## Council Agenda

**DATE:** Thursday, March 30, 2017  **FROM:** 9:00 a.m. – 3:00 p.m. (Elections – 3:00 -4:00 p.m.)

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Objective</th>
<th>Attachment</th>
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<tbody>
<tr>
<td><strong>1.0</strong> Call to Order &amp; Introduction of Council Members</td>
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<tr>
<td><strong>2.0</strong> Declaration of Conflict of Interest</td>
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<tr>
<td><strong>3.0</strong> Approval of Agenda</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>4.0</strong> Draft Minutes</td>
<td></td>
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<tr>
<td>4.1 Draft Council Meeting Minutes of January 26, 2017</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>4.2 Draft <em>In Camera</em> Council Meeting Minutes of January 26, 2017</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td><strong>5.0</strong> Registrar's Report</td>
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<tr>
<td>5.1 Registrar's Report</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>5.2 Presentation: Elinor Larney, Registrar (15 min) <em>Registrar's Operational Status Report</em></td>
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<td><strong>6.0</strong> Finance</td>
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<tr>
<td>6.1 January 2017 (Q3) Financial Report</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>6.2 Annual Investment Report</td>
<td>Information</td>
<td>✓</td>
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<td><strong>7.0</strong> Council Development</td>
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<tr>
<td>7.1 Presentation: Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch, (MOHLTC) (10:00 a.m.) <em>Bill 87 Update</em></td>
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<td>7.2 Presentation: Richard Steinecke, Legal Counsel, Steinecke Maciura Leblanc (11:00 a.m.) <em>Public Interest Duty of the College</em></td>
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<td><strong>8.0</strong> Governance</td>
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<tr>
<td>8.1 Council Policies - Review</td>
<td>Decision</td>
<td>✓</td>
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<td>8.2 Council Guidelines - Review</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>8.3 2017 Elections</td>
<td>Decision</td>
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<td><strong>9.0</strong> New Business</td>
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<tr>
<td>9.1 Priority Performance Report</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>9.2 Practice Document Review</td>
<td>Decision</td>
<td>✓</td>
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<tr>
<td>9.2.1 Standards for Use of Title</td>
<td>Decision</td>
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<tr>
<td>9.2.2 Interim Guidelines – Medical Assistance in Dying</td>
<td>Information</td>
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<td><strong>10.0</strong> Roundtable/Environmental Scan</td>
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<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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<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>
<td>✓</td>
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<tr>
<td>11.4 Discipline</td>
<td>Information</td>
<td>✓</td>
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<tr>
<td>11.5 Fitness to Practice</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>11.8 Nominations</td>
<td>Information</td>
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**12.0 Other Business**

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<thead>
<tr>
<th>Agenda Item</th>
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</thead>
<tbody>
<tr>
<td>12.1 Council Meeting Evaluation</td>
<td>Complete &amp; Submit</td>
<td>✓</td>
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</table>

**13.0 Farewell Presentation**

**14.0 Next Meeting**

Tuesday, June 27, 2017 9:00 a.m. – 3:30 p.m., at the College

**15.0 Adjournment**
1.0 Call to Order
The Chair welcomed everyone and called the meeting to order at 9:00 a.m. She thanked everyone for their attendance and reminded members that the protocol for speaking is to wait to first be recognized by the Chair.

2.0 Declaration of Conflict of Interest
The Chair asked if members had a conflict of interest to declare. Shannon Gouchie declared a conflict of interest for item 7.2.1 Transparency Bylaws, specifically sections 17 & 18. These sections address the reporting of charges which would include speeding tickets. As she had recently received a speeding ticket, she wanted to avoid the appearance of bias and any conflict of interest. She stated that she would leave the meeting prior to any discussion on this item and would return once it was over.

3.0 Approval of Agenda
The Chair asked if there were any additions or changes to the agenda. None were reported. The Chair stated that item 9.0 would be an in camera presentation, as it involved advice from the College’s legal counsel, and guests and observers would be asked to leave prior to this item.

MOVED BY: Carol Mieras
SECONDED BY: Jennifer Henderson

THAT the agenda be approved as presented.

CARRIED

4.0 Approval of Minutes
The Chair asked if there were any edits to the draft Council minutes of October 25, 2016. Two edits were reported:

Item 7.1 - second line – Change “25” to “24”
Item 9.1 - second line – Change “25” to “24”

MOVED BY: Laurie Macdonald
SECONDED BY: Carol Mieras

THAT the draft minutes of the October 25, 2016 Council meeting be approved as amended.

CARRIED

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

5.2 Registrar’s Presentation
The Registrar reported on the status and outcomes of the 2016-2017 operational projects linked to the 2014-2017 Strategic Plan. She responded to questions from Council.

6.0 Finance
6.1 November 2016 (Q2) Financial Report
Council reviewed the financial statements.

MOVED BY: Winston Isaac
SECONDED BY: Annette McKinnon


CARRIED

6.2 Appointment of Auditor
Winston Isaac reviewed the process and criteria for selecting the auditor.

MOVED BY: Winston Isaac
SECONDED BY: Laurie Macdonald

THAT Council appoints the firm Hilborn LLP to be the auditors for the College for a five-year term.

CARRIED

7.0 Governance
Presentation: If “competence” is the answer … have we asked the right question?
By: Zubin Austin, BScPhm MBA MSc PhD, Professor and Murray Koffler Chair in Management
Leslie Dan Faculty of Pharmacy, University of Toronto

7.1 Priority Performance Report
Council reviewed and discussed performance data for Q2 (September 1 - November 30, 2016) of the 2016-2017 fiscal year related to the College’s progress towards meeting objectives as outlined in the 2014-2017 Strategic Plan.

7.2 Strategic Planning Report
Presentation: Vision 20/20: Strategic Planning Framework
7.2.1 Ends Policies Review
Jane presented the draft Ends Policies which would become effective June 1, 2017. The Ends Policies are the expected outcomes at the end of the three year strategic planning timeframe.

MOVED BY: Shannon Gouchie
SECONDED BY: Ernie Lauzon

 THAT Council approves the proposed Ends Policies.

CARRIED

7.3 Bylaw Amendments
7.3.1 Transparency Bylaws & General Bylaw Review
Shannon reminded Council of her expressed conflict of interest and left the meeting prior to this item and returned when it was over. Aoife Coghlan, Manager, Investigations & Resolutions, discussed the proposed bylaw amendments as distributed in the Council package. She referred to Bill 87 in relation to the changes to the bylaws on transparency and specifically to the revisions in sections 17 and 18. Tim Mbugua, Policy Analyst, explained that a complete review of the bylaws was completed to ensure they are current and relevant. These changes were also discussed at the meeting. Legal counsel was consulted. Tim highlighted the major proposed amendments.

MOVED BY: Winston Isaac
SECONDED BY: Carol Mieras

 THAT Council approves the proposed bylaw amendments not requiring circulation, and where circulation is required pursuant to sub-section 94(2) of the Health Professions Procedural Code, that Council approves the proposed bylaw amendments for circulation to all registrants.

(Opposed: Serena Shasti-Estrada and Mary Egan)

CARRIED

7.4 Transparency Initiative – Posting of Council Packages on the College Website
As part of the College’s transparency workplan, Executive has discussed and recommended that the College make available Council meeting packages prior to each Council meeting. This would be done to increase transparency of College decision making processes and increase the accessibility of this information to the public.

MOVED BY: Shannon Gouchie
SECONDED BY: Laurie Macdonald

 THAT Council approves the posting of Council meeting packages on the College’s website, prior to Council meetings, to commence as soon as is reasonably possible, to enhance the public’s access to Council meetings.
CARRIED

7.5 Appointment of Nominations Standing Committee
The Chair explained that the Nominations Standing Committee, which is charged with ensuring there is a confirmed slate of Council members willing to stand for election to the Executive Committee, should include at least two Council members who are retiring from Council or not standing for a position. While it is ideal to appoint one public and one professional member, the bylaws do allow for the appointment of two public or two professional members to the committee.

MOVED BY: Carol Mieras
SECONDED BY: Julie Chiba Branson

THAT Council approves the appointment of Mary Egan and Laurie Macdonald to the Nominations Standing Committee.

CARRIED

8.0 Roundtable
   Presentation: Bridging the Healthcare Gaps: Our Journey So far
   by: Christine Elliott, Ontario Patient Ombudsman

9.0 Legal Advice
MOVED BY: Shannon Gouchie
SECONDED BY: Winston Isaac

THAT the Council meeting move in camera

CARRIED

Guests and observers are asked to leave the meeting.

MOVED BY: Laurie Macdonald
SECONDED BY: Carol Mieras

THAT the Council meeting move out of camera

CARRIED

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

11.0 Committee Reports
   11.1 Executive – report by Jane Cox, Chair
       11.1.1 Practice Issues – report by Shannon Gouchie, Chair
   11.2 Registration – report by Julie Chiba Branson, Chair
   11.3 Inquiries, Complaints & Reports – report by Carol Mieras, Chair
   11.4 Discipline – report by Angela Mandich, Chair
   11.5 Fitness to Practise – report by Paula Szeto, Chair
   11.6 Quality Assurance – report by Jennifer Henderson, Chair
11.7 Patient Relations – report by Angela Mandich, Chair

12.0 Other Business

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

12.2 Council Member Self-Evaluation
The Chair asked Council members to complete and submit their self-evaluation forms.

12.3 Annual Council Meeting Evaluation
The Chair asked Council member to complete and submit their Annual Council Meeting Evaluation forms and encouraged members to provide recommendations for future improvements.

13.0 Next Meetings
Council Meeting – Thursday, March 30, 2017, 9:00 a.m. – 4:00 p.m. at the College
Council Meeting – Tuesday, June 27, 2017, 9:00 a.m. – 3:30 p.m. at the College

14.0 Adjournment
There being no further business, the meeting was adjourned at 3:49 p.m.

MOVED BY: Mary Egan
SECONDED BY: Annette McKinnon

THAT the meeting be adjourned.

CARRIED
AGENDA ITEM 5.1  
REGISTRAR’S REPORT  
Council Meeting of March 2017

Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, the Ends policies were approved in January 2017 and do not require a review at this time. However, based on the review of the Governance Process Policies, GP2, Council-Community Linkage, is on the agenda for revision. In addition, GP14, Council Evaluation was reviewed at Executive and is on the agenda today for a review by Council.

Governance Process Policies

Policies of this category that guided decisions during this period:

- GP17 – Elections and Appointments for Professional Members has guided the election process in District 2 and 4 for the 2017 Election.
- GP3 – Governing Style – and GP14 - Council completed a comprehensive evaluation of their process and performance at the January meeting which will be discussed this Council meeting. In addition, two new Council members, Academic appointment and the new member from District 4 will have received orientation to their roles on Council.

Registrar Limitation Policies

I am pleased to inform Council that I am not in contravention of any of the Registrar Limitation policies. Policies that guided decision making during this period:

- RL10 – Compensation Administration – The College is currently reviewing the results of the External Salary Review of Market Conditions (to be conducted every 2 years) to assist with budget decisions.

For Your Information:

Ends priority #1: Registered OTs’ competence, ethics and accountability is supported through College Programs.

The College conducted a webinar in February on the topic of consent.

<table>
<thead>
<tr>
<th>Webinar</th>
<th>Number of Participants</th>
<th>YouTube Views</th>
</tr>
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<tbody>
<tr>
<td>Consent</td>
<td>402</td>
<td>143</td>
</tr>
</tbody>
</table>

Registration:

- All OTs, regardless of area of practice or practice status, must have professional liability insurance that meets the College’s requirements at all times. Bylaw changes that came into effect on January 1, 2016 require that OTs update the College about changes to their professional liability insurance coverage within 30 days of a change occurring. Changes include a new policy start or expiration date, a new insurer or a new policy number. In December 2016, the College followed up with over 3000 OT who had not updated their information within 30 days of their previous policy on file with the College expiring.
Through this process the College became aware of approximately 300 OTs who did not have the required insurance in place for a period of time. These OTs have since purchased insurance, but will receive a formal follow up from the Investigations & Resolutions program. College staff continue to work through this process and verify the all OTs are holding insurance that meet the requirements of the College.

- The College has a legislated duty to regulate occupational therapy in the public interest to help ensure the safety of all participants in the health system. One of the ways the College will meet this duty is by carrying out criminal record screening of applicants at application, and through an audit process for OTs once they are registered with the College. On February 9, 2017, the Registration Committee approved the policy Criminal Record Screening of Applicants and Members.

- Effective April 1, 2017, all applicants will be required to submit the results of a Vulnerable Sector (VS) Check as part of the application the College. The College will begin to audit the membership in 2018. The College will use the results of the VS Check to verify the information already self-reported by applicants and members during the application and renewal processes.

**Quality Assurance (QA):**

The QA program evaluation is complete. During the 2016 Competency Review and Evaluation, both Step 1 & Step 2 participation were required.

- Total number of registrants notified to participate: 167
- Total number of registrants participated: 126
- Total number of registrants deferred: 41
- Note that all the above registrants have completed the process;
- In 2015, 360 OTs participated in the QA process and 35 went on to Step 2
- To facilitate the system upgrade, the practice development portal closed on January 18, 2017. The new system will launch in June 2017.
- In advance of the January 18 closure, the following activity took place:

<table>
<thead>
<tr>
<th>Type of QA Activity</th>
<th>Number of OTs who completed the Activity</th>
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<tbody>
<tr>
<td>2016 PREP Practice Reflection</td>
<td>5367</td>
</tr>
<tr>
<td>2016 - 2017 Professional Development Plan</td>
<td>4677</td>
</tr>
<tr>
<td>2016 Self-Assessment Tool (clinical)</td>
<td>3690</td>
</tr>
<tr>
<td>2016 Self-Assessment Tool (non-clinical)</td>
<td>582</td>
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- We are now preparing for the launch of the refreshed QA requirements.
- 2017 QA Requirements – Self Assessment, Professional Development Plan and PREP Module will be launched on June 1st
- New Self Assessment /PREP module deadline of October 31, Professional Development Plan deadline of May 31
- We continue to keep OTs informed of the program and its changes through email blasts, website and social media.
Practice

- Revised Standards for Consent were launched March 1, 2017, following an introductory webinar. A Consent Checklist and Decision Tree were also created and posted to assist with application of the standards.

- The Practice Resource Service is available to discuss the application of College standards, ethical concerns, and professional practice issues with the public, OTs, and other stakeholders. On average, the service receives 100 calls/emails per month, and responses are provided within 1-2 business days. Practice continues to organize face-to-face and webinar presentations to students, OTs and other professions at their various work sites.

- Survey responses from university students indicated that the College’s outreach activities are a valuable resource in their learning development. Some previous students who are now registered with the College have also reached out to the Practice Resource Service to have their issues addressed.

- The Practice Resource Service is involved in a collaborative care project with four other regulatory colleges in Ontario. The aim of the project is to develop guidelines for collaborative care that will help members of each College deliver effective client-centred practice with other care providers.

- Recent issues in the environment include: Naloxone administration, the use of support personnel in relation to the new support personnel standard released by the College Physiotherapists of Ontario, and the implementation of the Ontario Special Needs Strategy for Children and Youth.

- 298 Practice Calls were received between December 2016 - February 2017
  - December 2016 = 75 queries (OTs = 58 calls; non-OTs = 17)
  - January 2017 = 135 queries (OTs = 108 calls; non-OTs = 27)
  - February 2017 = 88 queries (OTs = 70 calls; non-OTs = 18)

- The College has been approached by the Ministry of Transportation to assist them to transform the mandatory medical reporting of issues related to safe driving from a paper based business using mail and fax channels to a digital online platform. (MTO Medical Review Program Modernization). This program is a key method of protecting the public from individuals who may have a medical condition that may make it unsafe for them to drive. As occupational therapists will form a large single end user group for the digital platform the Ministry believes our engagement in their program modernization can both reduce the burden in reporting and contribute to safer roads. You might remember some earlier memos whereby the Ministry was seeking consultation on the OT role with reporting unsafe drivers. While this legislation is not yet in force, it appears they are getting ready.

Investigations and Resolutions Program

- As you will note from the report from the Disciplinary Committee, the College was involved in its first appeal of a discipline decision through the Divisional Court on March 6, 2017. The College was successful in defending the discipline outcome.

Communications Program

- Expansion of our social media presence continues: the College Twitter handle (@CollegeofOTs) was launched on January 24th, LinkedIn followers have increased to
539 and our YouTube channel was recently refreshed and launched with 1006 views to date.

- Online elections were successfully conducted, with an increased participation rate in both districts. Development of Phase 2 of the website redesign is under way.

**Ends Priority #2): College Programs and Activities support the College as a Relational Regulator with the Public and with Registrants.**

**Bylaw Consultation**
The consultation was launched March 21, 2017 and will close on May 22, 2017. We look forward to healthy dialogue and will bring the feedback and recommended changes to Council in June 2017.

**Ministry of Health and Long Term Care:**
The Ministry of Health and Long-Term Care (MOHLTC) continues to provide information to Colleges about Bill 87 which is the first step in their response to the sexual abuse task force recommendations. The bill is expected to pass quickly with little opposition or change.

**Legislation**
Bill 27, the Burden Reduction Act, 2017, was recently passed, meaning the Office of the Fairness Commissioner now falls directly under the Ministry of Citizenship and Immigration as opposed to being an arm’s length body.

**Psychotherapy Working Group Update**
The Colleges involved in the Psychotherapy Working Group, in conjunction with the Ministry, initiated a broad stakeholder consultation regarding the clarification document *Understanding When Psychotherapy is a Controlled Act*. The purpose of the survey was to evaluate the effectiveness of the document as an aid to differentiating when the provision of psychotherapy would constitute a controlled act and when such services remain within the public domain. The survey was sent to members of the Colleges to whom the controlled act is relevant, professional associations as well as other non-regulated groups and individuals who may be impacted by the legislation. Our College distributed the survey to members, and placed it on our website.

In total, 2,670 respondents completed the survey. Of these, 58% were regulated health professionals providing psychotherapy; predominantly from the Colleges of Psychotherapy, Psychology, and Social Work/Social Service Work. Only about 8% of respondents were providers of psychotherapy not registered with a College.

Overall, regulated health professionals providing psychotherapy rated the clarification document as more beneficial to their understanding as compared to providers not registered with a College. Many respondents chose to provide comments. Some of the themes of the comments included:

- requests for more specificity on the distinction between the controlled act and psychotherapy outside the controlled act;
- recommendations for the case examples to clarify this distinction;
- need for definitions of “serious/seriously” as well as “psychotherapeutic technique”; and,
- clarification on who may assess or diagnose a client/patient and how this is done.
The Psychotherapy Working Group and representatives of the Ministry met to discuss the survey results and determine next steps. Concern was expressed by the Ministry representatives that the survey suggested there continued to be confusion about what was encompassed in the controlled act. In considering the survey comments, it was the general view of the Working Group that providing case examples, as suggested, would not be beneficial as every example would lead to more questions. It was also noted that the distinction between the controlled act, and psychotherapy in the public domain, rested on an evaluation of the seriousness of the client/patient’s disorder and impairment. The Working Group felt that such distinctions could be made by each College, for its own members, but it was not the role of the Colleges to educate non-members about as when a client met the criteria for ‘serious disorder’ causing ‘serious impairment’; the threshold for the controlled act; or how one might go about making this determination.

The Working Group strongly recommended that the controlled act be proclaimed and that any necessary clarifications be handled as they arose based on actual situations rather than making further attempts to provide clarification based on hypothetical concerns. The Working Group expressed the view that since the government had decided that psychotherapy with some individuals to be potentially harmful, it would not be in the public interest to let this disappear as a result of “sunsetting” of the unproclaimed controlled act. The Ministry representatives indicated they would take this information back to those at the Ministry who would be making the decision.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)
Following the success of the Forum in September whereby the following three processes were discussed; Competency Documents for occupational therapists, Accreditation of occupational therapy educational programs and the entry to practice exam; there has been a new development. The ACOTRO representative from Prince Edward Island (PEI) has secured a small amount of funding to sponsor a meeting with ACOTRO representatives, representatives from the Canadian Association of Occupational Therapists (CAOT), and the Association of Canadian Occupational Therapy University Programs (ACOTUP), to plan our strategy for developing one competency document for occupational therapy in Canada. The money must be spent by the end of March so the meeting was planned for March 21, 2017.

I will be attending the CAOT conference in PEI where ACOTRO will hold its next meeting prior to the actual conference. During this time, a reflection day has been planned with leadership of the above organizations and other OT leaders regarding the Truth and Reconciliation Report, that I will attend on behalf of the College.

Risk Event in Alberta – I have learned that the Alberta College of Occupational Therapists (ACOT) recently underwent a governance challenge. The membership had called a non-confidence motion in the Council, which resulted in a general vote of the membership. The motion was unsuccessful as the membership did not achieve the 2/3 majority required by the bylaws for this College for a dissolution of the Council to occur. Colleges in Ontario do not have this sort of provision in their bylaws, however, the MOHLTC can ‘take over’ a college at any time if there are concerns and replace the Council if needed.

Federation of Regulatory Health Colleges of Ontario (FRHCO) Update
The Federation has expended its efforts in two directions, facilitating communication and collaboration around responses to the proposed changes in legislation – Bill 87, and coordinating the development of a website focused solely on the public. This website aims to provide the public with consistent information about regulation of health professionals.
Regulation of Clinics
At the last Council meeting, it was reported that the MOHLTC had requested a meeting with representatives from the Clinic Regulation working group to further explore the issues identified in the document sent to them last spring, 2016. The result of that meeting was a recommendation that the Clinic Regulation Working Group forward a letter to the Minister of Health, requesting a referral of the issue to the Health Professions Regulatory Advisory Council (HPRAC). This body researches and then makes recommendations to the minister about professions or entities in this case that should be regulated or not. This letter has since been sent to the Minister of Health. In addition, HPRAC also suggested that the Health Services Branch in the Ministry look at this issue alongside their ongoing review of the CPSO facility inspection programs. We will continue to monitor the progression of this issue through these processes.

**Ends Priority #3: Our organizational and governance frameworks support our priorities.**

2016-17 Operational Planning
The third quarter of the year has passed and an update will be presented at Council on the status of initiatives.

Staffing Update
- I am pleased to report that two staff have recently attained their 10-year milestone at the College.
- The College has hired, on a short-term basis, Ryan McGuinness, to assist Registration to process all the cases where liability insurance was not appropriately obtained by registrants. In addition, he will be doing some work to assist the Investigations and Resolutions Program with some organizational tasks.

See you at the meeting!
Elinor
FINANCIAL REPORT

Date: March 30, 2017
To: Council
From: Executive Committee
Subject: January 2018 (8 months) Financial Report

Recommendation/Action Required:

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 January 31, 2017;
   • Statement of Operations for the period June 1, 2016 to January 31, 2017;
   • Statement of Reserves for the period June 1, 2016 to January 31, 2017.

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION
(Please refer to the attached Statement of Financial Position as at January 31, 2017)

The Short-term marketable securities balance of $2,730,703 reflects the investment portfolio balance as of the May 31, 2016 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.

Property & Equipment is significantly higher than previous year, due to office renovation, new furniture, new website, and documentation management tool, all spent prior to 16/17 fiscal year.

Deferred Revenue includes income that cannot be recognized as income until later in the fiscal year. It represents those registration fees collected in 15/16 and in the month of June 2016 which are applied to future months in the 16/17 fiscal year, at the rate of approximately $302,000 per month. The current balance in deferred revenue of $1,206,864 will be recognized as income over the period February 01, 2017 to May 31, 2017. All other fees collected since July 01, 2016, will be recognized as income over the course of the 2016/17 fiscal year.

Due to the change of Deferred Revenue calculation starting 16/17 fiscal year, the Deferred Revenue is much higher than the previous year, however, the Net Income is much lower than the previous year. By comparing the net results from the change, the current year number is slightly higher than the previous year, which is consistent with past years’ financials.
The HST payable balance of ($18,179) represents the net amount on HST collected on fees less HST paid to suppliers for the purchase of goods and services. HST paid on purchases exceeds HST collected, and the refund of $32,103 was received in January 2017 one month earlier than last year, which resulted the difference compared to last year HST payable balance of ($51,289).

The ‘Net Assets’ section of the Statement of Financial Position reflects the net surplus of $498,598 for the period June 1, 2016 to January 31, 2017.

**HIGHLIGHTS OF STATEMENT OF OPERATIONS**
*(Please refer to the attached Statement of Operations for January 31, 2017)*

The net surplus of revenues over expenses for the 8 months ended January 31, 2017 was $498,598. The 8 month revenues compared to the full year budget is 69 percent, consistent with the recognition of Deferred Revenue.

Salaries and benefits expenses are tracking better than budget at 59.6 percent. Margaret Foulds’ (Interim Director of Finance and Corporate Services) consulting fees were recorded as Professional Fees, which decreased Salaries slightly and increased Professional Fees by about 41.6 percent. Without these consulting fees, Professional Fees would be at 56.7 percent.

Capital Equipment is already over budget due to some urgent infrastructure needs - we recently upgraded staff chairs and started upgrading computers and monitors. As I am drafting this report, our phone system is dead, an obsolete system and without support. We have identified a new system and ordered it, the estimate cost is $10,000. The new system will work with our existing phones and the VoIP (voice over internet) option, which is another project we are working on to replace our existing phones.

Most expenses are tracking better than budget; some are significantly below 66 percent of budget. The positive variance is mainly attributable to the timing of incurring and recording expenses. We will closely monitor the results in the next 4 months of this fiscal year.

**HIGHLIGHTS OF STATEMENT OF RESERVES**
*(Please refer to the attached Statement of Reserves as January 31, 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.
The College is required to remit various taxes and filings to the government.

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency/Timing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remittance of payroll withholding taxes (CPP, EI, Income Tax)</td>
<td>Bi-weekly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of CPP on Council per diems</td>
<td>Monthly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of Employer Health Tax</td>
<td>Remittance for fiscal year is a set 1.95 % of calendar year payroll over $450,000.</td>
<td>Up to date</td>
</tr>
<tr>
<td>Filing of T4, T4A returns</td>
<td>Annually based on calendar year. Due last day of February.</td>
<td>Up to date, filed February 14, 2017 the year ended December 31, 2016.</td>
</tr>
<tr>
<td>Filing of Corporate Income Tax Return (T2)</td>
<td>Annually based on fiscal year. Due November 30, 2016</td>
<td>Up to date, filed September 01, 2016 for the fiscal year ended May 31, 2016.</td>
</tr>
<tr>
<td>Filing of Non-Profit (NPO) Information Return (T1044)</td>
<td>Annually based on fiscal year. Due November 30, 2016</td>
<td>Up to date, filed September 01, 2016 for the fiscal year ended May 31, 2016.</td>
</tr>
</tbody>
</table>
## College of Occupational Therapists of Ontario

### STATEMENT OF FINANCIAL POSITION

**As at January 31, 2017**

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$1,747,907</td>
<td>$1,572,969</td>
</tr>
<tr>
<td>Short-term marketable securities</td>
<td>2,730,703</td>
<td>2,672,051</td>
</tr>
<tr>
<td>Accounts receivable and prepaid expenses</td>
<td>35,532</td>
<td>44,286</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>4,514,141</strong></td>
<td><strong>4,289,307</strong></td>
</tr>
<tr>
<td>Property and equipment, net of accumulated depreciation</td>
<td>249,965</td>
<td>62,470</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>4,764,106</strong></td>
<td><strong>4,351,777</strong></td>
</tr>
</tbody>
</table>

#### LIABILITIES

<table>
<thead>
<tr>
<th>Current Liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>20,403</td>
<td>13,721</td>
</tr>
<tr>
<td>HST payable</td>
<td>(18,179)</td>
<td>(51,289)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,206,864</td>
<td>899,739</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>1,209,088</strong></td>
<td><strong>862,171</strong></td>
</tr>
<tr>
<td>Deferred lease inducement</td>
<td>22,583</td>
<td>25,663</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,231,671</strong></td>
<td><strong>887,834</strong></td>
</tr>
</tbody>
</table>

#### NET ASSETS

| Reserve Funds                                        | 1,875,030       | 1,563,073       |
| Opening Surplus                                      | 1,158,807       | 1,224,770       |
| Net income for the period                            | 498,598         | 676,099         |
| **Total Net Assets**                                 | **3,532,435**   | **3,463,943**   |

#### TOTAL LIABILITIES AND NET ASSETS

| $4,764,106                                           | $4,351,777      |
# College of Occupational Therapists of Ontario
## STATEMENT OF OPERATIONS
### January 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>Actual YTD for 8 months ended January 2017</th>
<th>12 month Budget 2016-17</th>
<th>Actual YTD as % of 2016-17 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$2,607,280</td>
<td>$3,824,244</td>
<td>68.2%</td>
</tr>
<tr>
<td>Application Fees</td>
<td>69,840</td>
<td>80,000</td>
<td>87.3%</td>
</tr>
<tr>
<td>Professional Corporation F</td>
<td>11,750</td>
<td>12,750</td>
<td>92.2%</td>
</tr>
<tr>
<td>Interest Income</td>
<td>8,816</td>
<td>10,000</td>
<td>88.2%</td>
</tr>
<tr>
<td>Other Income</td>
<td>18,690</td>
<td>10,000</td>
<td>186.9%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td><strong>2,716,377</strong></td>
<td><strong>3,936,994</strong></td>
<td><strong>69.0%</strong></td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>1,261,637</td>
<td>2,116,268</td>
<td>59.6%</td>
</tr>
<tr>
<td>Programs</td>
<td>124,299</td>
<td>360,000</td>
<td>34.5%</td>
</tr>
<tr>
<td>Communications</td>
<td>57,241</td>
<td>130,000</td>
<td>44.0%</td>
</tr>
<tr>
<td>Council</td>
<td>129,036</td>
<td>194,000</td>
<td>66.5%</td>
</tr>
<tr>
<td>Rent</td>
<td>180,310</td>
<td>287,000</td>
<td>62.8%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>104,987</td>
<td>225,250</td>
<td>46.6%</td>
</tr>
<tr>
<td>Other Office Operations</td>
<td>169,497</td>
<td>331,676</td>
<td>51.1%</td>
</tr>
<tr>
<td>Operational Initiatives</td>
<td>62,655</td>
<td>173,000</td>
<td>36.2%</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>101,824</td>
<td>104,800</td>
<td>97.2%</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>26,290</td>
<td>15,000</td>
<td>175.3%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>2,217,778</strong></td>
<td><strong>3,936,994</strong></td>
<td><strong>56.3%</strong></td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT)</strong></td>
<td><strong>$498,598</strong></td>
<td><strong>$</strong></td>
<td><strong>$</strong></td>
</tr>
</tbody>
</table>

*Target for ytd January is 66% representing 8/12’s of total budget for the year*

### STATEMENT OF RESERVE FUNDS

<table>
<thead>
<tr>
<th></th>
<th>Opening Balance (Budgeted)</th>
<th>Spent to Date (Spent to Date)</th>
<th>Closing Balance January 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearings Fund</td>
<td>$350,000</td>
<td>$(17,970)</td>
<td>332,030</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>1,050,000</td>
<td>-</td>
<td>1,050,000</td>
</tr>
<tr>
<td>Fee Stabilization Fund</td>
<td>275,000</td>
<td>-</td>
<td>275,000</td>
</tr>
<tr>
<td>Premises Fund</td>
<td>200,000</td>
<td>-</td>
<td>200,000</td>
</tr>
<tr>
<td>Opening Surplus</td>
<td>1,158,807</td>
<td>-</td>
<td>1,158,807</td>
</tr>
<tr>
<td>Surplus (Deficit) for the Period</td>
<td>-</td>
<td>498,598</td>
<td>498,598</td>
</tr>
<tr>
<td><strong>TOTAL RESERVES</strong></td>
<td><strong>$3,051,807</strong></td>
<td><strong>$480,628</strong></td>
<td><strong>$3,532,435</strong></td>
</tr>
</tbody>
</table>
ANNUAL FINANCIAL REPORT ON INVESTMENTS

Date: March 30, 2017
To: Council
From: Executive Committee
Subject: Investment Portfolio as at January 2017

Recommendation/Action Required:
THAT Executive Committee recommends to Council to receive the Investment Report

Background:
This report summarizes the College’s investment portfolio as at December 31, 2016 and is based on the BMO Nesbitt Burns statement as of that date. There are two categories of investments:
• Short-term investments (which includes cash) and
• Longer term discounted notes (also referred to as “ladder” investments) which were purchased at a discount and will be held for up to ten years in accordance with Governance Policy RL7 – Investments.

<table>
<thead>
<tr>
<th>Description</th>
<th>Market Value ($)</th>
<th>Maturity Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term Investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and High Interest Savings</td>
<td>53,888</td>
<td></td>
</tr>
<tr>
<td>National Bank of Canada GIC</td>
<td>109,148</td>
<td></td>
</tr>
<tr>
<td>Home Trust Company GIC</td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>Res. Province of BC</td>
<td>99,365</td>
<td>Investments are considered short-term on the BMO Statement if they are cashable or are due to mature within 12 months.</td>
</tr>
<tr>
<td>Ontario Savings Bond</td>
<td>218,655</td>
<td></td>
</tr>
<tr>
<td>Ontario Savings Bond</td>
<td>264,335</td>
<td></td>
</tr>
<tr>
<td>Ontario Savings Bond</td>
<td>99,750</td>
<td></td>
</tr>
<tr>
<td><strong>Total Short-term Investments</strong></td>
<td>945,141</td>
<td></td>
</tr>
<tr>
<td><strong>Long-term (Ladder) Investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laurentian Bank GIC</td>
<td>107,033</td>
<td>Jan. 2018</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>146,717</td>
<td>Dec. 2018</td>
</tr>
<tr>
<td>Ontario Savings Bond</td>
<td>361,131</td>
<td>Jun. 2019</td>
</tr>
<tr>
<td>Canadian Western Bank GIC</td>
<td>100,000</td>
<td>Oct. 2019</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>153,272</td>
<td>Dec. 2019</td>
</tr>
<tr>
<td>Equitable Bank GIC</td>
<td>62,142</td>
<td>Jun. 2020</td>
</tr>
<tr>
<td>Bank of Montreal Mortgage GIC</td>
<td>100,000</td>
<td>Sep. 2020</td>
</tr>
<tr>
<td>CPN Province of British Columbia</td>
<td>138,349</td>
<td>Dec. 2020</td>
</tr>
<tr>
<td>HSBC Bank of CDA GIC</td>
<td>100,000</td>
<td>Feb. 2021</td>
</tr>
<tr>
<td>CPN Province of Nova Scotia</td>
<td>126,189</td>
<td>Dec. 2021</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>58,185</td>
<td>Jun. 2022</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>151,155</td>
<td>Dec. 2022</td>
</tr>
<tr>
<td>CPN Province of BC</td>
<td>88,921</td>
<td>May 2023</td>
</tr>
<tr>
<td>CPN Province of Ontario</td>
<td>107,999</td>
<td>Jun. 2023</td>
</tr>
<tr>
<td><strong>Total Long-Term Investments</strong></td>
<td>1,081,093</td>
<td></td>
</tr>
<tr>
<td><strong>Total Market Value of Investments</strong></td>
<td>$2,746,234</td>
<td></td>
</tr>
</tbody>
</table>
While the total value of investments has grown year of year, the relative proportion of short-term versus ladder investments will vary as the portfolio is fine-tuned to take advantage of the interest rate environment.
COUNCIL BRIEFING NOTE

Date: March 30, 2017
To: Council
From: Executive Committee
Subject: Council Development

Recommendation/Action Required:
None, this is for preparation purposes only.

Background:
Executive Committee has approved two guest speakers for the Council meeting today. The first speaker is Allison Henry who is the Director of the Health System Labour Relations and Regulatory Policy Branch. She is providing information about Government directions related to changes to regulation, transparency and recommendations from the sexual abuse task force. While Bill 87 is the first step about the response of government to the task force’s report, government has stated that more is to come. In addition, if the bill passes, the Minister of Health with have many more powers granted through development of regulations.

The second speaker is Richard Steinecke, of Steinecke, Maciura and Leblanc. Richard was the College’s legal counsel for many years until he turned the reins over to Julie Maciura. Richard has conducted many educational sessions about the regulatory system. Some members of Council will have attended his sessions that are conducted under the CLEAR umbrella with Deanna Williams. These sessions discuss Council’s authority and responsibilities under the Regulated Health Professions Act (RHPA). The sessions, that overview the RHPA describe how the RHPA is designed to ensure public protection through effective regulation.

Discussion:
Julie Maciura, the College’s legal counsel has prepared some questions for Council to think about, and if not addressed, could be posed to Ms. Henry. These are highly pertinent to provisions in the bill which will have significant implications for Council functioning.

Questions re Bill 87:
- In terms of the regulation allowing the Minister to determine panel composition does the Ministry anticipate this will be used only in relation to sexual abuse cases? (or also other misconduct related to standards of practice, etc?)
- What safeguards will be in place to protect personal health information of practitioners (regarding the ability of the Minister to require a Council to provide reports that contain personal health information about “any member of the College”)?
- What are the kinds of things that the Ministry might require when it “clarifies how a College is required to perform its functions” with respect to complaints and discipline involving sexual misconduct allegations?
What additional functions does the Ministry anticipate prescribing for the Patient Relations Program?

Attachment(s):
Biographies for Speakers
1. Allison Henry
2. Richard Steinecke
Bio

Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch

Allison has worked in the Ontario Public Service for over sixteen years. Prior to joining the Ministry of Health and Long-Term Care, she worked for the Ontario Association of Optometrists in the area of policy and government relations.

As Director of the Health System Labour Relations and Regulatory Policy Branch, Allison is responsible for overseeing the development of policies and regulations related to the 26 regulated health professions governed by the Regulated Health Professions Act, 1991 and has worked extensively on federal/provincial/territorial issues such as entry to practice credentials, personal support workers and the implementation of the Agreement on Internal Trade. Her Branch also develops and implements strategies, projects and programs that support the employment of unionized and non-union health-care workers (such as the Ontario physician locum program and the Personal Support Worker Training Fund).

Prior to her role as Director of her current Branch, Allison spent some time as Acting Director in the Ministry’s Nursing Policy and Innovation Branch. In that role, her team developed and implemented policies, strategies, initiatives and programs that support nursing education, recruitment and retention in Ontario’s nursing workforce.

Allison holds both a Bachelor of Arts (Hons.) degree and Masters of Arts degree in Sociology from Western University. Her Master’s Degree thesis titled “Reconciling the Biomedical and Social Contexts of Illness – An Examination of the Patient-Physician Encounter” explored the relationship between physician communication style and health outcomes, a topic that to this day, remains relevant and current.
Bio of Richard Steinecke

Richard Steinecke practises law exclusively in the area of professional regulation. He is the editor of the widely read Grey Areas newsletter commenting on recent developments in professional regulation. Because of its comprehensive nature, courts and tribunals have cited his book “A Complete Guide to the Regulated Health Professions Act” well over a dozen times, even in cases dealing with non-health professions. The book is updated twice a year.

Today he spends most of his professional life teaching, writing, speaking, training and consulting on professional regulation issues. A life-long learner, Richard reads every Canadian common law court decision on professional regulation he can find and has a Certificate in Risk Management from the University of Toronto. In 2015, he received the Regulatory Excellence award from the Council on Licensure, Enforcement, and Regulation (CLEAR).

Richard is counsel to Steinecke Maciura LeBlanc.
Council Briefing Note

Date: March 30, 2017
To: Council
From: Executive Committee
Subject: Council Policy Review

Recommendation/Action Required:
THAT Council approves the attached policies.

Background:
GP2 – Council – Community Linkage Policy was brought to Council in October 2016. At that time, given the information discussed during strategic planning, it was felt that this policy needed some more work to better reflect the intention of the College to focus on their links with the public. Some additional suggestions have been added for consideration.

GP14 – Council Evaluation was deferred at the October meeting to provide time for a more fulsome discussion. Executive have reviewed this policy and feel it is still appropriate.

Discussion:
GP2 will be a policy that may undergo more frequent revision over the next strategic planning cycle as the strategic plans become operational.

Attachment(s):
GP2 - Council – Community Linkage
GP14 - Council Evaluation

Available onscreen during the council meeting, if needed.
Blank Council Meeting Evaluation
Blank Annual Council Meeting Evaluation
Blank Council Member Self Evaluation
Council recognizes its accountability to the public interest for whom the organization exists to benefit. It is to all Ontarians that Council holds itself accountable and from The Regulated Health Professions Act that Council obtains its authority.

The Council-Community linkage is sustained through the critical roles assumed by Council members. These include:

1. **Transparent decision making** Sharing information and;
2. Identifying opportunities to gather information to share with Council colleagues to assist in policy development;
3. Sharing information with the public and the College’s stakeholders about Council meetings;
4. Consulting with the public and stakeholders for input on changes to College policies and positions.
Council will evaluate the effectiveness of Council as a whole, and the individual contribution of its members.

Accordingly,

1. At least every two years, Council will evaluate its own performance as a whole and the individual contribution that members make in relation to the responsibilities highlighted in our Governance Process Policies and Council-Registrar Linkage policies.

2. The Executive Committee will recommend an evaluation process to Council for their approval.
COUNCIL BRIEFING NOTE

Date: March 30, 2017
To: Council
From: Executive Committee
Subject: Council Reference Documents

Recommendation/Action Required:
THAT Council approves the Council Reference Documents.

Background:
As part of the review of the Council Policies, a section at the end of the documents called ‘General Information’ revealed several guidelines and memos that have not been reviewed by Council in some time. There are also some documents that are floating and ‘have no home’. It would appear reasonable to keep all pertinent information related to Council in one place. For example, while we have a written role description for each of the four Executive positions, they have not been kept with the Council Policies and are not accessible for all Council members. It is recommended that the Council Reference Documents be kept with the Council Policy materials to be updated as needed.

Discussion:
Attached to this briefing note is a table of contents and each of the documents, in track changes for review.

Attachments:
1. Table of Contents
2. Welcome to Your Work at the College
3. Council Position Statement - Acting in the Public Interest
5. Council Guidelines - Code of Conduct
7. Council Guidelines - Conflict of Interest
8. Role Description - Council
9. Role Description - Council Member
10. Role Description - Non-Council Committee Member
11. Role Description - Committee Chairperson
12. Role Description - Duties of the President
13. Role Description - Duties of the Vice-President
14. Role Description - Duties of the Member at Large - Finance
15. Role Description - Duties of the Member at Large - Education
16. Guidelines - In Camera Sessions of Council
GOVERNANCE REFERENCE MATERIAL

Table of Contents

General Information
Welcome to Your Work at the College
Council Position Statement - Acting in the Public Interest
Council Guidelines - Implications of Public Interest Duty of Council Members
Council Guidelines - Code of Conduct
Council Guidelines - Anti-Violence & Anti-Harassment in the Workplace
Council Guidelines - Conflict of Interest
Role Description - Council
Role Description - Council Member
Role Description - Non-Council Committee Member
Role Description - Committee Chairperson
Role Description - Duties of the President
Role Description - Duties of the Vice-President
Role Description - Duties of the Member at Large - Finance
Role Description - Duties of the Member at Large - Education
Guidelines - In Camera Sessions of Council
Annual Registrar Evaluation Form

Financial Information
Guidelines for Establishing & Maintaining Reserve Funds
Honoraria - Guidelines for Elected Council & Non-Council Members
Honoraria/Expenses - For all Council Appointments (public)
Allowable Expenses - Guidelines for Elected Council & Non-Council Members
Educational Sessions Costs - Guidelines for Public & Professional Members
Expense Claims Processing - Guidelines for Council & Non-Council Members
Guide for Review of Financial Information
Sitting  on Council and Committees undeniably requires a significant commitment of time and energy. It is both respected and appreciated that you have made this commitment above and beyond already-busy schedules at work and at home. By agreeing to being involved, you have made a commitment to advance the work of the College, act with due diligence in reviewing matters and accept responsibility for the policy and strategic directions established. No small task!

There are several ways in which Council and Committee members can assist both themselves and the office to minimize the inefficient use of valuable time and resources. The Executive Committee has drawn up some tips, under the categories of Commitment and Time Management, to assist Council and Committee members to optimize their effectiveness. We encourage you to look these over from time to time, and follow these suggestions whenever possible in your work at the College.

A. Commitment:

- Your presence at meetings is important to moving the work of the College forward. Please attend whenever possible, be on time, and commit to attending the entire meeting. This is important to ensure that everyone in the meeting is part of the full discussion.

- In this electronic age, it is important to be mindful of being attentive in meetings and not allowing other responsibilities to interfere. Please turn off all cell phones and “blackberry devices” and place pagers on vibrate. This will assist greatly in reducing interruptions for you and others.

- When circumstances are such that you cannot attend, or cannot attend for the full time of the meeting, please let staff know in advance. This will assist in organizing agendas so that critical items are addressed appropriately.

- When agreeing to participate on a Committee or Working Group don’t hesitate to ask questions first, in order to understand the required time commitment. Be sure you can commit to the task before agreeing to participate. Staff members can provide assistance in estimating the amount of meeting and preparation time involved in various activities.

B. Time Management:

- When staff members contact you regarding scheduling of meetings, please respond with your availability as quickly as possible. Setting meeting times that work for large groups of people can be challenging at the best of times, and nearly impossible when committee members don’t respond in a timely manner.
Submit committee reports by the deadline. This assists staff to ensure that members receive a complete package, well in advance of the meeting – an important factor for effective preparation for meetings.

Let staff know your preferred communication method. More and more, the office is communicating by e-mail, as this is fast and paperless. You are encouraged to communicate by e-mail; however, let the office know if you would prefer another method.

Make sure staff have your current and preferred e-mail address, phone/fax numbers and mailing addresses (home and work).

Couriers are normally sent to home addresses. Let the office know if you would rather receive couriers at work.

Advise the office when you are going to be away. It assists with scheduling and with planning mailings if the office knows you are going to be away on vacation or otherwise unavailable for a period of time.

Return all College materials for shredding when your term ends.

**AVAILABLE RESOURCES**

**Office Resources**

All Committees have staff liaison positions that act as a resource to committee members for information on policies and procedures, expense claims, meeting materials and meeting coordination. Please feel free to contact them.

Committee Chairs receive support from College staff to assist with agenda development, minute taking, meeting material distribution, coordination of meeting dates and preparation of materials.

Three phones are available at the College for your use they are located in the foyer, the room adjacent to the Boardroom and in the meeting room. A laptop will also be available in the South meeting room at Council meetings.

Finally: Thanks for the important work that you do for the College.
We couldn’t do it without you!

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Created: March 2006
Revised: June 2010
March 2017
COMMUNIQUÉ

Re: COUNCIL GUIDELINES re: Implications of Public Interest Duty of Council Members

Do elected members have a responsibility to the registrants from a district that elected them to a position on the College Council?

Richard Steinecke, the College’s legal Counsel, writes the following on the role and responsibilities of elected members of Council:

It is my view that even elected members of Council have a duty only to the general public interest and should not be viewing themselves as representing the individual occupational therapists that elected them. I say this for four reasons:

1. The objects of the College are set out in section 3 of the Health Professions Procedural Code. All of these objects relate to the regulation of the profession, and not their representation. Subsection 3(2) states: “In carrying out its objects, the College has a duty to serve and protect the public interest.” The College cannot achieve this general object if a majority of its Council have a competing obligation to represent those who elected them.

2. Under section 4 of the Health Professions Procedural Code, the Council is designated as the board of directors of the College. This simple provision has significant legal implications. A director of a corporation has a fiduciary (trust) duty to act with undivided loyalty and good faith in the best interests of the corporation. Even in the business world where directors are selected from different groups of shareholders, the directors must set aside their connections to those that selected them and always act in the best interests of the corporation alone. Such a fiduciary duty is inconsistent with any duty to those who elect professional members to the Council. For example, even using inside information about College operations (e.g., personalities and inclinations of other committee members or College staff) would be considered improper.

3. Section 36 of the Regulated Health Professions Act requires that Council members preserve confidentiality in respect of all information that comes to their attention. It also requires staff and other members of Council only to disclose information to that Council member as is necessary for the administration of the legislation. The provision applies to all College information and not just that which relates to individuals. These confidentiality requirements prevent a Council member from sharing College information with a member of their district or from obtaining information to help answer their question or concern. Only where the sharing of the information is part of an officially sanctioned consultation process may the Council member share the information.

4. A Council member cannot know in advance whether the matter that they are asked about will come before a committee of the College on which he or she serves. If the matter does come before a committee on which the Council member serves, any
5. discussion of the matter with a member will require the Council member to disqualify himself or herself. Thus, if the matter goes to the Inquiries, Complaints and Reports Committee, the Executive Committee, the Discipline Committee, the Fitness to Practise Committee, the Registration Committee, the Quality Assurance Committee or the Patient Relations Committee and the member serves on the committee, a problem will arise. Quorum is difficult enough to maintain as it is. It is unfair to the other members of the committee or the College processes for Council members to place themselves in a position which disqualification is possible. Even where the Council member is not currently a member of the committee that is most likely to deal with the matter, he or she should decline to become involved because he or she might be moved onto that committee before the matter is completed.

Thus, the only “constituent” of a member of the Council is the general public interest. The fact that a professional member of Council is elected from a district of occupational therapists does not impose a duty upon the Council member towards those who elected him or her. District election is simply a method of selection intended to ensure that the Council member has credibility in the profession (something that is important for the effective regulation of a profession).

This value of serving only the public interest was emphasized by the December 15, 2009 amendments to the Regulated Health Professions Act authorizing the Minister of Health and Long-Term Care to appoint a supervisor to take over the operations of any College that is not achieving its mandate. Given the significant authority that the Minister already had over Colleges, this dramatic amendment is a signal that Colleges must fix its sight solely and effectively on the public interest.

I appreciate that a Council member is in an awkward situation where a member of his or her district approaches the Council member about a College matter. Many members of the College do not realize the role and function of Council members and assume that the Council member is like their MP, an analogy that does not apply. I would suggest that the Council member consider the following when responding:

- If the issue is person-specific (e.g., a complaint or even a potential complaint), the Council member should immediately halt the discussion and explain his or her role on the Council.
- He or she should explain that he or she may at some point end up on a committee dealing with the matter and thus cannot discuss it with the person privately.
- The Council member might also explain that it would be unseemly for any member of the Council to appear to be advising a person on how to advocate before the College.
- The Council member should then refer the person to resources both within (e.g., the appropriate staff person) and outside of the College (e.g., the professional society, their insurer).
- If the issue is a policy issue only, the Council member’s options are slightly more complex:
Communique: Implications of Public Interest Duty of Council Members

- If this is a policy issue that is already in the public domain (e.g., something that has been debated at Council or which is officially out for circulation), the Council member may describe the official stance of the College (e.g., the College is seeking feedback on a proposed regulation; the reason that the College is considering making the proposed regulation, etc.).

- It is important that the Council member not describe his or her opinions on matters that have been determined by Council. Council needs to speak with one voice. Even if the Council member voted against the proposal, he or she should not describe his or her own views on the matter.

- If the policy issue is not currently before the Council, the Council member can listen to the views of the person without expressing his or her own views.

- The Council member should not undertake to raise the issue before the College on behalf of the person. At most the Council member can say that the views of the person will inform the Council member’s own decision making process.

- In either case, the Council member can also explain to the person the official process by which the person can communicate these views to the College (e.g., a letter to the Registrar or the President).

- The Council member needs to be careful that a policy issue is not used as a guide to involve the Council member on what is really a person-specific issue.

- If the matter is controversial, (and most such conversations are likely not that controversial), the Council member may wish to make notes of the conversation, including what the Council member said, so that he or she can explain what was said if an issue should arise. One can usually tell by the topic and tone of the conversation if the conversation is potentially controversial.

- There have been situations where a person coming before a College committee have tried to justify their behaviour on the basis that a Council member said his or her proposed (or past) conduct was acceptable. It is possible that a Council member could end up as a witness in a College proceeding.

- Regardless of whether the issue is person-specific or policy in nature, it is useful for the Council member to explain that he or she is bound by a duty of confidentiality, subject to a $25,000 fine ($50,000 for repeat offences), that limits his or her ability to disclose information. Most people understand that such provisions limit what a Council member can say.

Created: January, 2003
Reviewed: May 2010
Revised: March 2017
This document is provided to assist Council and non-Council members with reference information related to governance process policies GP7 and GP8.

Based on the College documents Mission and Vision, and The Statement of Council Values and Beliefs, the code of conduct provides behavioral guidance for elected and appointed Council members and non-Council Committee members. For the purposes of this document “decision makers” will be used to refer to Council members and non-Council Committee members. The code of conduct also serves to provide stakeholders with an understanding of the standards of conduct that guide Decision Makers and to instill and assure confidence and trust in the College of Occupational Therapists of Ontario and its regulation of occupational therapists. This trust embraces the integrity of the Decision Makers.

Decision Makers have a “fiduciary duty” (duty to perform their functions with undivided loyalty and good faith) to the College. Decision Makers are expected to exhibit conduct that is ethical, civil and lawful, in a manner that is consistent with the nature of the responsibilities of Council and Committees and the confidence bestowed in Council and Committees by the public and its registrants.

Key principles have been articulated under the following headings: transparency, collegiality, competence, impartiality, loyalty, promptness and confidentiality and are followed by sections on the duration of the duties under the Code of Conduct and enforcement/sanctions.

Transparency
Decision Makers shall ensure that proceedings are conducted in a manner that is transparent, open and fair. All parties involved should be able to understand the process and its potential implications, and perceive that the process is fair. Transparency also requires that Council and Committees’ decisions are clear, concise and comprehensive.

This does not contradict that Decision Makers shall respect the confidentiality appropriate to issues of a sensitive nature. Matters of confidential nature in a Decision Maker’s possession shall be kept confidential at all times unless the performance of duties or the needs of justice strictly require otherwise.

Collegiality
Decision Makers shall foster a collegial working environment and conduct themselves in a respectful manner that reinforces the integrity and professionalism of Council and Committees. Decision Makers must ensure that both the professional and public members of Council and Committees are equal partners with unique perspectives, who value one another’s insights, comments and experiences. Decision Makers will be available for meetings and be available to mentor and to assist new members. Decision Makers shall share relevant experiences and information with colleagues where this can be of help.
Decision Makers shall be thoroughly familiar with and adhere to the rules of order established or practiced by Council and Committees for meetings.

Decision Makers shall be committed to positive and constructive forms of interaction through:
- Focusing on issues, not personalities, when disagreeing with each other
- Encouraging responsive and attentive listening
- Demonstrating respect for the dignity and opinions of each member through verbal and non-verbal means.

**Competence**
Decision Makers shall maintain a level of competence, where skill and knowledge are evident in the discharge of statutory responsibilities, obligations and duties.

Council and Committees are entrusted with a power to make decisions that may have a significant impact on people’s lives. To fully and effectively discharge this responsibility, Decision Makers shall develop and maintain a breadth of knowledge and a working understanding of the legislative mandate and strategic directions of the College and an awareness of the societal implications of their decisions and role. Decision Makers shall prepare for Council and Committee meetings including the review of all relevant documents. Decision Makers shall use discretion and their own judgment.

Decision Makers shall take steps to maintain a high level of skill and knowledge of procedural issues, relevant laws, and technical issues specific to Council and Committees including specific knowledge of emerging issues and trends pertaining to the work of Council and Committees.

Decision Makers shall not be involved in the day-to-day management and personnel issues related to Council and Committees unless required by statute, rule or policy.

**Impartiality**
Decision Makers will be aware of the power and authority and influence associated with the role, and will not misuse this trust for personal gain. Decision Makers shall not engage in any form of discrimination or harassment that are contrary to letter or spirit of the law or otherwise bring disrepute to Council and Committees.

Decision Makers shall conduct themselves in a manner that respects the integrity of Council and Committees and its processes. Decision Makers will treat all participants including Decision Makers, the public, registrants and staff in a fair and impartial manner.

Decision Makers shall be attentive, fair and impartial in the performance of their functions. Decision Makers shall strive to be impartial and unbiased in their decision-making. They shall at no time afford any undue preferential treatment to any group or individual, discriminate against any group or individual or otherwise abuse the power and authority vested in Council and Committees.

Issues that come before Council and Committees may have the potential to profoundly affect people’s lives and livelihood and may sometimes be of a personal nature. Decision Makers
shall demonstrate a high degree of sensitivity to issues of gender, age, ability, race, sexual orientation, marital status, language, culture and religion.

**Speaking With One Voice**
Council and Committees decisions are based on majority rule. Compromises and healthy debate are ways of making better decisions. Once a decision is made Decision Makers are obligated to present this view to the outside world. Council and Committees must speak with one voice. All Decision Makers shall publicly uphold the decisions of Council and Committees.

If a Decision Maker strongly disagrees with a motion, votes against or abstains from voting, she/he can have this noted in the minutes of the proceedings.¹

Decision Makers must not serve as spokespersons for Council and Committees unless properly designated by Council and Committees. This commitment includes proper use of authority and appropriate group and individual behaviour when acting as a Decision Maker.

**Loyalty**
As noted above, Decision Makers have a fiduciary duty of undivided loyalty and good faith to the College. Decision Makers shall avoid conflict of interest. Where potential conflict of interest may exist, real or perceived, Decision Makers will follow the process set out in bylaw, policy or generally accepted legal principles.

Similarly, Decision Makers shall not advocate, lobby for or assist others who are or likely will be dealing with the College. For example, a Decision Maker will not act as an advisor or consultant for an individual facing a College procedure. This duty applies even if the Decision Maker is not involved in the committee that will consider the matter.

**Promptness**
Many of the regulatory activities of the College are time sensitive. The axiom that justice delayed is justice denied applies to Decision Makers. Delays by the College undermine its credibility. Most long delays consist of a series of short delays thus every step in a policy making or decision making process needs to be completed in a timely manner. For example, reasons for decisions for committee decisions need to be written, reviewed and approved quickly.

Delays can also be created by Decision Makers being unprepared when a matter comes before them. Council and Committees generally do not meet frequently. Having to put a matter over to another meeting because some Decision Makers were not prepared undermines public confidence in the College.

**Confidentiality**
Decision Makers have a duty of confidentiality that is described more fully in the College’s policy on confidentiality.

¹ In addition, the principle of speaking with one voice does not prevent a Decision Maker from giving a dissenting decision and reasons in an adjudication (e.g., at a hearing before the Discipline Committee, a Registration Committee decision). In fact such a dissenting decision and reasons may assist the affected individual exercise his or her right of appeal.
Duration of the Code of Conduct
The duties under this Code of Conduct extend beyond the term of office of the Decision Maker. The duties of confidentiality and speaking with one voice are permanent. For every other duty as outlined in the Role Descriptions of Council Member and non-Council Committee Member the duration will extend for a period of three years.

Enforcement/Sanctions
The Council and Committees will serve to enforce this code of conduct. The Council and Committees are responsible for how it acts and how it holds Decision Makers accountable. General support for the Council and Committees, for the College and its work is crucial to the health of the organization. If this commitment cannot be sustained, resignation is recommended.
ANTI-VIOLENCE AND ANTI-HARASSMENT IN THE WORKPLACE

Guidelines for Council and Non-Council Members

This document is provided to assist Council and non-Council members with reference information related to governance process policies GP7 and GP8.

In 2009, the Ontario Legislature passed the Occupational Health and Safety Act which outlaws Violence and Harassment in the Workplace. Due to increased incidences of violence and harassment in the workplace, the provincial government sought to address these issues by strengthening the already existing Occupational Health and Safety Act (OHSA) that protects workers from health and safety hazards.

According to this Act, workplace violence entails a threat (statement or behavior), attempt or actual exercise of physical force by a person against a worker in a workplace that causes or could cause personal injury to the worker. Violence and explicit threats of violence constitute workplace violence. The Act further defines workplace to include telephone and electronic communication, social and other work-related functions.

In 2016, the Ontario Government further strengthened this Act to include sexual harassment or sexual solicitation/advance as a form of workplace harassment. Workplace harassment now means engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known to be unwelcome. It also means making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows that the solicitation or advance is unwelcome.

In the Act, Council and non-Council members, volunteers and contractors are regarded as College workers and are thus expected to comply with the legislation.

It is important for Council and non-Council members to be cognizant of the types of situations that may arise and are covered by the Act:

- A Council or non-Council member may feel harassed, threatened or attacked by a College staff member
- A Council or non-Council member may harass, threaten or attack a staff member
- A Council or non-Council member may be harassed, threatened or attacked by another Council or non-Council member
- A Council member may be aware of threats to staff or office safety which may or may not be related to their professional life e.g. from disgruntled spouse or registrant
• Outside violence or harassment e.g. domestic violence which may spill over to the College offices.

If harassed or threatened with violence the Act requires that they immediately inform the employer (College Registrar or their designate). The Act though, does not apply to members of the public. For example, if a member of the public was harassed or subjected to violence by a Council, non-Council or staff member, the member of the public is not protected by the Violence and Harassment Act. However, if the College became aware of this act of violence, the College can initiate investigation into the conduct of the Council member. Registrants may also be regarded as members of the public as far as the Act is concerned since they don’t work for the College. If, for instance, a Council or non-Council member was attacked by a registrant, the Act may not be applicable since the registrant is answerable to the policy in his or her workplace.

However, this does not mean that the Council or non-Council member cannot use other College policies, guidelines or regulations to settle the matter (e.g. Professional Misconduct Regulation, Ontario Regulation O.REG. 95/07). Alternatively, if a Council or non-Council member harassed or attacked a registrant and the College becomes aware of it, the Act may be used to sanction him or her as well as utilize other College tools like the Code of Conduct Policy.

The government has placed a great deal of importance on this Act and requires that all employers of more than five workers develop written policies and procedures to prevent violence and harassment in their workplaces. The employer shall also develop and maintain a program to implement the policy and procedures. This program should include measures and procedures to control risks identified, to summon immediate assistance when workplace violence occurs and for workers to report workplace violence or harassment. The measures should also outline steps to make a complaint and to investigate allegations of workplace violence or harassment. The College has developed Violence and Harassment Policy to ensure compliance with the Act.

The government legislation also requires employers to ensure that their workers (including Council members, non-Council members and independent contractors) are aware of the procedures their organization has put in place to protect them from harassment and violence while in the workplace. The procedure the College has developed requires all workers to:

• Leave the situation and report to the Registrar immediately if subjected to workplace violence
• Orally or in writing tell the offender to stop their behavior, if subjected to workplace harassment. If this does not work, approach the Registrar to discuss other options
• Remain calm and get as much information as possible If threatened over the phone, or redirect the call to the Registrar
• Remain calm and notify the security by phone and the Registrar, if an individual presents in the office and threatens a worker. Use personal judgement to ensure own and other workers’ safety
• Document details of any workplace violence or harassment that is experienced or witnessed including date, time, other witnesses and the incident
• Cooperate with investigations to resolve workplace violence or harassment
• Maintain confidentiality related to investigations, except when disclosure is necessary or authorized by law.

Anyone who contravenes or fails to comply with this Act is guilty of an offence and on conviction is liable to a fine of not more than $25,000 or imprisonment for a term not more than 12 months or both. If a corporation contravenes or fail to comply with the act, it is liable to a maximum fine of $500,000 on conviction.
This document is provided to assist Council and non-Council Committee members with reference information related to governance process policy GP12. (The following guidelines are also included in the bylaws.)

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

**TYPES OF CONFLICT**

**Pecuniary Interests**

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

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

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

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

Financial conflicts include:

a) interests in contracts which the College is considering entering into; and

b) accepting benefits where the individual is providing the benefit to influence College decision-making (or the benefit could reasonably be interpreted as having that purpose or effect).

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

**Fiduciary Interests**

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

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

It is expected that all members of Council will speak outside of meetings with a united voice after a decision has been made or a policy has been set. This is described in more detail in the document “Code of Conduct” for Council members.
Bias
A legal concept applied to members of all College appointed Panels.

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

Panel members would usually be considered to hold a bias where:
- he/she had a prior involvement in the events giving rise to the College proceeding
- he/she holds a personal interest in the outcome of the proceedings
- he/she has taken a public stand on the issue before the proceedings
- he/she has a family relationship or employer/employee relationship with the individual involved in the proceedings.

RESOLVING CONFLICTS OF INTEREST
Any member of Council or any non-Council member who recognizes that they are in a conflict of interest situation as defined herein will declare a conflict in the following manner:

a) If the conflict relates to the member’s overall role, the member will notify the President as soon as possible.

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

c) If the conflict relates to the member’s role on a statutory committee, the member will notify an appropriate person (e.g. depending on the circumstances, the Chair of the committee, independent legal counsel) prior to any meeting or hearing related to the matter.

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

a) If the conflict affects the member’s overall role,
   i. the President will cause an investigation of the alleged conflict to be had through the Executive Committee. Council will be informed.
   ii. The Executive Committee’s findings will be presented to Council for resolution.
   iii. The decision of Council will be considered final.

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

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

Any member who believes that another member has a conflict which has apparently not been declared, will, if possible, discuss the matter with the member. If the matter is not resolved to the satisfaction of the member who perceives the conflict, he/she will discuss it with the
President. (or other appropriate person if, for example, it relates to a committee proceeding). Where appropriate,

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

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

c) The decision of Council will be considered final.

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

Where the Council decides to disqualify an appointed member based on the findings of an investigation related to conflict of interest, the President will request the resignation of the member failing which a report shall be made to the Minister of Health.
ROLE DESCRIPTION

Primary Function:
The Council of the College of Occupational Therapists of Ontario establishes policies to allow the organization to effectively carry out its statutory responsibilities as outlined in the *Regulated Health Professions Act*. Policies reflect the responsibility to ensure that the public receives safe and ethical occupational therapy services.

Statutory Functions:

1. Ensures that College policies and programs are established in accordance with the *Regulated Health Professions Act* and other relevant legislation.

2. Recommends changes in legislation required to effectively meet the College’s mandate.

3. Recommends new regulations, and revisions to existing regulations, under Section 95 of Schedule 2 of the *Health Professions Procedural Code*.

4. Establishes and amends By-laws in accordance with Section 94 of Schedule 2 of the *Health Professions Procedural Code*.

5. Establishes standards of practice and ethical guidelines in accordance with Section 3(1) parts 3. and 5. of Schedule 2 of the *Health Professions Procedural Code*.

6. Ensures that elections for Council representatives are run in accordance with the By-laws.

7. Replaces professional members who resign from Council as per Bylaw.

8. Ensures the composition of Council is properly constituted.

9. Ensures that the required statutory committees are appropriately constituted.

10. Receives reports from statutory committees at least semi-annually.

11. Appoints the Registrar under Section 9(2) of Schedule 2 of the *Health Professions Procedural Code*.

12. Appoints the auditors; ensures that an annual audit is completed; accepts the audited financial statements; and ensures the audited statement is sent to all registrants.
13. Establishes the fiscal year for the College.
14. Determines the Rules of Order to be used at meetings.

General Functions:

1. Develops reviews and approves the mission, vision statements, and the strategic business plan for the College.
2. Reviews and approves the annual operating and capital budgets investment plan.
3. Reviews the financial position of the College quarterly.
4. Reviews and approves all position statements of the College.
5. Identifies issues for review by non-statutory committees and task forces, and establishes those committees and their terms of reference and membership.
6. Receives reports of non-statutory committees and task forces and makes decisions regarding the acceptance and implementation of the recommendations in the reports and circulation of reports. Receives regular reports from the Registrar based on the ends Policies.
7. Receives reports of liaison meetings, and identifies actions to be taken as necessary.
9. Continuously evaluates itself and periodically devotes time to analyzing both its own composition and its performance.

Revised:

March 2001
January 2003
March 2003
March 2010
March 2017
ROLE DESCRIPTION

Council Member

Definition
Council members fall into two categories: occupational therapistsprofessional members and public members. Professional members of council are Occupational therapists are elected by their peers through district elections for the purpose of carrying out the self-regulatory function. Two academic members are selected by the academic community. Public members are appointed by the Lieutenant Governor in Council to bring the public perspective to Council discussions.

Primary Function:
Council members make decisions in the public interest, balancing this responsibility with an understanding of the occupational therapy profession and environments in which it is practised. Council members establish the goals and policies of the College in accordance with the relevant legislation.

Specific Responsibilities:
1. Serve on Council and at least one statutory committee to which they are appointed.
2. Serve on additional committees, task forces or advisory groups from time to time.
3. Review all material sent in advance for Council and Committee meetings.
4. Develop and maintain a knowledge of College functions and issues facing Council.
5. Contribute constructively to Council and Committee discussions. Understand and respect the rules of order as prescribed by Council.
6. Identify relevant expertise or contacts as resources.
7. Acquire a working knowledge of policies and procedures relating to their specific Statutory Committee(s).
8. Communicate with registrants, stakeholders and other interested parties in a manner consistent with confidentiality requirements and policy C-12, Communicationsthe College Bylaws.
9. Identify issues to be added to the Council or Committee agenda in advance of any meeting.

Expectations:
1. Demonstrate accountability to the public through decision-making in the public interest.
2. Abide by the Council code of conduct.

3. Identify and address conflict of interest situations as set out in the College bylaws, including understanding and identifying cases in which prior knowledge may affect the ability to function on committee.

4. Recognize and respect confidential information learned in the course of College activities.

5. Understand the role of staff as resources to committees.

6. Resolve concerns with the committee chairperson, Council President, or Vice-President.

7. Maintain good public relations with registrants, the public, health care organizations, educational groups, and government bodies in their regions.

8. Arrange their timetable to allow attendance at Council and Committee meetings.

**Term of Office:**
Elected and Academic Council members are eligible to serve a maximum of three consecutive three year terms.

Public Council Members are eligible to serve as appointed by the Lieutenant Governor in Council. (Usually a maximum of 3 consecutive three-year terms.)

Appointment to statutory committees is one year with the option for reappointment.
ROLE DESCRIPTION

Non-Council Committee Member

Primary Function:
Non-Council Committee members are working participants of Council Committees, and facilitate the achievement of desired outcomes as approved by the Council.

Specific Responsibilities:
1. Serve on the committee or task group to which they are appointed and attend meetings.
2. Review all materials sent in advance for Committee meetings.
3. Develop and maintain knowledge of College.
4. Functions and issues related to the task. Acquire a working knowledge of policies and procedures relating to their specific Statutory Committee(s).
5. Contribute constructively to Committee discussions and decisions
6. Identify relevant expertise or contacts as resources.
7. Identify issues to be added to the Committee agenda in advance of any meeting

Expectations:
1. Demonstrate accountability to the public through decision-making in the public interest.
2. Identify and address conflict of interest situations as set out in the COTO policy, including understanding and identifying cases in which prior knowledge may affect the ability to function on committee.
3. Recognize and respect confidential information learned in the course of COTO activities.
4. Understand the role of staff as resources to committees.
5. Resolve concerns with the committee chairperson.
6. Arrange their timetable to allow attendance at Committee meetings.

Term of Office:
Appointments are supported for a three-year term, or for the length of the task, whichever is least. Non-council committee members can be re-appointed for a second three-year term.

Created: October 1995
Reviewed: March 2017
ROLE DESCRIPTION

Committee Chairperson

Primary Function:
The committee Chairperson is a member of a statutory, standing or ad hoc committee who is appointed to serve as chairperson of the committee.

The Chairperson has two broad areas of responsibility:
1. leadership and accountability,
2. management of committee meetings and committee members in relation to their committee responsibilities.

Specific Responsibilities:
Committee Chairpersons are expected to:

1) Demonstrate Leadership and Accountability
   • Facilitate decision making.
   • Facilitate congruence of the committee’s decision/policies with the mandate of the College, Council values, philosophy, mission, vision, and the strategic plan.
   • Encourage the expression of diverse perspectives to enrich debate.
   • Be chief spokesperson/advocate/interpreter for the committee regarding committee activities, decisions or perspective at Council.
   • Act as a role model for the committee members.
   • Ensure that the committee’s objectives and policies are established, followed and reviewed in accordance with the committee’s terms of reference including any relevant legislation and Council’s strategic directions.
   • Collaborate with staff resource person(s) to:
     – identify issues for committee consideration;
     – prepare committee reports and recommendations for presentation to Council;
     – develop objectives and long-range plans for the committee;
     – develop ways to address criticism and concern; and
     – identify issues for Council consideration arising out of committee activities.
   • Facilitate conflict resolution.
   • Facilitate ongoing quality improvement.
   • Report to Council on committee activities, policies and issues through pre-circulated reports and/or presentations, and submission of annual reports.
   • Assist with the orientation of new Council and committee members.

2) Manage Committee Meetings and Membership
   • Chair committee meetings. Where a Chairperson is unable to attend a meeting, she or he is responsible for arranging for a specific committee member to act as Chairperson in her or his absence.
   • Fulfil specific requirements for statutory committee chairperson if chairing a statutory
committee, i.e.,
   - conduct meetings and hearings in accordance with legal procedure, and
   - acquire an in-depth knowledge of legislation relevant to her/his committee.

- Ensure that committee members are aware of the responsibilities they assume as part of the committee.
- Provide guidance and counsel to committee members and staff resource person(s).
- Monitor the extent to which committee members meet their responsibilities for attendance and participation and address any issues in this regard as may be required from time to time.
- Keep abreast of activities and issues affecting the functioning of the committee.
- Facilitate evaluations of the committee and chair.
- Review terms of reference to ensure their responsiveness to change, and making recommendations to Council for change when necessary.
- Preparing agendas and ensuring maintenance of committee activity through minutes and records.
- Address issues of potential conflict of interest.

Skill Set of a Chairperson:
In order to assist the Executive Committee with the appointment of individuals to the position of chairperson, a number of skills have been identified to assist the chairperson in the performance of his or her role. While some committees may require more emphasis on certain skills over others, these skills are considered generic and of application to all chairperson positions. The selection of the Chairperson is critical to a committee’s success.

Leadership Skills:
1. Make good decisions (base decisions on analysis, experience, judgement and wisdom).
2. Manage the committee’s vision and purposes (develop a vision, creates support for vision).
3. Take responsibility for committee decisions and actions.
4. Build team spirit (create strong morale, feeling of belonging to a team).
5. Set priorities (spend time on what is important).
6. Handle complex political situations.
7. Manage conflict (find common ground and get cooperation of others); and

Key Characteristics:
1. Approachability (easy to talk to, build rapport well).
2. Composure (calmness, remains cool under pressure).
3. Integrity and trust (take responsibilities for actions/decisions, truthful, keeps confidences).
4. Patience (tolerant of others, listen before acting).
5. Understanding others (listen to others’ point of views); and
6. Ethics and values (adhere to a set of core values).
Term of Office:
Committee Chairs are appointed by the Executive Committee each year. The number of times Council member can be appointed to Chair to a Committee is not limited.
ROLE DESCRIPTION

President

Primary Function:
The President provides leadership for Council to ensure that strategic plans, objectives and policies are developed and implemented in accordance with the mandate of the College. The President is the chief spokesperson for the Council.

Specific Responsibilities:
In addition to the specific functions outlined in the role descriptions for a Council member and Committee Chairperson, the President:

2. Receives and reviews all matters directed to the attention of Council.
3. Facilitates communication of issues and concerns raised by statutory committee Chairpersons to the Executive and Council.
4. Convenes and chairs all meetings of Council and the Executive Committee.
5. Conducts evaluation of each Council meeting. In conjunction with Council, leads annual evaluation of Council goals and activities for purposes of future planning. The President facilitates the annual evaluation of all Committees.
6. Collaborates with the Registrar in:
   - Identification of issues for Council consideration;
   - Development of objectives and long range plans for Council;
   - Establishment of priorities for deliberation by Council and Executive Committee;
   - Development of suitable public relations program for the College.
7. Represents the College at official liaison and public functions including: OSOT, annual CLEAR conference, Federation of Health Regulatory Colleges, CNNAR Conference, etc.
8. Annual review of the credit card expenses of the Registrar and signatory (or designate) for out of pocket expenses of over $100.00 by the Registrar.
9. Contributes to College publications.
10. Following input and discussion with the Executive Committee, conducts annual performance appraisal of the Registrar.
11. Represents the Council Executive Committee in negotiation of the Registrar’s contract.
12. Receives, reviews and brings to the attention of the Executive Committee matters related to College governance.

Relationships:
1. The President is accountable to the Council for the assigned functions.
2. The President is available for counsel to assist committee and task force chairpersons, Council members and the Registrar.
3. The President maintains good public relations with the membership and the public at large, health care organizations, educational groups and government
Term of Office:
Council members elect the President annually. There is no maximum set for the number of times a Council member can be elected to this office.

Created: September 1997
Review: June 2001
June 2003
April 2008
April 2010
April 2014
Revised: March 2017
ROLE DESCRIPTION

Vice-President

Primary Function:
The primary function of the Vice-President is to collaborate with the President on the activities of the Council and College. The Vice-President assumes the responsibilities of the President in his or her absence.

Specific Responsibilities:
In addition to the specific functions outlined in the role descriptions for a Council member and Committee Chairperson, the Vice-President:

1. Chairs Council and the Executive Committee in the absence of the President.

2. Receives, reviews and brings to the attention of the Executive Committee matters related to College governance.

3. Identifies issues of particular concern to the Council members and brings them to the attention of the President.

4. Coordinates the evaluation of Council process.

5. Monitors the governance process.

6. May represent the College at official liaison functions.

Relationships:

1. The Vice-President is accountable to the Council for the assigned duties.

2. The Vice-President is available for assistance and support to the President.

3. The Vice-President is available for assistance to Committee and task force chairpersons, Council members and the Registrar.

4. The Vice-President maintains good public relations with membership, the public at large, Government, and health care organizations.

Term of Office:
Council members elect the Vice-President annually. There is no maximum set for the number of times a Council member can be elected to this office.

Created: September 1997
Reviewed: April 2008
April 2010
April 2014
March 2017
ROLE DESCRIPTION

Member at Large - Finance

Primary Function:
The primary function of the Member at Large - Finance is to act as the financial liaison between the Registrar and the Executive Committee.

Specific Responsibilities:
The Member at Large – Finance:

1. Acts as a resource to the Executive Committee in the development of financial policies.
2. Assists Council in the review of set financial policies.
3. Reviews the proposed budget with the Registrar with respect to the Registrar Limitation Policies.
4. Annually review the credit card expenses of the President.
5. Annually reviews the investment portfolio and reports to Council.
6. Reviews the annual financial audit with the Auditor and Registrar.
7. Receives, reviews, and brings to the attention of the Executive Committee matters related to College governance.

Term of Office:
Council members elect the Member at Large – Finance annually. There is no maximum set for the number of times a Council member can be elected to this office.

Date Created: September 1997
Review date: April 2008
April 2010
April 2014
March 2017
ROLE DESCRIPTION

Member at Large - Education

Primary Function:
The Member at Large - Education has the responsibility of facilitating continuing education for Council members.

Specific Responsibilities:
The Member at Large - Education:

1. Facilitates continuing education of Council members;
   • Facilitates educational requests where needs and interests have been identified,
   • Identifies educational needs and recommends educational tools (conferences, speakers, courses, etc.) for Council members,
   • Co-ordinates the evaluation of Continuing Education events.

2. Receives, reviews and brings to the attention of the Executive Committee matters related to College governance.

Term of Office:
Council members elect the Member at Large - Education annually. There is no maximum set for the number of times a Council member can be elected to this office.

Created: September 1997
Reviewed: June 2003
May 2006
April 2008
April 2010
April 2014
March 2017
IN CAMERA SESSIONS OF COUNCIL

Guidelines for Council Meetings

In accordance with section 7(2) of the Health Professions Procedural Code, which is Schedule 2 to the Regulated Health Professions Act Council may exclude the public from any meeting or part of a meeting for reasons as follows:

- matters involving public security may be disclosed;
- financial or personal matters or other matters maybe disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle of having meetings open to the public;
- where a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- personnel matters or property acquisitions will be discussed;
- where instructions or opinions are to be received from the solicitors for the College; or
- where Council will deliberate whether to exclude the public or to prevent publication of matters disclosed.

Where a portion of a meeting is conducted in camera, the discussion and decision(s) will not be recorded in the minutes, unless explicitly directed so by Council.

Procedure:

1. The Chair of Council shall indicate to those present at the meeting that an in camera session is to take place, and the reason, as stipulated in the Act, that it is being conducted in camera.

2. All guests and staff members shall leave the Council chambers at the time indicated.

3. The Registrar may remain in the session if directed to do so by the Chair.

4. Discussion and any decisions will be recorded by the Vice-President. While in camera, Council will vote on whether or not the in camera discussion should be minuted as part of the regular minutes, or as separate confidential minutes.

5. When Council is to reconvene, the Chair will give notice, and provide opportunity for guests and staff to return to the Council chambers. Where in the public interest, a verbal report will be provided as to any decisions made while in camera.

6. The Vice-President will advise the Recording Secretary as to the format for minutes as agreed to during the in camera session.

7. Where Council has directed that minutes remain confidential, minutes will be stored in a sealed envelope in the College filing system, with a copy of the regular minutes. The regular minutes will note only the reason for the in camera session.

Oct 2011
March 2017
COUNCIL BRIEFING NOTE

Date: March 30, 2017
To: Council
From: Elinor Larney, Registrar, Chief Returning Officer
Subject: Council Elections

Recommendation/Action Required:
THAT Council receives the results of the elections in Districts 2 and 4.

Background:
The College has recently moved to an entire electronic elections process. That is, both the nominations and the elections are held electronically, through the internet. This is the second time that this has occurred. In addition, the Bylaws were changed in 2016 shortening the time frame for elections to reflect a more efficient and timely electronic process which started this year. Due to this increased efficiency and no actual job left for the Elections Committee to perform, this committee was disbanded, and the Executive Committee took on the job of oversight.

In the past, when the ballots were paper, a motion was made at the March Council meeting to 'destroy the paper ballots'. This no longer needs to occur as there are no ‘ballots’.

Discussion:
The elections went smoothly again this year and the shortened time frame did not seem to have a detrimental effect. While Executive Committee oversees the process, and is available to intervene should a problem arise, no such problems occurred.

Voter Turnout

<table>
<thead>
<tr>
<th>District</th>
<th>2014 Turnout</th>
<th>2017 Turnout</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 – Hamilton and Area</td>
<td>18%</td>
<td>27%</td>
<td>9%</td>
</tr>
<tr>
<td>4 – Ottawa, Kingston and Area</td>
<td>19%</td>
<td>26%</td>
<td>7%</td>
</tr>
</tbody>
</table>

To officially report the results of the elections and close off the process, the motion is presented above.

Attachment(s):
Official Results of 2017 Elections in Districts 2 and 4.
Poll Result

2017 Council Elections

Report date: Tuesday 07 March 2017 14:01 EST

College of Occupational Therapists of Ontario District 2 (Hamilton, Niagara & Waterloo Area) Council Elections

College of Occupational Therapists of Ontario District 2 (Hamilton, Niagara & Waterloo Area) Council Elections

Poll ID: 133992
As at Poll close: Tuesday 07 March 2017 14:00 EST
Number of voters: 274 · Group size: 1034 · Percentage voted: 26.50
Ranked by votes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Candidate ID</th>
<th>Candidate</th>
<th>Votes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15873183</td>
<td>Jennifer Henderson</td>
<td>214</td>
<td>78.10</td>
</tr>
<tr>
<td>2</td>
<td>15873184</td>
<td>Julie Entwistle</td>
<td>155</td>
<td>56.57</td>
</tr>
<tr>
<td>3</td>
<td>15873182</td>
<td>Paola Azzuolo</td>
<td>84</td>
<td>30.66</td>
</tr>
</tbody>
</table>

College of Occupational Therapists of Ontario District 4 (Ottawa, Kingston & Area) Council Elections

College of Occupational Therapists of Ontario District 4 (Ottawa, Kingston & Area) Council Elections

Poll ID: 133993
As at Poll close: Tuesday 07 March 2017 14:00 EST
Number of voters: 216 · Group size: 824 · Percentage voted: 26.21
Ranked by votes

<table>
<thead>
<tr>
<th>Rank</th>
<th>Candidate ID</th>
<th>Candidate</th>
<th>Votes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15873187</td>
<td>Patrick Hurteau</td>
<td>78</td>
<td>36.11</td>
</tr>
<tr>
<td>2</td>
<td>15873186</td>
<td>Carol Miers</td>
<td>72</td>
<td>33.33</td>
</tr>
<tr>
<td>3</td>
<td>15873185</td>
<td>Josée Séguin</td>
<td>66</td>
<td>30.56</td>
</tr>
</tbody>
</table>

Returning Officer

Signature: Elinor Larney

Name: Elinor Larney, Registrar

Date: March 20, 2017

https://www.bigpulse.com/pollresults?code=67247PbWlZqns9gZQGQ983
Council Briefing Note

Date: March 30, 2017
To: Council
From: Executive Committee
Subject: Priority Performance Report – Q3 (December 1, 2016 – February 28, 2017)

Recommendation/Action Required:

THAT Council receives the Priority Performance Report for the third quarter.

Background:

Council is presented with quarterly data in alignment with the strategic directions outlined in the Ends policies. The data reflects performance for the third quarter (Q3) of the fiscal year, December 1, 2016 - February 28, 2017.

*Please note that as of the date of the Report some indicator data is not available due to the close proximity to the end of the quarter.

Of interest, the revised QA tool deadline of January 18, 2017 appears to have had significant impact on website analytics for the month of January.

Discussion:

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

Attachment:

Strategic Framework 2014 – 2017

Leaders in Innovative, Quality-Driven Regulation

Registration
Quality Practice
Investigations & Resolutions
Operations

Relational Regulation

Competent, Ethical and Accountable OTs

Financially Responsible

Effective Organizational & Governance Practices

Fairness and Respect
Accountability
Collaboration
Communication
Learning and Development

Leadership Values

Fairness and Respect
Accountability
Collaboration
Communication
Learning and Development

Core Priorities

Registration
Quality Practice
Investigations & Resolutions
Operations

Strategic Priorities (Ends)

Vision
### Supporting Competent, Ethical and Accountable Practice

<table>
<thead>
<tr>
<th>Priority</th>
<th>Objective</th>
<th>Indicator</th>
<th>Target</th>
<th>Outcomes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>College programs support OTs to be competent, ethical and accountable</td>
<td>Registration Data</td>
<td>Total number of current active registrants</td>
<td>N/A</td>
<td>5471</td>
<td>Data snapshot from February 24, 2017.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Canadian educated registrants</td>
<td>N/A</td>
<td>89.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of internationally educated registrants</td>
<td>N/A</td>
<td>10.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registrant’s practice is consistent with and supported by defined professional standards and competencies.</td>
<td>% of practice standards that are current and comply with the Framework for College Publications</td>
<td>100%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of complaints against registrants</td>
<td>N/A</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total number of reports (Mandatory Reports and Registrar’s Inquiries)</td>
<td>N/A</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registrants have access to College-developed resources to assist them in their practice.</td>
<td>Open rate on relevant College eblasts</td>
<td>TBD*</td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click through rate on College eblasts</td>
<td>TBD*</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of website Knowledge Base Resource views</td>
<td>TBD*</td>
<td>2441</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of practice inquires</td>
<td>N/A</td>
<td>215</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of practice inquires received from registrants</td>
<td>N/A</td>
<td>78%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of practice inquires received from the public</td>
<td>N/A</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of general inquiries</td>
<td>N/A</td>
<td>217</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of general inquiries received from registrants</td>
<td>N/A</td>
<td>69%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*New complaints reported in Q3.*

*New reports and inquiries reported in Q3.*

*Based on 4 practice related eblasts issued to all registrants. Industry average 31.3% for non-profit organizations.*

*Decreased click through rate assumed to be due to the nature of the eblasts. There were repeat reminder of the portal closing date where registrants may have missed the deadline.*

*Defined as the total number of unique page views for top 10 most viewed Knowledge Base Resources (Standards, Ethics, Competencies).*
The College’s evaluation methods are valid, reliable and applied consistently. Number of assessment report recommendations from the Ontario Fairness Commissioner: 0. The College is required to complete an assessment by Ontario Fairness Commissioner (OFC) every 2-3 years. Based on the outcome of the assessment the OFC may make recommendations. The College will be completing our next assessment in 2017.

Applicants are satisfied with the College application process. Satisfaction is measured on a 7-point scale. All applicants are prompted to provide feedback to the question “How satisfied were you with the online application tool?” There were no tends identified in additional comments provided.

<table>
<thead>
<tr>
<th>% of general inquires received from the public</th>
<th>N/A</th>
<th>31%</th>
<th>47%</th>
<th>19%</th>
<th>32%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public is defined as non-registrant inquiries (public, clients, employers, insurers, other)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>% of total Registration HPARB appeals upheld</th>
<th>N/A</th>
<th>0%</th>
<th>0%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no active Registration HPARB appeals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<th>100%</th>
<th>100%</th>
<th>100%</th>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>% of total ICRC HPARB appeals upheld</th>
<th>N/A</th>
<th>0%</th>
<th>0%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College received 1 HPARB decision in this quarter.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicants are satisfied with the College application process. Satisfaction is measured on a 7-point scale. All applicants are prompted to provide feedback to the question “How satisfied were you with the online application tool?” There were no trends identified in additional comments provided.

<table>
<thead>
<tr>
<th>% of total number of registrants assessed through the QA Competency Review and Evaluation (CRE) process</th>
<th>5% (per quarter)</th>
<th>0.75%</th>
<th>N/A</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined as registrants who completed the Step 1 assessment including all outcomes (above threshold, below threshold, incomplete portfolio, referred to Step 2). No registrants will be completing the CRE process until the program evaluation is complete and the new program designed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicants are satisfied with the College application process. Satisfaction is measured on a 7-point scale. All applicants are prompted to provide feedback to the question “How satisfied were you with the online application tool?” There were no trends identified in additional comments provided.

<table>
<thead>
<tr>
<th>% of OTs who completed Step 2 with an outcome of “Take No Action”</th>
<th>N/A</th>
<th>90%</th>
<th>94%</th>
<th>89%</th>
<th>91%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined as registrants who completed the Step 1 assessment including all outcomes (above threshold, below threshold, incomplete portfolio, referred to Step 2). No registrants will be completing the CRE process until the program evaluation is complete and the new program designed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Number of Step 2 OTs requiring remediation</th>
<th>N/A</th>
<th>0</th>
<th>2</th>
<th>5</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were 5 Final SCERP decisions issued during Q3. The increase in SCERPs may be reflective of the increased volume of cases reviewed by Committee within the quarter.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*To Be Determined (TBD) targets require the establishment of baseline data

---

**Relational Regulation**

<table>
<thead>
<tr>
<th>Priority</th>
<th>Objective</th>
<th>Indicator</th>
<th>Target</th>
<th>Outcomes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The College is a relational regulator in protecting the public interest</td>
<td>Number of speaker requests (site visits, conference presentations, consultations)</td>
<td>TBD*</td>
<td>Q1 4</td>
<td>Defined by date the education session is delivered. Speaker request volumes declined in Q3. It is expected that volumes will increase in Q4 in response to confirmed upcoming presentation dates.</td>
</tr>
<tr>
<td></td>
<td>The College is proactive and innovative in regulatory leadership</td>
<td>Number of leadership role appointments of College staff</td>
<td>N/A</td>
<td>Q2 3</td>
<td>Includes ongoing and new appointments. ACOTRO President FHRCO Executive QA Working Group Co-chair ORAC Co-Vice Chair</td>
</tr>
<tr>
<td></td>
<td>The College collaborates with interprofessional and intraprofessional organizations</td>
<td>Percent of management staff actively involved in inter and intraprofessional initiatives</td>
<td>100%</td>
<td>Q3 0%</td>
<td>All senior staff actively participate as members of inter and intraprofessional organizations and groups.</td>
</tr>
</tbody>
</table>

---

March 10, 2017 Page 3
The role and the mandate of the College are understood by stakeholders. Number of visits to ‘About the College’ webpage TBD* 1497 1477 Defined as total number of unique pageviews to ‘About the College’ webpage at www.coto.org.

Number of visits to the ‘OT Directory’ (public register) TBD* Data to be provided next quarter.

The Colleges reports are comprehensive and timely. % required reports completed and submitted on time 100% 100% 100% 100% Ontario Fairness Commissioner, CIHI, HPDB, Ministry directives and consultations.

Number of visits to ‘About the College’ webpage TBD* 1497 1477 Defined as total number of unique pageviews to ‘About the College’ webpage at www.coto.org.

Number of visits to the ‘OT Directory’ (public register) TBD* Data to be provided next quarter.

Registrants are engaged in self-regulation. Number of registrants standing for Council elections TBD* N/A N/A N/A 6 3 candidates stood for election in each District (2 & 4) are up for election in March 2017.

Open rate on College eblasts TBD* 56% 61% 59% 58.7% Based on 6 eblasts issued during Q3.

Registrant response rates to stakeholder consultations (bylaws, standards, program evaluation) TBD* 9.3% N/A N/A 9.3% There were no consultations in Q3. The College supported an interprofessional stakeholder consultation on psychotherapy.

New registrants understand the role of the College Number of new and returning applicant’s “Practicing Without Authority” cases 0 0 1 1 8

Student occupational therapists understand the role of the College Satisfaction ratings on feedback from student education sessions Average rating 4.25 4.45 N/A 4.35 There were no student education sessions during Q3. The low volume is consistent with previous years.

Communication with registrants is clear, effective, and respectful. Satisfaction rating on feedback surveys Average rating 51.79 98.3% 97% 4.35 Based on survey feedback from 1 webinar (Standards for Consent) to the question: “Would you recommend this webinar to a colleague?”

*To Be Determined (TBD) targets require the establishment of baseline data

Financial Responsibility

<table>
<thead>
<tr>
<th>Priority</th>
<th>Objective</th>
<th>Indicator</th>
<th>Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College is financially responsible and has sufficient funds to meet its mandate</td>
<td>Fees are sufficient to fund the College</td>
<td>% variance of revenue actuals to forecast</td>
<td>0</td>
<td>2.6%</td>
<td>0</td>
<td>2.6%</td>
<td>3.4%</td>
<td>Q3 financials were not available as of the date of the report as Q3 closed February 28th.</td>
<td></td>
</tr>
<tr>
<td>The College is fiscally responsible.</td>
<td>Ratio of actual to budgeted spending</td>
<td>100% actual to budget spending per quarter</td>
<td>76%</td>
<td>91.8%</td>
<td>TBD</td>
<td>TBD</td>
<td>83.9%</td>
<td>Q3 financials were not available as of the date of the report as Q3 closed February 28th.</td>
<td></td>
</tr>
<tr>
<td>Priority</td>
<td>Objective</td>
<td>Indicator</td>
<td>Target</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>YTD</td>
<td>Comments</td>
</tr>
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<tr>
<td>Effective organizational and governance practices.</td>
<td>The College is an efficient, productive, and accountable organization.</td>
<td>All Registration decision notifications meet statutory timelines.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>All written decisions are mailed to applicants within the required 30 days.</td>
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<tr>
<td></td>
<td></td>
<td>All QA intent &amp; decision notifications meet statutory timelines.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>All written decisions are mailed to applicants within the required 30 days.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All ICRC notifications meet statutory timelines.</td>
<td>100%</td>
<td>95.8%</td>
<td>91%</td>
<td>93.4%</td>
<td>All 32/35 notifications issued within defined timelines. Breakdown of the 91%: 10/10 - notice letters in complaints, 0/0 - notice letters in reports, 5/8 - 150 day delay letters, 17/17 - 210 day delay letters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average number of monthly website users</td>
<td>TBD*</td>
<td>6092</td>
<td>6737</td>
<td></td>
<td></td>
<td>6415</td>
<td>January saw an 86.86% increase in traffic with a total of 18,393 visits to the website.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average number of monthly website visits</td>
<td></td>
<td>11,913</td>
<td>11,601</td>
<td>11,757</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registrant ratings on elearning tool functionality and effectiveness (PREP module)</td>
<td>% of respondents who indicate strongly agree or agree</td>
<td>92%</td>
<td>75-79%</td>
<td>83%</td>
<td>92%</td>
<td>&quot;This module increased my knowledge of the topic presented&quot;. 2017 PREP Module to be released April 1, 2017. Indicator data available Q1 of 2017-2018.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recommendation/Action Required:

THAT Council approves the draft Standards for Use of Title to be circulated for stakeholder consultation.

Background:

In response to direction from Council in October 2016, Practice Issues Subcommittee has developed the new Standards for Use of Title (draft). These Standards are intended to replace the existing Guide to Use of Title (2012).

In addition to the original content included in the Guide to Use of Title, the Standards address the following issues:

1. Use of title Psychotherapist
2. Additional credentials
3. Use of title in retirement or following resignation from the College

The Standards represent a change in College position specifically as it pertains to the ability of occupational therapists to refer to additional credentials such as certifications when communicating with the public. As you will recall, the College has historically equated the use of these credentials with specialization and has not permitted use. With direction from Council, additional credentials are now distinctly separate from specialization and OTs whose credentials meet the criteria defined in the Standards will be permitted to use the credentials when displayed in the approved format.

The Use of Title Psychotherapist (previously a stand-alone Standard) has been incorporated into the Standards for Use of Title to provide all related title requirements in a consistent location. The intention is to include this Standard only once the controlled act of psychotherapy is proclaimed, however, Practice Issues Subcommittee felt it would be prudent to include for review as part of the newly revised standards in anticipation of the act being proclaimed.

The Standards also address a growing number of questions pertaining to the use of title in retirement as the College does not have a status of inactive or retired that would permit individuals to use title when no longer practicing the profession or when no longer able to meet the currency requirements.
Discussion:
Council is asked to consider a few specific issues related to the Standards:

- **Terminology – designation vs. abbreviation**
  - These terms have been used interchangeably in documentation when referring to “OT Reg. (Ont.)”. There has been an attempt to revise the language throughout the Standard to ensure consistent use and clarify understanding for OTs.
  - Section 43 of the General Regulations (O. Reg. 226/96: GENERAL) made under the Occupational Therapy Act, 1991, 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. O. Reg. 122/01, s.1.”

- **Approved title for applicants completing a re-entry program to meet currency requirements.**
  - Following the logic of using Student prior to title to ensure clarity for the audience, it is recommended that Executive consider revising the re-entry applicant title to “Candidate Occupational Therapist” as the current use of “OT Reg. (Ont.) Candidate” may be misleading or misinterpreted by the public.

- **Expectations for use of additional credentials for clinical vs. non-clinical OTs**
  - Council is asked to consider the implications of creating different expectations for the display of additional credentials for clinical and non-clinical OTs. Of note, Practice Issues Subcommittee raised concerns about the potential for misunderstanding when requiring a non-clinical OT to use the full-title “Occupational Therapist” in addition to their job title when displaying additional credentials.

- **Use of Title Psychotherapist**
  - The intention is to include this information in the Standards for Use of Title once the controlled act of psychotherapy is proclaimed.

**Attachments:**
1. Revised Standards for the Use of Title (Draft March 10, 2017)
Standards for Use of Title

Draft Revision March 2017

Originally Issued July 2008
Revised 2013
Introduction

The use of any title or designation is an effective method of quickly imparting considerable information about oneself to others. It immediately allows the audience to identify the common roles or activities and characteristics associated with that title. A title serves as a means of representing yourself to others. Titles may be attributed to an individual through a variety of mechanisms; some earned through training or education (e.g. professional credentials) and others because of a position held (e.g. a job title). Some titles such as ‘occupational therapist’ are also protected by legislation and their use is granted through a process of registration with an authorized body. While the process to secure a title may seem quite straightforward, there are several elements to consider in relation to the use of title. This Standard describes the minimum expectations for use of title for occupational therapists (OTs) in Ontario with a General, Provisional, or Temporary Certificate of Registration.

The primary purpose for protection of title is to prevent confusion or misrepresentation to the public. Based on that understanding, it is important to recognize that the use of a title or designation is only a small part of the broader issue of how one represents oneself to others. As such, within the Occupational Therapy Act there is also a provision that, “no person other than a member shall hold himself of herself out as a person who is qualified to practice in Ontario as an occupational therapist”. This is known as “holding out” and would be determined not by use of title but through conduct that leaves the audience with the perception that one is qualified to practice as an OT.

Appropriate representation is most likely to be achieved if the greater principle of transparency is applied. Occupational therapists should always represent themselves, their knowledge, skills and abilities in an accurate, truthful and ethical manner. To achieve transparency and avoid misleading or misrepresentative information it is essential to consider the general knowledge and expectation of the audience receiving the information. Communicating a title to a client or member of the public in clinical practice through direct interaction or advertising may differ significantly from communicating a title to an employer, a referral source or another health professional. OTs must reflect on the purpose of communicating their title and any associated information, as well as the nature (clinical vs. non-clinical) and context of their practice to ensure their use of title complies with professional ethics and standards.

Application of the Standards for the Use of Title

• The following standards describe the minimum expectations for OTs.

• 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 by the OT if requested.
• There may be some situations where the OT determines that a particular performance indicator has less relevance due to client factors or environmental factors. Such situations may call for the OT to seek further clarification.

• It is expected that OTs will always use their clinical judgement to determine how best to obtain consent based on the scope of the practice, practice setting, client and stakeholder needs.

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

In the event of any inconsistencies in this Standards for Use of Title with any other College standards, the standards with the most recent issue or revision date prevail.

College publications contain practice parameters and standards which all OTs practicing in Ontario should consider in the care of their clients and in the practice of the profession. College publications are developed in consultation with OTs and describe current professional expectations. It is important to note that 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 Consent

1. Protected Title
2. Psychotherapist Title
3. Misuse of Title
4. University Degrees
5. Student Occupational Therapists
6. College Applicants Completing a Refresher Program
7. Specialty Designations, Specialization and Areas of Practice
8. Additional Credentials
9. Use of Title Doctor
10. Job Titles
11. Use of Title in Retirement or Following Resignation from the Profession
1. **Protected Title**

One of the central elements of the Regulated Health Professions Act (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 of Occupational Therapists of Ontario. Title protection as part of the regulation of a profession is one mechanism used to help the public readily identify those individuals who are registered with the College with a General, Provisional or Temporary Certificate.

Title protection is defined in the Occupational Therapy Act, 1991 as follows:

**Restricted titles**
7. (1) No person other than a member shall use the title “occupational therapist”, a variation or abbreviation or an equivalent in another language.

**Representations of qualification, etc.**
(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as an occupational therapist or in a specialty of occupational therapy.

By using protected title, registrants are accountable for the delivery of occupational therapy service that meets the established standards of the profession. It is in fact a privilege extended to individuals who have met the entry to practice requirements and maintain their accountability to a regulatory body for continued competence. The title “Occupational Therapist”, or abbreviated designation “OT Reg. (Ont.)”, is included in regulation for a variety of reasons. This title distinguishes an OT who is registered with the College from an individual who is not.

Accurate representation of oneself to the public is critical. A clear, transparent approach used consistently among the profession will help the public recognize those OTs who are registered to use the title and thereby qualified to provide accountable, safe and ethical occupational therapy services in Ontario. The addition of the abbreviation OT Reg. (Ont.) clearly identifies those registered with the College and entitled to practice in Ontario.

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**Standard 1**

*The OT will use the protected title for occupational therapists in Ontario to communicate to the public that they are registered with the College.*

**Performance Indicators**

The OT will:

**1.1** Use the title “Occupational Therapist” and/or the abbreviated designation “OT Reg. (Ont.)” (in English) or “Ergotherapeute” or “Erg. Aut. (Ont.)” (in French) when
registered with a General, Provisional or Temporary Certificate of Registration, engaging in clinical practice, and/or applying occupational therapy knowledge, skills, abilities and attitudes in their practice.

2. Use of Title Psychotherapist – (to be included only upon proclamation of the controlled act)

OTs have legal authority to use the title “Psychotherapist” when complying with provisions in section 33.1 of the Regulated Health Professions Act (RHPA, 1991). By using the title “Occupational Therapist”, before using the title “Psychotherapist”, an OT helps the public to readily identify him or herself 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, verbally 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. Alternative means for conveying this area of practice may be:

Andrew James, OT Reg. (Ont.), Practising in Psychotherapy

Standard 2

The OT will use the protected “Occupational Therapist” title first, before using the title, “Psychotherapist”, both verbally and in writing.

Performance Indicators

The OT will:

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

Andrew James, Occupational Therapist, Psychotherapist

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

Andrew James, OT, Psychotherapist

Or

Andrew James, 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 abbreviated designation of
the title, “OT Reg. (Ont.)”, to indicate they are registered as an occupational therapist, before writing the title, “Psychotherapist”. For example:

Andrew James, OT Reg. (Ont.), Psychotherapist

OR

Andrew James, Occupational Therapist, Psychotherapist

Or use the name of the profession

Andrew James, Occupational Therapy, Psychotherapist

2.3 When communicating in writing, and 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:

• Andrew James, College of Occupational Therapists of Ontario, Psychotherapist

3. Misuse of Title

OTs who are members of the College can be found to be engaging in professional misconduct if they misuse a title. According to the Professional Misconduct Regulation (O.Reg. 95/07) misuse of title is considered professional misconduct if an OT is:

37. Inappropriately using a term, title or designation in respect of the member’s practice.
38. Using a term, title or designation indicating or implying a specialization in the profession.
39. Practising the profession using a name other than the member’s name as entered in the register.

Title protection is a central tenet to the Regulated Health Professions Act and critical to a regulation model that certifies providers through title protection. The College takes seriously its role to safeguard public interest by ensuring that only registered OTs use the protected title. The misuse of title most frequently occurs when an individual who is not an OT uses the protected title or practises in a manner which would lead a reasonable member of the public to presume they are a registered OT, known as holding out as an OT. Penalties for proven misuse of title bring a maximum fine of $25,000 for the first offence and up to $50,000 for a second offense (Occupational Therapy Act, 1991, c.33, s.9). Ensuring that only College registrants use title increases the credibility of the profession by providing a clear public message of accountability and competency.

Standard 3

The OT will not misuse the protected title “Occupational Therapist” or the abbreviation “OT Reg. (Ont.)”.

Performance Indicators
The OT will not:

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Inappropriately use a term, title or designation in respect of the member’s practice;</td>
</tr>
<tr>
<td>3.2</td>
<td>Use a term, title or designation indicating or implying a specialization in the profession;</td>
</tr>
<tr>
<td>3.3</td>
<td>Practise the profession using a name other than the member’s name as entered in the register; or,</td>
</tr>
<tr>
<td>3.4</td>
<td>Use the designation OT(C) or any other unapproved variation of abbreviation that could be seen to be confusing or misleading.</td>
</tr>
</tbody>
</table>

### 4. University Degrees

To practice in Ontario, all occupational therapists are required to have a bachelor’s or master’s degree in occupational therapy or equivalent. The protected title “Occupational Therapist” helps to remove confusion resulting from a variety of degrees issued by university occupational therapy programs (for example, BScOT, BHScOT, MCHScOT, MScOT), all of which may represent education qualifications that are acceptable for registration, but may be potentially unclear in meaning to the public. While individuals who have received any of these conferred degrees may rightfully use them, if they are not also registered with the College, they may not use the additional designation OT Reg. (Ont.), use the title Occupational Therapist, or hold themselves out as someone who is an occupational therapist. (ie, registered with the College)

Many OTs will have obtained their occupational therapy training as a second degree, or will have pursued post-graduate degrees outside of OT, such as an MEd or an MBA. These conferred degrees, obtained at a University level, can be used by registrants after their name in addition to the OT degree and the OT Reg. (Ont.) designation.

For example, MBA, BSc (OT), OT Reg. (Ont.)

**Standard 4**

The OT will ensure clear and transparent information when communicating their university degree(s) in addition to the protected title.
Performance Indicators

The OT will:

4.1 Display the protected title “Occupational Therapist” or abbreviation “OT Reg. (Ont.)” in addition to any conferred university degrees when communicating to clients and the public.

5. Student Occupational Therapists

The College only regulates occupational therapists. Students enrolled in occupational therapy university programs are not regulated by the College, however, OTs play an essential role in the education and training of students. When assuming responsibility for the supervision of students in the provision of occupational therapy services to the public, it is important that the public clearly understands the role of the student and the relationship of the student with the OT. 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 prominence of the student role.

Standard 5

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

Performance Indicators

The OT will:

5.1 Ensure an occupational therapy student under the supervision the OT will only use the title “Student Occupational Therapist” or “Student OT”.

Note: Placing the title Student in front of ‘occupational therapist’ immediately identifies the Student role to the public.

Refer to the Standards for the Supervision for Students for additional information.

6. College Applicants Completing a Re-Entry Program

Occasionally, the College receives applications from individuals who are required to complete a refresher program to fully meet the registration requirements for a certificate to practice. Most often this
situation applies to individuals who are not current (e.g. have been away from practice for an extended period) and are re-entering the profession. These individuals are not registrants of the College and are not eligible to use the occupational therapist title until they have successfully completed the refresher program. The College recommends the use of the title Candidate Occupational Therapist in these situations.

Applicants awaiting confirmation of registration status, either provisional or general, from the College, are not permitted to use the designation OT Reg. (Ont.) or to call themselves an occupational therapist. Applicants are also not permitted to attend a work site for the purposes of orientation to an occupational therapy position, as this would be “holding oneself out” as an OT.

**Standard 6**

The OT supervising a College applicant completing a refresher program will ensure the applicant uses the approved title.

**Performance Indicators**

The OT will:

- Ensure all required supervision documents are submitted and approved by the College prior to the applicant using the title Candidate Occupational Therapist.

  **Note:** Refer to the Re-Entry Program Requirements

- Ensure the applicant uses the title “Candidate Occupational Therapist” in the provision of occupational therapy services to the public.

**7. Specialty Designations, Specialization and Areas of Practice**

The College issues registration certificates for general practice reflective of the entry level knowledge and skills required to practice occupational therapy safely, ethically and effectively. The College does not currently recognize formal areas of speciality or specialization within the profession and considers it professional misconduct to use a term, title or designation indicating or implying specialization in the profession. This position is further reinforced by the Advertising Regulation, paragraph 23 (2) that states “A member shall not use the title or designation in an advertisement if it indicates or implies specialization or otherwise suggests that he or she is a specialist.”
Given the diversity within occupational therapy practice, OTs often develop knowledge and experience in a specific area of practice and focus their efforts on maintaining continuing competence within that focused area of practice. To assist the public in identifying an OT’s specific area of practice, it is suitable for an OT to state a preferred or focused area of practice without implying specialization. To do so an OT is permitted to use the term “Practising in” to define their area of practice within the broader scope of occupational therapy. For example, an OT who works only with children may choose to display “Practicing in Pediatrics” in addition to their occupational therapy title.

**Standard 7**

*The OT will not use a title, designation or abbreviation that indicates or implies specialization or otherwise suggests that he or she is a specialist.*

**Performance Indicators**

An OT will:

7.1 Not use a title or designation that indicates or implies specialization or otherwise suggests that he or she is a specialist in advertisements or when communicating to the public.

7.2 Use the term “practicing in” when communicating an area of practice within the profession of occupational therapy to the public.

Example: Jane Doe, OT Reg. (Ont.) Practising in Driver Rehabilitation

**8. Additional Credentials**

‘Additional credentials’ are defined as continuing education, training or certification completed by occupational therapists in addition to their occupational therapy degree. Such designations, courses, or fields of study enrich the basic and mandatory prerequisite education of OTs but are not required for entry to practice and may or may not be conferred degrees.

Historically the College has interpreted the use of additional credentials to be consistent with the use of specialty designations and therefore has not permitted OTs to display additional credentials to the public. With increasing emphasis on transparency and public demand for access to information to assist with health care decisions, the College has reviewed this position and determined it would be appropriate to differentiate the use of additional credentials from specialty designations. By creating a clear distinction between additional credentials and specialization supported by the College, OTs are permitted to publicly display additional credentials when specific criteria are met.
OTs are fully accountable to self-assess their training and education to determine when it would be appropriate to use additional credentials. The College cannot endorse or approve any additional credentials and is relying on OTs to be honest and truthful in representing their training to the public. OTs must evaluate their audience in determining the most appropriate information to share. Publicly displaying additional credentials does not preclude an OT’s responsibility to ensure the public understands what the credentials mean and how they apply to the OT’s practice. OTs using additional credentials must make it clear to all stakeholders that additional credentials do not represent any formal specialist designation granted by the College.

OTs who choose to use additional credentials will be held accountable for appropriate use by the College.

When displaying additional credentials to the public, OTs must follow the College’s approved format to ensure the public is aware the OT is accountable to the College to uphold professional responsibilities. The approved format requires the use of the full protected title “Occupational Therapist” and may or may not include the abbreviated designation of OT Reg. (Ont.). The protected title must maintain a position of prominence following the OTs name.

Examples of the approved format for use of additional credentials:

Jane Doe, Occupational Therapist, Certified Hand Therapist
John Smith, MSc(OT), OT Reg. (Ont.), Occupational Therapist, Certified Life Care Planner

Use of additional credentials and designations (in full or abbreviated format) for purposes such as resumes, curriculum vitae, or peer-reviewed journal articles is permitted as the audience in these situations is presumed to have knowledge and understanding of the credentials used in these contexts. Communicating additional credentials to targeted audiences with existing knowledge of the credentials does not require use of the above approved format.

**Standard 8**

The OT will ensure any additional credentials communicated to the public are truthful and accurate, meet the required criteria and comply with the approved format for display.

**Performance Indicators**

An OT will:

**8.1** Be honest and truthful when communicating additional credentials to the public.
Prior to communicating additional credentials to the public, ensure the credentials meet the following required criteria:

- Valid and accurate;
- Current, evidence-based and theoretically sound;
- Applicable within the OT scope of practice (for example, it may not be appropriate to incorporate a financial planning designation when practicing OT);
- Related to the OT’s current area of practice;
- Accurately depict the level of training completed (for example, differentiate between level one completion vs. level four completion); and,
- Supported by documented evidence of course objectives, content, time requirements and evaluation methods (as applicable) to be maintained and made available by the OT upon request.

8.3 Engage in reflective practice to assess their training, education, and competency to determine if and when it would be appropriate to communicate additional credentials.

8.4 Provide evidence of successful completion of training and competency maintenance associated with any additional credentials communicated to the public.

8.5 Only use the approved format including the full protected title “Occupational Therapist” for communicating additional credentials to the public.

Example: John Smith, MSc(OT), OT Reg. (Ont.)
Occupational Therapist
Certified Hand Therapist

9. Use of the title “Doctor”

Registrants must be aware that within the Regulated Health Professions Act there is a restriction placed on the title “Doctor.” Section 33 (1) of the RHPA states, “Except as allowed in the regulations under this Act, no person shall use the title “doctor”, a variation or abbreviation or equivalent in another language in the course of providing or offering to provide, in Ontario, health care to individuals”. Exceptions permitting the use of the title “Doctor” are stated for members of the Colleges governing chiropractors, optometrists, psychologists, physicians, dentists, and naturopaths. Occupational therapy is not included in the list of professions authorized to call themselves doctor during the provision of health care.

The prohibition applies only to the use of the title “Doctor” in the course of providing or offering to provide health care to individuals. OTs who hold a doctorate degree need to consider the intended purpose and audience when choosing to use this title. The principles of clear and appropriate representation to the public apply. For example, an OT who has obtained a PhD may choose to use the title “doctor” when teaching or completing research in an academic context.
**Standard 9**

_The OT will only use the title ‘doctor’ as permitted in legislation._

**Performance Indicators**

The OT will:

<table>
<thead>
<tr>
<th>9.1</th>
<th>Not use the title ‘Doctor’ in the course of providing or offering to provide health care to individuals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.2</td>
<td>Consider the intended purpose and audience when using the title ‘doctor’ to prevent misleading clients and the public.</td>
</tr>
</tbody>
</table>

**10. Job Titles**

Interprofessional approaches to service delivery and the emergence of new roles have contributed to the development of a large variety of job titles. Job titles are often shared by individuals from different professions and are sometimes specific to an organization. Job titles do not replace nor do they preclude the use of a protected professional designation. What remains important is the concept of clear and appropriate representation. The OT should consider the audience and determine the most appropriate means of portraying their role to the client.

In determining how to accurately represent oneself, an OT working in a generic or non-OT specific role such as Case Manager or Geriatric Assessor must consider:

- whether they are using their OT knowledge, skills and abilities to perform the role;
- the expectations of their employer with regards to hiring an OT or regulated health professional to fill the position; and,
- the perception of the public.

In situations where an individual is required to be a regulated health professional or is hired due to their occupational therapy training and experience, it is important for the OT to acknowledge their status as a regulated health professional in addition to their job title. By using the protected title together with a job title the OT is transparently informing the public of their accountability to the College.

For example, an OT working in a generic role as a case manager could display their titles as follows:

Jane Doe, OT Reg. (Ont.),
Case Manager
Standard 10

*The OT will accurately and transparently represent that they are an occupational therapist in addition to a generic job title when communicating their role to clients and the public.*

**Performance Indicators**

An OT will:

| 10.1 | Use the protected title “Occupational Therapist” or the abbreviated designation “OT Reg. (Ont.)” when their employment requires the qualifications of an occupational therapist or regulated health professional and their generic job title does not include any reference to occupational therapy. |
| 10.2 | Use the protected title when representing themselves as an occupational therapist or their occupational therapy knowledge, skills and abilities in their work. Example: Using protected title when editing a chapter in a textbook related to occupational therapy practice or a specific health condition. |

**11. Use of Title in Retirement or Following Resignation from the Profession**

The purpose of this section is to clarify expectations about how to communicate experience as an OT once an OT has decided to retire or resign from practice. It is a privilege to use the title occupational therapist and this title is intended to help the public understand an OT’s accountabilities to be a competent and ethical professional. Understanding the importance of the context in which the communication is occurring is critical to ensure that no one is being misled or misrepresented.

The College does not have an ‘inactive’ or ‘retired’ status that permits OTs to maintain a certificate of registration when they are no longer actively practicing the profession. However, following a career as an OT, an individual may have a desire to continue to identify with the profession.

When deciding what to communicate and to whom, it is important to ensure there is no possibility that others are misled to believe that a retired individual is providing services as an OT or implying that he or she is registered as an OT. Understanding the context and knowing the audience is essential to effectively communicate one’s role.

Retired OTs, regardless of pre-retirement employment, may be called upon to share knowledge with service groups, the public, students, OTs or other professionals through formats such as presentations,
articles or chapters in books. In this case the former OT must determine whether it is sufficient to inform the “audience” that they are no longer registered and are retired from practice. In many cases, it may be adequate for the former OT to clearly communicate that they were educated and worked as an OT but do not currently provide services as an OT. In other circumstances, it may be critical that the recipient of the service has the assurance that the OT is accountable to the regulator for ongoing competence and therefore the individual must maintain their registration.

Former OTs who have retired or resigned from practice are entitled to continue to communicate their OT education but must use caution that the information regarding education will not be perceived to imply authority to practice the profession.

References


Regulated Health Professions Act, 1991

Occupational Therapy Act, 1991
Appendix 1

Application of Titles

a) Protected Titles for General, Provisional or Temporary Registration (Standard 1)

- Occupational Therapist
- OT Reg. (Ont.)
- Ergothérapeute
- Erg. Aut. (Ont.) French

Examples: Jane Smith, Occupational Therapist
           Jane Smith, OT Reg. (Ont.)

b) Use of University Degrees (Standard 4)

Degrees immediately follow your name and precede the protected title

Examples: John Smith, BSc(OT), OT Reg. (Ont.)
           John Smith, MSc(OT), PhD, OT Reg. (Ont.)

c) Students (Standard 5)

Approved titles for students:
- Student OT
- Student Occupational Therapist

Example: Jane Smith
         Student OT
         Jane Smith, Student Occupational Therapist

d) College Applicants - Re-Entry Candidates (Standard 6)

Approved title for applicants completing a refresher program:
- Candidate Occupational Therapist
- Candidate OT
Example: Jane Smith, Candidate Occupational Therapist

Jane Smith, Candidate OT

e) Defining an Area of Practice (Standard 7)

Use the term “Practising in”.

Examples: Jane Smith, OT Reg. (Ont.)
Practising in Paediatrics

Jane Smith, MHA, BSc(OT), OT Reg. (Ont.)
Practising in Mental Health

f) Additional Credentials (Standard 8)

- Must meet all criteria for display of additional credentials
- Must include title “Occupational Therapist”

Examples: John Smith, MSc(OT), OT Reg. (Ont.)
Occupational Therapist
Certified Hand Therapist

John Smith, OT Reg. (Ont.)
Occupational Therapist
Certified Driver Rehabilitation Specialist

John Smith
Occupational Therapist
Certified Life Care Planner

g) Job Titles (Standard 10)

Examples: Jane Doe, MSc(OT), OT Reg. (Ont.)
Director, Professional Practice

Jane Doe, OT Reg. (Ont.)
Care Coordinator
Glossary

Additional Credentials
Continuing education, training or certification completed by occupational therapists in addition to their occupational therapy degree. A qualification, achievement or aspect of a person's background used to indicate that they are suitable for something and that is supported by documentation that proves a person’s qualifications.

Abbreviated Designation
The shortened form of the title ‘Occupational Therapist” used in place of the whole title.

The approved abbreviation for “Occupational Therapist” is “OT Reg. (Ont.)” as stated in the General Regulations s.43 under the *Occupational Therapy Act, 1991*.

Conferred Degrees
A formal education degree granted to an individual by an accredited academic institution.

Protected Title
The professional title of the designated health professional under the *Occupational Therapy Act, 1991*.

A registrant of the College of Occupational Therapists of Ontario is entitled to use the title “Occupational Therapist” or the abbreviation “OT Reg. (Ont.)”.

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Recommendation/Action Required:

THAT Council approves a revision to the Interim Guidelines for Medical Assistance In Dying to remove the reference to the interim nature of the document and that the document be renamed Guidelines for Medical Assistance in Dying.

Background:

On June 23, 2016, Council approved the Interim Guidelines for Medical Assistance In Dying in response to the federal government passing legislation to amend the Criminal Code on June 17, 2016. The law establishes safeguards for clients and offers protection to health professionals who provide medical assistance in dying (MAID), along with people who assist in the process in accordance with the law.

The Interim Guidelines for Medical Assistance in Dying provide guidance on professional expectations and ethical obligations for occupational therapists (OTs) practising in Ontario regarding medical assistance in dying. Council proceeded with “interim” guidelines in recognition that the legislation had just been passed and that new processes and systems continue to evolve in response to the legislation.

Under the direction of Council, Practice Issues Subcommittee has been monitoring the medical assistance in dying (MAID) situation. Based on the current status of MAID provincially and nationally, the Practice Issue Subcommittee recommended to Executive that the College remove the reference to the interim nature of the document and revise the document name to “Guidelines for Medical Assistance in Dying”. College staff continue to actively monitor MAID activity including: federal and provincial initiatives associated with MAID; legal challenges involving the legislation; regulation of other health professionals; and, any trends (internal and external) regarding MAID.

Monitoring Activities

A. External Scan of Other Health Profession Regulators in Ontario

Several health regulatory colleges have developed documents to help registrants understand the implications of MAID for the profession and the expectations for individual registrants within the context of their own practice.
The following table provides examples of MAID documents published by specific regulatory organizations. Physicians, Nurse Practitioners, and Pharmacists have specific authority and requirements under the revised legislation.

<table>
<thead>
<tr>
<th>Regulatory Organization</th>
<th>Practice Documents</th>
<th>Resources</th>
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</thead>
<tbody>
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<td>College of Physicians and Surgeons of Ontario</td>
<td>Policy</td>
<td></td>
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<tr>
<td>College of Nurses of Ontario</td>
<td>Guidance Document</td>
<td>FAQs</td>
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<tr>
<td>Ontario College of Pharmacists</td>
<td>Guidance Document</td>
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<td>College of Psychologists</td>
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<tr>
<td>Audiology &amp; SLP (CASLPO)</td>
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<td>Social Workers (OCSWSSW)</td>
<td>Guidance Document</td>
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</tr>
<tr>
<td>College of Dietitians of Ontario</td>
<td>Position Statement</td>
<td>Article</td>
</tr>
</tbody>
</table>

**B. External Scan of Government Initiatives Related to MAID**

**Federal Government**

No new developments related to MAID have been identified at the federal level. The Government of Canada issued a document “Legislative Background: Medical Assistance in Dying (Bill C-14, as Assented to on June 17, 2016)” [http://justice.gc.ca/eng/rp-pr/other-autre/adra-amsr/adra-amsr.pdf](http://justice.gc.ca/eng/rp-pr/other-autre/adra-amsr/adra-amsr.pdf) that provides a comprehensive overview of the legislation.


**Provincial Government**

On December 7, 2016, the province of Ontario introduced new legislation (Bill 84 - An Act to amend various Acts with respect to medical assistance in dying) on medical assistance in dying to provide clarity and protection for patients and health care providers.

The *Medical Assistance in Dying Statute Law Amendment Act, 2016* addresses:

- Benefits to ensure they are not denied only due to medically assisted death
- Protections for health care professionals from civil liability when lawfully providing MAID
- Protecting the privacy of health care providers and organization the provide MAID
- Reporting and monitoring of MAID cases.
The *Medical Assistance in Dying Statue Law Amendment Act, 2016* would result in amendments to the:

- Excellent Care for All Act
- Workplace Safety and Insurance Act
- Freedom of Information and Protection of Privacy Act (FIPPA)
- Municipal Freedom of Information and Protection of Privacy Act
- Coroner’s Act.

In November 2016, the Centre for Effective Practice released a Medical Assistance in Dying Resource for Ontario that has been endorsed by Ministry of Health and Long-Term Care. The Resource outlines a full pathway for MAID from the initial patient inquiry to the provision and documentation of MAID and includes references to supporting material. [https://thewellhealth.ca/maid/](https://thewellhealth.ca/maid/)

Ministry of Health and Long Term Care has developed several forms and resources to support patients and health professionals with the MAID process. Resources can be located by visiting the website: [http://health.gov.on.ca/en/pro/programs/maid/](http://health.gov.on.ca/en/pro/programs/maid/)

- MEDICAL ASSISTANCE IN DYING: Information for Patients

In addition, the provincial government has established a referral resource where clinicians can identify themselves as a provider of MAID or where clinicians who choose not to practice MAID can identify an alternate clinician to refer clients. [MAIDregistration@ontario.ca](mailto:MAIDregistration@ontario.ca)

### C. Internal Review of Practice Resource Data

The Practice Resource Service has received very few inquiries related to MAID since the release of the Interim Guidelines in July 2016.

### D. MAID in the News

- “At least 744 assisted-deaths in Canada since law passed: CTV New Analysis”
- “Ontario Sets out rules for Physician Assisted Death” – Toronto Star (December 7, 2016)
- “Legal challenge to assisted dying legislation in British Columbia - British Columbia Civil Liberties Association (BCCLA) to challenge the federal government's new assisted-dying legislation.”
- More than 100 Canadians have opted for assisted death since law passed [http://www.cbc.ca/news/politics/assisted-dying-tracking-numbers-1.3744347](http://www.cbc.ca/news/politics/assisted-dying-tracking-numbers-1.3744347)

**Discussion**

Council is asked to review the available information in considering the proposed timeline of March 2017 to finalize the Guidelines for Medical Assistance in Dying.

**Implications**

Removing the “Interim” status from the Guidelines for Medical Assistance in Dying will confirm for the public and registrants that the direction provided on this topic will be consistent for the near future.

College staff will continue to monitor for any changes that may impact the position of the College.

**Attachment**

1. Interim Guidelines for Medical Assistance in Dying (July 2016)
Interim Guidelines for Medical Assistance in Dying

July 6, 2016
Interim Guidelines for Medical Assistance in Dying

Beginning June 6, 2016, medical assistance in dying is permitted in Canada as a result of a decision by the Supreme Court of Canada (SCC). On June 17, 2016, Bill C-14 (an Act to amend the Criminal Code related to medical assistance in dying) was passed. This law permits physicians and nurse practitioners (NPs) to provide medical assistance in dying and other healthcare providers to aid in medical assistance in dying, provided they follow the rules of the legislation, applicable provincial requirements and professional standards.

The Interim Guidelines for Medical Assistance in Dying are intended to provide guidance on professional expectations and ethical obligations for occupational therapists (OTs) practising in Ontario regarding medical assistance in dying. With respect to the personal convictions of OTs, the Guidelines also provide direction for OTs who conscientiously object to aiding in the provision of medical assistance in dying. These Guidelines are interim in recognition that the legislation has just been passed and that new processes and systems are evolving in response to the legislation. The College will monitor the situation closely and make revisions to the Guidelines as necessary in response to new information that may become available.

Overview of the Legislation

As defined in the federal legislation, physicians and NPs can provide medical assistance in dying in two ways:

1. Directly administer a substance that causes death

   The administering by a medical professional or nurse practitioner of a substance to a person, at their request, that causes their death, section 241.1(a).

2. Provide or prescribe a medication to be self-administered to cause death.

   The prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death, section 241.1(b).

A person is **eligible** for medical assistance in dying if they meet all of the following conditions:

- Eligible for health services funded by the federal and provincial government;
- At least 18 years of age and mentally competent;
- Have a grievous and irremediable medical condition;
- Request medical assistance in dying (not resulting from outside pressure or influence); and,
- Give informed consent for medical assistance in dying (advance consent or substitute decision-maker consent is not permitted).
A person is considered to have a grievous and irremediable medical condition if they meet all of the following conditions outlined in section 14. 214.2 (2):

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

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

For people inquiring about medical assistance in dying, the Ontario government has published information about how to access services. In addition, the publication provides background information on the medically assisted dying legislation and encourages patients to bring applications to the Ontario Superior Court of Justice. For additional details please visit www.ontario.ca.

**OT Roles and Responsibilities in Assisted Dying**

Under the legislation, OTs are permitted to aid a physician or nurse practitioner in the provision of medical assistance in dying as long as they follow the rules and laws set out in federal and provincial legislation and the standards of the profession.

**1. Practice Ethically**

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

As stated in the Code of Ethics, “**Occupational therapists are guided by the fundamental values of RESPECT and TRUST. These core values are as important as the laws, regulations, and College standards and guidelines under which occupational therapists are governed. The values of respect and trust give rise to the principles of practice that underpin occupational therapy practice**”. The principles of practice include:
• **Client-centred practice** - determine meaning and purpose for the client and recognize that each client is an individual

• **Respect for Autonomy** - recognize each client’s right to make choices for him or herself and honour the dignity and worth of each individual

• **Collaboration and Communication** - practise as a team member with clients and other professionals

• **Honesty** - truthfulness is a cornerstone of trust

• **Fairness** - practise justice and equity in dealings with others

• **Accountability** - take responsibility for decisions, actions, professional competence and judgement

• **Transparency** - full disclosure ensures integrity in relationships with clients, other professionals and society at large

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

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

OTs are expected to know and understand the laws that pertain to medical assistance in dying, the implications for occupational therapy standards of practice, and the application of the legislation in the context of their practice.

Under the legislation, OTs are not in a position to determine client eligibility for medical assistance in dying. However, OTs may have a role in assisting a physician or nurse practitioner in the process to determine eligibility. For example, an OT may be asked to complete cognitive and/or capacity assessments to support a physician in determining the ability of a client to make informed decisions. An OT may also be called upon after eligibility for medical assistance in dying has been confirmed to provide occupational therapy assessment or intervention.

In addition to the legislation and College expectations, OTs must be aware of their employer’s position on medical assistance in dying and understand any organizational policies or procedures that pertain to medical assistance in dying. Some organizations may decline to provide medical assistance in dying on the grounds of conscientious or religious beliefs. OTs in this case must know how to respond and how to manage client requests in alignment with organizational procedures.
3. Know the role of the OT and the limitations of the occupational therapy scope of practice in addressing client questions or requests for medically assisted death

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

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

a. Respect client autonomy, remain client-centred and treat the client with dignity regardless of the OT’s personal beliefs and values;
b. Inform the client of the OT’s role to facilitate a referral in response to the request;
c. Obtain consent to refer the client to a health professional legally authorized to determine eligibility for medically assisted death (physician or NP); and
d. Proceed with the originally agreed upon occupational therapy intervention plan as appropriate.

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

OTs are often relied upon for their knowledge, skill and experience in assessing the cognitive abilities of clients and the related impacts of cognitive function on the client’s capacity for decision-making. As such, OTs may receive referrals to assess a client’s capacity for decision-making related to a request for medical assistance in death.

Although the onus to determine capacity rests with the physician or NP providing medical assistance in dying, the OT may be asked to provide their professional opinion regarding a person’s cognitive abilities or capacity. In doing so, the OT must ensure there is a rigorous assessment process that is valid, transparent and objective.

Cognitive assessment fits within the occupational therapy scope of practice and is required to provide objective evidence with regards to a client’s capacity. OTs performing capacity assessments must ensure they are competent (have the necessary knowledge, skill and judgement) to safely and effectively assess a client’s capacity.
As with any occupational therapy assessment or intervention, the OT is required to obtain informed consent from the client. In the case of medical assistance in dying, the client must understand the risks and benefits of proceeding or not proceeding with the occupational therapy assessment, the possible outcomes of the occupational therapy assessment, the opportunity to withdraw consent at any time and the opportunity to appeal a finding of incapacity.

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

Within the occupational therapy scope of practice, there are a number of treatment options appropriate for clients who have opted for medical assistance in dying.

According to a recent study that explored the perspectives of OTs through an anonymous online survey (Bernick, Winter, Gordon and Reel, 2015), OTs have the potential to assume a number of roles associated with medical assistance in dying including but not limited to:

a. Assisting with tying up lifetime occupational roles
b. Capacity assessment
c. Exploring options for continued engagement and alternatives
d. Creating meaningful memories

Along with the roles identified in the study, OTs may also be involved in:

- Individual and family counselling
- Providing education about options and alternatives for end-of-life care (e.g., palliative care)
- Assisting with equipment requirements and comfort measures
- Educating clients and family about available resources

Regardless of the roles assumed by OTs and the occupational therapy interventions implemented, the OT must practice within the scope of the profession, ensure he or she is competent to perform the intervention, set clear expectations for the client, family and team members, and recognize the limits of his or her abilities related to medical assistance in dying.

For all assessments and interventions, OTs will be accountable to meet the standards of practice for the profession and demonstrate the Essential Competencies of Practice for Occupational Therapists in Canada, 3rd edition.
Conscientious Objection

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

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

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

- Respect client autonomy, remain client-centred and treat the client with dignity regardless of the OT’s personal beliefs and values;
- Disclose their objection based on personal beliefs to the client or referral source;
- Obtain consent to refer the client to another care provider;
- Make a timely and effective referral to an appropriate care provider;
- Not withhold information or impede access to medical assistance in dying; and,
- Continue with the occupational therapy treatment plan elements that are not directly related to the request for assisted dying, as appropriate, until care can be successfully transferred to another OT or alternate care provider.

When determining whether it would be appropriate to continue care, the OT must be confident that their own personal beliefs and values will not present a conflict of interest that may prevent the OT from acting in the client’s best interests. The OT must also ensure that discontinuing care will not compromise the safety or planned intervention outcomes.

It is important to understand that the discontinuation of needed professional services is addressed under the Professional Misconduct Regulation (O.Reg. 95/07, Occupational Therapy Act, 1991). Specifically, the discontinuation of service would be viewed as professional misconduct unless the discontinuation can reasonably be regarded by registrants as appropriate with respect to:

- the registrant’s reasons for discontinuing the services,
- the condition of the client,
- the availability of alternate services, and
- the opportunity given to the client to arrange alternate services before the discontinuation.
Resources

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

1. Government of Canada: Medical Assistance in Dying


3. Practice Resource Service
   practice@coto.org
   416-214-1177/1-800-890-6570 ext 240

4. University of Toronto Joint Centre for Bioethics
   http://www.jcb.utoronto.ca/news/maid-draft-policy-template.shtml

References


Professional Misconduct Regulations (O.Reg. 95/07, Occupational Therapy Act, 1991).
COMMITTEE REPORT TO COUNCIL

Tasks completed since the last Council Meeting:
- Reviewed the 2017 Q2 financial report and annual investment report
- Reviewed and updated executive workplan
- Reviewed performance report
- Reviewed practice documents and recommended approval by Council
- Received an update on Council elections
- Reviewed and revised Council policies
- Council guidelines reviewed to continue updating of Council binder
- Reviewed responses to committee chair questionnaire and recommended statutory committee chairs to incoming executive
- Responses to the annual Council evaluation and self-evaluation as well as the January council meeting evaluation were reviewed and discussed
- Established agenda for March Council meeting and Council Election meeting

Key Priorities:
- Financial stewardship
- Supporting the processes for the development and maintenance of standards of practice
- Efficient and effective organizational and governance practices

Leadership Priorities:
1. Regulatory Leadership and Practice Support:
   - Recommend to Council approval of practice documents to support effective and ethical OT practice

2. Relational Regulation:

3. Accountability:
   - Financial stewardship – review of financial statements and investment report
   - Ensure effective organizational and governance practices

Items or Decision/Discussion:
• Recommend to Council approval of Standards for Use of Title (for circulation and feedback) and removal of “Interim” from Interim Guidelines – Medical Assistance in Dying
• Recommend to Council, approval of Council Policies and Guidelines
• Recommend to Council, to receive the official election results for District 2 and 4.
Tasks completed since the last Council Meeting:

Key Priorities:
Developing and Updating College Publications
- Committee reviewed and prioritized its 2017-2018 Workplan
- The following Standards and College publications were reviewed by Committee. Suggestions for revisions to these documents and the order of priority for these revisions on the Workplan were discussed:
  - Standards for the Supervision of Support Personnel
  - Standards for the Supervision of Students
  - Standards for Acupuncture
  - Practice Guidelines for Working within a Climate of Managed Resources
- Committee approved edits to the draft education document on the risks of bed rail entrapment considering a new related request from the Ministry of Health and Long-Term Care regarding a second Coroner's Inquest.

Leadership Priorities:
1. Regulatory Leadership and Practice Support:
   - Continuing to support occupational therapists through the development and revision of relevant practice resources

2. Relational Regulation:
   - Committee responds to new and evolving practice environments through identification and prioritization of issues impacting OT practice and service delivery.
   - Occupational therapy practice queries related to Opioid Use/Naloxone and Special Needs Strategy were discussed in relation to their impact on OT practice. Opioid Use/Naloxone will be addressed in future practice documents.

3. Accountability:
   - Committee decisions are informed by Practice, ICRC and QA data
Items for Decision/Discussion:
Standards for Use of Title (Draft)
Interim Guidelines for Medical Assistance in Dying
Tasks completed since the last Council Meeting:
The Committee met twice since the last Council meeting. One meeting via teleconference on February 9, 2017 and one meeting in person on March 9, 2017.

Cases Reviewed:
Request for Exemption – Work Eligibility – 2
Conduct and Currency Review -1
Currency Review – 1

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

Leadership Priorities:
1. Regulatory Leadership and Practice Support:
   Determining Suitability to Practice at Registration Policy
   The Committee reviewed, discussed, and approved the registration policy Determining Suitability to Practice at Registration. This policy will replace the Good Conduct policy which was established in 2001. The wording in the Good Conduct policy did not specifically reflect reviews initiated by the Registrar when there are concerns that an applicant has a physical or mental condition or disorder that could affect their ability to practice safely. In addition, the Good Conduct policy did not reflect the requirement for applicants to submit a Vulnerable Sector (VS) Check as part of their application to the College. The new policy incorporated these items. The policy sets out the purpose and principles of the requirement, and clearly outlines the procedure for applicants. The decision criteria used by the Committee when conducting a review is also established in this policy, and has been expanded upon from the criteria in the Good Conduct policy.

2. Relational Regulation:
   Accommodation Requests in the Registration Process
The Committee reviewed and discussed the draft policy for Accommodation Requests in the Registration Process. Currently the College does not have a written policy pertaining to requests for accommodation. The policy sets out the principles, procedures, decision criteria and possible outcomes. Having a written policy affirms the College’s commitment to respecting human rights and complying with the Human Rights Code. The Committee has requested some changes to the wording of the policy, and will review the revised policy during their March 27, 2017 teleconference.

3. Accountability:

**Criminal Record Screening of Applicants and Members Policy**

The Committee reviewed, discussed, and approved the registration policy Criminal Record Screening of Applicants and Members. The policy requires a Vulnerable Sector (VS) Check at initial application and of members of the College, as requested by the College (for example, 10% of the membership annually during the renewal process). The policy sets out the purpose and principles of the requirement and the procedure for both applicants and members. The policy is effective April 1, 2017 meaning that the requirement will apply to anyone who has not been granted a certificate of registration by April 1, 2017. Implementation of this process for members will not begin until sometime in 2018.

**Items or Decision/Discussion:** None.
COMMITTEE REPORT TO COUNCIL

Committee: Inquiries Complaints and Reports Committee
Chair: Carol Mieras
Date: March 30, 2017

ICRC Members

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<td>Julie Entwistle</td>
</tr>
<tr>
<td>Valarie Corbin</td>
<td>Winston Isaac</td>
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<tr>
<td>Mathew Rose</td>
<td>Shaheeea Hirji</td>
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<tr>
<td>Leanne Baker</td>
<td>Phyllis Wong</td>
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Tasks completed since the last Council Meeting:
Since the last report to Council, the Committee has held 1 in person meeting for each panel (Panel A and B) and will have held 1 in person meeting for the Committee as a whole.

A summary of the ICRC case reviews is detailed in the table below:

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<th>Source of Case</th>
<th>Decisions</th>
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<td>January 27, 2017</td>
<td>4 complaints</td>
<td>2 complaints from clients</td>
<td>1 SCERP</td>
</tr>
<tr>
<td>Panel A</td>
<td>1 RegistrarReferral</td>
<td>1 complaint from a former employee</td>
<td>1 take no further action</td>
</tr>
<tr>
<td></td>
<td>1 complaint from a coworker</td>
<td>1 request for s.26(4) Frivolous &amp; Vexatious submissions</td>
<td>1 offer of guidance/advice</td>
</tr>
<tr>
<td></td>
<td>1 report based on information received from the QAC</td>
<td>1 referral to Discipline</td>
<td>1 referral to Discipline</td>
</tr>
</tbody>
</table>
### Date of Meeting | Type of Case | Source of Case | Decisions
--- | --- | --- | ---
February 27, 2017 Panel B 3 complaints 2 Registrar Referrals 2 Mandatory Reports 2 complaints from clients 1 complaint from another regulated health professional 1 report from anonymous tip & college staff 1 report from college staff 1 report from employer 1 report from another regulated health professional | 3 take no further actions 2 referrals to Discipline 2 offers of guidance/advice
March 29, 2017 Entire Committee 7 complaints 1 Mandatory Report 6 complaints from clients 1 complaint from client’s guardian 1 report from employer | At the date of writing this report, the outcomes of these case files are unknown.

### Outstanding Matters
Assuming a final decision is reached in all 8 case files to be reviewed at the March 29th Committee meeting, the Committee will not yet have decided 15 complaint matters and 19 Registrar’s Inquiries, of which 9 arise out of mandatory reports. All open case files are currently being investigated on behalf of the ICRC.

### Appeal to the Health Professions Appeal and Review Board
There are currently 6 matters which have been appealed by a complainant to the Health Professions Appeal and Review Board (HPARB) where a review or a decision is pending. Since the last Report to Council, HPARB returned three decisions, two of which upheld the ICRC’s decision and one of which denied the complainant’s/appellant’s request for a review, following the expiry of the 30-day appeal period.

### Key Priorities: N/A
Leadership Priorities:

1. **Regulatory Leadership and Practice Support:** N/A

2. **Relational Regulation:** N/A

3. **Accountability:**
   Continuing to ensure efficient and timely processing of complaints and reports.

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

Tasks completed since the last Council Meeting:
Since the Discipline Committee last reported to Council it has not held any hearings. 2 referrals from the Inquiries, Complaints and Reports Committee were received; one of which is the amalgamation of two separate ICRC referrals into one Notice of Hearing. The circumstances giving rise to this amalgamation are that it is the same member referred and both referrals took place at the same meeting of the ICRC.

Key Priorities:

Leadership Priorities: N/A

1. Regulatory Leadership and Practice Support: N/A

2. Relational Regulation: N/A

3. Accountability:
   It is anticipated that the newest committee member will be asked to attend the Discipline Orientation Workshop, Basic Seminars, hosted by FHRCO on May 18, 2017.

Items or Decision/Discussion:

Hina Arora – Discipline Panel’s Findings:
As previously reported, on April 11, 2016, the Discipline Committee of the College of Occupational Therapists of Ontario found that Ms. Hina Arora committed acts of professional misconduct by contravening, by act or omission, a term, condition or limitation on the member’s certificate of registration; by failing to comply with an order of a panel of the College; by engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all circumstances, would reasonably be regarded by members as unprofessional; and, by engaging in conduct that would reasonably be regarded by members as conduct unbecoming an occupational therapist.

On June 15, 2016, the panel of the Discipline Committee delivered its Order on penalty which included provision for a 4-month suspension following which, Ms. Arora is not to practice occupational therapy until she satisfies a practice consultant, approved by the Registrar, and engaged at the expense of Ms. Arora, that she fully understands the ethical and professional obligations incumbent on members of the College. Ms. Arora was ordered to pay to the College costs in the amount of $26,000.00.
Hina Arora – Divisional Court Appeal:
Ms. Arora appealed the Discipline Committee’s decision on finding, penalty, and costs to the Ontario Superior Court of Justice (Divisional Court). The College instructed Steinecke, Maciura, Le Blanc to represent the College in these proceedings. On March 6, 2017, a panel of three judges heard Ms. Arora’s appeal following which The Honourable Katherine E. Swinton delivered the Court’s decision ex tempore, that is directly from the Bench straight after the hearing. The College successfully opposed the appeal on all grounds. In addition to dismissing Ms. Arora’s appeal, the Court ordered that Ms. Arora pay to the College costs in the amount of $3,500, all in.

Ms. Arora has 15 days within which she is entitled to seek leave to appeal to the Ontario Court of Appeal. At the date of writing this report, Ms. Arora had not served on the College a motion seeking leave to appeal the Divisional Court’s order. The original order of the Discipline Committee on penalty and costs remains stayed until the appeal period lapses. Should Ms. Arora seek leave to appeal the court’s decision, the stay will remain in effect until final disposition of the court proceedings.

Attachments:
COMMITTEE REPORT TO COUNCIL

Tasks completed since the last Council Meeting:
There have been no meetings of the Fitness to Practise Committee since the Committee’s last report to Council.

Key Priorities:  N/A

Leadership Priorities:

1. Regulatory Leadership and Practice Support:  N/A

2. Relational Regulation:  N/A

3. Accountability:  N/A

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

Committee: Quality Assurance Committee
Chair: Jennifer Henderson
Date: March 30, 2017

Tasks completed since the last Council Meeting:
The Quality Assurance Committee met for one live meeting. The Committee reviewed 15 post-assessments and two post-Notice of Opinion case files.

The March 23rd, 2017 QA meeting has been cancelled as we do not have any QA cases pending for review. A further meeting will be scheduled to review the final outstanding cases from the CRE review (“old format”) as they arrive.

The QA Committee discussed the need to revise the release and deadlines dates for the mandatory Quality Assurance requirements to: increase relevance of the required tools for registrants; improve the functionality of the QA tool management system; and, to minimize confusion and increase compliance by simplifying the program requirements (including deadlines). Feedback was provided to staff to support decision making. More time is needed to develop the communication and training tools for registrants as well as for further development and testing of the new web-based system.

Key Priorities:
- Quality Assurance Program Evaluation
- Timing changes and access options for Mandatory QA tools (PD Plans, Self-Assessment Tools, 2017 PREP Module --Record Keeping and Consent)

Leadership Priorities:

1. Regulatory Leadership and Practice Support:
The Committee continues to consider materials, updates and data related to the QA Program evaluation. The evaluation and development of a revised Competency Review Evaluation (CRE) program and process will continue through 2017.

2. Relational Regulation: N/A

3. Accountability:
- Release of mandatory Quality Assurance requirements within first quarter of 2017/2018 fiscal year.
- New Competency Review and Evaluation program development and implementation.

**Items or Decision/Discussion:** None
Tasks completed since the last Council Meeting:
The Patient Relations Committee has not met since the last report to Council in January 2017.

Key Priorities:
- Sexual Abuse Task Force Recommendations
- Code of Ethics and Guide to the Code of Ethics
- Patient Engagement
- Public education and outreach related

Leadership Priorities:
1. Regulatory Leadership and Practice Support: N/A
2. Relational Regulation: N/A
3. Accountability:
   Patient Relations Committee and supporting staff are monitoring proposed legislative changes (Bill 87) to ensure the Committee mandate and Terms of Reference align with government priorities, directions, and requirements.

Items or Decision/Discussion: No items for discussion at this time.
COMMITTEE REPORT TO COUNCIL

Committee:  Nominations Committee
Chair:  Mary Egan
Date:  March 30, 2017

Tasks Completed since last Council Meeting:
The Committee comprised of Mary Egan and Laurie Macdonald met by teleconference on two occasions to review the process for the nomination of Officers. Potential candidates were contacted to confirm their willingness to stand for positions. A slate of nominees will be presented at the Election of Officers meeting on March 30, 2017.

Key Priorities:
Identify and finalize the selection of Officers.

Items for Decision / Discussion:
1. Election of Officers
2. Destruction of Ballots
Council Meeting Evaluation

Meeting Date: March 30, 2017

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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<tr>
<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?

**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.
**COUNCIL ELECTIONS AGENDA**

**Date:** Thursday, March 30, 2017  **Time:** 3:00 - 4:00 p.m.

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Objective</th>
<th>Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Call to Order</td>
<td>Elinor Larney, Registrar, presiding</td>
<td></td>
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<tr>
<td>2.0 Approval of Agenda</td>
<td>Decision</td>
<td>✓</td>
</tr>
<tr>
<td>3.0 Elections</td>
<td></td>
<td></td>
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<tr>
<td>3.1 Election of Officers</td>
<td>Voting</td>
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<tr>
<td>3.2 Motion to Destroy Ballots</td>
<td>Decision</td>
<td></td>
</tr>
<tr>
<td>4.0 New Business</td>
<td>Newly elected President presiding</td>
<td></td>
</tr>
<tr>
<td>4.1 Statutory Committee Form</td>
<td>Complete &amp; Submit</td>
<td>✓</td>
</tr>
<tr>
<td>4.2 Annual Signing:</td>
<td>Complete &amp; Submit</td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>1. Confidentiality Agreement</td>
<td></td>
<td></td>
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<tr>
<td>2. Code of Conduct</td>
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<td></td>
</tr>
<tr>
<td>3. Conflict of Interest</td>
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<tr>
<td>5.0 Next Meetings</td>
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<tr>
<td>5.1 Set Council meeting dates to June 2018</td>
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<tr>
<td>6.0 Adjournment</td>
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</tbody>
</table>
2017/2018 STATUTORY COMMITTEE SELECTION FORM

Council Member’s Name: ____________________________________

Registration

Inquiries, Complaints & Reports

Discipline

Fitness to Practise

Quality Assurance

Patient Relations

Please indicate your top three (3) choices and return to Elinor Larney
STATEMENT OF CONFIDENTIALITY

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

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

I understand that:

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name (please print)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness (please print)</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
CODE OF CONDUCT - ACKNOWLEDGEMENT AND AGREEMENT

FOR COUNCIL MEMBERS AND NON-COUNCIL COMMITTEE MEMBERS

I, ______________________________, acknowledge that I have read and understood policy GP7 “Council Member’s Role and Code of Conduct” and/or GP8 “Non-Council Committee Member’s Role and Code of Conduct”.

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

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

______________________________  ______________________________
Signature                          Witness

________________________________________
Date
DISCLOSURE OF CONFLICT OF INTEREST

To the best of my knowledge, I, ________________________________

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

☐ DO COMPLETE SECTION 1 BELOW
☐ DO NOT

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

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

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

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

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

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

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

__________________________________________  ______________________________________
Signature  Date

1. Please clarify the nature of the conflict: