## COUNCIL AGENDA

**DATE:** Thursday, January 31, 2019  **FROM:** 9:00 AM. – 3:30 PM

### Agenda Item | Objective | Attachment
--- | --- | ---
1.0 Call to Order – Special Presentation | | |
2.0 Declaration of Conflict of Interest | | |
3.0 Approval of Agenda | Decision | ✓
4.0 Draft Minutes | | |
  4.1 Draft Council Minutes of October 25, 2018 | Decision | ✓
5.0 Registrar’s Report | | |
  5.1 Registrar’s Written Report | Information | ✓
  5.2 Presentation: **Operational Status Report for Q2 2018-2019** (15 min) by Elinor Larney, Registrar | | |
  5.3 Priority Performance Report | Decision | ✓
  5.4 Risk Management Report | Decision | ✓
6.0 Finance | | |
  6.1 November (Q2) 2018 Financial Report | Decision | ✓
7.0 Presentation: **Vision 2020 Modernizing the College of Nurses of Ontario’s Governance** (10AM) by: Anne Coghlan, Registrar and CEO, Kevin McCarthy, Director of Strategy | | |
8.0 Presentation: **College Performance Measurement Framework** (11:15AM) By: Allison Henry, Director, Health Workforce Regulatory Oversight, MOHLTC and, Thomas Custers, Manager of the Regulatory Oversight and Performance Unit, MOHLTC | | |
9.0 Governance | | |
  9.1 Appointment of Nominations Standing Committee | Decision | ✓
  9.2 Council Policy Review | Decision | ✓
  9.3 Council Guidelines Review | Decision | ✓
  9.4 Rules of Order Review | Decision | ✓
  9.5 Non-Council Appointment – Quality Assurance | Decision | ✓
  9.6 Non-Council Appointment – Practice Issues Subcommittee | Decision | ✓
10.0 New Business | | |
  10.1 Traditional Land Acknowledgement | Decision | ✓
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Objective</th>
<th>Attachment</th>
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</thead>
<tbody>
<tr>
<td>11.0 Roundtable – Governance Discussion</td>
<td>Discussion</td>
<td>✓</td>
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<tr>
<td>12.0 Committee/Task Force Reports</td>
<td></td>
<td></td>
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<tr>
<td>12.1 Executive</td>
<td>Information</td>
<td>✓</td>
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<td>12.1.1 Practice Issues Subcommittee</td>
<td>Information</td>
<td>✓</td>
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<td>12.2 Registration</td>
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<td>12.3 Inquiries, Complaints &amp; Reports</td>
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<td>12.4 Discipline</td>
<td>Information</td>
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<td>12.5 Fitness to Practise</td>
<td>Information</td>
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<td>12.6 Quality Assurance</td>
<td>Information</td>
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<tr>
<td>12.7 Patient Relations</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>13.0 Other Business</td>
<td></td>
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<tr>
<td>13.1 Annual Council Evaluation</td>
<td>Complete &amp; Submit</td>
<td>✓</td>
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<tr>
<td>13.2 Annual Council Member Self-Evaluation</td>
<td>Complete &amp; Submit</td>
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<tr>
<td>13.3 Council Meeting Evaluation</td>
<td>Complete &amp; Submit</td>
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<td>14.0 Next Meetings</td>
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<td>Council Meeting: Thursday, March 28, 2019, 9AM – 4PM, at the College</td>
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<td>Council Meeting: Tuesday, June 25, 2019, 9AM – 3:30PM, at the College</td>
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<td>15.0 Adjournment</td>
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DRAFT COUNCIL MINUTES

DATE: Thursday, October 25, 2018 FROM: 9:00 a.m. – 3:00 p.m.

PRESENT:
Winston Isaac, Chair
Donna Barker
Julie Chiba Branson
Mary Egan
Julie Entwistle
Jeannine Girard-Pearlman
Jennifer Henderson
Patrick Hurteau
Kurisummoottil S. Joseph
Heather McFarlane
Annette McKinnon
Stephanie Schurr
Teri Shackleton
Serena Shastri-Estrada
Peter Shenfield

GUESTS:
Robin McKechney, Steinecke Maciura LeBlanc (9.0)
Peter Pang, Hilborn LLP (8.1)

OBSERVERS:
Sarah Kibaalya, Ministry of Health and Long-term Care

ALSO PRESENT:
Elinor Larney: Registrar
Sandra Carter: Practice Resource Liaison (7.0)
Ailfe Coghlan: Manager, Investigations & Resolutions (1-6.1, 9)
Tim Mbugua, Policy Advisor (9.0)
Anne MacPhee: Interim Director of Finance & Corporate Services
Sonia Mistry: Practice Advisor (7.0)
Brandi Park: Manager, Registration
Seema Sindwani: Manager, Quality Assurance
Nancy Stevenson: Director of Communications
Andjelina Stanier: Executive Assistant, Scribe

1.0 Call to Order
The Chair welcomed everyone and called the meeting to order at 9:00 a.m. He expressed sorrow for the loss of Paula Szeto due to her sudden death on September 5th, 2018. He stated that her dedication, time and effort made a tremendous contribution to her clinical work and to the work of the College.

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

3.0 Approval of Agenda
The Chair asked if there were any additions or other changes to the agenda. None were reported.

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Annette McKinnon

THAT the agenda be approved as presented.
CARRIED

4.0 Approval of Minutes
4.1 Draft Council Minutes of June 26, 2018
The Chair asked if there were any edits to the draft Council minutes of June 26, 2018. None were reported.
MOVED BY: Peter Shenfield
SECONDED BY: Jennifer Henderson

THAT the draft Council minutes of June 26, 2018 be approved as presented.

CARRIED

5.0 Registrar’s Report

5.1 Registrar’s Report
Council reviewed the written report and the Registrar responded to questions.

5.2 Registrar’s Presentation
The Registrar reported on the specific areas of focus for Q1 (June 1, 2018 – August 30, 2018) related to the 2018-2019 Strategic Plan.

5.3 Priority Performance Report
Council reviewed and discussed performance data for Q1 of the 2018-2019 fiscal year, related to the College’s progress toward meeting objectives as outlined in the 2017-2020 Strategic Plan.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Donna Barker


CARRIED

5.4 Risk Management Report
Council reviewed the report and noted the level of risk remained unchanged from the previous quarter, except for the possibility of Council not being properly constituted as of January 1, 2019. A contingency plan is proposed and will be discussed further under item 6.1.

MOVED BY: Jennifer Henderson
SECONDED BY: Stephanie Schurr

THAT Council reviews the Risk Management Report.

CARRIED

6.0 Governance

6.1 Risk Management – College Strategy for Non- Constituted Council
Elinor reported that there is a risk starting on January 1, 2019, that Council will not be properly constituted. This is due to the expiration of the term of one public member from July 2018 which remains unfilled, and the delay in the reappointment of two additional public members whose terms end on December 31, 2018. The College worked with its legal counsel to devise a contingency plan for the Executive Committee, which has all powers of Council other than the power to make, amend or revoke a regulation or bylaw, to turn future planned Council meetings into Executive Committee meetings. All Council members would be invited to attend those meetings and participate in discussions. Executive would then make and vote on formal motions based on such discussions. Once Council is properly constituted, those motions made by the Executive on behalf of Council would be brought forward to Council to be adopted and ratified at their next meeting.
MOVED BY: Julie Entwistle
SECONDED BY: Jennine Girard-Pearlman

THAT Council approves the process that, in the event that the Council is not properly constituted, the Executive Committee will conduct all needed business of the College, with the exception of amending or revoking bylaws and regulations and invite remaining Council members to participate in these meetings.

CARRIED
(Abstention: Serena Shastri-Estrada)

6.2 Reappointment of Non-Council Member – Patient Relations
Professional non-Council member Jennifer Nieson’s term on the Patient Relations Committee will end on December 31, 2018. Ms. Nieson has indicated a desire to stand for a second, 3-year term. Members of the Patient Relations Committee unanimously voted in favour to recommend her reappointment to Council.

MOVED BY: Jennifer Henderson
SECONDED BY: Annette McKinnon

THAT Council approves the reappointment of Jennifer Nieson as a professional non-Council member to the Patient Relations committee for a three-year term, commencing on January 1, 2019.

CARRIED

6.3 Notification of Committee Appointments
As is required in bylaw, the Executive Committee informed Council of four committee appointments it made to fill unexpected vacancies on three statutory committees:

1. The appointment Donna Barker as Chair to the Discipline Committee;
2. The appointments of Jennifer Henderson as Chair and professional non-Council member, Joshua Theodore, to the Registration Committee;
3. The appointment of Winston Isaac to the Inquiries, Complaints and Reports Committee.

7.0 Business Arising
7.1 Standards for the Supervision of Students
Following public and stakeholder consultation, the Practice Issues Subcommittee reviewed and considered all feedback received. Some of the recommendations were incorporated into the document. Council reviewed the document and made several additional, minor recommendations.

MOVED BY: Julie Entwistle
SECONDED BY: Teri Shackleton

THAT Council approves the revised Standards for the Supervision of Students as presented for publication, including today’s changes.

CARRIED
7.2 Standards for Infection Prevention and Control
The Standards were last fully updated and published in 2006. The Practice Issues Subcommittee has reviewed this document at various times from 2014 – 2018. Council reviewed the document and made several minor recommendations.

MOVED BY: Julie Entwistle
SECONDED BY: Annette McKinnon

THAT Council approves the revised Standards for Infection Prevention and Control for consultation to registrants and stakeholders, including today’s changes.

CARRIED

8.0 Finance
8.1 2017-2018 Audited Financial Statements
Peter Pang of Hilborn LLP presented the Audit Report to Council. Peter explained that the purpose of the audit was to ensure there was not a material misstatement to the financial statements of the College. The audit was conducted using the not-for-profit accounting standards, and there were no disagreements with management during or after the audit. Prior to the audit, the auditors identified any risks, and prepared procedures to test these risks. Staff were informed of the process and the auditors attended the office to conduct the audit. The Audited Financial Statements were approved by Executive on September 11, 2018 following discussions with the auditors. Peter responded to questions from Council.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Kurisummoottil S. Joseph

THAT Council receives the audited financial statements for the 2017-2018 fiscal year.

CARRIED

8.2 Acceptance of 2018 Annual Report
Council reviewed the 2018 Annual Report.

MOVED BY: Jennifer Henderson
SECONDED BY: Peter Shenfield

THAT Council accepts the Annual Report for the 2017-2018 fiscal year.

CARRIED

8.3 August 2018 Financial Report
Anne MacPhee presented the financial report and responded to questions.

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Heather McFarlane


CARRIED
9.0 Council Development  
Presentation: Legal Update on Interim Orders by Robin McKechney, and Aoife Coghlan.

10.0 Roundtable  
Council Education Session debrief was held. Summary of evaluations was distributed. Overall, feedback was very positive.

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

12.0 Committee Reports  
12.1 Executive – Report by Winston Isaac, Chair  
12.1.1 Practice Issues Subcommittee – Report by Julie Entwistle, Chair  
12.2 Registration – Report by Donna Barker, 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 Jennifer Henderson, 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  
The Chair asked members to complete and submit the meeting evaluation forms and encouraged everyone to provide recommendations for future improvements.

14.0 Next Meetings  
Council Meeting: Thursday, January 31, 2019 at the College  
Council Meeting: Thursday, March 28, 2019 at the College  
Council Meeting: Tuesday, June 25, 2019 at the College

15.0 Adjournment  
There being no further business, the meeting was adjourned at 2:15 p.m.

MOVED BY: Jeannine Girard-Pearlman  
THAT the meeting be adjourned.  
CARRIED
REGISTRAR’S REPORT
Council Meeting of January 31, 2019

Governance Monitoring Report
As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this January report will include policies categorized as “A” or Ends policies.

There are no changes recommended to the ends policies. We have reviewed the Ends Policies and Executive Committee feel they encompass the activities required over the remaining year and a half of the current strategic planning cycle. As per the briefing note related to the October 2018 education day for Council, the Ends policies provide sufficient structure to manage the new operational activities arising from the discussions.

Governance Process Policies
Policies that guided decisions during this period:

- GP14 – Council Evaluation has guided the discussion around the process for 2019
- GP17 – Elections and Appointment for Professional Members has guided the Elections process in District 1.
- RL 10 – Compensation Administration has guided the start of an external salary review of market conditions to review the current salary structure and range for all staff.

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

For Your Information:

Ends priority #1: Confidence in Occupational Therapy Regulation.

Non-Council Committee Member Recruitment
The College recently put out a call for applicants to Non-Council Committee positions. We were pleased to receive 50 applications. There were many qualified applicants with a range of impressive experiences and skills. As a result of our discussions at Council’s education day in October, an interview process was implemented to add a component of competency-based selection. This information was shared with the Committees making the final selection. There are decisions before you today based on this process.

REGISTRATION PROGRAM
The College received the November 17, 2018 National Occupational Therapy Certification Examination results on December 21, 2018.

- 182 provisional OTs from Ontario attempted the exam.
- 6 provisional OTs were unsuccessful

June 1, 2018 to Nov. 30, 2018: 163 provisional certificates issued
June 1, 2017 to Nov. 30, 2017: 130 provisional certificates issued
Increase of 33 provisional certificates issued in 2018.

The College is collaborating with the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) to align processes for applicants who are unsuccessful at the exam. Alignment of processes will create consistency for applicants across Canada and mitigate risk.

**Investigations and Resolutions Program**

A temporary case manager has been in place since mid-December to assist with the volume of work and allow some needed program development work to occur. With the additional resource in place, the goal is to decrease case completion times for complaints and reports.

**Improved Compliance with the College’s Professional Liability Insurance Requirements**

The College has been working through the processes to ensure that all registrants hold required liability insurance while registered. This is an important regulatory requirement. The college has noted a substantial decrease in non-compliance with this requirement, noting that efforts to communicate with, and educate OTs about, their requirements have had a positive effect on compliance. The college will present this information in a more fulsome way at the March 2019 Council meeting.

**COMMUNICATIONS PROGRAM**

**Federation of Health Regulatory Colleges of Ontario Communications (FHRCO)**

- FHRCO hosted a booth at the Zoomer show in Toronto on October 27 & 28, 2018. The event provided an opportunity for College practice advisors and staff to directly connect with patients and caregivers who visited the booth. More than 350 visitors entered the OHR gift card draw and 650+ ontariohealthregulators.ca bookmarks were distributed. Overall, feedback was positive and participation will be considered for next year.

- A new Consultations page has been added the Ontario Health Regulators website at https://ontariohealthregulators.ca/public-consultations/. The page links to the consultations of respective Colleges and provides an opportunity to connect with a broader audience.

- The article Concerns About Your Healthcare Provider? We Are Here to Help was sent to Zoomer email subscribers in December. The article provides information about the role of regulators in addressing concerns.

**Building Understanding**

The College produced an animated video for internationally educated occupational therapists that provides an overview of the initial registration process and health profession regulation in Ontario. The video is available on the College YouTube channel and used as a resource by HealthForceOntario. HealthForceOntario supports the government’s health workforce objectives and contributes to the planning, recruitment, retention, transition, and distribution of health practitioners in Ontario.

**Ends Priority #2: Quality Practice by Occupational Therapists**

**QUALITY ASSURANCE PROGRAM**

A detailed Quality Assurance Committee report is included in your package this month.

**PRACTICE RESOURCE PROGRAM**

- Practice program is in the process of evaluating the monthly practice cases to measure the effectiveness of the cases in building understanding and application of the information.
The Practice team attended the Ontario Society of Occupational Therapists conference and participated in three presentations: Discretionary Reporting of Fitness to Drive, Advancing OT Practice in Psychotherapy and a New Graduate Panel.

Collaboration with Stakeholders:
- Zoomer Show – Participated with other Colleges from the Federation of Health Regulatory Colleges of Ontario in providing public education about the role of regulatory Colleges

A consultation was held with Public Health Ontario regarding the draft Standards for Infection Prevention and Control. The revised standards will be coming to Council later this year for approval.

The College hosted a Student OT from the University of Toronto in November and December and anticipates another student placement in the spring 2019.

**Ends Priority #3: System Impact Through Collaboration**

**Ministry of Health & Long-Term Care (MOHLTC)**
- Psychotherapy: The College has submitted the draft regulation for psychotherapy, approved by Council in June 2018, to the Ministry of Health and Long-Term Care (MOHLTC). The College has received acknowledgement of receipt from the MOHLTC and a preliminary meeting was held to review the Ministry’s initial feedback in early November 2018. The College was asked to provide more background to the submission by addressing a list of questions. The College prepared a detailed response which was forwarded to the Ministry on November 29, 2018. In addition, information about mental health education in the occupational therapy curriculum was requested of, and supplied by, the University of Toronto and McMaster University Occupational Therapy Programs and forwarded on to the policy team at the Ministry. The full response is included in your FYI package. The deadline to have this regulation approved is December 2019.

- Representatives from the MOHLTC attended the December FHRCO meeting to outline Ministry developments since the June 2018 election. The representatives highlighted some of their key priorities and outlined a plan to work together with FHRCO to develop a performance framework for the regulatory system.

**Office of the Fairness Commissioner (OFC)**
- As part of its goal to move toward a risk-based framework for assessing regulatory bodies’ compliance with fairness principles, the OFC has initiated two projects:
  - Updating the OFC Compliance Standards
  - Designing a risk-informed framework for monitoring, assessing and enforcing compliance.

- I will be participating on the second project on behalf of the Federation.

- The Fairness Commission has completed a review of French Language services available at Colleges for registration purposes. We have identified some improvements that can be made, while noting all registration activities, including the Substantial Equivalence Assessment Service (SEAS) and the National Exam, can be accessed in French.

**Federation of Health Regulatory Colleges of Ontario (FHRCO)**
- I currently represent the Federation at the stakeholder meetings with the Fairness Commissioner, Mr. Grant Jameson.
The Federation sponsored an event in December related to governance of Colleges. Julie Entwistle, Jennifer Henderson, Heather Binkle and I attended. It was a precursor to the presentation expected at our Council Meeting in January by the College of Nurses.

The Federation held a Planning Day to explore priorities and respond to the encouragement from government to work together in a meaningful and collaborative way to improve the system of regulation of health care professionals in Ontario.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- ACOTRO had their board meeting in November 2018 at the College office in Toronto.
- ACOTRO and the College, continue to await a funding decision from Employment and Social Development Canada (ESDC) for the CORECOM project. Additional information was submitted to the assigned contact at the federal government, giving the project steering group hope of an imminent decision. (This project is to develop one set of competencies for use across Canada by the regulatory organizations for OTs, the Canadian Association of Occupational Therapists (CAOT) for use in the national exam, and the Association of Canadian Occupational Therapy University Programs (ACOTUP) for use in OT education.) I continue to Chair this tripartite steering group for the time being.
- ACOTRO continues to work through the projects identified as priorities for the current strategic year. These are ACOTRO governance, Human Resources materials for ACOTRO SEAS staff, monitoring processes related to the National Certification Exam and Accreditation, participating in discussions related to the use of occupational therapist assistants, and College processes that could support the recommendations of the Truth and Reconciliation Agreement (TRC). One possible activity identified for the TRC was to explore the possibility of tracking the number of OTs in each province that identify as indigenous (on a voluntary basis) to identify any need to encourage indigenous people to enter the profession.

Ontario Society of Occupational Therapists (OSOT) – Auto Sector Working Group

- The College met with OSOT Auto Sector Working Group in December 2018 to discuss a number of issues including concerns related to the transparency processes requiring the publication of additional information on the College’s public register at Find an Occupational Therapist. The College looks forward to further conversations on these matters.

London Health Sciences Centre (LHSC)

A request was received from LHSC to clarify whether a staff safety protocol implemented within their setting would cause OTs to be non-compliant with College Standards of Practice. As a regulatory body for occupational therapists, our role is to ensure occupational therapists meet and maintain professional standards to provide safe, ethical care to the public. The matter at LHSC is a workplace issue, which is beyond the scope of our role.

The expectation for all registrants is to act professionally and adhere to the rules and regulations governing practice, which include meeting practice standards and applying the principles of the Code of Ethics.

**Ends Priority #4: Effective Financial, Organizational and Governance Practices**

**2018/19 Operational Planning**

- The second quarter of the second year of the strategic plan is underway. A status of operational projects for this year will be presented at the meeting.
- The College needs to start thinking about our next strategic planning cycle. The process that we have followed over the past few cycles has been to use the October education day for strategic planning which culminates in a new Ends Policy. This strategic plan will be in effect starting June 2020 and ending May 2023, anticipating a 3-year cycle. Executive has the responsibility to plan this and will be discussing this over the next few months.
College Premises

- The College is now over half-way through our 10-year lease. We are currently reviewing our options to ensure we can meet future anticipated staffing needs.

Staffing Update

- Heather Binkle, our new Deputy Registrar will join us for her first Council meeting.
- Adrita Shah Noor has joined the College as a temporary case manager for the Investigations and Resolutions Program and will be with us until the end of May 2019.
- The College is recruiting a temporary contract position to work on IT projects over the next 4 months. This was recommended as part of the IT strategic plan.
- I am pleased to announce that Andjelina Stanier has officially completed 5 years of service at the College.
- Our new Director of Corporate Services, Nabila Mohammed will officially start on February 11, 2019. We thank Anne MacPhee, our interim Director for her exemplary work over the past year.

See you at the meeting!

Elinor
Recommendation


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 second quarter (Q2) of the fiscal year, September 1, 2018 - November 30, 2018.

Discussion

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

Attachment

1. Strategic Priority Performance Report – Q2 (September 1, 2018 – November 30, 2018)
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.
### Registrant Demographics

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<tr>
<th>Strategic Priority</th>
<th>Objective</th>
<th>Indicators</th>
<th>Targets</th>
<th>Outcomes</th>
<th>Comments</th>
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<tr>
<td>Registrant Demographics</td>
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**Outcomes**

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**Comments**

- At November 30, 2018
- 595 calls to zero line and emails to info@coto.org
- 242/595 queries were received from non-registrants, applicants and individuals who did not verify their status.
- 350 Total Practice Calls for Q2 2018-2019
- 24,033 is the total number of visits to the public register over Q2 2018-2019, average is 8011 per month
- 10,791 is the total number of unique visits to the public register over Q2 2018-2019, average is 3597 per month
- Defined as total number of website sessions.
- Defined as unique visits to the website.
- Psychotherapy Submission

### Confidence in OT Regulation

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<th>Strategic Priority</th>
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<th>Outcomes</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Confidence in OT Regulation</td>
<td>The public trusts occupational therapy regulation.</td>
<td>Total # of general information queries</td>
<td>N/A</td>
<td>357</td>
<td>595</td>
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<td>% general information queries from members of the public</td>
<td>N/A</td>
<td>50%</td>
<td>41%</td>
<td>45%</td>
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<td>Total # of Practice Resource Service queries</td>
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<td>333</td>
<td>350</td>
<td>683</td>
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<tr>
<td></td>
<td>% queries to the Practice Resource Service from members of the public</td>
<td>N/A</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Average # of visits to the public register/month</td>
<td>N/A</td>
<td>7647</td>
<td>8,011</td>
<td>7829</td>
</tr>
<tr>
<td></td>
<td>Average # of unique visits to the public register/month</td>
<td>N/A</td>
<td>5125</td>
<td>3,597</td>
<td>4361</td>
</tr>
<tr>
<td></td>
<td>Total # of coto.org website visits</td>
<td>N/A</td>
<td>26,635</td>
<td>33,695</td>
<td>60,330</td>
</tr>
<tr>
<td></td>
<td>Average # of website users/month</td>
<td>N/A</td>
<td>5125</td>
<td>8696</td>
<td>6910</td>
</tr>
</tbody>
</table>

**Outcomes**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
<th>FY17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>357</td>
<td>595</td>
<td>N/A</td>
<td>952</td>
<td>592</td>
</tr>
<tr>
<td>N/A</td>
<td>50%</td>
<td>41%</td>
<td>N/A</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>N/A</td>
<td>333</td>
<td>350</td>
<td>N/A</td>
<td>683</td>
<td>449</td>
</tr>
<tr>
<td>N/A</td>
<td>15%</td>
<td>15%</td>
<td>N/A</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>N/A</td>
<td>7647</td>
<td>8,011</td>
<td>N/A</td>
<td>7829</td>
<td>8105</td>
</tr>
<tr>
<td>N/A</td>
<td>5125</td>
<td>3,597</td>
<td>N/A</td>
<td>4361</td>
<td>4487</td>
</tr>
<tr>
<td>N/A</td>
<td>26,635</td>
<td>33,695</td>
<td>N/A</td>
<td>60,330</td>
<td>51,246</td>
</tr>
<tr>
<td>N/A</td>
<td>5125</td>
<td>8696</td>
<td>N/A</td>
<td>6910</td>
<td>9301</td>
</tr>
</tbody>
</table>

**Comments**

- Defined as total number of website sessions.
- Defined as unique visits to the website.
- Psychotherapy Submission
- Education and outreach sessions provided to academic programs and health care organizations

### Stakeholders understand the role of the College and its value.

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Objective</th>
<th>Indicators</th>
<th>Targets</th>
<th>Outcomes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholders understand the role of the College and its value.</td>
<td>Total # of Consultation Submissions</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td># Education/Outreach Sessions Offered</td>
<td>N/A</td>
<td>1</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

**Outcomes**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
<th>FY17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>10</td>
<td>11</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Priority</td>
<td>Objective</td>
<td>Indicators</td>
<td>Targets</td>
<td>Outcomes</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------</td>
<td>------------</td>
<td>---------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Registration Committee decisions appealed to HPARB</td>
<td>N/A</td>
<td>Q1: 0  Q2: 1  Q3: 1  Q4: 0</td>
<td>FY17-18 Q2: 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Registration Committee decisions upheld by HPARB</td>
<td>100%</td>
<td>Q1: N/A  Q2: 100%  Q3: 100%  Q4: N/A</td>
<td>FY17-18 Q2: N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of applications reviewed by Registration Committee</td>
<td>N/A</td>
<td>Q1: 0  Q2: 4  Q3: 4  Q4: 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Registration Statutory timelines are met</td>
<td>100%</td>
<td>Q1: N/A  Q2: 100%  Q3: N/A  Q4: 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of ICRC Decisions appealed to HPARB</td>
<td>N/A</td>
<td>Q1: 0  Q2: 0  Q3: 0  Q4: 1</td>
<td>None appealed during Q2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of ICRC Decisions upheld by HPARB</td>
<td>100%</td>
<td>Q1: N/A  Q2: N/A  Q3: N/A  Q4: N/A</td>
<td>No HPARB decisions returned during Q2</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of complaints received</td>
<td>N/A</td>
<td>Q1: 7  Q2: 9  Q3: 16  Q4: 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Registrar’s investigations initiated</td>
<td>N/A</td>
<td>Q1: 7  Q2: 5  Q3: 12  Q4: 7</td>
<td>Includes mandatory reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICRC 14 day acknowledgement notification timeline met</td>
<td>100%</td>
<td>Q1: 100%  Q2: 100%  Q3: 100%  Q4: 100%</td>
<td>9/9 notifications sent on time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICRC 150 day delay notifications sent to registrants and complainants by required date.</td>
<td>100%</td>
<td>Q1: 100%  Q2: 100%  Q3: 100%  Q4: 29%</td>
<td>9/9 sent on time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of Registrants with incomplete SA and PREP for 2018</td>
<td>N/A</td>
<td>Q1: 0.5%*  Q2: &lt;0.5%  Q3: &lt;0.5%  Q4: N/A</td>
<td>*Q1 = % of Registrants with 2 or more incomplete annual QA requirements and brought to QAC for 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of Registrants compliant with annual QA requirements after QAC review</td>
<td>N/A</td>
<td>Q1: 31.0%  Q2: N/A  Q3: N/A  Q4: N/A</td>
<td>Review by QAC in Q3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of Registrants considered non-compliant with annual QA requirements after QAC review</td>
<td>N/A</td>
<td>Q1: 69.0%  Q2: N/A  Q3: N/A  Q4: N/A</td>
<td>Review by QAC in Q3</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Step 2 OTs issued a SCERP by QAC</td>
<td>N/A</td>
<td>Q1: 0  Q2: 0  Q3: 0  Q4: 0</td>
<td>No Step 2 cases brought forward to QAC this quarter. Cases to be brought forward in Q3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QA statutory timelines are met</td>
<td>100%</td>
<td>Q1: 100%  Q2: N/A  Q3: 100%  Q4: 100%</td>
<td>No decisions issued in Q2</td>
</tr>
</tbody>
</table>

*Note: Q4 data is preliminary and subject to review.*
<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Objective</th>
<th>Indicators</th>
<th>Targets</th>
<th>Outcomes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Practice by Occupational Therapists</td>
<td>Occupational Therapists are accountable for quality, safety, and ethics in practice – <strong>OTs are competent.</strong></td>
<td>Registants compliance with completion of mandatory QA requirements (Self-Assessment, PD Plan, PREP)</td>
<td>100%</td>
<td>Q1: 100%, Q2: 99%, Q3: 99%, Q4: 99%</td>
<td>Compliance reported on in this quarter is for 2018 SA and PREP as due date is October 31. PD Plan not reported on this quarter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% registrant compliance with updating liability insurance information within 30 days of the scheduled expiry date.</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).</td>
<td>N/A</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapists are accountable for quality, safety and ethics in practice – <strong>OTs understand and apply professional standards and ethical reasoning.</strong></td>
<td>% of queries to the Practice Resource Service from OTs</td>
<td>N/A</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of general information queries from OTs</td>
<td>N/A</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)</td>
<td>N/A</td>
<td>2021</td>
<td>3,999</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of new and returning applicant “Practising Without Authority” cases (per quarter)</td>
<td>0</td>
<td>0-1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The College engages OTs to advance quality, ethical practice.</td>
<td>% Practice Resources circulated for stakeholder feedback (standards, guidelines)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Response Rates to College Consultations</td>
<td>N/A</td>
<td>pending</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open Rate on College enewsletter</td>
<td>70%</td>
<td>&gt;55%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Views of relevant YouTube Videos</td>
<td>N/A</td>
<td>671</td>
<td>2315</td>
</tr>
<tr>
<td></td>
<td>The College engages OTs to advance quality, ethical practice.</td>
<td>Click through rate on College enewsletter</td>
<td>TBD</td>
<td>23%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of practice standards that are current and comply with the Framework for College publications.</td>
<td>90-100%</td>
<td>70-89%</td>
<td>74%</td>
</tr>
</tbody>
</table>
## System Impact Through Collaboration

<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Objective</th>
<th>Indicators</th>
<th>Targets</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
<th>FY17-18 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The College is recognized as a regulatory leader.</td>
<td># of Presentations delivered to external stakeholders</td>
<td>N/A</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>Presentations provided to CLEAR, CNAR, OSOT Conferences</td>
</tr>
<tr>
<td></td>
<td>The public contributes to College decision-making.</td>
<td># of key issues brought to the attention of the public and feedback sought – public input to key decisions</td>
<td>N/A</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaboration with stakeholders supports the College’s effectiveness and influence as a regulator.</td>
<td>% of College management team actively collaborating with external stakeholders on shared initiatives</td>
<td>90-100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of formal interactions with system partners</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>MOHLTC - Protecting Patients Act Consultation Teleconference; MTO &amp; OSOT - Discretionary Reporting</td>
</tr>
<tr>
<td></td>
<td>Collaboration promotes systems alignment to support quality practice by occupational therapists.</td>
<td># of queries received from employers (general information and practice)</td>
<td>N/A</td>
<td>10</td>
<td>14</td>
<td>24</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of mandatory reports received from employers (competence, capacity)</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of mandatory privacy breach reports received from health information custodians (HICs)</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# COUNCIL BRIEFING NOTE

**Date:** January 31, 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, however, reporting of risks will continue to both Executive and Council.

The following are the high or critical risks that have been identified by staff:

## 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.

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Risk</th>
<th>Control Procedure</th>
<th>Action Plan/Monitoring Process</th>
</tr>
</thead>
</table>
| Strategic     | 1. Council will be unable to discharge its decision-making duties due to lack of public appointees. By the end of December 2018, Council will be officially un-constituted if these appointments are not made by Government. | 1. Applications for all three public appointees have been submitted to the Public Appointments Secretariat.  
2. Draft contingency plans have been presented to Executive who has recommended Council approval. | Action Plan:  
1. Liaise with public appointment’s office to facilitate the appointments process as appropriate.  
2. Work with the Federation (FHRCO) to consolidate efforts if possible.  

✓ **RESOLVED** (Dec 2018) |
|               | 2. Council may be un-constituted at the end of June 2019 due to the short duration of two public appointments. | 1. Continue to monitor through liaising with public appointments office and Ministry. | Action Plan:  
1. Liaise with public appointment’s office to facilitate the appointments process as appropriate. |
<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Risk</th>
<th>Control Procedure</th>
<th>Action Plan/Monitoring Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Category</td>
<td>Risk</td>
<td>Control Procedure</td>
<td>Action Plan/Monitoring Process</td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>-------------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| Quality       | OTs with competency deficits may be continuing to practice, unchecked by the College, as the QA Program is undergoing redesign. | 1. Competency enhancement (mandatory tools) in place for all OTs, (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. Interim peer assessment process in place during program development year.  
4. Liability insurance requirements for all OTs  
5. Complaints mechanisms  
6. Project plan in place with implementation date for QA Program redesign. | 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. Workplan outlining steps required to redesign QA program  
2. Research to support rationale for redesign  
3. Collaboration with key stakeholders on relevant current QA programming initiatives |
| Operational   | Organizational design not current to meet growing IT needs. | 1. IT specialist role within the College continues to evolve.  
2. IT plan developed and being implemented. | Action Plan:  
1. Document management project underway |
Recommendation


This Financial Report contains three sections:

- Financial Statement Highlights
- Summary of statutory remittances and filings;
- Financial Statements:
  - Statement of Financial Position as at November 30, 2018;
  - Statement of Operations for the period June 1, 2018 to November 30, 2018;

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

(Please refer to the attached Statement of Financial Position as at November 30, 2018)

The Short-term marketable securities balance of $2,785,531 reflects the investment portfolio balance as of the May 31, 2018 audited financial statements. For interim financial reports prepared throughout the year, this balance will not align with the monthly BMO Investment Reports. 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.

Deferred Revenue includes income that cannot be recognized as income until later in the fiscal year. It represents those registration fees collected in 2017/18 and in the month of June 2018 which are applied to future months in the 18/19 fiscal year, at the rate of approximately $325,000 per month. The current balance in deferred revenue of $1,949,800 will be recognized as income over the period December 01, 2018 to May 31, 2019. All other fees collected since June 01, 2018, will be recognized as income over the course of the 2018/19 fiscal year.

The HST payable balance of $(370) represents the net amount on HST collected on fees less HST paid to suppliers for the purchase of goods and services after the submission of our HST return for the period ending November 30, 2018. A refund in the amount of $40,970.53 was received on January 2, 2019.

The ‘Net Assets’ section of the Statement of Financial Position reflects the net surplus of $445,882 for the period June 1, 2018 to November 30, 2018.
HIGHLIGHTS OF STATEMENT OF OPERATIONS
(Please refer to the attached Statement of Operations for November 30, 2018)

The net surplus of revenues over expenses for the second quarter ending November 30, 2018 was $445,896. For the same period last year, the surplus was $480,000. The budget had projected a loss of $35,000 for the first two quarters and therefore the results are approximately $477,000 favourable to budget.

The major variances are:

- Revenue has exceeded budget by $82,513 or 4.0%.
- Operational Initiatives are favourable to budget $69,000. A delay in the commencement of the 2018 – 19 projects has generated this surplus.
- Program Expenses are favourable to budget $117,228. The vacancy in the Deputy Registrar position has delayed the commencement of the QA project and the reversal of the I & R accrual has reduced the expenditures.
- Salaries and benefits expenses are favourable to budget $182,456.
  - This is partially due to the reversal of year end accruals totaling $37,000.
  - Vacancies contributed an additional saving of $76,000 for the Deputy Registrar and IT Manager. The Deputy Registrar commenced employment in November and the funding for the IT Manager position was allocated to the Document Management project to fund a consultant who also started in November.
  - Benefit costs are favourable $73,000 to budget due to the vacancies and reduced unemployment and Canada Pension Plan contributions which are based on calendar year maximums.

HIGHLIGHTS OF STATEMENT OF RESERVES
(Please refer to the attached Statement of Reserves as November 30, 2018)

In addition to expenses incurred in 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.

Year to date expenditures are costs for disciplinary hearings drawn from the Hearings Fund.
## STATUTORY REMITTANCES AND FILINGS

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency/Timing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remittance of payroll withholding taxes (CPP, EI, Income Tax)</td>
<td>Bi-weekly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of CPP on Council per diems</td>
<td>Monthly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of Employer Health Tax</td>
<td>Remittance for fiscal year is a set 1.95% of calendar year payroll over $450,000.</td>
<td>Up to date</td>
</tr>
<tr>
<td>Filing of T4, T4A returns</td>
<td>Annually based on calendar year. Due last day of February.</td>
<td>Up to date, filed February 2018 for the year ended December 31, 2017.</td>
</tr>
<tr>
<td>Filing of Corporate Income Tax Return (T2)</td>
<td>Annually based on fiscal year. Due November 30, 2018</td>
<td>Up to date, filed September 15, 2018 for the fiscal year ended May 31, 2018.</td>
</tr>
<tr>
<td>Filing of Non-Profit (NPO) Information Return (T1044)</td>
<td>Annually based on fiscal year. Due November 30, 2018</td>
<td>Up to date, filed September 15, 2018 for the fiscal year ended May 31, 2018.</td>
</tr>
</tbody>
</table>
### College of Occupational Therapists of Ontario

#### STATEMENT OF FINANCIAL POSITION

As at November 30, 2018

<table>
<thead>
<tr>
<th></th>
<th>31-Aug-18</th>
<th>31-Aug-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>3,122,934</td>
<td>2,754,235</td>
</tr>
<tr>
<td>Short-term marketable securities</td>
<td>2,785,531</td>
<td>2,776,909</td>
</tr>
<tr>
<td>Accounts receivable and prepaid expenses</td>
<td>42,701</td>
<td>12,620</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>5,951,166</td>
<td>5,543,764</td>
</tr>
<tr>
<td>Property and equipment, net of accumulated depreciation</td>
<td>154,865</td>
<td>221,879</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>6,106,031</td>
<td>5,765,642</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>222,276</td>
<td>354,211</td>
</tr>
<tr>
<td>HST payable</td>
<td>(370)</td>
<td>(30,042)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,949,800</td>
<td>1,890,785</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>2,171,706</td>
<td>2,214,954</td>
</tr>
<tr>
<td>Deferred lease inducement</td>
<td>16,423</td>
<td>19,503</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>2,188,129</td>
<td>2,234,457</td>
</tr>
</tbody>
</table>

**NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>31-Aug-18</th>
<th>31-Aug-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve Funds</td>
<td>2,456,212</td>
<td>2,543,421</td>
</tr>
<tr>
<td>Invested in Fixed Assets</td>
<td>154,865</td>
<td>221,879</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>860,929</td>
<td>286,126</td>
</tr>
<tr>
<td>Net income for the period</td>
<td>445,897</td>
<td>479,760</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>3,917,902</td>
<td>3,531,185</td>
</tr>
</tbody>
</table>

**TOTAL LIABILITIES AND NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>31-Aug-18</th>
<th>31-Aug-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 6,106,031</td>
<td>$ 5,765,642</td>
</tr>
</tbody>
</table>
### College of Occupational Therapists of Ontario

#### STATEMENT OF OPERATIONS

**November 30, 2018**

**Actual YTD for 6 months ended November 2018**

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>2018</th>
<th>2018-19</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td>$ 2,089,607</td>
<td>$ 2,017,647</td>
<td>3.6%</td>
</tr>
<tr>
<td>Application Fees</td>
<td>51,560</td>
<td>42,436</td>
<td>21.5%</td>
</tr>
<tr>
<td>Professional Corporation Fees</td>
<td>8,000</td>
<td>6,763</td>
<td>18.3%</td>
</tr>
<tr>
<td>Interest Income</td>
<td>17,559</td>
<td>10,000</td>
<td>75.6%</td>
</tr>
<tr>
<td>Other Income</td>
<td>2,633</td>
<td>10,000</td>
<td>-73.7%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>2,169,359</td>
<td>2,086,846</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>2018</th>
<th>2018-19</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>1,090,715</td>
<td>1,273,171</td>
<td>14.3%</td>
</tr>
<tr>
<td>Programs</td>
<td>50,272</td>
<td>167,500</td>
<td>70.0%</td>
</tr>
<tr>
<td>Communications</td>
<td>60,968</td>
<td>65,000</td>
<td>6.2%</td>
</tr>
<tr>
<td>Council</td>
<td>76,813</td>
<td>76,600</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Rent</td>
<td>144,305</td>
<td>158,025</td>
<td>8.7%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>85,097</td>
<td>77,500</td>
<td>-9.8%</td>
</tr>
<tr>
<td>Other Office Operations</td>
<td>125,690</td>
<td>141,500</td>
<td>11.2%</td>
</tr>
<tr>
<td>Operational Initiatives</td>
<td>17,662</td>
<td>86,500</td>
<td>79.6%</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>69,960</td>
<td>55,500</td>
<td>-26.1%</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>1,981</td>
<td>20,500</td>
<td>90.3%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>1,723,463</td>
<td>2,121,796</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

**SURPLUS (DEFICIT)**

- **Revenue** $445,896
- **Expense** $(34,950)

*Target for ytd November is 50% representing 6/12 of total budget for the year*

---

### STATEMENT OF RESERVE FUNDS

<table>
<thead>
<tr>
<th>Opening Balance</th>
<th>Closing Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1, 2018</td>
<td>November 30, 2018</td>
</tr>
<tr>
<td><strong>Hearings Fund</strong></td>
<td>350,000</td>
</tr>
<tr>
<td><strong>Sexual Abuse Therapy Fund</strong></td>
<td>18,000</td>
</tr>
<tr>
<td><strong>Contingency Fund</strong></td>
<td>1,590,000</td>
</tr>
<tr>
<td><strong>Premises Fund</strong></td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Invested in Fixed Assets</strong></td>
<td>155,000</td>
</tr>
<tr>
<td><strong>Unrestricted</strong></td>
<td>155,000</td>
</tr>
<tr>
<td><strong>Surplus (Deficit) for the Period</strong></td>
<td>$445,896</td>
</tr>
<tr>
<td><strong>TOTAL RESERVES</strong></td>
<td>$2,458,000</td>
</tr>
</tbody>
</table>
Recommendation

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

**Purpose**

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

**Public Interest in this Decision**

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

**Background**

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

**Discussion**

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

**Attachments**

1. Nominations Committee, Terms of Reference
Policy Type: Governance Process
Policy Title: Terms of Reference – Nominations Committee
Reference: GP10j
Date Prepared: June 2002
Date Revised: March 2010, January 2018
Date Reviewed: June 2017

Legislative Reference: N/A

Purpose and Powers
The purpose of the Nominations Committee is to oversee the development of a slate for the election of officers in accordance with Part 7.01 of the bylaws. The Nominations Committee has authority as delegated by Council.

The Nominations Committee calls for nominations. The Nominations Committee reviews the Council member nomination forms, ensures there are candidate(s) for each officer position, ensures the consent of nominated members to stand for election, and requests a candidate statement from each individual standing for election.

The Nominations Committee communicates the completed slate to staff for distribution at the elections meeting. In addition, the slate and statements of candidacy will be made available to Council members by electronic mail prior to the commencement of the election.

Type of Committee
Standing

Membership
The Nominations Committee consists of:
   a. One professional and one public member where possible;
   b. at least two members of Council who are retiring from Council; or,
   c. if fewer than two members of Council are retiring, then the Nominations Committee shall include one or two members who do not intend to stand for election as an officer.

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

Chair
The Chair of the committee is selected annually by the committee.

Frequency of Meetings
The Nominations Committee meets as necessary for development of the slate.

Reporting
The Chair of the committee reports as required to Council.
COUNCIL BRIEFING NOTE

Date: January 31, 2019
To: Council
From: Executive Committee
Subject: Council Policy Review

Recommendation
THAT Council approve the revisions to the Policies:
   GP12 Conflict of Interest
   GP16 Council’s Annual Planning Cycle
   CRL5 Monitoring Registrar Performance.

Purpose
These policies are being brought to you as they have reached the end of their 3-year cycle. (January 2016, most recent revisions) In addition some minor amendments are proposed to reflect current processes.

Public Interest in this Decision
It is in the public interest that Council members are free of conflict of interest and that expectations are clear for their participation in Council decision making that is in the public interest. It is in the public interest that the Council proactively plans for the direction of the College and ensures that the Registrar is meeting expectations.

Background
These policies were last reviewed or revised in January 2016.

Discussion
These policies continue to be relevant.
CP12, Conflict of interest is becoming more of a concern for regulatory colleges and is a concern of the Ministry of Health and Long-Term Care, such that Council members must take care to make decisions that are in the interest of the public and not in the professional interest. It is timely to review this policy for that reason. A few minor amendments have been added for clarity and to reflect current practices. For example, not all conflicts of interest have been declared in writing in the past, however, a verbal declaration that is recorded in the minutes is likely sufficient for most matters. The bylaws related to conflict of interest have been included for completeness.

The policy GP16 Annual Planning Cycle has been amended to remove the reference to Policy E2 – Priorities which was discontinued.

CRL5, has been amended to align the timing of the Registrar’s performance review, with the College’s new performance review process for all staff, such that their performance reviews align with the College’s
annual planning cycle. (In fact, reviews for the current Registrar have always aligned with this cycle, but purely by coincidence, as the original month of hire is July)

Attachments:

1. GP12 Conflict of Interest, January 2016
2. Conflict of Interest Form
3. College Bylaws – Section 15 – Conflict of Interest
4. GP16 Council’s Annual Planning Cycle, January 2016
5. CRL5 Monitoring Registrar Performance, January 2016
Council members and non-Council members of committees must disclose to the Chair or the Registrar in writing or verbally, all real, apparent or potential conflicts of interest the fact of which will be recorded in the minutes.

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

Accordingly, to the extent feasible in the circumstances,

1. At least once a year, Council members and non-Council members of committees ("members") will disclose in writing all then known real, apparent or, potential conflicts of interests.

2. Members will not participate, either on behalf of the College or any party, in the decision regarding any matter involving the College from which they may directly or indirectly benefit.

3. Any member who has an interest, directly or indirectly, in a proposed matter or in a matter with the College will declare her or his interest in the matter at a meeting of Council or the Committee, as appropriate.

4. If the member becomes aware that a matter in which the member has a direct or indirect interest may be discussed at a future meeting of Council, or committee meeting, the member in accordance with article 15.01.9 of the bylaws will inform the Registrar, President, or the Committee Chair of the direct or indirect interest in writing.

5. In the case of a proposed matter, the member will declare her or his interest at the Council meeting or the Committee meeting as appropriate, at which the question of entering into the matter is first taken into consideration or if the member is not present at such meeting, then at the first meeting held thereafter. This paragraph applies even where paragraph 4 has been complied with.

6. If the member is not at the date of that meeting interested in the proposed matter, the member will make the declaration at the first Council, or committee meeting, which is held after becoming interested in the proposed matter. In the case where the member becomes interested in a matter after it is made, the member will either inform the President or committee Chair in writing or declare her or his interest at the first Council or committee meeting held after she or he becomes so interested. (i.e. This provision is meant to address when a member develops a conflict of interest after the matter is first raised.)

7. Members will not vote on any proposed matter, or on an actual matter with the College in which they have a direct or indirect financial interest.

8. Any member who has declared an interest in any proposed or actual matter or other financial interest with the College which is being discussed, will absent herself or himself during the discussion of and vote upon the matter and the event will be recorded in the minutes.
bylaw 15.01.10b, any explanation to Council or committee will simply state: For reason of conflict of interest, the member will leave the meeting during the discussion of that matter.

9. Any member who, either directly or through an immediate family relationship, has an involvement with the College as a provider of services will notify the Registrar, President or the Chair of the committee, in writing, the nature of the relationship.

10. Any matters that come before the Council or committees that appear to raise an issue of real apparent or potential conflict of interest for a member, arising from such relationship, may be raised by that member, or any other member (in accordance with article 15.01.11 of the bylaws) for discussion.

11. If a member recognizes that she or he has failed to declare a conflict of interest that should have been declared, she or he shall declare it in writing to the appropriate person as soon as the member recognizes the omission.

12. Depending on the nature of the conflict of interest and the surrounding circumstances the College may deal with an undeclared conflict of interest or other breach of the bylaw or this policy informally or formally.

13. In any formal determination by the Council or the Committee as to whether a conflict arising out of such a relationship exists, the member who is the subject of the discussion will be entitled to speak to the issue but will not vote or be present for the discussion or the vote.

14. If in the judgment of the Council or the Committee, as appropriate, a conflict (real, apparent or potential) exists, then the member with the conflict will not vote or be present for the discussion or the vote.

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

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

To the best of my knowledge, I, ________________________________
as a member of Council ☐ or Non-Council ☐ of the College of Occupational Therapists of Ontario
(the College)

☐ DO COMPLETE SECTION 1 BELOW
☐ DO NOT

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

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

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

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

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

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

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

Signature ________________________________ Date ________________________________

Section 1:
Please clarify the nature of the conflict below.

January 2019
Part 15: Conflict of Interest

15.01 Conflict of Interest - General

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

15.01.1.1 It is expected that all members of Council will speak with a united voice after a decision has been made or a policy has been set.

15.01.2 For the purposes of these bylaws and all matters of Council conduct, a conflict of interest is defined to include real, apparent potential conflicts.

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

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

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

15.01.6 A potential conflict exists as soon as a real conflict is foreseeable.

15.01.7 Financial conflicts include:

   a. interests in contracts which the College is considering entering into; and
   b. accepting benefits where the individual is exchanging the benefit for the individual’s promise to influence College decision making.

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

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

   a. If the conflict relates to the member’s overall role, the member will notify the President or the Registrar as soon as possible.
b. If the conflict relates to the member’s role in the matter of a specific item on the Council agenda, the member will notify the President or the Registrar at the meeting(s) at which the item will be discussed or if the member is not present at such meeting, then at the first meeting held thereafter.

c. If the conflict relates to the member’s role on a committee, the member will notify the Chair of the committee, prior to any meeting or hearing related to the matter.

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

a. if the conflict affects the member’s overall role:
   i. the President will cause an investigation of the alleged conflict to be conducted through the Executive Committee; Council will be informed;
   ii. the Executive Committee’s findings will be presented to Council for resolution;
   iii. the decision of Council will be considered final.

b. If a conflict relates to a member’s role pertaining to an item on the Council agenda, the member will declare the conflict and will be permitted to provide a brief explanation to Council. The member shall leave the meeting room during discussion of the agenda item giving rise to the conflict.

c. If the conflict relates to a member’s role pertaining to a panel of a statutory committee, the Chair will appoint another member to the panel, if required.

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

a. The President will cause an investigation of the alleged conflict to be conducted through the Executive Committee; Council will be informed;

b. The Executive Committee’s findings will be presented to Council for resolution;

c. The decision of Council will be considered final.

15.01.12 Where the Council decides to disqualify an elected member based on the findings of an investigation related to conflict of interest, the President will request her/his resignation.

15.01.13 Where the Council decides to disqualify an appointed member based on the findings of an investigation related to conflict of interest, the President will request the resignation of the member through the Minister of Health.
15.02 Conflict of Interest from an Involvement in a College Process

15.02.1 A member of the Council or a committee also has a conflict of interest where she/he is the subject of a complaint, investigation or inquiry which has been referred to the Discipline committee or to a Board of Inquiry.

15.02.2 Where a member of the Council or a committee has a conflict of interest described in s.15.02.1, she/he shall automatically and immediately cease all activities at or on behalf of the Council, a committee or the College itself until the matter has been concluded. Where there is no finding against the member, they will return to all activities.

15.02.3 Where a member of the Council or a committee is required to cease an activity under s.15.02.2, the College shall proceed expeditiously to facilitate the conclusion of the process.

15.02.4 Nothing in this section prevents the use of other remedies for a conflict of interest by a member of the Council or a committee including disqualification from the Council or committee under these bylaws.
Council adopts an annual planning cycle to optimize its effectiveness in governing, directing and inspiring the College.

Accordingly,

1. Council meets, in person, a minimum of four (4) times each year. Under extraordinary circumstances, or when required, meetings may be held by teleconference or by other electronic means.

2. At each meeting, Council reviews and confirms the Ends to be achieved and monitors compliance with all supporting policies. In addition, the following focus is established for the meetings:
   
   a. At its first meeting in June, Council receives and deliberates on the budget presented by the Registrar;
   
   b. At its second meeting in October, the Auditor’s Report of the Financial Statements and the Annual Report of the College are presented to Council;
   
   c. At its third meeting in January, Council reviews its stakeholder and member linkages per GP2 and its overall policy structure. In addition, Council reviews its Ends policy and its projected priorities for the year ahead: and
   
   d. At its final meeting in March, Council focuses on the process for annual elections; Council conducts its orientation of Council Members and transition support. In addition, Council approves E1 Ends policy and E2 Priorities.
Systematic monitoring of the performance of the Registrar will be measured against the accomplishment of Council policies on Ends and operations within the boundaries established in Council policies on Registrar Limitations.

Accordingly,

1. Monitoring is used to determine the degree of compliance to Council policies. Non-relevant data will not be considered to be monitoring data. This expectation will be made clear to the Registrar.

2. Council will acquire monitoring data by one or more of the following methods:
   a. By internal report, in which the Registrar discloses information to Council;
   b. by external report, in which an external, disinterested third party selected by Council assesses compliance with Council policies; and
   c. by direct Council inspection, in which a designated member or members of Council assess compliance with the appropriate policy criteria.

3. In every case, the standard for compliance to Council shall be any reasonable interpretation of the Council policy being monitored.

4. All policies that instruct the Registrar will be reviewed by Council at least every three years and revised as needed. Council can monitor any policy at any time by any method, but will ordinarily depend on the following schedule:
   a. Policies categorized as A will be reviewed at our January meeting.
   b. Policies categorized as B will be reviewed at our June meeting.
   c. Policies categorized as C will be reviewed at our October meeting.

5. At a minimum, a performance review of the Registrar will be conducted annually on the anniversary of hire of each year after the yearly planning cycle is complete (June – August each year). All Council members will be invited to contribute to the annual evaluation.

6. The Executive Committee will document the results of the performance review. A copy will be placed in the Registrar’s personnel file and a copy given to the Registrar.
COUNCIL BRIEFING NOTE

Date: January 31, 2019
To: Council
From: Executive Committee
Subject: Council Guideline Review

Recommendation

THAT Council approves the revisions to the:

- Allowable Expenses – Guidelines for Elected Council and Non-Council Members,
- Establishing and Maintaining Reserve Funds, Guidelines for Council Members,
- Honoraria – Guidelines for Elected Council and Non-Council Members, and the
- Education Session Costs, Guidelines for Public and Professional Members.

Purpose

These guidelines are being brought to you as the item related to honoraria, specifically per diem rates, is meant to be reviewed yearly. The other guidelines relate to this, need some amendments or have reached the end of their 3-year cycle. It makes sense to review all the guidelines at once.

Public Interest on this Decision

The public is served by accountable Council members who adhere to fair reimbursement guidelines. The public is also served by a Council that uses guidelines that manage finances in an organized and thoughtful manner.

Background

The guidelines that were last revised in March 2018 had no significant changes recommended at that time except for some housekeeping amendments. No concerns have been raised about the per diem rates, however in the past, concerns were raised about the reasonableness of preparation time allotments. That issue was addressed in the previous iteration of the guidelines.

Discussion

Allowable Expenses –

- Executive has recommended mostly housekeeping amendments. In addition, they are suggesting that receipts for expenses should now be required as this demonstrates appropriate accountability.

Establishing and Maintaining Reserved Funds – No changes recommended.

Honoraria –

- At this time, Executive would like to recommend an increase to preparation time rates. The rate of $30 per hour has been in place for at least 10 years, and maybe even beyond. Executive felt that a benchmark could be applied that would put this in the range of a possible OT salary range. The suggested rate was $45/hour.
• In addition, Executive has recommended that the travel time reimbursement should be adjusted to provide a per diem only for those traveling the greatest distances and who must travel the day before a meeting to attend College business. Other smaller distances are recommended to be removed as they are rarely used and confusing for council members to apply.

*Education Session Costs* – No changes recommended.

**Attachments**

1. Allowable Expenses – Guidelines for Elected Council and Non-Council Members, March 2018
2. Establishing and Maintaining Reserve Funds, Guidelines for Council Members, October 2017
3. Honoraria – Guidelines for Elected Council and Non-Council Members, March 2018
4. Education Session Costs, Guidelines for Public and Professional Members, January 2016
ALLOWABLE EXPENSES

Guidelines for Elected Council and Non-Council Members

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

Definition

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

Claim Procedure

1. The member shall submit allowable expenses on an expense statement provided by the College. Receipts for expenses must be included, with the exception of meals, and travel/mileage by car.

2. Claim forms will be reviewed by the Registrar or Deputy Registrar, other signing authority, on submission prior to approval. Forms, which are not complete, will be returned to the claimant.

3. Claim forms will be paid according to the accounts payable schedule of the College (around the 15th of the month) on the 15th day of each month. The deadline for submission to submit for payment that month is 3 working days before the 15th of the month, the 9th day of the month.

Travel

Rate: $0.50 / kilometre.

1. Travel includes: Economy airfare within the province, bus, train, (including by VIA 1), local public transportation, taxi or private automobile. All commercial travel can be booked through a travel agent chosen by the College.

2. In each case, only the cost of the most economical and/or practical mode of travel may be claimed. Wherever possible, members are encouraged to take advantage will be taken of advance bookings, “seat sale” fares, or other discounts offered.

3. Costs for parking will be reimbursed with a receipt.

4. Individuals will not be reimbursed for traffic and parking violations.

Accommodations

1. Hotel arrangements can be made at College affiliated approved hotels (by the individual for committee meetings and by the office for Council meetings) to ensure that the College receives the benefit of the best corporate rate available at the chosen meeting location. However, if a more economical method alternative is found, that is acceptable also.

2. Where a member chooses to make arrangements separate from the chosen location, the arrangement will be made by the member. Except for Council and Executive Committee meetings, members are to make arrangements for their own accommodations as per provided policy.
3. Private accommodation may be used in lieu of the approved hotel where a member has can stay with friends or relatives. A maximum of $35.00 per night may be claimed.

4. No reimbursement shall be made where the member resides within fifty (50) kilometers of the meeting venue, unless the member is required to attend on two or more consecutive days. Only 1 night will be reimbursed between meeting days.

5. Charges of a personal nature made at a hotel, such as laundry, in-house movies, or personal phone calls will not be reimbursed.

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

**Meals**

**Rate:** The daily maximum rate is $70.00, which includes breakfast, lunch and dinner.

1. Meal claims are to be made based on actual expenses incurred, however, receipts are not required.

2. Gratuities may be included in claims where the total cost is within the listed rates daily maximum.

**Telephone and Internet Charges**

1. Members will be reimbursed for the cost of additional local and direct dial long-distance telephone and internet charges relative to College business. Receipts are required.

2. When additional costs are incurred, a copy of the original telephone/internet bill is required.

**Dependent Care**

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

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

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**Created:** May 1994


**Revised:** January 2016, March 2018, January 2019
ESTABLISHING AND MAINTAINING RESERVE FUNDS

Guidelines for Council Members

In order to cover variable and/or unforeseen costs and expenses, the College shall establish and maintain specific reserve funds. Council will approve the designated amounts/percentages.

1. Reserve Funds will be established for:
   a. **Hearings Reserve Fund**
      The Hearings Reserve Fund is designated to cover costs, including legal costs, for conducting discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeal hearings and other hearings that may arise related to regulating the profession. The amount to be maintained in this fund is $350,000 or such other amount as may be determined by the Council.
   
   b. **Sexual Abuse Therapy and Counselling Reserve Fund**
      The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is $18,000 or such other amount as may be determined by the Council.
   
   c. **Contingency Reserve Fund**
      The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College’s operating budget or to fund the College’s obligations in extreme circumstances as determined and approved by Council including in the event that the College ceases to exist as a corporate statutory body.

      The minimum amount of 3 months of budgeted operating expenses to a maximum of 6 months or such other amount as may be determined by Council.
   
   d. **The Premises Fund**
      The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of $500,000 or such other amount as may be determined by Council.

2. Appropriations from the annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar.

Created: February 1997
Revised: October 2017
HONORARIA
Guidelines for Elected Council and Non-Council Members

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

Definition

**Per Diem:** A per diem is the amount payable for work periods in excess of three hours. When less than three hours of work is involved, one-half of the per diem rate is paid. Only one per diem payment is payable to a member per calendar day. The per diem base is deemed to be 7.5 hours.

**Travel Time:** When travel time is required as a component of College business it is considered in combination with the per diem and is not to exceed a one-day maximum. When travel time recorded does not exceed a one-day maximum it may be remunerated on a prorated hourly basis. Travel time is paid at a rate not to exceed 60% of the approved per diem. The following schedule applies:

<table>
<thead>
<tr>
<th>Distance and Time Traveled</th>
<th>Maximum Remuneration Rate</th>
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<tbody>
<tr>
<td>1 to 150 kilometers Or up to 1.5 hours</td>
<td>No remuneration</td>
</tr>
<tr>
<td>151 to 250 kilometers Or more than 1.5 hours And up to 2.5 hours</td>
<td>$75.00</td>
</tr>
<tr>
<td>Over 250 kilometers Or over 2.5 hours</td>
<td>$150.00</td>
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</tbody>
</table>

**Travel Time:** When travel time is required the night before a meeting in order to attend, those who live over 250 kilometers from the College may claim $150.

**Preparation Time:** Preparation time required beyond two hours per meeting for ICRC, Hearing decision writing, Registration and Quality Assurance Committee is not to exceed the maximum scheduled length of the meeting.

For other committees and Council meetings, preparation time up to a maximum of 2 hours per meeting may be claimed. For an exceptionally large amount of reading, an additional allowance of preparation time will be at the discretion of the Chair.

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

Preparation time is $30-$45 per hour, based on a prorated Council member per diem.
Procedure

1. Council members shall submit their honoraria expenses on an Expense Statement form provided by the office.

2. Honoraria may be claimed for attendance at meetings as well as preparation time. Preparation time will be paid in instances where this is of major importance in effectively conducting Council business.

3. The increased per diem amount of Chair or Vice-President is payable only when acting in the capacity of Chair or Vice-President of Council, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Council. Participation in other committees is remunerated at the standard rate of $250.00 per diem.

4. Where a member is requested to participate in a meeting for which that person is entitled to fees and that meeting is canceled without notice of at least 48 hours, the person shall be entitled to request and receive a maximum half day honoraria.

5. Where a meeting, including conference calls, is less than 1.5 hours in length, the half day per diem charged will include any preparation time completed for that meeting. Where a meeting is over a 1.5-hour period preparation time may be billed in addition to the per diem.

6. Per diem rates will be reviewed annually.

Created: May 1994,
Revised: January 2016, March 2018, January 2019
EDUCATION SESSION COSTS

Guidelines for Public and Professional Council Members

A public or professional Council member will be reimbursed for per diem and incurred expenses, including conference registration fees, for education sessions which have received prior approval of the College, and for public members, the prior approval of the Ministry of Health.

Public member expenses excluding per diem will only be covered by the College when no funds are available from the Ministry of Health, and the Ministry has provided prior approval of the expenditures.

Procedure

1. The member shall contact the Registrar to request prior approval of education session costs.
2. The Registrar will review the budgetary implications and consult with the President.
3. The Registrar will contact the Ministry of Health for approval of expenses and per diem for public members.
4. The Council member will be notified of the decision. Public members will also be notified of the decision of the Ministry of Health.
5. Approved expenses and per diem submitted will be reimbursed as per College policies and claim procedures.

Created: October 1996
Reviewed: July 2010, January 2019
Revised: January 2016
COUNCIL BRIEFING NOTE

Date: January 31, 2019
To: Council
From: Executive Committee
Subject: Rules of Order Review

Recommendation

THAT Council amends the Rules of Order to add a section that addresses how an abstention and conflict of interest is managed in Council meetings.

Public interest on this decision

Council sets the strategic direction for regulating occupational therapy in the public interest. This recommendation will ensure each Council member participates fully on all issues of public interest.

Issue

The College is considering updating the rules of order which were last reviewed in June 2017. In particular, the College would like to change the Rules of Order to outline how an abstention and conflict of interest are managed responsibly in Council meetings. Currently, the Rules of Order are silent on the issue of abstention. This is a risk that needs to be managed because if overused or abused, abstention can undermine the work of Council.

Background

Sometimes a member of Council may decide, for whatever reason, not to cast a vote on a matter that is being considered by Council. That means the member abstains from voting, which technically means they neither agree nor disagree with the motion being debated. There are various reasons why a member may not want to vote; when a member doesn’t want their opinion about an issue to be known, when a member feels they don’t have enough information to decide, or they are not sure what they think. Alternatively, a member may choose to abstain because they are in conflict of interest.

When one is elected or appointed to Council, they have a responsibility to take appropriate action in the best interest of the College, and consequently the public. This includes ensuring that they speak with one voice and do not allow professional interest or bias cloud or influence their decision making. This means that sometimes decisions must be made even if the decision is difficult or controversial.

Some additional direction is also suggested for managing a conflict of interest, as noted in the attached draft amendments.

Discussion

The College Rules of Order are silent on how to manage the process of abstentions. However, there is always value in anticipating future risks and preventing or managing them appropriately. Failing to vote on a motion (i.e., abstaining) can be seen to represent a failure of the democratic process. A Council member should not abstain from voting unless they have a conflict of interest (in which case they should have left the room prior to the debate and subsequent vote). If a Council member does not feel that they have enough information to be able to vote on a motion, then they must seek more information so that they are able to vote.
In addition, since matters considered at any meeting of the Council are decided by a majority vote cast by those present, an abstention is the equivalent of a “no” vote.

It is important to take steps to guard against these risks before they arise. One way of addressing this issue is to only allow abstention because a member is in a conflict of interest. However, if a member has identified a conflict of interest, they will have already declared it and absented themselves from the room and voting.

**Conclusion**

When a member was elected or appointed to join Council, they made a commitment to advance the work of the College, act with due diligence in reviewing matters and accept responsibility for the policy and strategic directions established. It is therefore important for Council to address the issue of abstention and make expectations clear.

**Recommendation**

It is recommended that abstention only be allowed when a member is in a conflict of interest, in which case they are expected to be out of the room where voting is taking place. In addition to changes to the ‘rules of order’, it may be advantageous for the Chair to remind Council members of their duty to prepare for decisions by reading materials, and asking questions, either prior to the meeting (preferred) or during the meeting. In addition, as an abstention is essentially a ‘no’ vote, a reminder of this might be helpful as well.

**Attachments**

1. Proposed amendments to Rules of Order for the Council
RULES OF ORDER FOR THE COUNCIL

Guidelines for Council Meetings

1. Council members shall turn off cell phones during Council meetings and, except during a break in the meeting, shall not use a cell phone, or other electronic device. Electronic devices shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.

2. Each agenda topic shall be introduced briefly by the person or committee representative raising it. Council members may ask questions of clarification, then the person introducing the matter shall make a motion and another Council member must second the motion before it can be debated.

3. When any Council member wishes to speak, he or she shall so indicate by raising his or her hand and shall address the Chair and confine himself or herself to the matter under discussion.

4. Staff persons and consultants with expertise in a matter may be permitted by the Chair to answer specific questions about the matter.

5. Observers at a Council meeting are not allowed to speak to a matter that is under debate.

6. A Council member may not speak again on the debate of a matter until every other Council member who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter, or a staff person may answer questions about the matter. Council members shall not speak to a matter more than twice without the permission of the Chair.

7. No Council member may speak longer than two (2) minutes upon any motion when called upon by the Chair, except with the permission of Council.

8. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a committee.

9. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.

10. When it appears to the Chair that the debate on a matter has concluded, when Council has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the Chair shall put the motion to a vote.

11. When a matter is being voted on, no Council member shall enter or leave the Council room, and no further debate is permitted.

12. No Council member is entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any Council member so interested shall be disallowed. A member who has a conflict of interest shall declare the conflict of interest to the Chair or Registrar and leave the room before any discussion on the matter has started.

13. A Council member should not abstain from voting unless they have a conflict of interest. If a Council member does not feel that they have enough information to be able to vote on a motion, then they must seek more information so that they are able to vote. In accordance with College bylaws, Council decisions are made by majority vote of members present. Therefore, if a member is present and abstains, this is equivalent to a “No” vote. Abstention will not be noted by name in the minutes.

14. In the event of a tie vote, the Chair will cast the deciding vote.
15. The vote of the Chair cannot be appealed.

16. Any motion decided by Council shall not be re-introduced during the same meeting except by a two-thirds vote of the Council Members then present.

17. Whenever the Chair is of the opinion that a motion offered to Council is contrary to these rules or these bylaws, he or she shall rule the motion out of order and give his or her reasons for doing so.

18. A member of Council can raise a point of order, however, only the mover and the Chair can discuss it. The Chair shall decide it. Council can only appeal a ruling of the Chair about procedure. (For example, if a vote was taken, a motion was passed but there was no quorum.)

19. The Chair shall preserve order and decorum, and shall decide questions of order, subject to an appeal to Council without debate.

20. Council members are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.

21. Council members shall be silent while others are speaking.

22. In all cases not provided for in these rules or by other rules of Council, the current edition of “Robert's Rules of Order” shall be followed so far as they may be applicable.

23. These Rules shall apply, with necessary modifications, to meetings conducted by any electronic means permitted by these bylaws, including audio or video conferencing.

24. The above rules may be relaxed by the Chair if it appears that greater informality is beneficial in the particular circumstances, unless Council requires strict adherence.
COUNCIL BRIEFING NOTE

Date: January 31, 2019
To: Council
From: Quality Assurance Committee
Subject: Appointment of Non-Council Committee Member – Quality Assurance Committee

Recommendation

THAT Council approves the appointment of Elizabeth Bell as a Professional, non-Council member of the Quality Assurance Committee for a three-year term, commencing on April 1, 2019.

Background

Given the College’s movement towards competency/merit-based appointments to committees, Elizabeth was interviewed by telephone in January 2019 for appointment to the Quality Assurance Committee as a Professional, Non-Council Member for a three-year term. Based on a review of a short-list of candidate’s resumes and highlights from each telephone interview, the Quality Assurance Committee is recommending that Elizabeth be appointed to Committee for a three-year term commencing on April 1, 2019. At present, the Quality Assurance Committee is comprised of six members:

- One Academic Council member
- Two Public Council members
- One Professional Council member
- Two Professional non-Council members (one whose second three-year term ends at the end of March 2019).

This Committee composition is consistent with the QAC’s Terms of Reference.

Discussion

Elizabeth has 27 years of clinical experience in providing services to paediatric and adult caseloads in public and private sectors. She has had experience in developing policies in accordance with legislative and College requirements, has coordinated and delivered multiple educational events and volunteers with an interdisciplinary national group of practitioners to develop tools to supplement the 2018 Canadian consensus guidelines on primary care for adults with intellectual and developmental disabilities. Elizabeth has also recently acquired a bioethics degree. With all of her experience, perspective from working in district 2 (a geography not currently represented on Committee) and given the upcoming priorities of the QAC and QA program, Elizabeth is the preferred candidate.

Attachments

1. Résumé – Elizabeth Bell (Not included to protect candidate’s personal information.)

Council – January 31, 2019
Recommending

THAT Council approve the appointment of Frances Eller as a non-Council Committee Member to the Practice Issues Subcommittee, for a three-year term beginning February 1, 2019.

Issue

Council is being asked to approve this appointment to the Practice Issues Subcommittee as the Executive Committee could not achieve quorum to make this decision.

Background

The Practice Issues Subcommittee Terms of Reference (June 2017) state that the Practice Issues Subcommittee consist of at least: one member of the Executive Committee; one professional member of Council; and four to six non-Council Committee members representing a cross-section of current OT practice.

Non-Council Committee member, Anuradha Banavalikar, completed her second three-year term on October 31, 2018. Paola Azzuolo will complete her second three-year term on March 8, 2019. According to College bylaws, Anuradha Banavalikar and Paola Azzuolo will have reached the maximum allowable time for consecutive committee membership terms and as a result are not eligible for reappointment. To ensure Practice Issues Subcommittee meets the membership requirements outlined in the committee terms of reference, Subcommittee recommended the appointment of two new non-Council committee members.

Subcommittee considered the composition of the current professional members and identified the following gaps in representation:

1. Areas of practice: Hospital setting and Independent Practice
2. Geographical location: South Western Ontario

Practice Issues Subcommittee met on November 20, 2018 to review four resumes and recommended two applicants to Executive Committee for approval of appointment to the Practice Issues Subcommittee.

Following the review of the candidate’s summary responses to a competency-based telephone interview, Subcommittee unanimously concluded that Frances Eller be put forth to Executive to fulfill the immediate vacancy and Shannon Honsberger would fill the upcoming March 2019 vacancy. Shannon Honsberger was appointed to Practice Issues Subcommittee by Executive Committee on January 15, 2019.
Frances Eller was not appointed as two Executive Committee members declared a conflict of interest due to professional and social affiliations. Quorum was not obtained.

**Discussion**
Practice Issues Subcommittee identified that Frances Eller meets the criteria for geographical location: Ancaster, Ontario; and presents with extensive work experience within the hospital setting and understands the mandate of the College.

Council is asked to appoint Frances Eller to Practice Issues Subcommittee to fulfill the immediate vacancy.

**Attachments**
1. Résumé – Frances Eller (Not included to protect candidate’s personal information.)
COUNCIL BRIEFING NOTE

Date: January 31, 2019
To: Council
From: Executive Committee
Subject: Traditional Land Acknowledgement

Recommendation

THAT Council considers acknowledging the traditional land we meet on before the commencement of Council meetings and other forms of acknowledgement of the indigenous community.

Public interest in this decision

The indigenous community is an important part of the public we protect. Acknowledging the traditional land we are meeting on is the first step in earning and maintaining that community’s trust and confidence that the College is working in their best interests.

Issue

The College is considering acknowledging traditional land that we stand on before the beginning of Council meetings. Some Colleges have already started doing so and we believe this would further strengthen the community’s trust and confidence with the College.

Background

For more than 120 years, tens of thousands of Aboriginal children were sent to Indian Residential Schools funded by the federal government and run by the churches. They were taken from their families and communities in order to be stripped of language, cultural identity and traditions. Canada’s attempt to wipe out Aboriginal cultures failed. But it left an urgent need for reconciliation between Aboriginal and non-Aboriginal peoples1. A compelling desire emerged to put the events of the past behind and work towards a stronger and healthier future. The truth telling and reconciliation process was seen as part of an overall holistic and comprehensive response to the Indian Residential School legacy and as a sincere indication and acknowledgement of the injustices and harms experienced by Aboriginal people and the need for continued healing2.

It is against this background that the Truth and Reconciliation Commission of Canada was established to contribute to truth, healing and reconciliation of the traditional with the non-traditional Canadians.

Discussion

The Truth and Reconciliation Commission released its final report in December 2015. The report recommended ninety-four calls to action. Land acknowledgement was inspired by these calls to action as an act of reconciliation that involves making a statement recognizing the traditional territory of the

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1 This can be found at the Truth and Reconciliation Commission of Canada website: http://www.trc.ca/websites/trcinstitution/index.php?p=830

2 This can be found at the Truth and Reconciliation Commission of Canada website: http://www.trc.ca/websites/trcinstitution/index.php?p=7
Traditional Canadians who called the land home, and in many cases still call it home, before the arrival of the settlers.

Traditional land acknowledgment is not about placing blame, rather its necessary first step towards honouring the original occupants of the land.\(^3\)

This simple gesture of respect is now being embraced in so many sectors in Canada. The Royal College of Dental Surgeons of Ontario and the College of Physicians and Surgeons of Ontario have started acknowledging Traditional land at the beginning of their Council meetings.

Other measures that the College is considering include; an acknowledgement note in the lobby, writing an article in the College newsletter on OT with indigenous heritage, identifying and highlighting indigenous community members registering with the College.

**Conclusion**

Given that some Colleges have already started to acknowledge Traditional land, the Executive Committee would like to recommend to Council that this is the opportune time for the College to start acknowledging Traditional land before the beginning of Council meetings, and to take other measures that acknowledge the indigenous community.

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Examples of Traditional Land Acknowledgement

1) The Royal College of Dental Surgeons of Ontario:

"We wish to acknowledge this land on which the Royal College of Dental Surgeons of Ontario operates.
For thousands of years it has been the traditional land of the Huron-Wendat<http://www.thecanadianencyclopedia.ca/en/article/huron/>, the Seneca<http://www.thecanadianencyclopedia.ca/en/article/seneca/>, and most recently, the Mississaugas of the Credit River<http://mncfn.ca/>.
Today, this meeting place is still the home to many Traditional people from across Turtle Island and we are grateful to have the opportunity to work and meet on this land."

2) University of Western Ontario

"Western University is situated on the traditional territories of the Original Peoples of Turtle Island and I pay respect to the land and to Elders past, present and future"

3) Toronto City Council

at the beginning of the council meeting, the speaker acknowledges the meeting space as "the traditional territory of the Mississaugas of New Credit First Nation, the Haudenosaunee, the Huron-Wendat and home to many diverse Traditional peoples."

4) One of the schools in Toronto

"I would like to acknowledge that this school is situated upon traditional territories. The territories include the Wendat (wen-dat), Anishinabek (ah-nish-nah-bek) Nation, the Haudenosaunee (ho-den-oh-sho-nee) Confederacy, the Mississaugas of the New Credit First Nations, and the Métis (may-tee) Nation.
The treaty that was signed for this particular parcel of land is collectively referred to as the Toronto Purchase and applies to lands east of Brown’s Line to Woodbine Avenue and north towards Newmarket. I also recognize the enduring presence of Aboriginal peoples on this land."

5) McMaster Health Forum

"The Forum recognizes and acknowledges that we do our work on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the 'Dish With One Spoon' wampum agreement".

6) York Catholic District School Board

"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 on it, those who walk on it now, and future generations who have yet to walk upon it.
We pray to the Creator for strength and wisdom that all may continue to serve as stewards of the Earth".
Recommendation

THAT Council reviews the suggested priorities and possible actions developed from the discussions held in October 2018 and identify their priorities.

Purpose

This issue is being brought to you as a follow up from the Council Education Day held in October 2018. Many ideas were generated, and the action plans have started to coalesce. Council is being asked to review the attached document and provide feedback as to the content and guidance on priorities and actions.

During the Round Table Discussion time, Council is asked to consider all this information and determine what the priorities for the College should be. In addition, direction from Council is sought on the process to implement any priorities arising from the discussion with respect to Council involvement.

Public Interest in this Decision

College governance and regulatory modernization should ultimately operate in the interest of the public. Any changes made should keep the interests of the public in the forefront.

Background

In October 2018 Council had a day of education and reflection about ideas related to regulatory modernization. The past government responded to the report from the Sexual Abuse Task Force as well as the calls for more transparency in regulatory outcomes from the media, with some preliminary changes, e.g., definition of Patient, increased transparency requirements related to outcomes of decisions. While we have yet to learn about the new government’s agenda related to regulation, the staff in the ministry continue to push forward on an accountability and modernization agenda.

In order to raise these issues and ensure Council is informed and prepared for possible changes, a day was held to learn about and discuss issues related to College governance and regulatory modernization.

Many ideas were generated, and a possible action plan has been developed. Some of the actions have already started to be implemented.

Discussion

The issues related to regulatory modernization continue to evolve. In December, two Executive members and two staff members attended a symposium about proposed changes to governance of regulatory
colleges sponsored by the College of Nurses and the Federation. In addition, staff from the Ministry of Health and Long-Term Care, Regulatory Policy Branch also attended the Federation meeting earlier the same day to highlight their work. All of this input helps to shed light on the direction the College should go to be prepared for change. One of the strongest messages from all concerned was the need to ensure that Colleges are acting in the public interest and not the interest of the profession. This issue continues to be at the root of negative media coverage and hence the government concerns.

Attached to this note is a chart of the ideas generated at the education and reflection on governance day in October 2018.

In addition, Council requested that the Ends policies be reviewed with a view to possible amendments to reflect the strategic directions around governance. In reviewing the document, it appears that any of the initiatives can easily already fit within the strategic framework outlined by the Ends. No changes to the Ends are necessary however, the operational plans by staff based on the Ends will be amended to reflect any priorities for action raised by Council.

Finally, the environmental scan related to new trends in regulatory governance is attached for your information. In addition, the College of Nurses has recently sent correspondence to the College to inform us of the governance changes that it is requesting the Minister of Health and Long-Term Care.

**Process for Council Meeting**

1. All Council Members should come prepared for the meeting by reading the attached materials and attending to the presentations in the morning.
2. Council Members should be prepared to put forward their views on the information heard.
3. Council Members should be prepared to list their top 3 priorities, from the attached document.
4. Council will discuss how they wish to be involved in the work plan going forward.

**Options for Council Involvement**

1. Executive can take on the planning and monitoring of governance changes and discussions and keep Council informed. Executive has this in their terms of reference, so it is part of their duties anyways.
2. Council can start a task force to work on this. It may be a bit early for this, given we are at the beginning of these discussions.
3. Staff can work issues through and bring to Executive and Council as appropriate. Some of the later priorities are more operational in nature. The first section is really about Governance and Council may want to split up the responsibilities.

**Attachments:**

1. Regulatory Modernization and Governance Summary of Council Suggestions
2. New Trends in Regulatory Governance
3. E1 Ends Policies
4. Worksheet
<table>
<thead>
<tr>
<th>Priorities</th>
<th>Actions</th>
<th>Implications</th>
</tr>
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</table>
| 1. Ensure prospective Council members are aware of the role of Council – Public protection. | a. Develop mandatory pre-election webinar/teleconference.  
b. Review and revise as necessary role descriptions for Council members.  
c. Develop website materials describing Council member role. | This could be accomplished for the next election cycle. A smaller process is underway for this year. |
| 2. Ensure prospective non-Council Members of committees are competency-based appointments. | a. Determine competencies required.  
b. Review bylaws to determine if competencies need to be added here.  
c. Review and revise as necessary role descriptions for non-Council members.  
d. Develop interview process for identified candidates. | There is a multitude of models of competencies for boards to start this as well as work already completed at other colleges to draw from. Staff have already implemented an interview with prospective candidates to inform the selection process. |
b. Review bylaws to determine if competencies need to be added here. | There is a multitude of models of competencies as well as exclusion criteria that could be reviewed (e.g. conflicts of interest). |
| 4. Review governance structure to be aware of best practices and changes.  | a. Attend governance education day.  
b. Schedule College of Nurses to attend Council for a review of their proposed governance model.  
c. Determine the feasibility of shared disciplinary members?  
d. Determine next steps as necessary. | Staying abreast of changes in the governance environment for regulatory colleges is important to ensure Council has up to date information. |
**Regulatory Modernization – Governance & Collaboration**  
*Objectives & Plans*

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<th>Priorities</th>
<th>Actions</th>
<th>Implications</th>
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| **5. Increase public representation on Statutory committees.** | a. Review composition of committees to determine how to add public perspective and/or public representation (50/50 split).  
  b. Provide education sessions/training to interested non-government appointed public members wishing to become involved with the College.  
  c. Review terms of reference for committees to determine how to add more public members. | Adding additional public members to committees needs to be thought through. There will be cost implications as well as recruitment and training needs. We may be able to start with patient relations committee and work from there. Our bylaws already have flexibility to add additional members. |
| **6. Use evidence to demonstrate the College’s outcomes in protecting the public.** | a. Participate in the development of shared outcome indicators for College work with Government and the Federation.  
  b. Review the College’s priority report and revise as necessary.  
  c. Every meeting, include a discussion about how the outcomes of the meeting demonstrated public protection. | Increase measurement of outcomes for College work will be an ongoing goal regardless of anything else that occurs. |

**Innovation in Programming and Service**

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Actions</th>
<th>Implications</th>
</tr>
</thead>
</table>
| **7. Increased public involvement and feedback to inform program decisions, ascertain the patient/client experience.** | a. Include the perspective of the public in the design of the updated QA program – consider a co-design with the public.  
  b. Review and determine additional feedback mechanisms from the public – surveys, Citizen Advisory Group. | The Quality Assurance Committee will be responsible for determining how to use the perspective of the public in the design of the updated QA program. Any committee can make use of the Citizen Advisory Group or consider adding additional members of the public or patients to their committees. See #5 above. |
| **8. Use of data to demonstrate outcomes for regulatory work.** | a. Review current data collection and reporting to determine how to improve (Score card).  
  b. Use the Government accountability project to inform data collection, this will enable cross college benchmarking. | This overlaps with #6 above. The Government accountability project is underway, and information from this project should be available after summer 2019. |
### Regulatory Modernization – Governance & Collaboration

#### Objectives & Plans

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Actions</th>
<th>Implications</th>
</tr>
</thead>
</table>
| 9. Proactive and risk-based approach | a. Use risks to identify OTs for QA  
  b. Use a risk approach to determine outcomes of case decisions  
  c. Use of Risk Register and risk management program to inform operational activities | A risk-based approach for College operations can be implemented at a program level and at a College level. Understanding exactly what this means will take some resources and training. |
| 10. Promote collaboration with other colleges and within college programs. | a. Work with the Federation to promote collaboration.  
  b. Improve information and outreach to employers. | Working collaboratively with other colleges will help to ensure consistency and improve quality of regulatory activities. Our current communications collaboration is a start here. This is a philosophical stance and capitalizing on opportunities or developing opportunities. Employers are a partner in regulation in that they benefit from ensuring the OTs they employ are qualified to work, participate in Quality Assurance activities and have accountability for their practice to the College. Ensuring that employers are aware of resources and the work of the College is important to the entire system of accountability. Information can be developed and made available for employers, but other types of system collaboration could be explored. |

### Partnerships and Public Engagement

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Actions</th>
<th>Implications</th>
</tr>
</thead>
</table>
| 11. Collaborate with other regulators to build consistency and system efficiency. | a. Proactively determine which health regulatory colleges make sense to align with based on risk or scope of practice to support government oversight change.  
  b. Align with regulators that support progressive governance structure changes.  
  c. Collaborate with other regulators for progression of consistency related to standards of practice – consent, privacy, supervision of students, record keeping.  
  d. Work on joint Government/Federation group that is developing performance indicators. | This is more of a long-term goal and requires willing partners, whose priorities align with ours. |
## Regulatory Modernization – Governance & Collaboration
### Objectives & Plans

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Actions</th>
<th>Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Partner with Employers to inform and improve patient outcomes.</td>
<td>a. Use existing data to help inform regulatory decisions such as patient feedback survey or quality improvement evaluations already collected by hospitals.</td>
<td>This would require gaining access to data that may not be public. However, the perspective of employers is important to the system as a whole.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing a further strategy to further engage various public audiences in the regulation of OTs would require resources. Patient relations committee has these ideas on their agenda and could review their work plan with these ideas in mind.</td>
</tr>
<tr>
<td>13. Gain feedback from clients about OTs at the point of OT service (OT satisfaction surveys)</td>
<td>a. Request public feedback through the website.</td>
<td>Ensuring that student OTs and new OTs understand the role of the College is a current objective of the College and resources have already been directed to this.</td>
</tr>
<tr>
<td></td>
<td>b. Consider town hall meetings with the public</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Develop posters for use in patient areas re: What patients can expect from regulated health professionals and how to file complaints with regulators.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Partner with universities so students better understand the role of the college and what it is to be a regulated health professional.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Review McMaster Health Forum materials to brainstorm on how we can collaborate better with the public.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Outreach to client groups – parents, schools, community – assist with materials to educate them on what to expect from OTs.</td>
<td></td>
</tr>
</tbody>
</table>
Recommendation

This is for information purposes only.

Issue

In recent years, governance in professional regulation has come under intense scrutiny where a consensus is emerging that more needs to be done to strengthen public trust in regulatory organizations and their processes. Some Colleges have taken initiatives to address perceived shortcomings of the current regulatory framework. Council needs to be aware of these developments to be able to strategize on the best way to respond to challenges ahead.

Public Interest in this Issue

Transparent, accountable and competent governance is key to ensuring public trust in regulatory mechanisms.

Background

The Ministry of Health and Long-Term Care (MOHLTC), have been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes over the past several years. In addition, MOHLTC staff are continuing the governance review from previous leadership and are preparing to take steps to strengthen public trust and engender best practices in regulatory governance.

Internationally, there are important external influences and trends that provide both impetus and context for governments. Ireland, Australia and New Zealand are actively considering or implementing the model introduced by the United Kingdom in which a Professional Standards Authority (PSA), an independent body that reports directly to parliament, oversees nine health professions regulators.

Among Ontario health regulatory Colleges, the College of Nurses endorsed a progressive plan called Vision 2020 to transform the governance model for the College to align with worldwide best practice.

The Ontario College of Teachers has released the report from an independent review of its governance structure and processes. The review was commissioned as part of the College’s commitment to greater efficiency and effectiveness.

The Ontario College of Pharmacists in its Council meeting last month, was asked to support partnering with the Advisory Group for Regulatory Excellence (AGRE) to help inform proposed legislative changes required to support the government in modernizing governance and supported a framework and principles for governance change proposed by the College of Nurses.
These show that there is a general trend to move to best practice in governance rooted in evidence. The Council should be aware of these developments to be able to provide strategic direction that the College should take in the future.

**Discussion**

As Table 1 below shows, certain proposals are gaining traction and being discussed within the regulatory committee.

Some of those recommendations include:

- **Elimination of Elections.**
  This is one of the boldest recommendations that aims to eliminate elections to College’s council. Instead, a competency-based selection process is recommended. Literature and governance trends support competency-based boards. Having all Council members with the needed competencies and attributes will support the board to meet its mandate. Competencies such as risk management, finance and patient safety may be considered. In addition, board members could be selected for their ability to act in the public interest and avoid selection of a person with a professional agenda.

- **Reduction in Council size**
  For the larger Colleges with a big number of Council members, the argument is that smaller boards are more readily able to engage in generative discussion and effective-decision making, fully utilizing each member, compared to large boards. Adding Advisory groups and stakeholder engagements further enhances diversity of input.

- **Council Composition**
  A board made up of equal numbers of professionals and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.

- **Separation of Council and statutory committees**
  Renaming Council as a board that allows for greater delineation of strategic (Council) and operation (statutory committee) function and promotes independence of those functions. This means board members will not serve on statutory committees. This could also include renaming the president to chair and the vice president to vice chair.

- **Executive Committee unnecessary**
  Because the board is smaller, it may eliminate the need to have an Executive Committee. Best practice in governance now point to a smaller board of between 9-12 members with no executive committee.

**Legislative changes required**

- Changes from election to appointment - require changes to the *Regulated Health Professions Act, (RHPA)* 1991,
- Council composition and size – require changes to the *Occupational Therapy (OT) Act, 1991*
- Separation of Council and statutory committees – require changes to the College bylaws
- Composition of committees – requires changes to the bylaws
- Elimination of the Executive Committee – require changes to the RHPA
- Committee panels composition – require changes to the RHPA

**Conclusion**

There is more and more focus on ensuring the public interest is given priority over any real or perceived professional interest. The public is more informed with higher expectations that need to be met. For
instance, the public has always been critical about elections to Council arguing that this creates an inherent conflict of interest, with elected Council members often putting the interests of peers who elect them, first. In the public eye, this is seen as the main reason that Colleges have been slow to respond to demands for improved regulation in the public interest. It may be a matter of time before this or all the ideas presented above are adopted by the Government and made into law.
## Table 1 - New Governance Structure Proposals

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>College of Nurses of Ontario</th>
<th>Ontario College of Pharmacists</th>
<th>Ontario College of Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council size</td>
<td>6 public (currently 16) 6 profession (currently 21)</td>
<td>Council has been asked to consider reduction in Council size (with an equal number of professionals and public directors)</td>
<td>7 public (currently 14) 7 profession (currently 23)</td>
</tr>
<tr>
<td>Election</td>
<td>Specific attributes and competency-based appointment process</td>
<td>Support having all Council members with the needed competencies and attributes</td>
<td>Competency based selection process instead of election</td>
</tr>
<tr>
<td>Committees</td>
<td>CNO will implement in 2019, new competency-based appointment of non-Council statutory committee members</td>
<td>2017 Council approved a competency-based screening process for professional members seeking to serve as Non-Council Members of the statutory committees</td>
<td>Competency based selection process instead of election</td>
</tr>
<tr>
<td>Name</td>
<td>Council will be called Board</td>
<td>Council will be named a board</td>
<td>Renaming the College to better reflects its statutory authority and duty to regulate teachers</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>Executive Committee will no longer be needed</td>
<td></td>
<td>The entire Council will make up the Executive Committee</td>
</tr>
<tr>
<td>Committees Composition</td>
<td></td>
<td>Separation of Council and statutory committees</td>
<td>Altering Committees composition to re-balance professional and public members e.g. equals numbers in ICRC, Discipline and FTP Committees</td>
</tr>
</tbody>
</table>

Council – January 31, 2019
## COUNCIL BRIEFING NOTE

**New Governance Models**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>College of Nurses of Ontario</th>
<th>Ontario College of Pharmacists</th>
<th>Ontario College of Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Groups &amp; Stakeholder Engagement Approach</td>
<td>Board will create advisory groups as needed to promote diverse decision-making</td>
<td>Council has been asked to consider reduction in Council size and formation of Advisory Groups</td>
<td>Majority professional members of Registration, QA Committee</td>
</tr>
<tr>
<td>Evaluation</td>
<td>External expert will evaluate the board every 3 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terms</td>
<td>3-year term; 2-term maximum Leadership roles (Chair, Vice-Chair, Committee Chairs): 1-year term; one possible reappointment. Possible one-year term extension on the board if the Chair has reached the maximum 6 years of service term on the board.</td>
<td></td>
<td>Staggered 2-year terms renewable up to 4 times (max 8 years). Currently 2, 3-year terms</td>
</tr>
<tr>
<td>Council Chair</td>
<td></td>
<td></td>
<td>Change from full time, seconded position to a part-time time role Council and Committees chairs will serve for 1-year renewable terms (currently they serve for 3 years Council term)</td>
</tr>
</tbody>
</table>
Vision:
Leaders in collaborative quality regulation

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

1. Confidence in occupational therapy regulation

1.1 The public trusts occupational therapy regulation.
1.2 Stakeholders understand the role of the College and its value.
1.3 The College’s input to government priorities and legislative initiatives is valued.
1.4 College decision-making processes are open, transparent, and accountable.

2. Quality practice by occupational therapists

2.1 Occupational therapists are accountable for quality, safety and ethics in practice.
2.1.1 Occupational therapists are competent.
2.1.2 Occupational therapists understand and apply professional standards and ethical reasoning.
2.2 The College engages occupational therapists to advance quality, ethical practice.
2.3 Professional standards reflect evolving practice.

3. System impact through collaboration

3.1 The College is recognized and respected as a regulatory leader.
3.2 The public contributes to College decision making.
3.3 Collaboration with stakeholders supports the College’s effectiveness and influence as a regulator.
3.4 Collaboration promotes systems alignment to support quality practice by occupational therapists.

4. Effective financial, organizational and governance practices

4.1 College governance is responsive, effective, and accountable.
4.2 College operations are efficient, effective, and accountable.

Within the annual budgeting process, allocation of resources will reflect a balanced approach to achieving these ends, with consideration of available resources, priorities, and established Council financial policies.
Worksheet - Governance Discussion
January 31, 2019

1. Notes from presentation - College of Nurses of Ontario (CNO)

2. Notes from presentation - Ministry of Health and Long-Term Care (MOHLTC)

Top 3 priorities:

1. ____________________________________________

   Why?

2. ____________________________________________

   Why?

3. ____________________________________________

   Why?
Tasks completed since the last Council meeting

- Reviewed Q2 Financial Report
- Review and updated committee workplan
- Received and reviewed the priority performance report
- Reviewed the Risk Management Report
- Reviewed results of the October Education and Council meeting evaluations
- Recommended Revised Council policies and guidelines
- Recommended a process for Traditional Land Acknowledgement for Indigenous Peoples
- Recommended changes for the Rules of Order
- Reviewed process for Officer Nominations
- Committee Chair Appointment process reviewed and confirmed
- Established agenda for January Council meeting

Key Priorities

- Effective and efficient governance
- Financial stewardship
- Efficient and effective operations

Leadership Priorities

1. Confidence in occupational therapy regulation
   - Ensure College outcomes and processes are in the public interest
   - Ensure appropriate risks are identified and managed
   - Ensure Council governance is appropriate and in the public interest

2. Quality practice by occupational therapists

3. System impact through collaboration:
   - Support and monitor work with ACOTRO through Registrar's reports

Items for Decision/Discussion

- Review of Priority Performance Report
- Review of Risk Management Report
- Recommend Council approval of Policies
• Recommend Council approval of Guidelines
  o Allowable Expenses – Guidelines for Elected Council and Non-Council Members,
  o Establishing and Maintaining Reserve Funds, Guidelines for Council Members,
  o Honoraria – Guidelines for Elected Council and Non-Council Members, and the
  o Education Session Costs, Guidelines for Public and Professional Members.

• Recommend Council approve the revised Rules of Order
• Recommend Council nominate two Council Members to the Nominations Committee
• Recommend Council Approve a Traditional Land Acknowledgement process
COMMITTEE REPORT TO COUNCIL

Committee: Practice Issues Subcommittee  
Chair: Julie Entwistle  
Date: January 31, 2019

Tasks completed since the last Council Meeting
Practice Issues Subcommittee had one in-person meeting on November 20th, 2018. Subcommittee member Anuradha Banavalikar completed her two, 3-year terms on October 31st, 2018. Paolo Azzuolo will complete her second 3-year term March 8th, 2019. As a result, Frances Eller and Shannon Honsberger have been recommended for appointment to the Practice Issues Subcommittee by the Executive Committee. Frances Eller will commence her term immediately upon appointment, and Shannon Honsberger will begin her term in March 2019.

Key Priorities
The Subcommittee continues to work on priority items as identified in the Subcommittee’s Workplan:

- Developing and updating College publications:
  - 2019 - Standards for Occupational Therapy Assessments; Standards for Acupuncture; Guide to independent Practice; Standards for Infection Control

- Responding to new and evolving practice environments through identification and prioritization of issues impacting OT practice and service delivery

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

2. Quality practice by occupational therapists:
   - Subcommittee has recommended revisions for the following documents:
     - Standards for Occupational Therapy Assessments
     - Standards for Acupuncture
     - Guide to Independent Practice
     - Standards for Infection Control
   - Practice Resource for the Use of Electronic Communications will remain with Subcommittee for further development of a College position.

3. System impact through collaboration: N/A

Items for Decision/Discussion
Appointment of Frances Eller to the Practice Issues Subcommittee for a 3-year term beginning February 1, 2019.
COMMITTEE REPORT TO COUNCIL

Committee: Registration Committee
Chair: Donna Barker
Date: January 31, 2019

Tasks completed since the last Council Meeting
The Registration Committee met via teleconference on November 8, 2018. The Committee is scheduled to meet in-person on January 28, 2019, the meeting report will be contained in the March 2019 Council meeting package.

Cases Reviewed:
- Currency review – 1

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:
   The Canadian Association of Occupational Therapists Academic Credentialing Council (ACC) proposed changes to the administrative schedule for accreditation of university programs. The proposed changes are intended to spread out accreditation more evenly and limit the number of accreditations per year to two. The Committee approved the proposed adjustments to the schedule. The Committee also recommended that at the time of accreditation, the ACC not grant a deferral to any of the programs that have been delayed by more than 6 months.

   The Health Professions Appeal and Review Board (HPARB) confirmed the order of the Registration Committee in a case where the Committee refused to issue a certificate of registration to an applicant who was not able to successfully complete the examination in the number of attempts permitted. The Board found that the applicant did not qualify for registration because the applicant was not able to meet the examination requirement and has no further opportunities to attempt the examination. The Board found no basis for exempting the Applicant from the examination requirement (Decision released November 19, 2018). The decision of HPARB may be appealed to the Divisional Court within 30 days of the date the decision was made. The College has not received notice of appeal.
2. Quality practice by occupational therapists:
The Committee reviewed and discussed the July 2018 Canadian Association of Occupational Therapists (CAOT) National Occupational Therapy Certification Examination (NOTCE) Technical Report. Currently, the NOTCE is the approved exam in Ontario. The Committee will continue to monitor this area, as successful completion of the exam is one of the key indicators that applicants to the College have demonstrated adequate entry-level knowledge to meet entry to practise requirements.

3. System impact through collaboration:
In 2018 the College entered into a Memorandum of Understanding ("MOU") regarding cross-jurisdiction occupational therapy practice agreed to and signed by all Canadian occupational therapy regulatory organizations. The MOU allows an occupational therapist who is registered in another Canadian jurisdiction to provide time limited follow-up care to an existing client in another jurisdiction. The Committee approved the policy Temporary Certificate of Registration - Cross-jurisdictional Practice, which operationalizes the MOU.

Items for Decision/Discussion
None.
Tasks completed since the last Council Meeting
Since the last report to Council, the Committee will have held 2 panel meetings and 1 meeting for the Committee as a whole. Panel B met once, and Panel A met once. A summary of the ICRC’s case reviews is detailed in the table below:

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Type of Case</th>
<th>Source of Case</th>
<th>Oral Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 30, 2018</td>
<td>3 complaints</td>
<td>2 complaints from client</td>
<td>1 Take No Further Action</td>
</tr>
<tr>
<td>Panel A</td>
<td>1 Registrar’s Investigation</td>
<td>1 complaint from non-client  1 investigation based on mandatory report from former employer</td>
<td>1 SCERP  1 Offer Remedial Agreement (not yet entered into)  1 Additional Investigation Required</td>
</tr>
<tr>
<td>November 27, 2018</td>
<td>3 complaints</td>
<td>2 complaints from client</td>
<td>3 Advice/Guidance</td>
</tr>
<tr>
<td>Panel B</td>
<td>7 Registrar’s investigations</td>
<td>1 complaint from parent of client  2 investigations based on mandatory report from former employer</td>
<td>3 SCERP &amp; Verbal Caution  4 Take No Further Action</td>
</tr>
</tbody>
</table>
Panel B also carried out Committee work through emails dated December 17th through 20th, 2018, where based on a review of new information received, it vacated motions previously made at its September 17, 2018 meeting, and instead decided to offer the registrant an opportunity to make further submissions respecting two related complaints.

Since last reporting to Council, two decisions of the Committee in complaint files were returned by the Health Professions Appeal and Review Board (HPARB) as being unreasonable. In both matters returned, the investigation carried out was found to be sufficient, however, the decision reached was deemed to be unreasonable. HPARB substituted its own decision for that of the Committee’s in one of the matters returned and in the other. HPARB requires the Committee to reconsider the matter, once certain additional investigative steps are taken. In order to ensure the Committee is appropriately assessing risk and making decisions fairly and in the public interest, extensive risk assessment training will be provided to the Committee by the College’s general counsel, Ms. Julie Maciura, partner with Steinecke Maciura LeBlanc at its January 2019 meeting. The HPARB decision returned and closed, will be reviewed and discussed at the Committee’s January 2019 meeting to ensure the Committee understands and learns from HPARB’s concerns about the decision previously made which HPARB substituted its own decision for. Once the Committee reconsiders the other matter returned and makes a new decision, the Committee as a whole will also review and discuss the relevant HPARB decision.

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

Leadership Priorities

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.
COMMITTEE REPORT TO COUNCIL

Committee: Discipline Committee
Chair: Donna Barker
Date: January 31, 2019

Tasks completed since the last Council Meeting
The Committee has not met since it last reported to Council. No referrals from the Inquiries, Complaints and Reports Committee were received and no hearings or reinstatement applications are currently pending.

Discipline Summary - Jalpa Bode
The Committee’s Decision and Reasons in this matter is available for review by the public on CanLII (The Canadian Legal Information Institute, www.canlii.org).

Ms. Bode was referred to the Discipline Committee by the Inquiries, Complaints and Reports committee for allegations that she failed to comply with the terms of a specified continuing education and remediation program issued by the College’s Quality Assurance Committee. At the hearing held on December 18, 2017, Counsel for the College advised the panel of the Committee hearing the matter (“the Panel”) that agreement had been reached between the parties on the facts and submitted the Agreed Statement of Facts as evidence. Ms. Bode admitted the allegations against her and confirmed that she made voluntary, informed and unequivocal admissions of professional misconduct.

Ms. Bode admitted that on or around December 11, 2012, the Quality Assurance Committee of the College of Occupational Therapists of Ontario (the “College”) directed Ms. Bode to complete a specified continuing education and remediation program as a result of a Quality Assurance assessment that Ms. Bode had undergone in or around August 2012 (the “SCERP”). The SCERP consisted of seven broad requirements that had to be fulfilled by specified dates in 2013 and 2014. Among other things, Ms. Bode was required to complete a Learning Contract, complete the Occupational Therapy Examination and Practice Preparation Program for Internationally Educated OTs (“OTepp”) hosted by McMaster University, and complete reflection papers. The SCERP specified that Ms. Bode was responsible for all costs associated with fulfilling the SCERP. By August 2015, Ms. Bode had not fulfilled the SCERP’s requirements or communicated with the College in respect of the SCERP requirements. On or around August 21, 2015, the College adjusted the deadlines associated with the SCERP’s requirements to dates in 2015 and 2016. On or around October 8, 2015, and in response to a concern raised by Ms. Bode, the College revised the SCERP so that Ms. Bode was required to write a 1,000-word paper instead of completing the OTepp course. All other requirements set out in the SCERP remained the same. Ms. Bode did not fulfill the SCERP requirements.

The Panel agreed that Ms. Bode’s conduct constituted professional misconduct and, in particular, found that Ms. Bode committed an act of professional misconduct as defined in subsection 51(1)(b.0.1) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991.
and in paragraphs 1, 41, 45, 48 and 49 of Section 1 of Ontario Regulation 95-07, made under the *Occupational Therapy Act, 1991*.

At the hearing, Counsel for the College advised the Panel that a Joint Submission on Penalty and Costs had been agreed upon. The Panel of the Discipline Committee agreed that the penalty jointly proposed by Counsel for the College and Ms. Bode was fair and reasonable.

The Panel of the Discipline Committee ordered a six-week suspension of Ms. Bode’s certificate of registration; required Ms. Bode to appear before it to be reprimanded; required Ms. Bode to successfully complete a course on Professional Regulation/Conduct within twelve months of its order; required Ms. Bode to complete all outstanding requirements of the revised SCERP issued by the Quality Assurance Committee which included, amongst other things, the requirement for Ms. Bode to obtain a Practice Supervisor to observe her complete three assessments; and, for a period of three years following the Discipline Committee’s order, requires Ms. Bode to respond to all correspondence from the College within 30 days from the date of receipt of the correspondence.

The Panel of the Discipline Committee also ordered Ms. Bode to pay the College costs in the amount of $750.00.

**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

**Attachments**

*The College of Occupational Therapists of Ontario v. Jalpa Bode*, Decision and Reasons of the Discipline Committee dated February 26, 2018


AND IN THE MATTER of allegations of professional misconduct before the Discipline Committee of the College of Occupational Therapists of Ontario as referred by the Inquiries, Complaints and Reports Committee against Jalpa Bode;

BETWEEN:

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

- and -

JALPA BODE (REGISTRATION # G0305411)

Panel Members:
Ernie Lauzon, Chair, Public Council Member
Paula Szeto, Professional Council Member
Jeannine Girard-Pearlman, Public Council Member
Donna Barker, Professional Council Member
Zuher Ismail, Non-Council Professional Member

) Robin McKechney Counsel for the College
) Aoife Coghlan Attending for the College
) Self-Represented

Hershel J. Sahian Independent Legal Counsel
Heard: December 18, 2017
Decision Released: December 18, 2017
Written Decision Date: February 26, 2018
DECISION AND REASONS FOR DECISION

I. INTRODUCTION

This matter came on for Hearing before the Panel of the Discipline Committee (the “Panel”) on December 18, 2017, at the College of Occupational Therapists of Ontario (the “College”) in Toronto, Ontario.

II. THE ALLEGATIONS

Ms. Jalpa Bode (the “Registrant”) faced the allegations stated in the February 28, 2017 Notice of Hearing (Exhibit 1 to the Hearing). Because the allegations are substantially reiterated in the August 9, 2017 Agreed Statement of Facts (Exhibit 2 to the Hearing), the allegations, as set out in the Notice of Hearing, are not set out here.

Counsel for the College requested that the Member’s Plea of the Registrant be deferred until the Agreed Statement of Facts was presented. The Panel agreed.

1. Agreed Statement of Facts

Counsel for the College advised the Panel that agreement had been reached on the facts. The Agreed Statement of Facts, which was filed as Exhibit #2, stated as follows:

The parties hereby agree that the following facts may be accepted as true by the Discipline Committee of the College of Occupational Therapists of Ontario:

The Registrant

1. At the material times, Jalpa Bode (“the Registrant”) was a duly registered Occupational Therapist in Ontario.

2. On or around December 11, 2012, the Quality Assurance Committee of the College of Occupational Therapists of Ontario (the “College”) directed the Registrant to complete a specified continuing education or remediation program as a result of a Quality Assurance assessment that the Registrant had undergone in or around August 2012 (the ‘SCERP’).

3. The SCERP consisted of seven broad requirements that had to be fulfilled by specified dates in 2013 and 2014. Among other things, the Registrant was required to complete a Learning Contract, complete the Occupational Therapy Examination and Practice Preparation Program for Internationally Educated OTs (“OTepp”) hosted by McMaster University, and complete reflection papers. The SCERP specified that the Registrant was responsible for all costs associated with fulfilling the SCERP.

4. By August 2015, the Registrant had not fulfilled the SCERP’s requirements or communicated with the College in respect of the SCERP requirements.
5. On or around August 21, 2015, the College adjusted the deadlines associated with the SCERP’s requirements to dates in 2015 and 2016.

6. On or around October 8, 2015 and in response to a concern raised by the Registrant, the College revised the SCERP so that the Registrant was required to write a 1,000 word paper instead of completing the OTepp course. All other requirements set out in the SCERP remained the same.

7. To date, the Registrant has not fulfilled the SCERP.

Admission of Professional Misconduct

8. It is admitted that the above conduct constitutes professional misconduct pursuant to:

   a. Section 51(1)(b.0.1) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professional Act, 1991: the member has failed to co-operate with the Quality Assurance Committee; and

   b. Clause 51(1)(c) of the Code, as defined in the following paragraphs of section 1 of Ontario Regulation 95/07 under the Occupational Therapy Act, 1991:

      i. Paragraph 1: contravening a standard of the profession; and

      ii. Paragraph 41: failing to comply with an order of a panel of the College; and

      iii. Paragraph 45: failing to reply appropriately or within a reasonable time to a written inquiry from the College; and

      iv. Paragraph 48: disgraceful, dishonourable or unprofessional conduct; and

      v. Paragraph 49: conduct unbecoming an occupational therapist.

Plea Inquiry

9. The Registrant admits to the truth of the facts contained in this Agreed Statement of Facts and that the facts contained herein constitute the professional misconduct to which an admission has been made.

10. The Registrant understands that by agreeing to the facts contained herein, she is waiving her right to require the College to prove the case against her.
11. The Registrant understands that the Discipline Committee is not bound by any agreement between the College and the Registrant with respect to penalty.

12. The Registrant understands that the decision of the Committee and a summary of its reasons including reference to the Registrant’s name will be included on the public register, will be published in the College’s annual report and may be reported in any other publication of the College including the website of the College.

13. The Registrant is executing this Agreed Statement of Facts and Admission of Professional Misconduct voluntarily. The Registrant has had the opportunity to seek legal advice in relation to this Agreed Statement of Facts.

2. **Plea Inquiry**

The Panel conducted a plea inquiry and was satisfied that the Registrant’s admission was voluntary, informed and unequivocal.

3. **Decision**

The Panel accepted as true the facts set out in the August 9, 2017 Agreed Statement of Facts and finds that the Registrant committed professional misconduct pursuant to Section 51(1)(b.0.1) of the *Health Professions Procedural Code*, being Schedule 2 to the *Regulated Health Professional Act*, 1991 and Clause 51(1)(c) of the Code as defined in paragraphs 1, 41, 45, 48, and 49 of section 1 of Ontario Regulation 95/07 under the *Occupational Therapy Act*, 1991.

III. **PENALTY AND PENALTY SUBMISSIONS**

1. **Joint Submission on Penalty and Costs**

Counsel for the College advised the Panel that the August 9, 2017 Joint Submission on Penalty and Costs (JSPC) was agreed upon as between the Registrant and the College. The JSPC along with Appendix “A” were submitted to the Panel (Exhibit 3).

The Panel considered the Registrant’s concern as to her difficulty in obtaining a Practice Supervisor, which was addressed at item 1(a) of Appendix “A” to the JSPC as follows:

   a. The Registrant shall obtain a Practice Supervisor, approved by the Registrar, within 30 days of the date of the Discipline Committee’s order.

Consequently, Counsel for the College suggested a modification to 1(a.) in Appendix ‘A’ of the JSPC as follows:
The Registrant shall obtain a Practice Supervisor, approved by the Registrar, within 30 days of the date of the Discipline Committee’s order or such other time as approved by the Registrar.

The Panel accepted the modification.

The Panel questioned the use of the term “modules” in item 5 of Appendix “A” of the JSPC. Based on the responses from the Registrant and the Counsel to the College, the term “modules”, which was twice referenced in item 5 of Appendix “A” of the JSPC, was changed to “models”. Therefore, item 5 of Appendix “A” of the JSPC was amended to state as follows:

*The Registrant shall complete, to the satisfaction of the Registrar, a 1,000 word paper outlining three theories and/or models used in occupational therapy practice. The Registrant shall research and summarize the three (3) models and/or theories and reflect on how to apply them to her current practice. The paper is to include a reference list. The paper shall be submitted within 90 days of the date of the Discipline Committee’s order.*

Counsel for the College made submissions to the Panel with respect to why the JSPC was appropriate and should be accepted. College Counsel stated that the penalty was within the appropriate range of similar disciplinary cases within regulated health professions and provided the Panel with copies of the following discipline cases for comparison: *College of Occupational Therapists of Ontario and Agnes Agnelli (2010), College of Dental Hygienists of Ontario and Alana Pallas (2016), and College of Chiropractors of Ontario and Kenneth Oldaker (2012).*

2. **Penalty Decision**

The Panel relied exclusively on the evidence presented at the Hearing. After carefully considering the JSPC, the cited decisions, the oral submissions made by Counsel for the College and the admissions by the Registrant, the Panel accepted the joint submission and makes the following Order:

1. The Registrant is required to appear before a panel of the Discipline Committee immediately following the hearing of this matter to be reprimanded, with the fact of the reprimand and the text of the reprimand to appear on the public register of the College.

2. The Registrar is directed to suspend the Registrant’s Certificate of Registration for a period of six (6) weeks, effective immediately.

3. The Registrar is directed to impose the following specified terms, conditions or limitations on the Registrant’s certificate of registration:

   a. The Registrant must provide proof, acceptable to the Registrar, of successful completion of the requirements set out in Appendix “A”, by the
deadlines specified in Appendix “A”, at her own expense. To be clear, Appendix “A” forms part of the Discipline Committee Order and the requirements in Appendix “A” constitute formal terms, conditions and limitations on the Registrant’s certificate of registration.

b. Within twelve (12) months of the date of the Discipline Committee’s order, the Registrant must provide proof, acceptable to the Registrar, of the successful completion of a Professional Regulation/Conduct course, approved by the Registrar, which is to be taken at her own expense.

c. For a period of three (3) years from the date of the Discipline Committee’s order, the Registrant is required to respond to all correspondence from the College within 30 days from the date of the receipt of the correspondence or within such time as specified in the correspondence.

4. The Registrant is required to pay to the College costs in the amount of $750.00 within fifteen (15) months of the date of the Discipline Committee’s order, such costs to be payable at a rate of $50.00 per month beginning on the first day of the first month after the date of the Discipline Committee’s order.

3. **Reasons for Penalty Decision**

   The Panel understands its obligation to accept a Joint Submission of Penalty unless doing so would be contrary to the public interest and bring the administration of justice into dispute. As such, after deliberation, the Panel concluded that the proposed penalty is reasonable and in the Public interest. The Member had co-operated with the College and, by agreeing to the Facts and Proposed Penalty, had accepted responsibility for her actions.

   The Panel understands that it should accept a Joint Submission of Penalty, unless its acceptance would bring the discipline process into discredit or would otherwise be contrary to Public interest.

   The Panel based its decision on the following principles:

   1. **Protection of the Public:** If implemented, the JSPC outlines strategies to prevent reoccurrence of this professional misconduct, maintain the integrity of the Quality Assurance (QA) program, and ensure compliance with the QA program. Appendix A of the JSPC is specifically tied to the SCERP requirements. Completion of the orders within Appendix A would promote protection of the public. The imposition of terms, conditions and limitations (TCL) as outlined in the JSPC would also promote public protection.

   2. **General Deterrence:** The reprimand acts as a general deterrent for all practicing occupational therapists, as a summary of the reprimand will appear on the public register of the College. The suspension of the Registrant’s certificate of registration for six weeks and the imposition of the TCLs outlined in the JSPC will give members of the profession an opportunity to consider and reconsider the consequences of failure to comply with the *Occupational Therapy Act*. 
3. **Specific Deterrence:** The reprimand, the suspension of the Registrant’s certificate of registration for six weeks, the imposition of the TCLs outlined in the JSPC, the successful completion of a Professional Regulation/Conduct course, and the costs imposed will act as a specific deterrence and give the Registrant an opportunity to reflect on the consequences of any future failure to comply with the Occupational Therapy Act.

4. **Rehabilitation:** The successful completion of a Professional Regulation/Conduct course, the mentoring, training, and feedback from the Practice Supervisor, the review of College Standards, the writing of the theory/model paper and the reflective papers, and the completion of the Peer and Practice assessment with chart review will all serve as rehabilitation of the Registrant.

In its decision, the Panel considered the following mitigating factors:

a. This is the first time the Registrant has appeared before the Discipline Committee. She has not a prior disciplinary record.

b. The College has no other issues with respect to the Registrant’s practice and her obligations to the College.

c. The Registrant co-operated with the College in all aspects of this hearing.

d. The Registrant shows insight and has admitted the allegations, accepting responsibility for her actions and admitting professional misconduct.

e. The Registrant is motivated to comply with the order as illustrated by the fact that she has already begun searching for a Practice Supervisor. She desires to bring her practice into compliance with College Regulations and Standards.

**IV. REPRIMAND**

At the conclusion of the Hearing, the Member waived her right to an Appeal and the Panel delivered the following oral Reprimand to the Registrant:

> Ms. Bode, as part of this penalty order, this Discipline Panel has ordered you to attend today and that the Panel administer an oral reprimand.

> This reprimand will be part of the public register of the College of Occupational Therapists of Ontario, and therefore, part of your record with the College. A copy of this reprimand will also be appended to this Discipline Panel’s written decision and Reasons, which will be published on CanLII.

> Although you will be given the opportunity to make a statement at the end of the reprimand, this is not an opportunity for you to review the decision of this Discipline Panel or the time for you to debate the merits of this Panel’s decision and order.
This Panel finds that your conduct constitutes professional misconduct. As per your admission of professional misconduct in paragraph 8 of the Agreed Statement of Facts, Exhibit 2, to this proceeding, this Panel specifically finds your conduct to constitute professional misconduct pursuant to:

a. Section 51(1)(b.0.1) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professional Act, 1991:

the member has failed to co-operate with the Quality Assurance Committee; and

b. Clause 51(1)(c) of the Code, as defined in the following paragraphs of section 1 of Ontario Regulation 95/07 under the Occupational Therapy Act, 1991:

i. Paragraph 1: contravening a standard of the profession; and

ii. Paragraph 41: failing to comply with an order of a panel of the College; and

iii. Paragraph 45: failing to reply appropriately or within a reasonable time to a written inquiry from the College; and

iv. Paragraph 48: disgraceful, dishonourable or unprofessional conduct; and

v. Paragraph 49: conduct unbecoming an occupational therapy.

It is a matter of profound concern to this Panel that you have engaged in these forms of professional misconduct. By doing so, you have brought discredit to the profession and to yourself. Public confidence in the profession has been put in jeopardy; moreover, the results of your misconduct are that you have let down your clients, the public, the profession of occupational therapy, and yourself.

Of special concern to us is the fact that the professional misconduct in which you engaged involved your failure of fundamental obligations to the profession. The importance of self-regulation cannot be underestimated or minimized. It is the foundation of our profession.

Finally, this Panel wants to make it clear to you that, while the penalty imposed upon you is fair, a more significant penalty will likely be imposed on you by another Discipline Panel in the event that you are found to engage in professional misconduct again.

The Member was asked if she had any questions or comments, but said that she had none. The Member confirmed that she voluntarily accepts.
I, Ernie Lauzon, sign this Decision and Reasons for the Decision as Chair of this Discipline Panel and on behalf of the members of the Discipline Panel as listed below:

Ernie Lauzon, Chair, Public Member of Council
Dated at City of Toronto, this 26th of February, 2018.

Discipline Panel Members:

Donna Barker, Professional Member of Council
Jeannine Girard-Pearlman, Public Member of Council
Zuher Ismail, Non-Council Committee Member
Paula Szeto, Professional Member of Council
COMMITTEE REPORT TO COUNCIL

Committee: Fitness to Practise
Chair: Jennifer Henderson
Date: January 31, 2019

Tasks completed since the last Council Meeting
There have been no pending referrals from the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee, since my last report in October 2018.

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 at this time.
Tasks completed since the last Council Meeting

Committee has had one in-person meeting in December 2018 and has an in-person meeting scheduled for January 25, 2019;

At the December meeting, Committee was provided with an update on:

- **(A) Compliance with the 2018 Self-Assessment and 2018 Prescribed Regulatory Education Program (PREP) (which are both due October 31):**
  - SA: 99% compliance;
  - PREP: 99% compliance;
  - See attached graph that outlines the trajectory of completion rates for the SA and PREP after College initiatives such as email reminders;
    - *Note:* you’ll note compliance for the SA is listed as 98% on the attached graph; 13 registrants had a 2019 due date listed for their SA in MyQA in error, however were still pulled/added to our non-compliance report; these 13 registrants have been informed to abide by the 2019 due date listed in MyQA as this was a technical error on the part of our system/platform; upon removing this 13 from the total number of non-compliant our compliance percentage increases to the 99%;
  - Overall feedback from registrants on the 2018 PREP and MyQA continues to be quite positive.

- **(B) The 2019 PREP on Critical Thinking and Professional Judgement through an OT lens:**
  - Content writer has been contracted and writing has begun;
  - E-developer has been contracted;
  - QA Subcommittee has developed draft case scenarios for the Reflective Practice Exercise.

- **(C) The Draft RFP for the redevelopment of the Competency Assessment (CRE) Process:**
  - Committee reviewed the draft RFP and suggested edits including structuring it as an RFI, followed by sending a more comprehensive RFP to a shortlist of candidates;
  - Edits to be made and RFI to be sent to potential vendors beginning of February 2019;
  - Selected vendor and redevelopment process to begin end of March;

- **(D) The interim Peer and Practice Assessment Process while the CRE process is in redevelopment:**
Committee will be reviewing 6 previously deferred peer and practice assessments/CRE case files at their January and March 2019 meetings as part of the interim process while the CRE process is being redeveloped.

- (E) Committee was provided with a presentation from the Registrar of the College of OTs of BC with respect to the redevelopment of their Quality Assurance Program.

- At the December meeting, Committee reviewed 3 Non-Compliance with Annual QA requirements (2018 SA and PREP) case files:
  - Upon review of the registrant responses to being referred to QAC for a decision, all 3 cases were the result of confusion about the process/technological issues or extenuating circumstances;
  - Due to the format and process related to the SA it cannot be completed retroactively;
  - With all 3 cases - registrants have since completed their 2018 PREP.
  - Committee decision with all 3 cases was a written notice providing a reminder about the policy – i.e.: consecutive non-compliance results in a re-referral to QAC and acknowledging completion of their 2018 PREP.

At the January 25, 2019 meeting, Committee will:
- Be provided with a QA program update – 2019 PREP status, summary of 2017 annual QA requirement compliance for the purposes of data tracking/trending, along with a comparison to 2018 annual QA requirement compliance thus far;
- Confirm appointment of a professional, non-council QAC member; name to be brought forward to Council for approval at the January 31, 2019 Council meeting;
- Confirm appointment of two professional members for the Quality Assurance Subcommittee;
- Approve an updated version of the Quality Assurance Subcommittee Terms of Reference;
- Review 14 Quality Assurance case files; 4 of the cases are previously deferred CRE cases; 10 of the cases are a combination of: non-compliance with 2018 annual QA requirements, consecutive non-compliance with annual QA requirements (2017 and 2018) and non-compliance with a QAC directive (submission of 2017 PREP response sheet);
- Approve aims of and process for selection of registrants for peer and practice assessment for the 2019-2020 registration year as an interim process while the CRE process is being redeveloped;
- Continue discussions on the goals/vision of the redeveloped CRE process;
- Items from the January 25, 2019 QAC meeting will be formally reported on at the March 2019 Council meeting.

**Key Priorities**
- Continued oversight of the development of the new CRE process;
- Continued oversight of interim processes related to peer and practice assessments as the CRE process is redeveloped;
- Continued monitoring of registrant non-compliance with annual QA requirements;
- Continued oversight of the development of the 2019 PREP.
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 CRE process.

2. **Quality practice by occupational therapists:**
   - The Committee is dedicated to guiding development of the 2019 PREP to protect the public by providing resources to support the use of critical thinking by occupational therapists in practice.

3. **System impact through collaboration:**
   - The Committee appreciates the value in sharing our practices and learning from other occupational therapy regulatory bodies across Canada. In this spirit, the Committee received a presentation from Kathy Corbett, Registrar of the British Columbia College of Occupational Therapists regarding recent changes to their QA program.
2018 PREP Compliance Tracking from September 10 - November 7, 2018

- Reminder email Sent to Registrants
- YouTube Response Video to PREP Questions (1,2K views)
- eNewsletter reminder

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Tasks completed since the last Council Meeting
Patient Relations Committee has not met since the last Council meeting on October 25, 2018.

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.

With the arrival of the new Deputy Registrar on November 5, 2018, the activities of the committee will now resume. Specific priorities for the next scheduled in-person meeting on February 14, 2019 include:

- Committee Orientation
- Review of the 2018-19 Committee Work Plan
- Review of current College regulations (O. Reg 226/96: General) pertaining to funding for therapy and counselling and the definition of patient related to the performance of psychotherapy
- Citizen Advisory Group (CAG) consultation on risk-based regulation

Leadership Priorities

1. Confidence in occupational therapy regulation:
   Oversight of the application to the sexual abuse and counselling fund.

2. Quality practice by occupational therapists:
   Standards for the Prevention of Sexual Abuse are now posted on the College’s website.

3. System impact through collaboration:
   Continued collaboration with the CAG.

Items for Decision/Discussion
There are no items for decision at this time.
Annual Council Evaluation
Period: April 1, 2018 – January 31, 2019

Name: __________________________________________

Instructions:
Please assess your view of our collective performance as Council during the past year using the scales provided below. Comments are an important aspect of evaluation as they provide insight and clarity. In each section, there is a space for your comments. You are encouraged to add your thoughts where appropriate.

Section One – Adherence to Governance Process Policies

Council-Community Linkage (GP2)
Council recognizes its accountability to the public interest for whom the organization exists to benefit. It is to all Ontarians that Council holds itself accountable and from The Regulated Health Professions Act that Council obtains its authority.

The Council-Community linkage is sustained through the critical roles assumed by Council. These include:
1. Transparent decision making;
2. identifying opportunities to gather information to share with Council colleagues to assist in policy development;
3. sharing information with the public and the College’s stakeholders about Council meetings; and
4. consulting with the public and stakeholders for input on changes to College policies and positions.

Please assess how well Council has met these expectations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Sometimes or most of the time</th>
<th>No and thus needs improvement</th>
<th>Please provide comments to support your rating, as appropriate</th>
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<tbody>
<tr>
<td>In your reflection, do you feel that Council has met these expectations with respect to Council-Community Linkage?</td>
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<tr>
<td>Please rate how well Council prioritized and focused on the public interest in decision-making over the past year.</td>
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Council – January 31, 2019
### Governing Style (GP3)

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.

### Please assess how well Council has met these expectations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Sometimes or most of the time</th>
<th>No and thus needs improvement</th>
<th>Please provide comments to support your rating, as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Council assumes responsibility for excellence in governance through the establishment and adherence to policy.</td>
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<tr>
<td>2. Council’s focus is on group responsibility rather than individual responsibility for decision-making.</td>
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<tr>
<td>3. Council’s focus is on outcomes or intended long term ends rather than on the means to attain those effects.</td>
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<tr>
<td>4. Council encourages diversity in viewpoints. Council members are encouraged to express their views fully in all matters discussed.</td>
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<tr>
<td>5. A clear distinction between Council and staff roles is maintained at all times.</td>
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<tr>
<td>6. Council monitors and discusses Council’s process and performance at each Council meeting.</td>
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</table>
**Council’s Role (GP4)**
The role of Council is to determine and demand appropriate organizational performance. Accordingly,

1. Council will produce written governance policies that, at the broadest levels, address each category of organizational decision:
   a. Ends
   b. Registrar Limitations
   c. Governance Process
   d. Council-Registrar Linkage
2. Council will evaluate the Registrar’s performance against *Ends* and *Registrar Limitations* policies

Please assess how well Council has met these expectations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Sometimes or most of the time</th>
<th>No and thus needs improvement</th>
<th>Please provide comments to support your rating, as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Council has set annual priorities that are highlighted in the College’s Ends policies and have been derived from a multi-year strategic plan.</td>
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<tr>
<td>2. Council receives regular monitoring reports that inform you of progress in efforts to achieve the College’s Ends.</td>
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<tr>
<td>3. Council is informed about the environment in which it and the College operate.</td>
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<tr>
<td>5. The monitoring reports you received are effective based on the following criteria:</td>
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</table>
   • Received on time according to the monitoring schedule established in our policies, and                                                                 |
   • Alert you, in advance, to any possible or potential contravention of our policies.                                                                 |
| 6. Council honours the accountability of the Registrar and, as per CRL3 policy, does not give instructions or evaluate any staff other than the Registrar unless requested to do so. |     |                               |                               |                                                               |
**Section Two – Council Development**

**Council Growth and Development**
Understanding that effective leadership involves continual growth and development, what advice would you have for Council to assist us to become even more effective?

Please provide comments, as appropriate.
<table>
<thead>
<tr>
<th>Any additional comments?</th>
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<tbody>
<tr>
<td>Please provide any additional comments that you feel may be helpful to this evaluation process.</td>
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</table>

Thank you very much for your participation in this important process.
Council Member Self Evaluation
January 31, 2019

In addition to Council assessing its own performance as a governing body, individual Council members should also reflect their own performance and contribution to the work of Council. The first two pages of this tool are provided for your information only. Mindful responses can help you best pay attention to your performance as a Council member and can help you formulate a personal development plan for the coming year.

In addition, we do hope that you will complete page three and submit it to the College so that we can best support you in your development plan.

Please assess how well you feel you have met the expectations Council has set for your roles and responsibilities:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>Some of the time</th>
<th>No</th>
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<tbody>
<tr>
<td>1. I understand the role of Council and my legal and ethical responsibilities including confidentiality as a Council member.</td>
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<tr>
<td>2. I focus my attention on issues that are appropriate for me to consider as a member of Council rather than on matters that are appropriately managed by staff. I focus is on the “ends” to be achieved not on the “means” to achieve them.</td>
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<tr>
<td>3. I have attended all Council meetings, committee meetings and other events requiring my participation.</td>
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<td>4. I prepare for each meeting by fully reviewing the package of material sent to me. I contact the Chair with any questions I have in advance of the meeting.</td>
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<tr>
<td>5. I make decisions and raise concerns about issues in the public interest.</td>
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<td>6. I declare my conflict of interest, wherever appropriate, and avoid participation in Council issues which are self-serving.</td>
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<tr>
<td>7. I contribute to the depth and breadth of discussion at meetings. I always present my views in a collegial and professional manner. Furthermore, I always listen and consider the views of my colleagues.</td>
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<td>8. I hold professional and respectful regard for others during meetings.</td>
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<td>9. I have constructively shared my opinions and voted my conscience but have spoken with one voice with Council decisions.</td>
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<tr>
<td>10. I find serving on Council to be a meaningful and rewarding experience.</td>
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</table>
Reflection
If I answered “No” or “Some of the time” to any of the above statements, I should ask myself why and identify what, if any, action I will take. Furthermore, I should consider how I wish to grow in my role as a Council member and strengthen my effectiveness in the coming year.
Please provide us with a sense of your personal development needs. Your response to the question below will help us to schedule either an individual training opportunity or a Council-wide educational opportunity. Please complete this form and return this page to the Registrar at the meeting to be collated and brought to the Member at Large of Education.

<table>
<thead>
<tr>
<th>My development or educational requirements:</th>
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<tbody>
<tr>
<td>I believe that my contribution to the College would be improved with education and/or training in the following:</td>
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</table>
**Council Meeting Evaluation**

**January 31, 2019**

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Most of the time</th>
<th>No</th>
<th>Please provide comments to support your rating, as appropriate</th>
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<tbody>
<tr>
<td>1. Council members were given an opportunity to declare any conflict of interest prior to the start of the meeting.</td>
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<td>2. Information was provided in a clear, succinct and timely manner in advance of the meeting.</td>
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<td>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.</td>
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<td>4. Council deliberations were fair, open and thorough but also timely, orderly and kept to the point.</td>
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<td>5. Each Council member was given an adequate opportunity to participate in discussion and decision-making.</td>
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<tr>
<td>Item</td>
<td>Yes</td>
<td>Most of the time</td>
<td>No</td>
<td>Please provide comments to support your rating, as appropriate</td>
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<tr>
<td>6. The discussions and options considered for each agenda item were sufficient in breadth and quality to support effective decision-making.</td>
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<td>7. Diversity in viewpoints was not discouraged.</td>
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<td>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.</td>
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<td>9. Council’s treatment of all persons was courteous, dignified and fair.</td>
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<td>10. Council adhered to a semblance of order in the meeting.</td>
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</table>
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.