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

AGENDA ITEM 4.0

COUNCIL AGENDA

DATE: Thursday, October 24, 2019 **FROM:** 9AM – 12PM / Council Ed. Session 1-4PM (Council Members Only)

	Agenda Item	Objective	Attachment
1.0	**Call to Order**		
2.0	**Land Acknowledgement**		
3.0	**Declaration of Conflict of Interest**		
4.0	**Approval of Agenda**	Decision	✓
5.0	**Draft Minutes**		
	5.1 Draft Council Minutes of June 25, 2019	Decision	✓
6.0	**Annual Report / Audited Financial Statements**		
	6.1 2018-2019 Audited Financial Statements by Peter Pang, Auditor of Hilborn LLP	Decision	✓
	6.2 Acceptance of 2019 Annual Report	Decision	✓
7.0	**Registrar's Report**		
	7.1 Registrar's Written Report	Information	✓
	7.2 Presentation: *Operational Status Report for Q1 2019-2020* (15 min) by Elinor Larney, Registrar		
	7.3 August 2019 Financial Report	Decision	✓
	7.4 Lease Renegotiation	Decision	✓
	7.5 Priority Performance Report	Decision	✓
	7.6 Risk Management Report	Decision	✓
8.0	**Governance**		
	8.1 Strategic Planning Debrief with Carolyn Everson	Discussion	
	8.2 Council Policy Review	Decision	✓
9.0	**Business Arising**		
	9.1 Guide: *Child, Youth and Family Services Act, 2017 - Revised*	Decision	✓
10.0	**Committee/Task Force Reports**		
	10.1 Executive	Information	✓
	10.1.1 Practice Issues Subcommittee	Information	✓
	10.2 Registration	Information	✓
	10.3 Inquiries, Complaints & Reports	Information	✓

	Agenda Item	Objective	Attachment
	10.4 Discipline	Information	✓
	10.5 Fitness to Practise	Information	✓
	10.6 Quality Assurance	Information	✓
	10.7 Patient Relations	Information	✓
11.0	**Other Business**		
	11.1 Council Meeting Evaluation	Complete & Submit	✓
12.0	**Next Meetings**		
	Council Meeting: Tuesday, January 28, 2020, 9:00 AM – 3:30 PM, at the College (NEW DATE) Council Meeting: Thursday, March 26, 2020, 9:00 AM – 4:00 PM, at the College Council Meeting: Tuesday, June 23, 2020, 9:00 AM – 3:30 PM, at the College		
13.0	**Adjournment**		

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

AGENDA ITEM 5.1

DRAFT COUNCIL MINUTES

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

PRESENT:
Julie Entwistle, *Chair*
Donna Barker
John-Paul Dowson (1.0-6.6, 8.0)
Mary Egan
Allan Freedman
Jeannine Girard-Pearlman
Debbie Hebert
Jennifer Henderson
Patrick Hurteau
Kurisummoottil S. Joseph
Heather McFarlane
Aruna Mitra
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Peter Shenfield

REGRETS:
Michelle Stinson

GUESTS:
Erica Richler, Steinecke Maciura LeBlanc
Rebecca Durcan, Steinecke Maciura LeBlanc

OBSERVERS:
Sarah Kibaalya, Ministry of Health & Long-Term Care (MOHLTC)
Annette McKinnon (1.0-6.6, 8.0, 11.0)
Alex Miller (1.0-6.4)
Danielle Tavone (6.2-6.4)

STAFF:
Elinor Larney, Registrar
Heather Binkle, Deputy Registrar
Sandra Carter, Practice Resource Liaison (10.0-11.0)
Aoife Coghlan, Manager, Investigations & Resolutions (6.1-6.6, 8.0-12.0)
Aida da Silva, Finance & Human Resources Coordinator (11.0)
Lesley Krempulec, Practice Advisor (1.0-6.5, 10.0-11.0)
Yvonne Leung, Communications Coordinator (6.0-6.5)
Tim Mbugua, Policy Analyst (10.0-11.0)
Sonia Mistry, Quality Assurance Project Lead (10.0-11.0)
Nabila Mohammed, Director of Finance and Corporate Services
Brandi Park, Senior Manager, Registration & Information Systems
Alison Reynolds, Registration Coordinator (11.0)
Seema Sindwani, Manager, Quality Programs
Nancy Stevenson, Communications Director
Andjelina Stanier, Executive Assistant, *Scribe*

1.0 Call to Order

Chair Julie Entwistle called the meeting to order at 9:03 a.m. She welcomed everyone and introduced new public members, Vincent Samuel and John-Paul Dowson. She also welcomed former public member Annette McKinnon as an observer. The Chair invited Council members to introduce themselves and to state in what capacity they serve on Council. The Chair reminded everyone that the focus of the College is to protect the public.

2.0 Land Acknowledgement

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

3.0 Declaration of Conflict of Interest

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

4.0 Approval of Agenda

The Chair called for additions or other changes to the agenda. Three changes were brought forward.

1. 7.2.2: This item is for information only.
2. 7.3: This item is for decision.
3. 10.4: This item is for discussion only.

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Stephanie Schurr

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

CARRIED

5.0 Approval of Minutes

5.1 Draft Council Minutes of March 28, 2019

The Chair called for edits to the draft Council minutes of March 28, 2019. None were reported.

MOVED BY: Heather McFarlane
SECONDED BY: Mary Egan

***THAT** the draft Council minutes of March 28, 2019 be approved as presented.*

CARRIED

5.2 Draft Council Officer Election Minutes of March 28, 2019

The Chair called for edits to the draft Council Officer Election minutes. None were reported.

MOVED BY: Jennifer Henderson
SECONDED BY: Patrick Hurteau

***THAT** the draft Council Officer Election Minutes of March 28, 2019 be approved as presented.*

CARRIED

6.0 Registrar's Report

6.1 Annual Registrar Evaluation Process – *in camera*

The Chair asked for a motion to move *in camera* to discuss a confidential human resources matter. All staff, guests and observers were asked to leave the meeting.

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Donna Barker

***THAT** Council moves in camera to discuss a confidential human resources matter.*

CARRIED

Staff, guests and observers were invited to return to the meeting following item 6.1.

6.2 Registrar's Written Report

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

6.3 Registrar's Presentation

The Registrar reported on nine key areas of focus for Q4/Year 2 (March 1, 2019 – May 31, 2019) and introduced ten areas of focus for Year 3 (2019-2020), related to the 2017-2020 Strategic Plan.

6.4 Presentation: 2018-2019 (Y2) Outcomes

The Registrar delivered the strategic priorities and outcomes for Year 2 (2018-2019) related to the 2017-2020 Strategic Plan.

6.5 Priority Performance Report

An amended report was distributed to Council. Heather reported on Council performance data for Q4 (2018-2019) related to the objectives as outlined in the 2017-2020 Strategic Plan. The amended report will be posted on the website.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Teri Shackleton

THAT *Council receives the revised Priority Performance Report for the fourth quarter of 2018-2019.*

CARRIED

6.6 Risk Management Report

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

MOVED BY: Donna Barker
SECONDED BY: Heather McFarlane

THAT *Council receives the Risk Management Report.*

CARRIED

7.0 Finance

7.1 March 2019 Financial Report

Council reviewed the report and Nabila Mohammed responded to questions.

MOVED BY: Peter Shenfield
SECONDED BY: Donna Barker

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

CARRIED

7.2 Reserve Fund

7.2.1 Guideline Review

Elinor informed Council that a new reserve fund named, Enterprise Wide IT System Fund, has been created. This new fund will ensure that IT systems will remain efficient and effective in meeting the College's statutory mandate. Revisions to the existing Reserve Fund Policy were brought forward for approval.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Stephanie Schurr

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

CARRIED

7.2.2 Reserve Funds at Year-End

Council reviewed the Registrar's memo with direction to allocate funds to the Reserve Funds.

7.3 Projected Budget for 2019-2020

Council reviewed the projected budget and Nabila responded to questions.

MOVED BY: Peter Shenfield
SECONDED BY: Jennifer Henderson

***THAT** Council reviews the FY 2019-2020 Projected Budget as presented.*

CARRIED

Farewell to Council Members

Council took a moment to acknowledge the contributions of outgoing public members Annette McKinnon (term ended April 5, 2019) and Kurisummoottil S. Joseph, (term ends June 30, 2019), and to thank them for their dedication and years of service to public protection. Donna Barker and Jennifer Henderson spoke in their honour and presented token awards of appreciation. Annette and Kurisummottil thanked Council, the Registrar and staff for their support.

8.0 Council Development

Presentation by Erica Richler, legal counsel, Steinecke Maciura LeBlanc
Good Faith and Risk Management for Council

Presentation by Nabila Mohammed, Director of Finance and Corporate Services
Insurance Coverage & Financial Overview

9.0 Governance

9.1 Policy Review

As part of the regular rotation of policies for review by Council, eleven policies and one guide were brought forward. Council recommended a wording change to RL3 Treatment of Staff. A typing error will be corrected in RL1, Global Registrar Constraint.

MOVED BY: Peter Shenfield
SECONDED BY: Kurisummoottil S. Joseph

***THAT** Council approves the amended policies as listed, including today's changes:*

- *RL1 Global Registrar Constraint*
- *RL2 Treatment of Registrants*
- *RL3 Treatment of Staff*

- *RL4 Financial Planning and Budgeting*
- *RL5 Financial Condition and Activities*
- *RL6 Asset Protection*
- *RL7 Investments*
- *RL8 External Audit*
- *RL9 Emergency Registrar Replacement*
- *RL10 Compensation Administration*
- *RL11 Communication and Support to Council*
- *Guide for Review of Financial Information*

CARRIED

9.2 Governance Working Group

Julie informed Council that a vacancy will be created on the Governance Working Group with the departure of public member Kurisummoottil Joseph at the end of June. At the March meeting, Council decided to form the group with an equal number of public and professional members. Council, today, discussed filling the position with another public member and/or possibly appointing a third party, taking into consideration the College will be operating with the minimum number of public members and workload for existing members beyond July 1 has likely reached its threshold.

MOVED BY: Peter Shenfield
SECONDED BY: Jennifer Henderson

THAT *Council continues with a 5-member Governance Working Group for the next foreseeable period of time.*

CARRIED

10.0 Business

10.1 Standards for Infection Prevention and Control – Review

Sonia described and provided rationale for the revisions to the standards. Council recommended a minor wording change for clarity.

MOVED BY: Donna Barker
SECONDED BY: Heather McFarlane

THAT *Council approves the draft Standards for Infection Prevention and Control as presented and including today's changes, for publication.*

CARRIED

10.2 Alternate Dispute Resolution Policy (ADR) – ICRC

Aoife briefed Council on this newly developed policy which outlines the criteria that must be met in order for Investigations and Resolutions staff to consider a complaint eligible for ADR. Council reviewed the policy and recommended minor changes to content and formatting.

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Peter Shenfield

***THAT** Council approves the draft Alternative Dispute Resolution Process and Eligibility Policy, as presented and including today's changes.*

CARRIED

10.3 Controlled Act Regulation – Psychotherapy

Elinor reported that the College is continuing to work with the Ministry of Health on the development of this regulation. A motion may be brought forward to Council for decision prior to the October meeting.

11.0 Roundtable – Governance Discussion

Presentation by Rebecca Durcan, legal counsel, Steinecke Maciura LeBlanc

The Cayton Report: Is the UK Model Now Inevitable?

12.0 Committee Reports

12.1 Executive – Report by Julie Entwistle, Chair

12.1.1 Practice Issues Subcommittee – Report by Donna Barker, Chair

12.2 Registration – Report by Jennifer Henderson, Chair

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

12.4 Discipline – Report by Donna Barker, Chair

12.5 Fitness to Practise – Report by Patrick Hurteau, Chair

12.6 Quality Assurance – Report by Mary Egan, Chair

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

13.0 Other Business

13.1 Council Meeting Evaluation

Members were asked to complete and submit their meeting evaluation forms and encouraged everyone to provide recommendations for future improvements.

14.0 Next Meetings

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

15.0 Adjournment

There being no further business, the meeting was adjourned at 3:45 p.m.

MOVED BY: Jeannine Girard-Pearlman

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

CARRIED

DRAFT

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

SUMMARY FINANCIAL STATEMENTS

MAY 31, 2019

HILBORN LLP

HILBORN LLP

Report of the Independent Auditor on the Summary Financial Statements

To the Council of the College of Occupational Therapists of Ontario

Opinion

The summary financial statements, which comprise the summary statement of financial position as at May 31, 2019, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the "College") for the year ended May 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in the note to the summary financial statements.

Summary Financial Statements

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

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated September 26, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements on the basis described in the note to the summary financial statements.

Auditor's Responsibility

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

Hilborn LLP

Toronto, Ontario
September 26, 2019

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Financial Position

May 31	2019 $	2018 $
ASSETS		
Current assets		
Cash	**4,317,873**	5,235,193
Investments	**1,538,244**	670,912
Prepaid expenses	**38,081**	42,685
	5,894,198	5,948,790
Investments	**2,644,379**	2,110,334
Capital assets	**104,816**	154,865
	2,749,195	2,265,199
	8,643,393	8,213,989
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	**730,427**	891,622
Deferred registration fees	**3,977,455**	3,870,024
	4,707,882	4,761,646
NET ASSETS		
Invested in capital assets	**104,816**	154,865
Internally restricted for hearings	**350,000**	350,000
Internally restricted for premises	**800,000**	500,000
Internally restricted for sexual abuse therapy and counselling	**18,000**	18,000
Internally restricted for contingencies	**1,590,000**	1,590,000
Internally restricted for enterprise wide IT system	**125,000**	-
Unrestricted	**947,695**	839,478
	3,935,511	3,452,343
	8,643,393	8,213,989

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Operations

Year ended May 31	2019 $	2018 $
Revenues		
Registration fees	**4,187,150**	4,076,880
Investment and other income	**163,194**	58,513
	4,350,344	4,135,393
Expenses		
Salaries and benefits	**2,341,589**	2,288,510
Quality assurance	**68,796**	98,710
Investigations and resolutions	**111,999**	(30,664)
Communications	**59,433**	137,403
Council	**148,929**	149,323
Occupancy cost	**271,472**	270,559
Amortization	**50,049**	76,240
All other operating expenses	**814,909**	751,593
	3,867,176	3,741,674
Excess of revenues over expenses for year	**483,168**	393,719

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Note to Summary Financial Statements

May 31, 2019

1. **Basis of presentation**

These summary financial statements are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the "College") for the year ended May 31, 2019, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in the statement of operations has been condensed and the statements of changes in net assets and cash flows and the information disclosed in the notes to the audited financial statements have not been presented.

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

HILBORN

LISTENERS. THINKERS. DOERS.

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COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

MAY 31, 2019

HILBORN LLP

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Occupational Therapists of Ontario

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of the College of Occupational Therapists of Ontario (the "College"), which comprise the statement of financial position as at May 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at May 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Independent Auditor's Report (continued)

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

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

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

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

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

Hilborn LLP

Toronto, Ontario
September 26, 2019

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Financial Position

May 31	2019 $	2018 $
ASSETS		
Current assets		
Cash	**4,317,873**	5,235,193
Investments (note 3)	**1,538,244**	670,912
Prepaid expenses	**38,081**	42,685
	5,894,198	5,948,790
Investments (note 3)	**2,644,379**	2,110,334
Capital assets (note 4)	**104,816**	154,865
	2,749,195	2,265,199
	8,643,393	8,213,989
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	**730,427**	891,622
Deferred registration fees	**3,977,455**	3,870,024
	4,707,882	4,761,646
NET ASSETS		
Invested in capital assets	**104,816**	154,865
Internally restricted for hearings (note 7)	**350,000**	350,000
Internally restricted for premises (note 8)	**800,000**	500,000
Internally restricted for sexual abuse therapy and counselling (note 9)	**18,000**	18,000
Internally restricted for contingencies (note 10)	**1,590,000**	1,590,000
Internally restricted for enterprise wide IT system (note 12)	**125,000**	-
Unrestricted	**947,695**	839,478
	3,935,511	3,452,343
	8,643,393	8,213,989

The accompanying notes are an integral part of these financial statements

Approved on behalf of Council:

President

Member-at-Large, Finance

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Operations

Year ended May 31	2019 $	2018 $
Revenues		
Registration fees	**4,093,243**	3,975,964
Application fees	**93,907**	100,916
Investment income	**152,985**	33,936
Other	**10,209**	24,577
	4,350,344	4,135,393
Expenses		
Payroll		
Salaries and benefits	**2,341,589**	2,288,510
Programs		
Quality assurance	**68,796**	98,710
Investigations and resolutions (note 6)	**111,999**	(30,664)
Registration	**10,939**	17,695
	191,734	85,741
Communications		
Newsletter and publications	**44,278**	111,027
Other	**15,155**	26,376
	59,433	137,403
Council		
Professional members	**81,197**	84,875
Non-council members	**33,728**	37,723
Other	**34,004**	26,725
	148,929	149,323
Operations		
Rent	**271,472**	270,559
Bank and credit card charges	**109,922**	99,408
Information systems	**196,230**	187,557
Operational initiatives	**143,823**	166,617
Professional fees	**116,865**	83,530
Amortization	**50,049**	76,240
Equipment maintenance and rental	**43,874**	45,275
Staff travel and accommodations	**35,761**	25,489
Stationery and office supplies	**18,019**	41,237
Other	**139,476**	84,785
	1,125,491	1,080,697
	3,867,176	3,741,674
Excess of revenues over expenses for year	**483,168**	393,719

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended May 31, 2019

	Invested in capital assets $	Internally restricted for hearings $	Internally restricted for premises $	Internally restricted for sexual abuse therapy and counselling $	Internally restricted for contingencies $	Internally restricted for enterprise wide IT system $	Unrestricted $	Total 2019 $
Balance, beginning of year	154,865	350,000	500,000	18,000	1,590,000	-	839,478	**3,452,343**
Excess of revenues over expenses for year	-	-	-	-	-	-	483,168	**483,168**
Amortization of capital assets	(50,049)	-	-	-	-	-	50,049	**-**
Inter-fund transfers (notes 8 and 12)	-	-	300,000	-	-	125,000	(425,000)	**-**
Balance, end of year	104,816	350,000	800,000	18,000	1,590,000	125,000	947,695	**3,935,511**

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended May 31, 2018

	Invested in capital assets $	Internally restricted for hearings $	Internally restricted for premises $	Internally restricted for sexual abuse therapy and counselling $	Internally restricted for contingencies $	Internally restricted for fee stabilization $	Unrestricted $	Total 2018 $
Balance, beginning of year	221,879	350,000	500,000	18,000	1,390,000	292,000	286,745	3,058,624
Excess of revenues over expenses for year	-	-	-	-	-	-	393,719	393,719
Purchase of capital assets	9,226	-	-	-	-	-	(9,226)	-
Amortization of capital assets	(76,240)	-	-	-	-	-	76,240	-
Inter-fund transfers (notes 10 and 11)	-	-	-	-	200,000	(292,000)	92,000	-
Balance, end of year	154,865	350,000	500,000	18,000	1,590,000	-	839,478	3,452,343

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Cash Flows

Year ended May 31	2019 $	2018 $
Cash flows from operating activities		
Excess of revenues over expenses for year	**483,168**	393,719
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	**50,049**	76,240
Unrealized (gain) loss on investments	**(25,998)**	46,050
	507,219	516,009
Change in non-cash working capital items		
Decrease (increase) in prepaid expenses	**4,604**	(19,331)
Increase (decrease) in accounts payable and accrued liabilities	**(161,195)**	31,093
Increase in deferred registration fees	**107,431**	179,098
	458,059	706,869
Cash flows from investing activities		
Purchase of investments	**(1,976,867)**	(686,278)
Proceeds from disposal of investments	**601,488**	633,627
Purchase of capital assets	**-**	(9,226)
	(1,375,379)	(61,877)
Net change in cash	**(917,320)**	644,992
Cash, beginning of year	**5,235,193**	4,590,201
Cash, end of year	**4,317,873**	5,235,193

The accompanying notes are an integral part of these financial statements

May 31, 2019

Nature and description of the organization

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

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

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

1. **Significant accounting policies**

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

(a) **Revenue recognition**

Registration fees

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

Application fees

Application fees are recognized as revenue when services are rendered.

Investment income

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

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

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

(b) **Investments**

Investments consist of fixed income investments whose term to maturity is greater than three months from date of acquisition and high interest savings accounts. Investments maturing within twelve months from the year-end date and monies invested in high interest savings accounts are classified as current.

(c) **Capital assets**

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

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

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

Furniture and fixtures	5 years
Computer equipment	3 years

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

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

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

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

(d) **Financial instruments**

Measurement of financial assets and liabilities

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

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

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

Financial assets measured at amortized cost include cash.

Financial assets measured at fair value include investments.

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

Impairment

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

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

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

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and

- the amount that could be realized by selling the financial asset at the statement of financial position date.

May 31, 2019

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

(d) **Financial instruments (continued)**

Impairment (continued)

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

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

(e) **Management estimates**

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

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

2. **Financial instrument risk management**

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

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

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

2. **Financial instrument risk management (continued)**

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss. The College does not hold directly any collateral as security for financial obligations of counterparties.

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

	2019 $	2018 $
Cash	4,317,873	5,235,193
Investments	4,182,623	2,781,246
	8,500,496	8,016,439

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

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

Liquidity risk

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

The College meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities and holding assets that can be readily converted into cash.

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

2. **Financial instrument risk management (continued)**

Interest rate risk

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

The College does not use derivative financial instruments to manage its exposure to interest rate risk.

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. **Investments**

	2019 $	2018 $
Provincial government bonds	1,672,171	1,822,030
Guaranteed investment certificates	2,510,452	858,822
High interest savings accounts	-	100,394
	4,182,623	2,781,246
Less: current portion	1,538,244	670,912
Long-term portion	2,644,379	2,110,334

The fixed income investments have effective interest rates ranging from 1.75% to 4.37% (2018 - 0.65% to 4.37%), with maturity dates ranging from June 2019 to August 2026 (2018 - June 2018 to June 2025).

4. Capital assets

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

	Cost $	Accumulated Amortization $	2018 Net $
Furniture and fixtures	386,059	321,683	64,376
Computer equipment	417,747	412,233	5,514
Leasehold improvements	310,364	225,389	84,975
	1,114,170	959,305	154,865

5. Accounts payable and accrued liabilities

	2019 $	2018 $
Accounts payable and accrued liabilities	152,198	338,430
Accrued liabilities - investigations and resolutions	95,000	105,000
Government remittances	483,229	448,192
	730,427	891,622

6. Investigations and resolutions

	2019 $	2018 $
Expenses incurred on current year cases	135,761	91,795
Adjustment of opening accrual	(23,762)	(122,459)
	111,999	(30,664)

In the prior year, the opening investigations and resolutions accrual reflected an amount that was not realized in the fiscal year due to a change in circumstances.

7. Net assets internally restricted for hearings

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

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

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

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

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

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

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

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

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

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

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

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

During the prior year, Council approved a transfer of $200,000 from unrestricted net assets to net assets internally restricted for contingencies.

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

11. **Net assets internally restricted for fee stabilization**

The Council of the College had previously internally restricted net assets to minimize or delay the impact of changes in registration fees.

During the prior year, Council reviewed and restated the purpose of internally restricted net assets of the College. As a result, Council approved a transfer of $292,000 from net assets internally restricted for fee stabilization to unrestricted net assets.

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

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

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

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

13. **Commitment**

The College is committed to lease its office premises until September 2023. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	$
2020	290,397
2021	302,715
2022	302,715
2023	302,715
2024	100,905
	1,299,447

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

AGENDA ITEM 6.2

COUNCIL BRIEFING NOTE

Date: October 24, 2019
To: Council
From: Elinor Larney, Registrar
Subject: Acceptance of Annual Report

Recommendation

THAT *Council accepts the Annual Report for the 2018-2019 fiscal year.*

Background

At its October 3, 2019 meeting, Executive Committee recommended the Annual Report be put forth to Council for approval. The Annual Report was circulated to all Council members for review on October 11, 2018.

Discussion

The Annual Report for the 2018-2019 fiscal year has been prepared and is presented to Council for acceptance.

Implications

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

Attachment

- 2019 Annual Report

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

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2019 Annual Report

Our Mission, Vision and Values

Our Mission

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

Our Vision

Leaders in collaborative quality regulation.

Our Values and Commitments

Partnering for quality

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

Maintaining trust and confidence

We are fair, open and responsive. We are proactive.

We hold ourselves accountable for our decisions and actions.

Treating everyone with dignity and respect

We listen. We consider the uniqueness of each situation.

We respond respectfully and sensitively.

DRAFT

2019 Annual Report

The **President's** Message

"The perspectives, experience, and knowledge of our professional and public members creates fulsome discussions that work to advance our shared commitment to protect the public."

Our Council table is rich with diversity. The perspectives, experience, and knowledge of our professional and public members creates fulsome discussions that work to advance our shared commitment to protect the public.

Regulation, while never dull, is particularly relevant of recent.

The governance analysis completed by the College of Nurses, Harry Cayton's report on the Inquiry into the College of Dental Surgeons of British Columbia, and the recommendations of the Long-Term Care Homes Public Inquiry into the tragedies of the Wettlaufer case, combined with the media's intense interest in the regulatory environment reminds us all of the important work we are doing. Scrutiny (and the corresponding conversations) is never a bad thing. In fact, this attention keeps people interested and aware of what we do and drives us toward our vision of being leaders in collaborative quality regulation.

As an occupational therapy professional, I understand the need to look inward, to explore best practices, and to strive for continuous improvement. As President of the College, I am now able to extend this perspective to regulatory governance and am excited to be part of our own reflections in this evolving space.

This year we have already embarked on our own governance review, to ensure alignment with best practices and identify areas for future development. I'm excited about where this is leading us and how it will shape our 2020-2023 strategic plan.

Our next steps are to use the talent at our table to review priorities and recommendations, and to discuss and decide where and what, as an organization mandated with protection of the public, is the best path forward. All of this will help us build a model that continues to support sound strategy-setting and prudent decision-making.

This marks my first annual report as President. I assumed this position in March 2019 after the passing of Dr. Winston Isaac, our first public member to fill this role. On behalf of Council, I can say that together we will continue on the path that Winston started to forge for us, and I am honoured to follow him and to have not only been privy to his excellence as a person, but to have also learned from his leadership.

I'm proud too that we're a well-run organization, held in high regard. I thank my fellow Council members, our Registrar, and the College team, for positioning us to be a strong and trusted regulator. Regulation has never been so important and to be here now, with this team, and in the presence of such skilled people, makes me beyond grateful.

Julie Entwistle
President

DRAFT

2019 Annual Report

The **Registrar's** Message

Think of the role of an occupational therapist. Occupational therapists focus on helping people to improve function and do what's important to them, always acting in a client's best interests.

In acting in the public's best interests, the College looks to improve our own functions.

That's evident in our policies and decisions, outreach and input, focus on quality, work with system partners, and operational and governance processes. All our achievements through the year were motivated by a similar need – to enhance the ways in which we protect the public.

We are committed to continuous improvement and ensuring our work continues to warrant the trust of patients, registrants and all our stakeholders.

This year, we're particularly proud of employing a risk lens to prioritize areas of concern, increasing occupational therapists' compliance with regulatory requirements, and enhancing processes to more efficiently deliver our services to Ontarians.

We've also worked hard to help the public and other stakeholders understand our role and, we hope, increase their confidence in occupational therapy regulation.

We're nearing the end of our current Strategic Plan timeframe, and the year in review section of this report is again organized under three broad priorities. Additional highlights show how we continue to make progress. The strategic planning process we'll engage in this fall, to take effect in the spring of 2020, will only build on that record.

As we move forward, we'll continue to provide guidance to ensure expectations for the delivery of high-quality occupational therapy services are met.

I want to express my appreciation to all College staff for their hard work and dedication, and to our Council for their leadership and dedication to service. The public's expectations of us are high. Every day, we want to meet them.

Elinor Larney
Registrar

"We've worked hard to help the public and other stakeholders understand our role and, we hope, increase their confidence in occupational therapy regulation."

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College Council

Front: Jeannine Girard-Pearlman, Heather McFarlane, Mary Egan, Kurisummoottil S. Joseph, Julie Entwistle, Donna Barker, Debbie Hebert, Stephanie Schurr, Teri Shackleton

Back: Aruna Mitra, Jennifer Henderson, Peter Shenfield, John-Paul Dowson, Vincent Samuel, Patrick Hurteau, Allan Freedman

Not pictured: Julie Chiba Branson, Winston Isaac ❁, Ernie Lauzon, Annette McKinnon, Serena Shastri-Estrada, Michelle Stinson, Paula Szeto ❁

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It is with deep sadness that we note the unexpected passings of Paula Szeto on September 5, 2018 and Winston Isaac on February 15, 2019.

As a dedicated member of College Council for many years, Paula's energy, insight, and commitment to client-centred care had a tremendous impact on the work of the College. She will be greatly missed.

Winston's leadership and commitment to openness, fairness, and public accountability also had an incredible impact on the work of the College. Winston served as a public member of our College Council for many years, and he was proud to be the College's first public member elected President.

College Council Members

Donna Barker
Member at Large, Education*
Professional Academic Member

Julie Chiba Branson
Professional Member, District 1 - Central East
Term ended March 28, 2019

John-Paul Dowson
Public Member, *Appointed May 2, 2019*

Mary Egan
Professional Academic Member

Julie Entwistle
President*
President *(February 22, 2019-March 28, 2019)*
Vice President *(June 1, 2018–February 22, 2019)*
Professional Member, District 2 - Central West

Allan Freedman
Public Member, *Appointed March 21, 2019*

Jeannine Girard-Pearlman
Vice President*
Member at Large, Finance *(June 1, 2018–March 28, 2019)*
Public Member

Debbie Hebert
Professional Member, District 1 - Central East
Term began March 28, 2019

Jennifer Henderson
Vice President *(February 22, 2019–March 28, 2019)*
Member at Large, Education *(June 1, 2018–February 22, 2019)*
Professional Member, District 2 - Central West

Patrick Hurteau
Professional Member, District 4 - Eastern

Winston Isaac
President *(June 1, 2018–February 15, 2019)*
Public Member ❁

Kurisummoottil S. Joseph
Public Member

Ernie Lauzon
Public Member, *Appointment ended July 31, 2018*

Heather McFarlane
Professional Member, District 5 - North East

Annette McKinnon
Member at Large, Education *(February 22, 2019–March 28, 2019)*
Public Member, *Appointment ended April 5, 2019*

Aruna Mitra
Professional Member, District 1 - Central East
Term began March 28, 2019

Vincent Samuel
Public Member, *Appointed March 28, 2019*

Stephanie Schurr
Professional Member, District 6 - North West

Teri Shackleton
Professional Member, District 3 - South West

Serena Shastri-Estrada
Professional Member, District 1 - Central East
Term ended March 28, 2019

Peter Shenfield
Member at Large, Finance*
Public Member

Michelle Stinson
Professional Member, District 1 - Central East
Term began March 28, 2019

Paula Szeto
Professional Member, District 1 - Central East ❁
(June 1, 2018-September 5, 2018)

* *Elected to Council Executive March 28, 2019*
❁ *Please see note on page 5.*

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College Committee Members

Hunaida Abboud
Fitness to Practise Committee

Paola Azzuolo
Practice Issues Subcommittee, *Term ended March 8, 2019*

Leanne Baker
Inquiries, Complaints and Reports Committee

Anuradha Banavalikar
Practice Issues Subcommittee, *Term ended October 31, 2018*

Janet Becker
Practice Issues Subcommittee

Andy Beecroft
Quality Assurance Subcommittee, *Term began April 1, 2019*

Elizabeth Bell
Quality Assurance Committee, *Term began April 1, 2019*

Sylvia Boddener
Practice Issues Subcommittee

Anne Cooper-Worsnop
Quality Assurance Subcommittee

Matt Derouin
Practice Issues Subcommittee

Elizabeth Eacrett
Quality Assurance Subcommittee, *Term began April 1, 2019*

Frances Eller
Practice Issues Subcommittee, *Term began February 1, 2019*

Daniel Fyke
Inquiries, Complaints and Reports Committee,
Term began April 1, 2019

Shannon Honsberger
Practice Issues Subcommittee, *Term began March 9, 2019*

Shaheeza Hirji
Inquiries, Complaints and Reports Committee

Zuher Ismail
Discipline Committee

Heather Jones
Quality Assurance Subcommittee

Iona Mairi Macritchie
Quality Assurance Subcommittee, *Term ended March 7, 2019*

Avelino Maranan
Quality Assurance Committee

Jennifer Nieson
Patient Relations Committee

Hricha Rakshit
Inquiries, Complaints and Reports Committee

Mathew Rose
Inquiries, Complaints and Reports Committee,
Term ended March 31, 2019

Vijay Sachdeva
Quality Assurance Committee, *Term ended March 31, 2019*

Katrine Sauvé-Schenk
Quality Assurance Subcommittee, *Term ended March 31, 2019*

Roxane Siddall
Quality Assurance Subcommittee

Tina Siemens
Patient Relations Committee

Christine Sniatala
Quality Assurance Subcommittee

Michelle Stinson
Discipline Committee, *Resigned January 2018*

Julie Sutton
Inquiries, Complaints and Reports Committee,
Term began April 1, 2019

Joshua Theodore
Registration Committee, *Term began August 1, 2018*

David Wysocki
Registration Committee, *Resigned June 25, 2018*

DRAFT

Strategic Priorities

1 Confidence in Occupational Therapy Regulation

2 Quality Practice by Occupational Therapists

3 System Impact Through Collaboration

Year in Review

1 Confidence in occupational therapy regulation

As the body overseeing the practice of occupational therapy in Ontario, the College protects the public and instills confidence and trust by ensuring occupational therapists are competent, ethical and accountable. The way we operate, make decisions and engage the public demonstrates our commitment to serving the public interest.

Managing risk

By identifying, assessing, treating and monitoring risks, the College ensures ongoing effective delivery of our public protection mandate. Integrating risk management across the organization has led to process improvements and enhanced management of key functions. The approach informs decision-making and continuous quality improvement efforts.

This year, changes to College operations reduced case processing times and enabled practice monitoring to ensure compliance with investigation outcomes and decisions. Quality Assurance (QA) process improvements resulted in an increase in registrant completion of mandatory QA tools, which serve to promote competence.

The College's streamlined process for ensuring all registrants maintain professional liability insurance significantly improved compliance in that area, and reduced instances of occupational therapists requiring follow-up action. Professional liability insurance protects occupational therapists and their clients; reducing insurance lapses adds to public protection.

DRAFT

"We're reaching more people with the message about effective regulation."

Building understanding

Increasing awareness of the role and work of the College took many forms over the past year and we are happy to share the results to date.

Efforts to promote our online public register of occupational therapists **"Find an Occupational Therapist"** drove traffic up 46%. The public, clients, occupational therapists and employers alike see the online resource as the trusted place to view the most up-to-date details about anyone who is, or was, registered with the College.

In collaboration with the Citizen Advisory Group, a new patient-focused resource *Understanding consent: information for patients, clients and caregivers* was created and launched on the College website. The new web page and document *How the College Makes Decisions: Concerns About an OT's Conduct or Practice* also benefitted from Citizen Advisory Group input and provides public-facing information. Both initiatives support accountability, transparency and our public protection mandate.

Social media campaigns provided opportunities to connect with different audiences and we increased engagement across all channels with new videos, posts, and tweets. We're reaching more people with the message about effective regulation.

Yet another vehicle for spreading the word about the College (and regulation in the province) is OntarioHealthRegulators.ca. This publicfacing website is a collaborative initiative that serves as a gateway to all 26 health Colleges in the province. To further raise awareness of this website and professional regulation, articles about making informed health care decisions ran in the publications of the Canadian Association of Retired Persons (including *Zoomer*). In October, numerous College practice advisors (including our own team) answered questions from the public at the Ontario Health Regulators booth at the Zoomer show in Toronto.

8 **New videos on YouTube**

47% Increase in overall views
23% Increase in minutes watched

178 **Posts on LinkedIn**

26% More followers

360 **Tweets on Twitter**

32% Increase in followers

246 **Facebook posts**

273% More followers

DRAFT

Educating stakeholders

Confidence in regulation grows when stakeholders better understand the role of the College and its value. Beyond the public at large, we reached out to several key groups.

Employers of occupational therapists have a legal obligation to ensure safe quality practice. We worked to make it easier for employers (coto.org/employers) to be a partner in upholding that responsibility, by providing information about how to confirm and verify registration, and report to the College as required.

College staff delivered education sessions to all Ontario occupational therapy university programs to help students develop a clear understanding of College expectations and available resources. These sessions provide an opportunity to connect with future occupational therapists and build engagement.

For internationally-educated OTs, the College produced an animated video introducing health regulation in Ontario and the initial College registration process. Health Force Ontario (which supports the government's health workforce objectives) uses the video as a resource.

Registrants received eight e-newsletters, with case studies and practice Q&As that reflect the current environment. Open rates were high and feedback was positive, with many scenarios generating dialogue with the College.

"Employers of occupational therapists have a legal obligation to ensure safe quality practice..."

Seeking input

We are grateful for the opinions of the Citizen Advisory Group. This body meets quarterly, and provides a valuable, public perspective on a range of topics.

Throughout the year, this Group worked with the College on projects including Facebook campaigns, pilot videos about complaints and what to expect from OTs, a public awareness brochure, and a resource on understanding consent. We're thankful for their input and insights, which help to shape our work.

DRAFT

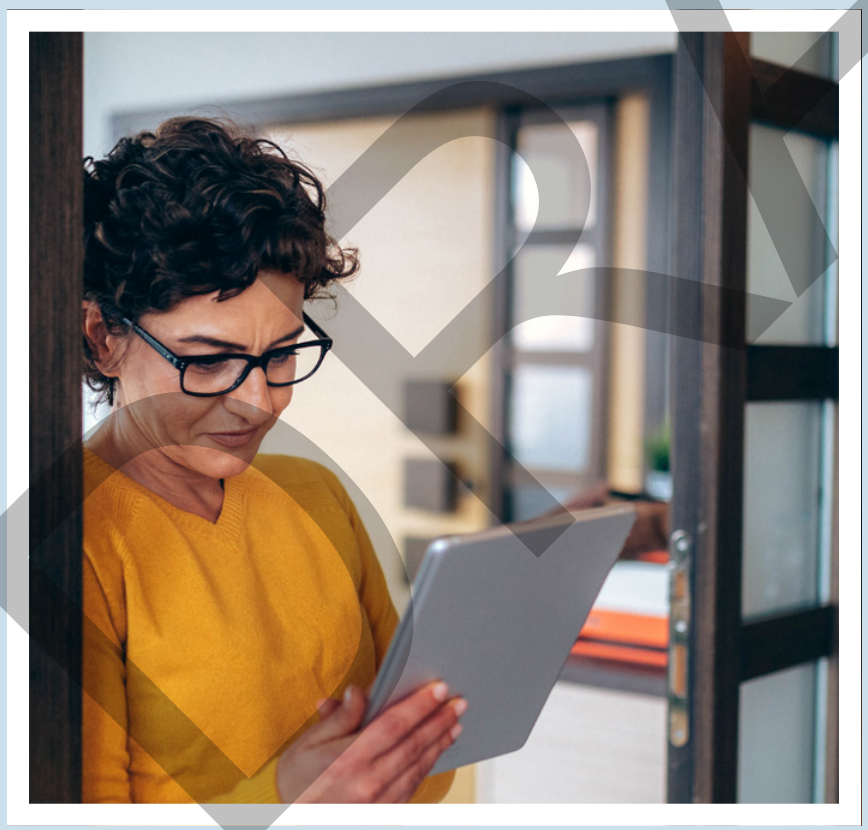
"...reports submitted by OTs add value to the broader public protection and safety mandate."

Sharing views about government policies

The College's own input to government priorities and legislative initiatives is equally valued.

We are a member of the Ministry of Health-led working group for a College Performance Management Framework. Our views help inform the development of this project to support transparency and accountability in regulation, across all regulated health profession Colleges in Ontario.

Changes to the *Highway Traffic Act* gave Ontario occupational therapists the authority and responsibility to report a client's fitness to drive to the Ministry of Transportation. The College worked with the Ministry to educate OTs about their ability to directly report suspected unsafe drivers on a discretionary basis. College resources and guidelines provided clarity for registrants, and the Practice team presented on the topic at the provincial professional conference. Ministry feedback indicates that reports submitted by occupational therapists add value to the broader public protection and safety mandate.



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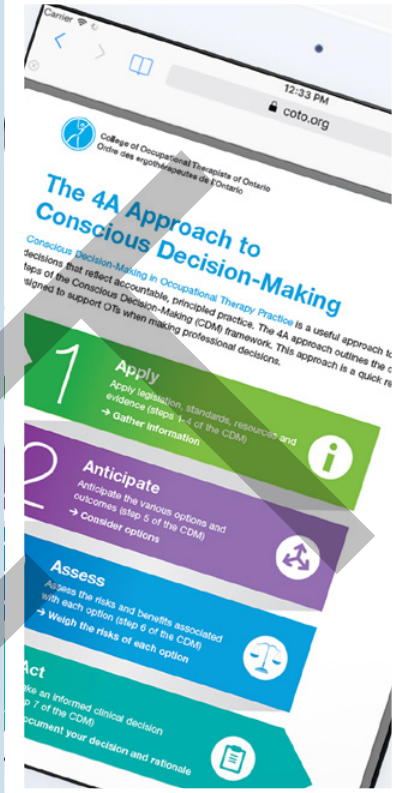

2 Quality practice by occupational therapists

The College ensures occupational therapists are competent, ethical and accountable. Activities throughout the year supported the delivery of high-quality care.

Ensuring competence

The Quality Assurance (QA) program supports meaningful and continuous improvement - a cornerstone of being a professional. Occupational therapists demonstrated a high level of compliance with our QA program mandatory requirements, which support reflective practice in a rapidly changing health care environment. The focus of this year's required Prescribed Regulatory Education Program (PREP) was Professional Boundaries and the Prevention of Sexual Abuse, which reflected the changing environment and legislation introduced by the *Protecting Patients Act, 2017.*

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Year in Review

Supporting patient care and safety

The controlled act of psychotherapy was first introduced to the *Regulated Health Professions Act, 1991* (RHPA) in 2007 through Bill 171, the *Health Systems Improvements Act*. Bill 171 also amended the *Occupational Therapy Act*, 1991 to give occupational therapists access to the controlled act of psychotherapy. Controlled acts are those that, under Ontario law, only authorized health care professionals with particular qualifications may perform.

Occupational therapists work with persons with disorders of any type, including mental health disorders, and use psychotherapy as a modality within their practice to improve their client's participation and engagement within their life.

Following consultation, the College developed the regulation for occupational therapists to access the controlled act of psychotherapy. The College continues to engage in ongoing conversations with the Ministry of Health as the regulation is reviewed.

"Occupational therapists work with persons with disorders of any type, including mental health disorders, and use psychotherapy as a modality within their practice to improve their client's participation and engagement within their life."

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Providing tools to support practice

In response to requests from registrants, the 4A Approach to Conscious Decision-Making was issued. The 4A Approach is a quick reference tool that outlines the critical steps of the Conscious Decision-Making (CDM) framework. As an additional resource, past versions of the Prescribed Regulatory Education Program (PREP) are now available through an online archive at coto.org.

Updating standards

Professional standards also reflect evolving practice and practice documents were reviewed to ensure they remain accurate and relevant. Updates of the following six documents helped to clearly define and describe the responsibilities of OTs:

1. Standards for Supervision of Students
2. Standards for Infection Prevention and Control
3. Standards for Supervision of Occupational Therapist Assistants
4. Guide to Discretionary Reporting of Fitness to Drive
5. Standards for Psychotherapy
6. Guidelines for Private Practice

Year in Review

"Regulation of occupational therapists and other health care professionals becomes more robust when organizations work in tandem."

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3 System impact through collaboration

Regulation of occupational therapists and other health care professionals becomes more robust when organizations work in tandem. The College participates in and serves as a leader of many initiatives. These involvements help to share ideas and drive improvements.

Learning together

At the provincial level, the College is active in the Federation of Health Regulatory Colleges of Ontario (FHRCO), a collective of health care professions regulators. College staff serve on all FHRCO committees, and the College Registrar is the FHRCO vice-president.

Throughout the year, the College had the opportunity to learn from other regulators, with the College of Nurses presenting to Council on its Vision 2020 governance project and the College of Pharmacists sharing the evolution of its Quality Assurance program.

Leading national initiatives

Nationally, the College plays a leading role in the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO).

Our Registrar is proud to be president of ACOTRO. Work includes developing common resources related to oversight of the entry-to-practice exam, and oversight of the Substantial Equivalency Assessment System for internationally educated OTs. These processes support regulatory rigour. ACOTRO also published the position statement: Supervision of Occupational Therapist Assistants.

ACOTRO highlights how the College collaborates with stakeholders to build more uniformity in regulation that protects the public. Another example is ACOTRO's leadership with CORECOM, a pan-Canadian initiative (across the academic, association and regulatory sectors) to develop one set of national occupational therapy practice competencies that represent a consistently high standard of what's taught and evaluated across the country.

Sharing knowledge

The College had the opportunity to share its learning on developing competency profiles at the international CLEAR (Council on Licensure, Enforcement and Regulation) conference. College staff delivered presentations on registration information and human rights, and interim orders related to a professional's practice at the Canadian Network of Agencies for Regulation's annual conference.

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Promoting alignment

Taking part in such efforts has an impact on bolstering regulation in Ontario and across Canada, as does work to harmonize certain processes.

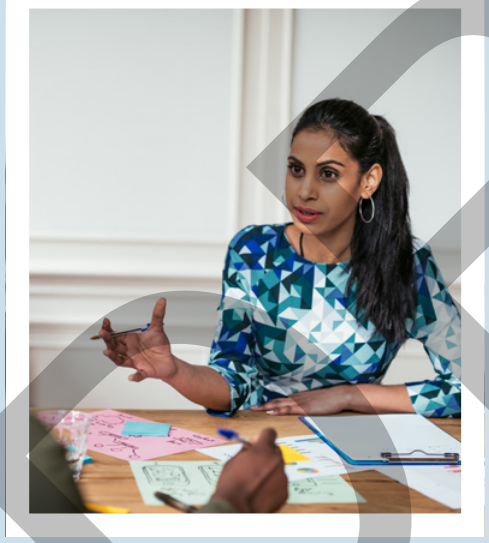
For instance, occupational therapists registered in one Canadian jurisdiction might need to provide follow-up care (time-limited) to an existing client in another jurisdiction. The College entered into a Memorandum of Understanding on cross-jurisdictional practice, agreed to by all Canadian occupational therapy regulators, which facilitates this practice. The College plays an integral role in system alignment, to support quality practice by occupational therapists.

Strengthening governance

This year, we began a review of our governance model, with the help of an independent consultant. As we move forward, this exercise will help us to lead in best practices.

Part of that relates to having the right people in place. The College adopted a competency-based process to assist with the appointment of non-Council committee members.

The decisions made by Council serve the best interests of the public, as part of a broader health regulation system. During the year, Council heard from the Ministry of Health on priorities for regulatory organizations. We'll continue to meet them in a way that strengthens confidence in the regulation of the occupational therapy profession.



"The decisions made by Council serve the best interests of the public, as part of a broader health regulation system."

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"The purpose of the Patient Relations program is to enhance relations between registrants, families, clients and patients."

Patient Relations

The **Patient Relations Committee** develops and implements the Patient Relations program at the College. The purpose of the Patient Relations program is to enhance relations between registrants, families, clients and patients.

Core elements of this program include:

- Development of relevant standards of practice for occupational therapists
- Education of the profession, Council and staff
- Provision of information to the public
- Development and implementation of resources and measures for preventing and dealing with sexual abuse of clients and patients
- Administration of the Sexual Abuse Counselling Fund

Revised Standards for the Prevention of Sexual Abuse reflect legislative changes brought forth under the *Protecting Patients Act, 2017*. Standards were in effect August 1, 2018. The College is positioned to respond quickly and positively to any forthcoming recommendations resulting from the work of the Sexual Abuse Task Force.

As part of its mandate, the Patient Relations Committee oversees the development and review of the Code of Ethics, Guide to the Code of Ethics, Standards for Professional Boundaries, Standards for the Prevention of Sexual Abuse, and Standards for Conflict of Interest.

There was one client application for funding to the Patient Relations Committee in the 2018-2019 fiscal year.

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Public Engagement

Through a multi-College partnership, the College seeks input and perspective with the Citizen Advisory Group (CAG). The CAG is comprised of members of the public from across the province who come together and provide their perspectives on a range of topics including professional standards, the complaints process, strategic priorities and more. Their thoughts and experiences are invaluable and provide another way to involve the public in shaping the College's work. Engagement and collaboration inform our initiatives to build understanding of the College's role.

The Citizen Advisory Group worked with the College on multiple projects, including:

- "Understanding Consent: Information for Patient Clients and Caregivers" resource
- Facebook social media campaigns
- "Concerns About OTs: How the College Makes Decisions" framework
- How to Share Concerns and Complaints about OTs video (pilot)
- What to Expect from an OT video (pilot)
- Public awareness brochure (pilot)

Want to learn more about the Citizen Advisory Group?

Visit citizenadvisorygroup.org

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Practice Resource Service

Through the **Practice Resource Service**, a College team of occupational therapists provides free, anonymous support to anyone who contacts the College about occupational therapy practice. The Service helps patients, clients, caregivers, registrants, students, employers and others understand the expectations for occupational therapists in Ontario. Answering questions and sharing information supports the delivery of safe, ethical and effective occupational therapy services.

We're here to help

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

Practice Inquiries

Calls and emails in 2018/2019

Who's using the Practice Resource Service?

83% Occupational therapists

14% Public, clients, family members and others

2% Students **1%** Employers

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Practice Resource Service

Top 5 Topics from the Public

Finding an OT

Billing/Fees

Topics outside College mandate

Scope of practice

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

Access to records & questions about reports

Top 5 Topics from Occupational Therapists

Record keeping

Consent

Topics outside College mandate

Controlled acts

Conflict of interest

Outreach and Collaboration

This year, College staff:

Presented to all Ontario university occupational therapy programs. Topics include: Conscious Decision Making, Record Keeping, Role of the College, Professional Boundaries and Professionalism, Controlled Acts, Scope of Practice, and Conflict of Interest

- Participated in Ministry of Training, Colleges and Universities Broad Based Consultation on the Occupational Therapist Assistant/Physiotherapist Assistant (OTA/PTA) Program Standard Review Project that led to the development of the OTA/PTA vocational curriculum
- Delivered regulatory perspective through conference presentations and webinars with the Ontario Society of Occupational Therapists regarding:
  - Advancing OT Practice in Psychotherapy
  - Discretionary Reporting – What Ontario OTs need to know?
  - Preparing for the OT Workforce
  - Delivering Psychotherapy through e-platforms

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Practice Resources

Six practice documents were revised to ensure accuracy and relevance of content, clearly defining and describing the responsibilities of occupational therapists. Changes reflect the evolving practice environment and consider issues directly impacting occupational therapy.

1. Standards for Supervision of Students
2. Standards for Supervision of Occupational Therapist Assistants
3. Guide to Discretionary Reporting of Fitness to Drive
4. Standards for Psychotherapy
5. Standards for Infection Prevention and Control
6. Guidelines for Private Practice

Cases and Q&As

- 6 practice cases **developed** – topics include: *Conflicting Opinions – Professional Obligations for OT Reports; Crossing the Line? Managing Personal and Professional Interests; Working Within Managed Resources*
- 9 Q&As published - topics include: *Changing or commenting on reports after resigning as an OT; Documentation in a Group Setting; Retaining Client Records; Standard Fees for OTs*

General Questions & Inquiries

1.800.890.6570

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

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Registration

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

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

The Committee approves all policies pertaining to the requirements of registration. This year, the Committee:

- Enhanced the College's ability to carry out its mandate of public protection by:
  - Approving changes to the policy Education and Fieldwork – Canadian Education to confirm that occupational therapy education programs accredited by the Canadian Association of Occupational Therapists (CAOT) are deemed by the Registration Committee to be equivalent to a Bachelor of Science degree or Master of Science degree in occupational therapy obtained in Ontario. Formalizing this practice in policy ensures a consistent approval process for Canadian occupational therapy programs.
  - Launching new provisional registration supervision documents to clarify expectations and accountabilities of supervisors and improve the quality of supervision of occupational therapists who are registered with provisional certificates.
  - Developing the policy Temporary Certificate of Registration - Cross-jurisdictional Practice, which operationalizes the Memorandum of Understanding regarding cross-jurisdiction occupational therapy practice agreed to by all Canadian occupational therapy regulatory organizations. The policy gives an occupational therapist who is registered in one Canadian jurisdiction the ability to register with the College for the purposes of providing time limited follow-up care to an existing client in Ontario.
- Reviewed 10 applications referred to the Committee by the Registrar.

Total Decisions	**10**
Outcomes	
Issue certificate of registration	2
Issue certificate of registration after additional training	5
Deny certificate of registration	3
Appeals to the Health Professions Appeal and Review Board	
Upheld	1*
Withdrawn	1
In process	2

**from 2017/2018 fiscal year*

"...new documents clarify expectations and accountabilities of supervisors and improve the quality of supervision of occupational therapists who are registered with provisional certificates."

Other Registration Program Work:

- Completed the College's annual Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC).
- Completed the OFC Registration Practices Assessment Cycle (Cycle 3).

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Professional Snapshot

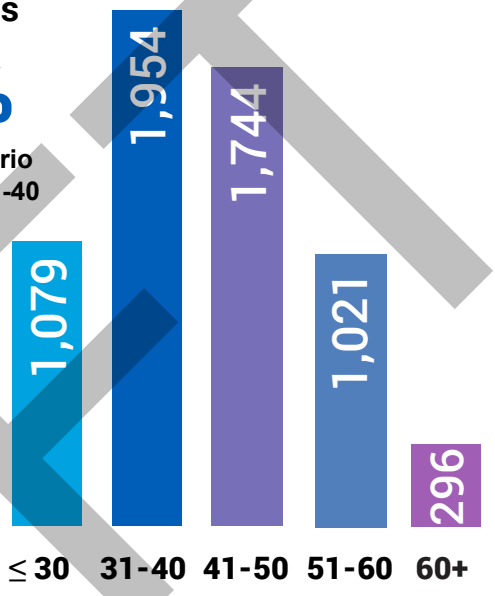
Registrants by the Numbers

6,094 OTs registered in Ontario

2019	6,094
2018	5,962
2017	5,792
2016	5,554
2015	5,379

Age of OTs

32% of OTs in Ontario are between 31-40



Certificates of Registration Issued in 2018/2019

463 certificates issued

Where were new registrants educated?

- ***83%*** **Educated in Ontario**
- ***11%*** Outside of Ontario in Canada
- ***6%*** Outside of Canada

242 New registrants who graduated in 2018/2019

Where were our recently graduated registrants educated?

- ***93%*** **Educated in Ontario**
- ***7%*** Outside of Ontario in Canada

Top Sources for International Graduates

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

Where were our OTs educated?

81% of registrants educated here in Ontario

9% of registrants educated outside of Ontario within Canada

10% of registrants educated internationally

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Professional Snapshot

Where are OTs working?

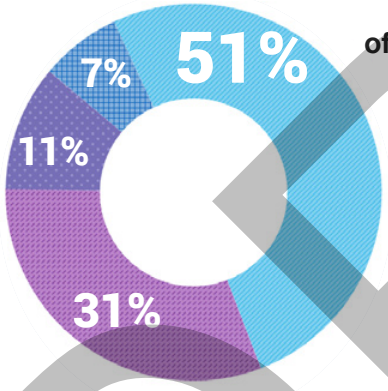
Top Practice Settings

1. General or Rehabilitation Hospital
2. In the Community
3. Mental Health & Addiction Facility
4. School System
5. Children's Treatment Centre

Roles and Areas of Practice

75% of registrants work as direct service providers

Other common roles include: **consultants** (5%) and **managers** (4%)



of OTs in Ontario work in physical health

Physical Health	51%	3,087
Other	31%	1,872
Mental Health	11%	682
Administration	7%	435

Who are OTs working with?

38% of registrants work primarily with adults and seniors

18% of registrants work primarily with clients of all ages

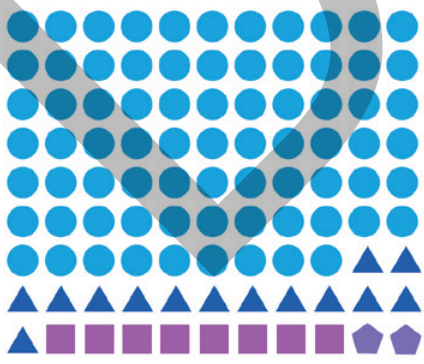
16% of registrants work primarily with children and youth (ages 0-17)

14% of registrants work primarily with adults (ages 18-64)

8% of registrants work primarily with seniors (ages 64+)

6% of registrants did not state their client age group or it was not applicable

Nature of Practice



75% of registrants work in clinical practice

Clinical	4,597
Mixed	869
Non Clinical	509
Not Stated	119

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Professional Snapshot

Where are occupational therapists in Ontario located?*

* According to College electoral districts

1 Central East

District 1 includes Toronto, the counties of Haliburton, Northumberland, Peterborough, Simcoe and Kawartha Lakes, and the regions of Durham, Peel and York.

48%

2 Central West

District 2 includes the counties of Brant, Dufferin and Wellington, and the regions of Haldimand, Norfolk, Halton, Hamilton, Niagara and Waterloo.

19%

3 South West

District 3 includes the counties of Essex, Bruce, Grey, Chatham-Kent, Lambton, Elgin, Middlesex, Oxford, Huron and Perth.

12%

4 Eastern

District 4 includes Ottawa, the counties of Prescott and Russell, Stormont, Dundas & Glengarry, Lennox & Addington, Leeds & Grenville, Hastings, Prince Edward, Frontenac, Renfrew and Lanark.

15%

5 North Eastern

District 5 includes Sudbury, ParrySound, Timiskaming, Nipissing, Algoma, Cochrane, Manitoulin and Muskoka.

4%

6 North Western

District 6 includes Kenora, Rainy River and Thunder Bay.

2%

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"The program supports occupational therapists to remain competent and engage in ongoing learning and an evaluation of their skills, knowledge, and judgement to promote quality practice."

Quality Assurance

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

Over 2018-2019, the **Quality Assurance Committee**:

1. Guided development of the 2019 Prescribed Regulatory Education Program (PREP): Critical Thinking and Professional Judgement Through an OT Lens.
2. Moved forward with vendor procurement to support the redevelopment of the Competency Assessment Process (formerly known as the Competency Review and Evaluation Process). The redevelopment will result in an evidence-informed process and tools to assess the continuing competency of occupational therapists throughout their career.
3. Issued decisions on 46 registrant cases.

Annual QA Requirements Compliance

(June 1, 2018 - May 31, 2019)

Each year, occupational therapists are required to complete a Professional Development (PD) Plan and a Prescribed Regulatory Education Program (PREP). Every other year, occupational therapists are also required to complete a Self-Assessment (SA).

	Registrants Required to Complete	Completed	Compliance
2018 Self-Assessment	1,314	1,284	98%
2018 PREP	5,896	5,843	99%
2018 PD Plan	5,665	5,564	98%

Note: At the October 31, 2018 PREP and SA due date, 222 registrants were new or returning and excluded from mandatory completion of the PREP and SA. At the May 31, 2019 PD Plan due date, 451 registrants were new or returning and excluded from mandatory completion of the PD Plan.

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Case Decisions

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

In accordance with the 2018 Compliance with Quality Assurance Program Requirements Policy, the Quality Assurance Committee (QA issued decisions regarding registrants who failed to complete mandatory QA requirements by the due date.

The Committee issued 46 decisions in 2018-2019:

- 32 decisions regarding non-compliance with 2017 QA requirements, with the following details:

Quality Assurance Committee Decisions	
Marked as complete/compliant by the College as due to a technical difficulty.	5
One requirement marked complete/compliant by the College as due to a technical difficulty; second requirement needed to be submitted by a specified due date.	6
Required to submit outstanding requirements by a specified due date.	15
Marked as complete/compliant by the College as due to a technical difficulty; second requirement remains marked as incomplete/non-compliant.	2
Marked as complete/compliant by the College but were noted as late.	4

- 9 decisions regarding non-compliance with 2018 QA requirements, with the following details:

Quality Assurance Committee Decisions	
Marked as complete/compliant by the College but were noted as late.	3
Non-compliant in 2017 and 2018 and were marked as complete/compliant by the College but were noted as late.	3
Non-compliant in 2017 and 2018 and did not submit any requirements as directed by QAC; QAC's decision was a directed peer and practice assessment. Of the three: • one resigned their certificate; • one is awaiting scheduling of the peer and practice assessment; • one has completed the peer and practice assessment and is awaiting a QAC decision.	3

- 5 decisions on previously deferred competency assessment cases (that came forward under the previous Competency Assessment Process).

The decision on each of the five previously deferred cases was to take no action with recommendations, which indicates the Committee determined they had no concerns about the occupational therapists' practice; however, they recommended a voluntary activity to support meeting the Standards of Practice. The recommendations included:

- Review the Standards for Record Keeping
- Review the Standards for Consent
- Implement use of a Conscious Decision-making approach when considering options and risks when making professional decisions
- Reminder of proper designation for use of the protected title of occupational therapist: OT Reg. (Ont.)

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Inquiries, Complaints and Reports

The Inquiries, Complaints and Reports Committee (ICRC) oversees investigations into an OT's conduct, competence or capacity. This includes all complaints investigations, Registrar's investigations including health inquiries, which arise from information reported to the College, and mandatory reports. Unless frivolous or vexatious or the Registrar accepts a complainant's request to withdraw their complaint, all complaints received by the College are investigated.

Complaints

In 2018/2019, the College received 35 new complaints. The ICRC issued decisions in 29 complaints cases in 2018/2019 (the complaints may have been initiated in previous fiscal years). The outcomes of these decisions are detailed in the table below:

Outcomes *	*2017/2018*	*2018/2019*
Resolved Complaints	**35**	**29**
No Further Action (NFA)	15	14
Specified Continuing Education or Remediation Program (SCERP)	5	3*
Advice/Guidance/Recommendation	6	7
Frivilous and Vexatious	2	1
Caution-in-person	1	3*
Referred to Discipline	0	0
Remedial Agreement (RA)	1	2
Complaint Withdrawn	5	2

** For some complaint decisions, the ICRC may issue more than one outcome. For instance, in 3 complaint decisions in 2018/2019, both a SCERP and a caution-in-person were issued by the ICRC.*

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

The **Health Professions Appeal and Review Board** (HPARB) reviews decisions made by the ICRC in complaint matters. The HPARB reviews determine if the investigation was adequate and if the decision was reasonable. Three HPARB reviews were conducted in 2018/19. One Committee decision was upheld, and two Committee decisions were returned requiring further action.

Fiscal Year	Reviewable ICRC Decisions Issued	Review Requests by Complainant	Review Requests by OT	HPARB reviews conducted	% of HPARB decisions upholding ICRC decision
2017/2018	35	5	2	7	100%
2018/2019	29	3	0	3	33%

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

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Inquiries, Complaints and Reports

Registrar's Investigations

The Office of the Registrar received reports resulting in 30 investigations being opened in the 2018/2019 fiscal year. Information forming the basis of 9 of these Registrar's investigations came to the College's attention through mandatory reports received from OT employers.

The Registrar administratively closed 37 Registrar's investigations during the 2018/2019 fiscal year.

Administrative Action Outcomes

Education Letter Sent to OT: 23 (8 of these letters were due to a failure of the occupational therapist to update the College regarding their professional liability insurance coverage)

Matter administratively closed pending re-registration: 3

Closed with no further action: 11

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

The ICRC made 34 decisions on reports arising out of Registrar's Investigations in 2018/2019.

	2017/2018	*2018/2019*
Resolved Registrar's Investigations	**20**	**71**
Closed by the Office of the Registrar	14	37
No Further Action (NFA)	3	14
Advice/Guidance/Recommendation	2	11
Specified Continuing Education or Remediation Program (SCERP)	1	2
SCERP and Caution-in-Person	0	3
Remedial Agreement	1	3
Undertaking	0	1*
Referred to Discipline	0	0

** The ICRC accepted the OT's voluntary undertaking to resign from the College and to never reapply.*

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Inquiries, Complaints and Reports

Emerging Trends from Complaints and Registrar's Investigations

- The majority of complaints received concern OTs working in the auto insurance sector

43% of complaints confirmed in 2018/2019 relate to OTs working in the auto insurance sector

73% arose out of insurer examinations performed by OTs

- Complainants in motor vehicle accidents are most concerned about the accuracy of the OT's assessment report, that the OT is biased in favour of their insurer, their privacy, and the OT's communication with them during the assessment.
- Mandatory reports received from OT employers primarily raise concerns related to documentation by OTs, including the appropriate completion of associated record-keeping responsibilities, and issues related to patient and interprofessional communication.

New In 2018/2019

To enhance transparency, the College published information on its website detailing the risk assessment framework used by the ICRC to ensure consistent decision-making.

Fitness to Practise Committee

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

There were no fitness to practise hearings held at the College during the 2018/2019 fiscal year.

Discipline Committee

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

There were no discipline hearings held at the College during the 2018/2019 fiscal year.

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Summary Financial Statements

Report of the Independent Auditor on the Summary Financial Statements

To the Council of the College of Occupational Therapists of Ontario

Opinion

The summary financial statements, which comprise the summary statement of financial position as at May 31, 2019, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the "College") for the year ended May 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, on the basis described in the note to the summary financial statements.

Summary Financial Statements

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

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated September 26, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements on the basis described in the note to the summary financial statements.

Auditor's Responsibility

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

Hilborn LLP

Toronto, Ontario
September 26, 2019

Chartered Professional Accountants
Licensed Public Accountants

401 Bay Street · Suite 3100 · P.O. Box 49 · Toronto · ON · CA · M5H 2Y4 · P416-364-1359 · F416-364-9503 · hilbornca.com

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Summary Financial Statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Financial Position

May 31	2019 $	2018 $
ASSETS		
Current assets		
Cash	**4,317,873**	5,235,193
Investments	**1,538,244**	670,912
Prepaid expenses	**38,081**	42,685
	5,894,198	5,948,790
Investments	**2,644,379**	2,110,334
Capital assets	**104,816**	154,865
	2,749,195	2,265,199
	8,643,393	8,213,989
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	**730,427**	891,622
Deferred registration fees	**3,977,455**	3,870,024
	4,707,882	4,761,646
NET ASSETS		
Invested in capital assets	**104,816**	154,865
Internally restricted for hearings	**350,000**	350,000
Internally restricted for premises	**800,000**	500,000
Internally restricted for sexual abuse therapy and counselling	**18,000**	18,000
Internally restricted for contingencies	**1,590,000**	1,590,000
Internally restricted for enterprise wide IT system	**125,000**	-
Unrestricted	**947,695**	839,478
	3,935,511	3,452,343
	8,643,393	8,213,989

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Summary Financial Statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Summary Statement of Operations

Year ended May 31	2019 $	2018 $
Revenues		
Registration fees	**4,187,150**	4,076,880
Investment and other income	**163,194**	58,513
	4,350,344	4,135,393
Expenses		
Salaries and benefits	**2,341,589**	2,288,510
Quality assurance	**68,796**	98,710
Investigations and resolutions	**111,999**	(30,664)
Communications	**59,433**	137,403
Council	**148,929**	149,323
Occupancy cost	**271,472**	270,559
Amortization	**50,049**	76,240
All other operating expenses	**814,909**	751,593
	3,867,176	3,741,674
Excess of revenues over expenses for year	**483,168**	393,719

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Note to Summary Financial Statements

May 31, 2019

1. **Basis of presentation**

These summary financial statements are derived from the audited financial statements of the College of Occupational Therapists of Ontario (the "College") for the year ended May 31, 2019, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in the statement of operations has been condensed and the statements of changes in net assets and cash flows and the information disclosed in the notes to the audited financial statements have not been presented.

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

DRAFT

Thank You

We are grateful to everyone – clients, caregivers, occupational therapists, Council, Committee and Subcommittee members, students, members of the Citizen Advisory Group, peer assessors, volunteers, and many more – who shared their time and knowledge with the College. Your contributions help ensure the people of Ontario receive safe, ethical occupational therapy services.

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

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

AGENDA ITEM 7.1

REGISTRAR'S REPORT
Council Meeting of October 24, 2019

Governance Monitoring Report

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

Policies that guided decisions during this period:

- GP 11 – Cost of Governance has supported the audit process.

Registrar Limitation Policies

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

Policies of this category that guided decisions during this period:

- RL8 – External Audit: Auditors of the office of Hilborn LLP has conducted an audit of the financial performance of the College for 2018-2019.
- RL12 – Risk Management: Guided the information to be presented to Council on the Risk Management Program.
- GP15 – Commitment to Strategic Planning: Guided the development of the strategic planning process.

For Your Information:

ENDS PRIORITY #1: CONFIDENCE IN OCCUPATIONAL THERAPY REGULATION

REGISTRATION PROGRAM

Over the summer months, Registration was busy receiving applications for the registration process for many new graduates of OT programs.

The College was pleased to co-present a webinar with the Ontario Society of Occupational Therapists (OSOT) for "New OTs on the Block" on June 18, 2019. Presentations were also completed at the University of Toronto (June 20 2019) and University of Ottawa (July 22 2019) for OT students preparing to register with the College.

Between June 1, 2018 and August 31, 2019:

- Number of people who submitted applications – 198 (32 in June; 53 in July; 113 August)
  As compared to Q1 2018-2019 174 (23 in June; 51 in July; 100 in August)

- Number of provisional registrations issued – 13 (additional 49 in September)
  As compared to Q1 2018-2019 – 15 (this number went up to 46 on September 1)

COMMUNICATIONS

- The production of the 2019 annual report was completed, with digital and PDF formats created.

- The College continues to build awareness of its role in public protection. Three public awareness articles were created and promoted by News Canada in August and September. Articles were picked up by local news outlets, including 16 community newspapers. Copies of the articles appear in the FYI package.

- Ontario Health Regulators will be hosting a booth at the Zoomer show in Toronto on October 26/27. The Zoomer show is a lifestyle expo for people aged 45+, with an estimated 23,000+ attendees. Staff from various colleges, including COTO, will be available to answer questions from the public about the work of the colleges in the interest of public protection.

ENDS PRIORITY #2: QUALITY PRACTICE BY OCCUPATIONAL THERAPISTS

QUALITY ASSURANCE PROGRAM

- One of the priorities the QA Team is focused on at this time of year is monitoring registrants for completion of two mandatory QA requirements – the Self-Assessment and the Prescribed Regulatory Education Program (PREP) which are both due on October 31;
- Feedback from registrants about the 2019 PREP on Critical Thinking and Professional Judgement through an OT lens has been positive;
- In August 2019, registrants were informed that the College will randomly select registrants who will be required to participate in a peer and practice assessment. This is part of the regular quality assurance practice that will be done on a smaller scale while the program undergoes its redesign. 30 registrants will be selected according to the following criteria:
    - registrants who have a **clinical practice**;
    - have been **registered with the College for at least five years;** and
    - have **never previously participated** in a competency assessment process.

- College website information is in the process of being updated to provide more information about the peer and practice assessment process and the QA program in general to enhance clarity, transparency and hopefully decrease anxiety about QA processes;
- The project vendor selected to deliver on the competency assessment project - The Brondesbury Group have begun their work:
    - To date they have completed their environmental scanning and literature review and are currently reviewing applicable data from the College;
    - The project manager and College staff continue to work closely with the vendor;
    - Th QA Committee continues to offer timely support, direction and decisions as required;

- Development of the 2020 PREP: Managing Risks in Occupational Therapy Practice is well underway.

PRACTICE RESOURCE PROGRAM

- The practice team continues to field questions from the public, OTs and other stakeholders about occupational therapy practice, and the application of practice standards and legislation.
- Outreach speaking engagements in Q1 include:
    - McMaster University – Topic: Scope of Practice and Controlled Acts
- Collaboration with Stakeholders:
    - FHRCO Consent and Capacity Working Group
    - Michael Garron Hospital with College of Physiotherapists – Topic: Use of Occupational Therapist Assistants and Physiotherapist Assistants
    - Cornwall Hospital with the College of Psychologists of Ontario, College of Registered Psychotherapist of Ontario and Ontario College of Social Workers and Social Service Workers, University of Toronto: Record Keeping in Mental Health Services

INVESTIGATIONS AND RESOLUTIONS PROGRAM (I&R)

- We are pleased to have Nithusa Nithi and Sydania Mullings join the I&R team as associates. With the I&R team now in full form, the goal is to decrease case completion times for complaints and reports and to monitor and track reasons for any delays.

- The I&R program has been very busy with back to back monthly Inquiries, Complaints and Reports Committee (ICRC) meetings since June 2019 and are busy preparing for two more ICRC meetings scheduled to take place prior to the end of the calendar year.
- Beginning in November, I&R will be conducting the College's annual liability insurance audit to ensure that all registrants have complied with the College's professional liability insurance requirements for 2019-2020.

ENDS PRIORITY #3: SYSTEM IMPACT THROUGH COLLABORATION

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- CORECOM - ACOTRO has engaged with the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP) to work together towards developing one set of competencies for the profession. The three organizations form the Steering Committee for the project. The project has now received its funding, has engaged a project manager, and has contracted with a vendor named CamProf to lead the development of the competency document. The steering committee work is well underway, and meetings are planned with the steering committee to undertake a workshop with the vendor to outline the overall framework for the project. OTs from across the country will form a working group to work with the vendor. We expect that there will be much consultation required from all OTs in the country.
- An ACOTRO board meeting is planned for November 2019.

Federation of Health Regulatory Colleges of Ontario (FHRCO)

- The Federation has been reviewing their role and mandate. They would like to be able to focus on collaborative strategic projects. There has been an interest expressed to discuss governance models for colleges.
- The Federation has also been focused on collaborative initiatives to assist colleges in fulfilling their regulatory roles. For example, I have joined a working group exploring the role of regulatory colleges in responding to the Truth and Reconciliation Commission Report, 2015.

Ministry of Health (MOH)

- Psychotherapy – The College is continuing to work through the regulation development process with the Ministry. At this time, a regulatory posting is being developed, which will be posted for 45 days. This needs to occur within the period prior to December 31, 2019, to meet the two-year window before the transition period closes. To date, the College has not seen the final regulations as drafted by the Ministry of Health. The Ministry has asked the College to post on our website, the registrants who are practicing the controlled act of psychotherapy. Once the regulation actually passes, we will need to devise a way for the public register to display this. It doesn't need to be available immediately, but the College will need to work on a plan, which includes letting registrants know about this process and configuring the database to contain the necessary fields.
- The Ministry has been working on an initiative to develop performance measurement indicators for all health colleges. Heather Binkle has been part of this working group on behalf of the College. No decisions have been made yet on what the final measurement indicators will be, and the College will be participating in a consultation about this work in October 2019.
- A recommendation was released this fall to the MOH related to the regulation of individuals who provide Applied Behaviour Analysis services. The recommendation was for the College of Psychologists to regulate supervisors of these individuals. This pertains to our College, as there are likely OTs who may supervise individuals such as this in some way. We will be watching for an opportunity to provide input into this initiative.

Financial Service Regulatory Authority (FSRA)

- Our College, along with other related colleges have had an opportunity to meet with this new organization who is the regulator for businesses involved in providing services in the auto insurance sector. We are learning about each other's roles and legal mandates with a view to improving systems

through collaboration. It is early stages yet, but so far, all groups are engaged in productive discussions. FSRA replaces the previous FSCO (Financial Services Commission of Ontario).

- The **Ministry of Finance**, in their oversight role of the auto insurance sector, set up a series of meetings this summer to explore improvements to the assessment system. This pertains to individuals who have been involved in an auto accident and are seriously injured, requiring medical and rehabilitation interventions, paid through their insurance company. The majority of complaints to our College are about OTs involved in this system. The College, on behalf of FHRCO, was involved in these preliminary discussions and have expressed our interest to the Ministry of Finance in continuing this collaboration.

Council on Licensure, Enforcement and Regulation (CLEAR)

- Elinor attended this conference this year and presented (on Aoife's behalf) on Interim Orders Around the World, with an individual from Ireland and an individual from Australia. Aoife Coghlan, our Manager of Investigations and Resolutions, currently on leave, coordinated and authored our part of this presentation, which was very well received.

Canadian National Association of Regulators (CNAR)

- This conference is coming up at the end of the month. Several staff, as well as Julie Entwistle, Council President, will be attending. This conference brings together regulators from across Canada as well as internationally to discuss trends, advancements and best practices in the world of regulation.

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

2019-2020 Operational Planning

- The first quarter of the year has passed, and an update will be presented at Council on the status of initiatives.
- The College is in the final year of the current strategic plan, and staff are looking forward to the strategic planning discussions that will inform our 2020-2023 operational plan.

College Operations

- As reported on the risk report, the College is exploring options for a renovation of our existing space to allow for long term staffing needs.

Staffing Update

- Adrita Shah Noor, has assumed the responsibilities of Manager of Investigations and Resolutions in Aoife's absence.
- Clara Lau has joined the College as the Manager, Registration.
- Nithusa Nithi, and Sydania Mullings, joined the College as Associates in the Investigations and Resolutions program
- Andy Tao has joined the corporate services team in a bookkeeping role, on a part time basis.

See you at the meeting! Elinor

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

AGENDA ITEM 7.3

FINANCIAL REPORT

Date: October 24, 2019
To: Council
From: Nabila Mohammed, Director of Finance and Corporate Services
Subject: Q1 Financial Report (June 2019 to August 2019)

Recommendation

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

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of statutory remittances and filings;
3. Financial Statements:
    - **Statement of Financial Position** as at August 31, 2019;
    - **Statement of Operations** for the period June 1, 2019 to August 31, 2019;

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

(Please refer to the attached Statement of Financial Position as at August 31, 2019)

For interim financial reports prepared throughout the year, the short-term marketable securities balance will not align with the monthly BMO Investment Reports as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end only. Variances to prior year reflect a combination of additional investments made into our portfolio during Q2 to Q4 in FY18/19.

Deferred Revenue consists of funds that cannot be recognized as income until later in the fiscal year. It represents annual renewal fees collected in FY18/19 for FY19/20. These funds are applied monthly at the rate of approximately $331,500 per month. The current balance in Deferred Revenue will be recognized as revenue over the remaining fiscal year. All other fees collected since June 1, 2019 will be recognized as revenue as it is received during the current fiscal year.

The HST payable balance of $57,715 represents the amount of HST collected on revenue for the quarter less HST paid to suppliers for the purchase of goods and services. The first quarter return has been filed.

The 'Net Assets' section of the Statement of Financial Position reflects the net surplus of $295,323 for the period June 1, 2019 to August 31, 2019.

HIGHLIGHTS OF STATEMENT OF OPERATIONS
(Please refer to the attached Statement of Operations for the period of June 1, 2019 to August 31, 2019)

The net surplus of revenues over expenses for the three months ending August 31, 2019 was $295,323. The budget had projected a surplus of $25,670 for the first three months and the results are approximately $269,653 favourable to budget.

The major variances from the budget are noted below:

- Revenue has exceeded budget by $45,000, which is a 4% increase.
- Salaries and benefits are favourable to budget by $90,000, which is due to various factors:
    - There was a delay in hiring the Executive Assistant, Deputy Registrar. Initially this was planned for July 2019, however a suitable candidate was not identified until September. The start date for this position will be September 30, 2019.
    - There were two vacancies which provided cost savings greater than anticipated for the period. These included an Associate, Investigations and Resolutions (vacant as of the end of June) as well as the Senior Manager, Registration and Information Systems (vacant as of the end of July). In August, the College onboarded two Associate, Investigations and Resolutions staff to maintain staffing levels in support of this program. Also, a new Manager, Registration has been identified and will begin at the College on October 7, 2019.
    - A reversal of the year end vacation accrual has also caused the salaries and benefits expenses to be lower than budgeted.
- Program expenses are favourable to budget by $59,000 due to the reversal of the year end Investigations and Resolutions accrual. Also, the vacancy in the Registration program has caused program expenses to be lower than expected.
- Operational initiatives are favourable to budget by $33,000 due to:
    - A delay in the Enterprise Wide Systems project commencing due to the departure of the Senior Manager, Registration and Information Systems. Work on this project commenced in September 2019.
    - A delay in the Communications project commencing due to the departure of the Senior Manager, Registration and Information Systems. This project was planned to be collaborative with the Registration program and next steps will be determined once the new Manager, Registration is onboarded.

HIGHLIGHTS OF STATEMENT OF RESERVES
(Please refer to the attached Statement of Reserves as of August 31, 2019)

In addition to expenses incurred during the regular course of operations, certain expenditures are made against the designated reserves funds in accordance with approved Council Guidelines for Establishing and Maintaining Reserve Funds. To date, there are no expenditures in any of the reserve funds.

STATUTORY REMITTANCES AND FILINGS

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

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Council per diems	Monthly	Up to date
Remittance of Employer Health Tax	Remittance for fiscal year is a set 1.95% of calendar year payroll over $490,000.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly	Up to date, HST return filed up to August 31, 2019. Next filing due December 31, 2019 for the period September 1, 2019 to November 30, 2019.
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date, filed February 2019 for the year ended December 31, 2018.
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2019	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2019.	Up to date

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As of August 31, 2019

	31-Aug-19	31-Aug-18
	$	$
ASSETS		
Current Assets		
Cash	3,075,634	3,935,536
Short-term marketable securities	4,191,334	2,785,531
Accounts receivable and prepaid expenses	29,061	3,278
Total Current Assets	7,296,030	6,724,345
Property and equipment, net of accumulated depreciation	104,816	154,865
TOTAL ASSETS	**7,400,846**	**6,879,210**
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	129,205	141,891
HST payable	57,715	(27,260)
Deferred revenue	2,983,092	2,924,700
Total Current Liabilities	3,170,012	3,039,330
Total Liabilities	3,170,012	3,039,330
NET ASSETS		
Reserve Funds	2,883,000	2,457,964
Invested in Fixed Assets	104,816	154,865
Unrestricted	947,695	856,377
Net income for the period	295,323	370,675
Total Net Assets	4,230,834	3,839,880
TOTAL LIABILITIES AND NET ASSETS	**7,400,846**	**6,879,210**

College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
June 2019 through August 2019

	Actual YTD for 3 months ended Aug 2019	3 Months Budget FY19/20	Variance
	$	$	%
REVENUES			
Registration Fees	1,092,092	1,098,000	-1%
Application Fees	31,120		
Professional Corporation Fees	7,500		
Interest Income & Other Income	12,817		
TOTAL REVENUES	1,143,529	1,098,000	4%
EXPENSES			
Salaries and Benefits	593,800	683,447	13%
Programs	15,678	74,168	79%
Communications	8,608	23,665	64%
Council	33,689	46,676	28%
Rent	72,599	72,600	0%
Information Technology	25,076	28,475	12%
Other Office Operations	56,299	37,009	-52%
Operational Initiatives	38,002	70,727	46%
Professional Fees	4,455	13,750	68%
Depreciation	-	21,813	100%
TOTAL EXPENSES	848,205	1,072,330	21%
SURPLUS (DEFICIT)	295,323	25,670	

STATEMENT OF RESERVE FUNDS

	Opening Balance Jun 1, 2019	Spent to Date/Change	Closing Balance Aug 31, 2019
	$	$	$
Hearings Fund	350,000	-	350,000
Sexual Abuse Therapy Fund	18,000	-	18,000
Contingency Fund	1,590,000	-	1,590,000
Premises Fund	800,000	-	800,000
Invested in Fixed Assets	104,816	-	104,816
Enterprise Wide Systems	125,000	-	125,000
Unrestricted	947,695		947,695
Surplus (Deficit) for the Period		295,323	295,323
TOTAL RESERVES	3,935,511	295,323	4,230,834

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

AGENDA ITEM 7.4

COUNCIL BRIEFING NOTE

Date: October 24, 2019
To: Council
From: Elinor Larney, Registrar
Nabila Mohammed, Director, Finance and Corporate Services
Subject: Lease Renegotiation

Recommendation

THAT *Council delegates authority of the lease renegotiation for the current leased space at 20 Bay St. to the Executive Committee.*

Background

The College is undertaking a renovation in order to maximize the number of workspaces available. The scope of the renovation planned will result in a net increase of 10 workspaces and is expected to support the anticipated staffing levels long term. The College is also adopting a more flexible work environment, with the plan to roll out a teleworking program in the immediate future. The increased number of workspaces along with a teleworking strategy is expected to support the College's space requirements long term.

Lease Renegotiation

In light of the investment being made into the current College premises and the low vacancy rates projected in the downtown core when the current lease expires on September 23rd, 2023, real estate brokers have been consulted to determine the best approach to the existing Oxford lease and the timing of renewal.

The College has been advised that Oxford should be approached regarding a renegotiation of the existing lease should there be a desire to stay in the current location. It was noted it would be most advantageous to do this prior to beginning work on a renovation. The rationale for this is that there will still be room to negotiate as the College would not have locked in additional investments into the current premises prior to securing it for a longer term. Also, there could be cash incentives realized through this process to help recover some of the cost of the renovation.

Applicable College Bylaws and Policies

Section 3.05.1 of the College Bylaws outlines the requirements of the Execution of Deeds, Mortgages and Real property Leases. This specifies who is authorized to property leases. It notes real property leases shall be signed by the President or the Vice-President together with the Registrar and shall be binding on the College without any further authorization or formality.

In addition, in RL-5 Registrar Limitations Policy – Financial Condition and Activities it is noted that the Registrar will not make a financial commitment greater than 5 years without prior approval from Council.

Attachment

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

AGENDA ITEM 7.5

COUNCIL BRIEFING NOTE

Date: October 24, 2019
To: Council
From: Executive Committee
Subject: Priority Performance Report – Q1 (June 1, 2019 – August 31, 2019)

Recommendation

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

Background

Council is presented with quarterly data in alignment with the 2017-2020 strategic directions outlined in the Ends policies. The data reflects performance for the first quarter (Q1) of the fiscal year, June 1, 2019-May 31, 2020.

The overall indicators will remain the same until the end of Q4 for the duration of the current strategic priorities. Once the strategic priorities are identified for 2020-2023, work will begin to update the report for the next strategic priority reporting period. Indicator definitions will also be created to support consistency moving forward.

To enhance the readability and the user experience with this current report, two additional columns have been added to support better comparability: **Previous Quarter** and **Previous FY YTD**.

To enhance clarity, a wording change was made on one indicator in Confidence in OT Regulation, under the objective College decision-making processes are open, transparent, and accountable.
Original wording:

Percentage of Registrants with incomplete SA and PREP for 2018.

New wording:

Percentage of Registrants with incomplete QA requirements for 2018 and brought to QAC for review.

The language for this indicator was modified to reflect all QA requirements independent of due date as different materials are due at different points in the year. The language more accurately reflects the progression of the Registrant file to QAC for consideration if QA requirements have not been met.

Discussion

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

Attachment

- Strategic Priority Performance Report – Q1 (June 1, 2019 – August 31, 2019)

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

Strategic Framework 2020

Strategic Priorities

- Confidence in OT Regulation
- Quality Practice by Occupational Therapists
- System Impact Through Collaboration
- Effective Financial, Organizational and Governance Practices

Core Programs

- Registration
- Quality Assurance
- Practice
- Investigations & Resolutions

Mission

The College of Occupational Therapists of Ontario is the regulatory body that protects the public and instils confidence and trust by ensuring that occupational therapists are competent, ethical and accountable.

Vision

Leaders in collaborative quality regulation.

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

Priority Performance Report 2019-2020

Q1 June 1, 2019 - August 31, 2019

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous Quarter	Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 Q1	FY18-19 YTD	
Registrant Demographics	Registrant Demographics	Total number of active registrants	N/A	6125				N/A	6113	5939	N/A	As of August 31,2019
		% of registrants in clinical practice	N/A	74%				N/A	75%	75%	N/A	**4554** registrants as of Aug 31, 2019
		% of registrants in mixed practice	N/A	14%				N/A	14%	14%	N/A	**863** registrants as of Aug 31, 2019
		% of registrants in non-clinical practice	N/A	8%				N/A	8%	8%	N/A	**518** registrants as of Aug 31, 2019
		% self-employed registrants	N/A	25%				N/A	24%	26%	N/A	**1509** registrants as of Aug 31, 2019
Confidence in OT Regulation	The public trusts occupational therapy regulation.	Total # of general information queries	N/A	414				414	618	357	357	**293** calls to zero line and **121** emails to info@coto.org
		% general information queries from members of the public	N/A	64%				64%	39%	50%	50%	**263/414** queries were received from non-registrants, applicants and individuals who did not verify their status.
		Total # of Practice Resource Service queries	N/A	294				294	382	333	333	**294** Total Practice calls and emails for Q1 2019-2020
		% queries to the Practice Resource Service from members of the public	N/A	22%				22%	20%	15%	15%	**65/294** queries from non-registrants for Q1 2019-2020
		Average # of visits to the public register/month	N/A	8,295				8,295	9,143	7,647	7,647	**24,886** is the total number of visits to the public register over Q1 2019-2020, average is **8,295** per month
		Average # of unique visits to the public register/month	N/A	3,507				3,507	4,139	*3165	*3165	10,521 is the total number of unique visits to the public register over Q1 2019-2020, average is 3,507 per month *Please note - correction made to Q1 FY18-19 due to transcription error identified in last year's report
		Total # of coto.org website visits	N/A	30,137				30,137	53,105	26,635	26,635	Total number of visits to coto.org over the quarter
		Average # of website users/month	N/A	5,977				5,977	9,248	5,125	5,125	Average number of visits to coto.org per month

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous Quarter	Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 Q1	FY18-19 YTD	
	The College's input to government priorities and legislative initiatives is valued.	Total # of Consultation Submissions	N/A	0				0	0	1	1	No formal consultation submissions completed
	Stakeholders understand the role of the College and its value.	# Education/Outreach Sessions Offered	N/A	3				3	4	3	3	Education and outreach sessions provided to: Michael Garron Hospital with the College of PT Working with OTA/PTAs; McMaster University - Scope of Practice; Cornwall Hospital with OCSSW/CPO/CRPO - Record Keeping for Mental Health Services

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous Quarter	Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 Q1	FY18-19 YTD	
Confidence in OT Regulation	College decision-making processes are open, transparent, and accountable.	# of Registration Committee decisions appealed to HPARB	N/A	0				0	2	0	0	
		% of Registration Committee decisions upheld by HPARB	100%	N/A				N/A	N/A	N/A	N/A	Q4 2018-2019 appeals are in process
		# of applications reviewed by Registration Committee	N/A	2				2	2	0	0	
		Registration Statutory timelines are met	100%	100%				100%	100%	N/A	N/A	
		# of ICRC Decisions appealed to HPARB	N/A	1				1	3	0	0	
		% of ICRC Decisions upheld by HPARB	100%	N/A				N/A	N/A	N/A	N/A	No HPARB decisions returned during Q1
		# of complaints received	N/A	4				4	5	7	7	
		# of Registrar's investigations initiated	N/A	4				4	8	7	7	Includes **2** mandatory reports
		ICRC 14 day acknowledgement notification timeline met	100%	100%				100%	100%	100%	100%	**2 of 2** sent
		ICRC 150 day delay notifications sent to registrants and complainants by required date	100% 90-99% <90%	100%				100%	100%	100%	100%	**5 of 5** sent
		*Percentage of Registrants with incomplete QA requirements for 2018 and brought to QAC for review	N/A	<0.1%				<0.1%	<0.1%	0.5%	0.5%	**5 of 5666 registrants were referred for QAC review in Q1;** FY18-19: 29 of 5525 registrants were referred for QAC review in Q1 *Indicator language modified to reflect all QA requirements independent of due date
		Percentage of Registrants compliant with 2018 QA requirements after QAC review	N/A	N/A				N/A	N/A	31%	31%	After QAC review, **2 of 5** registrants outstanding requirements are pending. Deadline is Nov 30 2019 and therefore not tracked in Q1
		Percentage of Registrants considered non-compliant with 2018 QA requirements after QAC review	N/A	60%				N/A	<0.1%	69%	69%	**3 of 5** registrants were non-compliant with 2018 QA requirements after QAC review
		# of Step 2 OTs issued a SCERP by QAC	N/A	1				1	0	0	0	
		QA statutory timelines are met	100%	100%				100%	100%	100%	100%	**9** decisions issued by QAC in Q1

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous Quarter	Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 Q1	FY18-19 YTD	
Quality Practice by Occupational Therapists	Occupational Therapists are accountable for quality, safety, and ethics in practice – ***OTs are competent.***	Registrant compliance with completion of mandatory 2018 QA requirements (Self-Assessment, PD Plan, PREP)	100% 90-99% <90%	N/A				N/A	99%	N/A	N/A	QA requirement due dates are May 31 and October 31, therefore not tracked in Q1
		% registrant compliance with updating liability insurance information within 30 days of the scheduled expiry date.	100% 90-99% <90	N/A				N/A	97%	100%	100%	No registrants had insurance expiring between June 1 and August 31
		# of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).	N/A	0				0	0	2	2	
	Occupational Therapists are accountable for quality, safety and ethics in practice – ***OTs understand and apply professional standards and ethical reasoning*** .	% of queries to the Practice Resource Service from OTs	N/A	78%				78%	80%	85%	85%	**229/294** queries received from OTs
		% of general information queries from OTs	N/A	36%				36%	61%	50%	50%	**151/414** general information queries from Ots
		Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)	N/A	3,802				3,802	3,905	2,021	2,021	**3004** views for Standards for Practice and **798** views for A-Z resources
		# of new and returning applicant "Practising Without Authority" cases (per quarter)	0-1 2 >3	0				0	0	1	1	
	The College engages OTs to advance quality, ethical practice.	% Practice Resources circulated for stakeholder feedback (standards, guidelines)	100%	N/A				N/A	N/A	100%	100%	No resources circulated for consultation in Q1
		Response Rates to College Consultations	N/A	N/A				N/A	N/A	pending	pending	No consultations this quarter
		Open Rate on College enewsletter	70% >55% 40-54% <40	60%				60%	72%	70%	70%	

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous Quarter	Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 Q1	FY18-19 YTD	
	The College engages OTs to advance quality, ethical practice.	Click through rate on College enewsletter	TBD	20%				20%	20%	23%	23%	
		# of Views of relevant YouTube Videos	N/A	438				438	1032	671	671	Total views of all College YouTube videos.
	Professional standards reflect evolving practice.	% of practice standards that are current and comply with the Framework for College publications.	90-100% 70-89% <69%	75%				75%	78%	74%	74%	24 practice service documents in total; 18 are up to date according to College publication standards. Number of documents exceeding College publication standards: 2 Standards over 5 years; 1 Position statement over 3 years; 2 Guidelines over 4 years; 1 Guide being updated due to legislation change
System Impact Through Collaboration	The College is recognized as a regulatory leader.	# of Presentations delivered to external stakeholders	N/A	3				3	2	0	0	OSOT Podcast for "New OTs on the Block"; Registration presentations to UofOttawa and UofToronto
	The public contributes to College decision-making.	# of key issues brought to the attention of the public and feedback sought – public input to key decisions.	N/A	0				0	0	1	1	
	Collaboration with stakeholders supports the College's effectiveness and influence as a regulator.	% of College management team actively collaborating with external stakeholders on shared initiatives.	90-100% 70-89% <70%	100%				100%	100%	100%	100%	
		# of formal interactions with system partners	N/A	9				9	4	0	0	CAG Partners Group; OFC; FHRCO; OTOC; CORECOM; CPMF; MOF; MOH; CAOT
	Collaboration promotes systems alignment to support quality practice by occupational therapists.	# of queries received from employers (general information and practice)	N/A	7				7	20	10	10	
		# of mandatory reports received from employers (competence, capacity)	N/A	2				2	0	2	2	
		# of mandatory privacy breach reports received from health information custodians (HICs)	N/A	0				0	0	0	0	

Acronym	Full Name
CAG	Citizen's Advisory Group
CAOT	Canadian Association of Occupational Therapist
CORECOM	One Competency Document for Occupational Therapists in Canada (Project)
CPMF	College Performance Measurement Framework (Working Group)
CPO	College of Psychologists of Ontario
CRPO	College of Registered Psychotherapists of Ontario
FHRCO	Federation of Health Regulatory Colleges of Ontario
FY	Fiscal Year
HIC	Health Information Custodians
HPARB	Health Professions Appeal and Review Board
ICRC	Inquiries, Complaints, and Reports Committee
MOF	Ontario Ministry of Finance
MOH	Ontario Ministry of Health
OCSSW	Ontario College of Social Workers and Social Service Workers
OFC	The Office of the Fairness Commissioner
OSOT	Ontario Society of Occupational Therapists
OT	Occupational Therapist
OTA	Occupational Therapist Assitants
OTOC	Occupational Therapy Ontario Collaborative
PD Plan	Professional Development Plan
PREP	Prescribed Regulatory Education Program
PT	Physiotherapists
PTA	Physiotherapist Assistant
Q	Quarter
QA	Quality Assurance
QAC	Quality Assurance Committee
SCERP	Specified Continuing Education or Remediation Programs

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

AGENDA ITEM 7.6

COUNCIL BRIEFING NOTE

Date: October 24, 2019
To: Council
From: Executive Committee
Subject: Risk Management Report

Recommendation

THAT *Council receives the risk management report.*

Issue

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

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

Discussion

Each risk is listed along with the control procedures and action plan developed to mitigate each risk. Some risks can only be monitored as they are out of the College's control, however, they are important enough to be listed so the College can move into action quickly, once more is known.

Attachment

Risk Category	STRATEGIC
Risk #1	Council is currently constituted, so the original risk is mitigated, however, as of June 30, will be operating with the minimum number of public members (5/7 members). This creates a new potential risk that the public members will not be able to fulfill the additional committee responsibilities and quorum for committee decisions may not be met.
Control Procedure(s)	Public members are appointed to multiple statutory committees to ensure quorum
Action Plan & Monitoring Process	**Action Plan:** 1. Liaise with public appointment's office to facilitate the appointments process.
Risk #2	Regulatory Modernization – Unknown significant changes to College operations and mandate. (Note: Additionally, British Columbia has commissioned a report from Harry Cayton related to the functioning of their College of Dentists and the state of their enabling regulatory legislation. This report has been released with many recommendations that may have broader implications across Canada, including Ontario,)
Control Procedure(s)	1. Membership with FHRCO 2. Strategic Plan 3. Government consultation in strategic planning process 4. Government priorities presented to Council 5. Capitalizing on consultation opportunities 6. Establishing and sustaining positive government relationships
Action Plan & Monitoring Process	**Monitor through:** 1. FHRCO meetings and working group participation 2. Ministry updates 3. College networking updates **Action Plan:** 1. Monitor actions in BC following Cayton report 2. Internal College Governance working group started in April 2019 3. Strategic planning process scheduled for October 2019 4. College recruitment process to hire a Manager Regulatory Affairs to support this regulatory modernization and governance changes moving forward

Risk Category	STAKEHOLDERS
Risk #1	Lack of awareness, understanding or trust of the regulation of OTs by the public
Control Procedure(s)	1. Identified as a strategic priority 2. Active involvement in FHRCO 3. Promotion of Ontario Health Regulators (OHR) website. 4. FHRCO public awareness campaign 5. Plain language content regarding how the College protects the public
Action Plan & Monitoring Process	**Monitor through:** 1. Effectiveness of Ontario Health Regulators public awareness campaign 2. Metrics and media scanning 3. Monitoring of political messages 4. Environmental scanning **Action Plan:** 1. Strategic planning objectives – public communication objective 2. Partnership with Citizen Advisory Group to gain patient perspective and ensure effective messaging (most recent consultation - August 2019 regarding upcoming planning for COTO strategic priorities) 3. Incorporation of metrics to demonstrate value and impact of regulation 4. Website refinement 5. COTO public engagement campaign – social media, videos 6. Outreach activities i.e. Google ads, Zoomer show and targeted Zoomer publications. 7. Targeted outreach to employers to promote partnerships with the College to ensure safe, effective OT services

Risk Category	QUALITY
Risk#1	OTs with competency deficits may be continuing to practice, unchecked by the College, as the QA program is undergoing redesign.
Control Procedure(s)	1. Competency enhancement (mandatory tools) in place for all OTs (Prescribed Regulatory Education Program (PREP), self-assessment and professional development plan) 2. Monitoring of compliance metrics (MyQA) with mandatory QA tools 3. Peer assessment process in place for deferred and follow-up cases 4. Liability insurance requirements for all OTs 5. Complaints mechanism in place 6. QA program redesign project underway: Phase 1 is to redesign the competency assessment process, moving to a more risk-based approach. External project manager contracted to support successful implementation 7. Interim competency assessment process initiated for 2019-2020
Action Plan & Monitoring Process	**Monitor through:** 1. Bi-monthly review of program redesign progress and approval by QAC 2. Quarterly registrar report 3. Priority Performance Report **Action Plan:** 1. Project plan outlining steps required to redesign QA program 2. External consultants contracted to identify and recommend a future competency assessment process 3. Collaboration with key stakeholders on relevant current QA programming initiatives.

Risk Category	OPERATIONAL
Risk #1	Current information systems/IT infrastructure not meeting the growing organizational needs.
Control Procedure(s)	1. Dedicated resources for IT operations 2. External vendors providing support 3. Contracts with vendors with service level agreements 4. Security audit completed. Priority actions resolved
Action Plan & Monitoring Process	**Action Plan:** 1. Enterprise wide system review planned for the 2019-2020 fiscal year. External project manager contracted and work progressing according to plan 2. Ongoing financial reserves created for development and maintenance of this critical College infrastructure
Risk #2	College human resources needs exceed existing space
Control Procedure(s)	1. Review of options to maintain current premises 2. Reserve premises fund to manage any changes needed to office space 3. Long term staffing planning 4. Connection with real estate agent to explore options
Action Plan & Monitoring Process	**Monitor through:** 1. Monitoring reserve levels 2. Monitoring lease expiration date **Action Plan:** 1. Identification of space options 2. Identification of flexible working options

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

AGENDA ITEM 8.2

COUNCIL BRIEFING NOTE

Date: October 24, 2019
To: Council
From: Executive Committee
Subject: Council Policy Review

Recommendation

THAT *Council approves the revisions to the following policies:*

Governance Process:

GP1 – Global Governance Commitment
GP3 – Governing Style
GP4 – Council Role
GP5 – President's Role
GP6 – Vice-President's Role
GP7 – Council Member's Role and Code of Conduct
GP8 – Non-Council Member's Role and Code of Conduct
GP9 – Committee Chairperson's Role
GP10 – Council Committee Principles
GP11 – Cost of Governance
GP13 – Confidentiality and Disclosure of College Information
GP15 -Commitment to Strategic Planning
GP17 – Elections and Appointments for Professional Members

Council Registrar Linkage*:*

CRL1 – Global Council Registrar Linkage Policy
CRL2 – Unity of Control
CRL3 – Accountability of the Registrar
CRL4 – Delegation to the Registrar

Guidelines for Council and Non-Council Members:

Use of Evaluations of Committee Effectiveness

Purpose

These policies are being brought to you as they have reached the end of their 3-year cycle.

Public Interest in this Decision

Ensuring that Council is governing the College effectively is in the public's interest.

Background

These policies were last reviewed or revised in August and October 2016.

Discussion

These policies continue to be relevant. No changes are recommended to any of the policies, with the exception of policy CRL4, Delegation to the Registrar. This policy has been amended to reflect the removal of the previous Ends Priorities, which assigned a percentage allocation from the budget to strategic activities.

As we are undergoing a complete review of governance processes, spending too much time editing these policies may not be a good use of time. They are working within our current policy governance model. They will all need to be reviewed and revised in detail, if the governance changes take effect.

Attachments

- *GP1 – Global Governance Commitment, October 2016*
- *GP3 – Governing Style, October 2016*
- *GP4 – Council Role, October 2016*
- *GP5 – President's Role, October 2016*
- *GP6 – Vice-President's Role, October 2016*
- *GP7 – Council Member's Role and Code of Conduct, October 2016*
- *GP8 – Non-Council Member's Role and Code of Conduct, October 2016*
- *GP9 – Committee Chairperson's Role, October 2016*
- *GP10 – Council Committee Principles, October 2016*
- *GP11 – Cost of Governance, October 2016*
- *GP13 – Confidentiality and Disclosure of College Information, October 2016*
- *GP15 -Commitment to Strategic Planning, October 2016*
- *GP17 – Elections and Appointments for Professional Members, October 2016*
- *CRL1 – Global Council Registrar Linkage Policy, October 2016*
- *CRL2 – Unity of Control, October 2016*
- *CRL3 – Accountability of the Registrar, October 2016*
- *CRL4 – Delegation to the Registrar, October 2016*
- *Use of Evaluations of Committee Effectiveness, August 2016*

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

Policy Type:	Governance Process
Policy Title:	Global Governance Commitment
Reference:	GP1
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019

On behalf of all Ontarians, the purpose of Council is to see to it that the College achieves appropriate results for an appropriate investment and avoids unacceptable actions and situations.

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

Policy Type:	Governance Process
Policy Title:	Governing Style
Reference:	GP3
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019

The Council will govern with an emphasis on:

- *Strategic/policy leadership rather than administrative detail*
- *Evidence-based decision-making*
- *Accountability*
- *Clear distinction of Council and Registrar roles*
- *Encouragement of diversity in viewpoints*
- *Collective rather than individual decisions, and*
- *Being proactive rather than reactive.*

Accordingly,

1. Council will cultivate a sense of group responsibility.
    a. Council will allow no officer, individual or committee of Council to be a rationale for not fulfilling Council commitments.
2. Council, not the Registrar, will be responsible for excellence in governance.
3. Council will establish policy.
4. Council will govern, direct and inspire the College through the careful establishment of broad written policies reflecting Council's values and perspectives about ends to be achieved and means to be avoided.
5. Council's policy focus will be on the intended long-term effects of the College, not on the administrative or program means used to attain those effects.
6. Council will enforce upon itself whatever requirements are needed to govern with excellence, including the use of *in camera* sessions.
7. Ongoing Council development will include orientation of new Council members in Council's governance processes.
8. Council will monitor and discuss Council's process and performance at each meeting.

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

Policy Type:	Governance Process
Policy Title:	Council Role
Reference:	GP4
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed	October 2016, October 2019

The role of Council is to determine and demand appropriate organizational performance.

Accordingly,

1. Council will produce written governing policies that, at the broadest levels, address each category of organizational decision:
    a. Ends: College programs and activities, its role in registering, regulating and supporting the ongoing competency of Occupational Therapists, the benefits provided, outcomes and their relative worth.
    b. Registrar Limitations Constraints on executive authority that establish the boundaries of prudence and ethics within which all executive activity and decisions must take place.
    c. Governance Process: Specification of how Council conceives, carries out and monitors its own task.
    d. Council-Registrar Linkage: How power is delegated, and its proper use monitored; the Registrar's role, authority, and accountability.
2. Council will evaluate the Registrar's performance against Ends and Registrar Limitations policies.

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

Policy Type:	Governance Process
Policy Title:	President's Role
Reference:	GP5
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019

The President assures the integrity of Council's process, and where appropriate, represents Council to outside parties.

Accordingly,

1. The result of the President's work is that Council behaves consistently with its own rules and those legitimately imposed upon it from outside the organization, including:
    a. Meeting discussion content will be only those issues which, according to Council policy, are appropriate for Council to deliberate.
    b. Deliberation will be fair, open, and thorough but also timely, orderly and kept to the point.
2. The authority of the President consists in making decisions that fall within topics covered by board policies on Governance Process and Council-Registrar Linkage, except where Council specifically delegates portions of this authority to others. The President is authorized to use any reasonable interpretation of the provisions of these policies. Therefore,
    a. The President is empowered to call and chair Council and Executive Committee meetings, with all the commonly accepted power of those positions (e.g. rulings, recognition).
    b. The President has no authority to make decisions about policies created by Council within Ends and Registrar Limitations policy areas and therefore, the President has no independent authority to supervise or direct the Registrar.
    c. The President will represent Council to outside parties in announcing Council-stated positions and in stating decisions and interpretations (within the area delegated to him or her).
    d. The President may delegate this authority but remains accountable for its use.

Note: *For further explanation. Please see Duties of the President from the bylaws in the reference materials.*

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

Policy Type:	Governance Process
Policy Title:	Vice-President's Role
Reference:	GP6
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014
Date Reviewed:	October 2016, October 2019

The Vice-President is vested with all the powers and performs the duties of the President in the absence or inability of the President to act. In such instances, he or she assures the integrity of Council's process, and where appropriate, represents Council to outside parties. In addition, the Vice-President performs regular supportive duties.

Accordingly,

1. The Vice-President acts as an officer of the College and is a member of the Executive Committee of Council.
2. The authority of the Vice-President consists in advising the President in decision-making that falls within topics covered by Council policies on Governance Process and Council-Registrar Linkage.
3. As requested by the President, the Vice-President will represent Council to outside parties in announcing Council-stated positions and in stating decisions and interpretations (within the area delegated to him or her.)
4. As requested by the President, the Vice-President will perform other such duties as assigned to him/her by Council.

Note*: For further explanation. Please see Duties of the Vice-President from the bylaws in the reference materials*.

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

Policy Type:	Governance Process
Policy Title:	Council Member's Role and Code of Conduct
Reference:	GP7
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014
Date Reviewed:	October 2016, October 2019

Council members make decisions in the public interest, considering an understanding of the occupational therapy profession and environments in which it is practiced. Council commits itself and requires its individual Council members to lawful conduct and commonly accepted business and professional ethics, including proper decorum and use of authority, when acting as Council members.

Accordingly, to the extent feasible in the circumstances,

1. Council members will serve on Council and at least one statutory committee to which they are appointed.
2. Council members will contribute constructively to Council and committee meetings, in part by reviewing all material in advance and by developing and maintaining knowledge of College functions and issues facing Council.
3. Council members will receive orientation through the College.
4. Council members will publicly support all the decisions taken by Council.
5. Council members must represent unconflicted loyalty to the interests of the College and its public interest mandate. This accountability supersedes any conflicting loyalty to any specific interest group and membership on any other governing board. It also supersedes the personal interests of any Council member.
6. Council members must avoid conflict of interest (as stated in the bylaws) with respect to their fiduciary responsibilities:
    a. There must be no self-dealing or any conduct of private business or personal services between any Council member and the College except as procedurally controlled to assure openness, competitive opportunity, and equal access to inside information.
    b. When Council is to decide upon an issue about which a Council member has an unavoidable conflict of interest, that Council member will absent him or herself without comment not only from the vote but also from the deliberation and shall not otherwise try to influence the result.
    c. Council members may not use their positions to obtain employment, with the College or its agents, for themselves, family members or close associates.
    d. Council members will annually disclose their involvement with other organizations that might produce a conflict or perceived conflict.
    e. Should a Council member wish to be considered for employment with the College he/she must resign from Council.
7. Council members cannot attempt to exercise individual authority over the organization.
    a. Council members' interactions with the Registrar or with staff must recognize the lack of authority vested in individuals except when explicitly Council-authorized.

   b. Similarly, Council members' interactions with the public, press or other entities must recognize the same limitations.

8. Council members will respect the confidentiality inherent in their role (see GP13).
9. Council will disqualify a member from sitting on the Council if the member fails to meet the criteria outlined in the College's bylaws:
   a. An elected member who is disqualified from sitting on the Council ceases to be a member of the Council.
   b. An appointed Academic member who is disqualified from sitting on the Council ceases to be a member of the Council.
   c. As public members are appointed by the Lieutenant Governor, if the member fails to persistently meet criteria outlined in the College bylaws and policies, an appropriate recommendation will be made to the Public Appointment Secretariat.

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

CODE OF CONDUCT

Acknowledgement and Agreement
For Council Members and Non-Council Committee Members

I, _____, acknowledge that I have read and understood policy GP7 "*Council Member's Role and Code of Conduct*" and/or GP8 "*Non-Council Committee Member's Role and Code of Conduct*."

I agree to abide by these policies and the implied Code of Conduct.

I further acknowledge and agree that my obligations under the Code of Conduct continue beyond the expiration of my tenure as a Council member or as a non-Council committee member of the College.

Signature _____ Witness _____

Date: _____

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

Policy Type:	Governance Process
Policy Title:	Non-Council Member's Role and Code of Conduct
Reference:	GP8
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019

Non-Council Committee members make decisions in the public interest, considering an understanding of the occupational therapy profession and environments in which it is practiced. Council commits itself and requires its individual non-Council committee members to lawful conduct and commonly accepted business and professional ethics, including proper decorum and use of authority, when acting as non-Council committee members.

Accordingly,

1. Non-Council committee members are working participants of Council committees and, as such, facilitate the achievement of desired outcomes as approved by Council.
2. Non-Council committee members will contribute constructively to committee meetings, in part by reviewing all material in advance and by developing and maintaining knowledge of issues related to the work of the committee and, where appropriate, to the College as a whole.
3. Non-Council committee members will receive orientation by the College.
4. Non-Council committee members will publicly support all the decisions taken by the committee.
5. Non-Council committee members must avoid conflict of interest (as stated in the bylaws) with respect to their fiduciary responsibilities.
    a. There must be no self-dealing or any conduct of private business or personal services between any non-Council committee member and the College except as procedurally controlled to assure openness, competitive opportunity, and equal access to inside information.
    b. When the committee is to decide upon an issue about which a non-Council committee member has an unavoidable conflict of interest, that non-Council committee member will absent him or herself without comment not only from the vote but also from the deliberation.
    c. Non-Council committee members may not use their positions to obtain employment, with the College or its agents, for themselves, family members or close associates.
    d. Non-Council committee members will annually disclose their involvement with other organizations that might produce a conflict or perceived conflict.
    e. Should a non-Council committee member wish to be considered for employment with the College he/she must resign from the committee.
6. Non-Council committee members may not attempt to exercise individual authority over the organization.
    a. Non-Council committee members' interactions with the Registrar or with staff must recognize the lack of authority vested in individuals except when explicitly Council-authorized.

   b. Similarly, non-Council committee members' interactions with the public, press or other entities must recognize the same limitations.

7. Non-Council committee members will respect the confidentiality inherent in their role (see GP13).
8. Council will disqualify a non-Council member appointed to a committee of the College from sitting on the committee if the member fails to meet the criteria outlined in the College's bylaws and these policies.

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

Policy Type:	Governance Process
Policy Title:	Committee Chairperson's Role
Reference:	GP9
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019

The Committee Chairperson of statutory, standing or subcommittee assures the integrity of the committee's process.

Accordingly,

1. The result of the committee Chairperson's work is that the committee behaves consistently with its own rules and those legitimately imposed upon it from Council, including that:
    a. Meeting discussion content will be only those issues which, according to Council policy, are appropriate for the committee to deliberate;
    b. Deliberation will be fair, open, and thorough but also timely, orderly and kept to the point.
2. The authority of the committee Chairperson consists of making decisions that fall within topics delegated to the committee to discuss. Therefore:
    a. The committee Chairperson is empowered to chair committee meetings, with all the commonly accepted power of that position (e.g. rulings, recognition);
    b. The committee Chairperson has no authority to make decisions about policies created by Council and therefore, the committee Chairperson has no authority to supervise or direct the Registrar; and
    c. The committee Chairperson may delegate his/her authority as chairperson but remains accountable for its use.

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

Policy Type:	Governance Process
Policy Title:	Council Committee Principles
Reference:	GP10
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019

Council committees are assigned to undertake work on behalf of Council. Council remains accountable for the work of each committee.

Accordingly,

1. Committees will assist Council by preparing policy alternatives and implications for Council deliberation. In keeping with Council's broader focus, Council committees will not have dealing with staff operations.
2. Council committees may not speak or act for Council except when formally given such authority for a specific and time limited purpose. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Registrar.
3. Council committees cannot exercise authority over staff. Because the Registrar works for full Council, he or she will not be required to obtain approval of a Council committee before he or she takes action.
4. Council statutory committees will be chaired by a Council member.
5. Other committees of Council:
    a. May include at least one Council member;
    b. may include in their composition, individuals who are not currently on Council;
    c. will receive written terms of reference approved by Council; and
    d. will be disbanded once they have completed the specific tasks assigned to them.
6. This policy applies to any group that is formed by Council action, whether or not it is called a "committee" and regardless of whether the group includes Council members.

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

Policy Type:	Governance Process
Policy Title:	Cost of Governance
Reference:	GP11
Date Prepared:	December 2009
Date Revised:	March 2012, October 2016
Date Reviewed:	October 2019

To govern effectively, Council will invest in its governance capacity.

Accordingly,

1. Council assures that methods and skills will be sufficient to govern with excellence. In this regard, Council commits to the following:
    a. Training and retraining to orient new Council and non-Council committee members as well as to maintaining and increasing existing Council member skill and understanding.
    b. Outside monitoring assistance will be arranged so that Council can exercise confident oversight over organizational performance. This includes but is not limited to an annual financial audit.
    c. Outreach mechanisms will be used as needed to ensure Council's ability to listen and assess other viewpoints.
2. Non-regularly occurring expenses related to the conduct of Council business must be pre-approved by the President. Only expenses that are consistent with the parameters established in RL4 (Financial Planning and Budgeting) will be considered.
3. Honoraria are paid to elected and academic Council members to the agreed upon limits.
4. In addition, preparation time, travel time and approved expenses are also reimbursed at cost to the agreed upon limits (see reference material).
5. Expense reimbursement will be monitored by the Registrar with changes being made consistent with market and within budget limits.

Note: *Public members are reimbursed directly by the Health Boards Secretariat of the provincial government.*

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

Policy Type:	Governance Process
Policy Title:	Confidentiality and Disclosure of College Information
Reference:	GP13
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019

*All Council members and non-Council members of committees ("members") will adhere to the confidentiality provisions as set out in the Regulated Health Professions Act * and treat as confidential all sensitive information obtained or available as a result of their appointment/election to the College. All members will take all reasonable precautions to safeguard the confidentiality of such information.*

Accordingly,

1. Members will sign a Statement of Confidentiality upon commencement of their term and annually thereafter.
2. All records (defined as any tangible information in any form i.e. document, recording, tape etc.) obtained as a member will remain the exclusive property of the College.
3. Members will not, during their term or at any time thereafter, disclose the private affairs or the confidential information of the College to any person unless the disclosure is necessary to carry out the business of the College.
4. Other than in the course of completing documented duties, no member will remove any books, records, documents or property belonging to the College, from the office. Any such property issued to a member in the course of their duties will be returned to the College upon completion of the member's term.

Note: *The law also imposes fiduciary duties on Council that include the obligation to keep matters confidential.*

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

STATEMENT OF CONFIDENTIALITY

I acknowledge that I have read and understood the College's Confidentiality provisions of the Regulated Health Professions Act.

Confidential and/or personal information refers to personal information related to registrants, employees, and volunteers; College information not yet made public, and strategic / business / operating plans.

I understand that:

- All confidential and/or personal information that I have access to or learn through my employment or affiliation with the College is confidential.
- As a condition of my employment or affiliation with the College (which includes membership on any committee), I must comply with the privacy policy and related procedures.
- My failure to comply may result in the termination of my employment or affiliation with the College and may also result in legal action being taken against me by the College and others.

I agree that I will not access, use or disclose any confidential and/or personal information that I learn of or possess because of my employment or affiliation with the College, unless it is necessary for me to do so in order to perform my responsibilities. I also understand that under no circumstances may confidential and/or personal information be communicated either within or outside of the College except to other persons who are authorized by the College to receive such information.

I agree that I will not alter, destroy, copy or interfere with this information, except with prior authorization and in accordance with the applicable College policies and procedures.

I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical and electronic access devices (for example, keys, badges, and storage devices) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the Registrar.

In the event that I have questions or concerns about any matter covered by this statement or if I have concerns about confidentiality or security matters concerning the College, I will promptly contact the Registrar.

Name (*please print*)	**Signature**	**Date**
Witness (*please print*)	**Signature**	**Date**

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

Policy Type:	Governance Process
Policy Title:	Commitment to Strategic Planning
Reference:	GP15
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed	October 2016, October 2019

Council recognizes its legal and moral responsibility for the governance of the College of Occupational Therapists of Ontario and for seeing to it that the mission of the College is carried out and for shaping the strategic direction it takes.

Accordingly,

1. At least every three years, Council will dedicate a portion of its resources to focus on the long-term goals of the College.
2. All members of Council and the Senior Management Team participate in a strategic planning process agreed to by Council.

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

Policy Type:	Governance Process
Policy Title:	Elections and Appointments for Professional Members
Reference:	GP17
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017
Date Reviewed	October 2016, October 2019

Council conducts an open and transparent elections and appointments process for professional members.

Accordingly,

1. Six electoral districts (as outlined in our bylaws section 5.01) are established for the purpose of the election of members to Council.
2. A registrant is eligible for election to Council in an electoral district if, on the date of election, they meet all the criteria as outlined in section 5.03 of our bylaws.
3. The Registrar will supervise the nomination of candidates.
4. Every registrant entitled to vote in an electoral district is provided an opportunity to vote for their electoral candidate according to the procedures outlined in section 5.09 of our bylaws.
5. Procedures related to the administration of the election as well as the counting of votes, recounts as necessary and documenting the results of the vote are outlined in our bylaws.
6. In addition, one or two person(s), at least one of whom will hold a full-time faculty appointment, will be selected to sit on Council as an academic appointment.
    a. Procedures related to academic appointments to Council are outlined in part 6 of our bylaws.

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

Policy Type:	Council Registrar Linkage
Policy Title:	Global Council Registrar Linkage Policy
Reference:	CRL1
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed	October 2016, October 2019

Council's only formal connection to the operations of the organization, the operation's achievements, and conduct will be through the Registrar.

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

Policy Type:	Council Registrar Linkage
Policy Title:	Unity of Control
Reference:	CRL2
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed	October 2016, October 2019

Only decisions of Council acting as a body are binding on the Registrar.

Accordingly,

1. Decisions or instructions of individual Council members, officers or committees are not binding on the Registrar except in rare instances when Council has specifically authorized such exercise of authority.
2. In the case of Council members or committees requesting information or assistance without Council authorization, the Registrar can refuse such requests that require, in the Registrar's opinion, a material amount of staff time or funds, or are disruptive.
3. Where the Registrar is unclear as to procedure, it is the responsibility of the Registrar to seek clarification from Council.

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

Policy Type:	Council Registrar Linkage
Policy Title:	Accountability of the Registrar
Reference:	CRL3
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed	October 2016, October 2019

The Registrar is Council's only link to operational achievement and conduct, so that all authority and accountability of staff, as far as Council is concerned, is considered the authority and accountability of the Registrar.

Accordingly,

1. Council, as a whole, will not give instructions to persons who report directly or indirectly to the Registrar.
2. Council, as a whole, will refrain from evaluating, either formally or informally, any staff other than the Registrar.
3. An individual Council member may be invited on behalf of the Registrar to provide direct input to the Registrar's evaluation of an individual staff member's performance.
4. Council will view the Registrar's performance as identical to organizational performance. Organizational accomplishment of Council-stated Ends and adherence to Registrar Limitations policies will be viewed as successful Registrar performance.

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

Policy Type:	Council Registrar Linkage
Policy Title:	Delegation to the Registrar
Reference:	CRL4
Date Prepared:	December 2009
Date Revised:	March 2010, October 2019
Date Reviewed	October 2016

Council will instruct the Registrar through written policies that prescribe the organizational Ends to be achieved and describe the organizational situations and actions to be avoided (Registrar Limitations), allowing the Registrar to use any reasonable interpretation of these policies.

Accordingly,

1. Council will develop policies instructing the Registrar to achieve certain results, for certain recipients~~, at a specified cost~~. These policies will be developed systematically from the broadest, most general level to more defined levels, and will be called Ends policies.
2. Council will develop policies that limit the latitude the Registrar may exercise in choosing the organizational means. These policies will be developed systematically from the broadest, most general level to more defined levels, and they will be called Registrar Limitations policies.
3. As long as the Registrar uses any reasonable interpretation of Council's Ends and Registrar Limitations policies, the Registrar is authorized and encouraged to establish further operational policies, make decisions, take actions, establish practices, and develop activities.
4. Council may change its Ends and Registrar Limitations policies, thereby shifting the boundary between Council and Registrar domains. By doing so, Council changes the latitude of choice given to the Registrar. However, Council may not apply such shifts retroactively with respect to the evaluation of performance of the Registrar.
5. Council will respect and support the Registrar's choices within the Registrar Limitations established.

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

USE OF EVALUATIONS OF COMMITTEE EFFECTIVENESS

Guidelines for Council and Non-Council Members

Introduction

The issue of committee evaluation was initially introduced to Council in March 1996 as part of the ongoing process of evaluating performance using the philosophy of total quality management. The performance of committees was identified as an area of focus for 1996/97. The Surveys and summaries were introduced to be used by all committees to provide a vehicle to review structure and process. These forms were revised based on feedback from users in 2002. A subsequent revision was conducted by the committee Chairs in 2011 with the introduction of the same elements being evaluated over the course of the year.

Resources utilized in the development of the survey include the role description: Committee Chairperson, an environmental scan of other regulatory organizations, the CSAE resource entitled: *Board Governance Classics*.

With the articulation of the governance model in 2010 and the change to appointment of committee Chairs by the Executive Committee the committee Chairs felt that a section on their performance should be evaluated by committee members. The results would be included in the information that the Executive Committee considers as a part of the appointment process.

The evaluation format consists of one survey that is to be completed by individual committee members, and a summary sheet for each time that the survey is used that may be completed simply and quickly by the supporting staff member for the committee Chair.

Completing the Surveys

The survey statements represent expected behaviors; as such, they act as performance flags for committee members. The survey is intended to be completed minimally at two different points in time during the year. Statutory committees and Subcommittees are to complete the surveys each year in Sept/Oct and again in February – March.

The committee Chair may elect to distribute and collect the surveys from committee members in whatever manner is deemed most appropriate for the particular committee at the time. For example, the survey may be emailed to committee members with the minutes of their last meeting with the request that the completed surveys be brought to the next meeting; optionally, committee members may be requested to take ten minutes at the end of a meeting to complete the survey and hand in the completed surveys before leaving. Committees that always meet via teleconference may use the email to distribute and collect surveys. Each committee member, including the Chair, is expected to complete each survey individually.

It is understood that this evaluation process is not applicable to committees that do not meet on a regular basis such as Discipline and Fitness to Practise.

Utilizing the Summary Sheets

The summary sheet for the survey, group the survey statement responses into the attributes of effectiveness for ease of determining the committee's level of performance and the presence of any issues that need to be addressed.

For each statement of the survey, the support staff simply identifies on the corresponding summary sheet the number of committee members that assigned a particular level of agreement/disagreement with the

statement. For example, for statement 1, if 3 committee members checked the box for 4 and 1 committee member checked the box for 3, and 1 committee member checked the box for 2, the summary sheet would appear as follows:

Statements: 1. Strongly disagree Strongly Agree

1	2	3	4	5	NA
	1	1	3		

An integral part of the evaluation process is reporting and discussing the results of each survey within the committee and implementing any indicated changes. The committee Chair may elect to distribute the summary sheet (with comments being noted anonymously verbatim) to committee members, or to report the results and general comments verbally, as appropriate for the particular committee.

Conclusion

It is expected that routine use of the evaluation of committee effectiveness will maximize the performance of College committees and ensure that the time and effort of committee members are utilized with the greatest results.

Prepared: April 2011
Revised: August 2016
Reviewed: October 2019

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

Committee Effectiveness Survey - Summary

The College is committed to supporting our committees to be effective. Accordingly, we ask for your input on your experience as a member of one of the College's Standing committees. The committee Chair will review the collated results and highlight the issues that need to be addressed. Results of each survey, including verbatim comments, will be shared with the committee.

A. COMMITTEE MANDATE AND PURPOSE

Statement	Strongly Disagree 1	2	3	4	Strongly Agree 5	Not Applicable
1. I understand the purpose of the committee.						
2. I am familiar with the terms of reference of the committee.						
3. My orientation to the work of the committee was effective.						
4. As a committee Member, I understand and honour my fiduciary responsibilities. (To act in the best interests of the College, to avoid conflict of interest, to speak with one voice, to respect confidentiality and to act in good faith.)						
Please provide comments to support your ratings:						

B. COMMITTEE STRUCTURE AND PROCESSES

Statement	Strongly Disagree 1	2	3	4	Strongly Agree 5	Not Applicable
5. The frequency of meetings is appropriate for the work of the committee.						
6. Meeting times are negotiated to best meet the needs of all committee members.						
7. Collectively the committee has the knowledge, skills, experience and diversity to fulfill its mandate.						
8. Members receive minutes, agendas and other materials in time to prepare for a meeting.						
9. The materials provided are relevant and sufficient for effective discussion and decision-making.						

Statement	Strongly Disagree 1	2	3	4	Strongly Agree 5	Not Applicable
10. The committee is sensitive to terms and language that is not familiar to all members.						
11. Staff support is appropriate to meet the needs of the committee.						
Please provide comments to support your ratings:						

C. COMMITTEE EFFECTIVENESS

Statement	Strongly Disagree 1	2	3	4	Strongly Agree 5	Not Applicable
12. The committee establishes annual goals that align with the College's Strategic Plan and Ends policy.						
13. The committee achieved its goals.						
14. Care is taken to ensure consistency in decisions made by the committee.						
15. I am satisfied with the quality of the committee's decisions.						
Please add information related to achievement of committee goals as appropriate:						

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

D. COMMITTEE FUNCTIONING

Statement	Strongly Disagree 1	2	3	4	Strongly Agree 5	Not Applicable
16. Overall, the committee functions effectively.						
17. The Chair of the committee ensures that committee meetings are effective in dealing with issues that are important for the committee to deliberate.						
18. Adequate time is provided for debate.						
19. All members are given the opportunity to actively participate in committee meetings.						
20. The Chair of the committee manages meeting time effectively.						
Please provide comments to support your ratings:						

E. ADDITIONAL COMMENTS

How do you feel you personally contributed to the success of the Committee?
Other comments?

Thank you for your input and for the work you do on behalf of the College.

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

AGENDA ITEM 9.1

COUNCIL BRIEFING NOTE

Date: October 24, 2019
To: Council
From: Executive Committee
Subject: Revised Guide*: Child, Youth and Family Services Act, 2017*

Recommendation

***THAT** Council approve the revised Guide: Child, Youth and Family Services Act, 2017 for publication.*

Background

The Guide to the Child and Family Services Act, 1990 (CFSA) was originally issued in 2001 and revised in 2012. The purpose of the Guide was to provide registrants with an overview of the CFSA, highlighting the OT's responsibilities when reporting a child in need of protection.

On April 30, 2018, the CFSA was repealed and the Child, Youth and Family Services Act, 2017 (CYFSA) came into force. With the proclamation of the CYFSA, the Guide to the CFSA required significant changes to reflect the new legislation. The intent of the updated Guide is to ensure OTs have the necessary information to be able to carry out their professional obligations to report a child in need of protection in accordance with the legislation.

According the Framework for College Publications, Standards and Guides will be reviewed in every 5 years.

Guides are described as:

> **"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."

Document Last Approved by Council: November 2012

Practice Issues Subcommittee identified the review of the Guide to the Child and Family Services Act as a priority for the 2018-2019 workplan. The Guide is newly titled: Guide: Child, Youth and Family Services Act, 2017. As part of document review process legal consultation was obtained.

Results

Review		**Revision**	
☐	Document stays the same, no revisions required.	☐	Minor revisions updates needed.
☐	Typos, corrections needed.	☐	Significant revisions – no implications for policy.
		☐	Revision – possible implications for policy.
		☒	Significant re-drafting, changes to policy content.

Rationale

- Child and Family Services Act,1990 - Repealed
- Child, Youth and Family Services Act, 2017 proclaimed in April 2018
- Guide to the Child and Family Services Act document review date was overdue
- Now titled: Guide to the Child, Youth and Family Services Act, 2017
- Format and content of the document was adjusted to incorporate the legislative changes

Attachment

- Revised Guide: Child, Youth and Family Services Act, 2017

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

Guide

Guide: *Child, Youth and Family Services Act, 2017* (CYFSA)

Revised September 2019

Issued January 2001

Introduction

The Ontario *Child, Youth and Family Services Act* (CYFSA), 2017 came into effect on April 30, 2018; replacing the *Child and Family Services Act, 1990*.

This Guide summarizes certain reporting responsibilities under the CYFSA as they relate to the practice of occupational therapy. This document is intended to provide an overview of the duty to report incidences where a child is or may be in need of protection, highlight the responsibilities of occupational therapists (OTs) relating to this reporting requirement and indicate where an OT can obtain further information.

Overview of the *Child, Youth and Family Services Act, 2017*

The CYFSA directs provision of a broad range of services for families and children, including children who are or may be victims of child abuse or neglect. The paramount purpose of the Act is to promote the best interests, protection and well-being of children. The Act clearly states that members of the public, including professionals, have an obligation to report immediately to the Children's Aid Society (CAS) if they suspect that a child is or may be in need of protection. Section 2 of the CYFSA defines "child" as a person younger than 18 ("enfant").

Although members of the public, professional persons and officials have the same duty to report that a child is or may be in need of protection, the Act recognizes that persons performing professional or official duties with respect to children, including regulated health professionals, have a special awareness of the signs of child abuse, neglect and other situations in which a child may be in need of protection.

The Act defines the term "child in need of protection" to include a child, who is or who appears to be in danger of physical, sexual or emotional abuse, neglect or risk of harm when caused by the person having charge of the child or caused by this person's failure to act or adequately care for or obtain treatment in respect of such circumstances or events .[1]

If a child is 15 years or younger and there are reasonable grounds to suspect the child is in need of protection, an OT **must** make a report to the CAS. For youths aged 16 or 17 where there is reasonable suspicion to believe there may be need for protection, OTs should contact the CAS to discuss management of the situation, as the CAS is required to assess the reported information [CYFSA, s 125(4)].

[1] *See subsection 74(2) of Part V of the CYFSA https://www.ontario.ca/laws/statute/17c14 for the complete definition.*

Part V, of the CYFSA outlines the circumstances in which the duty to report a child in need of protection arises:

> **Section 125** (1): Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall immediately report the suspicion and the information on which it is based to a society:
>
> 1. The child has suffered physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
>
>   i. failure to adequately care for, provide for, supervise or protect the child, or
>
>   ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
>
> 2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
>
>   i. failure to adequately care for, provide for, supervise or protect the child, or
>
>   ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
>
> 3. The child has been sexually abused or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child.
>
> 4. There is a risk that the child is likely to be sexually abused or sexually exploited as described in paragraph 3.
>
> 5. The child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, the treatment on the child's behalf.
>
> 6. The child has suffered emotional harm, demonstrated by serious,
>
>   i. anxiety,
>
>   ii. depression,
>
>   iii. withdrawal,
>
>   iv. self-destructive or aggressive behaviour, or
>
>   v. delayed development,
>
>   and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, treatment to prevent the harm.

10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child's parent has died or is unavailable to exercise custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

12. The child is younger than 12 and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment.

13. The child is younger than 12 and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately[2].

Key Provisions of the Act

The following two areas are highlighted as they apply to occupational therapy practice:

Duty to Report

If an OT has reasonable grounds[3] to suspect that a child is in need of protection, as defined above, an

[2] ***Note: It is recommended that OTs read Section 125 in its entirety: https://www.ontario.ca/laws/statute/17c14

[3] *"Reasonable grounds" refers to the information that an average person, using normal and honest judgement, would need in order to decide to report. (Service*

OT has a legal duty to report the information immediately and directly to the CAS. If an OT is unsure as to whether the matter is reportable, they should contact CAS for consultation. For an OT, this means that they must report to the CAS where the OT has reasonable grounds to suspect, in relation to all children aged 15 or younger, one of the circumstances in section 125 of the CYFSA exists. While reporting in relation to youths aged 16 or 17 is not mandatory, OTs should contact the CAS to discuss management of the situation, as the CAS is required to assess the reported information.

If an OT has already made a report concerning a child or a family, there is an *ongoing duty to report* each time they have additional reasonable grounds. Even if the OT is aware that other health care professionals have made a report to CAS, there is still a duty to report that the OT must personally make. [CYFSA, s 125(3)]

An OT's duty to report that a child may be in need of protection is most important and overrides confidentiality of personal health information as outlined in the *Personal Health Information Protection Act, 2004* (PHIPA) and the College Standards for Consent. The OT must report that a child is or may be in need of protection even if there is a request to keep the information confidential.

An OT's failure to report their suspicion is an offence that could result in prosecution if the information was learned in the course of their professional or official duties. [CYFSA, ss 125(5) & (6)]. The obligation also extends to the leadership of an organization (e.g. director, officer or employee of a corporation) to ensure the OT has carried out their obligations regarding duty to report a child in need of protection. [CYFSA s.125 (8)].

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a penalty of up to $5,000.00 under the CYFSA. [CYFSA s.125 (9)].

Process for Report

The following points are provided to assist OTs in obtaining a broader understanding of how the reporting process may unfold. Utilizing the CAS as a resource or support at the time the suspicion arises is encouraged. If an OT is unsure as to whether a matter is reportable, they should consult with CAS and describe the situation without disclosing the child's name. CAS will determine the appropriate next steps.

When making the actual report, the OT must:

Step 1: Notify the local CAS immediately. Personally, make the report to the CAS and not delegate this function to someone else.
Step 2: Provide the CAS with as much information as possible, if known, specifics may include:

- a complete description of the situation or incident;

Ontario: Reporting Child Abuse and Neglect, It's Your Duty),
http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/reportingchildabuseandneglect_EN.pdf

- the nature and grounds for suspicion;
- the whereabouts of the child and siblings, if known;
- the alleged perpetrator's name and relationship to the child, if known;
- the full names and ages of child/children, parents/guardians, siblings, and contact information if known;

Step 3: Document clearly and precisely all conversations and interactions in detail. This record may become part of a legal proceeding.

Step 4: Comply with any organizational policies or procedures.

Common Questions Regarding the *Child, Youth and Family Services Act, 2017*

1. What is meant by reasonable grounds to suspect that a child is in need of protection?

You do not need to be sure that a child is or may be in need of protection to make a report to the CAS. "Reasonable grounds" are what an average person would suspect, given his or her training, background and experience when exercising normal and honest judgement.

2. What is the penalty for failure to report?

Any professional or official who fails to report a suspicion that a child is or may be in need of protection, where the information on which that suspicion is based was obtained in the course of his or her professional or official duties, is liable on conviction to a penalty of up to $5,000.00 under the CYFSA. [CYFSA s.125 (9)].

The obligation also extends to the leadership of an organization (e.g. director, officer or employee of a corporation) to ensure the OT has carried out their obligations regarding duty to report a child in need of protection. [CYFSA s.125 (8)].

3. Would the College consider a complaint or report about an OT in relation to failure to exercise reporting obligations under this Act?

Yes. If the College receives information that an OT may have failed to report a child in need of protection to the CAS, as required by the CYFSA, the College would investigate and depending on the facts and circumstances discovered, may take action in accordance with the *Regulated Health Professions Act, 1991*(RHPA), the *Occupational Therapy Act, 1991* and the regulations thereunder. You can visit the College website to learn more about the College's complaints and reports process or contact 416.214.1177 or 1.800.890.6570 and ask to speak with Investigations and Resolutions or email investigations@coto.org.

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4. What about client confidentiality?

An OT's duty to report that a child may be in need of protection is most important and overrides the PHIPA and the College Standards for Consent. The OT must report that a child is or may be in need of protection even if there is a request by any person to keep the information confidential. [CYFSA ss.125(10), & (11)]

5. What about protection from liability?

The CYFSA provides that no civil action may be brought against an OT for making a report unless the OT acted maliciously or without reasonable grounds for his or her suspicion. [CYFSA ss.125 (10), & (11)]

6. What are my ongoing responsibilities following submission of a report to the CAS?

Following a report, if an OT has additional reasonable grounds to suspect the child is in need of protection, they must contact the CAS. [CYFSA, s. 125(2)]

7. How do I contact the CAS?

- Check the CAS website for the office closest to you. In some communities, the Children's Aid Society is known as *Family and Children's Services*. http://www.oacas.org/childrens-aid-child-protection/locate-a-childrens-aid-society/
- All Children's Aid Societies/Family and Children's Services are available 24 hours a day.

For More Information

1. *Child, Youth and Family Services Act*, S.O. 2017, C.14, Sched. 1
2. Ministry of Children, Community and Social Services Website: http://www.children.gov.on.ca/htdocs/English/index.aspx

Resources

Service Ontario. *Reporting child abuse and neglect, It's your Duty: Your responsibilities under the* Child, Youth and Family Services Act. Ministry of Children, Community and Social Services Internet [July 26/18] available at:
http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/reportingchildabuseandneglect_EN.pdf

20 Bay St, Suite 900, PO Box 78, Toronto, ON M5J 2N8
T 416.214.1177 • 1.800.890.6570 F 416.214.1173
www.coto.org

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Ordre des ergothérapeutes de l'Ontario

AGENDA ITEM 10.1

COMMITTEE REPORT TO COUNCIL

Committee: Executive

Chair: Julie Entwistle

Date: October 24, 2019

Tasks completed since the last Council Meeting

Executive has had one teleconference and two in-person meetings since the last Council meeting on June 25, 2019. Executive key priorities since the last Council meeting were to review the audited financial statements including a meeting with the auditor, complete the Registrar's evaluation, discuss space planning, and ensure the upcoming education session will allow for robust strategic planning.

Activities included:

- Reviewed, revised and approved the Risk Management Report for approval by Council.
- Reviewed and approved the Risk Register.
- Reviewed the Reserve Funds for the year-end for approval by Council.
- Reviewed and completed the annual audit including meeting with the auditor.
- Reviewed and approved the committee Work Plan.
- Completed the Registrar's annual performance evaluation.
- Reviewed all policies up for renewal.
- Completed the committee compositions and chair appointments.
- Reviewed and approved the Controlled Act Regulation for Psychotherapy for approval by Council.
- Drafted the Council agenda for October meeting.
- Reviewed and approved the Priority Performance Report.
- Reviewed and approved the August 2019 Financial Statement for approval by Council.
- Reviewed and discussed the results of the Executive Committee Effectiveness Survey.
- Reviewed and discussed the upcoming Strategic Planning and Education Session for October.
- Reviewed and approved the 2019 Annual Report for presenting to Council for approval.
- Reviewed and approved space planning for renovations and lease renewal for approval by Council.
- Reviewed and approved the revised Guide: *Child, Youth and Family Services Act, 2017* for approval by Council.
- Discussed an update on the status of Privacy Legislation.
- Reviewed the June Council Meeting Evaluation.

Key Priorities

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

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
   Collaboration with the Ministry of Health and Long-Term Care to ensure the regulations for the performance of psychotherapy by occupational therapists are appropriate to ensure public protection.

2. **Quality practice by occupational therapists:**
   Ongoing support to the Practice Issues Subcommittee that provides guidance to occupational therapists on safe effective practice.

3. **System impact through collaboration:**

Items for Decision/Discussion

- Policy Review

  Governance Process:
  GP1 – Global Governance Commitment
  GP3 – Governing Style
  GP4 – Council Role
  GP5 – President's Role
  GP6 – Vice-President's Role
  GP7 – Council Member's Role and Code of Conduct
  GP8 – Non-Council Member's Role and Code of Conduct
  GP9 – Committee Chairperson's Role
  GP10 – Council Committee Principles
  GP11 – Cost of Governance
  GP13 – Confidentiality and Disclosure of College Information
  GP15 -Commitment to Strategic Planning
  GP17 – Elections and Appointments for Professional Members

  ***Council Registrar Linkage**:*
  CRL1 – Global Council Registrar Linkage Policy
  CRL2 – Unity of Control
  CRL3 – Accountability of the Registrar
  CRL4 – Delegation to the Registrar

  Guidelines for Council and Non-Council Members:
  Use of Evaluations of Committee Effectiveness

- Priority Performance Report
- Annual Report
- Guide: *Child, Youth and Family Services Act, 2017*

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

AGENDA ITEM 10.1.1

COMMITTEE REPORT TO COUNCIL

Committee: Practice Issues Subcommittee

Chair: Donna Barker

Date: October 24, 2019

Tasks completed since the last Council Meeting

- Practice Issues Subcommittee had one in-person meeting on September 9th, 2019.
- Practice Issues Subcommittee workplan was reviewed and items prioritized

Key Priorities

The Subcommittee continues to work on priority items as identified in the 2019-2020 Workplan:

- Developing and updating College publications.
- Responding to new and evolving practice environments through identification and prioritization of issues impacting OT practice and service delivery.

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
    - Subcommittee decisions are informed by Practice, ICRC, QA data and changes in Legislation

2. **Quality practice by occupational therapists:**
    - Subcommittee has prioritized the following College documents for the 2019-2020 Workplan:
        - Updating the following Practice documents relating to Privacy Legislation:
            - Standards for Occupational Therapy Assessments (Complete document review and privacy review)
            - Standards for Consent (privacy review)
            - Standards for Record Keeping (privacy review)
            - Guidelines Use of Surveillance Materials in Assessments (privacy review)
            - Working with Third Party Payers (privacy review)
    - Standards for Acupuncture (in progress)
    - Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis

3. **System impact through collaboration**
   N/A

Items for Decision/Discussion:

- Guide to the Child, Youth and Family Services Act, 2017 is before Council for review and approval.

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

AGENDA ITEM 10.2

COMMITTEE REPORT TO COUNCIL

Committee: Registration Committee

Chair: Jennifer Henderson

Date: October 24, 2019

Tasks completed since the last Council Meeting

The Committee met twice since the last Council meeting. The Committee meeting was held in via teleconference on August 7, 2019 and September 19, 2019. There was also one case reviewed via email.

Cases Reviewed

4 cases reviewed.

Health Professions Appeal and Review Board

2 reviews in process.

Key Priorities

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

Leadership Priorities

1. **Confidence in occupational therapy regulation:** No new updates
2. **Quality practice by occupational therapists:** No new updates
3. **System impact through collaboration:** No new updates.

Items for Decision/Discussion

None

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

AGENDA ITEM 10.3

COMMITTEE REPORT TO COUNCIL

Committee: Inquiries, Complaints and Reports Committee (ICRC)

Chair: Teri Shackleton

Date: October 24, 2019

Tasks completed since the last Council Meeting

Since the last report to Council, the Committee has held 3 in-person panel meetings. Panel A met twice, and Panel B met once. A summary of the ICRC's case reviews is detailed in the table below:

Date of Meeting	Type of Case	Source of Case	Oral Decisions
July 5, 2019 Panel A	4 complaints 5 Registrar's investigations	3 complaints from client 1 complaint from client's family members 3 investigations based on mandatory report from former/current employer 2 investigations based on information from other sources including College staff and court decision	6 Take No Action 1 Remedial Agreement 1 No decision – require Prosecutorial Viability Assessment (PVA) 1 No decision – require additional investigation
August 9, 2019 Panel B	3 complaints 4 Registrar's investigations	3 complaints from client 1 investigation based on mandatory report from former employer 3 investigations based on information from other sources including College staff/newspaper article, former employee, and an anonymous report	2 Frivolous & Vexatious determination 3 Take No Action 1 Advice and Guidance 1 Remedial Agreement

September 24, 2019 Panel A	3 complaints 3 Registrar's Investigations	2 complaints from clients 1 complaint from another regulated health professional 1 investigation based on mandatory report from former employer 2 investigations based on information from other sources including former employer and ex-spouse of registrant's partner	1 Undertaking 1 Take No Action 2 Advice and Guidance 1 Undertaking and Refer to Panel for Health Inquiry 1 Referral to Discipline Committee

New ICRC Panel Composition

Since last reporting to Council, a new public member, John-Paul Dowson, has been appointed to the Committee. Mr. Dowson engaged in a training session with the Investigations and Resolutions Manager, Adrita Shah Noor, on September 9, 2019, and was oriented to the work of the Committee, to its role and jurisdiction, and to the legislative framework within which the Committee operates. He is the public member for Panel A and will attend his first Committee meeting in December 2019.

The Committee's other public member, Vincent Samuel, kindly sat on both the Committee's panels since July 1, 2019.

ICRC	
Panel A	**Panel B**
Heather McFarlane (Chair of Panel A)	Teri Shackleton (Committee Chair)
Shaheeza Hirji	Leanne Baker
Hricha Rakshit	Daniel Fyke
John-Paul Dowson	Vincent Samuel
Julie Sutton	

Key Priorities

Continuing to ensure efficient and timely processing of complaints and reports.

Leadership Priorities

1. **Confidence in occupational therapy regulation:** No new updates
2. **Quality practice by occupational therapists:** No new updates
3. **System impact through collaboration:** No new updates

Items for Decision/Discussion:

No items to be brought forward for Council discussion.

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

AGENDA ITEM 10.4

COMMITTEE REPORT TO COUNCIL

Committee: Discipline Committee

Chair: Donna Barker

Date: October 24, 2019

Tasks completed since the last Council Meeting

Since the Discipline Committee last reported to Council, it has not held any hearings and no reinstatement applications are currently pending.

1 referral from the Inquiries, Complaints and Reports Committee (ICRC) was received. A pre-hearing conference is in the process of being scheduled.

Key Priorities

The Discipline Committee hears and determines allegations of professional misconduct and/or incompetence. It also hears and determines reinstatement applications for certificates of registration that have been revoked or suspended as a result of disciplinary proceedings. The Committee wishes to continue to ensure fair, efficient and timely processing of all Discipline hearings and reinstatement applications.

Leadership Priorities

1. **Confidence in occupational therapy regulation:** No new updates
2. **Quality practice by occupational therapists:** No new updates
3. **System impact through collaboration:** No new updates

Items for Decision/Discussion: None

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

AGENDA ITEM 10.5

COMMITTEE REPORT TO COUNCIL

Committee: Fitness to Practise

Chair: Patrick Hurteau

Date: October 24, 2019

Tasks completed since the last Council Meeting

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

Key Priorities

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

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
   No new updates.

2. **Quality practice by occupational therapists:**
   No new updates.

3. **System impact through collaboration:**
   No new updates.

Items for Decision/Discussion

There are no items that require discussion or investigation at this time.

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

AGENDA ITEM 10.6

COMMITTEE REPORT TO COUNCIL

Committee: Quality Assurance Committee
Chair: Mary Egan
Date: October 24, 2019

Tasks completed since the last Council Meeting

- Committee participated in one in-person meeting on July 9, 2019 and one teleconference on August 26, 2019.

At the July 9, 2019 in-person meeting, QAC:

- Received an orientation to College governance, Committee member roles and responsibilities and the QA program;
- Received a presentation on current QA program priorities and an update on the 2018 Professional Development Plan Compliance Rate;
    - 2018 PD Plan Compliance Rate: **99%;**
    - Up **3%** from 2017;
- Discussed the process of Panel Chairs signing Committee decision letters;
- Approved the learning objectives for the 2020 PREP: Managing Risks in Occupational Therapy Practice;
- Approved the criteria for the interim random selection process for 30 registrants to participate in peer and practice assessments over the 2019-2020 registration year; the criteria being:
    - Registrants with a clinical practice who have been registered with the College for at least five years and have never previously participated in a competency assessment process;
- Approved: The Brondesbury Group as the project vendor for the Continuing Competency Assessment Process project.

- **Case Files:**

    - Committee reviewed two previously deferred competency assessment cases;
    - Committee's decision for both cases was for the registrant to participate in a telephone peer and practice re-assessment for the competency indicators identified as areas of concern during the on-site peer and practice assessment that took place previously.

At the August 26, 2019 teleconference, QAC:

- Received a QA Program Update:
    - The 2019 QA Requirements are now available in MyQA;
    - Registrants to be notified of the interim peer and practice assessment process by the end of August;
    - Website information to be updated to provide more information about the peer and practice assessment process;
    - The Brondesbury Group reviewed the contract for services agreement;

- Received an update on the 2020 PREP: Managing Risks in OT Practice:
    - The first draft had been received and was being reviewed;
    - The QA Subcommittee had begun writing practice scenarios for the PREP and the Reflective Practice Exercise (Quiz) at the end of the PREP;

- **Case Files**:
    - Committee reviewed one previously deferred competency assessment case and six non-compliance cases;
        - Previously deferred case outcome: Committee decided to issue a SCERP which included the registrant receiving mentorship;
        - Six non-compliance cases, Committee decided:
            - Three registrants received a written notice with a reminder to complete QA requirements going forward (note: these cases were related to the Self-Assessment and Professional Development Plan which cannot be completed retrospectively);
            - Three registrants are required to submit a completed PREP response sheet by November 30, 2019;

Key Priorities

- Continued oversight of the development of the new competency assessment process;
- Continued oversight of interim processes for peer and practice assessments as the competency assessment process is redeveloped;
- Continued monitoring of registrant non-compliance with annual QA requirements;
- Continued oversight of the development of the 2020 PREP: Managing Risks in OT practice;

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
   The Committee continues to offer timely support and decision-making to inform best next steps with respect to:
    - Decisions on QA case files;
    - Managing registrant non-compliance with annual QA requirements; and
    - Development of the new competency assessment process.

2. **Quality practice by occupational therapists:**
    - The Committee is dedicated to guiding the development of the 2020 PREP to protect the public by providing education and resources on how to minimize risks in OT practice; and
    - The Committee is in support of an interim peer and practice assessment process that utilizes more of a coaching model as opposed to assessment alone in order to provide OTs with real time feedback to implement immediate changes to their practice to improve quality care for clients.

3. **System impact through collaboration:**
   N/A

Attachment

None

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

AGENDA ITEM 10.7

COMMITTEE REPORT TO COUNCIL

Committee: Patient Relations Committee

Chair: Jeannine Girard-Pearlman

Date: October 24, 2019

Tasks completed since the last Council Meeting

Patient Relations Committee has met twice since the last Council meeting on June 25, 2019, on September 5th and October 17th, both via teleconference.

Key Priorities

Patient Relations Committee's key priorities are the implementation of the enacted provisions of the Protecting Patients Act, 2017, proactive planning for proposed regulations under the Act, and meeting legislative mandate of the Committee as it pertains to the administration of the sexual abuse counselling fund, the education of registrants, Council and staff on professional boundaries and the prevention of sexual abuse of clients.

Work was initiated to review and make appropriate revisions to the Code of Ethics (2011) (Reformatted in 2016) and the Guide to the Code of Ethics (2012) (Reformatted in 2016) as per the proposed workplan.

Discussions were also initiated to develop a Policy related to the Sexual Abuse Counselling Fund.

Work will continue to progress the above items.

Leadership Priorities

1. **Confidence in occupational therapy regulation:**
   Initiating development of a policy related the Sexual Abuse Counselling Fund.
2. **Quality practice by occupational therapists:**
   Initiating review of the Code of Ethics and the Guide to the Code of Ethics.
3. **System impact through collaboration:**
   No new updates.

Items for Decision/Discussion

There are no items for decision at this time.

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

AGENDA ITEM 11.1

Council Meeting Evaluation

Meeting Date: October 24, 2019

Please assess how well Council adhered to the expectations we have set.

Item	Yes	Most of the time	No	Please provide comments to support your rating, as appropriate.
1. Council members were given an opportunity to declare any conflict of interest prior to the start of the meeting.				
2. Information was provided in a clear, succinct, and timely manner in advance of the meeting.				
3. An agenda was followed in the meeting. Council's time was spent on issues of public interest and safety. Furthermore, Council's focus was on outcomes or intended long term ends rather than on the means to attain those effects.				
4. Council deliberations were fair, open and thorough but also timely, orderly and kept to the point.				
5. Each Council member was given an adequate opportunity to participate in discussion and decision-making.				

Item	Yes	Most of the time	No	Please provide comments to support your rating, as appropriate.
6. The discussions and options considered for each agenda item were sufficient in breadth and quality to support effective decision-making.				
7. Diversity in viewpoints was not discouraged.				
8. The process for collective or group decision-making was made without undue influence of any individual Council member. Once decisions were made, the process supported speaking with one voice.				
9. Council's treatment of all persons was courteous, dignified and fair.				
10. Council adhered to a semblance of order in the meeting.				

Your suggestions for improvement

Understanding that effective leadership involves continual growth and development, what advice would you ask Council to consider in order to strengthen our effectiveness in the future?

Any additional comments?

Please provide any additional comments that you feel may be helpful to this evaluation process. For example, you may wish to highlight where our discussion and decision-making process worked well today and where it may not have been as effective.