## COUNCIL AGENDA

**DATE:** Thursday, January 25, 2018  **FROM:** 9:00 a.m. – 4:00 p.m.

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Objective</th>
<th>Attachment</th>
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</thead>
<tbody>
<tr>
<td>1.0 Call to Order</td>
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<tr>
<td>2.0 Declaration of Conflict of Interest</td>
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<tr>
<td>3.0 Approval of Agenda</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>4.0 Draft Minutes</td>
<td></td>
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<tr>
<td>4.1 Draft Council Minutes of October 26, 2017</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>5.0 Registrar’s Report</td>
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<tr>
<td>5.1 Registrar’s Written Report</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>5.2 Presentation: <em>Operational Status Report for Q2 2017-2018</em> (15 min) by Elinor Larney, Registrar</td>
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<tr>
<td>5.3 Priority Performance Report</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>6.0 Finance</td>
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<tr>
<td>6.1 November (Q2) 2017 Financial Report</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>7.0 Facilitated Session: Review of College Values (10:00 – 12:00 p.m.) by Carolyn Everson, Governance Consultant</td>
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### BREAK

8.0 Governance | | |
| 8.1 Nominations Committee - Terms of Reference Review | Decision | ✓ |
| 8.2 Appointment of Nominations Standing Committee | Decision | |
| 8.3 Council Draft Policy RL12 – Risk Management | Decision | ✓ |

9.0 New Business | | |
| 9.1 Bylaw Amendments | Decision | ✓ |
| 9.2 Draft Standards for the Supervision of Students | Decision | ✓ |
| 9.3 Draft Standards for Psychotherapy | Decision | ✓ |

### BREAK

10.0 Roundtable | | |
| Quality Assurance Research – Results (2:30 – 3:30 p.m.) by Dorothy Luong - Research Associate, Kara Ronald – Deputy Registrar, Seema Sindwani – Manager, QA | | |
## AGENDA ITEM 3.0

<table>
<thead>
<tr>
<th>Agenda Item</th>
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<tbody>
<tr>
<td><strong>11.0</strong> Committee/Task Force Reports</td>
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<tr>
<td>11.1 Executive</td>
<td>Information</td>
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<tr>
<td>11.1.1 Practice Issues Subcommittee</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>11.2 Registration</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>11.3 Inquiries, Complaints &amp; Reports</td>
<td>Information</td>
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<td>11.4 Discipline</td>
<td>Information</td>
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<tr>
<td>11.5 Fitness to Practise</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>11.6 Quality Assurance</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>11.7 Patient Relations</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td><strong>12.0</strong> Other Business</td>
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</tr>
<tr>
<td>12.1 Council Meeting Evaluation</td>
<td>Complete &amp; Submit</td>
<td>✓</td>
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<tr>
<td><strong>13.0</strong> Next Meetings</td>
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<tr>
<td>Council Meeting: Thursday, March 29, 2018, 9AM – 4PM, at the College</td>
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<tr>
<td>Council Meeting: Tuesday, June 26, 2018, 9AM – 3:30PM, at the College</td>
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<tr>
<td><strong>14.0</strong> Adjournment</td>
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**DRAFT COUNCIL MINUTES**

**DATE:** Thursday, October 26, 2017   **FROM:** 9:00 a.m. – 3:30 p.m.

**PRESENT:**
Jane Cox, Chair  
Donna Barker  
Julie Chiba Branson  
Mary Egan  
Julie Entwistle  
Shannon Gouchie  
Jennifer Henderson (1.0-9.2)  
Patrick Hurteau  
Winston Isaac  
Kurisummoottil S. Joseph  
Ernie Lauzon  
Laurie Macdonald  
Annette McKinnon  
Serena Shastri-Estrada  
Paula Szeto

**REGrets:**
Jeannine Girard-Pearlman  
Abdul Wahid

**GUESTS:**
Ruth Gallop (6.0)  
Peter Pang, Hilborn LLP (5.1)

**ALSO PRESENT:**
Elinor Larney, Registrar  
Kara Ronald, Deputy Registrar  
Sandra Carter (9.0)  
Aoife Coghlan (9.1-9.2, 10.0)  
Carli DiMinni (6.0)  
Tim Mbugua (10.0)  
Sonia Mistry (6.0)  
Brandi Park (1.0-10.0)  
Jin Shen  
Seema Sindwani (6.0-11.0)  
Nancy Stevenson  
Andjelina Stanier, Scribe

**1.0 Call to Order**  
The Chair welcomed everyone and called the meeting to order at 9:00 a.m. She wished everyone Happy OT Month.

**2.0 Declaration of Conflict of Interest**  
The Chair asked if members had a conflict of interest to declare. The Chair herself declared a conflict of interest with item 9.1, Draft Standards for Use of Title. For this item, she will pass the Chair to Shannon Gouchie, Vice President, and leave the meeting.

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

MOVED BY: Kurisummoottil S. Joseph  
SECONDED BY: Jennifer Henderson

*THAT the agenda be approved as presented.*

CARRIED

**4.0 Approval of Minutes**  
4.1 Draft Annual General Meeting Minutes of October 25, 2016  
The Chair asked if there were any edits to the Annual General Meeting minutes of October 25, 2016. None were reported.

MOVED BY: Annette McKinnon  
SECONDED BY: Paula Szeto
THAT the draft Annual General Meeting minutes of October 25, 2016 be approved as presented.

CARRIED

(Abstention: Donna Barker and Patrick Hurteau)

4.2 Draft Council Minutes of June 27, 2017

The Chair asked if there were any edits to the draft Council minutes of June 27, 2017. None were reported.

MOVED BY: Laurie Macdonald
SECONDED BY: Julie Chiba Branson

THAT the draft Council minutes of June 27, 2017 be approved as presented.

CARRIED

4.3 Draft in camera Council Minutes of June 27, 2017

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Winston Isaac

THAT Council moves in camera.

CARRIED

The Chair asked that all staff leave the meeting.

MOVED BY: Patrick Hurteau
SECONDED BY: Jennifer Henderson

THAT the in camera Council minutes of June 27, 2017 be approved as presented.

CARRIED

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Paula Szeto

THAT Council moves out of camera.

CARRIED

5.0 Finance

5.1 2016-2017 Audited Financial Statements

The Chair welcomed auditor, Peter Pang of Hilborn LLP, to the meeting. Mr. Pang explained the three-phase audit process and outlined the responsibilities of the College and those of the auditor in this process. It is the opinion of the auditor that the financial statements present fairly, in all material respects, the financial position of the College as at May 31, 2017, and the results of its operations of cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations. The audit report provides recommendations for changes in accounting policies, including the adoption of new accounting pronouncements to meet best practices and current accounting standards. As such, and in order to provide a true year-over-year comparable analysis, a review of the 2016 financial statements was conducted by the auditor. As a result, restatements for 2016 now indicate a deficit. Previous statements
were produced based on the recommendations and guidance Council received by other auditors based on best practices and accounting standards at that time. Mr. Pang responded to questions and comments from Council and left the meeting at the conclusion of this item.

MOVED BY: Winston Isaac
SECONDED BY: Laurie Macdonald

THAT Council receives the Audited Financial Statements for the 2016-2017 fiscal year.
CARRIED

5.2 Approval of 2016-2017 Annual Report

Council reviewed the Annual Report and provided recommendations. A discussion on the definition of occupational therapy ensued, and the motion to accept the Annual Report was temporarily tabled to allow staff to gather additional information. This item will be brought back for discussion later in the day. Council members expressed their appreciation for having been given the opportunity to review the Annual Report prior to its circulation. In the future, the Annual Report will be provided to Council members two weeks prior to the Council meeting. Minor edits are to be brought to the Chair’s attention prior to the meeting and content and any substantive changes are to be addressed at the meeting.

MOVED BY: Winston Isaac
SECONDED BY: Ernie Lauzon

THAT Council accepts the Annual Report for the 2016-2017 fiscal year as presented.
VOTE NOT TAKEN

MOVED BY: Laurie Macdonald
SECONDED BY: Serena Shastri-Estrada

THAT the motion be tabled for further discussion by 3:00 p.m. today.
CARRIED

(At 3:00 p.m.)
MOVED BY: Mary Egan
SECONDED BY: Laurie Macdonald

CARRIED

MOVED BY: Winston Isaac
SECONDED BY: Ernie Lauzon

THAT Council accepts the Annual Report for the 2016-2017 fiscal year as presented.
MOOTION DEFEATED

MOVED BY: Ernie Lauzon
SECONDED BY: Winston Isaac


CARRIED

5.3 August 2017 (Q1) Financial Report
Jin Shen, Director of Finance & Corporate Services, reviewed the report and responded to questions.

MOVED BY: Winston Isaac
SECONDED BY: Mary Egan


CARRIED

5.4 Reserve Fund Policy Review
Jin explained that as part of the 2016-2017 audit, the auditor has recommended changes to the Reserve Funds.

MOVED BY: Winston Isaac
SECONDED BY: Laurie Macdonald

THAT Council approves the removal of the “Fee Stabilization Fund” and transfers the fund to “Unrestricted”.

CARRIED

MOVED BY: Winston Isaac
SECONDED BY: Ernie Lauzon

THAT Council approves the Revised Guidelines for Establishing and Maintaining Reserve Funds.

CARRIED

6.0 Council Development
Dr. Ruth Gallop, Professor Emeritus, Faculty of Nursing and Department of Psychiatry, Faculty of Medicine, University of Toronto, presented on Sexual Abuse and the Professional Relationship and responded to questions from Council.

7.0 Registrar’s Report

7.1 Registrar’s Report
Council reviewed the written report and the Registrar responded to questions.
7.2 Registrar’s Presentation
The Registrar reported on the outcomes of specific areas of focus for Q1 (June 1, 2017 – August 31, 2017) related to the 2017-2020 strategic plan and responded to questions.

7.3 Priority Performance Report
Council reviewed and discussed performance data for Q1 (June 1, 2017 – August 31, 2017) of the 2017-2018 fiscal year related to the College’s progress towards meeting objectives as outlined in the 2017-2020 Strategic Plan.

MOVED BY: Shannon Gouchie
SECONDED BY: Donna Barker

THAT Council receives the Priority Performance Report for the first quarter as presented.

CARRIED

8.0 Governance
8.1 Reappointment of Non-Council Members – Inquiries, Complaints & Reports Committee (ICRC)
Julie Entwistle, ICRC Chair, explained that Leanne Baker’s and Shaheeza Hirji’s first three-year terms have come to an end and they have agreed to stay on for a second term if approved by Council. Leanne and Shaheeza are valued and consistent members of the ICRC and their reappointment is strongly recommended by the committee.

MOVED BY: Julie Entwistle
SECONDED BY: Jennifer Henderson

THAT Council approves the recommendation of the Inquiries, Complaints and Reports Committee (ICRC) by approving the reappointment of Leanne Baker and Shaheeza Hirji as non-Council members of the ICRC for a second three-year term, each commencing on November 1, 2017.

CARRIED

9.0 Governance
9.1 Draft Standards for Use of Title - Review
Jane Cox, Chair, restated her conflict of interest for this item, passed the Chair to Shannon Gouchie and left the meeting.

Kara provided an overview of feedback received from the stakeholder consultation conducted over the past several months for the draft Standards for Use of Title document. These standards have undergone a legal review and recommended edits have been incorporated into the document. Council also reviewed the one-page checklist which was created as an additional quick-reference resource. Council provided several recommendations for both documents.

MOVED BY: Paula Szeto
SECONDED BY: Jennifer Henderson

THAT Council approves the Draft Standards for Use of Title as presented, including today’s recommendations.

CARRIED

Jane Cox returned to the meeting following item 9.1 and resumed as Chair.
9.2 Draft Standards for Supervision of Support Personnel – Review
Shannon explained this document was originally issued in 2011. A full review was overdue according to the College Document Management Framework which stipulates a five-year timeline review process. Significant revisions have been incorporated, however with no implications for policy. Council reviewed the document and provided additional recommendations. Council was asked to approve the document for stakeholder consultation.

MOVED BY: Shannon Gouchie
SECONDED BY: Laurie Macdonald

THAT Council approves the revised Standards for Support Personnel for stakeholder consultation, including today’s recommendations.

CARRIED

10.0 Roundtable
- A brief debrief was held for Council members to share their thoughts on the Council Education Session held on October 25, 2017. Overall there were many positive comments, however it was noted for future sessions, to incorporate more breaks and additional time for group discussion.
- Shannon Gouchie provided an update on the 2017 Annual Education Conference of the Council on Licensure, Enforcement and Regulation (CLEAR) which she and Elinor attended in September 2017, in Denver, Colorado.

11.0 Committee Reports
The Chair expressed her appreciation to committee Chairs for the dedication, hard work and leadership they provide to their committees.

11.1 Executive – Report by Jane Cox, Chair
11.1.1 Practice Issues Subcommittee – Report by Shannon Gouchie, Chair
11.2 Registration – Report by Serena Shastri-Estrada, Chair
11.3 Inquiries, Complaints & Reports – Report by Julie Entwistle, Chair
11.4 Discipline – Report by Paula Szeto, Chair
11.5 Fitness to Practise – Report by Kurisummoottil S. Joseph, Chair
11.6 Quality Assurance – Report by Laurie Macdonald, Chair
11.7 Patient Relations – Report by Julie Chiba Branson, Chair

12.0 Other Business
12.1 Council Meeting Evaluation
The Chair asked Council members to complete and submit their meeting evaluation forms and encouraged them to provide recommendations for future improvements.

13.0 Next Meetings
A suggestion was made to advance the date of the March 2018 Council meeting to accommodate members prior to the Easter long weekend. Members expressed no change was necessary.

- Council Meeting: Thursday, January 25, 2018, 9:00 a.m. – 3:30 p.m. at the College
- Council Meeting: Thursday, March 29, 2018, 9:00 a.m. – 4:00 p.m. at the College
• Council Meeting: Tuesday, June 26, 2018, 9:00 a.m. – 3:30 p.m. at the College

14.0 Adjournment
There being no further business, the meeting was adjourned at 3:22 p.m.

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

THAT the meeting be adjourned.

CARRIED
AGENDA ITEM 5.1

REGISTRAR’S REPORT
Council Meeting of January 25, 2018

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

I am not recommending any changes to the ends policies. We are in the first year of our strategic plan and have not identified any changes needed.

Governance Process Policies
Policies that guided decisions during this period:
- GP 3 – Governing Style – The Annual Council Evaluation and Council Member Self-Evaluation have been included in the package for this meeting.
- GP17 – Elections and Appointment for Professional Members has guided the Elections process in Districts, 3, 5, and 6.

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

For Your Information:

Ends priority #1: Confidence in Occupational Therapy Regulation.

- Psychotherapy:
The controlled act of Psychotherapy was proclaimed on December 30, 2017. Part of this proclamation includes a two-year transition time frame to allow unregulated providers to become regulated if needed and organizations to review their practices and staffing to enable their compliance with the legislation. This two-year time is of significance to our College as, we have been asked by the Ministry of Health and Long-Term Care (MOHLTC) to re-circulate the additional regulation needed for occupational therapists to access a controlled act. This was all completed directly after the controlled act was proposed in legislation, but, according to the MOH LTC, there has been so much of a time lag – eight years, that a re-circulation is necessary. In the meantime, occupational therapists can continue to provide psychotherapy as usual, including any services that fall under the controlled act. In addition, occupational therapists are now permitted to use the title ‘psychotherapist’ in combination with their OT title, as per the legislation.

In addition to this, the College of Psychotherapists has received a letter from the MOHLTC requiring them to make a regulation "prescribing therapies involving the practice of psychotherapy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of psychotherapy", as well as developing policies, guidelines and other resources that clearly articulate the activities that Council does not consider to be part of the controlled act of psychotherapy. This work must be concluded by July 1, 2018 (letter included in FYI package).

Our College intends to collaborate with the College of Psychotherapists and other colleges with access to the controlled act of psychotherapy to assist them with this task.

- Clinic Regulation Update:
The collaborative group has officially been disbanded until such time that the government indicates an interest in proceeding. All the information and rationale has been forwarded to them. The
College wishes to thank the College of Physiotherapy for providing leadership for this collaborative initiative.

• **Registration:**
  - The College has now officially reached over 6000 OTs on our public register
  - This year the College’s Annual renewal date will change to May 31 rather than June 1. This change was made effective with the June 2017 bylaw changes.
  - The Registration Program continues to work through liability insurance compliance issues. While most OTs are compliant, those who did not update their information within the specified 30-day timeframe as required by the bylaws, and those who had lapses in insurance coverage are taking a significant amount of staff time to follow up (emails, letters to home address, phone calls). There are some OTs who have not responded at all to the college and may be revoked.

• **Investigations and Resolutions Program:**
  I am pleased to inform Council we have welcomed a new Investigations and Resolutions Associate to the College, Taya El-Asmar. This position was created to help reduce complaints and Registrar’s Inquiries case processing times, and to also help facilitate the processing of insurance referrals. In June, Council was advised that there was an almost 38% increase in the number of complaints received in the 2016/2017 fiscal year when compared to the preceding year, and that the number of Registrar’s inquiries doubled. In addition, in our last fiscal year the I&R program received 289 referrals from Registration respecting OTs who allowed lapses in coverage to occur due to a failure to purchase their professional liability insurance in time, or for failing to update their professional liability insurance information with the College within 30 days of a change occurring. In the preceding 2015/2016 fiscal year, the I&R program only received 9 such referrals from Registration. Based on information received from Registration this month, it appears that insurance compliance continues to be problematic and the I&R program will be receiving insurance referrals in similar numbers as last year. It is hoped that this new hire will help the I&R program respond to its increasing workload demands.

• **Communications Program:**
  - Videos about the role of the College and our work to protect the public are complete and will be launched and promoted online, via eblast and social media with further promotion to follow.
  - Online forms to facilitate the submission of complaints and mandatory reports were launched in late 2017. Uptake has been good so far: Since the beginning of December 2017, we have received 5 complaints, 4 of which came in through the online complaint form. Plans are under way to develop tools (videos, infographics) to enhance understanding of, and access to, the complaints process.
  - Online Council nominations in 3 districts are now open – district 3, 5, and 6, encompassing, London/Windsor, Sudbury and Thunder Bay areas. Nominations close February 5, 2018.

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

• **Quality Assurance Program:**
  - October 31, 2017 marked the first deadline for the completion of QA requirements using MyQA since its launch in June. MyQA gives the College access to real-time information on how OTs are doing with the completion of their requirements and we are pleased to report:
    - 98% of OTs have completed the PREP
    - 96% of OTs have completed their Self-Assessment
Our goal (and our legal obligation) is that 100% of OTs are compliant with QA program requirements to ensure they are maintaining the competency required to provide safe, effective, ethical occupational therapy services. Staff continue to work with those OTs who have not yet completed their requirements.

The final report from the research study on the college’s quality assurance program is now complete. The next step is to plan and implement any improvements to the program based on the findings.

**Practice Resource Program:**

- The Practice Resource Service received 449 practice inquiries during the period of September 1, 2017 to November 30, 2017. This is a significant increase from the previous quarter (this content with percentages also included in the Priority Report);
- Between September and November 2017, the practice advisors presented to first year OT students at McMaster, Queens, and Western universities on topics such as professionalism and professional boundaries. Students were introduced to the role of regulation and worked through several case scenarios in preparation for fieldwork placements;
- The College participated in a teleconference with the Ontario Society of Occupational Therapists (OSOT) Psychotherapy Working Group on October 27, 2017. Discussions included: Proposed proclamation of the controlled act of psychotherapy; revisions to the Standards for Psychotherapy; and the current climate of psychotherapy practice for OTs in Ontario;
- Two McMaster OT students will be completing a program evaluation of the Practice Resource Service as part of their research course;
- Practice Resource is in the early stages of developing a repository for future FAQ or “case of the month” publications
- The Practice Resource Service continues to update and review practice standards and guidelines ensuring that they are relevant to all areas of practice and contain timely information that is relevant to current practice.

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

**Ministry of Health and Long-Term Care (MOHLTC)**

- The College has received notice from the MOHLTC that they have increased staffing in a significant way to the branch that provides support to regulation of health professions. We anticipate that this is to support regulatory modernization initiatives, and implementation of measures required because of the sexual abuse task force recommendations.
- Regulating Diagnostic Sonographers: The College of Medical Radiation Technologists of Ontario (CMRTO) will now regulate diagnostic sonographers as of January 2018. Bill 160 amends the Medical Radiation Technology Act, 1991, to be referred to as Medical Radiation and Imaging Technology Act, 2017. This reflects a change in the name of the College of Medical Radiation Technologists of Ontario to the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) in recognition that the College will now regulate the diagnostic medical sonographers.
- The College responded to a request from the Health Professions Regulatory Advisory Council (HPRAC) for input about a study they are conducting related to the regulation of individuals performing Applied Behaviour Analysis (request and College response letters included in your FYI package).

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

- The Federation held a meeting in December 2017. Of note, several colleges recommended the use of the Citizen Advisory Group (CAG) to enable patients input into initiatives and
decisions at the College level (including our College). There was continued discussion on possible governance models including the work completed by the College of Nurses of Ontario (CNO) as background to their proposals. In addition, FHRCO continues to work with the collaborative committee on communications to continue to plan for communications efforts to the public beyond just the current website. Nancy Stevenson, our Director of Communications, is part of this committee.

- **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**
  - ACOTRO has a board meeting scheduled for the first week of February, so there is no update from the board at this point. However, they are planning to present a session at the Canadian Association of Occupational Therapists (CAOT) conference in June 2018.
  - ACOTRO will embark on a strategic planning process in February 2018.
  - ACOTRO has completed its work on facilitating agreements between the CAOT, and each province related to the use of the Exam. CAOT is the provider of the entry to practice exam used by occupational therapy regulators in Canada. ACOTRO approved the use of the agreement template at their meeting in October. Our College is the first college to sign and enact this agreement.
  - ACOTRO has engaged with CAOT and the Association of Canadian Occupational Therapy University Programs (ACOTUP) to work together towards developing one set of competencies for the profession. We are currently seeking funding. The group has selected the name “CORECOM” to refer to itself. The group has submitted a proposal to the federal government, Employment and Social Development Canada (ESDC), and is awaiting a response.
  - ACOTRO had its first annual ‘Presidents Meeting’ at the end of October 2017. This was completed to ensure that all councils across Canada receive accurate and consistent information about ACOTRO activities.

- **University Accreditation Processes**
  The College has provided input into the accreditation process for the University of Toronto and Western University occupational therapy programs.

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

- **2017/18 Operational Planning**
  The second quarter of the first year of the new strategic plan is underway. A status of operational projects for this year will be presented at the meeting.

- **Staffing Update**
  - The College is pleased to welcome Taya El-Asmar, our new associate in the Investigations and Resolutions Program. She will be focussing her efforts on the cases pertaining to maintenance of liability insurance coverage by occupational therapists as well as assisting the College with timely resolution of complaints and mandatory reports.
  - The College is currently recruiting for a Communications Coordinator as well as an Associate in the Corporate Services area.

See you at the meeting!   Elinor
COUNCIL BRIEFING NOTE

Date: January 15, 2018
To: Council
From: Kara Ronald, Deputy Registrar
Subject: Priority Performance Report – Q2 (September 1, 2017 – November 30, 2017)

Recommendation

THAT Council receives the Priority Performance Report for the second quarter of 2017-2018.

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, 2017 - November 30, 2017.

This quarter marked significant increases in website and public register traffic, likely in response to an increased volume of OTs visiting the site to complete their mandatory Quality Assurance requirements and updating their liability insurance expiry dates before the October 31, 2017 deadline.

Practice Resource and Communications staff have been busy addressing questions from OTs and members of the public with an increase in queries of 28% and 51% respectively.

As work progresses on the corporate risk management process and risk register, it is expected that specific risks will be incorporated into the Priority Performance Report by June 2018.

Discussion

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

Attachment

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.

Leaders in collaborative quality regulation.
<table>
<thead>
<tr>
<th>Strategic Priority</th>
<th>Objective</th>
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<td>% of registrants in mixed practice</td>
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<td>13%</td>
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<td>% of registrants in non-clinical practice</td>
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<td>8%</td>
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<td>% self-employed registrants</td>
<td>N/A</td>
<td>26%</td>
<td>25%</td>
<td>1483 registrants indicate self-employed in one or more employment settings</td>
</tr>
<tr>
<td></td>
<td>Total # of general information queries</td>
<td>N/A</td>
<td>292</td>
<td>592</td>
<td>884</td>
</tr>
<tr>
<td></td>
<td>% queries to the general information line from the members of the public</td>
<td>N/A</td>
<td>60%</td>
<td>39%</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>Total # of Practice Resource Service queries</td>
<td>N/A</td>
<td>322</td>
<td>449</td>
<td>771</td>
</tr>
<tr>
<td></td>
<td>% of queries to the Practice Resource Service from members of the public</td>
<td>N/A</td>
<td>23%</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Average # of visits to the public register/month</td>
<td>TBD</td>
<td>7547</td>
<td>11613</td>
<td>9580</td>
</tr>
<tr>
<td></td>
<td>Average # of unique visits to the public register/month</td>
<td>TBD</td>
<td>3906</td>
<td>3469</td>
<td>3688</td>
</tr>
<tr>
<td></td>
<td>Total # of coto.org website visits</td>
<td>N/A</td>
<td>21831</td>
<td>51246</td>
<td>73077</td>
</tr>
<tr>
<td></td>
<td>Average # of website users/month</td>
<td>TBD</td>
<td>4652</td>
<td>9301</td>
<td>6977</td>
</tr>
<tr>
<td></td>
<td>The College's input to government priorities and legislative initiatives is valued.</td>
<td>Total # of Consultation Submissions</td>
<td>N/A</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Stakeholders understand the role of the College and its value.</td>
<td># Education Sessions Offered</td>
<td>N/A</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></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>Confidence in OT Regulation</td>
<td>College decision-making processes are open, transparent, and accountable.</td>
<td># of Registration Committee decisions appealed to HPARB</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Registration Committee decisions upheld by HPARB</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of applications reviewed by Registration Committee</td>
<td>N/A</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Registration Statutory timelines are met</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of ICRC Decisions appealed to HPARB</td>
<td>N/A</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of ICRC Decisions upheld by HPARB</td>
<td>100%</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of complaints received</td>
<td>N/A</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of mandatory reports received</td>
<td>N/A</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Registrar’s inquiries initiated</td>
<td>N/A</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICRC 14 day acknowledgement notification timeline met</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ICRC 150 day delay notifications sent to registrants and complainants</td>
<td>100%</td>
<td>17%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QA statutory timelines are met</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

4/4 notifications sent on time. One Q1 complaint was not addressed in Q1 and therefore notice was delayed and sent in Q2.

2/7 notifications sent on time; time delay for those notifications sent late decreases significantly from previous quarters. Effective December, the I&R program is fully staffed. With full staff compliment, compliance with timelines is expected to increase.
<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 – OTs are competent.</td>
<td>Registrant compliance with completion of mandatory QA requirements (Self-Assessment, PD Plan, PREP)</td>
<td>100%</td>
<td>N/A</td>
<td>95% 90-99% &lt;90%</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>96.5 &lt;90%</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of OTs issued education or remediation by the ICRC</td>
<td>N/A</td>
<td>3</td>
<td>0 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Step 2 OTs issued a SCERP by QAC</td>
<td>N/A</td>
<td>2</td>
<td>0 2</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapists are accountable for quality, safety and ethics in practice – OTs understand and apply professional standards and ethical reasoning.</td>
<td>% of queries to the Practice Resource Service from OTs</td>
<td>N/A</td>
<td>77%</td>
<td>83% 80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of general information queries from OTs</td>
<td>N/A</td>
<td>40%</td>
<td>63% 51%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)</td>
<td>TBD</td>
<td>2202</td>
<td>3638 8042</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 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Quality Practice by Occupational Therapists</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>N/A 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Response Rates to College Consultations</td>
<td>TBD</td>
<td>5%</td>
<td>N/A 5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Open Rate on College eBlasts</td>
<td>70%</td>
<td>63%</td>
<td>70% 67%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click Through Rate on College eBlasts</td>
<td>TBD</td>
<td>20.5%</td>
<td>25% 22.80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of Views of relevant YouTube Videos</td>
<td>TBD</td>
<td>475</td>
<td>775 1250</td>
</tr>
<tr>
<td>Quality Practice by Occupational Therapists</td>
<td>Professional standards reflect evolving practice.</td>
<td>% of practice standards that are current and comply with the Framework for College Publications.</td>
<td>100%</td>
<td>100%</td>
<td>100% 90-100% 70-89% &lt;69%</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></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
</tr>
<tr>
<td>System Impact Through Collaboration</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>1</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>0</td>
<td>2</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>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td># of formal interactions with system partners</td>
<td></td>
<td>N/A</td>
<td>2</td>
<td>1</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>TBD</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of mandatory reports received from employers (competence, capacity)</td>
<td>N/A</td>
<td>2</td>
<td>2</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>
</tr>
<tr>
<td>Effective, Financial, Organizational, and Governance Practices</td>
<td>College governance is responsive, effective, and accountable.</td>
<td>Elements of the risk register to be incorporated.</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>College operations are efficient, effective, and accountable.</td>
<td>Elements of the risk register to be incorporated.</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
COUNCIL BRIEFING NOTE

Date: January 25, 2018
To: Council
From: Executive Committee
Subject: November 2017 (Q2) Financial Report

Recommendation


This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of statutory remittances and filings;
3. Financial Statements:
   - Statement of Financial Position as at November 30, 2017;
   - Statement of Operations for the period June 1, 2017 to November 30, 2017;
   - Statement of Reserves for the period June 1, 2017 to November 30, 2017.

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

(Please refer to the attached Statement of Financial Position as at November 30, 2017)

The Short-term marketable securities balance of $2,776,909 reflects the investment portfolio balance as of the May 31, 2017 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.

Accounts payable and accrued liabilities reflect the accruals for yearend May 31, 2017 and the prior year, the amount is much higher than previous years, mostly due to the accrual of Investigations and Resolutions costs suggested by our auditor.

Deferred Revenue includes Registration income that cannot be recognized as income until later in the fiscal year. The current balance in deferred revenue of $1,890,785 consists of approximately $315,131 to be recognized each month from December 2017 to May 2018.

HIGHLIGHTS OF STATEMENT OF OPERATIONS

(Please refer to the attached Statement of Operations for November 30, 2017)

The net surplus of revenues over expenses for the 6 months ended November 30, 2017 was $478,596.
The 6 months’ revenues compared to the full year budget is 51.9 percent, consistent with the recognition of Deferred Revenue.

Most expenses are tracking better than budget, due to timing of expenses. Capital Equipment is at 88.4 percent of the full year budget; however, it is a small overall amount so the percentage spend is higher. Expenses were related to computers, furniture and a voice mail system upgrade.

**HIGHLIGHTS OF STATEMENT OF RESERVES**

*(Please refer to the attached Statement of Reserves as November 30, 2017)*

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 Harmonized Sales Tax return (Quarterly)</td>
<td>Quarterly</td>
<td>Up to date, HST return filed up to November 30 2017. Next filing due December 2017 for the period December 01 2017 to February 28 2018.</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. Next filing, February 2018 for the calendar year ending December 31, 2017.</td>
</tr>
</tbody>
</table>
# College of Occupational Therapists of Ontario

## Statement of Financial Position

As at November 30, 2017

### Assets

<table>
<thead>
<tr>
<th></th>
<th>November 30, 2017</th>
<th>November 30, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$2,754,007</td>
<td>$2,208,694</td>
</tr>
<tr>
<td>Short-term marketable securities</td>
<td>2,776,909</td>
<td>2,730,703</td>
</tr>
<tr>
<td>Accounts receivable and prepaid expenses</td>
<td>10,155</td>
<td>35,213</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>5,541,070</strong></td>
<td><strong>4,974,610</strong></td>
</tr>
<tr>
<td>Property and equipment, net of accumulated depreciation</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>5,762,949</strong></td>
<td><strong>5,181,025</strong></td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th></th>
<th>November 30, 2017</th>
<th>November 30, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>353,378</td>
<td>199,787</td>
</tr>
<tr>
<td>HST payable</td>
<td>(31,358)</td>
<td>(32,137)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,890,785</td>
<td>1,810,296</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>2,212,805</strong></td>
<td><strong>1,977,946</strong></td>
</tr>
<tr>
<td>Deferred lease inducement</td>
<td>19,503</td>
<td>22,583</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>2,232,308</strong></td>
<td><strong>2,000,529</strong></td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th></th>
<th>November 30, 2017</th>
<th>November 30, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve Funds</td>
<td>2,251,421</td>
<td>1,876,441</td>
</tr>
<tr>
<td>Invested in Fixed Assets</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>578,745</td>
<td>713,842</td>
</tr>
<tr>
<td>Net income for the period</td>
<td>478,596</td>
<td>383,798</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>3,530,641</strong></td>
<td><strong>3,180,490</strong></td>
</tr>
</tbody>
</table>

### Total Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>November 30, 2017</th>
<th>November 30, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$5,762,949</strong></td>
<td><strong>$5,181,025</strong></td>
</tr>
</tbody>
</table>

Council – January 25, 2018
### College of Occupational Therapists of Ontario

#### STATEMENT OF OPERATIONS

**November 30, 2017**

<table>
<thead>
<tr>
<th>Description</th>
<th>Actual YTD for 6 months ended November 2017</th>
<th>12 month Budget 2017-18</th>
<th>Actual YTD as % of 2017-18 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$2,027,966</td>
<td>$3,936,744</td>
<td>51.5%</td>
</tr>
<tr>
<td>Application Fees</td>
<td>55,160</td>
<td>82,400</td>
<td>66.9%</td>
</tr>
<tr>
<td>Professional Corporation Fees</td>
<td>7,000</td>
<td>13,132</td>
<td>53.3%</td>
</tr>
<tr>
<td>Interest Income</td>
<td>14,165</td>
<td>10,000</td>
<td>141.7%</td>
</tr>
<tr>
<td>Other Income</td>
<td>7,283</td>
<td>25,000</td>
<td>29.1%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$2,111,574</td>
<td>$4,067,276</td>
<td>51.9%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>1,030,292</td>
<td>2,353,600</td>
<td>43.8%</td>
</tr>
<tr>
<td>Programs</td>
<td>89,041</td>
<td>535,000</td>
<td>26.6%</td>
</tr>
<tr>
<td>Communications</td>
<td>36,750</td>
<td>130,000</td>
<td>28.3%</td>
</tr>
<tr>
<td>Council</td>
<td>58,373</td>
<td>203,700</td>
<td>28.7%</td>
</tr>
<tr>
<td>Rent</td>
<td>143,228</td>
<td>301,000</td>
<td>47.6%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>66,308</td>
<td>147,656</td>
<td>44.9%</td>
</tr>
<tr>
<td>Other Office Operations</td>
<td>111,056</td>
<td>291,000</td>
<td>38.2%</td>
</tr>
<tr>
<td>Operational Initiatives</td>
<td>47,430</td>
<td>173,000</td>
<td>27.4%</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>25,457</td>
<td>104,000</td>
<td>24.5%</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>25,043</td>
<td>28,320</td>
<td>88.4%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$1,632,978</td>
<td>$4,067,276</td>
<td>40.1%</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT)</strong></td>
<td>$478,596</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

* Target for ytd November is 50% representing 1/2 of total budget for the year

---

### STATEMENT OF RESERVE FUNDS

<table>
<thead>
<tr>
<th>Description</th>
<th>Opening Balance June 1, 2017 (Budgeted)</th>
<th>Spent to Date</th>
<th>Closing Balance November 30, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearings Fund</td>
<td>$350,000</td>
<td>$6,580</td>
<td>$343,421</td>
</tr>
<tr>
<td>Sexual Abuse Therapy Fund</td>
<td>18,000</td>
<td>-</td>
<td>18,000</td>
</tr>
<tr>
<td>Contingency Fund</td>
<td>1,390,000</td>
<td>-</td>
<td>1,390,000</td>
</tr>
<tr>
<td>Premises Fund</td>
<td>500,000</td>
<td>-</td>
<td>500,000</td>
</tr>
<tr>
<td>Invested in Fixed Assets</td>
<td>221,879</td>
<td>-</td>
<td>221,879</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>578,745</td>
<td>-</td>
<td>578,745</td>
</tr>
<tr>
<td>Surplus (Deficit) for the Period</td>
<td>-</td>
<td>$478,596</td>
<td>$478,596</td>
</tr>
<tr>
<td><strong>TOTAL RESERVES</strong></td>
<td>$3,058,624</td>
<td>$472,017</td>
<td>$3,530,641</td>
</tr>
</tbody>
</table>
Recommendation

THAT Council approves the revisions to the Nominations Committee Terms of Reference.

Purpose

This issue is being brought to Council for a review of the process for election to Executive. Any change will be reflected in the Terms of Reference for the Nominations Committee, which is the purview of Council.

This issue was raised by a Council member at the elections meeting in March 2017. Comments were that the elections process was not as transparent as it should be, in that the slate of nominees should be communicated to Council members prior to the day of the election. In addition, some members of Council do not know each other well and feel uncomfortable voting for someone without more information. Executive agreed at that time to review the process prior to the next Executive election.

Background

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

The actual election conducted by COTO is based on the bylaws. Our bylaws are silent on the process for nomination of officers for election.

Discussion

From the brief scan, it appears that no other college reviewed has a Nominations Committee and they all rely on members to step forward. This process varies between colleges in that some obtain nominations or ask for volunteers to stand for election at the elections meeting, and some do this in advance and make the slate known to Council in advance. Another variation is whether there is a nominations process or just an indication of interest to have your name stand (i.e. nominating yourself or nominating only others).

One more variation is the information that is shared about the candidate prior to election. Some use a question and answer period, where others use written information. Some do not have this process at all – like our College.

Executive discussed the current process and options to improve the transparency of the process as well as how to assist Council members to have enough information to make an informed decision regarding voting.
The key roles of the Nominations Committee have been to ensure that people consent to have their name stand, as well as to ensure that there are Council members willing to stand for each position.

**Recommendation**

Based on all the information presented and the discussion that ensued, Executive has proposed the following changes to the process:

*Add a component of information sharing - such as a statement of candidacy with a slate of nominees shared with Council prior to the election meeting.*

This might be more acceptable to candidates than a verbal statement or a question and answer session. This would address both the transparency issue and the issue of not knowing the candidate.

In addition, the Nominations Committee would continue to solicit both volunteers and nominations. They would then call only the people nominated by someone else to determine their consent to stand. Each candidate should prepare a brief statement of candidacy that would accompany a candidacy slate that would be sent to Council members prior to election day. Council members should be aware that the time frame for this to occur between the end of district elections and Council elections is only about three weeks. Therefore, timely attention will be needed to ensure this can all get accomplished.

**Implications**

If Council were to approve these changes, the Terms of Reference for the Nominations Committee need to be amended to reflect the changes. In addition, a template to assist Council members to prepare their statements of candidacy could be devised. It is envisioned that a reflection of skills and abilities as well as why they are accepting the nomination or putting their name forward would be appropriate for a statement of candidacy. A word limit might be useful as well. If nominations from the floor will still be in the process, candidates will be asked the same questions during the nominations process at the elections meeting, and would be expected to provide a response.

**Attachments**

Nominations Committee, Terms of Reference
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 reviews the Council member nomination forms, ensures there are candidate(s) for each officer position, and ensures the consent of nominated members to stand for election. Itfacilitates 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.
Recommendation


Purpose

This issue is being brought to you as part of one of the operational objectives from the Strategic Plan.

Background

The college has had a Council policy manual since 2009. The policies are all written based on risks identified to avoid what is unacceptable. Council’s governance model can be summed up in one sentence;

Council’s role on behalf of the public is to see that the College achieves what it should and avoids what is unacceptable.

Therefore, Council already has a robust process in place to manage identified risks from their perspective. However, given the importance of risk management to any organization, one of the goals of the College for this year was to organize more clearly the risks facing the organization, ensure there is a plan to mitigate significant risks and ensure that Council has information on the most significant risks to provide sufficient information for them to discharge their oversight responsibilities.

Staff, then embarked on the creation of a risk framework. Contained within this risk framework is the final risk register which will assist the college to identify the most significant risks to the organization. Although many risks may be identified during this process, many have mitigation strategies in place and/or have varying likelihoods of occurring. In addition, the impact of the risk coming to fruition will also vary.

Council will receive information about risks categorized as high or extreme, to allow them the opportunity to inquire and assess whether the planned risk mitigation approaches or controls are appropriate.

The risk categories are: Strategic risks, Operational Risks, Compliance Risks, Stakeholder Risks, and Quality Risks. Staff are embarking on a process to identify risks in these areas and categorize them according to the mitigation strategies in place, the likelihood of occurrence, and the impact of the risk, should the risk situation or event occur.
Discussion
To formalize the risk framework, an additional policy was crafted to clearly articulate the relationship between the College operations and governance.

Attachments
Draft RL12 Risk Management Policy (New)
Information on risks to aid Council in discharging its risk management oversight responsibilities shall not be incomplete or inappropriate.

Accordingly, the Registrar will not allow the dissemination of risk management information that:

1. Contains incomplete or inaccurate details on existing and emerging risks facing the College.
2. Fails to provide the likelihood and impacts of the risks.
3. Fails to highlight actions taken or in progress to mitigate the effects of the risks.

Accordingly, the Registrar will also not:

1. Fail to comply with processes, procedures and systems for risk management.
COUNCIL BRIEFING NOTE

Date: January 25, 2018
To: Council
From: Executive Committee
Subject: Draft Bylaw Amendments

Recommendation

THAT Council approves the proposed bylaw changes, subject to the requirement to circulate those changes which the College must circulate to registrants, prior to final approval.

Purpose

These proposed bylaw amendments are being presented to Council for its consideration to ensure College bylaws are consistent with changing laws.

Background

On May 30, 2017, the Protecting Patients Act, 2017 (the “PPA”) was passed resulting in significant changes to the Regulated Health Professions Act, (RHPA). Among the numerous amendments introduced by this legislation, was the requirement for health regulatory Colleges to further expand on what information is available on their respective public registers, as well as new provisions to address the sexual abuse of patients/clients by regulated health professionals.

In June 2017, Council passed various bylaw amendments many of which were for the purposes of keeping the College bylaws consistent with changes introduced under the PPA. Despite these efforts, College staff have since discovered that further amendments are required to ensure consistency with legislative changes.

Council are also being asked to consider some minor language changes to maintain its consistent use throughout the bylaws.

Discussion

Council are being asked to consider the following bylaw amendments:

i. Removing any use of the phrase “any offence that relates to the Registrant’s practice of occupational therapy” and replacing it with “any offence relevant to the Registrant’s suitability to practise occupational therapy”, as used in Part 17 of the bylaws, so that the same phrase is consistently used throughout. During the last bylaw review, the College received legal advice to the effect that “relevant to suitability to practise” lends itself to being more broadly interpreted than ‘relates to the practice of’ and is, therefore, preferable. If these amendments are approved by Council, they will take immediate effect.

ii. Altering paragraphs t, u and v of Part 17 - Public Register, which deal with the publishing of Specified Continuing Education or Remedial Programs (SCERPs) and cautions, so that the College bylaws are consistent with changes made to the RHPA by the PPA. The proposed amendments make it clear that where the Investigations Complaints and Reports Committee
(ICRC) issue a SCERP or caution on or after May 30, 2017, regardless of when the complaint or report was received, this information will be included on the public register at Find an Occupational Therapist. The proposed amendments also clarify the College’s treatment of the publishing of undertakings following any appeal or review of the ICRC decision giving rise to the undertaking. There is little room for Council to discuss these proposed amendments given that the amendments introduced by the PPA supersede the College bylaws and are already in effect. If Council approves these proposed amendments, as well as those listed at paragraphs (iii) and (iv) below, they will need to be circulated for consultation. However, in doing so, the College will take steps to ensure that the accompanying communications respecting any such consultation explain that the amendments proposed are already in effect under the RHPA and thus, any feedback received will have no impact on the outcome.

iii. Removing paragraph l of Part 17 - Public Register, which deals with the publishing of information relating to referrals made by the ICRC to the Discipline Committee. This amendment is proposed due to legislative changes introduced under the PPA: paragraph l is a duplication of what is already contained in the RHPA.

iv. Removing Part 20 - Therapy and Counselling for Sexual Abuse, in its entirety. This deletion is being proposed because the existing provisions in the RHPA and the College’s general regulation (Ontario Regulation 226/96) adequately enable the College to fulfil its duty to provide funding for therapy and counselling to persons alleging sexual abuse by an OT. It is expected that the MOHLTC will soon be introducing regulations which may, amongst other things, allow for and indeed will likely require regulated health Colleges to provide funding for services beyond therapy and counselling. The expected regulations will result in the need for the College to amend Part 20 to ensure compliance with the expected regulations. Given Part 20 is not required for the College to continue to administer its existing program for such funding, Council is being asked to consider its deletion to avoid having to consider future amendments to this part of the bylaws.

Attached at appendix 1 is a chart which sets out each proposed amendment and the rationale for it.

As Council is aware, the College is required to consult with registrants about certain proposed bylaw amendments including any amendments about what information is published on the public register as well as any amendments to a program established by the College which allows for funding for counselling and therapy for sexual abuse. Even though the deletion of Part 20 will not alter the College’s existing program for such funding, the proposed amendments to Parts 17 and 20 will need to be circulated for 60 days, if Council ultimately approves them. As noted above, the college does not need to circulate the change of the phrase from ‘that relates to’ to ‘suitability to practise’.

Attachments

1. Appendix 1: Proposed Amendments to College Bylaws
## Appendix 1- Proposed Bylaw Amendments

<table>
<thead>
<tr>
<th>Current Bylaw</th>
<th>Proposed Bylaw</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 5: Election of Council Members</strong></td>
<td><strong>Part 5: Election of Council Members</strong></td>
<td>This an editorial change to ensure language consistency throughout the bylaws - “relevant to suitability to practise” is arguably broader than “relates to” and was, therefore, adopted during the College’s past bylaw review in relation to certain provisions in Part 17, which sets out what additional information the College will publish on its public register.</td>
</tr>
<tr>
<td>5.03 Eligibility for Election</td>
<td>5.03 Eligibility for Election</td>
<td></td>
</tr>
<tr>
<td>5.03.1 A Registrant is eligible for election to the Council in an election district if, on the date of election:</td>
<td>5.03.1 A Registrant is eligible for election to the Council in an election district if, on the date of election:</td>
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<td>…</td>
<td>…</td>
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<tr>
<td>i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of:</td>
<td>i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of:</td>
<td></td>
</tr>
<tr>
<td>ii. any offence relating to the prescribing, compounding, dispensing, selling or administering of drugs; or</td>
<td>ii. any offence relating to the prescribing, compounding, dispensing, selling or administering of drugs; or</td>
<td></td>
</tr>
<tr>
<td>iii. any offence that relates to the Registrant’s practice of occupational therapy</td>
<td>iii. any offence that relates to the Registrant’s suitability to practise occupational therapy</td>
<td></td>
</tr>
<tr>
<td><strong>Part 6: Academic Appointments to Council</strong></td>
<td><strong>Part 6: Academic Appointments to Council</strong></td>
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<tr>
<td>6.01 Academic Appointments</td>
<td>6.01 Academic Appointments</td>
<td></td>
</tr>
<tr>
<td>6.01.3 For the purpose of clause 5(1) (c) of the Act, a Registrant is eligible for an academic</td>
<td>6.01.3 For the purpose of clause 5(1) (c) of the Act, a Registrant is eligible for an academic</td>
<td></td>
</tr>
<tr>
<td>Current Bylaw</td>
<td>Proposed Bylaw</td>
<td>Rationale</td>
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<tr>
<td>appointment to the Council if, on the date of the appointment: h. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence that relates to the Registrant’s practice of occupational therapy.</td>
<td>appointment to the Council if, on the date of the appointment: h. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant that relates to the Registrant’s suitability to practise occupational therapy.</td>
<td>This an editorial change to ensure language consistency throughout the bylaws - “relevant to suitability to practise” is arguably broader than “relates to” and was, therefore, adopted during the College's past bylaw review in relation to certain provisions in Part 17, which sets out what additional information the College will publish on its public register.</td>
</tr>
</tbody>
</table>

### Part 12: Non-Council Members of Committees

**12.01 Non-Council Members of Committee**

12.01.1 A non-Council member is eligible for appointment to a committee of the College or, subject to bylaw 12.03.2, is eligible for appointment to a committee of the College if, on the date of the appointment or re-appointment: i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence that relates to the Registrant’s practice of occupational therapy. | 12.01 Non-Council Members of Committee

12.01.1 A non-Council member is eligible for appointment to a committee of the College or, subject to bylaw 12.03.2, is eligible for appointment to a committee of the College if, on the date of the appointment or re-appointment: i. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against the Registrant in respect of: i. a criminal offence; ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or iii. any offence relevant that relates to the Registrant’s suitability to practise occupational therapy. | This an editorial change to ensure language consistency throughout the bylaws - “relevant to suitability to practise” is arguably broader than “relates to” and was, therefore, adopted during the College’s past bylaw review in relation to certain provisions in Part 17, which sets out what additional information the College will publish on its public register. |
<table>
<thead>
<tr>
<th>Current Bylaw</th>
<th>Proposed Bylaw All changes marked in red</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 16: Information to Be Provided by Registrants</td>
<td>16.01 Information to Be Provided by Registrants</td>
<td>This is merely an editorial change.</td>
</tr>
<tr>
<td>16.01 Information to Be Provided by Registrants</td>
<td>16.01.1 When requested, a Registrant shall promptly provide the College with the information required to be kept on the register pursuant to section 23 of the Health Professions Procedural Code and pursuant to section 17.01.1 of these bylaws and the following information in the manner determined by the Registrar:</td>
<td></td>
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<tr>
<td>Part 17: Public Register</td>
<td>Part 17: Public Register</td>
<td>Removal of this provision is proposed as it is now a duplication of what is contained in the RHPA due to amendments introduced under the PPA.</td>
</tr>
<tr>
<td>17.01 Public Register</td>
<td>17.01.1 in addition to the information set out in section 23 of the Code, the following information about each Registrant shall be included in the public register:</td>
<td></td>
</tr>
<tr>
<td>17.01.1 details of allegations of professional misconduct or incompetence that have been referred to the Discipline Committee and not yet decided, including dates, times and locations of hearings;</td>
<td>17.01.1 in addition to the information set out in section 23 of the Code, the following information about each Registrant shall be included in the public register:</td>
<td></td>
</tr>
<tr>
<td>17.01.1 details of allegations of professional misconduct or incompetence that have been referred to the Discipline Committee and not yet decided, including dates, times and locations of hearings;</td>
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<td></td>
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<tr>
<td>Current Bylaw</td>
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<td>Rationale</td>
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</tr>
<tr>
<td>t. Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned in person, as authorized by paragraph 26(1)3 of the Code, i. a notation of the fact, ii a summary of the caution-in-person, iii. the date of the panel’s decision, iv. the date upon which the caution-in-person was administered by the Committee panel, and v. if applicable, a notation that the panel’s decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.</td>
<td>t. Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, or for any decision made by the Inquiries, Complaints and Reports Committee on or after May 30, 2017, in respect of a complaint filed or report received, a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned in person, as authorized by paragraph 26(1)3 of the Code, i. a notation of the fact, ii a summary of the caution-in-person, iii. the date of the panel’s decision, iv. the date upon which the caution-in-person was administered by the Committee panel, and v. if applicable, a notation that the panel’s decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.</td>
<td>This amendment is proposed to ensure the bylaws are compliant with existing provisions in the RHPA due to amendments introduced under the PPA.</td>
</tr>
<tr>
<td>u. Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, a panel of the Inquiries, Complaints and Reports Committee requires a registrant to complete a specified continuing education or remediation program, as authorised by paragraph 26(1)4 and subsection 26(3) of the Code, i. a notation of that fact,</td>
<td>u. Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, or for any decision made by the Inquiries, Complaints and Reports Committee on or after May 30, 2017, in respect of a complaint filed or report received, a panel of the Inquiries, Complaints and Reports Committee requires a registrant to complete a specified continuing education or remediation program.</td>
<td>This amendment is proposed to ensure the bylaws are compliant with existing provisions in the RHPA due to amendments introduced under the PPA.</td>
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<td>ii. a summary of the specified continuing education or remediation program, iii. the date of the panel’s decision, iv. the date that the specified continuing education or remediation program is successfully completed, and iv. if applicable, a notation that the panel’s decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.</td>
<td>program, as authorised by paragraph 26(1)(d) and subsection 26(3) of the Code, i. a notation of that fact, ii. a summary of the specified continuing education or remediation remedial program, iii. the date of the panel’s decision, iv. the date that the specified continuing education or remediation remedial program is successfully completed, and iv. if applicable, a notation that the panel’s decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.</td>
<td>This amendment is proposed to provide clarity on how the College treats information respecting the review of a decision and reasons of the ICRC, where it issues an undertaking involving allegations of professional misconduct or incompetence.</td>
</tr>
<tr>
<td>v. Notwithstanding paragraphs (t) and (u), where after a review by the Health Professions Appeal and Review Board or a judicial review by an appellate court of the decision and reasons of the ICRC, the ICRC has been required to remove or vary a caution-in-person or a specified continuing education or remediation program, the notation and summary may be removed once the Committee makes a new decision. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program or undertaking has been varied, the Registrar may enter on the public register a summary of the process leading up to and the results of the variation.</td>
<td>v. Notwithstanding paragraphs (t) and (u) above, and subsection 23(2)(11) of the Code, where after a review by the Health Professions Appeal and Review Board or a judicial review by an appellate court of the decision and reasons of the ICRC, the ICRC has been required to remove or vary a caution-in-person, or a specified continuing education or remediation remedial program, or an acknowledgment and undertaking in relation to matters involving allegations of professional misconduct or incompetence, the notation and summary may be removed once the Committee makes a new decision. Where the original requirement to appear for a caution-in-person, or to complete a specified continuing education or remediation remedial program, or an acknowledgment and undertaking has been varied, the Registrar may enter on the public register a summary of the process leading up to and the results of the variation.</td>
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<tr>
<td>Current Bylaw</td>
<td>Proposed Bylaw All changes marked in red</td>
<td>Rationale</td>
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<tr>
<td><strong>Part 20: Therapy and Counselling for Sexual Abuse</strong>&lt;br&gt;20.01 Therapy and Counselling for Sexual Abuse&lt;br&gt;20.01.1 A person receiving funding for sexual abuse counselling or therapy from a therapist or counsellor who is a member of a regulated profession must sign a document, acceptable to the Registrar:&lt;br&gt;a. indicating that she/he is aware of the therapist’s or counsellor’s training and experience;&lt;br&gt;b. confirming that the therapy or counselling is being provided&lt;br&gt;c. confirming that the funds received are being used for therapy or counselling.</td>
<td><strong>Part 20: Therapy and Counselling for Sexual Abuse</strong>&lt;br&gt;20.01.1 A person receiving funding for sexual abuse counselling or therapy from a therapist or counsellor who is a member of a regulated profession must sign a document, acceptable to the Registrar:&lt;br&gt;a. indicating that she/he is aware of the therapist’s or counsellor’s training and experience;&lt;br&gt;b. confirming that the therapy or counselling is being provided&lt;br&gt;c. confirming that the funds received are being used for therapy or counselling.</td>
<td>It is expected that the MOHLTC will introduce regulations expanding the types of expenses for which funding must be provided under the College’s funding for sexual abuse program.&lt;br&gt;Part 20 is not required to enable the College to fulfill its legislative duty of maintaining its established program to provide such funding and its removal is proposed to avoid having to make further future bylaw amendments once the intended regulations are introduced.</td>
</tr>
<tr>
<td>20.01.2 A person receiving funding for sexual abuse counselling or therapy from a therapist or counsellor who is not a member of a regulated profession must sign a document, acceptable to the Registrar:&lt;br&gt;a. indicating that she/he understands that the therapist or counsellor is not subject to professional discipline;&lt;br&gt;b. indicating that she/he is aware of the therapist’s or counsellor’s training and experience;&lt;br&gt;c. confirming that therapy or counselling is being provided; and&lt;br&gt;d. confirming that the funds received are being used only for therapy or counselling.</td>
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<tr>
<td>Current Bylaw</td>
<td>Proposed Bylaw All changes marked in red</td>
<td>Rationale</td>
</tr>
<tr>
<td>---------------</td>
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<tr>
<td>20.01.3 The therapist or counsellor providing therapy to an individual who is eligible for funding must sign a document, acceptable to the Registrar: a. indicating that she/he has not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature; b. detailing his or her training and experience; c. confirming that the therapy or counselling is being provided; and d. confirming that the funds received are being used only for therapy or counselling</td>
<td>20.01.3 The therapist or counsellor providing therapy to an individual who is eligible for funding must sign a document, acceptable to the Registrar: a. indicating that she/he has not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature; b. detailing his or her training and experience; c. confirming that the therapy or counselling is being provided; and d. confirming that the funds received are being used only for therapy or counselling</td>
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</tbody>
</table>
COUNCIL BRIEFING NOTE

Date: January 25, 2018  
To: Council  
From: Executive Committee  
Subject: Revised Standards for the Supervision of Students

Recommendation

**THAT** Council approves the revised Standards for the Supervision of Students for stakeholder consultation.

Background

The Standards for the Supervision of Students were originally issued in 2011. According to the College Document Management Framework, the Standards for the Supervision of Students exceeds the recommended five-year review timeline. Practice Issues Subcommittee identified that minor revisions were required to this document. Subcommittee recommended that these Standards should address the supervision of all students that an OT may be required to supervise.

As part of the document review, Subcommittee considered the following factors:

1. **Legislation** – There have been no significant legislative changes impacting these Standards.

2. **External Scan** – College staff completed an external scan of other regulator’s expectations pertaining to the supervision of students. The College of Physiotherapists of Ontario has recently issued a new professional practice standard titled “Supervision Standard” that speaks to the supervision of all students. The College of Nurses of Ontario has a practice Guideline titled “Supporting Learners” and the College of Dietitians of Ontario have Guidelines for “Supervision of Dietetic Learners”. Some regulatory bodies referred to students as learners, interns, or residents. Despite the variations in approaches to presenting standards, staff concluded that the expectations of the COTO Standards for the Supervision of Students aligned with those of other regulated professionals.

3. **Internal Scan** – Review of the Practice Resource data indicated that over a three-year period 2014-2017, there were approximately 45 questions related to the supervision of students. Questions centred around the expectations for OTs who were supervising emerging role placements, record keeping, co-signing student notes, and the required competencies to supervise a fieldwork placement.

4. **Content & Format Review** – Upon review of the content and format of the Standards for the Supervision of Students, Subcommittee was satisfied that the Standards remained relatively current and aligned with the content from other regulatory colleges. As OTs in Ontario may supervise a number of students from other professions, Subcommittee requested that the language in the standard reflect the expectations for the supervision of all students. To reduce redundancy throughout the Standard, several performance indicators were merged.
Results of the Document Review
Based on this review, Practice Issues Subcommittee directed staff to proceed with revisions to the Standards for the Supervision of Students.

<table>
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<td></td>
<td>☐ Revision – possible implications for policy</td>
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</table>

Subcommittee determined they were satisfied with the proposed revisions to the Standards and put forth the revisions to Executive Committee for approval. On January 10, 2018, Executive Committee approved, with amendments, the draft Standards for the Supervision of Students for referral to Council for review and approval for the purpose of stakeholder consultation. Amendments from Executive Committee were incorporated into these Standards for Council consideration.

Discussion
Key changes to the Standards for the Supervision of Students:

1. **Format** - The Standards have been reformatted to comply with current College brand standards.
2. **Preamble** – The preambles to each standard were shortened where possible.
3. **Integration of Standards** – In response to committee feedback some performance indicators were merged to reduce duplication.
4. **Emerging Roles** – Additional information was included in the introduction for this standard to clarify the expectations for OTs who are supervising students in roles that have not traditionally been assigned to OTs.
5. **References** – The College references were updated.

Decisions for Council
1. Approve the Standards for the Supervision of Students to be circulated for stakeholder consultation.

Once Council has completed their review, it is recommended that the Standards be approved for circulation for feedback from stakeholders. Further subcommittee review, legal review and a full edit will follow this consultation.

Attachment(s):

1. Draft Revised Standards for the Supervision of Students (2017)
Standards for the Supervision of Students

Revised December 2017

Originally Issued 2011
Introduction

The purpose of this document is to ensure that occupational therapists (OTs) in Ontario are aware of the minimum expectations for the supervision of Student Occupational Therapists, Student Occupational Therapist Assistants, and Students from other health professions. As one component of their responsibility and commitment to the profession of occupational therapy, OTs actively participate in the education of student occupational therapists through fieldwork supervision. In the interest of public protection and the ongoing development of the profession of occupational therapy, the College of Occupational Therapists of Ontario supports OTs as student supervisors and emphasizes their supervisory responsibility for safe and ethical practice. In assuming the role of student supervisor, the OT remains fully accountable for the quality of client care.

Application of the Standards for the Supervision of Students

- The following standards describe the minimum expectations for OTs when providing supervision to students.

- The performance indicators listed beneath each standard describe more specific behaviours that demonstrate the standard has been met.

- While it is not expected that all performance indicators will be evident all the time, it is expected that they could be demonstrated if requested.

- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.

- It is expected that OTs will be able to provide a reasonable rationale for any variations from the standard.

In the event of any conflict or inconsistency in these Standards for the Supervision of Students with any other College standards, the standards with the most recent issued or revised date prevail.

College publications contain practice parameters and standards which all OTs practising in Ontario should consider in the care of their clients and in the practice of the profession. College Standards are developed in consultation with OTs and describe current professional expectations. College Standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to the Regulated Health Professions Act, 1991 (RHPA), the College is authorized to make regulations in relation to professional practice. The College’s Professional Misconduct Regulation establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession” constitutes grounds for professional misconduct.
Overview of the Standards for the Supervision of Students

1. Accountability
2. Competency
3. Supervision of Students
4. Consent
5. Use of Title
6. Record Keeping
7. Professional Boundaries
8. Risk Management
9. Controlled Acts
10. Role Emerging Placements

1. Accountability

To ensure public protection, OTs supervising students will assume professional responsibility and accountability for occupational therapy provided by students. OTs will balance the need to encourage students’ autonomy and learning with a level of supervision appropriate to the occupational therapy components assigned, and the knowledge, skill and clinical reasoning of the students. OTs are accountable to the College for the supervision and the assignment of tasks to students.

In preparing the student for direct client service, OTs may consider activities such as: discussing the client situation with the students before involving them in client care, providing appropriate education materials, and practising assessments/intervention sessions. OTs may also utilize such strategies as direct observation, case conferencing, written assignment, and written documentation as well as de-briefing following the student’s direct activity with the client.

Standard 1

The OT supervising students will assume professional responsibility and accountability for the safe, appropriate, and ethical care provided by students.

Performance Indicators

An OT will:
1.1 Have knowledge of the student’s level of skill, experience and confidence through communication with the student and the educational institution, prior to involving students in providing services to clients;

1.2 Assume responsibility for assessing the current and ongoing competence of the student to perform assigned occupational therapy service components;

1.3 Ensure sufficient orientation and training is provided to the student prior to assigning service components to facilitate safe and ethical care;

1.4 Only assign service components the student is competent to perform considering client’s status and environmental factors to ensure that client safety will not be compromised;

1.5 Determine accountability for the student’s assessment and evaluation, when more than one OT is working with the student;

1.6 Monitor how the client is progressing and responding to the assigned service components being provided by the student and discuss any concerns with the client.

1.7 Put strategies in place to assist with balancing the student supervision requirements with the client care requirements.

2. Competency

To provide a valid learning experience and evaluation of the student, the OT should have the competency to perform the assigned OT service components. OTs who move into a new area of practice must determine if they have an appropriate level of competence and experience in the new area of practice to facilitate student learning. OTs may consider sharing responsibility for student supervision, if appropriate, when providing student supervision for the first time.

Standard 2

The OT will have a minimum of one year of occupational therapy practice experience and have an appropriate level of knowledge, skill, judgement, to ensure competency to perform and supervise any activity that is assigned to a student.
Performance Indicators

An OT will:

2.1 Have practised occupational therapy for at least one year prior to offering student placement;

2.2 Ensure competency within their current area of practice prior to supervising students;

2.3 Determine if they can provide an appropriate learning experience for students;
   2.3.1 Reflect on their ability to teach and mentor students;
   2.3.2 Ensure they can allocate the necessary time for student supervision;

2.4 Seek the support of a supervisor, professional practice leader, or other experienced OT, if needed.

3. Supervision of Students

Standard 3

The OT will provide students with an appropriate amount, type and level of supervision based on the student’s competence, level of education, and the type of occupational therapy service that the student will perform.

Performance Indicators

An OT will:

3.1 Understand the student’s educational curriculum, including the student’s program requirements and expectations;

3.2 Be aware of the student’s progression within the educational program through discussions with the student and review of materials from the academic institution considering the student’s:
   • Level of knowledge of the educational curriculum and requirements;
   • Current learning needs, previous clinical experiences, perceived weaknesses, and apparent strengths;
3.3 Orient the student to the facility and organizational policies, the client caseload/workload, and each assigned client/task;

3.4 Evaluate the knowledge, skills and clinical reasoning of the student being supervised prior to assigning client service components;

3.5 Ensure that the duties assigned are appropriate to the student's knowledge, skills, clinical reasoning, level of education, and experience;

3.6 Develop, with the student, and document a learning process/plan appropriate to the student's level of knowledge, skills and abilities, utilizing a process of observation, instruction, evaluation and feedback in keeping with their current level of education or the expectations of the program level;

3.7 Determine and apply the most appropriate methods of supervision and communication with the student for all assigned occupational therapy service components;

3.8 Have a supervisory process in place for when the supervising OT is not physically present or available;

3.9 Identify student performance issues and take appropriate action leading to a resolution of the situation;

3.10 Provide an appropriate amount of time for supervision of students, as mutually determined between the supervisor and the student.

4. Consent

The OT will comply with the Standards for Consent for all occupational therapy services provided by any students under the OTs supervision. Clients should be made aware that some service components will be provided by a student and that their consent is required prior to the student engaging in the delivery of any occupational therapy service.

Standard 4

The OT will comply with the Standards for Consent when assigning occupational therapy service components to students.

Performance Indicators
An OT will:

4.1 Obtain informed consent from clients or their substitute decision-makers (SDM) prior to involving students in the provision of service to clients;

4.2 Provide clients/SDM with detailed and specific information about the role and activities the student will perform, clarifying the responsibilities of the OT and the student;

4.3 Discuss with the client/SDM that consent for student involvement in their care may be refused or be withdrawn at any time.

5. Use of Title

Using a title that prominently identifies the role of the student in oral and written communication ensures accurate representation of the student and prevents the public from misinterpreting the accountability of the student. The approved title “Student Occupational Therapist” or “Student OT” ensures the clear identification of the student role.

Standard 5

The OT will ensure students under their supervision use the approved title.

Performance Indicators

An OT will:

5.1 Note: Placing the title “Student” in front of “Occupational Therapist” immediately identifies the student role to the public.

5.2 Ensure that students from other professions under their supervision present their credentials clearly and transparently to clients, other professionals, and stakeholders.
Note: Student Occupational Therapist Assistant, Student OT Assistant, or the title of the student professional designation must clearly identify their student status.

6. Record Keeping

The OT will comply with the Standards for Record Keeping regarding the documentation performed by students, including their name and student status. Occupational therapy students will use the title Student Occupational Therapist or Student OT to ensure the public and clients are well informed.

Standard 6

The OT will maintain professional accountability for record keeping and documentation of service components provided by students in accordance with the Standards for Record Keeping.

Performance Indicators

An OT will:

6.1 Ensure that the assignment of occupational therapy service components to the student, noting the student’s full name, and their designation, is documented;

6.2 Document the client’s consent to receive components of their occupational therapy service from the student;

6.3 Ensure the student is informed of record keeping expectations including College standards and any practice setting specific policies and procedures;

6.4 Review student documentation to ensure it reflects an accurate clinical analysis, client progress, safe and ethical recommendations/results, and administrative accuracy and compliance;

6.5 Co-sign student documentation or record keeping where client service has been provided.

7. Professional Boundaries

The OT is responsible for maintaining professional boundaries in the protection of the public. Students, as members of the public, should be respected and treated in a professional manner. OTs have a responsibility to provide an objective evaluation for the student and therefore should take care to ensure that relationships with students remain professional and respectful.
OTs need to keep the balance between being encouraging, open, supportive and professional in order to maintain appropriate boundaries. Establishing clear learning goals and expectations will clarify potential boundary issues.

It is important to maintain professional boundaries to balance the ability to provide constructive feedback as well as to carefully point out to students the role differential, if the student oversteps the boundary. The supervisor and student need to be open to reflecting on their reactions to situations that involve boundaries, to discuss issues constructively and facilitate these occurrences into a positive learning experience for the student. When a student is providing occupational therapy service, the OT should be aware of student-patient interactions and ensure that professional boundaries are maintained.

**Standard 7**

_The OT will ensure that professional boundaries are maintained in the supervision of all students and in accordance with the Standards for Professional Boundaries._

**Performance Indicators**

An OT will:

<table>
<thead>
<tr>
<th>Performance Indicators</th>
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<tbody>
<tr>
<td>7.1 Establish and present clear roles and responsibilities at the beginning of the</td>
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<tr>
<td>placement for the OT supervisor and the student;</td>
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<tr>
<td>7.2 Establish and maintain professional boundaries with students always, showing</td>
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<td>respect for students;</td>
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<td>7.3 Be aware of the potential for boundary violations in personal, private, social or</td>
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<td>prolonged interactions (for example, where part of the OT placement takes place in the</td>
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<td>OT’s home office, or when prolonged contact occurs in placements where driving to the</td>
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<td>client’s home occurs);</td>
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<td>7.4 Manage communications that may lead to a boundary crossing, such as sharing of</td>
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<td>personal information;</td>
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<td>7.5 Demonstrate respect for the student as a future professional and colleague by</td>
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<td>ensuring tasks assigned are appropriate and geared to meet the student’s learning needs,</td>
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<td>not the personal needs of the supervisor;</td>
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<td>7.6 Avoid supervising students with whom there has been a prior relationship such as</td>
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<td>family or friendship which may result in a conflict of interest;</td>
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<td>7.7 Not develop a personal friendship or a romantic relationship with a current</td>
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<td>student;</td>
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<tr>
<td>7.8 Ensure that the student understands expectations regarding professional boundaries</td>
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<td>when interacting with clients.</td>
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</table>
8. Risk Management

The OT will be responsible for ensuring that the supervision of students is delivered at an appropriate level based on the level of risk of the activities that the student will perform. This includes minimizing and managing any potential risk of harm to the client and providing safe, quality service. High-risk situations may include but are not limited to: transfers, clients with aggressive behaviours, suicidal ideation, visiting clients in the community when alone or when the client record indicates that there are risk elements in the client’s home.

Issues of safety and risk management should be considered when determining an appropriate ratio of students to occupational therapists.

Standard 8

The OT will ensure that risk management issues are managed with the student to minimize any potential risk of harm to the client, student, the supervisor and others in the provision of safe, quality occupational therapy service.

Performance Indicators

An OT will:

8.1 Discuss the risks and benefits associated with assigning service components to the student with stakeholders as necessary to ensure safe and quality client care, i.e. the supervisor, manager, professional practice leader, the employer, the client/family, other team members, other stakeholders;

8.2 Identify potential risk indicators, safety concerns, and high-risk situations in general, that the student may encounter;

8.3 Evaluate the student’s skill and ability to handle high-risk situations, determine and adjust the appropriate amount of supervision necessary to minimize risk;

8.4 Manage, communicate and discuss the risks for each client, before assigning service components to the student;

8.5 Develop an action plan with the student to address potential issues of risk and unsafe situations, such as being physically present with the student or until the student demonstrates competency in managing the risk situation;

8.6 Ensure the interests of the client and the provision of safe, ethical, and quality practice are not compromised by providing student supervision;
8.7 Contact the student’s university program if the student displays unsafe or risky behaviours that cannot be addressed by the supervisor, or if the supervisor has ongoing performance concerns regarding the student.

9. Controlled Acts

The Guide to Controlled Acts and Delegation outlines the controlled acts that may be performed by or delegated to OTs. Delegation is a term used in the *Regulated Health Professions Act, 1991* (RHPA) to describe the transfer of the legal authority to perform a controlled act or a component of a controlled act to a person, regulated or unregulated, who is not normally authorized to perform the act.

Students are not permitted to perform any controlled acts independently, nor controlled acts authorized to OTs by exemption, for example, acupuncture. As part of their student placement, students can only perform the controlled act under the direct supervision of an OT who has been delegated the controlled act. The person delegating the controlled act should be made aware that a student will be performing the controlled act. This gives the delegator an opportunity to voice any concerns and have these addressed prior to the act being performed. When OTs have direct access to a controlled act, delegation of the act will not be required. Students can be involved in the performance of the controlled act, under the direct supervision of the supervising OT.

**Standard 9**

*The OT may include the student occupational therapist in the performance of a controlled act that has been delegated to the occupational therapist, or to which the OT has direct access.*

**Performance Indicators**

An OT will:

9.1 Be competent to perform the controlled act, prior to involving a student in the performance of any controlled act;

9.2 If the controlled act has been delegated, ensure that the delegator is informed that the student will perform the act;

9.3 Determine the student’s competence, confidence and experience prior to including them in carrying out the controlled act;

9.4 Be responsible and accountable to ensure that the student is capable of providing safe and ethical care when performing a controlled act;

9.5 Ensure they provide direct supervision to the student during the performance of the controlled act.
10. Role Emerging Placements

The OT may supervise a student who is providing occupational therapy service off-site, including in a role emerging placement. A role emerging placement is a setting that does not typically provide occupational therapy services. In this type of placement, the student is coordinated and supervised by an off-site OT who is not employed in the setting. While the supervising OT is accountable for the occupational therapy services being delivered, the student can be assigned to a staff personnel who can address on-site concerns.

Important issues in a role emerging placement include safety, record keeping, and consent. Care should be taken to discuss and outline how occupational therapy services will be delivered when the supervising OT is not on-site in accordance with the standards of practice.

Clinical vs. Non-Clinical

Placements can be categorized as clinical or non-clinical. A clinical placement is one where there is direct client contact. A non-clinical placement is where there is no client contact. The OT would need to consider how the standards of practice apply to a clinical or non-clinical role emerging placement.

Prior to accepting a student in this type of placement, the OT should determine the type of occupational therapy service that will be provided. For example, there may be higher risks associated with students providing direct service to clients where there has been no pre-established OT role, than a placement considered non-clinical (administrative in nature) where there is no direct client service. In a role emerging placement, the OT agreeing to supervise a student must assess the level of risk to clients and the amount of supervision that can reasonably be provided. The OT should clarify these issues through discussion with the student, site supervisor, and educational institution.

Standard 10

The OT, when supervising a student occupational therapist in a role emerging placement, will collaborate with the placement site, student, and educational institution to ensure there is appropriate accountability for the delivery of safe, effective, and ethical occupational therapy.

Performance Indicators

An OT will:

Consider the following issues:

10.1 • Their own knowledge, skill and experience in supervising students;
• Their own knowledge, skill and experience in the area of practice of the role emerging placement;
• Their level of comfort and ability to adapt to the less structured nature of role emerging placements;
• Their comfort with the potential risk issues related to supervising while not usually being on-site;
• Their ability to communicate with students and other disciplines and professions from a distance.

10.2 Meet with the student and on-site supervisor at the beginning of the placement to outline appropriate roles and expectations for the student within the occupational therapy scope of practice;

10.2.1 Identify how consent will be obtained if the OT is not on-site;

10.3 Develop a communication and supervision plan, both on and off-site, with the on-site supervisor and the student;

10.4 Identify who will manage the clinical records and personal health information generated by the student, as necessary, for the required retention period;

10.5 Determine a plan for the OT to review and co-sign the student’s documentation;

10.6 Consider the student’s skills and confidence when determining the appropriate level and amount of supervision required;

10.7 Plan specific details with the on-site supervisor and student regarding emergency and safety situations, and a secondary contact in the event that the OT supervisor is not available.

References

Legislative References:
The Occupational Therapy Act (1991)
The Regulated Health Professions Act (1991)

College References:
Essential Competencies of Practice for Occupational Therapists in Canada, 3rd ed. (2011)
Standards for Consent (COTO, 2017)

Standards for Record Keeping (COTO, 2016)

Standards for Use of Title (COTO, 2017)

Standards for Professional Boundaries (COTO, 2015)
Recommendation

THAT Council approves the revised Standards for Psychotherapy, for stakeholder consultation.

Background

In 2007, amendments to the Regulated Health Professions Act (RHPA, 1991) provided authorization to OTs to perform the controlled act of Psychotherapy once proclaimed into force.

To ensure public protection, the College of Occupational Therapists of Ontario developed standards of practice for the performance of psychotherapy. In the fall of 2010, the College issued the Standards for Psychotherapy.

On April 1, 2015, the College of Registered Psychotherapists of Ontario (CPRO) was proclaimed. With the proclamation of the CRPO, OTs were no longer permitted to use the newly protected title “Psychotherapist”. In response to this change, the College suspended the Standards for Use of Title Psychotherapist and issued the document: Change to OT Use of Psychotherapist Title. Although OTs were not permitted to use the psychotherapist title, OTs maintained the ability to perform psychotherapy within the scope of practice of occupational therapy.

In April 2016, The MOHLTC asked six regulatory Colleges (OTs, psychotherapists, psychologists, physicians, nurses, social workers and social service workers) authorized to perform the controlled act of psychotherapy to collaborate to further define this controlled act. The goal was to ensure that the meaning of “psychotherapy activity or service” was transparent to members of the Colleges and the public.

On October 27, 2017, the MOHLTC informed the six regulatory Colleges that the Ministry was moving in the direction of proclaiming the controlled act of Psychotherapy. The target date for proclamation of the controlled act of psychotherapy is December 30, 2017.

In alignment with the College’s document review framework and in preparation for the proclamation of this controlled act, the Practice Issues Subcommittee (PISC) reviewed the current Standards for Psychotherapy.

As part of the document review, Subcommittee considered the following factors:

1. Legislation – With the proclamation of the controlled act of psychotherapy, this would be the first controlled act occupational therapists have the direct authority to perform. The legislation is approaching a deadline for proclamation that requires the Ministry to determine whether psychotherapy will be enacted. PISC appreciates there is a possibility that additional regulations may be made as part of the proclamation process and will ensure any substantive changes are...
incorporated into the Standards for Psychotherapy prior to circulation for stakeholder consultation.

2. **External Scan** – College staff completed an external scan of other regulatory bodies and their standards for psychotherapy. The College of Psychotherapists of Ontario and the College of Psychologists of Ontario have included the expectations for psychotherapy under their standards for professional conduct. The College of Nurses of Ontario and the Ontario College of Social Workers and Social Service Workers are in the process of developing practice guidelines and standards. The College has received positive feedback about our current Standards for Psychotherapy as they are viewed as comprehensive in outlining the expectations for providers practicing psychotherapy. The College consulted with OTs who are performing psychotherapy regarding current issues in psychotherapy with a potential impact on the review of the Standards.

3. **Internal Scan** – Review of the Practice Resource data indicated that over the period 2011-2017, there were approximately 125 questions related to psychotherapy. Most queries pertained to scope of practice, use of title, and competencies. The Investigations and Resolution program reported only one complaint related to psychotherapy intervention, with no further action taken. As psychotherapy has evolved with occupational therapy, there is demand to expand the Standards to include minimum expectations for OTs assuming the role of psychotherapy supervisor for other OTs and Non-OT providers.

4. **Content & Format Review** – Upon review of the content and format of the Standards for Psychotherapy, Subcommittee recommended significant changes to the current standards. Outdated references and appendices were removed and information was condensed where possible. The language was updated to reflect the change in legislation. To reduce redundancy throughout the standard several performance indicators were merged. Other standards were identified as requiring separation and new standards were created to clarify the minimum expectations.

**Results of the Document Review**

Based on this review, Practice Issues Subcommittee directed staff to proceed with revisions to the Standards for Psychotherapy.

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Following several reviews, Subcommittee determined they were satisfied with the proposed revisions to the Standards for Psychotherapy. On January 10, 2018, Executive Committee approved, with amendments, the draft Standards for Psychotherapy for referral to Council for review and approval for the purpose of stakeholder consultation. Amendments from Executive Committee were incorporated into these Standards for Council consideration.

**Discussion**
Key changes to the Standards for Psychotherapy:

1. **Format** - The Standards have been reformatted to comply with current College brand standards. Language and terms were changed to reflect current practice.

2. **Preamble** – The preambles to the standards were shortened where possible.

3. **Definition of Psychotherapy** – the definition of psychotherapy was reviewed and revised to better reflect occupational therapy scope of practice.

4. **Integration of Standards** – Certain standards and performance indicators were merged to reduce duplication.

5. **New Standards** – Subcommittee recommended that the following standards be created or separated to stand alone for clarification:
   - **Use of Title Psychotherapist** – Outlines the appropriate use of the Psychotherapist Title
   - **Competence** – Outlines the requirements for competence (knowledge and experience) to practice psychotherapy
   - **Maintaining Competence** – Outlines the expectations for ongoing competence in psychotherapy practice
   - **Supervision of Practice** – Outlines the expectations for OTs to obtain formal supervision for their psychotherapy practice
   - **Supervision of OTs and Other Practitioners** – Outlines the expectations for OTs who will supervise the practice of OTs and other practitioners in the provision of psychotherapy services
   - **Students** – Outlines the expectations when OTs are supervising students
   - **Support Personnel** – Emphasizes that psychotherapy cannot be delegated or assigned to support personnel

6. **Appendix 1** – Updated the table on the general characteristics of Psychotherapy and Counselling.

7. **Appendix 2** – Outlines considerations for a sample supervision agreement.

8. **References** – References were updated.

9. **Decision Support Resource** – with support from OTs practicing psychotherapy, the Performing Psychotherapy: A Decision Tree for Occupational Therapists was created to help provide clarification for OTs.

**Decision for Council**

1. Recommend Council approve the Standards for Psychotherapy to be circulated for stakeholder consultation.

Once Council has completed their review, it is recommended that the Standards be approved for circulation for feedback from stakeholders. Further Subcommittee review, legal review and a full edit will follow this consultation.

**Attachment(s):**

1. Draft Revised Standards for Psychotherapy (2017)

3. Performing Psychotherapy: A Decision Tree for Occupational Therapists
Standards for Psychotherapy

Draft Revision January 2018

Originally Issued 2010
Introduction

The purpose of this document is to ensure the safe, effective, and ethical delivery of psychotherapy services by occupational therapists (OTs) in Ontario. The Standards for Psychotherapy describe the minimum expectations for OTs to provide competent and safe psychotherapy intervention within the scope of practice of the profession of occupational therapy. These Standards are intended to apply to all psychotherapy performed by OTs.

The College defines psychotherapy as follows:

*Psychotherapy refers to planned and structured interventions aimed at influencing behaviour, by psychotherapeutic means*. Psychotherapy is delivered through a therapeutic relationship to change an individual’s disorder of thought, cognition, mood, emotional patterns, perception, or memory that may impair the individual’s judgement, insight, behaviour, communication, or social functioning as it relates to the performance of daily activities.

The College recognizes that this definition may not conform to all the published models or philosophies of psychotherapy and mental health care. The Standards for Psychotherapy are not based on any one psychotherapy approach.

Controlled Act

Controlled acts are procedures or activities which may pose a risk to the public if not performed by a qualified practitioner. With the passing of the *Psychotherapy Act, 2007*, the *Regulated Health Professions Act, 1991* (RHPA) grants OTs the authority to perform the controlled act of psychotherapy. This will permit OTs to perform psychotherapy with clients who have a serious disorder of thought, cognition, mood, emotional regulation, perception, or memory. The controlled act of psychotherapy is defined in the RHPA as follows:

“*Treating by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception, or memory that may seriously impair the individual’s judgment, insight, behavior, communication or social functioning.*”

The following elements must be present for a psychotherapy activity or intervention to fall within the controlled act of psychotherapy:

1. You are treating a client
2. You are applying a psychotherapy technique
3. You have a therapeutic relationship with the client

---

1 *World Health Organization*, 2001
4. The client has a **serious** disorder of thought, cognition, mood, emotional regulation, perception or memory.
5. This disorder may **seriously** impair the client’s judgment, insight, behaviour, communication or social functioning.

OTs are required to perform all psychotherapy in accordance with the laws, regulations and standards of practice.

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**Whether an OT is performing the controlled act of psychotherapy or providing psychotherapy to clients with less serious disorders, OTs must comply with the Standards for Psychotherapy.**

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### Psychotherapy and Counselling

Psychotherapy and counselling are often viewed as interrelated. Whether the OT is practising psychotherapy or counselling with a client, the OT must understand that there are some distinctive differences\(^2\) in the level of risk between the two approaches.

Counselling can involve education, guidance, encouragement, supportive problem-solving or informational advice. Counselling formats vary and can include: individual, group, family or couple. Counselling can be used in all areas of occupational therapy and is typically considered a lower risk activity for the client. The focus of counselling is on specific problems or changes in life that can impact occupational performance.\(^3\) Counselling may or may not require grounding in a specific theory.

Psychotherapy concentrates on the client’s emotional problems for the purpose of changing defeating patterns of behaviour, promoting positive personality change, growth and development, and re-organizing the personality. Psychotherapists frequently work with a variety of theories or combinations of theories, and may use one or more procedures or models to try to achieve desired results.\(^4\)

Psychotherapy intervention can be delivered in individual, group, family, or, couple formats. Psychotherapy may be a long-term intensive process that identifies emotional issues and their cause. Compared to counselling, psychotherapy may focus on a deeper, more fundamental process of change, and the development of insight about thoughts, feelings and behaviours. Clients engaged in psychotherapy may have more serious mental health issues and conditions than those requiring or seeking counselling.

Although there is some overlap between counselling and psychotherapy, it is important for OTs to be able to identify when they are practising psychotherapy given the increased level of risk posed to the client. See Appendix 1 for additional information.

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\(^2\) Appendix 1

\(^3\) Psychotherapy & Counselling Federation of Australia

\(^4\) Corsini et. Al, 2008
Application of the Standards for Psychotherapy

- The following **standards** describe the minimum expectations for OTs when performing psychotherapy.

- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the Standard has been met.

- It is not expected that all performance indicators will be evident all the time. It is expected performance indicators could be demonstrated if requested.

- There may be some situations where the OT determines that a performance indicator has less relevance due to client factors or environmental factors.

- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.

- It is expected that OTs will be able to provide reasonable rationale for any variations from the Standard.

In the event of any conflict or inconsistency in these Standards for Psychotherapy with any other College standards, the standards with the most recent issued or revised date prevail.

College publications contain practice parameters and standards which all OTs practising in Ontario should consider in the care of their clients and in the practice of the profession. College Standards are developed in consultation with OTs and describe current professional expectations. College Standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to the RHPA, the College is authorized to make regulations in relation to professional practice. The College’s Professional Misconduct Regulation establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession” constitutes grounds for professional misconduct.
Overview of the Standards for Psychotherapy

1. Scope of Practice
2. Use of Title Psychotherapist
3. Competence
4. Supervision of Practice
5. Maintaining Competence
6. Supervision of OTs and Other Practitioners
7. Supervision of Students
8. Support Personnel
9. Consent
10. Risk Management
11. Record Keeping
12. Professional Boundaries
13. Discontinuation of Service

1. Scope of Practice

Standard 1

*The OT will perform psychotherapy within the scope of practice of the profession of occupational therapy.*

Performance Indicators

An OT will:

1.1 Determine whether psychotherapy can be effectively applied within their specific role and occupational therapy scope of practice;

1.2 Perform psychotherapy in accordance with the standards of practice and the Code of Ethics;

1.3 Refer to other qualified providers if the client requires treatment in addition to or beyond the scope of practice of occupational therapy, or beyond the limits of the OT’s knowledge and skill;

1.4 Ensure the client clearly understands when psychotherapy will be used within the occupational therapy treatment plan;
1.5 Understand and apply relevant legislation pertaining to the practice of psychotherapy;

1.6 Not delegate or assign components of the controlled act of psychotherapy.

2. Use of Title Psychotherapist

One of the central elements of the Regulated Health Professions Act, 1991 (RHPA), and the Occupational Therapy Act, 1991 is the protection of title. In Ontario, the title ‘occupational therapist’ or ‘OT’ or any variation or abbreviation of them, is reserved for individuals registered with the College. Title protection is one mechanism that is used to help the public readily identify individuals who are registered with the College, and therefore deemed qualified to practice.

College Regulation (O. Reg. 226/96: General Regulation, S.43) states, “a member who uses an abbreviation indicating that the member is registered or is recognized as an occupational therapist shall use the abbreviation ‘OT Reg. (Ont.)’ in English or ‘Erg. Aut. (Ont.)’ in French.” By using this title, registrants are accountable for the delivery of occupational therapy service that meets the established standards of the profession.

Under section 33.1 of the RHPA, OTs also have legal authority to use the title “Psychotherapist” orally or in writing when first identifying themselves as an occupational therapist or a member of the College. By using the title “Occupational Therapist”, before using the title “Psychotherapist”, an OT helps the public to readily identify themselves as an individual who is registered with the College of Occupational Therapists of Ontario, who practices psychotherapy. In addition, declaring the occupational therapist title first, orally or in writing, conveys the message that the OT is accountable for delivery of psychotherapy that meets the established Standards for Psychotherapy for occupational therapists.

OTs are not required to use the title “psychotherapist”. Alternative means for conveying this area of practice may be:

Jane Doe, OT Reg. (Ont.),
Practising in Psychotherapy

Standard 2

The OT will use the protected title, “Occupational Therapist” or the designation “OT Reg. (Ont.)” first, before using the title, “Psychotherapist”, both orally and in writing.

Performance Indicators
An OT will:

2.1 When communicating **orally**, use the title “Occupational Therapist”, or the full name of the College **first**, before using the title, “Psychotherapist”. For example:

John Doe, Occupational Therapist, Psychotherapist

This is the recommended version, but the legislation allows other options:

John Doe, OT, Psychotherapist

Or

John Doe, member of the College of Occupational Therapists of Ontario, Psychotherapist;

2.2 When communicating **in writing**, set out their name as it appears in the public register and use the protected title “Occupational Therapist” or the designation, “OT Reg. (Ont.)”, to indicate they are registered as an occupational therapist, before writing the title, “Psychotherapist”. For example:

John Doe, OT Reg. (Ont.), Psychotherapist

OR

John Doe, Occupational Therapist, Psychotherapist

Or use the name of the profession

John Doe, Occupational Therapy, Psychotherapist

OR

When choosing to use the name of the College instead of the restricted title, “OT Reg. (Ont.)”, “Occupational Therapist” or Occupational Therapy, mention the name of the College in full before the title Psychotherapist, For example:

Jane Doe, College of Occupational Therapists of Ontario, Psychotherapist.

3. **Competence**

OTs will ensure that they have adequate knowledge, training, skills, and judgement to perform psychotherapy interventions safely and effectively. OTs are expected to have completed training and coursework in psychotherapy. This may include psychotherapy accredited courses, training offered to OTs at their work sites, and professional development activities. Psychotherapy training programs must
contain both theoretical and practical components and be taught by an individual who is qualified to practise psychotherapy.

**Standard 3**

*The OT must have the required occupational therapy practice experience and formal training in psychotherapy prior to practising psychotherapy.*

**Performance Indicators**

An OT will:

| 3.1  | Have a minimum of one year of occupational therapy practice experience in mental health prior to practising psychotherapy in a facility or team based environment; |
| 3.2  | Have a minimum of two years of full time mental health occupational therapy practice experience prior to practising psychotherapy in a private/independent practice setting; |
| 3.3  | Have formal psychotherapy training that includes: instructional, experiential, and theoretical components; course work and on the job training in psychotherapy; |
| 3.4  | Have access to regular supervision and peer mentoring from an individual who is qualified to practise in the type(s) of psychotherapy approaches being offered to clients; |
| 3.5  | Be competent in assessing clients as candidates for psychotherapy based on knowledge of current literature and effectiveness of the psychotherapy intervention; |
| 3.6  | Know the evidence for the relevance and effectiveness of the psychotherapy interventions used and appropriately select, apply and evaluate these interventions based on the client’s needs; |
| 3.7  | Monitor outcomes of the psychotherapy intervention and outcomes of the therapeutic relationship; |
| 3.8  | Understand the indications, contraindications, benefits, and limitations of various psychotherapy techniques and approaches; |
| 3.9  | Decline to perform psychotherapy if the performance of the intervention is |
outside of the OT’s knowledge, training, skills, and judgement;

3.10 Know various psychotherapeutic modalities and their effect on specific populations;

3.11 Understand the effects of any medications, drugs, and substances that the client is taking, and their potential impact on the client’s ability to participate in psychotherapy.

4. Supervision of Practice

Supervision in psychotherapy is a formalized process where an individual is monitored by another professional who has 5 years of psychotherapy practice experience and is qualified to practise psychotherapy. In this supervisory relationship, the supervising clinician will discuss decision-making processes, provide support during complex or stressful situations, protect the client’s well-being and facilitate the OT’s professional growth in psychotherapy.

Standard 4

The OT must engage in formal supervision appropriate to the psychotherapy approach until competency is established and will continue to engage in a level of supervision required to maintain ongoing competence for the duration of their psychotherapy practice.

Performance Indicators

An OT will:

4.1 Establish a formal written supervision agreement in collaboration with the supervisor and retain the agreement for two years following the date of the last supervisory contact; (See Appendix 2)

4.2 Establish a written supervision plan with the supervisor, ensuring the frequency and duration of the supervision corresponds with the OT’s experience, client population, and requirements of the psychotherapy approach;

4.3 Assume full responsibility to seek out supervision or consultation, support, and resources on an ongoing basis;
4.4 Inform the client of the existence of the supervision process and obtain consent for the discussion of their case with the supervisor;

4.5 Identify when it may be appropriate to move from a more formal model of supervision to a less formal or consultation model for ongoing peer support. The move to the peer consultation model will be determined by the OT’s skill development, personal reflection processes, and the supervisor’s recommendation.

5. Maintaining Competence

OTs are expected to maintain competency through ongoing professional development as it relates to the psychotherapy services being provided. Maintaining competency enables OTs to refine and build on the skills developed through training.

Standard 5

The OT will maintain competence by consistently engaging in ongoing psychotherapy-based learning activities.

Performance Indicators

An OT will:

5.1 Continue to participate in psychotherapy learning opportunities that include a combination of formal and informal supervision activities and continuing education methods for the duration of the OT’s psychotherapy practice;

5.2 Demonstrate their competency to perform psychotherapy in accordance with current/relevant practice models;

5.3 Maintain the knowledge, training, skills, and judgement required to continue to provide quality care when providing psychotherapy as part of their occupational therapy practice;

5.4 Participate in professional development activities that ensure the maintenance of knowledge, training, skill, and judgement to perform psychotherapy including, but is not limited to: workshops, conferences, peer supervision, consultation, personal reflection, reading, case reviews, mentors, support networks, online teaching modules,
and/or research, while continually updating knowledge of current psychotherapy approaches.

6. Supervision of OTs and Other Practitioners

The College expects that OTs who agree to perform a supervisory role for OTs and other practitioners will possess the knowledge, training, skills, experience and judgement to safely, effectively and ethically oversee the practice of psychotherapy for other professionals.

Standard 6

The OT will ensure they have the knowledge, skills and required experience to safely and effectively supervise OTs and other practitioners when performing psychotherapy.

Performance Indicators

An OT will:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Ensure OTs and other practitioners requesting supervision have the competence and required training to perform psychotherapy safely and effectively;</td>
</tr>
<tr>
<td>6.2</td>
<td>Have a minimum of 5 years psychotherapy practice experience and be registered with the College with no restrictions on their practice;</td>
</tr>
<tr>
<td>6.3</td>
<td>Be competent to perform the psychotherapy intervention that is being supervised;</td>
</tr>
<tr>
<td>6.4</td>
<td>Have the skills to provide consultation, support, resources and direction appropriate for the psychotherapy approach utilized to ensure the well-being of the client;</td>
</tr>
<tr>
<td>6.5</td>
<td>Ensure a written supervision agreement is in place, appropriate to the practitioner’s experience and requirements of the psychotherapy approach, including: the responsibilities of the supervisor and supervisee, frequency of meetings, contact information for an alternate supervisor in the event the absence or unexpected occurrence; (See Appendix 2)</td>
</tr>
<tr>
<td>6.6</td>
<td>Maintain supervisory notes that include:</td>
</tr>
</tbody>
</table>
Meeting dates
Summary of the cases discussed, redacting any client identifiers
Summary of any ethical, or professional issues related to the OTs performance of psychotherapy
Any direction, recommendations, feedback provided to the supervisee
Areas of strength and areas requiring additional development
Reasons for termination of the agreement.

7. Supervision of Students

Student Occupational Therapists
Student OTs may be included in the delivery of psychotherapy as part of their student placement. However, due to the sensitive nature of some psychotherapy treatments, it may not always be in the client’s best interest or be appropriate for a student to be present in the session. As student OTs are often in placements for a short period, they may be present for only a portion of the psychotherapy intervention. OTs should use clinical judgement to determine when it is appropriate for students to be included in their psychotherapy sessions. Student OTs may participate in psychotherapy sessions with the client’s consent, and may take part in post-session discussions and case reviews. Student OTs who participate in the psychotherapy treatment with clients must be directly supervised by the OT, or another qualified member of the team during the session. OTs supervising students must comply with the Standards for the Supervision of Students.

Other Students
In a multidisciplinary setting, the OT may participate in the supervision of a variety of students in the process of providing psychotherapy interventions.

Standard 7

The OT will ensure they have the knowledge, skills and abilities to safely and effectively supervise students when performing psychotherapy and will not assign or delegate psychotherapy to students.

Performance Indicators

An OT will:

7.1 Have the knowledge, skills, and judgement necessary to undertake the supervisory role for students;
7.2 Have knowledge of the student’s level of skill, experience and competence, prior to involving students in psychotherapy interventions;

7.3 Supervise the student who is providing psychotherapy at all times. Be present during the entire process of psychotherapy, to ensure psychotherapy is completed in a safe and therapeutic manner;

7.4 Manage student supervision in a collaborative manner when the student is involved in a psychotherapy session with another qualified health care professional;

7.5 Ensure that informed consent is obtained from the client for the participation of students in the psychotherapy sessions.

8. Support Personnel

Support Personnel
Due to the knowledge, training, skills, and judgement required in the practice of psychotherapy, an OT may not assign components of psychotherapy to support personnel. Support personnel may be involved with clients in mental health programs, carrying out other interventions.

Standard 8

The OT will not delegate the whole or parts of the controlled act of psychotherapy or assign psychotherapy interventions to support personnel.

Performance Indicators

An OT will:

8.1 Not delegate or assign psychotherapy interventions to support personnel.

9. Consent

OTs practising psychotherapy are expected to comply with the Standards for Consent. Consent is an ongoing process to be re-evaluated throughout the intervention process.
Standard 9

The OT will ensure that informed and ongoing consent is obtained from the client to perform psychotherapy, in accordance with the Standards for Consent.

Performance Indicators

An OT will:

9.1 Comply with the Standards for Consent (2017);
9.2 Determine client capacity to consent and participate in psychotherapy;
9.3 Assume responsibility to make the client or referral source aware of any limitations to the practice of psychotherapy within the scope of occupational therapy practice;
9.4 Respect the client’s choice not to proceed with psychotherapy, and offer alternative courses of action.

10. Risk Management

OTs practising psychotherapy should take reasonable measures to recognize and minimize the risks to client safety. OTs should be aware of contraindications, and be responsive in managing adverse reactions that may occur during psychotherapy. OTs should also have training in recognizing and managing suicidal, aggressive, or violent behaviour, including the practice of crisis intervention and de-escalation techniques. When considering alternative methods of delivering psychotherapy interventions, such as telepractice, OTs should have a process in place to manage any risks, or unexpected events.

Standard 10

The OT will be responsible for recognizing, minimizing, and managing the risks associated with performing psychotherapy.

Performance Indicators

An OT will:
| 10.1 | Practise psychotherapy within the scope of practice of the profession of occupational therapy, adhering to principles, standards and guidelines intended to minimize risks to client safety; |
| 10.2 | Establish and/or apply policies and procedures for recognizing and managing adverse reactions during, or resulting from psychotherapy; |
| 10.3 | Recognize, assess, and manage any potential physical or emotional risks of harm to the client or others associated with the performance of psychotherapy; |
| 10.4 | Discuss the potential risk of temporary worsening of the client’s condition if painful feelings or experiences are reopened, as part of the therapy process; |
| 10.5 | Be aware of contraindications and negative treatment effects based on the client's issues and model of psychotherapy used; |
| 10.6 | Determine if the delivery of psychotherapy intervention by telepractice is appropriate; |
| 10.7 | Have training in recognizing and managing suicidal, aggressive, or violent behaviour including the practice of crisis intervention and de-escalation techniques; |
| 10.7 | Be aware of any legal authority that permits an OT to disclose personal health information for the purpose of eliminating or reducing a significant risk of serious bodily harm to an individual or a group of persons; |
| 10.8 | Recognize and take action when the intervention is not effective and where the client’s status may deteriorate; |
| 10.9 | Recognize and will not practise psychotherapy beyond their training or competence. |

### 11. Record Keeping

OTs practising psychotherapy are expected to comply with the Standards for Record Keeping.

**Standard 11**

*The OT will document the provision of psychotherapy in accordance with the Standards for Record Keeping.*
Performance Indicators

An OT will:

11.1 Maintain client records in accordance with the Standards for Record Keeping noting a rationale for the psychotherapy approach and model used;

11.2 Record observations in progress notes with a focus on the client’s problems and progress towards goals, providing a rationale for professional opinions and judgement;

11.3 Manage the retention, storage and destruction of supervisory notes in a secure manner, maintaining privacy and confidentiality;

11.3.1 Retain supervisory notes for a period of 2 years from the date of the last supervisory meeting;

Note: Supervisory notes are not considered part of the clinical record.

12. Professional Boundaries

The concept of professional boundaries is crucial to the maintenance of a respectful client-therapist relationship. OTs should adhere to the Standards for Professional Boundaries when providing psychotherapy to their clients. Due to the OT’s position of authority and professional knowledge related to the client’s health status, vulnerability, unique circumstances, and personal history the client-therapist relationship has a power imbalance in favour of the OT. The power imbalance exists because of the OT’s ability to influence a client’s access to care or services. A client’s desire to improve his or her health results in trust being established much more quickly and completely than might occur otherwise. OTs should be aware of this power imbalance during the provision of psychotherapy treatment. It is not appropriate to develop a personal relationship with a client at any time during psychotherapy treatment or once psychotherapy is discontinued. There may be situations where an OT may encounter a client in the community, these casual contacts are not considered personal relationships.

In relation to the topic of professional boundaries, transference and counter-transference are important considerations. Transference is generally defined as the set of expectations, beliefs, and emotional responses that a client brings to the therapist-client relationship. Countertransference is the emotional reaction of the OT to the client’s attitudes. It is important that OTs are consciously aware of these feelings and emotions and reflect on what may be the result of transference/countertransference and what response may be warranted to the situation.

Standard 12

The OT will take full responsibility to establish and maintain appropriate professional boundaries in accordance with the Standards for Professional Boundaries.
## Performance Indicators

An OT will:

| 12.1 | Never develop a personal relationship at any time with a client, during or following psychotherapy treatment; |
| 12.2 | Refrain from entering a dual relationship, such as providing psychotherapy to a family member of a client, friends of a client or where there was a prior relationship/friendship with the client; |
| 12.3 | Provide and document a clear rationale in the situation where the model of psychotherapy may indicate an action that may be perceived as a boundary crossing (for example, meeting the client out of their usual therapeutic setting to address phobic behaviours); |
| 12.4 | Refrain from disclosing their own personal information, except when using that information as a specific part of the treatment process (for example, safe and effective use of self); |
| 12.5 | Recognize and effectively manage the presence of transference and countertransference. |

### 13. Discontinuation

The OT’s decision to discharge a client from psychotherapy begins with the referral and is an ongoing consideration throughout the intervention process. It is recognized that an unplanned, unanticipated, or unintended end to the client-therapist relationship can also occur, prior to the completion of the intended treatment plan. This is termed discontinuation of service as outlined in the Guide to Discontinuation of Service.

The OT’s practice of discontinuation will vary according to the model of psychotherapy intervention and the context in which the service is being delivered. Although, psychotherapy can be temporarily interrupted or prematurely discontinued due to factors that impact a client’s ability to participate in treatment; unintended discontinuation of psychotherapy intervention can be detrimental to the client. The OT should consider the level of risk when considering discontinuation, ensuring that the client can access the appropriate resources in a timely manner. Where possible, there should be an agreement between the client and OT that the client has achieved what can reasonably be expected from psychotherapy, before discontinuation of psychotherapy intervention. Additionally, the OT should consider if the client would benefit from a referral to another qualified practitioner.
Standard 13

The OT should discontinue psychotherapy, as part of the therapeutic process, that would be reasonably regarded as appropriate.

Performance Indicators

An OT will:

13.1 Establish clear expectations for psychotherapy intervention at the onset of service;

13.2 Establish a process for discontinuation of psychotherapy, based on the psychotherapy approach, client status and goals;

Discontinue treatment for the following reasons:

- The client is no longer appropriate for psychotherapy intervention due to a change in the client’s status;
- Further treatment would not produce additional benefits;
- The client has withdrawn consent;
- Treatment goals have been met;
- The client has been given reasonable opportunity to achieve set client goals but has been unsuccessful due to a lack of engagement, readiness, or motivation for the psychotherapy process;

13.3 The client is engaging in threatening, harassing, assaultive or other negative behaviours posing danger to the OT;
- The OT does not feel competent to provide the necessary treatment for the condition;
- When the client-therapist relationship has become compromised;
- Discontinuation has been chosen as a constructive, therapeutic strategy;
- The available service resources have been exhausted;
- The client is unable to meet agreed upon terms of payment for services provided;
- The OT is ceasing practice, changing practice or moving to a different type of practice.

13.4 Discuss the reason for discontinuation with the client, including the arrangement of referrals to another qualified health care professional if further treatment is indicated;
13.5

Document:

- Reasons for discontinuing services;
- The condition of the client;
- The availability of alternate services, as appropriate;
- All correspondence relevant to the discontinuation of psychotherapy service.
Appendix 1- General Characteristics of Psychotherapy and Counselling

<table>
<thead>
<tr>
<th>Psychotherapy</th>
<th>Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frequently a long-term process, however there are short-term models (i.e. 8-12 sessions);</td>
<td>• Most often a short-term process;</td>
</tr>
<tr>
<td>• Treatment can range from a few months to years.</td>
<td>• Visits may range from 1 to 12 sessions</td>
</tr>
<tr>
<td>• Generally associated with a higher level of risk in treatment as the focus may be on past unresolved issues, unpleasant emotions or behaviours.</td>
<td>• Generally associated with a lower level of risk in treatment as the focus may be on overcoming obstacles to personal growth.</td>
</tr>
<tr>
<td>• Examines thoughts, feelings, and actions of chronic and more severe emotional conditions.</td>
<td>• Examines specific problems or changes in life adjustment.</td>
</tr>
<tr>
<td>• Encourages changing defeating patterns of behaviour and promotes personality change.</td>
<td>• Encourages behaviour change.</td>
</tr>
<tr>
<td>• Goals may include gaining self-knowledge, dealing with defenses which are no longer working or useful, behaviour change, change in lifestyle or personality.</td>
<td>• Supports the client to perform day-to-day activities.</td>
</tr>
<tr>
<td>• Examples of techniques may include Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), and Solution Focused Brief Therapy.</td>
<td>• Examples of counselling may include health teaching, providing information, encouragement and support, giving advice and suggestions.</td>
</tr>
<tr>
<td>• Requires a greater depth of training and supervision.</td>
<td>• May be practiced by non-health professionals or those experienced in the nature of the specific problem (i.e. addictions, eating disorders)</td>
</tr>
<tr>
<td>• Practicing with individuals with a serious disorder of thought, cognition, mood or emotional regulation falls under the Controlled Act.</td>
<td>• Practice is not a controlled act.</td>
</tr>
</tbody>
</table>
Appendix 2: Supervision of Practice

OTs are accountable for meeting practice standards. To maintain ongoing competency in the performance of psychotherapy, OTs are required to participate in a Supervision of Practice. This supervisor/supervisee relationship enables the supervisee to build on skills developed through training, review cases or session events and obtain support to guide future interactions.

This sample is intended to be used as a resource to facilitate discussions about the supervision agreement between the supervisor and supervisee. Not all elements of an agreement are captured below. This resource should be used in conjunction with the Standards for Psychotherapy and any components appropriate to the psychotherapy approach.

Sample Supervision Agreement Content

In developing a supervision agreement, the supervisor and the supervisee should consider the following:

1. The responsibilities of the supervisor and supervisee;
2. Dated and signed and any restrictions or limitations to the agreement clearly outlined;
3. Include an alternate plan in case of an emergency and the supervisor is unavailable;
4. Documentation should include:
   - Date of meeting
   - Summary of the discussions of each case discussed, redacting any client identifiers
   - Summary of any ethical, or professional issues related to the OTs performance of psychotherapy
   - Any direction, recommendations, feedback provided to the OT supervisee
   - Areas of strength and areas requiring additional development
   - Reasons for termination of the agreement
References


College of Occupational Therapists of Ontario (2016). Standards for Record Keeping. Toronto, ON.


This decision tree is intended to help OTs understand psychotherapy and identify key factors to consider to ensure they are competent to provide psychotherapy safely, effectively and ethically within the scope of occupational therapy practice and in accordance with the Standards for Psychotherapy.

Scope of Practice in Clinical Context

Yes

No

My role and scope of practice includes planned and structured interventions aimed at influencing behavior through psychotherapeutic means, delivered through a therapeutic relationship to change an individual’s disorder of thought, cognition, mood, emotional patterns, perception, or memory that may impair the individual’s judgement, insight, behavior, communication, or social functioning as it relates to the performance of daily activities.

Competence

Yes

No

- I have the knowledge, skills and judgement to practice psychotherapy safely, effectively and ethically.
  - I have successfully completed a psychotherapy training program.
  - I have the minimum required practice experience in mental health.
  - I am prepared to manage any adverse events or outcomes related to my psychotherapy practice.
- I participate in regular professional development activities in psychotherapy to maintain my competence.
- I have established a formal supervisory relationship and/or process for my psychotherapy practice.
- I refer clients to other providers if the client requires treatment beyond the limits of my abilities or the scope of practice for occupational therapy.

Psychology Approaches & Techniques

Yes

No

- I use one or more psychotherapy theories, models and/or approaches in my practice (e.g. Cognitive Behavioural Therapy)
- I know the indications, contraindications, risks, benefits, and limitations of the psychotherapy approach & techniques.
- There is evidence to support that using the selected psychotherapy techniques is effective for my client population.
- I have methods in place to evaluate psychotherapy outcomes with my clients.

Client Factors (Risk Management)

Yes

No

Assess the nature of and severity of the client’s issues to determine if psychotherapy is an appropriate intervention. When assessing the client consider if:
- This client has a disorder of thought, cognition, mood, emotional patterns, perception, or memory that may impair their judgement, insight, behavior, communication, or social functioning as it relates to their performance of daily activities.
- This client meets the eligibility criteria for the specific psychotherapy modality.
- This client has the insight (capacity) and abilities to participate fully in psychotherapy.
- This client is ready, willing and able to participate in psychotherapy and has provided informed consent.
- The necessary support systems and ongoing monitoring processes are available for client safety.

Psychotherapy should not be performed if there is no evidence to support the client will benefit from the intervention or if informed consent has not been obtained.

I have met all the requirements to competently perform psychotherapy for this client, in this practice setting, and, my practice complies with the Standards for Psychotherapy.
COMMITTEE REPORT TO COUNCIL

Committee: Executive Committee
Chair: Jane Cox
Date: January 25, 2018

Tasks completed since the last Council meeting:
- Reviewed Q2 Financial Report
- Review and updated committee workplan
- Received and reviewed the priority performance report
- Reviewed and revised 2 practice standards
- Reviewed results of the October Education and Council meeting evaluations
- Reviewed the draft Bylaw Amendments
- Reviewed policies
- 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
- Establishing resources to support practice standards
- Efficient and effective operations

Leadership Priorities:
1. Confidence in occupational therapy regulation:
   - Ensure financial policies are consistent with current legislative requirements and best practice
2. Quality practice by occupational therapists:
   - Recommend to Council approval of practice documents to support practice
3. System impact through collaboration:
   - Support and monitor work with ACOTRO through Registrar’s reports
   - Monitor impact of consultation related to controlled act of psychotherapy

Items for Decision/Discussion:
- Approval of Performance Report
- Recommend Council approval of policy – Registrar Limitations 12 (RL12) Risk Management;
- Recommend Council approve bylaw amendments for circulation to registrants
• Recommend Council approve standards for circulation to stakeholders for consultation – Standards for Psychotherapy and Standards for the Supervision of Students
• Recommend to Council approval of the Nominations Committee Terms of Reference
Committee Report to Council

Committee: Practice Issues Subcommittee
Chair: Shannon Gouchie
Date: January 25, 2018

Tasks completed since the last Council Meeting:
Practice Issues Subcommittee has had one face-to-face meeting on December 12th. Subcommittee welcomed new members, Janet Becker and Matt Derouin.

Key Priorities:
The Subcommittee continues to work on priority items as identified in the Subcommittee’s workplan
- Developing and updating College publications
- Responding to new and evolving practice environments through identification and prioritization of issues impacting OT practice and service delivery

Leadership Priorities:

1. Confidence in occupational therapy regulation:
   - Subcommittee decisions are informed by Practice, ICRC and QA data
   - Standards and practice resources comply with relevant legislation

2. Quality practice by occupational therapists:
   - Edits to the Standards for Psychotherapy and the Psychotherapy Decision Tree were finalized and are before Council for approval for stakeholder consultation
   - Edits to the Standards for the Supervision of Students were finalized and are before Council for approval for stakeholder consultation
   - The Draft Guidelines for Working Within Managed Resources (formally titled: Working in a Climate of Managed Resources) was reviewed, but remains before Subcommittee

3. System impact through collaboration:
   - The Ministry of Transportation notified the College that it is deferring the implementation of regulations pertaining to medical reporting of unsafe drivers with a revised target implementation date of July 1, 2018.

Items for Decision/Discussion:
Standards for Psychotherapy
Standards for the Supervision of Students
AGENDA ITEM 11.2

COMMITTEE REPORT TO COUNCIL

Committee: Registration Committee
Chair: Serena Shastri-Estrada
Date: January 25, 2018

Tasks completed since the last Council Meeting:
The Registration Committee met once since the last Council meeting.

Cases Reviewed:
Legal work eligibility – 1
Suitability to practise review – 1

Key Priorities:
The Registration Committee ensures applicants are competent and qualified to practice occupational therapy safely and ethically.

Leadership Priorities:

1. Confidence in occupational therapy regulation:
   Substantial Equivalency Assessment System (SEAS)
   The Committee received a presentation from the Manager of the Substantial Equivalency Assessment System (SEAS). The presentation contained an overview of the program, statistics to date, and information about program oversight.

   Examination Policy
   The Committee approved changes to the Examinations policy which were required as part of the new examination administration agreement with the Canadian Association of Occupational Therapists (CAOT) for delivery of the National Occupational Therapy Certification Examination. The policy now reflects the process for determining eligibility to write the examination.

2. Quality practice by occupational therapists:
   Provisional Registration
   The Registration Committee approved draft changes to the documents associated with the provisional supervision process for circulation to stakeholders. The new documents are intended to clarify expectations of supervisors and improve the quality of supervision of provisional occupational therapists.

Items for Decision/Discussion:
None
COMMITTEE REPORT TO COUNCIL

Committee: Inquiries, Complaints and Reports Committee
Chair: Julie Entwistle
Date: January 25, 2018

ICRC Members

<table>
<thead>
<tr>
<th>Panel A</th>
<th>Panel B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie Entwistle</td>
<td>Jennifer Henderson</td>
</tr>
<tr>
<td>Ernie Lauzon</td>
<td>K.S. Joseph</td>
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<tr>
<td>Leanne Baker</td>
<td>Shaheezira Hirji</td>
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<tr>
<td>Hricha Rakshit</td>
<td>Mathew Rose</td>
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</table>

Tasks completed since the last Council Meeting:
Since the last report to Council, the Committee has held 2 in-person meetings for Panel A and Panel B. A summary of the ICRC case review 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>Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 19, 2017</td>
<td>7 complaints</td>
<td>3 complaints from client</td>
<td>2 SCERPs</td>
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<tr>
<td>Panel B</td>
<td>2 Mandatory Reports</td>
<td>1 complaint from client and their mother</td>
<td>4 take no further action</td>
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<td></td>
<td></td>
<td>1 complaint non-OT colleague/employee</td>
<td>2 advice/guidance</td>
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<td>1 complaint from client's daughter</td>
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<td></td>
<td>1 complaint from a hospital's Professional Practice Manager</td>
<td>1 Remedial Agreement with advice/guidance</td>
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<td>2 reports based on mandatory reports from former employers</td>
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Key Priorities:
Continuing to ensure efficient and timely processing of complaints and reports.

Leadership Priorities:
1. Confidence in occupational therapy regulation: N/A
2. Quality practice by occupational therapists: N/A
3. System impact through collaboration: N/A

Items for Decision/Discussion: N/A
COMMITTEE REPORT TO COUNCIL

Committee: Discipline Committee
Chair: Paula Szeto
Date: January 25, 2018

Tasks completed since the last Council Meeting:
The Discipline Committee attended a Discipline Hearings Pool Training session on December 11, 2017. The purpose of the training was to provide members of the Discipline Committee with information on the discipline hearing process; the role of Committee members involved in hearings; and, how to effectively serve on a Discipline hearing panel. The training was provided by Alan Bromstein and Alexandra Wilbee of WeirFoulds LLP.

Since the Discipline Committee last reported to Council, it has held two hearings. The first, into the matter of COTO v. Jalpa Bode, was heard by a panel of the Discipline Committee on December 18, 2017. The panel’s written reasons for its decision is pending. The second, into the matter of COTO v. Brenda Hanna, was heard by a panel of the Discipline Committee on January 9, 2018. The panel’s written reasons for its decision is also pending. The Committee will extensively report to Council on these two hearings once the Decision and Reasons is available for review.

The Committee’s newest member attended a basic discipline training session, hosted by FHRCO, on October 26, 2017.

Key Priorities:
The Discipline Committee hears and determines allegations of professional misconduct 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.

Leadership Priorities:
1. Regulatory Leadership and Practice Support: N/A
2. Relational Regulation: N/A
3. Accountability: N/A

Items for Decision/Discussion:
There are no items at this time.
COMMITTEE REPORT TO COUNCIL

Committee: Fitness to Practice (FTP)
Chair: Kurisummoottil (K.S.) Joseph
Date: January 25, 2018

Tasks completed since the last Council Meeting:
Members of the Fitness to Practice Committee attended a Hearings Pool Training session on December 11, 2017. The training covered various topics including the discipline hearing process; the role of Discipline Committee members involved in hearings; and, how to effectively serve on a discipline hearing panel. The training was provided at COTO’s offices by Alan Bromstein and Alexandra Wilbee of WeirFoulds LLP.

Key Priorities:
No new updates since the Committee’s last report to Council.

Leadership Priorities:
1. Confidence in occupational therapy regulation: N/A
2. Quality practice by occupational therapists: N/A
3. System impact through collaboration: N/A

Items for Decision/Discussion:
There are no items to discuss at this time.
COMMITTEE REPORT TO COUNCIL

Committee: Quality Assurance Committee
Chair: Laurie Macdonald
Date: January 25, 2018

Tasks completed since the last Council meeting:

- The Quality Assurance Committee had one in-person meeting and one teleconference since October 26, 2017.
- The Committee approved the six objectives as developed by the Quality Assurance Subcommittee for the 2018 Prescribed Regulatory Education Program (PREP) on: Professional Boundaries and the Prevention of Sexual Abuse.
- The Committee received a presentation on the research findings, along with the final report of the Competency Review and Evaluation (CRE) process review. The presentation was provided by the Research Associate retained by the College for the CRE process review. The Committee engaged in preliminary discussions about how to share the research findings more widely, and the potential future direction of the CRE process.
- The Committee received updates on registrant compliance rates of completion of annual QA requirements.
- The Committee approved a new policy titled: Compliance with Quality Assurance Program Requirements. The Committee decided to implement the policy in early March 2018 to account for compliance related to the 2017-2018 registration year.

Key Priorities:

- Approval of 2018 PREP by March 2018.
- Testing/Feedback/Approval of the 2018 PREP online eLearning Module in April 2018.
- Oversight of the development of the new CRE process.
- Addressing registrant non-compliance as per the new policy, on an ongoing basis; likely to begin at committee meetings in mid-late 2018.

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:
   - 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 fulfilling a more prominent role in the monitoring and managing of registrant non-compliance with the completion of all mandatory components of the QA Program to support quality practice by OTs in Ontario.

The Committee continues to play an integral role in the timely review of the 2018 PREP materials and to support the launch of the PREP to meet College operational and registrant needs.

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

**Items for Decision/Discussion:**
N/A
COMMITTEE REPORT TO COUNCIL

Committee: Patient Relations
Chair: Julie Chiba Branson
Date: January 25, 2018

Tasks completed since the last Council Meeting:
Patient Relations Committee met on November 29th, 2017. During the meeting, Committee accomplished the following tasks:

- Defining patient for the purpose of sexual abuse, as the definition of who is considered a patient and what criteria define a patient-clinician relationship is of critical importance.
- Feedback from the “definition of patient” topic to the Citizen Advisory Group (CAG) meeting on October 21, 2017 was discussed to explore and understand the public’s perception of what defines a patient. Feedback from CAG appears to be in alignment with the legislative definition and has been incorporated into the Patient Relations Committee’s recommendations for revisions to the College’s position on the definition of client.
- Extensive review and discussion of the revised Sexual Abuse Counselling Fund Policy to assess compliance with proposed legislative changes regarding eligibility for funding upon allegation of sexual abuse.
- Standards for the Prevention of Sexual Abuse were reviewed and will be revised.
- COTO website content of Sexual Abuse reviewed and discussed.

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

Leadership Priorities:

1. **Confidence in occupational therapy regulation:**
   - The “definition of patient” topic was added to the Citizen Advisory Group agenda for October 21, 2017 for public consultation and is in alignment with the legislative definition of patient.
   - Sexual Abuse Counselling Fund Policy will be revised based on Committee’s direction to ensure compliance with legislation.

2. **Quality practice by occupational therapists:**
   - Standards for the Prevention of Sexual Abuse is undergoing revision to reflect the passing of the Protecting Patients Act, 2017.
3. **System impact through collaboration:**
   - Continued collaboration with the CAG

**Items for Decision/Discussion:**
Recommended revisions to the College’s current definition of client will be brought to Council in the future for discussion and decision.
# Council Meeting Evaluation

**Meeting Date:** January 25, 2018

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>
</tr>
</thead>
<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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<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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<tr>
<td>10. Council adhered to a semblance of order in the meeting.</td>
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</tbody>
</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?

| 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.

| 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. |