of the College.
- Both the revised and new Terms of Reference were reviewed by College legal counsel. College auditors reviewed the terms of reference for the new Finance, Audit and Risk Committee with input from the College's Director of Finance and Corporate Services.

#### **Discussion:**

- The Terms of Reference specifically separate the roles of the three corporate governance committees. The changes proposed to the existing Executive and Governance Committee's Terms of Reference include adding new content and clarifying language.
- The selection process for the Executive is through annual elections among Council members. At the last Council meeting the question was raised about how Council members are chosen or selected into these new committees. For example, there was concern that whoever sits on the governance committee would always appoint themselves indefinitely.
- Emerging best practices suggest that developing and adopting a comprehensive competency framework, which sets out the required individual competencies to direct how Boards and Committees will be comprised, can ensure continued competence across all regulatory and governance functions. Committee composition based on competencies is seen to be better for committee functioning, than a democratic election or other selection process.
- In reviewing the work of other Colleges undergoing a governance review, the Governance Committee considered various options for methods of committee selection ranging from conducting Council elections to elect committee members (similar to the current process for choosing the Executive Committee) to allowing members of Executive to also sit on the Governance and the Finance, Audit or Risk Committee.
- Given the work in defining Council competencies has not yet been finalized, a solution to alleviate Council's concern, the Governance Committee is recommending that one member of the Executive Committee is part of each of the Governance, and Finance, Audit and Risk Committees.

#### **Implications:**

- The Terms of Reference specifically separate the roles of the three corporate governance committees. Executive will still act on Council's behalf between Council meetings but would focus

## COUNCIL BRIEFING NOTE

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### Terms of Reference (Executive, Governance, and Finance, Audit and Risk Committees)

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on a coordination role. This change would also alleviate the workload currently on Executive and the three Committees could better focus and expand the work in their given areas, especially concerning risk and control oversight, and College Council and Committee registrant recruitment.

- As the terms of references for these committees take effect April 1, 2021, the new terminology has been incorporated into them (i.e. Council = Board; Council member = Director).

#### **Attachments:**

1. Terms of Reference of Executive Committee
2. Terms of Reference of Governance Committee
3. Terms of Reference of Finance, Audit and Risk Committee



**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Executive Committee  
**Reference:** GP10d  
**Date Prepared:** December 2009  
**Date Revised:** March 2010, October 2012, June 2015, June 2017, March 2020  
June 2020, January 2021  
**Date Reviewed:**

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**Committee Category:**  
Statutory

#### **Mandate**

The Executive Committee of the ~~Board of Directors Council~~ of the College of Occupational Therapists of Ontario (the “~~BoardCollege~~”) is established to act on behalf of Board when immediate action is required, enhances the effectiveness of Council by providing a degree of flexibility and ability to respond to time sensitive business and legal matters between regularly scheduled Council meetings.

#### **Accountability and Authority**

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

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

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

#### **Limitations**

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

#### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Monitoring proper operations of the College in cooperation with the Registrar;
- Exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board;
- Review and approve the agenda for Board meetings, as prepared by the Registrar, for clarity and priority, identify items for which Board meetings may be closed to observers in accordance with s. 7(2) of the Health Professions Procedural Code and recommend closure, with rationale, to the Board;
- Review selected briefing materials for the Board for clarity, comprehensiveness, and planning;
- Call special meetings of the Board;



- ~~Advising the Council on the financial affairs of the College and making recommendations to the Council on financial matters;~~
- ~~Establishing and administering a process for assessing the effectiveness of Council, and its Committees;~~
- ~~Appointing Committee Chairs to Statutory Committees;~~
- ~~Appointing Council Members to Statutory Committees;~~
- ~~Initiating and holding an inquiry should there be reasonable grounds to doubt or dispute the validity of the election of any member of Council;~~
- Provide guidance and support to the Registrar;
  - Conducting the evaluation of the Registrar's performance in accordance with agreed upon strategic priorities and review and decide on compensation;
- ~~Investigating complaints respecting conduct in Committee or Council against members of Council or Committee members;~~
- Regularly reviewing, considering and making recommendations to Council the Board for changes to applicable legislation, regulations, College bylaws, policies, strategic goals, programs, Rules of Procedure, standards and guidelines, that fall within the scope and purpose of the Committee; and,
- Performing such other duties and tasks as assigned to the Committee by Council the Board or as authorized under the Code.

### Composition of Committee

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

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

### Term of Office

The Committee shall be elected annually by Council the Board.

### Meetings

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

### Quorum

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

### Selection of the Chair

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

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

### Voting

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

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



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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

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

### **Confidentiality**

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

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

### **Evaluation**

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



**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Governance Committee  
**Reference:** GP10k  
**Date Prepared:** March 2020  
**Date Revised:** June 2020, January 2021  
**Date Reviewed:**

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**Committee Category:**  
Non-statutory

#### **Mandate**

The Governance Committee (the “Committee”) is responsible for research, review and recommendations to enhance the quality of the Board Council of the College of Occupational Therapists of Ontario’s work through best governance practices.

#### **Accountability and Authority**

The Governance Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is accountable directly to the Board Council.

#### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

#### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Review all governance policies and processes and recommend to Council the Board changes within the College’s control. This includes, among other things:
  - a. The terms of reference for all committees and roles on the Board Council and committees;
  - b. the bylaws and rules of procedure as they apply to the Board Council or committee meetings; and,
  - c. all governance policies and related bylaws.
- Regularly monitor, evaluate and recommend practices that will promote and enhance governance excellence and best practices at both the Board and Committee level;
- Establishing and administering a process for assessing the effectiveness of the Board, and its Committees, and make recommendations to the Board;
- Review and recommend to the Board the appointments of Chairs and members to the respective statutory and non-statutory committees; (to be implemented in April 2022)
- Initiating and holding an inquiry should there be reasonable grounds to doubt or dispute the validity of the election of any Director to the Board; and,
- Oversee the process involving a potential sanction or disqualification of an Elected Director, or Professional or Community Appointee in accordance of the College bylaws.

#### **Composition of Committee**

The Governance Committee ~~consists of at least~~ shall be composed of three Board Directors and one member of the Executive Committee and is constituted by:

- ~~a. the Chair of Council;~~



- ~~b. a. two Elected Directors; members of Council who are registrants of the College; and,~~
- ~~b. two Public Directors; and members of Council appointed to Council by the Lieutenant Governor in Council.~~
- c. At the discretion of the Board, one Community Appointee

~~The Governance Committee may also include non-Council ad hoc members.~~

### Term of Office

~~Council~~ Committee members shall be appointed annually by the ~~Executive Committee~~Board. ~~Non-Council ad hoc Committee members shall be appointed, as needed, with or without voting rights as determined by Council. Ad hoc Committee Community Appointees\_ members~~ are appointed for a maximum of two terms, of up to three years each, by ~~Council~~the Board.

### Meetings

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

### Quorum

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

### Selection of the Chair

The Chair of the Governance Committee is to be appointed annually by the Executive Committee.  
*(The ultimate goal is to have the Board make this appointment, but this can only happen once the process and timing is worked out.)*

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

### Voting

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

Unless specifically provided for otherwise under the *Health Professions Procedural Code*, being Scheduled 2 to the *Regulated Health Professions Act, 1991* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

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

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

### Reporting

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

### Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning





any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

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

#### **Committee Records**

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

#### **Confidentiality**

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

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

#### **Evaluation**

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



**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Finance, Audit and Risk Committee  
**Reference:**  
**Date Prepared:** January 2021  
**Date Revised:**  
**Date Reviewed:**

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**Committee Category:**  
Non-statutory

### **Mandate**

The Finance, Audit and Risk Committee (the “Committee”) is responsible to assist the Board of the College of Occupational Therapists of Ontario (the “Council”) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, policies, and risk management.

### **Accountability and Authority**

The Finance, Audit and Risk Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is accountable directly to the Board.

The Board grants the Committee the authority to fulfill the Duties and Responsibilities as outlined below, in order to achieve its mandate. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain reasonable legal, accounting or other consultants to advise the Committee.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

#### Financial Planning and Reporting

The Committee:

- a) analyses each financial plan and annual budget submitted by the Registrar;
- b) reviews all financial statements and reports prepared for the College and advises the Board on any issues with any of the following:
  - Financial plans and annual budget submitted by the Registrar for recommendation to the Board;
  - The appropriateness and validity of any material assumptions and estimates used in preparation of financial plans or annual budget;
  - Any significant assumptions, forecasts, or targets used by Senior Leadership in preparation of the financial plans and/or annual budgets;
- c) ensures the Registrar provides the Board on a timely basis meaningful financial information regarding the College's financial status, including forecasts to make decisions; and



d) reviews and recommends to the Board approval of the:

- Unaudited financial statements and reports; and
- Management discussion and analysis, if any, that accompanies the audited financial statements

e) considers and makes recommendations for changes to the College's fee schedule.

#### External Audit

The Committee:

a) recommends to the Board the appointment of the External Auditor and approves engagement fees;

b) determines whether the performance of the External Auditor is satisfactory, effective and meets the requirements of the College on an annual basis;

c) confirms the independence of the External Auditor, including a review of all relationships and engagements between the External Auditor and the College for non-audit services that may reasonably be thought to bear on the independence of the External Auditor;

d) holds annual discussion with the External Auditor prior to the presentation of the draft audited financial statements to the Board regarding the result of their audit and any issues, findings or concerns that they wish to raise relating to the College staff, accounting records, accounting practices and systems of internal control;

e) reviews and recommends to the Board approval of the annual audited financial statements.

f) holds periodic in-camera meetings with the External Auditor, if necessary, to inform them of any matters that may be relevant.

#### Internal Controls

The Committee:

a) ensures there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations, standards of ethical conduct, with respect to the College's financial affairs;

b) through discussion with the Registrar, Senior Leadership, and the External Auditor, obtains reasonable assurances that the College has implemented appropriate systems of internal control which are effective and operating continuously:

- Over financial reporting and information technology; and
- To ensure compliance with its policies and procedures and that these systems are operating effectively.

c) requires reporting of all fraudulent and illegal acts, whether actual or alleged, to the Committee along with Registrar's response to them.

d) reviews and oversees Senior Leadership's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate these risks.

#### Investments

The Committee:

a) reviews and recommends to the Board policies with respect to the College's investments;



b) monitors the College's investments at least quarterly, to review compliance with policies.

#### Policy Review

The Committee:

- a) makes recommendations to the Board on major policies governing financial, investment and risk management matters;
- b) oversees, reviews and makes recommendations to the Board relating to discretionary expenditures, travel and expense accounts, credit cards and other benefits including per diem policies; and
- c) Upon the Board's request, reports on any review, investigation, process, policy, or other matters relating to the financial, investment or risk management affairs of the College.

#### Risk Management

The Committee:

- a) leads the Board's oversight of the College's risk management framework;
- b) oversees the College's risk register on the management of material risk to the College. This includes financial, operational, legal, reputational or any other material risk to the College and evaluates risk mitigation strategies and activities;
- c) reviews the College's risk management controls and policies and seeks input and assistance from other Committees as appropriate; and
- d) reviews the appropriateness of the insurance coverage maintained by the College

#### **Composition of Committee**

The Finance, Audit and Risk Committee shall be composed of three Board Directors and one member of the Executive Committee and is constituted by at least:

- a. Two Elected Directors
- b. Two Public Directors
- c. At the discretion of the Board, one Community Appointee.

#### **Term of Office**

Committee members shall be appointed annually by the Board. Community Appointees are appointed for a maximum of two terms, of up to three years each, by the Board.

#### **Meetings**

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

#### **Quorum**

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

#### **Selection of the Chair**

The Chair of the Finance, Audit and Risk Committee is appointed annually by the Board.



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

### **Voting**

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

Unless specifically provided for otherwise under the *Health Professions Procedural Code*, being Scheduled 2 to the *Regulated Health Professions Act, 1991* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

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

### **Confidentiality**

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

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

### **Evaluation**

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



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Executive Committee  
**Subject:** Honoraria and Allowable Expenses Policy Review

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Page 1 of 2

**Recommendation:**

*THAT Council maintains the same per diem rates and allowable expenses as approved in 2020.*

**Issue:**

Council is asked to review the per diem and expense policies to ensure they are still appropriate. Executive has reviewed them at their meeting in January and recommends no changes be made.

**Public interest in this Issue:**

Ensuring that Council is adequately supported to perform their duties is in the public interest.

**Background:**

In policy the per diems for professional council members and policies related to relevant expenses are to be reviewed yearly in January. This allows for appropriate budget preparation for the next fiscal year and ensures that appropriate means are in place to support Council activities. These were reviewed in January 2020 and implemented in June 2020.

The last review increased the travel rate to \$.57 per kilometer from \$.50, and the daily meal expense to \$90 from \$70. Rates for per diems were not changed, but the policy was updated to improve the clarity of the language.

Subsequently, Executive had a discussion in April to discuss whether to include internet usage expenditures as a possible expense. Based on the environmental scan and review of the topic and implications, no changes were made to the allowable expenses.

**Discussion:**

In their review of the materials, Executive found no compelling reason to make any changes this year.

**Implications:**

If any changes are made, it will be reflected in the budget for the June 2021-May 2022 fiscal year.

## COUNCIL BRIEFING NOTE

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### Honoraria and Allowable Expenses Policy Review

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Page 2 of 2

#### **Attachments:**

1. Honoraria - 2020
2. Allowable Expenses 2020

## HONORARIA

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### Guidelines for Elected Council and Non-Council Members

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A member who prepares for and attends meetings respecting College business will be paid an honorarium.

#### **Definition**

##### **Per Diems:**

The College offers up to three types of per diems: Attendance (or Teleconference), Travel and Preparation. Each per diem is governed by their unique conditions. Only one per diem payment is payable to a member per calendar day.

##### **Attendance:**

An attendance or teleconference per diem is the amount payable for onsite or remote dial-in work periods in excess of three hours. When less than three hours of work is involved, one-half of the per diem rate is paid. The per diem base is deemed to be 7.5 hours.

##### **Travel:**

When travel is required the day before a meeting in order to attend, those who live over 250 kilometers from the College may claim \$150. Same day travel as the date of attendance will not be reimbursed.

##### **Preparation Time:**

*Council, Executive, Sub-Committee and Working Group Meetings:* Preparation time is an hourly rate, up to a maximum of 2 hours per meeting. For an exceptionally large amount of reading, an additional allowance of preparation time will be at the discretion of the Chair.

*ICRC, Hearings, Registration, Quality Assurance and decision writing:* Preparation time is an hourly rate, not to exceed the maximum scheduled length of the meeting.

#### **Rate**

Council and committee members	\$250.00
Chairperson (of Council or Chair of a Statutory or Standing Committee)	\$325.00
Vice-President	\$275.00

Preparation time is \$45 per hour.

#### **Procedure**

1. Council members shall submit their honoraria and reimbursement expense claims on an Expense Reimbursement Form provided by the College.
2. Honoraria may be claimed for onsite attendance, teleconference and preparation time. Preparation time will be paid in instances where this is of major importance in effectively conducting Council business.
3. Travel per diems shall be claimed for travel incurred on a date prior to the meeting date.



4. The per diem amount of Chair or Vice-President is payable only when acting in the capacity of Chair or Vice-President of Council, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Council. Participation in other committees is remunerated at the standard rate of \$250.00 per diem.
5. Where a member is requested to participate in a meeting for which that person is entitled to fees and that meeting is canceled without notice of at least 48 hours, the person shall be entitled to request and receive a maximum half day attendance/teleconference per diem.
6. When an onsite meeting or teleconference is less than 1.5 hours, the half day per diem charged will include any preparation time completed for that meeting. When a meeting is over 1.5 hours, preparation time may be billed in addition to the per diem.
7. Per diem rates will be reviewed annually.

Created: May 1994

Reviewed: January 1997, June 1999, October 2000, March 2002, June 2002, March 2008, June 2008, July 2010, January 2013

Revised: January 2016, March 2018, January 2019, January 2020

Rates Revised: January 2016 (per diems), January 2019 (Preparation time rate)

## ALLOWABLE EXPENSES

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### Guidelines for Elected Council and Non-Council Members

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An elected or appointed member who incurs allowable expenses while conducting College business will be reimbursed. Every attempt will be made by a member to consider economy and necessity when incurring expenses.

#### Definition

**Allowable Expenses:** These include accommodations, meals, gratuities, travel, internet charges and dependent care.

#### Claim Procedure

1. The member shall submit allowable expenses on the Expense and Reimbursement Form provided by the College. Receipts for expenses must be included, with the exception of mileage claims.
2. Forms will be reviewed by the Registrar, Deputy Registrar, or other appropriate College staff member on submission prior to approval. Incomplete forms will be returned to the claimant.
3. Forms will be paid according to the payroll schedule of the College on the 15th day of each month. The deadline to submit for payment is the 9th day of each month.

#### Travel

**Rate:** \$0.57/km

1. Travel includes: Economy airfare, bus, train (including by VIA 1), local public transportation, taxi or private automobile. All travel can be booked through a travel agent chosen by the College.
2. In each case, only the cost of the most economical and/or practical mode of travel may be claimed. Wherever possible, members are encouraged to take advantage of advance bookings, "seat sale" fares, or other discounts offered.
3. Costs for parking will be reimbursed with a receipt.
4. Individuals will not be reimbursed for traffic and parking violations.

#### Accommodations

1. Hotel arrangements can be made at College approved hotels to ensure that the College receives the benefit of the corporate rate. However, if a more economical alternative is found, that is acceptable also.
2. Except for Council and Executive Committee meetings, members are to make arrangements for their own accommodations as per provided policy.
3. Private accommodation may be used in lieu of the approved hotel where a member can stay with friends or relatives. A maximum of \$35.00 per night may be claimed.
4. No reimbursement shall be made where the member resides within fifty (50) kilometers of the meeting venue unless the member is required to attend on two or more consecutive days. Only 1 night will be reimbursed between meeting days.
5. Charges of a personal nature made at a hotel, such as laundry, in-house movies, or personal phone calls will not be reimbursed.

6. Internet charges will be reimbursed in the event they are not included in the cost of the accommodations.

**Meals**

**Rate:** The daily maximum rate is \$90.00, which includes breakfast, lunch and dinner.

1. Meal claims are to be made based on actual expenses incurred.
2. Gratuities can be claimed where the total cost is within the daily maximum.

**Internet Charges**

Members will be reimbursed for the cost of additional internet charges relative to College business. Receipts are required.

**Dependent Care**

**Rate:** The maximum hourly rate for which the member will be reimbursed is not more than minimum wage, for up to the maximum number of hours scheduled for the meeting plus one hour traveling time. Claims for dependent care expenses should not be submitted unless they are actually incurred.

1. Costs for dependent care will be reimbursed where they are incurred over and above the regularly scheduled provision of care.

Created: May 1994

Reviewed: March 2002, June 2002, August 2004, October 2004, March 2008, July 2010, June 2012

Revised: January 2016, March 2018, January 2019, January 2020

Rates Revised: January 2020



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Registration Committee  
**Subject:** Cross-Jurisdiction Telepractice

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Page 1 of 3

### **Recommendation:**

***THAT** Council approves 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.*

### **Issue:**

There is one main policy issue that Council should attend to in this matter: that, for registration purposes, practice occurs where the occupational therapist, (OT) is situated. This means that regardless of where the patient/client is, the occupational therapist only needs to be registered where they are physically located.

This has the implication of allowing OTs to practice via telepractice or through other virtual means and being registered in only one jurisdiction.

OTs would still need a temporary registration if they were to visit a patient/client, in person, that lives in a different province from where they are registered.

In addition, the College has guidelines on telepractice that will need to be revised to reflect the policy change above as well as ensure alignment with the ACOTRO document.

### **Public Interest in this Issue:**

It is important for clients to receive care from occupational therapists in a timely manner. Barriers to providing care are reduced if OTs are not required to complete the registration process in every province where they are carrying out telepractice.

Regardless of where an OT's clients are located, the public needs to know that the OT can be accountable for the services they provide by the provincial regulator where the OT is registered.

#

### **Background:**

Occupational therapists (OTs) are required to be licensed in every province in which they are providing care. Labour mobility confers a right for qualified regulated professionals to practice their profession throughout Canada. Chapter 7 of the 2017 *Canadian Free Trade Agreement* (CFTA)<sup>1</sup> reaffirms labour

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<sup>1</sup> Government of Canada: *Canadian Free Trade Agreement*, Chapter 7. Retrieved August 28, 2018 from: <https://www.cfta-alec.ca/labour-mobility/>.

mobility provisions and obligations that were originally established under the 1995 *Agreement on Internal Trade* (AIT).

In 2018, the College entered into a Memorandum of Understanding (MOU) regarding cross-jurisdiction Occupational Therapy with all of the Canadian occupational therapy regulatory bodies. This MOU allows an OT who is registered in another Canadian jurisdiction to provide time-limited follow up-care to an existing client in another jurisdiction. The MOU ensured consistency in application of cross-jurisdiction practice and public protection through agreed-upon objectives, definitions, purpose, principles and requirements and processes regarding registration, quality assurance, insurance and complaints and investigations.

The policy on a temporary certificate of registration for cross-jurisdictional practice was developed consistent with the MOU. This does not permit them to accept employment in the province where they hold a temporary certificate as an occupational therapist, or to establish an occupational therapy practice under this certificate of registration.

### Current Situation

COVID-19 created an opportunity for telepractice to become more widely used across the country to provide services to clients. ACOTRO members agreed in April 2020 that anyone wishing to carry out telepractice in another jurisdiction could do so by completing an application process that included a) being a registrant in another Canadian jurisdiction, b) submitting proof of liability insurance and c) provision of a completed regulatory history form by the registrant's home jurisdiction.

However, even with this approach, it was recognized that individual regulator energies may be better spent managing their own registrants rather than working to register the telepractice of OTs from other jurisdictions.

Furthermore, the College currently has Guidelines for Telepractice in Occupational Therapy which were last revised in November 2017. These guidelines were created on the assumption that OTs would be registered in the jurisdiction where the client is located. This differs from the proposed scheme which would only require registration where the OT is located. These will need to be amended if Council approves of the changes and is already on the workplan for Practice Issues Subcommittee for 2021.

A summary of the change as it applies to a practicing OT is as follows:

	Current	Proposed
<b>Telepractice</b>	The OT requires a temporary or full certificate in the province where the client is located.	The OT requires registration in the province where they are located.
<b>In-Person</b>	The OT requires a temporary or full certificate in the province where the client is located.	No change

**Implications and next steps:**

- Legislative, regulatory or bylaw amendments are not required to approve this change.
- This recommendation is very low risk to the College as members of the public are still able to submit complaints to the provincial regulatory body where the OT is registered.
- OTs still need to comply with the quality assurance requirements of the province where they are registered.
- OTs must disclose where they are located to facilitate questions and ensure accountability.
- OTs must ensure they are knowledgeable about the province where the client is located in order to facilitate emergency services and follow applicable legislation that differs from their own province.
- There are no insurance implications as liability insurance covers OTs in any province in Canada.
- This does not address out-of-country telepractice services provided by an Ontario OT and in those situations, OTs are advised to register, or inquire about registration, in the location of the client and to consider insurance and liability implications.
- If the policy direction is approved by Council, our current Guidelines for Telepractice will be revised to reflect this, and to be aligned with the ACOTRO document.
- A communication plan will be developed for registrants, and implementation date will be chosen (targeting June 2021).

**Attachments:**

1. ACOTRO Position Statement on Telepractice
2. Telepractice – client information sheet

## **ACOTRO Position Statement Regarding Telepractice**

December 11, 2020

### **Purpose**

Regulation of health professions is a public protection measure to ensure safe, effective care by a health care provider to the public. Occupational therapists may include telepractice in their delivery of services to optimize service delivery. This position statement is to assist ACOTRO members to agree on a common understanding of the use of telepractice and the expectations of occupational therapists and clients, regardless of the presence of provincial differences in the management of such services.

### **Legislative Authority**

1. Each province gains their regulatory authority through provincial legislation.
2. Each province is responsible for the standards related to specific requirements for occupational therapists in the use of telepractice in their delivery of service.

**Telepractice refers to the use of information and communication technologies (ICT) for the purpose of delivering occupational therapy services when the client and the occupational therapist are in different physical locations (WFOT 2014).**

Telepractice communication with a client constitutes an occupational therapist-client relationship in the same way that any face to face encounter would constitute an occupational therapist-client relationship. The integrity and the value of this relationship should be maintained and should not be diminished by the use of telepractice technology.

The content and nature of the communication, and not the format or length of the communication, should determine the need for documentation and what is recorded. Telecommunications are documented in the same way that face-to-face communications are documented. The manner in which they are documented may vary according to the technology used.

The same professional obligations that exist for consent, confidentiality, and security of information in face-to-face occupational therapy services also exists for occupational therapist telepractice services. Any limitations that telepractice service imposes on the health care services i.e. inability to perform hands on evaluation and treatment if applicable, must be disclosed to the client.

The technologies themselves and the use of the technologies will affect what occupational therapists should do to ensure confidentiality and security of the platform used.

### **Occupational Therapists using telepractice as part of their delivery of service must:**

- Determine if telepractice is the appropriate format for delivering the occupational therapy service
- Ensure that the technology at both ends (client's location and therapist's location) is in good working order and utilizes safeguards for confidentiality
- Abide by regulatory Code of Ethics and applicable professional standards and/or guidelines
- Carry out informed consent for the use of telepractice, including risks and limitations of telepractice; and the collection, use and disclosure of personal health information

- Take reasonable measures to maintain the client's privacy and confidentiality of their personal health information
- Document the OT assessment/treatment as per provincial standards/guidelines
- Develop a process to deal with any adverse or unexpected events during a teleconference session i.e. fall, medical emergency, etc.
- Establish and maintain professional boundaries during telepractice sessions

**When the use of telepractice crosses jurisdictions, the occupational therapist does not need to be registered in the jurisdiction in which the client resides in the following situations:**

- The OT is providing education, in the form of an online workshop/ webinar, etc. to an audience in another jurisdiction(s). The presenting therapist(s) must introduce themselves as an occupational therapist currently registered to practice in their own jurisdiction.
- The OT is carrying out an initial assessment or reassessment, intervention and/or ongoing treatment with a client in another jurisdiction(s).

**As an occupational therapist using telepractice across jurisdictions, you must:**

- Notify the client of the location from which you are providing the service
- Understand the regulations, standards, and guidelines of the jurisdiction in which the client is located to ensure you are complying with practice requirements in that jurisdiction
- Ensure that you are aware of restricted/reserved activities/controlled acts in that jurisdiction as these vary
- Ensure that your liability insurance provides coverage for telepractice activities
- Ensure you have adequate information about that jurisdiction to provide effective OT services and make any limitations clear to the client i.e. knowledge of local resources
- Be aware that your regulator has authority to investigate and consider a complaint about you regardless of where the client is located.

Approved By	Original approval	Reviewed/Revised	Next Review
Board of Directors			



## **Telepractice Information for Clients**

**Telepractice refers to the use of technology (e.g. telephone, email, video, etc.) by occupational therapists to provide client care or to share health information.**

**Here is a list of questions that clients typically have about telepractice and what to expect when it is used.**

### **Why would I want to have a telepractice appointment?**

Telepractice can help you get access to occupational therapists, who may not be in the same city or province as you. It can also be a more convenient way to see your occupational therapist, because you don't have to travel to the occupational therapist's office, and you decrease the time out of your day for the appointment

### **How will my occupational therapist know how to use telepractice properly?**

The occupational therapy regulatory organization in each province registers occupational therapists and ensures they treat clients appropriately. The *"ACOTRO Position Statement Regarding Telepractice"* and provincial policies explain how your occupational therapist should use telepractice to provide care. For more information – contact the regulatory organization in your province

### **Is the quality of care I get during a telepractice appointment different than the quality of care I would get in-person?**

The care your occupational therapist provides you during a telepractice appointment must be of the same quality as care provided in-person. Your occupational therapist must meet the same expectations that apply to in-person care. For example, they must: have your consent for the treatment and any follow-up, keep your health information private and confidential, and keep client records.

### **How will I know if a telepractice appointment is an option for me?**

Your occupational therapist will talk to you about whether telepractice is an option, and will advise whether telepractice is suitable for you. You can help your occupational therapist by telling him or her if you have any concerns about having a telepractice appointment. Telepractice may not always be appropriate for you.

### **I use an app on my phone to make video calls to my friends and family. Can I talk to my occupational therapist this way?**

No. Your occupational therapist must use secure video technology to keep your health information private and confidential. Talk to your occupational therapist about whether there is other technology you can use that is secure.

### **I would prefer to use an app on my phone to make video calls to my occupational therapist, even if this means my health information may be shared with others by accident. If I tell my occupational therapist that I do not care who sees my health information, can I talk to my occupational therapist this way?**

No. Your occupational therapist has legal obligations to keep your health information private and confidential. Your occupational therapist is required to use technology that is secure, and will protect your health information.

**Does it matter where I am during my telepractice appointment?**

Yes. You can help your occupational therapist keep your health information private and confidential by being in a space that allows you to talk with your occupational therapist in private. For example, you should not be in a public setting, such as in a coffee shop or shopping mall.

**Can telepractice be used to see an occupational therapist outside the province where I live?**

Yes. Telepractice can help you access care from an occupational therapist you may not otherwise be able to get to in-person. This includes occupational therapists in another province. You should always check to see where the occupational therapist is registered to practice and that there are no restrictions on their registration.

**Should I tell my local occupational therapist about the care I receive from an occupational therapist outside my province using telepractice?**

If you are thinking about making a telepractice appointment to see an occupational therapist outside your province, you may want to talk to your local occupational therapist about it.

If you see an occupational therapist outside your province, you may want to ask for a summary of the care you received, so you can share this information with your local occupational therapist.

**Do I have to pay for the care I receive during telepractice appointments?**

If the care is not covered by the provincial government of your province (e.g., OHIP) or your private insurance, you may have to pay out-of-pocket for the care you receive. If you see an occupational therapist outside your province, you may want to check to see if the care will be covered first.

**What should I do if I am worried about the care I receive?**

Contact the regulatory organization in your province if you have any questions or concerns about the care you receive. If the care is provided by an occupational therapist who is not registered with that organization, they can help direct you to the appropriate regulatory organization.



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Patient Relations Committee  
**Subject:** Retirement of Guide to the Code of Ethics

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Page 1 of 2

### **Recommendation:**

***THAT** Council approves that the Guide to the Code of Ethics be retired.*

### **Public Interest in this Issue:**

The public needs to be assured that occupational therapists understand and can comply with expected ethical standards as set by their regulator. While the Guide to the Code of Ethics was originally intended to accompany the Code of Ethics, it is outlined below that the College now has other resources and tools to guide occupational therapists towards ethical practice. Therefore, retiring this Guide does not impact public protection, as the utility and purpose of this document is represented elsewhere through other, more current, resources.

### **Background:**

In late 2020, the Patient Relations Committee updated, and Council approved, the revised Code of Ethics. As an associated document, the Guide to the Code of Ethics was reviewed by Patient Relations with a goal to update this resource as well. Part of this review involved leveraging the experience and knowledge of the Practice team in how these documents tend to surface through the Practice service. Some concerns were raised by Practice including:

- The Guide is inconsistent with other information the College provides online, is not written from a regulatory lens, and some wording does not align with practice or with descriptions in The Code of Ethics.
- There is overlap with other documents such as Professional Boundaries and Conflict of Interest.
- There is repetition of concepts throughout the document, making it unnecessarily lengthy.
- Having been first issued in June 2012, the guide is outdated, including some examples given.
- The Guide is a less frequently viewed document on the College website.

In addition, the Patient Relations Committee discussed that the upcoming Prescribed Remediation and Education Program (PREP) through Quality Assurance for 2021 (opening in June) is on Ethics and Professionalism. This PREP will be an interactive module with current practice scenarios, and participation by all registrants is a regulation requirement. This will therefore provide all occupational therapists with direct, current, and practical education on this important topic. Following the online PREP, the education material remains available for reference again, should it be required or desired.

Lastly, it was considered that in the Investigations and Resolutions Program, an Ethics Remediation Workbook is used and available as a remedial tool when a registrant is determined to need, through a complaint or report, ethics education.

**Conclusion:**

Given the above, and after considering the option to update or retire the document, the Patient Relations Committee decided that the Guide was no longer needed. However, the committee advised that Appendix A in the Guide, could be a useful tool for the website and should be separated and updated. This Appendix, the Legislative and College Resources regarding Code of Ethics Principles, was updated and is attached below.

**Attachments:**

1. Legislative and College Resources regarding the Code of Ethics Principles
2. Guide to the Code of Ethics

# Legislative and College Resources Regarding the Code of Ethics Principles

Principles	Legislation	College
<b>Client-centred practice</b> <ul style="list-style-type: none"> <li>Meaning and purpose</li> <li>Diversity and individuality</li> </ul>	<i>Human Rights Code, 1990</i> <i>Health Care Consent Act, 1996</i> <i>Accessibility for Ontarians with Disabilities Act, 2005</i> <i>Truth and Reconciliation Commission of Canada (TRC) Report, December 2015</i> <i>Medical Assistance in Dying (MAID) Statute Law Amendment Act, 2017</i> <i>National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) Report, June 2019</i>	<ul style="list-style-type: none"> <li>Standards for Prevention and Management of Conflict of Interest</li> <li>PREP resources (Consent PREP)</li> <li>Essential Competencies for Occupational Therapists in Canada</li> <li>Guidelines for Medical Assistance in Dying</li> <li>College Commitment to Anti-Racism Statement</li> </ul>
<b>Respect for autonomy</b> <ul style="list-style-type: none"> <li>Dignity and worth</li> </ul>	<i>Human Rights Code, 1990</i> <i>Substitute Decisions Act, 1992</i> <i>Health Care Consent Act, 1996</i> <i>Child and Family Services Act, 1990</i> <i>Personal Health Information Protection Act, 2004</i> Ontario Regulation 95/07: Professional Misconduct Regulation <i>Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017</i> <i>Cannabis Statute Law</i>	<ul style="list-style-type: none"> <li>Standards for the Prevention of Sexual Abuse</li> <li>Standards for Professional Boundaries</li> <li>Consent Checklist, Standards for Consent</li> <li>PREP resources related to privacy, consent, professional boundaries</li> <li>Guide to the Child and Family Services Act</li> </ul>

	<p><i>Amendment Act, 2018</i></p> <p><i>Bill 48, Safe and Supportive Classrooms Act, 2019</i></p> <p><i>Bill 116, Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019</i></p> <p><i>Bill 188, Economic and Fiscal Update Act, 2020</i></p>	
<b>Collaboration and communication</b>	<p><i>Regulated Health Professions Act, 1991</i></p> <p><i>Child and Family Services Act, 1990</i></p> <p><i>Personal Health Information Protection Act, 2004</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p> <p><i>Highway Traffic Act, 1990</i></p>	<ul style="list-style-type: none"> <li>• The Conscious Competence Model</li> <li>• Consent Checklist, Standards for Consent</li> <li>• PREP resources - Communication</li> <li>• All standards of practice (e.g. Standards for occupational therapists Assessments, Standards for Record Keeping, Standards for Consent)</li> <li>• Essential Competencies for Occupational Therapists in Canada</li> <li>• Guide to Discretionary Reporting of Fitness to Drive</li> </ul>
<b>Honesty</b>	<p><i>Occupational Therapy Act, 1991</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p>	<ul style="list-style-type: none"> <li>• Standards for Prevention and Management of Conflict of Interest</li> </ul>
<b>Fairness</b> <ul style="list-style-type: none"> <li>• Justice</li> <li>• Equity</li> </ul>	<p><i>Human Rights Code, 1990</i></p> <p><i>Accessibility for Ontarians with Disabilities Act, 2005</i></p>	<ul style="list-style-type: none"> <li>• The Conscious Competence Model</li> <li>• Practice Guidelines for Working in a Climate of Managed Resources</li> </ul>

<b>Accountability</b>	<p><i>Personal Health Information Protection Act, 2004</i></p> <p><i>Regulated Health Professions Act, 1991</i></p> <p><i>Child and Family Services Act, 1990</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p>	<ul style="list-style-type: none"> <li>• The Conscious Competence Model</li> <li>• Consent Checklist</li> <li>• Professional development resources</li> <li>• Competency Review and Evaluation resources</li> <li>• PREP resources</li> <li>• All standards of practice</li> </ul>
<b>Transparency</b>	<p><i>Apology Act, 2009</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p> <p><i>Protecting Patients Act, 2017</i></p>	<p>Standards for Prevention and Management of Conflict of Interest</p> <p>Standards for Record Keeping, Standards for Assessment, Standards for Consent</p> <p>College bylaws, June 2018</p>
<b>Professional Boundaries</b>	<p>Ontario Regulation 95/07: Professional Misconduct Regulation</p> <p>Current <i>Regulated Health Professions Act, 1991</i></p> <p><i>Protecting Patients Act, 2017</i></p>	<p>Standards for Professional Boundaries, 2015</p> <p>Standards for the Prevention of Sexual Abuse, 2018,</p> <p>Standards for Consent, 2017,</p> <p>Standards for Record Keeping, 2016</p>
<b>Conflict of Interest</b>	<p>Ontario Regulation 95/07: Professional Misconduct</p> <p>Current <i>Regulated Health Professions Act, 1991</i></p>	<p>Standards for Professional Boundaries, 2015</p> <p>Standards for the Prevention of Sexual Abuse, 2018,</p>

Policy Guidelines for Drafting  
Conflict of Interest Regulations  
by Health Regulatory  
Colleges (2005), Ministry of  
Health

College bylaws, 2020  
Standards for Record  
Keeping, 2016 Standards  
for Consent, 2017

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# Guide to the Code of Ethics

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Reformatted May 2016, Revised March 2020, December 2020

Issued June 2012

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## Introduction

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Occupational therapists are expected to use their judgement and are accountable for the decisions they make regarding individual clients and occupational therapy practice. The *Regulated Health Professions Act, 1991* recognizes occupational therapists as autonomous practitioners. The self-regulation of the profession requires occupational therapists to practise according to the Code of Ethics. It is an occupational therapist's responsibility to be familiar with and fulfill the professional obligations outlined in College publications.

Each practice area has unique complexities. When an occupational therapist encounters an unusual or challenging practice situation – in which the most ethical action is not immediately apparent – referring to the values and principles outlined in the Code of Ethics and this guide can help clarify the options and expectations.

## What is Good Practice?

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The College of Occupational Therapists of Ontario (the College) considers the values of respect and trust as fundamental to *good* practice. Ethical practice defines what is *good* – which means, what is right. The College expects all practitioners to commit to *good* practice. This commitment requires occupational therapists to consciously consider what is right in furthering the interests of our clients and what is right in protecting the public interest. The College's *Code of Ethics* outlines the key principles that help occupational therapists preserve and promote these values and enable clients to engage in meaningful ways with their world.

This Guide to the Code of Ethics further elaborates the values and principles that define *good* practice and conduct, and form the foundation of the College's regulations, standards and guidelines, and the regulatory framework for its Complaints, Discipline and Quality Assurance programs.

When a situation gives rise to moral uneasiness, occupational therapists need to think through the situation in a systematic way. The *Code of Ethics* offers a starting point for this moral deliberation by identifying the values and principles relevant in practice.

In complex situations, the College's decision-making framework (Conscious Decision-Making in Occupational Therapy Practice, 2012 and the 4A Approach to Conscious Decision-Making, 2019) can help occupational therapists consider the appropriate questions and determine if they need additional information to develop and identify other options. However, no tool or process will eliminate completely the difficulty of *some* decisions. If you are faced with a complex situation, it may be difficult to determine the right and *good* response. By following a conscious decision-making process, occupational therapists can feel confident they have reached an ethically defensible decision.

## Recognizing Ethical Issues in Practice

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Ethical issues can initially be experienced as an uncomfortable feeling that has been referred to as the “yuck factor.” This unease or distress can be felt emotionally, intellectually and even viscerally (the feeling makes some people feel nauseated). An unresolved ethical issue may lead you to avoid a task, hesitate to act or delay a decision or, you may try to sidestep the situation altogether by arguing that there isn’t enough time to deal with it. Even if these uncomfortable feelings are not experienced, it is important for you to reflect on your practice to determine if you are upholding the values and principles of ethical practice.

**Moral unease** arises when a situation creates a conflict with your values and sense of what is right. If you experience moral unease, it may be useful to revisit the values and principles of *good practice*. Being a *good practitioner* means consistently aiming to determine and do what is best for the client.

*With moral unease, the appropriate action can be clear – albeit uncomfortable. Imagine administering a standardized assessment to a child, and the child scores well below the norm. The mother anxiously asks how their child performed. It is normal to feel discomfort about relaying this information. In this case, the moral unease alerts the occupational therapist to the need to present the information in a respectful, professional manner.*

**Moral distress** can arise if you feel clear about what should be done, but you can’t do it.

*Imagine learning that a client, who will be discharged today, is working for a friend while receiving unemployment benefits. You feel this is wrong because it is associated with harm – it could lead to legal charges, and the client may be compromising their recovery. The client, though, could be facing significant financial or peer pressure to work. You clearly see the best action as taking the time to help the client think through the risk they are taking. However, because the therapeutic relationship is ending, you are unable to support them in making a conscious evaluation of their actions.*

A **moral dilemma** occurs when you are torn between two or more possible actions with no single or combination of options addressing all the issues. In such a situation, you face equally *good* or *bad* options. There are moral reasons to act in one way and to act in another way.

*Consider an occupational therapist who receives two urgent referrals at the same time. On the face of it they are clinically the same in terms of their priority. The clinician can only see one at a time. The occupational therapist may make the decision by chance or give priority to one principle over another to make the decision.*

## Managing Moral Distress

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Reflection is an important part of finding moral clarity. Unless you can understand the source of the distress and learn from the experience, the moral distress can linger and may affect your practice by causing you to avoid or resist similar situations. As additional ethical issues, conflicts and dilemmas appear over time, moral distress can build and become moral residue that stays with you, leading to job dissatisfaction and burnout.

Along with maintaining a work/life balance, professional support strategies are essential to maintaining capacity for *good* practice. Seek the help of peers and managers to support you in making a difficult decision. Some organizations have an ethicist or other staff member responsible for quality and risk issues. A lawyer might be available to clarify certain critical questions, and the College has practice consultants to help you. In certain practice contexts, the occupational therapist may need to make a conscious effort to seek support. Professional links and groups can offer direct support and advice on how to find a mentor.

## The Values and Principles of Good Practice

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The values and principles outlined in the Code of Ethics are at the heart of much of the legislative framework for occupational therapy practice. These values and principles align with the fundamental beliefs of the profession (*Enabling Occupation*, CAOT, 1997, *Enabling Occupation II*, CAOT, 2007) and the occupational therapist's legal obligations in Ontario. Novel challenges or situations may give rise to other values and/or principles.

Overwhelming systemic stressors – such as a major disaster or pandemic, or workforce issues – could require a temporary shift to values and principles that do not normally influence an occupational therapist's practice.

# Respect

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## a) Client-centred practice

The principle of client-centred care is at the core of occupational therapy. Centre your practice on the client's needs, wishes and abilities in the context of their priorities, supports and resources. Client-centred practice engenders a sense of being respected and encourages a collaborative approach.

**Meaning** and **purpose** are individually defined, crucial to motivation, and essential to fostering **dignity** and **worth**. Dignity is often described as an imprecise concept. Most people, though, can tell you when they feel their dignity has been affronted or compromised. Dignity is closely related to sense of worth; both notions are intimately connected to the idea of a person being of value in the world. Certain behaviours affirm the client's dignity while others erode it.

*A client recovering from a stroke is not concerned about dressing independently – their wife is willing to help them get dressed. The client, however, want to be able to make their wife a gin and tonic at 4 p.m. every afternoon as they have done since retiring. This tradition is meaningful to them and being able to continue it is their number one goal for therapy.*

**Diversity** and **individuality** are important elements of client-centred practice. They are equally important with organizational clients; for example, companies, governments and institutions.

A client's uniqueness is multifaceted. It embraces specifics such as age, culture, gender, gender identity, religious beliefs, sexuality, socio-economic status and health literacy. It is expressed in spirituality, health belief systems, personal values and lifestyle preferences.

*Terminology can be a matter of individual preference. To keep your practice client-centred, be respectful of how the client wishes to be addressed or use the term the client prefers.*

**Client-centred practice means** the occupational therapist always strives to see the whole person and their story and collaborates with the client or substitute decision-maker to set goals and plan care. It also means the occupational therapist avoids making assumptions about what a client regards as meaningful and purposeful, as well as being alert to the client's potential fluctuating capacity to make treatment decisions over the course of time and their health experience,

**Client-centred practice involves;** the occupational therapist obtaining informed consent for assessment, treatment and sharing personal health information, being non-judgemental about client priorities the occupational therapist does not share and relaying information about treatment and the treatment plan in a manner that is adapted to the client's abilities and preferred way of receiving information.

## b) Respect for autonomy

Respecting the client's right to make their own decisions helps ensure client-centred practice and reinforces or instils a sense of dignity in the client. Respect for autonomy also encourages respect for occupational therapists and the profession.

It can be challenging when a client makes a capable autonomous choice that does not align with what you think is the right, *good* or best option. However, respect for the individual's autonomy demands that the occupational therapist respect the client's choice.

*Consider a client who takes up smoking. While the occupational therapist may disagree with this choice, they must respect the client's right to make it. However, the occupational therapist cannot avoid certain consequences of the choice; for example, the client may have to go outside of the care facility to smoke, and the client's smoking may interfere with the safe use of oxygen.*

When a client is incapable of making autonomous decisions, the occupational therapist is presented with the task of evaluating the extent to which autonomy can be respected, or a substitute decision-maker consulted from the hierarchy.

*Simple oversights – such as discussing your weekend with a colleague while engaged in therapy – can make the client feel ignored and devalued.*

*The decision to apply a restraint of any kind can undermine dignity – even if only in the way others may perceive the client. The way the intervention is implemented can make a great difference. To maintain respect, pay attention to your nonverbal communication, such as touch, tone and expression.*

**Respect for autonomy means;** the occupational therapist informs the client about the services they recommend so the client can consent to or refuse the services, accepting the client's choices even when they do not align with the occupational therapists own and when working with a substitute decision-maker, acting in keeping with the prior expressed wishes of the client, the client's values (when known) and the client's best interests.

**Respect for autonomy involves** the occupational therapist regularly reviewing the College's Consent Standards checklist, working toward achieving the client's priority goals rather than those the occupational therapist feel are important and respecting client's wish not to share certain information with others. It also involves working in a way that is client centred and focusing on interacting with the client and avoiding being distracted.

## c) Collaboration and Communication

Collaboration and communication enhance transparency, build trust and support the smooth delivery of integrated team practice. They also increase the likelihood of meeting client needs, minimizing errors and maximizing confidence in the treatment process.

Clear, respectful communication is key to developing the client/therapist relationship. A good principle of practice is to use a communication process that promotes shared understanding.



Effective communication involves establishing a feedback process and includes the appropriate use of verbal, non-verbal and written communication.

Practising as an autonomous practitioner can mean working in relative isolation or as part of a large interprofessional team. Regardless, an occupational therapist must always work in collaboration with the client and colleagues. **occupational therapists must work well with others to uphold the values and principles of good practice.**

Many factors can make collaboration challenging, including complex relationships in a client's support network. Regardless, the occupational therapist is responsible for ensuring that the client gets maximum benefit from the combined efforts of the health care team and that a colleague can carry on seamlessly if the occupational therapist must pass on responsibility for the client.

**Collaboration and communication mean** the occupational therapist maintains the confidentiality and security of client information, professionally sharing information and fulfilling professional obligations when there is a duty to report or warn it also means reducing misunderstanding and conflicts by ensuring everyone is clear about what needs to be done and improving intervention over the long term by enhancing service delivery through respectful, collaborative relationships with clients and others.

**Collaboration and communication involve** but is not limited to, the occupational therapist keeping up to date documentation including clinical reasoning, involving each client as a full participant in the service process, being aware of nonverbal communication and agreeing to a clear treatment plan with each client and with consent, relevant collaborators (for example, professionals, referral sources, fee payers), keeping up to date documentation that includes clinical reasoning:

## Trust

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### a) Honesty

Honesty fosters trust more than anything else. It reduces the chance of a misunderstanding and helps the occupational therapist avoid moral distress.

Honesty exists alongside other virtuous traits, such as integrity and straightforwardness. These traits ensure that “how” the occupational therapist is honest is in keeping with other values and/or principles and the client's best interests.

At the core of honesty is truthfulness. You can speak an honest statement without being entirely truthful. For example, by telling a staff member that someone has raised a concern about their fitness to practise but leaving out that the “someone” is you or your manager is not being entirely truthful. Truthfulness is about taking care not to deceive in any way. Small deceptions can be tempting when truthfulness is uncomfortable or painful. However, any deception – even well-intentioned – can damage the trust that is essential to *good practice*.



*A client's partner is holding great expectations for the benefits of an intensive therapy program. While being positive and hopeful, it is important for the occupational therapist to avoid creating false hope.*

*Imagine that the substitute decision-maker for a client has asked that the client's medications be dissolved in a glass of juice to avoid the upset that occurs when the client sees the pills. The team is prepared to grant the request, but you feel uneasy about it. Share your misgivings with the team to be true to yourself and to promote the idea that values and principles must only be overruled with good reason.*

**Honesty means** the occupational therapist recognizes when their values conflict with client choices in which case they should ensure that the conflict does not affect their practice. It also means sharing information that carries a duty to report and being truthful with everyone, including clients, third-party payers, supervisors, colleagues and co-workers

**Honesty involves** the occupational therapist discussing the potential for overstepping professional boundaries with a client and creating a plan to resolve the situation which may include transferring the client to another occupational therapist. The occupational therapist should report whenever they are unfit to practice and speak up when they feel moral distress about an incident that happened or treatment plan that does not promote the core values of occupational therapy.

## b) Fairness

Fairness enhances transparency and builds trust. While increasing equity in health and community care, fairness also reduces moral distress for both the occupational therapist and their clients.

In the context of *good* practice, justice encompasses not only the notion of legal justice – practicing in accordance with the law – but the idea of moral rightness. Issues that arise in practice require a just resolution.

*An outpatient clinic has a high number of no-shows. These missed appointments mean wasted time and lost opportunities for people who need services. A first response might be a “three strikes policy” – after missing three appointments, a client is no longer booked. Such a policy may not violate the law, but it may not feel right because some clients have understandable difficulties with keeping appointments. It may be possible and fair to offer a walk-in clinic on certain days so these clients can receive therapy.*

The society is recognizing that there are racial barriers in workplaces including in areas where health care professional work. Indeed, COVID-19 pandemic has proven that racism is a public health crisis. To address these barriers, occupational therapists should practise justice in dealings with others and within the scope of their work strive to ensure diversity, equity and inclusion in the provision of occupational therapy services. In this context:

- Diversity is about the individual. It is about the variety of unique dimensions, qualities and characteristics we all possess.
- Inclusion is about the collective. It is about creating a culture that strives for equity and embraces, respects, accepts and values difference.

Embracing diversity and inclusion is about capturing the uniqueness of the individual, creating an environment that values and respects individuals for their talents, skills and abilities to the benefit of the collective. As stated earlier, diversity in occupational therapy practice is a important ingredient in client-centred practise.

*Engaging with and seeking the opinion or feedback of clients may be empowering to your clients particularly those who feel marginalized and alienated by the usual process of gathering input? So too is going out of your way to offer your support and services to racialized and marginalized communities who may otherwise not receive such services because they are uninsured, undocumented or are in insecure/remote location.*

Equity in occupational therapy practice is about the fair and respectful services. It extends the idea of justice to the ideal of social justice or distributive justice. Equity expects that like cases are treated alike. This can be challenging because people and their needs and contexts are hard to compare. Equity, though, expects that the needs of all are considered in allocating resources to individuals.

*It may take time to arrange for an interpreter to assist with a client who is deaf, but making the effort helps ensure that the client is not marginalized and receives the same service as others.*

*Occasionally, you may have a particularly complex relationship with a client and/or the client's support network. This complexity can be due to a personality clash or value difference, or it can be because the client makes you feel uncomfortable. You may, for example, feel discomfort while working with a client who relates to their family in a manner you find abrupt and angry. It would be wrong to minimize the attention you give this client. They are as entitled to therapy as someone whose behaviours are more consistent with your values and communication style.*

**Fairness means** the occupational therapist distributes their time and services between clients in an unbiased, neutral manner. It also means advocating within their service context for safe, ethical effective practice and delivering services to all clients in keeping with legislation, regulations standards and guidelines.

**Fairness involves** the occupational therapist responding to referrals in a timely manner, supervising the work of the staff they manage in a balanced, unbiased manner and identifying all of the stakeholders involved in a client's care and addressing any competing interests between them. It also involves making reasonable accommodation for the special needs and preferences of everyone the occupational therapist collaborate with and providing services to and making reasonable effort to remove or minimize a barrier to equitable service delivery.

### c) Accountability

As regulated professionals, occupational therapists are required to clearly demonstrate that they serve each client's best interests. They must demonstrate benevolence by committing to serve and protect the best interests of their clients. This is because their primary role as healthcare professionals is to benefit the clients by providing them with transparent, honest services while striving to do no harm. They are accountable for their actions and must be able to explain them. Accountability promotes quality practice and maintains public confidence in the profession.

*Writing and signing documentation is an act of accountability. Following through on commitments – from contacting a client or colleague within the promised timeframe, to completing assessments and reports, to explaining why you are late for an appointment – shows accountability.*

**Accountability means** the occupational therapist makes the best interest of the client central to service delivery, ensuring and defining their sphere of competence. It means maintaining an up-to-date

awareness of the laws, regulations, standards, policies and current evidence relevant to the services they provide. It also means ensuring that their clients receive the agreed upon services and are referred to an appropriate service when the occupational therapist cannot offer what is required.

**Accountability involves** the occupational therapist being responsible for their actions, fulfilling any legal duty to report and recognizing situations that require the use of clinical judgement to resolve an ethical and/or practice concern. It also involves discontinuing services only in consultation with the client and recognizing their responsibilities for both assigning and accepting an assignment only when the assignment is within their competence and scope. In addition, accountability involves appropriately addressing misconduct by another health care professional and engaging in regular professional development after identifying the assistance and resources they need to remain fully competent in providing quality services.

#### d) Transparency

To ensure integrity within the client-therapist relationship, the occupational therapists must communicate in a clear, open and thorough manner. It is inappropriate to withhold information that may influence the client's ability to be an informed participant. Transparency never substitutes for accountability – it supports it.

By avoiding misunderstandings about scope, competence, treatment plans and expectations, transparency reduces the possibility of conflicts. It helps develop moral integrity by promoting a trusting therapeutic relationship.

When transparency guides the occupational therapist's interactions and becomes central to their practice, it becomes embedded in the occupational therapist's professional identity. The occupational therapist with integrity consistently makes *good* choices, even when there is an opportunity for personal gain by making a different choice.

*Practising in an appropriately transparent manner can, at times, require focused conscious thought. It is best practice to carefully consider what informed consent means in each situation and inform each client of all the potential outcomes of an assessment or intervention. Ask: What would a reasonable person want to know? Or: What information will make the choice to consent or refuse most meaningful to this client? When assessing on behalf of a third-party payer, find out what benefits may be affected. Integrity leads you to do what is morally right, even when it takes extra effort.*

*If you made an error, transparency about the mistake is the best way to preserve the trust in the client/therapist relationship, even if the error may go unnoticed. Taking responsibility for an error may cause you anxiety, but immediate disclosure and an apology is what clients and their family members want and deserve. Allow integrity – your steady commitment to the values and principles of good practice – direct you to do what is right.*

**Transparency means the occupational therapist is**, open, professional and objective and is aware of potential competing interests and expectations of the client, other stakeholders and themselves. It also means that the occupational therapist is attentive to the expectations a client develops and is careful that the expectations are reasonable and justified. The occupational therapist need to be mindful not to misrepresent their role or competence to a client and must be careful to promote a shared understanding of the services and expected outcomes with the client and relevant stakeholders.

**Transparency involves** the occupational therapist acknowledging limitations in competence or scope relevant to a client's needs and providing professional occupational therapist credentials when requested. In addition, it involves presenting clear costs for services and taking reasonable steps to ensure advertising and media convey accurate, appropriate information that correctly identifies the occupational therapist's credentials, services and fees in keeping with College regulations and standards.

#### e) Professional Boundaries

Boundary crossing may be a subtle event in which the occupational therapist either initiates or allows the client conduct which may be a temporary excursion across appropriate professional lines. A single boundary crossing may constitute a professional impropriety without immediate harm to the client. A boundary crossing or a series of boundary crossings may lead to a boundary violation. A boundary violation is an overt change in the nature of the client/professional relationship from professional to personal. A client/professional relationship that moves to a personal relationship constitutes a boundary violation, which ultimately may subject the client to harm.

A professional-client relationship is an unequal relationship and in keeping with the standards of practice, the occupational therapist is responsible for establishing and maintaining professional boundaries relating to personal dignity, control, self-control, professional relationships, privacy and confidentiality to ensure that the trust a client has placed on them is maintained. They should be careful to avoid their words and actions being misinterpreted by the client. Occupational therapists should identify risks of potential boundary crossing and violation by establishing professional boundaries on an ongoing basis and managing violations should they occur.

**Professional Boundaries means** the occupational therapist is aware of the implicit and explicit demarcation separating the professional and personal relationship with a client. It also means the occupational therapist ensures their own competence, integrity and dependability with respect to identifying risk for potential boundary violations by establishing and maintaining appropriate professional boundaries on an ongoing basis.

**Professional Boundaries involves** the occupational therapist using their professional judgement to prevent boundary issues from arising and to establish and manage boundaries in a wide variety of circumstances. They should undertake an active and ongoing self-monitoring in therapeutic interactions or interpersonal relationships with clients to ensure professional boundaries are maintained.

#### f) Conflict of Interest

In occupational therapy practice, a conflict of interest arises when the occupational therapist has a relationship or interest, which could be seen by a reasonable person as improperly influencing their professional judgement or ability to act in the best interest of the client. An actual conflict of interest means an action has already occurred. A potential conflict of interest occurs where a neutral and informed person, would reasonably conclude that an occupational therapist may fail to fulfil their professional obligation to act in the best interest of the client. A perceived conflict of interest is where a neutral and informed person would reasonably conclude that the occupational therapist has been improperly influenced even if that is not actually the case. Therefore, a perceived or potential conflict of interest is as significant as an actual conflict of interest. An occupational therapist has a legal and ethical

duty to act in good faith and to deliver health care services in the best interest of their clients. A conflict of interest, whether actual, potential or perceived may compromise clients' trust, respect and confidence in the occupational therapist.

Professional boundary-crossing or violation often leads to a conflict of interest.

**Conflict of Interest means** it is the responsibility of the occupational therapist to anticipate, recognize and prevent a conflict of interest from occurring through an abuse of their power or authority. It also means that on an ongoing basis the occupational therapist proactively prevent or avoid a conflict of interest and where that is not possible, takes measures to effectively manage the conflict.

**Conflict of Interest involves** the occupational therapist using their professional judgement to prevent any conflicts of interest from arising and managing them appropriately when they occur. They should ensure that clients goals are reached and their words or actions are not misconstrued by the client.

DRAFT

## References

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### College references

Code of Ethics (2011)

Standards for Prevention and Management of Conflict of Interest (2012)

Consent Checklist (2011)

Conscious Decision-Making in Occupational Therapy Practice (2012)

The Conscious Competence Model (2009)

Standards for the Prevention of Sexual Abuse (2018)

Standards for Consent (2017)

Standards for Professional Boundaries (2015)

These documents are available at **[www.coto.org](http://www.coto.org)**.

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Townsend, E.A. (1997). *Enabling Occupation*. Ottawa: CAOT Publication ACE.

Townsend, E.A. and Polatajko, H. J. (2007). *Enabling Occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. Ottawa: CAOT Publication ACE.

### Other references

Canadian Centre for Diversity and Inclusion (CCDI), retrieved from: <https://ccdi.ca/our-story/diversity-defined/>



## Appendix A: College Resources and Legislative Guide to the Code of Ethics Principles

Principles	Legislation	College Resources
<b>Client-centred practice</b> <ul style="list-style-type: none"> <li>Meaning and purpose</li> <li>Diversity and individuality</li> </ul>	<p><i>Human Rights Code, 1990</i></p> <p><i>Health Care Consent Act, 1996</i></p> <p><i>Accessibility for Ontarians with Disabilities Act, 2005</i></p> <p><i>Truth and Reconciliation Commission of Canada (TRC) Report, December 2015</i></p> <p><i>Medical Assistance in Dying (MAID) Statute Law Amendment Act, 2017</i></p> <p><i>National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) Report, June 2019</i></p>	<ul style="list-style-type: none"> <li>Standards for Prevention and Management of Conflict of Interest</li> <li>PREP resources (Consent PREP)</li> <li>Essential Competencies for Occupational Therapists in Canada</li> <li>Guidelines for Medical Assistance in Dying</li> </ul>
<b>Respect for autonomy</b> <ul style="list-style-type: none"> <li>Dignity and worth</li> </ul>	<p><i>Human Rights Code, 1990</i></p> <p><i>Substitute Decisions Act, 1992</i></p> <p><i>Health Care Consent Act, 1996</i></p> <p><i>Child and Family Services Act, 1990</i></p> <p><i>Personal Health Information Protection Act, 2004</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p> <p><i>Cannabis, Smoke-Free Ontario and Road Safety Statute Law Amendment Act, 2017</i></p> <p><i>Cannabis Statute Law Amendment Act, 2018</i></p>	<ul style="list-style-type: none"> <li>Standards for the Prevention of Sexual Abuse</li> <li>Standards for Professional Boundaries</li> <li>Consent Checklist, Standards for Consent</li> <li>PREP resources related to privacy, consent, professional boundaries</li> <li>Guide to the Child and Family Services Act</li> </ul>

<b>Collaboration and communication</b>	<p><i>Regulated Health Professions Act, 1991</i></p> <p><i>Child and Family Services Act, 1990</i></p> <p><i>Personal Health Information Protection Act, 2004</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p>	<ul style="list-style-type: none"> <li>• The Conscious Competence Model</li> <li>• Consent Checklist, Standards for Consent</li> <li>• PREP resources - Communication</li> <li>• All standards of practice (e.g. Standards for occupational therapists Assessments, Standards for Record Keeping, Standards for Consent)</li> <li>• Essential Competencies for Occupational Therapists in Canada</li> <li>• Guide to Discretionary Reporting of Fitness to Drive</li> </ul>
<b>Honesty</b>	<p><i>Occupational Therapy Act, 1991</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p>	<ul style="list-style-type: none"> <li>• Standards for Prevention and Management of Conflict of Interest</li> </ul>
<b>Fairness</b>	<p><i>Human Rights Code, 1990</i></p> <p><i>Accessibility for Ontarians with Disabilities Act, 2005</i></p>	<ul style="list-style-type: none"> <li>• The Conscious Competence Model</li> <li>• Practice Guidelines for Working in a Climate of Managed Resources</li> </ul>
<b>Accountability</b>	<p><i>Personal Health Information Protection Act, 2004</i></p> <p><i>Regulated Health Professions Act, 1991</i></p> <p><i>Child and Family Services Act, 1990</i></p> <p>Ontario Regulation 95/07: Professional Misconduct Regulation</p>	<ul style="list-style-type: none"> <li>• The Conscious Competence Model</li> <li>• Consent Checklist</li> <li>• Professional development resources</li> <li>• Competency Review and Evaluation resources</li> <li>• PREP resources</li> <li>• All standards of practice</li> </ul>



<b>Transparency</b>	<i>Apology Act, 2009</i>  Ontario Regulation 95/07: Professional Misconduct Regulation  <i>Protecting Patients Act, 2017</i>	Standards for Prevention and Management of Conflict of Interest  Standards for Record Keeping, Standards for Assessment, Standards for Consent  College bylaws, June 2018
<b>Professional Boundaries and Conflict of Interest</b>	Ontario Regulation 95/07: Professional Misconduct Regulation  <i>Current Regulated Health Professions Act, 1991</i>  <i>Protecting Patients Act, 2017</i>	Standards for Professional Boundaries, 2015  Standards for Prevention and Management of Conflict of Interest, 2012  Standards for the Prevention of Sexual Abuse, 2018, Standards for Consent, 2017, Standards for Record Keeping, 2016

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## COUNCIL BRIEFING NOTE

**Date:** January 28, 2021  
**To:** Council  
**From:** Executive Committee  
**Subject:** Discontinuing Services Document Update

Page 1 of 2

### Recommendation:

*THAT Council approves the revised Discontinuing Services document for publication.*

### Background:

The [Guide to Discontinuation of Services](#) was originally issued February 2014 and reformatted November 2016 and is being brought forward for republication.

### Public Interest in this Issue

Discontinuing services with a client is a pivotal point in the therapeutic relationship, and the public need to clearly and succinctly understand what to expect as occupational therapists transition them from care. Revisions to this document assist the College to maintain trust with clients served by occupational therapists, and further the College's mandate for public protection by ensuring professional standards and resources are up-to-date and reflect evolving practice, so occupational therapists are practicing ethically, safely and effectively.

### Summary of Work

Date	Committee	Outcome
September 16, 2020	Practice Issues Subcommittee	<ul style="list-style-type: none"><li>Introduced to Subcommittee with accompanying environmental scan</li><li>Consideration regarding format (Standard/Guide)</li></ul>
October 8, 2020	Executive Committee	<ul style="list-style-type: none"><li>Leadership confirmed format as Guide and no objections from Executive</li></ul>
October 3, 2020	Citizens Advisors Group (CAG)	<ul style="list-style-type: none"><li>Citizens Advisory Group (CAG) reviewed the Guide and recommended it be written in plain language with a client-centred focus using a Patient-Provider Partnership model that includes transparent and collaborative decision making.</li><li>See attachment for the full report</li></ul>
November 25, 2020	Practice Issues Subcommittee	<ul style="list-style-type: none"><li>Reviewed the revised version and suggested minor edits.</li></ul>
January 4, 2021	Plain Language Review	<ul style="list-style-type: none"><li>Revised and renamed accordingly</li></ul>

**Summary of Work (continued)**

Date	Committee	Outcome
January 11, 2021	<b>Executive Committee</b>	<ul style="list-style-type: none"><li>• Approve revised document for Council review</li></ul>

**Discussion: Revised Document**

Attached is the revised document that has been adapted based on feedback from the environmental scan, Practice Issues Subcommittee, Executive and the Citizens Advisory Group (CAG). Below are some of the main changes to the document:

- Informed by CAG, is the addition of a section entitled: The Client and Caregiver Perspective. This reflects the importance of the client's voice and a reminder for occupational therapists to use a partnership approach when concluding services with a client.
- Addition of the section entitled: Interpreting the Professional Misconduct Regulation. This section helps the reader understand the four components of the regulation that relates to discontinuation and provides practice examples that help illustrate concepts.
- The examples used in Reasons for Discontinuation of Services section have been revised and reflect current trends and terminology. Principles relating to a change in the therapeutic relationship are explicitly outlined.
- The resource concludes with a summary section emphasizing a client-centred focus and professional and ethical approach to discontinuation.

**Decisions:**

Council is asked to approve the updated document Discontinuing Services, for publication.

**Attachment(s):**

1. Current Guide, Discontinuation of Services
2. Revised document, Discontinuing Services



# Guide to Discontinuation of Services

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Reformatted November 2016

Originally Issued February 2014

This Guide discusses important considerations associated with the discontinuation of services.

Terminating the client-therapist relationship is an inevitable part of the therapeutic relationship over the continuum of client care. This is usually anticipated to be a discharge from service, upon the completion of the intervention process and/or achievement of planned outcomes. The decision to discharge is directly linked to a clear and thorough understanding of the initial request for service, the expected outcomes, and the plan to achieve these goals. Preparing for discharge therefore begins with the referral and is an ongoing consideration throughout the intervention process.

It is recognized that an unplanned, unanticipated or unintended end to the client-therapist relationship can occur, prior to the completion of the requested service and intervention plan. This is termed *discontinuation of service* and may include (but is not limited to) the following situations:

- the client requests that services be discontinued;
- alternate services are arranged;
- the client is unable to meet agreed upon terms of payment for services provided;
- funding for the services is no longer available;
- discharge from services under circumstances that are based on the agency/institution priorities and/or processes;
- the client has been given reasonable opportunity to achieve set client goals but has been unsuccessful due to a lack of engagement, readiness, or motivation;
- the facility providing services has exhausted the resources allocated to those services;
- the OT feels unable to objectively and effectively provide services due to issues of transference/counter-transference or other boundary crossings or violations;
- the OT's sense of personal safety and well-being is perceived to be compromised.

It is important to understand that the discontinuation of needed professional services is addressed Ontario Regulation 95/07: Professional Misconduct. Specifically, the discontinuation of service would be viewed as professional misconduct unless the discontinuation can reasonably be regarded by Registrants 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.

(Ontario Regulation 95/07: Professional Misconduct.)

As with most regulations, the criteria leaves room for interpretation, and in the actual practice setting it is not always clear how these rules apply. There are some general practices which occupational therapists will find helpful to keep in mind when considering their responsibilities with regard to discontinuation of service.

- It is recommended that the OT thoroughly negotiate with all involved clients, the terms of the request for service, being mindful of the implications for discharge. The OT should clarify the scope

of the referral, the expected outcomes, the process for assessment and if indicated, treatment. These factors should be discussed with the client, the referral source and any other stakeholders involved (e.g., client's legal representative, family member[s]) to ensure everyone's expectations are clear and agreed upon before the process begins.

- It is important to recognize that conflicts, unexpected barriers or a change in events may interfere with the original intervention plan. It is recommended that when these situations do arise, the OT must carefully consider the issues and choose a course of action based on a process of evaluation. Further discussion, negotiation or clarification with the appropriate stakeholders is advisable before action is taken.
- It is not uncommon to be in a situation where discontinuation of service occurs before all of the client's needs are fully met, or the OT's recommendations are completely carried out. This may be appropriate in certain circumstances, however, it is recommended that the status of goals and recommendations at the time of discharge be documented and available options for follow-up are included.

## Practice Scenarios

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### Practice Scenario 1: Tendering a resignation or terminating contractual obligations

I had a contractual employment relationship with a rehab company, in which I am the only OT employed by the agency. My contract has been terminated abruptly and many of my clients continue to require occupational therapy intervention. Is it my responsibility to arrange for alternate services?

#### Response

It is not necessarily the OT's responsibility to arrange for alternate services in this situation. Ideally, the termination process and responsibilities of the employee and employer were determined when the employment contract was first negotiated. Regardless of when the discussion occurs, the primary concern in this scenario is that all of the OT's clients need to be informed of the change in service provision, and provided with information about opportunities for alternate service (i.e., plan for a replacement or alternate resources). Although it may be the employer who does this, the OT has an obligation to ensure that the employer is aware of the client's right to information. In some situations, where the relationship is not amenable to open discussion, the OT may need to communicate these expectations in writing to the employer. It is expected that the OT will take all reasonable steps to ensure that the clients are advised of the options available to them.

In addition to providing notice to the clients, it is important that the client records be maintained appropriately (e.g., securely and for the required time) and that access to these records be granted to the appropriate individuals.

The OT has an obligation to ensure the employer is aware of and will meet these requirements. The OT

may need to take further action if he/she does not have the confidence that the employer will follow through with this responsibility.

In some cases, there may be clients who want to continue to receive service from the original OT. The OT may be in a position to accommodate this request, providing it is not contrary to a previous contractual agreement and is done in an open and transparent manner. The OT may not solicit business from any of these individuals and, if they request service, the OT should ensure these clients are also aware of any alternate options.

### Practice Scenario 2: Client's refusal to proceed with proposed intervention

I have completed an assessment with my client and proposed a treatment plan. My client has indicated he is not in agreement with the plan and will not give consent for me to continue. As he does not want to proceed any further, I am planning to discharge him. Is that appropriate?

#### Response:

It is not appropriate for the OT to assume that refusal to proceed with an intervention is grounds for discontinuation of service. The client's refusal to proceed means that they have not provided consent for the proposed treatment. The OT should stop, pause and reflect on the collaborative and client-centred nature of the client-therapist relationship and manage the situation accordingly. It is apparent in this scenario that the client remains in need of services as identified in the assessment. Rather than moving into discharge planning, the OT may need to ensure the client is capable of making an informed decision to withdraw consent. If it is clear that the client has the capacity to withdraw consent then the OT must explore other factors. As informed consent includes the understanding of the risks associated with not receiving the intervention, the OT should review these with the client. The refusal to proceed may be due to any one of a number of reasons (e.g., personal conflict, discomfort with the type of intervention, disagreement with the goals). It is necessary for the OT to gain some further understanding of the problem and manage the situation accordingly. The client must be provided with information about other options or alternatives prior to a decision to discontinue. If the client is not deemed capable of withdrawing consent, then the OT should be discussing the treatment plan and gaining consent from a substitute decision maker. The discharge of the client in this situation involves the ethical principle of *respect for autonomy*, which recognizes the client's right to make choices for himself or herself, including the choice to decline services.

### Practice Scenario 3: Client's failure to follow through with treatment or achieve goals

I have been working with a client for over a year on the same treatment goal to establish increased independence. I have made many recommendations which my client has not followed through with, despite my efforts to identify the potential risks and benefits of doing so. She is not progressing and therefore I have informed her that I plan to discharge unless she follows through with the treatment plan. Is that okay?

#### Response:

Providing clients with “or else ultimatums” or taking a coercive approach to treatment is not conducive to supporting the client-therapist relationship nor does it assist the client in progressing. At the same time, it is important to provide value for service in health care. This may require being transparent and supportive with the client as it relates to the facility policies and mandates.

This scenario therefore provides a good example of why it is important to discuss and agree upon the treatment goals and the plan prior to engaging in the process. Each client-therapist relationship should be treated as a contractual agreement from the beginning. This helps to set clear expectations in terms of targeted treatment outcomes and the type and length of services to be provided. It is important to recognize and respect individual differences among clients and to make reasonable modifications to the treatment plan with consideration to client expectations as appropriate.

In determining how best to manage this scenario, it is important to understand that the issue is, what is considered reasonable? The term reasonable would suggest that the OT has discussed the issue with the client and has provided clear options, expectations and sufficient time to complete the goals. Within the context of this discussion, the option of discontinuing services permanently or until the client demonstrated a readiness to re-engage could potentially be put forth.

#### **Practice Scenario 4: Identification of OT needs not initially identified in scope of referral request**

I was asked to assess and treat a client for one specific problem. In the course of completing this request, I have become aware of several other problems which could be resolved through OT intervention. The funding agency does not feel it is necessary for me to continue but I have indicated that I cannot discharge knowing that my client is in need of further service. Am I right?

#### **Response:**

It is the OT's obligation to assess the client as per the Standards for Occupational Therapy Assessments, which may result in the OT identifying additional areas of need. However, it is not expected that the OT will treat these additional areas of need, particularly if they fall beyond the scope of the original service request and in consideration of the existing policies and mandates within the practice setting. The OT should take steps to fully document these needs and reasonably identify options to address them. In the event that these needs pose an immediate safety risk, it would be important for the OT to apply clinical judgment to directly manage the situation or determine appropriate management in consultation with other stakeholders.

This scenario also highlights the importance of clarifying the scope of the request and proposed intervention initially. Consideration of issues related to scope should occur at the point of screening the referral and may need to continue throughout the assessment and intervention phase. As part of the contractual agreement to proceed with a referral, all the players need to be clear about the scope of occupational therapy services to be provided. Clients should understand the limits of the request and referral sources need to be aware of the extent of the intervention. It is not uncommon for an OT to become aware of additional problems or intervention needs through the course of assessing and treating a client for a specific request. This situation is more easily handled if it has been anticipated



and discussed ahead of time. Should the OT be in the position of identifying further needs, the OT must communicate these observations to the client, document them in the record and, with consent, share them with the referral source or any other appropriate person.



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# Discontinuing Services

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Revised January 2021

Originally Issued February 2014

### Purpose of this Document

Occupational therapy services end for many reasons. Ideally, they end when the client and therapist find that they have met their agreed-on goals. The decision to end service is directly linked to a clear understanding of the initial request for service and a mutual understanding of the treatment plan, proposed therapy, and expected outcomes. For this reason, it is often said that preparing for ending services starts at the first visit.

While a seamless plan of care is ideal, the end to occupational therapy service is sometimes unplanned or unexpected. In these cases, an occupational therapist must take care to minimize the disruption and impact for clients.

This guide describes the expectations when ending occupational therapy service; whether planned or unplanned.

### The Client and Caregiver Perspective

The College of Occupational Therapists of Ontario consulted with a group of clients and caregivers who contributed to the development of the document. This group reminds us that clients expect and highly value “partnership” with their occupational therapist. This is especially true when services are coming to an end. Some clients and caregivers report that ending services can feel abrupt and appear “one-sided.”

Clients and their caregivers want to be included in conversations about how, when, and why services finish. They value open and transparent talks about their choices and options. Occupational therapists need to be considerate about client rights and preferences.

### The Rules About Ending Services

To protect the public, there are rules that health providers must follow when ending services. These are set out in [Professional Misconduct \(Ontario Regulation 95/07\)](#) of the *Occupational Therapy Act*.

The regulation says that when discontinuing needed professional services, an occupational therapist will consider the following:

1. Reasons for discontinuing the services,
2. Condition of the client,
3. Availability of alternate services, and
4. Opportunity is given to the client to arrange alternate services before the discontinuation.

An occupational therapist must comply with all four parts of this regulation if discontinuing services unexpectedly or before the agreed-upon end of service.

### Interpreting the Regulation

#### 1. Reason for discontinuation of services

The rationale for ending service must be considered reasonable, for example:

- The client prefers to stop treatment or wishes to work with another occupational therapist
- There are other service options
- Funding for service is no longer available
- The duration of the service is set out in advance and not subject to change
- The client's goals are not being met, or the service is not benefitting the client
- The occupational therapist's practice is closing or changing
- There is a risk to the occupational therapist's personal safety
- There have been [boundary crossings](#) in the therapeutic relationship
- Despite reasonable efforts to work through challenges, there has been a breakdown in trust or communication between the client and the therapist, and the relationship cannot be restored.

### 2. Condition of the Client

Occupational therapists have a greater responsibility to promote a smooth transition for clients who are at high risk for adverse outcomes if services end unexpectedly. For example, to assist with the continuity of care, an occupational therapist may help clients to find alternative services or directly refer the client to another service provider.

### 3. Availability of Alternative Services

To minimize any disruption, the availability of alternate services available for the client should be taken into consideration prior to ending services.

### 4. Opportunity for Client to Arrange Alternate Services Before the Discontinuation.

Clients are given reasonable amount of time to arrange for alternative services. Occupational therapists are to be considerate of how much advanced notice is provided to the client prior to the end of service. For example, an occupational therapist closing their practice will provide as much time as possible/appropriate to allow clients to find another provider.

It should be clear who is responsible for informing clients if there is a change in service provider, and the transfer of accountability for service should be reflected in the clinical record.

## Summary

The decision to end services with a client can be complex, especially if unexpected or unplanned. Clear and timely discussions with clients and caregivers help ensure a safe end to services. Maintaining professional attitudes and actions help in this transition. This means encouraging clients and their caregivers to ask important questions and make plans for alternative services. While ending services sometimes cannot be avoided, the occupational therapist can play a central role in minimizing disruptions and helping to ensure their clients' continued wellness.



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Executive Committee  
**Subject:** Framework for College Publications

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**Recommendation:**

*THAT Council approves the revised Framework For College Publications.*

**Public Interest in this Issue:**

A significant responsibility of the college is to review and update documents that convey to the public, and registrants, what to expect from occupational therapists. These documents are public-facing on the website and are widely used. The College strives to ensure that the documents are created, revised, updated and posted based on current practice and regulatory trends. The goal is for resources to be easy for registrants and the public to find, understand, and navigate. This aligns with college mission to promote public trust and confidence in the work of the College.

**Background:**

The Framework used to inform document creation and revision was last updated in 2012. Upon review, it was felt that it needed updating. Subcommittee agreed that the term and purpose of "Standards" are well understood by registrants, and this category of documentation is used consistently across regulators. However, confusion exists when understanding the difference between Guides and Guidelines. While the Framework aims to resolve some of this confusion, it is felt that registrants and the public will struggle to navigate the difference, making the purpose of this categorization questionable. Further, we do not believe that when searching our website, people would enter the terms "guide or guideline" but rather would just enter the subject matter topic, such as "discontinuation" or "social media."

In doing a quick environmental scan of other allied professionals, much disparity exists between how other colleges manage their public documents:

<b>Speech/Language And Audiology College</b>	Do not categorize documents, use the document name (Records, Supervision, Privacy). Do have a section of Practice Advice with what looks comparable to our "Guidelines."
<b>Physiotherapy College</b>	Only categorize by "Standard," and other documents are not categorized (i.e. "Reporting Obligations" and "Supervision Standard").
<b>Social Work College</b>	Has one main document, "Code of Ethics and Standards of Practice" (48 pages), then has other uncategorized documents like "Medical Assistance in Dying...etc."

<b>Registered Massage Therapy College</b>	Has a “Standards for Practice” document, plus “Guidelines and Bulletins” area (i.e. Bulletin 3 – Introduction to Diversity), and Position Statements (i.e. cannabis).
<b>Psychology College</b>	One Standard (26 pages), then an area for Legislation, Regulations and Bylaws (7 documents here).

The current College of Occupational Therapist’s Framework separates Guides and Guidelines as follows:

*Guides: “Alerts” - alert therapists to requirements and help them understand the potential impact of legislation or other rules. Advisories will not provide legal advice or interpretation of legislation but may suggest how therapists can comply. Examples may include privacy, consent, mandatory or discretionary reporting.*

*Guidelines: “Recommended Practice” - are created to enhance and support prudent practice. Guidelines may or may not be published in conjunction with a standard. Some guidelines are developed for an emerging area of practice where consensus has not yet been established or where the recommended practice applies to minimal registrants.*

On the website, this is presented as:

## Guides, Guidelines & Position Statements

Guides and Guidelines provide more details, context and recommendations on how to best comply with rules, regulations and standards.

Position Statements clarify the policies of the College and help OTs understand how the College will approach particular situations.

Guide: *Child, Youth and Family Services Act, 2017 (CYFSA)* - Guide updated 2019 ([English](#) | [French](#))

Guide to Controlled Acts and Delegation ([English](#) | [French](#))

Guide to Discontinuation of Services ([English](#) | [French](#))

Guide to Discretionary Reporting of Fitness to Drive ([English](#) | [French](#))

Guidelines for Working Within Managed Resources ([English](#) | [French](#))

Guidelines for Use of Social Media ([English](#) | [French](#))

Guideline: Use of Surveillance Material in Assessments ([English](#))

Guidelines for Working with Third Party Payers ([English](#) | [French](#))

Guidelines for Medical Assistance in Dying ([English](#) | [French](#))

Guidelines for Telepractice in Occupational Therapy ([English](#) | [French](#))

Guidelines for Private Practice ([English](#) | [French](#))

Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis - **Note:** Retired in 2020. Please check the [Guide to Controlled Acts and Delegation, 2020](#)

Use of Social Media Learning Module: Pause Before You Post ([English](#))

Several options were considered that may improve the presentation of College resources:

1. No change, continue as per the current Framework.

2. Combine Guides and Guidelines into one new category.
3. Not categorize after Standards and post all other documents by their title on one area of the website called Legislative and Practice Advisories.

Option 3 is the preferred route as it is simpler, and will be easier for searching the topic needed on the website and is consistent with general practice in the industry.

Therefore, the list of all the documents after the Standards becomes:

Legislative and Practice Advisories

Child & Family Services Act  
Controlled Acts and Delegation  
Discontinuation of Services  
Discretionary Reporting of Fitness to Drive  
Medical Assistance in Dying  
Private Practice  
Telepractice  
The Controlled Act of Communicating a Diagnosis  
Use of Social Media  
Use of Surveillance Materials in Assessments  
Working Within Managed Resources  
Working with Third-Party Payers

This recommendation has been presented on the attached Framework.

**Attachments:**

1. Current Document Framework
2. Updated Document Framework for Approval



## A Framework for College Publications

The College currently publishes a variety of documents that are intended to assist registrants in understanding the requirements and expectations of practice. They include Regulations, Position Statements, Briefing Notes, Guidelines, Guides and other unclassified documents (i.e. Working in a Climate of Managed Resources). Within each of these documents are a variety of messages; some describe an expected behaviour or quality of care, some provide advice and others provide interpretation of policy. The statements are not categorized within the document and therefore it is difficult for the reader to determine the intent of each message.

In order to provide clear information about the expectations of the College with respect to practice it is proposed that a framework for publications be developed. This would help ensure consistency in format and purpose of the documents. It would also assist the reader in understanding how to use the information within the document (e.g. expected behaviour or advice). It is proposed the publications fall under five different categories: Regulations, Advisory Statements or Guides, Standards, Guidelines and, Position Statements or Briefing Notes.

### TYPES OF PUBLICATIONS

#### **Regulations: describe the “*musts*”**

Regulations are prescriptive and do not allow for exceptions to the rule. Registrants must practice according to the laws that impact on their practice. Legally binding requirements will often be defined by legislation such as Personal Health Information Protection Act or in regulation (such as the Statutory Accident Benefits Schedule - SABS). Registrants may be disciplined for failing to follow the laws related to their practice or otherwise prosecuted by the identified authority for failing to comply with these rules.

The College is authorized to publish regulations under the Regulated Health Professions Act (e.g. professional misconduct, advertising, quality assurance). Development of regulations should be considered for aspects of practice that have the greatest potential to result in harm to the public (e.g. record keeping, conflict of interest). The Ministry of Health and Long Term Care establish the format and policy intent for regulations.

#### **Standards: describe “*minimum expectations*”**

A standard of practice is defined by the existing and generally accepted expectation of practice, according to the consensus of informed members. Standards are published to ensure registrants are aware of the minimum expectation for an aspect of practice. Standards reflect the most common and consistent approach to practice, but also allow for variations in how they are achieved, and allow for exceptions to the rule. Standards



are frequently evidenced within the literature, continuing education programs and academic curriculum of the profession. Standards will be used to evaluate practice for the purpose of quality assurance, complaints and discipline.

**Guidelines: describe “recommended practice”**

Guidelines are not intended to be mandatory, but are communicated in order to enhance practice and support prudent practice. Guidelines may be published in conjunction with a standard to help distinguish minimum expectations from desirable practice. Through publication of desirable practice, it is possible that over time some of these practices will become the norm and would therefore become a newly accepted standard. Guidelines may also be published without a corresponding standard, particularly for areas of practice that are emerging and a consensus of practice has not yet been established or where the behaviour may apply to a very small number of registrants.

**Advisory Statements/Guides: serve as “alerts”**

Advisory statements alert therapists to requirements, and serve to help them to understand the potential impact of legislation or other rules to their practice. Guides will not provide legal advice or interpretation of the rules but may suggest how therapists can comply with legislation (e.g. Guide to Health Care Consent, Guide to Child and Family Services, Guide to Privacy). There is considerable legislation that applies to the practice of occupational therapy that is imposed by other authorities. When these requirements are relevant to the majority of registrants, the College may publish advisory statements or guides.

**Position Statements/Briefing Notes: clarify and provide “interpretation”**

There are times when registrants will find it helpful to understand the position of the College in relation to issues that impact on their practice. Position statements or briefing notes clarify the policies of the College and help registrants understand how the College will approach particular situations. These documents will be interpretative in nature and may relate more to the behaviour/approach of the College than to expectations of registrants.

## **DOCUMENT DEVELOPMENT PROCESS**

In order to ensure a consistent approach to the publication of College documents a process for development needs to be followed. The main steps in the process are:

### **1. Identification of a Need**

When the College identifies the need or desire to provide guidance on an issue, it will be important to determine the overall purpose or intent of the communication. An issue may be identified by councilors, committees, and staff and/or as a result of a changing practice environment. When an issue is identified the Council first needs to determine if it relates to regulation of the profession and the mandate of the College.

To assist with this process, the issue may be reviewed according to the *Council Position Statement on Acting in the Public Interest* (January 2000).

This document recommends discussion occurs to answer the following questions:

## Key Questions

1. Does the issue relate to occupational therapy practice?
2. Is the issue in keeping with the principles of self-regulation?
3. Is the issue in keeping with the key concepts related to public interest? (see page 2)
4. Is this issue supported by our strategic plan? Our mission? Our vision? Does it advance our activities?
5. Is there documented public concern on the issue?

## Enabling Questions

1. Is the issue site specific or is it a collective issue? Does it concern the province as a whole, or a smaller geographic area?
2. Have the relevant stakeholders in the issue and their respective positions been identified?
3. Has this issue been raised by registrants? The Federation? The Professional Association? The Government? What are their respective positions?
4. Is there any additional evidence of research that supports or refutes the issue?
5. What are the timelines on responding to the issue? How does this fit with the current work plan, other College activities, and resource allocation?

## 2. Identification of Publication Purpose

Once the Council has determined an issue falls within the College mandate, based on the nature of the issue, the Council needs to determine the type of publication best suited to communicate the related messages. The explanation/definition of each category of publication (as described above) will be used to determine the type of publication to be developed for any particular issue. Determining the type of publication will provide further guidance as to the nature of consultation needed in relation to the issue. Council should also determine the most appropriate College resource for management of the issue (i.e. committee, staff). In addition to considering the definitions of each type of publication, the following clarifying questions should be addressed to assist in this process:

1. Is there legislation or regulation already in place to address this issue? Who has the authority for this legislation or regulation?
2. Is the purpose of the College message to establish rules or expectations (*regulation or standard*), provide guidance (*guide/briefing note*), promote desirable practice (*guideline*) or provide interpretation (*position statement*)?
3. Who will be the end-user of the information? (therapists, public, employer, payers)

### 3. Development of Key Messages

Any issue/topic that is to be prepared for publication will require development of key messages. This process will require analysis of the issue, possibly including stakeholder consultation, environmental scanning and benchmarking. The result of these consultations and discussion at the committee level will lead to development of a recommendation. The key messages to be communicated in the document will be moved forward to Council for consideration and approval.

### 4. Document Development

The identified committee and staff representative will initiate development of the document content based on the key messages. The specific process used to draft the document will be dependent on the type of publication. Council will approve the publication of all official documents.

### 5. Assigning of a document lifespan date

To ensure ongoing accuracy and relevancy of College documents over time, a review date will be quoted. This date will trigger the commencement of the document evaluation process described below.

## DOCUMENT EVALUATION PROCESS

A process whereby existing documents of the College would undergo a systematic review to ensure their accuracy and relevancy is described. Upon development, each document would have an assigned lifespan date that would initiate a review and possibly revisions after this time period. The following represents the recommended timelines based on document type:

- Regulations: Given the time intensive process and complexity of developing regulations, no formal lifespan will be assigned. The relevant committee will monitor the currency of regulations.
- Standards and Guides will be reviewed in detail every 5 years.
- Guidelines will be reviewed every 4 years.
- Position papers will be reviewed every 3 years.
- Advisory statements will be reviewed ad hoc.
- Miscellaneous documents will have a built in review date as needed.

Through the annual work plan development process, additional documents requiring revisions will also be identified.

The following Key Questions will be considered as part of the review process:

## KEY QUESTIONS

1. Are there changes in the internal College environment that directly or indirectly impact on the content of this document? Changes in this category include but are not limited to those changes that are relevant to the document and relate to changes in:
  - internal terminology,

- internal policies or processes,
  - College documents, or
  - Practice issues arising in College program areas.
2. Are there changes in the external environment that directly or indirectly impact on the content of this document? Changes in this category include but are not limited to those changes that are relevant to the document and relate to:
    - legislation or regulation,
    - external terminology,
    - external organizations' policies or processes,
    - government directions or initiatives,
    - data that are collected through the College Practice Resource Service or,
    - Feedback received through Practice Resource Service (i.e. registrants).
  3. Are changes anticipated to the internal or external environment in the near future that will have a foreseeable impact on the content of the document?
  4. Does the College document that is under consideration for review still address one or more issues that are relevant in the College's role to register and regulate Ontario's occupational therapists?

This review process will be operationally managed by the relevant committee(s). Council will be informed about all documents that have been reviewed and approval will be sought as required. Minor revisions will come as FYI whereby significant changes may require Council approval. Once a document is reviewed/revised and approved, a new date will be placed on the document, with the original date still appearing.



(Approved June 2005, Revised January 2012 and January 2021)

## A Framework for College Publications

The College publishes many documents to assist registrants in understanding the requirements and expectations when delivering occupational therapy services. These documents fall under the following categories: Regulations, Standards, and Legislative and Practice Advisories.

<b>Regulations: “The Musts”</b>	Review Period: Not specified, monitored by committee.
Regulations are prescriptive and do not allow exceptions. Registrants must practice according to the laws that impact their practice. Legally binding requirements will often be defined by legislation and registrants may be disciplined or prosecuted for failing to follow the laws related to their practice. The College is authorized to publish regulations under the Regulated Health Professions Act. Development of regulations should be considered for aspects of practice that pose potential risk to the public.	
<b>Standards: “Minimum Expectations”</b>	Review Period: 5 Years
A standard of practice defines the existing and generally accepted expectations of practice, according to the consensus of informed members. Standards reflect the most common and consistent approaches but allow for exceptions and variations in how they are achieved. Standards are frequently evidenced within the literature, continuing education programs, and academic curriculum of the profession. Standards will be used to evaluate practice for the purpose of quality assurance, complaints, and discipline.	
Public Consultation: YES, required per bylaws.	Education Plan: Webinar or teleconference.
<b>Legislative and Practice Advisories</b>	Review Period: 3-5 Years, or as required
When interpreting legislation, the introduction will include: “This document assists occupational therapists to apply the [NAME OF LEGISLATION] in practice. The title of the document will then be named accordingly (i.e. Child Youth and Family Services Act).	
When providing a practice resource, the introduction will say “This document will provide practice advice for [NAME OF DOCUMENT].” The document title will be named accordingly (i.e. Use of Social Media).	
Public Consultation: Not a requirement.	Education Plan: Webinar / newsletter roll out.

## DOCUMENT DEVELOPMENT AND EVALUATION

To ensure a consistent approach to the publication and review of College documents, a process has been developed, available here.

Developing and evaluating documents follows a series of steps, or “Phases” as explained below. The use of “Phases” will inform Council and Ministry reporting as we identify documents in different stages of the process.

### Phase 1: Needs Analysis

#### New Documents

When the College identifies the need to create documentation on an issue, determining the overall purpose or intent of the communication will be important. Council will confirm that it relates to regulation of the profession and the mandate of the College.

The following questions are to be considered:

#### Key Questions

1. Does it relate to occupational therapy practice?
2. Is it in keeping with the principles of self-regulation?
3. Is it in keeping with the key concepts related to public interest? (see page 2)
4. Is it supported by our strategic plan? Our mission? Our vision? Does it advance our activities?
5. Is there documented public concern on the issue?

#### Enabling Questions

1. Is the issue site specific or collective? Does it concern the province, or a smaller geographic area?
2. Have the relevant stakeholders and their respective positions been identified?
3. Has this issue been raised by registrants? HPRO? Associations? The Government? What are their respective positions?
4. Is there any additional evidence that supports or refutes the issue?
5. What are the timelines to respond? How does this fit with the current work plan, other College activities, and resource allocation?

#### Determine Document Type

Once it has been determined by Executive or Council that an issue falls within the College mandate, they advise on the type of publication best suited to communicate the related messages. The explanation / definition of each category of publication (as described above) will be guide this decision and will determine the consultation required. College resources for management of the issue (i.e. committee, staff) need to be decided. Other clarifying questions should also be considered:

1. Is there legislation or regulation already in place? Who has the authority for this legislation or regulation?
2. Is the purpose of the College message to establish rules or expectations (*regulation or standard*), promote desirable practice (*guideline*), or provide guidance (*advisory statement*)?
3. Who will be the end-user of the information (registrants, public, employers)?

Based on the publication purpose and document type, the lifespan, consultation needs, and education plan is established.

#### Establish Key Messages

Any issue/topic that is to be prepared for publication will need the development of key messages. This process requires analysis of the issue, possibly stakeholder consultation, environmental scanning, and benchmarking. The result of these are to be discussed at the committee level to lead to a recommendation.

The key messages to be communicated in the document will be moved forward to Executive / Council for consideration and approval. Following this approval, move to Phase 2.

#### **Existing Documents for Revision**

This process involves the systematic review of existing College documents to ensure their accuracy and relevancy. The lifespan determines the evaluation timeframe, and these are included in the workplan.

The relevant Committee and Council pre-approves all documents up for revision. If only minor changes are needed, these can be brought forward to Committee or Council as a FYI, but for more substantive changes, the following key questions are analyzed to inform decision making:

1. Are there changes to the **internal College environment** impacting document content? This may include, but are not limited to changes in internal terminology, policies or processes, other College documents, or practice issues arising in College program areas.
2. Are there changes in the **external College environment** impacting document content? This may include, but are not limited to, changes in legislation or regulation, external terminology, organizations' policies or processes, government directions or initiatives, data and feedback collected through the College Practice Resource Service or other programs.
3. Are **forthcoming changes anticipated** to the internal or external environment that will have a foreseeable impact on document content?
4. Does the document **still address one or more issues** that are relevant in the College's role to register and regulate Ontario's occupational therapists?

The answers to these questions and proposed next steps will be provided to Executive / Council for consideration and approval. Following this approval, move to Phase 2.

#### **Phase 2: Content Development or Revision**

For new documents, the identified committee and staff representative(s) will initiate development of the document based on the key messages. The specific process used to draft the document will be dependent on the type of publication.

For existing documents, the results of Phase 1 will drive the focus of Phase 2. This could include publications being retired, revised, updated, or escalated to a different type. Significant changes to documents require pre-approval.

Committee or Council will approve the draft or changed document to initiate Phase 3.

#### **Phase 3: Consultation and Approval**

If the document is a Standard, or if Council requires public consultation, this will be circulated online for feedback. This may also include the use of focus groups or other stakeholder consultation. Once responses are received, changes will be made by staff and provided back to Committee and Council for final approval and publication of all official documents. Once a document is reviewed/revised and approved, it will be posted with the new date and previous date represented.

### **DOCUMENT CONSISTENCY**

Working with communications, available templates, and existing documents, all efforts are to be made to ensure the consistency in approach, format, branding and process of all document development and review.



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2021  
**To:** Council  
**From:** Executive  
**Subject:** Standard Revisions and Streamlining

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### **Recommendation:**

*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.*

### **Public Interest in this Issue:**

All the Standards of Practice created, revised and updated, are public-facing and available on the website. They are leveraged and accessed heavily by registrants and the public to understand what to expect from occupational therapists. Ensuring these documents are accessible, easy to navigate, and clear is an important role for us as a regulator and allows us to continue to protect the public through clear practice expectations.

### **Issue:**

Approval in principle from Council is being sought to re-organize the presentation of College Standards of Practice. As standards are significant public facing College documents, Council approval for this work is prudent.

### **Background:**

A significant responsibility of the College, is to develop, review and update College documents. Each standard of practice is a separate document that has been developed and maintained independently of others. Currently, to revise a Standard, a work plan is created outlining which document(s) is up for revision based on the recommended review date or changes in the practice environment necessitating a change. Then, if there are multiple documents in need of updating, these are prioritized. The typical path of updating a Standard can take a year or longer, depending on the extent of the revisions. In addition, standards of practice require a public and stakeholder consultation, as per our usual college process. When Standards are updated, often new formats and flows are adopted, resulting in inconsistencies across previous Standards. Due to workload demands and emerging new and recommended trends in document creation, sometimes, existing documents are not updated at the desired frequency. The proposed streamlining would help to reduce these delays and address inconsistencies between documents.

The two next Standards up for renewal include Record Keeping (2021) and Consent (2022). The rest are current, with many being ready for review again in 2023. So, now is a good time to start this type of project.



A preliminary review was conducted of the existing standards with a view to possible streamlining of all these documents. The following was noted:

- Unedited, these are 200+ pages.
- Roughly edited (removal of lengthy introductions, wasted space), these are 103 pages.
- References are often outdated, being missed with other document revisions.
- Several inconsistencies in formatting exist, which are likely from the update of newer documents, while older documents stay in the previous format.
- Several inconsistencies in flow also exist, as these are updated at different times by different Subcommittee compositions, and older Standards are not always used to inform the newer changes.
- There is significant redundancy across Standards. Not only does one document refer to another, but it will also repeat other Standard content while referring to that Standard at the same time (for example, it will repeat some of the record-keeping requirements while also indicating to “refer to the standards of record-keeping”).

Some considerations for combining some, or all, of these together:

Pros	Cons
Provides Subcommittee with fewer anniversary dates for Standard review.	Is it more efficient for the public/registrants to navigate the documents separately?
Will eliminate inconsistencies in format and flow.	Will the quality of the content be jeopardized if these are combined / shortened?
Will resolve issues with references and reference updating.	Is removing redundancy bad if some concepts should be repeated (i.e. professional boundaries, consent, record keeping, etc.).
Can reduce or improve redundancies through hyperlinks between sections of the same document.	Will it be unnecessarily onerous to update one or two larger documents every few years versus several smaller documents yearly?
Can shorten considerably, making these easier for therapists and the public to navigate.	
Can promote increased awareness about additional information/resources available to OT's that guides safe and ethical service (e.g. as scrolling to find one reference may cue to other related information to help address issue).	
Streamlines the information on the website, reducing visual clutter with scanning for documents.	
Will likely save operational costs for consultation, translation, etc., when updates are less frequent.	

Can incorporate Plain Language (as needed or desired) with all documents.	
Can incorporate new competencies (coming in 2021) into the revisions.	
May help other programs that use the Standards as well to have a reduced number of documents, such as I&R and QA.	

### Environmental Scan

In doing a quick environmental scan of other regulators, much disparity exists between how they manage their public documents. Some have combined all Standards, or only some Standards, while others take our approach of keeping them separate. Some have a significant list of resources to navigate, others as few as three to five. All that to say, there is no guiding “best practice,” and really, each regulator can decide how to best manage their documents.

<b>Speech and Language Therapists/Audiologists</b>	Have three “Standards” and other documents not categorized. Code of Ethics is separate. Ten total documents.
<b>Physiotherapists</b>	Eleven Standards and one called “Consent.”
<b>Social Work</b>	Has one main document, “Code of Ethics and Standards of Practice” (48 pages).
<b>Massage Therapists</b>	Have two Standards (Acupuncture and Professional Boundaries), then 16 other items called Standard 1, Standard 2 etc.
<b>Psychologists</b>	One Standard (26 pages) with 15 headings.
<b>Opticians</b>	One “Standards of Practice” and a Code of Ethics.
<b>Psychotherapists</b>	One document, “Professional Practice Standards...”
<b>Respiratory Therapists</b>	One “Standards of Practice,” one “Professional Practice Guidelines,” and one “Commitment to Ethical Practice.”
<b>Nurses</b>	Nine documents total. One is “Professional Standards.”

### Other External Considerations

There is some movement in the regulatory space to update and streamline documents. This is being modelled in the UK, has been mentioned by Harry Cayton in his Governance Modernization Reports, and has already made its way here to some Colleges (College of Massage Therapy is embarking on a similar project noted in their meeting materials (2018), starting on Page 69 which also provides some background research they conducted on this topic: <https://www.cmta.com/assets/Council-Meeting-Materials-September-10-2018.pdf>). Here is an example from the Professional Standards Authority (UK) who just went through this process in 2019, citing the following on their website:

#### What is the difference between the new and old Standards?

The **new Standards** continue to measure the regulators' four core functions: guidance and standards, education and training, registration, and fitness to practise. However, the new Standards have been reduced and rationalised. We now have 18 Standards instead of 24. We have also introduced a set of General Standards to take out some of the duplication that was present in the 24 Standards. We also want to encourage more flexibility and agility in the regulators so some of the wording in the new Standards is less prescriptive.

#### Proposed Plan

One option would be amalgamating some, or all, of the documents, but a fulsome review of these would need to be conducted before making a final recommendation. Council's approval is sought, to start the process of understanding what might be the best approach to reorganizing.

As a visual, here is how the Standards currently display online:

#### Standards

Standards define the level of performance, as a consensus of the profession, which forms the framework for practicing and ensuring continuing competence.

Standards for Acupuncture ([English](#) | [French](#))

Standards for Consent ([English](#) | [French](#))

Standards for Infection Prevention and Control ([English](#) | [French](#))

Standards for Occupational Therapy Assessments ([English](#) | [French](#))

Standards for Prevention and Management of Conflict of Interest ([English](#) | [French](#))

Standards for the Prevention of Sexual Abuse ([English](#) | [French](#))

Standards for Professional Boundaries ([English](#) | [French](#))

Standards for Psychotherapy ([English](#) | [French](#))

Standards for Record Keeping ([English](#) | [French](#))

Standards for Supervision of Students ([English](#) | [French](#))

Standards for the Supervision of Occupational Therapist Assistants ([English](#) | [French](#))

Standards for Use of Title ([English](#) | [French](#))

#### Implications:

If approved, Executive will direct the Practice Issues Subcommittee to develop a work plan which may include stakeholder consultation. In addition, the Standards for Record Keeping, up for review during 2021, would be addressed and updated through this review, or prioritized soon after.

# FYI Package

## **BIO – Dr. Ruth Gallop**

Dr. Ruth Gallop is Professor Emeritus in the Bloomberg Faculty of Nursing, University of Toronto, and cross appointed to the Department of Psychiatry, Temerty Faculty of Medicine. She presents nationally and internationally on professional boundaries and the limits of the health professional relationship. She has provided over 60 expert opinions involving boundary violations and /or sexual abuse of clients in both Regulated College hearings and Civil Courts. She has advised many regulated colleges in Ontario and in other countries on boundary violation and sexual abuse by health professionals. She has spoken to 14 Ontario College Councils on Sexual Abuse Prevention. She is retained by several Colleges to provide confidential support to Sexual Abuse Claimants. Her clinical, treatment and funded research specialty has been on issues associated with clients perceived as treatment and management challenges. These patients often receive a diagnosis of borderline personality disorder; and have histories of severe early trauma including histories of childhood sexual abuse. She has published many papers, book chapters and spoken extensively on these subjects. Recently Dr. Gallop has prepared Web training programs on The Limits of the Professional Relationship for Colleges and Educational Programs. She also consults with several Regulated Colleges to assist in strategic planning and the revision of Advisory Documentation concerning Professional Boundaries, Sexual Abuse Prevention and the Use of Social Media.



## EXECUTIVE COMMITTEE MINUTES

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**Date:** Thursday, November 26, 2020 **Time:** 2:00 p.m.- 4:00 p.m.

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### **PRESENT:**

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

### **STAFF PRESENT:**

Elinor Larney, *Registrar*  
Julie Entwistle, *Deputy Registrar (4.2-4.3.1, 7.5-7.6)*  
Andjelina Stanier, *Executive Assistant, Scribe*

The Chair called the meeting to order at 2:00 p.m. and reminded everyone the purpose of the work of the committee is to protect the public.

### **1.0 Land Acknowledgement**

The Chair read the Land Acknowledgement statement.

### **2.0 Approval of Agenda**

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

MOVED BY: Jennifer Henderson

SECONDED BY: Peter Shenfield

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

**CARRIED**

### **3.0 Declaration of Conflict of Interest**

No conflicts of interest were declared.

### **4.0 Approval of Minutes**

**4.1** The Chair called for edits or other changes to the draft Minutes of October 8, 2020. None were reported.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

***THAT the Executive Minutes of October 8, 2020 be approved as presented.***

**CARRIED**

### **5.0 Governance**

#### **5.1 Committee Composition Changes**

Elinor explained that due to an accommodation request by a public member on the Inquiries, Complaints and Reports Committee, a change in composition is recommended for this committee as well the Patient Relations Committee effective January 1, 2021.

MOVED BY: Peter Shenfield  
SECONDED BY: Jennifer Henderson

***THAT** Executive approves the recommended changes to the statutory committee composition effective January 1, 2021.*

**CARRIED**

## **6.0 Business Arising**

### **6.1 Draft Performance Management Report**

The committee reviewed the draft Performance Management Report format prepared by Julie Entwistle. Julie summarized feedback she received thus far. Executive made several additional recommendations. Next steps are for Julie to prepare another draft with the data completed, which will be brought to Executive's January meeting with a view to its presentation to Council at their January meeting.

MOVED BY: Jennifer Henderson  
SECONDED BY: Peter Shenfield

***THAT** Executive recommends to Council that the Draft 2020-2023 Performance Management Report be approved for implementation.*

**CARRIED**

## **7.0 Next Meetings**

- Monday, January 11, 2021, 10:30 a.m. – 1:30 p.m. via video conference
- March TBD

## **8.0 Adjournment**

There being no further business, the meeting was adjourned at 2:05 p.m.

MOVED BY: Stephanie Schurr

***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.*





## EXECUTIVE COMMITTEE MINUTES

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**Date:** Thursday, October 8, 2020 Time: 10:00 a.m. – 1:00 p.m.

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### **PRESENT:**

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

### **STAFF PRESENT:**

Elinor Larney, *Registrar*  
Sandra Carter, *Practice Consultant (7.5 -7.6)*  
Julie Entwistle, *Deputy Registrar (4.2-4.3.1, 7.5-7.6)*  
Nabila Mohammed, *Director of Finance & Corporate Services (5.0)*  
Andjelina Stanier, *Executive Assistant, Scribe*

The Chair called the meeting to order at 10:00 a.m. and reminded everyone the purpose of the work of the committee is to protect the public.

### **1.0 Approval of Agenda**

The agenda was approved as presented.

MOVED BY: Stephanie Schurr

SECONDED BY: Peter Shenfield

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

**CARRIED**

### **2.0 Declaration of Conflict of Interest**

No conflicts of interest were declared.

### **3.0 Approval of Minutes**

The draft minutes of September 21, 2020 were approved with no changes reported.

MOVED BY: Jennifer Henderson

SECONDED BY: Peter Shenfield

***THAT the Executive Minutes of September 21, 2020 be approved as presented.***

**CARRIED**

### **4.0 Registrar's Report**

#### **4.1 Registrar's Update**

Health Professions Regulators of Ontario (HPRO) – Governance Training Session

HPRO is sponsoring a two-part training webinar on *Governance for Regulators* within the Regulated Health Professions Act (RHPA) which will be held in November 2020. Governance

Committee members and other Council members and staff will have the opportunity to attend. Peter Shenfield and Stamatis Kefalianos confirmed their interest today.

#### College Performance Measurement Framework (CPMF)

The CPMF project by the Ministry of Health (Ministry) was launched on September 1 and is moving forward. Individual meetings between the colleges and the Ministry will take place over the next two months to discuss the extent to which the Colleges are working with system partners in their mandate of public protection. The Ministry's goal is to identify any potential areas for collaboration and alignment between the colleges.

#### Privacy Legislation

The Ontario government has identified gaps in current privacy legislation and is exploring whether new legislation should be introduced to fill those gaps. The College is not under any legislation; however, it has adopted good practices to protect the personal information of registrants and members of the public. Richard Steinecke will submit a response on behalf of HPRO to outline the impact of any new legislation that might negatively affect colleges to ensure that any changes to the legislation appropriately considers the unique needs of regulators.

#### COVID-19 Pandemic

Due to the resurgence of COVID-19 cases in Toronto, the office remains closed except for some staff who go in periodically to collect mail and supplies. Staff continue to work remotely, and all programs are fully operational. Operational planning is underway with virtual sessions planned for late November.

### **4.2 Priority Performance Report**

The College is in the process of developing a new reporting tool called the Performance Management Report which will also align with new CPMF reporting requirements. Julie explained that the draft format combines the priority performance indicators with data from committee reports. Executive agreed to hold a working meeting in November to further refine and finalize the report. Members were asked to provide feedback to Julie prior to the meeting. The motion was set aside.

### **4.3 Risk Management Report**

Elinor reported on risk issues and responded to questions. Overall, the level of risk remained the same however two new risks the College is monitoring but which have not been raised to the high or critical level are the risk of a cyber-attack and ransom demands, and second, the concerns of registrants related to the Annual Renewal process for 2021.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

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

**CARRIED**

#### **4.3.1 College Strategic Response to COVID-19**

Elinor and Julie explained that the College's response to the COVID-19 pandemic has focused on collaboration with healthcare system stakeholders and government agencies, and increased targeted communication with registrants to provide clarification, education and guidance and relevant resources for OT practice. In addition, internal office protocols and staff safety remain a priority. With the resurgence of the second wave of the virus, staff continue to work remotely, and the office remains closed in line with Ministry guidelines.

## **5.0 Finance**

### **5.1 FY 20/21 Q1 Financial Report**

Nabila presented the Financial Report, Statement of Financial Position and Statement of Operations, and responded to questions.

MOVED BY: Stephanie Schurr

SECONDED BY: Peter Shenfield

***THAT** Executive approves the FY 20/21 Q1 Financial Report, Statement of Financial Position, and Statement of Operations, as presented.*

**CARRIED**

### **5.2 Five-Year Financial Forecast**

Nabila explained that the auditor, Hilborn LLP, worked with the College finance team to develop the five-year financial forecast. She explained that revenue implications will be felt through to 2022, with catch up anticipated for 2022-2023. Expenses are outlined as conservative projections. This item will be brought forward to Council in October 2020 for information purposes only.

### **5.3 FY 19/20 Employee Merit Adjustments**

A brief discussion was held regarding the ability of the College to implement any merit adjustments for staff this year. This was discussed at a previous meeting as the projected revenues due to the pandemic were uncertain, and therefore the affordability of implementing any adjustments also uncertain. Now that renewal has passed, revenues are now known, and were in alignment with conservative projections. The College previously adjusted its merit award processes to be more sustainable and in alignment with industry best practices. Some staff will not qualify for adjustments due to their status - newly hired or on contract. All points considered, it will be feasible to provide staff with adjustments this year, which turn out to be a very modest impact on the overall budget.

## **6.0 Governance**

### **6.1 Policy Discussion – Internet Costs for Council/Committee Members**

Nabila reported that following a request by the Chairs Committee, the College explored the financial and administrative implications of reimbursing Council and committee members for internet costs. An environmental scan revealed that of the colleges which responded, none were reimbursing members. Three options were reviewed, each with limitations related to tax implications, fairness, and an increased administrative impact. A discussion was held, and Nabila responded to questions.

MOVED BY: Stephanie Schurr  
SECONDED BY: Jennifer Henderson

***THAT Executive recommends that no action be taken at this time related to reimbursement of Council or committee member costs for internet usage.***

**CARRIED**

## **6.2 Governance Policy Manual**

Elinor explained that as part of the governance modernization process, current governance policies will be revised and updated over the next 2.5 years but until this process is complete, the College continues to operate under the current Governance policy model. Governance policies are reviewed by Council on a three-year cycle. A discussion was held whether Council will continue to renew the policies as they come up for renewal or leave them as is during this transition period. The motion was amended.

MOVED BY: Peter Shenfield  
SECONDED BY: Jennifer Henderson

***THAT Executive is cognizant that Governance Modernization is underway and that only current policies deemed crucial will be brought forward to Council for review.***

**CARRIED**

## **7.0 Business Arising**

### **7.1 Committee Work Plan**

Executive reviewed the Work Plan, and it was updated.

### **7.2 Committee Effectiveness Survey Results**

The Chair thanked the members for participating in the survey and reviewed the results. Members felt the committee is very effective and functions well.

### **7.3 Committee Composition**

Elinor recommended to Executive that newly elected Council members for Districts 1 & 2 be appointed to statutory committees.

MOVED BY: Peter Shenfield  
SECONDED BY: Stephanie Schurr

***THAT Executive appoints newly-elected Council members Paolo Azzuolo, to the Registration Committee and Neelam Bal to the Quality Assurance Committee.***

**CARRIED**

### **7.4 2020 Annual Report**

Executive reviewed the 2020 Annual Report and Elinor responded to questions

MOVED BY: Peter Shenfield  
SECONDED BY: Stephanie Schurr

***THAT Executive recommends to Council to approve the 2020 Annual Report***

**CARRIED****7.5 Revised Standards for Assessments**

Sandra explained that following Council's approval at the March 2020 meeting to send the document for stakeholder consultations, the consultation was conducted over the summer months and feedback was received. Recommended revisions, including title change, have been incorporated into the document.

MOVED BY: Jennifer Henderson

SECONDED BY: Stephanie Schurr

***THAT** Executive recommends to Council that the revised Standards for Assessments be approved as presented for publication.*

**CARRIED****7.6 Priorities for 20/21 – Practice Issues Subcommittee**

Julie reported on work plan initiatives for the Practice Issues Subcommittee and responded to questions.

**7.7 Indigenous Education (for Council) Update**

Elinor updated Executive about the Indigenous cultural training session planned for the next Council meeting.

**7.8 College Performance Management Framework (CPMF) – Implications for the College**

Elinor explained that new reporting requirements have been announced by the Ministry with respect to the College Performance Measurement Framework which was rolled out in September 2020. Implications will impact some reporting methods for Executive and Council in order to be in compliance.

MOVED BY: Stephanie Schurr

SECONDED BY: Peter Shenfield

***THAT** a section be added to the Council minutes that includes a status update on implementation of Council decisions to date.*

***THAT** the Executive Committee Report to Council be used, and amended as necessary, to comply with the CPMF.*

**CARRIED****7.9 June 2020 Council Meeting Evaluation Results**

Executive reviewed the results. Overall, feedback was very positive. Two recommendations for improvement were provided by Council members: 1) Schedule breaks, and 2) Change the word "rating" with "answer" in the heading on the evaluation form.

**7.10 Draft Council Agenda – October 29, 2020**

Executive reviewed and finalized the October Council agenda.

**8.0 Next Meetings (video conference)**

- Executive Committee: Working Meeting re Performance Management Report: Thursday, November 26, 2020, 2:00 – 4:00 p.m.
- Executive Committee Meeting: Monday, January 11, 2021, 10:30 a.m. – 1:30 p.m.

**9.0 Adjournment**

There being no further business, the meeting was adjourned at 12:40 p.m.

MOVED BY: Peter Shenfield

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

**CARRIED**