# Council Agenda

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

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Objective</th>
<th>Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Call to Order</td>
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</tr>
<tr>
<td>2.0</td>
<td>Declaration of Conflict of Interest</td>
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<tr>
<td>3.0</td>
<td>Approval of Agenda</td>
<td>Decision</td>
</tr>
<tr>
<td>4.0</td>
<td>Draft Minutes</td>
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<tr>
<td>4.1</td>
<td>Draft Annual General Meeting Minutes of October 25, 2016</td>
<td>Decision</td>
</tr>
<tr>
<td>4.2</td>
<td>Draft Council Minutes of June 27, 2017</td>
<td>Decision</td>
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<tr>
<td>4.3</td>
<td>Draft Council <em>in camera</em> Minutes of June 27, 2017 (HR Matter)</td>
<td>Decision</td>
</tr>
<tr>
<td>5.0</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>2016-2017 Audited Financial Statements by Blair MacKenzie, Auditor Hilborn LLP (9:15 a.m.)</td>
<td>Decision</td>
</tr>
<tr>
<td>5.2</td>
<td>Approval of 2016-2017 Annual Report</td>
<td>Decision</td>
</tr>
<tr>
<td>5.3</td>
<td>August 2017 Financial Report</td>
<td>Decision</td>
</tr>
<tr>
<td>5.4</td>
<td>Reserve Fund Policy Review</td>
<td>Decision</td>
</tr>
<tr>
<td>6.0</td>
<td>Council Development</td>
<td></td>
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<td>7.0</td>
<td>Registrar’s Report</td>
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</tr>
<tr>
<td>7.1</td>
<td>Registrar’s Written Report</td>
<td>Information</td>
</tr>
<tr>
<td>7.2</td>
<td>Presentation: <em>Operational Status Report for Q1 2017-2018</em> (15 min) by Elinor Larney, Registrar</td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td>Priority Performance Report</td>
<td>Decision</td>
</tr>
<tr>
<td>8.0</td>
<td>Governance</td>
<td></td>
</tr>
<tr>
<td>8.1</td>
<td>Reappointment of Non-Council Members - ICRC</td>
<td>Decision</td>
</tr>
<tr>
<td>9.0</td>
<td>Business Arising</td>
<td></td>
</tr>
<tr>
<td>9.1</td>
<td>Draft Standards for Use of Title - Review</td>
<td>Decision</td>
</tr>
<tr>
<td>9.2</td>
<td>Draft Standards for Supervision of Support Personnel - Review</td>
<td>Decision</td>
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<tr>
<td>10.0</td>
<td>Roundtable</td>
<td></td>
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<tr>
<td>10.1</td>
<td>Protecting Patients Act, 2017 - by Kara Ronald (15 min)</td>
<td>Information</td>
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<tr>
<td>Agenda Item</td>
<td>Objective</td>
<td>Attachment</td>
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<td>------------------------------------------------</td>
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<tr>
<td>Education Day Debrief (10 min)</td>
<td>Discussion</td>
<td></td>
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<tr>
<td>CLEAR Update – by Shannon Gouchie (5 min)</td>
<td>Information</td>
<td></td>
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<tr>
<td><strong>11.0 Committee/Task Force Reports</strong></td>
<td></td>
<td></td>
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<tr>
<td>11.1 Executive</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td>11.1.1 Practice Issues Subcommittee</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td>11.2 Registration</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td>11.3 Inquiries, Complaints &amp; Reports</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td>11.4 Discipline</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td>11.5 Fitness to Practise</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td>11.6 Quality Assurance</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td>11.7 Patient Relations</td>
<td>Information</td>
<td>✓</td>
</tr>
<tr>
<td><strong>12.0 Other Business</strong></td>
<td></td>
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</tr>
<tr>
<td>12.1 Council Meeting Evaluation</td>
<td>Complete &amp; Submit</td>
<td>✓</td>
</tr>
<tr>
<td><strong>13.0 Next Meetings</strong></td>
<td></td>
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<tr>
<td>Council Meeting: Thursday, January 25, 2018 at the College</td>
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<tr>
<td>Council Meeting: Thursday, March 29, 2018 at the College</td>
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<tr>
<td>Council Meeting: Tuesday, June 26, 2018 at the College</td>
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<tr>
<td><strong>14.0 Adjournment</strong></td>
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</tbody>
</table>
1.0 Call to Order
The Chair called the meeting to order at 9:00 a.m.

2.0 President's Opening Remarks
The Chair welcomed everyone to the Annual General Meeting of the College of Occupational Therapists of Ontario. She thanked Council and non-Council members for their dedication to the governance of the College, staff for their commitment and hard work, and the Registrar for her leadership.

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

MOVED BY: Angela Mandich
SECONDED BY: Serena Shastri-Estrada

THAT the agenda for the 2016 Annual General Meeting be approved as presented.

CARRIED

4.0 Approval of the 2015 Annual General Meeting Minutes
The Chair asked if there were any edits to the October 29, 2015 Annual General Meeting minutes. One was reported: Item 3.0: In the motion, change 2016 to 2015.

MOVED BY: Jennifer Henderson
SECONDED BY: Laurie Macdonald
THAT the draft minutes of the October 29, 2015 Annual General Meeting of the College of Occupational Therapists of Ontario be approved as amended.

CARRIED

5.0 Audited Financial Statements
The Chair welcomed Mervyn Freedman of Clarke Henning LLP, auditor for the College. Mr. Freedman reported to Council on the audited financial statements which included: Statement of operations, statement of changes in net assets, statement of cash flow, and notes to the financial statements which indicated no irregularities. Council reviewed the reports. Mr. Freedman left the meeting following this item.

MOVED BY: Winston Isaac
SECONDED BY: Jeannine Girard-Pearlman

THAT Council receives the 2015-2016 audited financial statements as presented.

CARRIED

6.0 Annual Statutory Committee Reports & Registrar’s Report
Council reviewed the annual reports submitted by the statutory committees. The Chair noted the Registrar’s Report was not included and amended the motion accordingly.

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

THAT the statutory committee reports be accepted as presented.

CARRIED

7.0 Adjournment
There being no further business, the meeting adjourned at 9:20 a.m.

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

THAT the 2016 Annual General Meeting be adjourned.

CARRIED
DRAFT COUNCIL MINUTES

DATE: Tuesday, June 27, 2017  FROM: 9:00 a.m. – 3:30 p.m.

PRESENT:
Jane Cox, Chair
Julie Chiba Branson
Mary Egan
Julie Entwistle
Shannon Gouchie
Jennifer Henderson
Kurisummoottil S. Joseph
Winston Isaac
Laurie Macdonald
Annette McKinnon
Serena Shastri-Estrada
Paula Szeto
Patrick Hurteau
Donna Barker via telephone
Jeannine Girard-Pearlman via telephone

REGRETS:
Abdul Wahid
Ernie Lauzon

GUESTS:
Julie Maciura, Steinecke Maciura LeBlanc (7.2)

OBSERVERS:
Elizabeth Fallowfield

ALSO PRESENT:
Elinor Larney, Registrar
Kara Ronald
Jin Shen
Nancy Stevenson
Seema Sindwani (1.0-5.3, 8.1-14.0)
Aoife Coghlan (7.2, 9.0)
Sandra Carter (8.0-10.0)
Brandi Park (1.0-5.0, 7.2, 9.0)
Mandy Wong (8.0-10.0)
Tim Mbugua (7.2, 8.0-10.0)
Andjelina Stanier, Scribe

1.0 Call to Order
The Chair welcomed Council members and called the meeting to order at 9:03 a.m. She sadly acknowledged the sudden death of Council member, Valerie Corbin. She expressed her appreciation for Valerie’s commitment and contribution to Council and public service. The Chair welcomed staff members and the observer to the meeting.

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

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

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

THAT the agenda be approved as presented.

CARRIED

4.0 Approval of Minutes
4.1 Draft Council Minutes of March 30, 2017
The Chair asked if there were any edits to the draft Council minutes of March 30, 2017. None were reported.

MOVED BY: Laurie Macdonald
SECONDED BY: Paula Szeto

THAT the draft Council minutes of March 30, 2017 be approved as presented.
4.2 Draft Council Minutes of March 30, 2017 - Election of Officers
The Chair asked if there were any edits to the draft Council minutes of March 30, 2017 - Election of Officers. None were reported.

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Shannon Gouchie

THAT the draft Council minutes of March 30, 2017 - Election of Officers be approved as presented.

CARRIED

5.0 Registrar’s Report
5.1 Annual Registrar Evaluation Process – in camera
The Chair stated that Council would move in camera to discuss a human resources matter. All staff and the observer left the meeting.

MOVED BY: Serena Shastri-Estrada
SECONDED BY: Jennifer Henderson

THAT Council moves in camera.

CARRIED

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Winston Isaac

THAT the in camera minutes remain in camera

CARRIED

MOVED BY: Laurie Macdonald
SECONDED BY: Kurisummoottil S. Joseph

THAT Council moves out of camera.

CARRIED

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

5.3 Registrar’s Presentation
The Registrar reported on the status of operational projects for:
1. Q4 (March 1, 2017 – May 31, 2017),
2. Year 3 (2016 – 2017) and,
She presented the 2017-2020 strategic priorities and 8 specific areas of focus for Year 1 of the new three-year plan. She responded to questions.

5.4 Priority Performance Report

MOVED BY: Jeannine Girard-Pearlman
SECONDED BY: Jennifer Henderson

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

CARRIED

6.0 Finance
6.1 April 2017 (Q4) Financial Report
Council reviewed the financial statements and Jin Shen, Director of Finance & Corporate Services, responded to questions.

MOVED BY: Winston Isaac
SECONDED BY: Jennifer Henderson


CARRIED

6.2 Reserve Funds after Year End 2015-2016
The Registrar reported on the allocation of $657,000 from the operating surplus after year-end 2015-2016.

6.3 Projected 2017–2018 Budget
Jin reviewed the budget with Council and reported that it is a break-even budget. It includes a projected increase of $130,282 in the revenue and expense line from the 2016-2017 budget. This increase is primarily due to projected year over year growth of $112,500 in registration fees reflecting an estimated net increase in the number of registrants by 150 over the course of the year. Renewal fee rates remain unchanged. The staffing expense line has increased this year as allocations have been shifted from outsourced Information Technology (IT) expenditures to in-house IT staff. One additional temporary staff person has increased the Investigations and Resolutions Program. Jin responded to questions from Council.

MOVED BY: Winston Isaac
SECONDED BY: Laurie Macdonald

THAT Council reviews the Projected 2017-2018 Budget as presented.

CARRIED

7.0 Governance
7.1 Rules of Order of the Council
As follow up to Council’s approval in January 2017 to amend the bylaws to change from adherence to Robert’s Rules at Council meetings, College legal counsel drafted the proposed Rules of Order of the Council. The Executive Committee subsequently added a section related to breaking a tie vote which also corresponds to the bylaws. The Chair and Elinor responded to questions from Council.
MOVED BY: Shannon Gouchie
SECONDED BY: Kurisummoottil S. Joseph

THAT Council adopts the proposed Rules of Order of the Council for Council meetings.

CARRIED

7.2 Bylaws

7.2.1 Draft Bylaws: Parts 18-20

Tim Mbugua, Policy Analyst, presented feedback and results from the public consultations related to proposed bylaw amendments for Parts 18-20. Council held a discussion.

MOVED BY: Winston Isaac
SECONDED BY: Shannon Gouchie

THAT Council approves the proposed bylaw changes, with exception of the provision from Part 19, Professional Liability Insurance, related to self-insured retention.

CARRIED

7.2.2 Draft Bylaws: Parts 16-17

Julie Maciura, legal counsel, and Aoife Coghlan, Manager Investigations & Resolutions, presented feedback and results from the public consultations related to proposed bylaw amendments to Parts 16-17 of the College bylaws. Council held a discussion.

MOVED BY: Shannon Gouchie
SECONDED BY: Julie Entwistle

THAT Council approves the draft amendments to Parts 16-17 of the College bylaws, as set out in the third column of the Post-Consultation Bylaw Chart (Appendix 1 to this briefing note).

CARRIED

(Opposed: Serena Shastri-Estrada, Julie Entwistle, Donna Barker)

7.3 Implications of Elimination of Annual General Meeting

Council reviewed the proposed process and related implications of the elimination of the Annual General Meeting.

MOVED BY: Shannon Gouchie
SECONDED BY: Winston Isaac

THAT Council approves the following process to replace the activities in the Annual General Meeting: The Auditor’s Report of the Financial Statements and the Annual Report of the College be accepted, at the Council meeting in October.

CARRIED
7.4 Council Guidelines – Terms of Reference Review/Statutory & Nominations Committees
Council reviewed the terms of reference for each committee, approved all content and provided recommendations related to formatting and language.

MOVED BY: Winston Isaac
SECONDED BY: Julie Chiba Branson

THAT Council approves the revised Terms of Reference, including today’s recommendations by Council, for all statutory committees and the Nominations Committee.

CARRIED

7.5 Appointment of Non-Council Member – Inquiries, Complaints & Reports Committee
Council reviewed the committee’s recommendation to fill a vacancy for a non-Council position on the committee.

MOVED BY: Julie Entwistle
SECONDED BY: Jennifer Henderson

THAT Council approves the appointment of Hricha Rakshit as a non-Council member of the Inquiries, Complaints and Reports Committee for a three-year term commencing on July 1, 2017.

CARRIED

7.6 Appointment of Non-Council Member – Discipline Committee
Council reviewed the committee’s recommendation to fill a vacancy for a non-Council position on the committee.

MOVED BY: Paula Szeto
SECONDED BY: Annette McKinnon

THAT Council approves the appointment of Zuher Ismail as a non-Council member of the Discipline Committee for a three-year term commencing on July 1, 2017.

CARRIED

7.7 Appointment of Non-Council Member – Fitness to Practise Committee
Council reviewed the committee’s recommendation to fill a vacancy for a non-Council position on the committee.

MOVED BY: Kurisummoottil S. Joseph
SECONDED BY: Laurie Macdonald

THAT Council approves the appointment of Hunaida Abboud as a non-Council member of the Fitness to Practise Committee for a three-year term commencing on July 1, 2017.

CARRIED

7.8 Appointment of Non-Council Members – Patient Relations Committee
Council reviewed the committee’s recommendations to fill two vacancies for non-Council positions on the committee.
MOVED BY: Julie Chiba Branson  
SECONDED BY: Annette McKinnon

**THAT** Council approves the appointment of Tina Siemens and Jennifer Nieson as non-Council members of the Patient Relations Committee for a three-year term and 18-month term, respectively, commencing on July 1, 2017.

**CARRIED**

8.0 **Business Arising**

8.1 **Interim Guidelines – Medical Assistance in Dying**
Kara provided an overview of the revisions to this guideline which were recommended by Council at its meeting in March 2017. Several final recommendations were made and a discussion was held on removing the word “Interim”.

MOVED BY: Shannon Gouchie  
SECONDED BY: Julie Chiba Branson

**THAT** Council approves the revised Interim Guidelines for Medical Assistance in Dying including Council’s recommendations from today’s meeting, and that Council approves the removal of the interim nature of the document, and that the document be renamed Guidelines for Medical Assistance in Dying.

**CARRIED**

9.0 **Council Development**

9.1 Presentation: *Quality Assurance – MyQA*
By: Kara Ronald, Deputy Registrar and Seema Sindwani, Manager, Quality Programs

9.2 Presentation: *Public Register*
By: Brandi Park, Manager, Registration and Aoife Coghlan, Manager, Investigations & Resolutions

10.0 **Roundtable**
Council members participated in a discussion on the wider implications of the final report released by the College of Nurses of Ontario related to a new governance initiative.

11.0 **Committee Reports**

11.1 **Executive** – Report by Jane Cox, Chair

11.1.1 **Practice Issues Subcommittee** – Report by Shannon Gouchie, Chair

11.2 **Registration** – Report by Serena Shastri-Estrada, Chair

11.3 **Inquiries, Complaints & Reports** – Report by Julie Entwistle, Chair

11.4 **Discipline** – Report by Paula Szeto, Chair

11.5 **Fitness to Practise** – Report by Kurisummoottil S. Joseph, Chair

11.6 **Quality Assurance** – Report by Laurie Macdonald, Chair

11.7 **Patient Relations** – Report by Julie Chiba Branson, Chair
12.0 Council Evaluation
The Chair asked Council members to complete and submit their meeting evaluation forms and encouraged members to provide recommendations for future improvements.

13.0 Next Meetings
- Council Education Session: Wednesday, October 25, 2017 (Time & Location TBD)
- Council Meeting: Thursday, October 26, 2017, 9:00 a.m. – 3:30 p.m. at the College
- Council Meeting: Thursday, January 25, 2018, 9:00 a.m. – 3:30 p.m. at the College
- Council Meeting: Thursday, March 29, 2018, 9:00 a.m. – 4:00 p.m. at the College
- Council Meeting: Tuesday, June 26, 2018, 9:00 a.m. – 3:30 p.m. at the College

14.0 Adjournment
There being no further business, the meeting was adjourned at 3:24 p.m.

MOVED BY: Annette McKinnon
SECONDED BY: Julie Entwistle

THAT the meeting be adjourned.

CARRIED
COUNCIL BRIEFING NOTE

Date: October 26, 2017
To: Council
From: Executive
Subject: 2016 - 2017 Audited Financial Statements

Recommendation/Action Required:
THAT Council reviews the Audited Financial Statements for the 2016 - 2017 fiscal year.

Background:
In January 2017, Council voted to remove the process of the Annual General Meeting (AGM) from the Bylaws. In June 2017, Council approved the process which moved the presentation of the Audited Financial Statements from the AGM to the main part of the meeting.

In addition, the auditing firm has changed from previous years. The firm of Hilborn LLP was appointed to undertake the audit of the College’s finances.

Discussion:
Working with a new auditor has been a good process for the College. New processes and ideas were implemented by the auditor which have had a significant impact on the way the College’s financial position is presented. The auditor, Mr. Blair MacKenzie, will be at the meeting to present the statements and answer any questions.

Implications:
The Audited Financial Statements were officially approved by the Executive Committee in August 2017. They are presented today for Council information.

Attachments:
2017 Audited Financial Statements
COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

MAY 31, 2017
Independent Auditor’s Report

To the Council of the
College of Occupational Therapists of Ontario

We have audited the accompanying financial statements of the College of Occupational Therapists of Ontario, which comprise the statement of financial position as at May 31, 2017, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

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

Auditor’s Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of the College of Occupational Therapists of Ontario as at May 31, 2017, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Comparative Financial Statements
The comparative financial statements were audited by another firm of Chartered Professional Accountants who expressed an unmodified opinion in their Independent Auditor’s Report dated August 25, 2016.

Toronto, Ontario
August 24, 2017
Chartered Professional Accountants
Licensed Public Accountants
## COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

### Statement of Financial Position

<table>
<thead>
<tr>
<th>May 31</th>
<th>2017</th>
<th>2016</th>
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<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>4,590,201</td>
<td>4,151,839</td>
</tr>
<tr>
<td>Investments (note 4)</td>
<td>371,070</td>
<td>406,962</td>
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<tr>
<td>Prepaid expenses</td>
<td>23,354</td>
<td>44,088</td>
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<tr>
<td><strong>Total Current assets</strong></td>
<td>4,984,625</td>
<td>4,602,889</td>
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<tr>
<td>Investments (note 4)</td>
<td>2,403,575</td>
<td>2,209,563</td>
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<tr>
<td>Property and equipment (note 5)</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>7,610,079</td>
<td>7,018,867</td>
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<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
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<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities (note 6)</td>
<td>841,026</td>
<td>698,757</td>
</tr>
<tr>
<td>Deferred registration fees</td>
<td>3,690,926</td>
<td>3,484,272</td>
</tr>
<tr>
<td><strong>Total Current liabilities</strong></td>
<td>4,531,952</td>
<td>4,183,029</td>
</tr>
<tr>
<td>Deferred lease incentives (note 7)</td>
<td>19,503</td>
<td>22,583</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>4,551,455</td>
<td>4,205,612</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td>Internally restricted for hearings (note 8)</td>
<td>350,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Internally restricted for premises (note 9)</td>
<td>500,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Internally restricted for sexual abuse therapy and counselling (note 10)</td>
<td>18,000</td>
<td>18,000</td>
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<tr>
<td>Internally restricted for contingencies (note 11)</td>
<td>1,390,000</td>
<td>1,050,000</td>
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<tr>
<td>Internally restricted for fee stabilization (note 12)</td>
<td>292,000</td>
<td>275,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>286,745</td>
<td>713,840</td>
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<tr>
<td><strong>Total Net Assets</strong></td>
<td>3,058,624</td>
<td>2,813,255</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,610,079</td>
<td>7,018,867</td>
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</tbody>
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The accompanying notes are an integral part of these financial statements

Approved on behalf of Council:

President
Member-at-Large, Finance
## Statement of Operations

<table>
<thead>
<tr>
<th>Year ended May 31</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td>$3,832,640</td>
<td>$3,721,342</td>
</tr>
<tr>
<td>Registration fees</td>
<td>109,062</td>
<td>99,050</td>
</tr>
<tr>
<td>Application fees</td>
<td>9,060</td>
<td>10,220</td>
</tr>
<tr>
<td>Other income</td>
<td>57,672</td>
<td>64,356</td>
</tr>
<tr>
<td><strong>Investment income</strong></td>
<td>57,672</td>
<td>64,356</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>$4,008,434</td>
<td>$3,894,968</td>
</tr>
<tr>
<td>Payroll</td>
<td>2,043,957</td>
<td>1,961,573</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>124,926</td>
<td>151,731</td>
</tr>
<tr>
<td>Programs</td>
<td>254,632</td>
<td>242,755</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>124,926</td>
<td>151,731</td>
</tr>
<tr>
<td>Investigations and resolutions</td>
<td>254,632</td>
<td>242,755</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td>87,717</td>
<td>142,567</td>
</tr>
<tr>
<td>Newsletter and publications</td>
<td>4,185</td>
<td>13,332</td>
</tr>
<tr>
<td>Other</td>
<td>83,532</td>
<td>129,235</td>
</tr>
<tr>
<td><strong>Council</strong></td>
<td>192,652</td>
<td>151,156</td>
</tr>
<tr>
<td>Professional members</td>
<td>95,822</td>
<td>85,557</td>
</tr>
<tr>
<td>Non-council members</td>
<td>38,079</td>
<td>44,605</td>
</tr>
<tr>
<td>Other</td>
<td>58,751</td>
<td>20,994</td>
</tr>
<tr>
<td><strong>Operations</strong></td>
<td>1,059,181</td>
<td>1,255,700</td>
</tr>
<tr>
<td>Rent (note 7)</td>
<td>261,230</td>
<td>257,443</td>
</tr>
<tr>
<td>Bank and credit card charges</td>
<td>108,411</td>
<td>119,118</td>
</tr>
<tr>
<td>Information systems</td>
<td>218,109</td>
<td>277,142</td>
</tr>
<tr>
<td>Operational initiatives</td>
<td>88,751</td>
<td>161,319</td>
</tr>
<tr>
<td>Professional fees</td>
<td>144,797</td>
<td>171,819</td>
</tr>
<tr>
<td>Amortization</td>
<td>74,613</td>
<td>66,935</td>
</tr>
<tr>
<td>Equipment maintenance and rental</td>
<td>43,429</td>
<td>54,068</td>
</tr>
<tr>
<td>Staff travel and accommodations</td>
<td>19,553</td>
<td>31,408</td>
</tr>
<tr>
<td>Stationery and office supplies</td>
<td>17,147</td>
<td>23,141</td>
</tr>
<tr>
<td>Other</td>
<td>83,141</td>
<td>93,307</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses (expenses over revenues) for the year</strong></td>
<td>$245,369</td>
<td>$(10,514)</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
## Statement of Changes in Net Assets

**Year ended May 31**

<table>
<thead>
<tr>
<th>Unrestricted</th>
<th>Internally restricted for sexual abuse therapy and counselling (note 10)</th>
<th>Internally restricted for premises (note 9)</th>
<th>Internally restricted for hearings (note 8)</th>
<th>Internally restricted for contingencies (note 11)</th>
<th>Internally restricted for fee stabilization (note 12)</th>
<th>Invested in property and equipment</th>
<th>Total 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>$------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>---------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Balance, beginning of year</td>
<td>$206,415</td>
<td>$350,000</td>
<td>$200,000</td>
<td>$18,000</td>
<td>$1,050,000</td>
<td>$275,000</td>
<td>$713,840</td>
</tr>
<tr>
<td>Excess of revenues over expenditures (expenditures over revenues) for the year</td>
<td>$(74,613)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>$90,077</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inter-fund transfers (notes 8 to 12)</td>
<td>-</td>
<td>-</td>
<td>$300,000</td>
<td>-</td>
<td>$340,000</td>
<td>$17,000</td>
<td>$(657,000)</td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>$221,879</td>
<td>$350,000</td>
<td>$500,000</td>
<td>$18,000</td>
<td>$1,390,000</td>
<td>$292,000</td>
<td>$286,745</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
# Statement of Changes in Net Assets

Year ended May 31

<table>
<thead>
<tr>
<th>Invested in property and equipment $</th>
<th>Internally restricted for hearings (note 8) $</th>
<th>Internally restricted for premises (note 9) $</th>
<th>Internally restricted for sexual abuse therapy and counselling (note 10) $</th>
<th>Internally restricted for contingencies (note 11) $</th>
<th>Internally restricted for fee stabilization (note 12) $</th>
<th>Unrestricted $</th>
<th>Total 2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of year</td>
<td>62,470</td>
<td>350,000</td>
<td>200,000</td>
<td>18,000</td>
<td>1,000,000</td>
<td>173,000</td>
<td>1,020,299</td>
</tr>
<tr>
<td>Excess of revenues over expenditures (expenditures over revenues) for the year</td>
<td>(66,935)</td>
<td>(71,992)</td>
<td>(38,647)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>167,060</td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>210,880</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(210,880)</td>
<td>-</td>
</tr>
<tr>
<td>Inter-fund transfers (notes 8 to 12)</td>
<td>-</td>
<td>71,992</td>
<td>38,647</td>
<td>-</td>
<td>50,000</td>
<td>102,000</td>
<td>(262,639)</td>
</tr>
<tr>
<td>Balance, end of year</td>
<td>206,415</td>
<td>350,000</td>
<td>200,000</td>
<td>18,000</td>
<td>1,050,000</td>
<td>275,000</td>
<td>713,840</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements
### Statement of Cash Flows

**Year ended May 31**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess of revenues over expenses (expenses over revenues) for the year</td>
<td>245,369</td>
<td>(10,514)</td>
</tr>
<tr>
<td>Adjustments to determine net cash provided by (used in) operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of property and equipment</td>
<td>74,613</td>
<td>66,935</td>
</tr>
<tr>
<td>Amortization of deferred lease incentives</td>
<td>(3,080)</td>
<td>(3,080)</td>
</tr>
<tr>
<td>Unrealized gain on investments</td>
<td>(1,874)</td>
<td>(11,714)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>315,028</td>
<td>41,627</td>
</tr>
<tr>
<td><strong>Change in non-cash working capital items</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in prepaid expenses</td>
<td>20,734</td>
<td>1,884</td>
</tr>
<tr>
<td>Increase in accounts payable and accrued liabilities</td>
<td>142,269</td>
<td>134,131</td>
</tr>
<tr>
<td>Increase in deferred registration fees</td>
<td>206,654</td>
<td>785,054</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>684,685</td>
<td>962,696</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(478,299)</td>
<td>(575,672)</td>
</tr>
<tr>
<td>Proceeds on disposal of investments</td>
<td>322,053</td>
<td>493,006</td>
</tr>
<tr>
<td>Purchase of property and equipment</td>
<td>(90,077)</td>
<td>(210,880)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(246,323)</td>
<td>(293,546)</td>
</tr>
<tr>
<td><strong>Net change in cash</strong></td>
<td>438,362</td>
<td>669,150</td>
</tr>
<tr>
<td><strong>Cash, beginning of year</strong></td>
<td>4,151,839</td>
<td>3,482,689</td>
</tr>
<tr>
<td><strong>Cash, end of year</strong></td>
<td>4,590,201</td>
<td>4,151,839</td>
</tr>
</tbody>
</table>

The accompanying notes are an integral part of these financial statements.
Notes to Financial Statements

May 31, 2017

Nature and description of the organization

The College of Occupational Therapists of Ontario (“College”) was incorporated as a non-share capital corporation under the Regulated Health Professions Act (“RHPA”). As the regulator and governing body of the occupational therapy profession in Ontario, the College’s major function is to administer the Occupational Therapy Act in the public interest.

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue proportionately over the fiscal year to which they relate. The registration year of the College is June 1 to May 31. Registration fees received in advance of the registration year to which they relate are recorded as deferred registration fees.

Application fees

Application fees are recognized as revenue when services are rendered. Application fees received in advance of service rendered are recorded as deferred application fees.

Investment income

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

Revenue is recognized on an accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.
May 31, 2017

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

   (b) **Investments**

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

   (c) **Property and equipment**

   The costs of property and equipment are capitalized upon meeting the criteria for recognition as property and equipment, otherwise, costs are expensed as incurred. The cost of property and equipment comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

   Property and equipment are measured at cost less accumulated amortization and accumulated impairment losses.

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

   - Furniture and fixtures: 5 years
   - Computer equipment: 3 years

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

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

   An impairment loss is not reversed if the fair value of the property and equipment subsequently increases.
May 31, 2017

1. Significant accounting policies (continued)

   (d) Financial instruments

   Measurement of financial assets and liabilities

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

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

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

   Financial assets measured at amortized cost include cash.

   Financial assets measured at fair value include investments.

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

   Impairment

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

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

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

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

   - the amount that could be realized by selling the financial asset at the statement of financial position date.
1. Significant accounting policies (continued)

   (d) Financial instruments (continued)

     Impairment (continued)

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

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

   (e) Deferred lease incentives

     Lease incentives received include tenant inducements received in cash.

     Lease incentives received in connection with original leases are amortized to income on a straight-line basis over the terms of the original leases. Lease incentives received in connection with re-negotiated leases are amortized to income on a straight-line basis over the period from the expiration date of the original lease to the expiration date of the re-negotiated lease.

   (f) Management estimates

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

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

The following matters were adjusted with retrospective application to the prior year. The impact of the adjustments described below, to the financial statements, is summarized following the narrative.

Obligations in respect of investigations and resolutions

The responsibilities borne by the College as required by the RHPA in regulating the occupational therapy profession include investigating and resolving complaints and disciplinary matters brought forward by both members of the public and those within the profession. In previous years, the College processes did not include recording or reporting the liabilities associated with the obligation to perform these investigations and resolve these reported matters in the next fiscal year.

The expenses associated with the resolution of complaints and disciplinary matters are recognized in the year the complaint is received. These costs are therefore a liability to the College.

As a result, the College has recorded a prior period adjustment to recognize accounts payable and accrued liabilities of $140,000, investigations and resolutions expenses of $20,000 and an opening unrestricted net asset reduction of $120,000.

Registration fees in transit

The College allows registrants to pay their membership fees by credit card. Credit card payments are processed by an external payment processor who collects fees from registrants on behalf of the College and then remits the proceeds to the College in daily batches. In previous years, fees collected by the payment processor but not yet remitted to the College had not been recorded.

Fees held in trust by the payment processor are recognized in the year payments are received by the payment processor from registrants.

As a result, the College has recorded a prior period adjustment to recognize cash in transit of $416,055, accounts payable and accrued liabilities to reflect HST collected of $47,865 and deferred revenue of $368,190.

Obligations in respect of operational expenses

Certain operational expenses were incurred in the prior year, for which the College had not recorded the associated liability.

Expenses are recognized in the year incurred. This is therefore a liability to the College.

As a result, the College has recorded a prior period adjustment to recognize accounts payable and accrued liabilities of $55,000.
2. Prior period adjustments (continued)

Web-site development costs

The College's web-site was redesigned in the prior year and costs incurred were capitalized as property and equipment.

The web-site does not qualify for capitalization as an intangible asset and therefore costs are expensed as incurred.

As a result, the College has recorded a prior period adjustment to recognize a reduction of property and equipment of $43,549 and operational initiatives expense of $43,549.

The impact of the adjustments are summarized below.

<table>
<thead>
<tr>
<th>May 31, 2016</th>
<th>Previously reported</th>
<th>Adjustments</th>
<th>Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Statement of financial position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>3,735,784</td>
<td>416,055</td>
<td>4,151,839</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>249,964</td>
<td>(43,549)</td>
<td>206,415</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>(455,892)</td>
<td>(242,865)</td>
<td>(698,757)</td>
</tr>
<tr>
<td>Deferred registration fees</td>
<td>(3,116,082)</td>
<td>(368,190)</td>
<td>(3,484,272)</td>
</tr>
<tr>
<td>Statement of operations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>1,906,573</td>
<td>55,000</td>
<td>1,961,573</td>
</tr>
<tr>
<td>Investigations and resolutions</td>
<td>222,755</td>
<td>20,000</td>
<td>242,755</td>
</tr>
<tr>
<td>Operational initiatives</td>
<td>117,770</td>
<td>43,549</td>
<td>161,319</td>
</tr>
<tr>
<td>Statement of changes in net assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>908,840</td>
<td>(195,000)</td>
<td>713,840</td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>249,964</td>
<td>(43,549)</td>
<td>206,415</td>
</tr>
</tbody>
</table>

June 1, 2015

<table>
<thead>
<tr>
<th>Previously reported</th>
<th>Adjustments</th>
<th>Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

| Statement of changes in net assets |                     |            |          |
| Unrestricted | 1,140,299     | (120,000)  | 1,020,299|

The accounts payable and accrued liabilities adjustment of $242,865 is comprised of the following:

<table>
<thead>
<tr>
<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>HST on registration fees in transit</td>
<td>47,865</td>
</tr>
<tr>
<td>Investigations and resolutions</td>
<td>140,000</td>
</tr>
<tr>
<td>Operational expenses</td>
<td>55,000</td>
</tr>
<tr>
<td></td>
<td>242,865</td>
</tr>
</tbody>
</table>
3. Financial instrument risk management

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

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

<table>
<thead>
<tr>
<th>Financial instrument</th>
<th>Credit</th>
<th>Liquidity</th>
<th>Market risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Currency</td>
</tr>
<tr>
<td>Cash</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Credit risk

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

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

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>4,590,201</td>
<td>4,151,839</td>
</tr>
<tr>
<td>Investments</td>
<td>2,774,645</td>
<td>2,616,525</td>
</tr>
<tr>
<td></td>
<td>7,364,846</td>
<td>6,768,364</td>
</tr>
</tbody>
</table>

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

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

Liquidity risk

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

The College meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations and anticipated investing and financing activities and holding assets that can be readily converted into cash.
3. Financial instrument risk management (continued)

   Market risk

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

   Currency risk

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

   The College is not exposed to currency risk.

   Interest rate risk

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

   The College is exposed to interest rate risk on its cash and investments.

   The College manages the interest rate exposure of its investments by using a laddered portfolio with varying terms to maturity. The laddered structure of maturities helps to enhance the average portfolio yield while reducing the sensitivity of the portfolio to the impact of interest rate fluctuations.

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

   Other price risk

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

   The College is not exposed to other price risk.

   Changes in risk

   There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.
May 31, 2017

4. Investments

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial government bonds</td>
<td>2,040,480</td>
<td>1,842,416</td>
</tr>
<tr>
<td>Guaranteed investment certificates</td>
<td>670,796</td>
<td>574,638</td>
</tr>
<tr>
<td>High interest savings accounts</td>
<td>63,369</td>
<td>199,471</td>
</tr>
<tr>
<td></td>
<td><strong>2,774,645</strong></td>
<td><strong>2,616,525</strong></td>
</tr>
</tbody>
</table>

Less: current portion

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>371,070</td>
<td>406,962</td>
</tr>
</tbody>
</table>

Long-term portion

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>2,403,575</strong></td>
<td><strong>2,209,563</strong></td>
</tr>
</tbody>
</table>

The fixed income investments have yields to maturity at purchase ranging from 0.65% to 4.37% (2016 - 0.75% to 4.37%), with maturity dates ranging from June 2017 to June 2023 (2016 - June 2016 to June 2023).

5. Property and equipment

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated Amortization</th>
<th>2017 Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and fixtures</td>
<td>376,833</td>
<td>285,374</td>
<td>91,459</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>417,747</td>
<td>386,464</td>
<td>31,283</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>310,364</td>
<td>211,227</td>
<td>99,137</td>
</tr>
<tr>
<td></td>
<td><strong>1,104,944</strong></td>
<td><strong>883,065</strong></td>
<td><strong>221,879</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Accumulated Amortization</th>
<th>2016 Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and fixtures</td>
<td>342,091</td>
<td>250,480</td>
<td>91,611</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>466,247</td>
<td>422,835</td>
<td>43,412</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>271,572</td>
<td>200,180</td>
<td>71,392</td>
</tr>
<tr>
<td></td>
<td><strong>1,079,910</strong></td>
<td><strong>873,495</strong></td>
<td><strong>206,415</strong></td>
</tr>
</tbody>
</table>

Computer equipment with a cost and accumulated amortization of $65,042 was disposed of during the year.
6. **Accounts payable and accrued liabilities**

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>138,921</td>
<td>213,382</td>
</tr>
<tr>
<td>Government remittances</td>
<td>437,105</td>
<td>345,375</td>
</tr>
<tr>
<td>Investigations and resolutions</td>
<td>265,000</td>
<td>140,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>841,026</strong></td>
<td><strong>698,757</strong></td>
</tr>
</tbody>
</table>

7. **Deferred lease incentives**

Pursuant to the lease agreement for the College's office premises, tenant inducements of $30,796 were received.

During the year, amortization of lease incentives in the amount of $3,080 (2016 - $3,080) was credited to rent expense.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of year</td>
<td>22,583</td>
<td>25,663</td>
</tr>
<tr>
<td>Amortization</td>
<td>(3,080)</td>
<td>(3,080)</td>
</tr>
<tr>
<td><strong>Balance, end of year</strong></td>
<td><strong>19,503</strong></td>
<td><strong>22,583</strong></td>
</tr>
</tbody>
</table>

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

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

During the prior year, Council approved a transfer of $71,992 from unrestricted net assets to net assets internally restricted for hearings.

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

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

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

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

During the prior year, Council approved a transfer of $38,647 from unrestricted net assets to net assets internally restricted for premises.

The internal restriction is subject to the direction of Council, upon recommendation from the Executive Committee.
May 31, 2017

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

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

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

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

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

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

   During the year, Council approved a transfer of $340,000 from unrestricted net assets to net assets internally restricted for contingencies.

   During the prior year, Council approved a transfer of $50,000 from unrestricted net assets to net assets internally restricted for contingencies.

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

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

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

   During the year, Council approved a transfer of $17,000 from unrestricted net assets to net assets internally restricted for fee stabilization.

   During the prior year, Council approved a transfer of $102,000 from unrestricted net assets to net assets internally restricted for fee stabilization.

   The internal restriction is subject to the direction of Council, upon recommendation from the Executive Committee.
13. **Commitment**

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>286,455</td>
</tr>
<tr>
<td>2019</td>
<td>286,455</td>
</tr>
<tr>
<td>2020</td>
<td>286,455</td>
</tr>
<tr>
<td>2021</td>
<td>298,773</td>
</tr>
<tr>
<td>2022</td>
<td>298,773</td>
</tr>
<tr>
<td>Subsequent years</td>
<td>398,364</td>
</tr>
</tbody>
</table>

Total: **1,855,275**

14. **Comparative figures**

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year excess of expenses over revenues.
Recommendation/Action Required:

THAT Council accepts the Annual Report for the 2016-2017 fiscal year.

Background:
In January 2017, Council voted to remove the process of the Annual General Meeting (AGM) from the Bylaws. In June 2017, Council approved the procedure to ensure the College continues to meet its obligations for reporting.

The College bylaws states:

14.01.12 An annual report will be submitted, in writing, by each statutory and standing committee to Council in October of each year.

This section of the bylaws actually references the procedural code from the Regulated Health Professions Act, 1991 S.11.(1), which states:

Each committee [each statutory committee] shall monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council in a form acceptable to the Council.

Discussion:
The Annual Report for the 2016-2017 fiscal year has been prepared and is presented to Council for acceptance.

Implications:
If accepted by Council, the report will be distributed electronically to registrants, the Ministry of Health and Long-Term Care, and stakeholders. In addition, it will be posted on the College’s website.

Attachments:

2017 Annual Report
College of Occupational Therapists of Ontario

The College of Occupational Therapists of Ontario is the regulatory organization that oversees the practice of occupational therapists (OTs) in Ontario. Our job is to make sure the people of Ontario receive safe, effective care from OTs. We are a public resource.

Occupational Therapists

Occupational therapists (OTs) work with infants, children and adults who may have difficulties because of an accident, disability, disease, emotional or developmental problem, or change related to aging. OTs help people learn or re-learn to manage day-to-day activities.
In providing care, health professionals strive to be transparent. That means ensuring that the people they’re serving understand their recommendations and actions, and the reasons behind them. In short, what they’re doing, why they’re doing it and the desired result. That helps to make patients and clients partners in care.

The same idea of transparency applies when it comes to regulating Ontario’s health professionals. At the College, we continually take steps to make information open, whether about our processes, our decisions, or the occupational therapists (OTs) we regulate. When we do that, the public we’re accountable to can have more confidence in the profession, and make the best decisions for their health. The regulation of health care is a partnership with the public too.

Throughout this past year, much of our efforts focused on enhancing transparency. Consultations were undertaken to ensure all voices were heard as we sought to develop and update our policies, practices, guidelines and bylaws. Input helped clarify meaning and intent and ensured the interests of the public were placed first. In fact, transparency and accountability are the guiding principles that will shape our decision-making under our new 2017-2020 strategic plan.

I want to express my appreciation to my colleagues on Council for their thoughtful debate and insight. Together, they are dedicated to being leaders in collaborative, quality regulation.

I also thank my fellow OTs for their tremendous input and involvement. By taking part in consultations, elections, committees and other College work, OTs demonstrate a keen interest in the effective regulation of the profession.

On behalf of Council, I can assure you that we’ll continue to govern occupational therapy in a way that is transparent and accountable to the people of Ontario.

Jane Cox,
President
Change and consistency seem like opposing concepts. Yet in health care regulation, we need to be mindful of both.

Start with the landscape in which we operate. It constantly transforms. There are always fresh models of care and practice, new expectations on the part of the public and stakeholders, and different ways of looking at the best use of our resources.

I see it not just here at the College, but also through our involvement with the national Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) and the Federation of Health Regulatory Colleges of Ontario. Our participation provides a broad appreciation for how regulators can best serve the public, and how we have to respond to a changing environment.

Change was evident for us this past year, as the College completed the final year of its 2014-2017 strategic plan and set sights for the next three years. You can read about both in the Year in Review and Looking Forward sections.

We evolve when we look for ways to improve professional practice, standards, requirements and College operations. All so that occupational therapists (OTs) can meet their obligations and we can have a high level of public trust.

At the same time, the College has a consistent focus. From registration and practice service to quality assurance (QA) and professional conduct, the well-being of the public is at the core of our work, and that’s unwavering.

Looking at the diverse list of what we achieved this year – whether it’s the evaluation of the QA program, bylaw amendments, transparency initiatives, video webinars, or the introduction of Vulnerable Sector checks – we see the public protection mandate of the College in action.

Each year brings new accomplishments and priorities. College staff remain steadfast in our commitment to meet the primary mission. It’s about ensuring that occupational therapists maintain their quality, safety and ethics – and that the public can understand and expect that.

Elinor Larney, Registrar
The year in review

2014-2017 Leadership Priorities

Regulatory leadership and practice support
Promoting proactive and innovative leadership that supports understanding of the role and mandate of the College, influences regulatory policy and supports OT practice.

Relational regulation
Engaging in collaborative relationships that promote mutual respect.

Accountability
Sustaining strong and effective organizational and governance practices.
Transparency and accountability

Protecting Patients Act, 2017

Public protection is at the heart of the College’s work. On May 30, 2017, the Protecting Patients Act, 2017 (formerly known as Bill 87) was passed. It resulted in changes to the Regulated Health Professions Act, 1991, including:

- Enhancing the response of regulated health Colleges to sexual abuse complaints and mandatory reports.
- Increasing transparency in the operations of regulated health Colleges.
- Improving the complaints and discipline processes of regulated health Colleges.

Even before this new legislation, the College had implemented most of the proposed transparency amendments, like posting information about disciplinary action on the College’s public register at Find an Occupational Therapist.

The College supports steps to both strengthen the existing protections in place for Ontario patients and to support the effectiveness of College processes when the public raises issues.

Sexual abuse of patients

In September 2016, the Ontario government released the “Independent Report of the Minister’s Task Force on the Prevention of Sexual Abuse of Patients”. The government is taking action based on the report’s 34 recommendations. The College reviewed the recommendations to determine what action it could take as soon as possible.

We’re committed to working with the government to help implement the recommendations, to better support patients and prevent sexual abuse.

Council meetings materials

Council meetings have long been open to the public, and in 2015 Council approved publication of Council agendas, highlights and detailed minutes on the College website. In January 2017, Council approved publication of Council meeting packages on the College website. When more information is publicly available, people can understand and be confident in the College’s work, and use that knowledge to make informed decisions about their health care.

Patient Ombudsman

In January 2017, Ontario’s Patient Ombudsman, Christine Elliott, spoke with Council about her office’s role and the goal of influencing positive change in the health care sector. The Ontario Government created the role in 2016 to complement the work of other bodies that handle patient complaints, including the Colleges, the Ministry of Health and Long-Term Care and the Health Professions Appeal and Review Board. While Colleges deal with complaints about individual practitioners, the Patient Ombudsman focuses on organizational or systemic issues.
Public protection

Vulnerable sector checks

Beginning April 1, 2017, applicants must submit a Vulnerable Sector (VS) Check as part of their application for registration with the College. That allows the College to see if there is:

- evidence as to whether an applicant has been found guilty of any offence arising in any jurisdiction (that includes any criminal offence, or any offence relating to the practice of occupational therapy); and
- anything in an OT’s previous conduct that will impact their ability to practice occupational therapy safely and ethically.

VS Checks are an important step in supporting the public protection mandate.

The College will use the results to verify self-declarations made during the application and renewal processes, and updates made throughout the year. Once registered, OTs may be randomly audited and asked to submit the results of a VS Check. The College expects the first audit to take place in 2018.

Policies, guidelines and bylaws

Medical assistance in dying

On June 17, 2016, the federal government passed legislation on medical assistance in dying (MAiD). The legislation provides safeguards for patients requesting assistance, and also protection for health care professionals providing MAiD. While physicians, nurses and pharmacists play a central role in MAiD, other health professionals might be involved as part of a larger team – that includes occupational therapists.

In response to the federal legislation, Council approved Guidelines for Medical Assistance in Dying.

The guidelines outline the expectations for practice in Ontario, and the role of OTs in aiding authorized medical practitioners in the determination of eligibility.
Revised Guide to Controlled Acts and Delegation

Council approved the revised Guide to Controlled Acts and Delegation. The online guide reflects changes to legislation and the evolution of occupational therapy practice. It contains a more comprehensive decision-making tool to assist OTs in deciding when it is appropriate to accept delegation and the practice requirements following a decision to accept delegation.

Timely updates

By updating practice documents such as guidelines and standards, the College ensures OTs are practicing to accepted standards of care. Council approved revisions and recommendations related to four practice documents:

- Guidelines for Telepractice
- Guidelines for Third Party Referrals
- Use of Title & Credentials
- Standards for Consent

Bylaw amendments

The College conducted a comprehensive review of all bylaws to ensure their consistency, relevancy and effectiveness. This resulted in several proposed bylaw amendments, which were circulated for public consultation and feedback and approved by Council.

The consultation, which took place from March to May 2017, generated more than 500 replies.

That was the largest response ever for such a review. Some of the proposed revisions were in response to the public demand for greater transparency and accountability. Revisions were also consistent with government requirements for transparency and certain proposals in the Protecting Patients Act, 2017.

Council carefully considered the reasons for the proposed amendments and the concerns expressed through the consultation, and subsequently passed all bylaw amendments (after this reporting period).

This was a significant undertaking, which ultimately ensures the work of the College aligns with legislation and supports the mandate to act in the public interest.

Bed entrapment

At times, people can be caught, trapped, or entangled in a bed system, that is, the spaces in or around the bed rail, mattress or frame. That’s called bed entrapment, and it can result in severe injuries, including to the head, neck and chest. The Office of the Chief Coroner asked the College to recommend ways to prevent harm to individuals who may be at risk of bed entrapment.

The “College Response to the Coroner’s Report: Deaths from Bed Entrapment” was released in May 2017, and is a resource to assist OTs in understanding the risks and hazards in prescribing bed rails to clients.
Program improvement

QA program evaluation

The College continued its QA program evaluation, to identify the strengths and limitations of the existing program and tools and help determine any risks for gaps in practice. The new program will foster learning and mentorship.

The goal is to ensure the College is accurately identifying OTs who could benefit from additional support in meeting the essential competencies of practice.

Accessible information

Revamped website

To make it easier for users to find and understand information about the regulation of OTs, the College updated its website in August 2016. Plain language, responsive design and enhanced search functionality were key areas of focus. The site continues to evolve.

Front line support

The College Information and Resource Associate provides support to callers pressing ‘0’ and individuals emailing info@coto.org. Requests for assistance locating an occupational therapist are most common, followed by inquiries for technical support.

1,021 calls and 593 emails were addressed by our Information and Resource Associate.

Real-time contact improves our customer service and helps us assess and address current needs.

Social media

The College introduced social media channels, launching LinkedIn and Twitter (@CollegeofOTs) in addition to the College YouTube Channel. Expansion and development will continue.

Contact the Information and Resource Associate with general inquiries or for immediate assistance.

1.800.890.6570/416.214.1177 x0 or x236 or info@coto.org.
Common Competency Document

Council expressed support of work towards a common competency document for use in Canada for education, regulation and entry-to-practice examination purposes. The document was an outcome of the September 2016 stakeholder forum, sponsored by the Association of Canadian Occupational Therapy Regulatory Organizations. Establishing a single set of competencies across the country will help ensure excellence in OT service delivery.

Psychotherapy regulation

Psychotherapy is a proposed controlled act in Ontario under the *Regulated Health Professions Act, 1991*. OTs are among those who regularly perform psychotherapy and will be authorized to also perform the part of psychotherapy that will be considered ‘controlled’ under the legislation. Not all psychotherapy is considered part of the controlled act. To help OTs and other health care professionals understand the distinction, a group of Colleges created a clarification document and YouTube video.

While OTs can practise psychotherapy, and should follow the Standards of Practice for Psychotherapy when practising psychotherapy, OTs cannot, at this time, use the title psychotherapist, which is a protected title.

Driver safety assessments

The College continues to consult with the Ministry of Transportation regarding driver safety assessments, providing regulatory perspective on the OT’s role in screening for medical fitness to drive, and the impact of potential changes to legislation related to the OT’s role in reporting unsafe driving.

Clinic regulation

Since early 2015, the College has been part of a working group of 13 health regulatory Colleges exploring the regulation of clinics in Ontario. In June 2016, Council supported the group’s submission of its report “Increasing Patient Protection through Clinic Oversight” to the Ministry of Health and Long-Term Care. The provincial government will determine if and how to create a clinic regulation model.
Practice advice & education

The Practice Resource Service helps people understand the expectations for OTs in Ontario. Sharing the correct information and advice supports the delivery of safe, ethical and effective occupational therapy services. Anyone can contact the College with a question or concern.

Users of the Practice Resource Service

1165 Inquiries

+20% over last year

80% OTs

14% Clients, family members and others

4% Employers

2% Students

Top 5 Issues

1. Record Keeping
2. Consent
3. Scope of Practice
4. Conflict of Interest
5. Controlled Acts

Have a question? Contact us at 1.800.890.6570/416.214.1177 x240 or practice@coto.org.

Outreach

Connecting
402 participants on our Standards for Consent video webinar.

Discussing
driver rehabilitation, elder abuse and new grads entering practice at the 2016 OSOT conference.

Engaging
OT students at McMaster, Queen’s, University of Ottawa, University of Toronto, and Western & OTA students across the province.
Patient relations

The Patient Relations Committee develops and implements the Patient Relations Program.

Core elements of this program include:

- development of standards of practice for occupational therapists
- education of the profession, Council and staff
- provision of information to the public
- administration of the Sexual Abuse Counselling Fund

There were no client applications for funding to the Patient Relations Committee in the 2016-2017 fiscal year.

On September 9, 2016, the Ministry of Health and Long-Term Care released the report from the Sexual Abuse Task Force “To Zero: Independent Report of the Minister’s Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991”, which contains 34 recommendations on how to better prevent and respond to the sexual abuse of clients by regulated health professionals.

The Patient Relations Committee closely reviewed the work of the Task Force and in anticipation of the passing of the legislation, prioritized a review of the College Standards for Professional Boundaries and Standards for the Prevention and Management of Sexual Abuse.

To help fulfill the mandate of Patient Relations, College staff provided education on professional boundaries to all five Ontario occupational therapy university programs.

In April 2017, the College joined the Citizen Advisory Group Partnership. The Citizen Advisory Group is made up of patients, clients and caregivers from across Ontario. The Patient Relations Committee plans to engage members of the Group in conversations to help shape its work.
This year, the Committee:

- Processed 10 applications for re-entry to the profession where a refresher program was required.
- Enhanced the College’s ability to carry its mandate of public protection by:
  - Approving the Determining Suitability to Practise at Registration Policy which describes the process the College uses to evaluate information about an applicant’s suitability to practise, and identifies the criteria that the College uses when conducting the evaluation; and
  - Implementing criminal record screening of applicants and members which requires submission of a Vulnerable Sector (VS) Check to verify self-declarations made through the application and renewal processes.
- Affirmed the College’s commitment to respecting human rights and complying with the Human Rights Code by approving the Accommodation Requests in the Registration Process Policy.
- Reviewed 16 applications referred to the Committee by the Registrar.

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

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

The Committee approves all policies pertaining to the requirements of registration.
Registration

16 Total Decisions

8 Issue certificate of registration

1 Issue certificate of registration after additional training

1 Issue certificate of registration with terms, conditions and limitations

3 Deny certificate of registration

3 Deferred

0 Health Professions Appeal and Review Board

View the College’s 2016 Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC) at www.coto.org/memberservices/policies
Registrants by the Numbers

Number of OTs

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>5792</td>
</tr>
<tr>
<td>2016</td>
<td>5554</td>
</tr>
<tr>
<td>2015</td>
<td>5379</td>
</tr>
<tr>
<td>2014</td>
<td>5185</td>
</tr>
<tr>
<td>2013</td>
<td>5058</td>
</tr>
</tbody>
</table>

Age of OTs

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 30</td>
<td>1050</td>
</tr>
<tr>
<td>31-40</td>
<td>1874</td>
</tr>
<tr>
<td>41-50</td>
<td>1659</td>
</tr>
<tr>
<td>51-60</td>
<td>962</td>
</tr>
<tr>
<td>60+</td>
<td>247</td>
</tr>
</tbody>
</table>

Area of Practice

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>32%</td>
<td>Physical Health</td>
</tr>
<tr>
<td>11%</td>
<td>Mental Health</td>
</tr>
<tr>
<td>7%</td>
<td>Administration</td>
</tr>
<tr>
<td>50%</td>
<td>Other</td>
</tr>
<tr>
<td>(includes other areas of practice, other areas of direct service, consultation, research, education, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Nature of Practice

<table>
<thead>
<tr>
<th>Nature of Practice</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>4375</td>
</tr>
<tr>
<td>Mixed</td>
<td>780</td>
</tr>
<tr>
<td>Non-Clinical</td>
<td>465</td>
</tr>
<tr>
<td>Not Employed in OT</td>
<td>172</td>
</tr>
<tr>
<td>Total</td>
<td>5792</td>
</tr>
</tbody>
</table>
Registrants by the Numbers

Location of Occupational Therapy Education

<table>
<thead>
<tr>
<th>New Registrants</th>
<th>New Registrants who Graduated in 2016/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 Educated in Ontario</td>
<td>236 Educated in Ontario</td>
</tr>
<tr>
<td>60 In Canada, outside of Ontario</td>
<td>18 In Canada, outside of Ontario</td>
</tr>
<tr>
<td>37 Outside of Canada</td>
<td>6 Outside of Canada</td>
</tr>
<tr>
<td><strong>547</strong> Total</td>
<td><strong>260</strong> Total</td>
</tr>
</tbody>
</table>

Location of Education of College Registrants

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>4697</td>
</tr>
<tr>
<td>In Canada, outside of Ontario</td>
<td>538</td>
</tr>
<tr>
<td>United States</td>
<td>184</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>80</td>
</tr>
<tr>
<td>India</td>
<td>85</td>
</tr>
<tr>
<td>Philippines</td>
<td>49</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>30</td>
</tr>
<tr>
<td>South Africa</td>
<td>15</td>
</tr>
<tr>
<td>Israel</td>
<td>9</td>
</tr>
<tr>
<td>Ireland</td>
<td>5</td>
</tr>
<tr>
<td>Other International Location</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5792</strong></td>
</tr>
</tbody>
</table>
The College’s Quality Assurance Committee (QAC) oversees the development and maintenance of programs and policies that evaluate and promote occupational therapists’ continuing competence to practice safely, ethically and effectively. The program is educational in nature and is committed to promoting reflective practice and providing tools and resources for OTs to continue to enhance their knowledge and skills.

This year, the QAC oversaw the following initiatives:

- Redevelopment and redesign of MyQA, the College’s new online quality assurance (QA) site
- Revision of two QA requirements: the Self-Assessment (SA) and the Professional Development (PD) Plan
- Development of the 2017 Prescribed Regulatory Education Program (PREP): Are you PREP’d for Consent and Record Keeping?
- Evaluation of the College’s current Competency Review and Evaluation (CRE) process

Annual QA Requirements

Each year registrants are required to complete a PD Plan and a PREP. Every other year, registrants are also required to complete a SA.

- 4447 registrants with completed annual QA requirements (completed PD Plan and PREP)
- 1016 registrants with incomplete annual QA requirements (one or more incomplete QA requirements)
- 329 new registrants excluded from mandatory completion of QA requirements. New graduates and new registrants are exempt from completing their QA requirements for their first year of registration with the College.

5792 total registrants

81% compliance

In June 2017, the College launched a new online quality assurance site, MyQA, which allows the College to better monitor and address compliance.
Quality Assurance - Program Evaluation

In 2016, the College embarked on a review of the Competency Review and Evaluation (CRE) process used to identify occupational therapists who require education or remediation to ensure they are meeting the standards for practice.

As part of the review of the CRE process, a group of clinical registrants were randomly selected to participate in both Step 1 and Step 2 of the process.

• Step 1 requires registrants to submit their QA requirements and complete a multisource feedback process.
• Step 2 requires an on-site assessment of the OT’s practice by a peer assessor.
• Participant selection occurred between February and June 2016, in 2017.
• Results are being analyzed to inform changes to ensure QA program goals are met.

Demographics of CRE program evaluation participants

124 (100%) registrants in clinical practice

Practice areas*

- 32% General Service Provision
- 23% Other**
- 20% Mental Health and Addiction
- 10% Acute Care
- 10% Continuing Care and Geriatric Care
- 3% Consultation (Medical/Legal)
- 2% Client Service Management

*Practice areas are defined based on the major service area identified by the registrant on their annual renewal/application form.
**Other includes: other direct service consultation, other areas of practice and primary care.
Quality Assurance - Program Evaluation

Competency Review and Evaluation (CRE) Program Evaluation Results

- 124 total registrants in program evaluation group
- 40 deferrals granted
- 1 registrant still active in the process and excluded from the data
- 165 registrants randomly selected

Step 1 Outcomes for Registrants in Program Evaluation Group

- 49/124 incomplete QA requirements*
  *Incomplete QA requirements refers to having any requirements (SA, PD.Plan or PREP) missing over the five-year period from 2011-2015.
- 22/124 multi-source feedback surveys below the threshold

Step 2 Outcomes for Registrants in Program Evaluation Group

- 68 take no action
- 46 take no action with recommendations
- 9 issuances of specified continuing education or remediation program (SCERP)
- 0 referrals to Inquiries, Complaints & Reports Committee (ICRC)

- 123 peer and practice assessments conducted*
  *Of the 124 participants engaged in the process, 1 resigned their certificate after Step 1 and therefore did not participate in a peer and practice assessment

Of those registrants issued a specified continuing education or remediation program (SCERP), competencies most frequently identified as requiring education or remediation:

1. **Boundaries**
   - Maintains appropriate relationships and boundaries with clients.

2. **Consent**
   - Ensures informed consent prior to and throughout service provision.

3. **Record Keeping**
   - Maintains clear, accurate, and appropriate records of client encounters and plans.
The Inquiries, Complaints and Reports Committee (ICRC) oversees investigations into an OT’s conduct, competence or capacity including all complaints investigations and Registrar’s Inquiries received from the Office of the Registrar.

Complaints

In 2016/2017, the College received 34 new complaints of which one intake was not completed.

The ICRC issued decisions in 17 complaints cases in 2016/2017. In almost 65% percent of those decisions, the ICRC took no further action. The outcomes of these decisions are detailed in the adjacent list.

Resolved cases - complaints

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>no further action</td>
</tr>
<tr>
<td>2</td>
<td>specified continuing education or remediation program (SCERP)</td>
</tr>
<tr>
<td>3</td>
<td>advice/guidance/recommendation</td>
</tr>
<tr>
<td>1</td>
<td>frivolous &amp; vexatious</td>
</tr>
<tr>
<td>0</td>
<td>caution-in-person</td>
</tr>
<tr>
<td>0</td>
<td>referred to discipline</td>
</tr>
</tbody>
</table>

17 decisions

All complaints received by the College are investigated.
Appeals to the Health Professionals Appeal and Review Board (HPARB)

The Health Professions Appeal and Review Board (HPARB) reviews decisions made by the ICRC in complaint matters.

One complaint received and closed by the College in 2016/2017 was appealed to HPARB. In addition, five complaints received by the College in 2015/2016 were appealed to HPARB in the 2016/2017 fiscal year. During the 2016/2017 fiscal year, HPARB conducted 10 reviews.

HPARB issued decisions for 10 cases in 2016/2017 and in each case upheld the decision of the ICRC.

Registrar’s Inquiries

The Office of the Registrar received 53 Registrar’s Inquiries in the 2016/2017 fiscal year. Information forming the basis of 14 of these investigations came to the College’s attention through mandatory reports. The Office of the Registrar administratively closed six Registrar’s Inquiries in the 2016/2017 fiscal year.

The ICRC made 15 decisions on reports arising out of Registrar’s Inquiries in 2016/2017. The majority of the ICRC’s decisions were to take no further action or to issue a specified continuing education or remediation program (SCERP). The outcomes of the ICRC’s decisions related to Registrar’s Inquiries in the 2016/2017 fiscal year are detailed in the adjacent list.

<table>
<thead>
<tr>
<th>Resolved cases - Registrar’s Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>15</td>
</tr>
</tbody>
</table>
Discipline

The Discipline Committee conducts hearings into allegations of professional misconduct or incompetence that are referred to it by the Inquiries, Complaints and Reports Committee. There were no discipline hearings held at the College during the 2016/2017 fiscal year.

During the 2016/2017 fiscal year, there was one Divisional Court appeal of a decision of the Discipline Committee; namely, Arora v College of Occupational Therapists of Ontario. The appeal was instituted by the OT who is the subject of the Discipline Committee’s Order, Ms. Hina Arora. Ms. Arora requested the Divisional Court review the Discipline Committee’s decisions on finding, penalty, and costs. The Honourable K.E. Swinton, on behalf of a panel of three judges of Divisional Court, delivered Oral Reasons for Judgment on March 6, 2017. Ms. Arora’s appeal was dismissed on all grounds and the Discipline Committee’s order was upheld. The College was awarded costs in the amount of $3,500, all in. The Divisional Court’s decision is available on CanLII (www.canlii.org).

Executive

The Executive Committee facilitates the functioning of Council and other committees. It makes decisions, between Council meetings, for any matters that require immediate attention. The activities of the Executive show the breadth of its support for efficient and effective College operations:

- Appointed statutory Committee chairs.
- Approved the organization’s financial statements and budget, and recommended the appointment of the auditor.
- Initiated a bylaw review, and reviewed proposed amendments to bylaws (the Executive Committee cannot make, amend, or revoke a regulation or bylaw).
- Recommended the approval of revised guidelines, policies and College positions (see Year in Review), following in-depth reviews.
- Recommended the approval of a format for reporting on the College’s performance around strategic priorities.

Fitness to practise

The Fitness to Practise Committee holds hearings to determine if a registrant is physically or mentally incapacitated.

There were no Fitness to Practise hearings held at the College during the 2016/2017 fiscal year.
Financial statements
Financial summary 2016-2017

The College’s primary responsibility is to meet the regulatory mandate as set by the government. Many of the programs and services that the College provides are required by legislation. These include:

• assessing and registering applicants,
• maintaining a public register of everyone who is, or was, registered with the College,
• establishing professional practice standards and guidelines,
• investigating concerns about occupational therapy practice, and
• providing a quality assurance program.

The College’s revenue comes almost solely from registration fees.

The following information is provided to supplement the Summarized Statement of Operations. Costs allocated to each category include specific program administration and a proportional allocation of general administration costs, such as salaries and benefits, occupancy costs, depreciation, and all other operating expenses including IT. The percentage cost for each program varies annually reflecting planned program activities.

The Summary Financial Statements reflect adjustments to the previously reported figures for fiscal 2016. The adjustments ensure that the summary financial statements reflect current accounting standards for not-for-profit organizations.

### 2016-2017 Revenue

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration &amp; application fees</td>
<td>98.34%</td>
</tr>
<tr>
<td>Interest and other income</td>
<td>1.66%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

### 2016-2017 Expenses

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance, council, committees</td>
<td>19.51%</td>
</tr>
<tr>
<td>Communication</td>
<td>17.23%</td>
</tr>
<tr>
<td>Investigations &amp; resolutions</td>
<td>17.38%</td>
</tr>
<tr>
<td>Practice</td>
<td>14.26%</td>
</tr>
<tr>
<td>Quality assurance</td>
<td>15.81%</td>
</tr>
<tr>
<td>Registration</td>
<td>15.81%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

To the Council of the College of Occupational Therapists of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at May 31, 2017, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Occupational Therapists of Ontario for the year ended May 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated August 24, 2017.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the College of Occupational Therapists of Ontario.

Management's Responsibility for the Summary Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, “Engagements to Report on Summary Financial Statements”.

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College of Occupational Therapists of Ontario for the year ended May 31, 2017 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.

Comparative Financial Statements

The comparative summary financial statements were audited by another firm of Chartered Professional Accountants who expressed an unmodified opinion in their Independent Auditor’s Report dated August 25, 2016.

Hilborn LLP
Chartered Professional Accountants
Licensed Public Accountants

Toronto, Ontario
August 24, 2017
### Summary Statement of Financial Position

**As at May 31 2017**

<table>
<thead>
<tr>
<th></th>
<th>2017 $</th>
<th>2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and short term investments</td>
<td>4,961,271</td>
<td>4,558,801</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>23,354</td>
<td>44,088</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>4,984,625</td>
<td>4,602,889</td>
</tr>
<tr>
<td><strong>Investments</strong></td>
<td>2,403,575</td>
<td>2,209,563</td>
</tr>
<tr>
<td><strong>Property and equipment</strong></td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td><strong>Total Investments</strong></td>
<td>2,625,454</td>
<td>2,415,978</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>841,026</td>
<td>698,757</td>
</tr>
<tr>
<td>Deferred registration fees</td>
<td>3,690,926</td>
<td>3,484,272</td>
</tr>
<tr>
<td>Deferred lease incentives</td>
<td>19,503</td>
<td>22,583</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>4,551,455</td>
<td>4,205,612</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in property and equipment</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td>Internally restricted for hearings</td>
<td>350,000</td>
<td>350,000</td>
</tr>
<tr>
<td>Internally restricted for premises</td>
<td>500,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Internally restricted for sexual abuse therapy and counselling</td>
<td>18,000</td>
<td>18,000</td>
</tr>
<tr>
<td>Internally restricted for contingencies</td>
<td>1,390,000</td>
<td>1,050,000</td>
</tr>
<tr>
<td>Internally restricted for fee stabilization</td>
<td>292,000</td>
<td>275,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>286,745</td>
<td>713,840</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>3,058,624</td>
<td>2,813,255</td>
</tr>
</tbody>
</table>

**Total** | 7,610,079 | 7,018,867 |
### Summary Statement of Operations
For year ended May 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>2017 $</th>
<th>2016 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration and applications fees</td>
<td>3,941,702</td>
<td>3,820,392</td>
</tr>
<tr>
<td>Investment and other income</td>
<td>66,732</td>
<td>74,576</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>4,008,434</td>
<td>3,894,968</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>2,043,957</td>
<td>1,961,573</td>
</tr>
<tr>
<td>Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality assurance</td>
<td>124,926</td>
<td>151,731</td>
</tr>
<tr>
<td>Investigations and resolutions</td>
<td>254,632</td>
<td>242,755</td>
</tr>
<tr>
<td>Communications</td>
<td>87,717</td>
<td>142,567</td>
</tr>
<tr>
<td>Council</td>
<td>192,652</td>
<td>151,156</td>
</tr>
<tr>
<td>Occupancy costs</td>
<td>261,230</td>
<td>257,443</td>
</tr>
<tr>
<td>Depreciation</td>
<td>74,613</td>
<td>66,935</td>
</tr>
<tr>
<td>All other operating expenses</td>
<td>723,338</td>
<td>931,322</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>3,763,065</td>
<td>3,905,482</td>
</tr>
</tbody>
</table>

**Excess of revenues over expenses (expenses over revenues) for the year** | 245,369 | (10,514) |

### Note to Summary Financial Statements

May 31, 2017

1. **Basis of presentation**

These summary financial statements have been prepared from the audited financial statements of the College of Occupational Therapists of Ontario (the “College”) for the year ended May 31, 2017, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of statement of operations has been condensed, changes in net assets and cash flows has not been presented and information disclosed in the notes to the financial statements has been reduced.

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

Please contact Jin Shen at jshen@coto.org or 416.214.1177/1.800.890.6570 x226 to request a copy of the complete set of audited financial statements.
Looking forward
To define the way forward for the next three years, the College developed a new Strategic Plan, which took effect on June 1, 2017.

The process drew on consultations with Council, staff, key stakeholders and OTs, and looked at how the College can serve its mandate in today’s regulatory environment.

Council and senior staff identified planning priorities, while a Strategic Planning Committee helped to draft the plan and supporting governance documents. A refreshed mission and vision complete the picture.

Details of the consultation, registrant survey results and status updates are available on coto.org under About Us/Who We Are/Vision 2020.
Mission
The College of Occupational Therapists of Ontario is the regulatory body that protects the public and instills confidence and trust by ensuring occupational therapists are competent, ethical and accountable.

Vision
Leaders in collaborative quality regulation.

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

Quality practice by occupational therapists
• Occupational therapists are accountable for quality, safety and ethics in practice.
• The College engages occupational therapists to advance quality, ethical practice.
• Professional standards reflect evolving practice.

System impact through collaboration
• The College is recognized and respected as a regulatory leader.
• The public contributes to College decision making.
• Collaboration with stakeholders supports the College’s effectiveness and influence as a regulator.
• Collaboration promotes systems alignment to support quality practice by occupational therapists.
College Council

Donna Barker, Professional Academic Member, Term began March 2017
Julie Chiba Branson, Professional Member, District 1 - Central East
Valerie Corbin,* Public Member
Jane Cox, President, Professional Member, District 3 - South West
Mary Egan, Professional Academic Member, Term began Sept 2016
Julie Entwistle, Professional Member, District 2 - Central West
Jeannine Girard-Pearlman, Member at Large, Education, Public Member
Shannon Gouchie, Vice President, Professional Member, District 5 - North East
Jennifer Henderson, Professional Member, District 2 - Central West
Patrick Hurteau, Professional Member, District 4 - Eastern, Term began March 2017
Winston Isaac, Member at Large, Finance, Public Member
Kurisummoottil S. Joseph, Public Member
Ernie Lauzon, Public Member
Laurie Macdonald, Professional Member, District 6 - North West
Angela Mandich, Professional Academic Member, Term ended March 2017
Annette McKinnon, Public Member
Carol Mieras, Professional Member, District 4 - Eastern, Term ended March 2017
Serena Shastri-Estrada, Professional Member, District 1 - Central East
Debra Stewart, Professional Academic Member, Term ended August 2016
Paula Szeto, Professional Member, District 1 - Central East
Abdul Wahid, Public Member

*Valerie Corbin served on Council until her untimely passing on May 26, 2017
Non-Council Committee members

Paola Azzuolo, Practice Issues Subcommittee
Leanne Baker, Complaints/ICRC Committee
Anuradha Banavalikar, Practice Issues Subcommittee
Kathryn Berardi, Practice Issues Subcommittee
Sylvia Boddener, Practice Issues Subcommittee
Anne Cooper-Worsnop, Quality Assurance Subcommittee
Megan Edgelow, Practice Issues Subcommittee
Gord Hirano, Patient Relations, On leave of absence
Shaheeza Hirji, Complaints/ICRC Committee
Warren Kirley, Quality Assurance Subcommittee, Term ended June 2016
Iona Mairi Macritchie, Quality Assurance Subcommittee
Avelino Maranan, Quality Assurance Subcommittee
Nancy McFadyen, Fitness to Practise Committee
Kathleen Murphy, Discipline Committee, Term ended March 2017
Mathew Rose, Complaints/ICRC Committee
Vijay Sachdeva, Quality Assurance Subcommittee
Carol Salmon, Quality Assurance Subcommittee
Katrine Sauvé-Schenk, Quality Assurance Subcommittee
Roxane Siddall, Quality Assurance Subcommittee, On leave of absence
Christine Sniatala, Quality Assurance Subcommittee
Michelle Stinson, Discipline Committee
Phyllis Wong, Complaints/ICRC Committee, Resigned April 2017
David Wysocki, Registration Committee

Thank you

Thank you to everyone – clients, caregivers, OTs, Council and Committee members, staff, volunteers, and many more – who shared their time and expertise with the College to help ensure the people of Ontario receive quality care.
Contact us

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Fax: 416.214.1173
www.coto.org
@CollegeofOTs

Elinor Larney, Registrar
elarney@coto.org
x233

General Inquiries
info@coto.org
x236 or 0

Complaints and Discipline
investigations@coto.org
x223

Practice Resource Service
practice@coto.org
x240

Registration
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x229

Quality Assurance
qaprogram@coto.org
x227

Communications
communications@coto.org
x297

Please check Contact Us at www.coto.org for more information.
COUNCIL BRIEFING NOTE

Date: October 26, 2017
To: Council
From: Executive
Subject: August 2017 (Q1) Financial Report

Recommendation/Action Required:


This Financial Report contains three sections:
- Financial Statement Highlights
- Summary of statutory remittances and filings;
- Financial Statements:
  - Statement of Financial Position as at August 31, 2017;
  - Statement of Operations for the period June 1, 2017 to August 31, 2017;
  - Statement of Reserves for the period June 1, 2017 to August 31, 2017.

HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

(Please refer to the attached Statement of Financial Position as at August 31, 2017)

The Short-term marketable securities balance of $2,776,909 reflects the investment portfolio balance as of the May 31, 2017 audited financial statements. For interim financial reports prepared throughout the year, this balance will not align with the monthly BMO Investment Reports. Standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end only.

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

Deferred Revenue includes Registration income that cannot be recognized as income until later in the fiscal year. The current balance in deferred revenue of $2,836,178 consists approximately $315,131 to be recognized each month from September 2017 to May 2018.

Previously Opening Surplus under the Net Assets is split into two amounts, the Unrestricted amount reflects the liquidable fund available to use, whereas the Invested in Fixed Assets amount equals to the Property and Equipment under Assets which is not available to use.
HIGHLIGHTS OF STATEMENT OF OPERATIONS
(Please refer to the attached Statement of Operations for August 31, 2017)

The net surplus of revenues over expenses for the 3 months ended August 31, 2017 was $317,047.

The 3 months' revenues compared to the full year budget is 25.8 percent, consistent with the recognition of Deferred Revenue.

All expenses are tracking better than budget, due to timing of expenses, and many programs and projects are in planning stage.

HIGHLIGHTS OF STATEMENT OF RESERVES
(Please refer to the attached Statement of Reserves as August 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.

STATUTORY REMITTANCES AND FILINGS
The College is required to remit various taxes and filings to the government.

<table>
<thead>
<tr>
<th>Description</th>
<th>Frequency/Timing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remittance of payroll withholding taxes (CPP, EI, Income Tax)</td>
<td>Bi-weekly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of CPP on Council per diems</td>
<td>Monthly</td>
<td>Up to date</td>
</tr>
<tr>
<td>Remittance of Employer Health Tax</td>
<td>Remittance for fiscal year is a set 1.95 % of calendar year payroll over $450,000.</td>
<td>Up to date</td>
</tr>
<tr>
<td>Filing of Harmonized Sales Tax return(Quarterly)</td>
<td>Quarterly</td>
<td>Up to date, HST return filed up to August 31 2017. Payment made in September 2017. Next filing due December 2017 for the period September 01 2017 to November 30 2017.</td>
</tr>
<tr>
<td>Filing of T4, T4A returns</td>
<td>Annually based on calendar year. Due last day of February.</td>
<td>Up to date. Next filing, February 2018 for the calendar year ending December 31, 2017.</td>
</tr>
</tbody>
</table>
College of Occupational Therapists of Ontario

STATEMENT OF FINANCIAL POSITION
As at August 31, 2017

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>August 31, 2017</th>
<th>August 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$3,538,860</td>
<td>$3,184,140</td>
</tr>
<tr>
<td>Short-term marketable securities</td>
<td>2,776,909</td>
<td>2,730,703</td>
</tr>
<tr>
<td>Accounts receivable and prepaid expenses</td>
<td>13,479</td>
<td>38,011</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>6,329,247</td>
<td>5,952,854</td>
</tr>
<tr>
<td>Property and equipment, net of accumulated depreciation</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>6,551,126</strong></td>
<td><strong>6,159,269</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>289,516</td>
<td>214,109</td>
</tr>
<tr>
<td>HST payable</td>
<td>33,051</td>
<td>49,417</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>2,836,178</td>
<td>2,715,444</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>3,158,745</td>
<td>2,978,970</td>
</tr>
<tr>
<td>Deferred lease inducement</td>
<td>19,503</td>
<td>22,583</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>3,178,248</strong></td>
<td><strong>3,001,553</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserve Funds</td>
<td>2,547,207</td>
<td>1,880,428</td>
</tr>
<tr>
<td>Invested in Fixed Assets</td>
<td>221,879</td>
<td>206,415</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>286,745</td>
<td>713,842</td>
</tr>
<tr>
<td>Net income for the period</td>
<td>317,047</td>
<td>357,031</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>3,372,878</strong></td>
<td><strong>3,157,716</strong></td>
</tr>
</tbody>
</table>

| TOTAL LIABILITIES AND NET ASSETS            | **$6,551,126**  | **$6,159,269**  |

Council – October 26, 2017
### College of Occupational Therapists of Ontario

**STATEMENT OF OPERATIONS**

**August 31, 2017**

<table>
<thead>
<tr>
<th></th>
<th>Actual YTD for 3 months ended August 2017</th>
<th>12 month Budget 2017-18</th>
<th>Actual YTD as % of 2017-18 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$1,009,364</td>
<td>$3,936,744</td>
<td>25.6%</td>
</tr>
<tr>
<td>Application Fees</td>
<td>31,400</td>
<td>82,400</td>
<td>38.1%</td>
</tr>
<tr>
<td>Professional Corporation Fees</td>
<td>4,250</td>
<td>13,132</td>
<td>32.4%</td>
</tr>
<tr>
<td>Interest Income</td>
<td>5,924</td>
<td>10,000</td>
<td>59.2%</td>
</tr>
<tr>
<td>Other Income</td>
<td>3,585</td>
<td>25,000</td>
<td>14.3%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td>$1,054,524</td>
<td>$4,067,276</td>
<td>25.9%</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and Benefits</td>
<td>505,212</td>
<td>2,353,600</td>
<td>21.5%</td>
</tr>
<tr>
<td>Programs</td>
<td>32,501</td>
<td>335,000</td>
<td>9.7%</td>
</tr>
<tr>
<td>Communications</td>
<td>15,187</td>
<td>130,000</td>
<td>11.7%</td>
</tr>
<tr>
<td>Council</td>
<td>16,852</td>
<td>203,700</td>
<td>3.3%</td>
</tr>
<tr>
<td>Rent</td>
<td>71,614</td>
<td>301,000</td>
<td>23.8%</td>
</tr>
<tr>
<td>Information Technology</td>
<td>28,402</td>
<td>147,656</td>
<td>19.2%</td>
</tr>
<tr>
<td>Other Office Operations</td>
<td>52,017</td>
<td>291,000</td>
<td>17.9%</td>
</tr>
<tr>
<td>Operational Initiatives</td>
<td>7,725</td>
<td>173,000</td>
<td>4.5%</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>2,029</td>
<td>104,000</td>
<td>2.0%</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>5,937</td>
<td>28,320</td>
<td>11.0%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$737,476</td>
<td>$4,067,276</td>
<td>18.1%</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$317,047</td>
<td>$-</td>
<td></td>
</tr>
</tbody>
</table>

* Target for ytd February is 25% representing 3/12 of total budget for the year

### STATEMENT OF RESERVE FUNDS

<table>
<thead>
<tr>
<th>Fund</th>
<th>Opening Balance June 1, 2017 (Budgeted)</th>
<th>Spent to Date</th>
<th>Closing Balance August 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearings Fund</td>
<td>$350,000</td>
<td>$ (2,793)</td>
<td>347,207</td>
</tr>
<tr>
<td>Sexual Abuse Therapy Fund</td>
<td>18,000</td>
<td>-</td>
<td>18,000</td>
</tr>
<tr>
<td>Contingency Fund</td>
<td>1,390,000</td>
<td>-</td>
<td>1,390,000</td>
</tr>
<tr>
<td>Fee Stabilization Fund</td>
<td>292,000</td>
<td>-</td>
<td>292,000</td>
</tr>
<tr>
<td>Premises Fund</td>
<td>500,000</td>
<td>-</td>
<td>500,000</td>
</tr>
<tr>
<td>Invested in Fixed Assets</td>
<td>221,879</td>
<td>-</td>
<td>221,879</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>286,745</td>
<td>-</td>
<td>286,745</td>
</tr>
<tr>
<td>Surplus (Deficit) for the Period</td>
<td>-</td>
<td>317,047</td>
<td>317,047</td>
</tr>
<tr>
<td><strong>TOTAL RESERVES</strong></td>
<td>$3,058,624</td>
<td>$314,254</td>
<td><strong>$3,372,878</strong></td>
</tr>
</tbody>
</table>
COUNCIL BRIEFING NOTE

Date: October 26, 2017
To: Council
From: Executive Committee
Subject: Recommended Changes to Reserve Funds

Recommendation/Action Required:

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

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

Background:
When the Auditor presented the draft audited financial statements to Executive in August 2017, he discussed the need for some changes to the Reserve Funds. The reason is that Canada Revenue Agency is actively monitoring the operations of Non-Profit/Charity and how organizations like the College are treating Net Assets including Restricted Funds (Reserve Funds) and Unrestricted Funds (Opening Surplus). The Canada Revenue Agency may question any Restricted Fund without clear restrictions in spending and large amounts of Unrestricted Funds that are more than enough for 6 months of operational needs.

Discussion:
The College’s Restricted and Unrestricted Funds:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invested in property and equipment</td>
<td>$221,879</td>
</tr>
<tr>
<td>Internally restricted for hearings</td>
<td>$350,000</td>
</tr>
<tr>
<td>Internally restricted for premises</td>
<td>$500,000</td>
</tr>
<tr>
<td>Internally restricted for sexual abuse therapy and counselling</td>
<td>$18,000</td>
</tr>
<tr>
<td>Internally restricted for contingencies</td>
<td>$1,390,000</td>
</tr>
<tr>
<td>Internally restricted for fee stabilization</td>
<td>$292,000</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>$286,745</td>
</tr>
</tbody>
</table>

The Fee Stabilization Fund is relatively small compared to the Contingency Fund and it has a duplicate purpose. The College will not increase Renewal Fees unless the combination of the Contingency and Unrestricted Funds falls below the amount needed for 3 months of operation. A fee increase is not anticipated in the near future, given the financial performance of the College over the past few years.

Attachments:
Revised Guidelines for Establishing and Maintaining Reserve Funds

Council – October 26, 2017
In order to cover variable and/or unforeseen costs and expenses, the College shall establish and maintain specific reserve funds. Council will approve the designated amounts/percentages.

1. **Reserve Funds will be established for:**

   a. **Hearings Reserve Fund**
      The hearings reserve fund is designated to cover costs, including legal costs, for conducting discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeal hearings and other hearings that may arise related to regulating the profession.
      The amount to be maintained in this fund is $350,000 or such other amount as may be determined by the Council.

   b. **Sexual Abuse Therapy and Counselling Reserve Fund**
      The Therapy and Counselling Reserve fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is $18,000 or such other amount as may be determined by the Council.

   c. **Contingency Reserve Fund**
      The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget or to fund the College’s obligations in extreme circumstances as determined and approved by the Council including in the event that the College ceases to exist as a corporate statutory body.
      The minimum amount of 3 months of budgeted operating expenses to a maximum of 6 months or such other amount as may be determined by Council.

   d. **Fee Stabilization Fund**
      The Fee Stabilization Reserve Fund is designated to minimize or delay the impact of year-over-year changes in revenues or expenses or registrants’ renewal fees. Any annual operating surplus remaining after appropriate allocations are made to the other reserve funds will be allocated to the Fee Stabilization Fund.
      The minimum amount of 7% of operating expenses or such other amount as may be determined by Council.

   e.d. **The Premises Fund**
      The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of $2500,000 or such other amount as may be determined by Council.

2. **Appropriations from annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar.**
REGISTRAR’S REPORT
Council Meeting of October 26, 2017

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

I am not recommending any changes to the policies in these categories – all policies have been reviewed recently and are up to date.

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 decisions during this period:
- GP 11 – Cost of Governance, has supported the audit process.

For Your Information:

*Ends priority #1: Confidence in Occupational Therapy Regulation.*

- **Psychotherapy:**
  The Registrar has been involved in discussions with the Health Professions Regulatory Advisory Committee (HPRAC). HPRAC received a referral from the Minister of Health and Long-Term Care in August 2017, asking them to review the controlled act of psychotherapy, prior to a decision about proclaiming this controlled act to be in force. The letter is in your FYI package. As well as participating in several meetings with HPRAC, a response to a consultation request was completed and forwarded to HPRAC as well. This can also be found in your FYI package.

  The deadline for the review to be completed is November 1, 2017. Proclamation of the controlled act, if still viable following this study, is expected prior to the end of the calendar year.

  The College has supported the implementation of the controlled act which also controls the use of the title ‘psychotherapist’, to those with access to the act, as a primary public protection provision. What this means is that those professionals who can use the title psychotherapist can be identified by the public as having competence and accountability to a regulatory body for providing psychotherapy.

- **Reporting Unsafe Drivers:**
  The College made a submission to the Ministry of Transportation related to pending regulations around reporting of unsafe drivers. Occupational Therapists are expected to be part of the process on a discretionary basis. The College continues to collaborate with this Ministry as needed. The College’s submission is in your FYI package.

- **Registration:**
  The Registration program has been focused on enforcing the requirement for liability insurance for occupational therapists. The College has learned over the past few years that compliance with this mandatory requirement for registration is an issue. (Registrants can be revoked for failing to obtain appropriate liability insurance.) Proactively, an information campaign has been ongoing for several months and is currently approaching a final deadline at the end of October. Due to the high volume of registrants that needed follow up, an administrative fee of $100 + tax will be levied for those
individuals who do not update their information. This will assist the College to manage these individuals by hiring additional temporary staff. (The college hopes that this won’t be necessary.)

- **Investigations and Resolutions Program:**
  - A priority has been to focus on following up with OTs who failed to purchase insurance in the last year. The college was surprised at the number of OTs that required this attention.
  - The ICRC is planning for two hearings to occur, one in December and one in January.
  - Last year, the ICRC reported a surge of new complaints and reports. It appears that this pattern has not been repeated in the first quarter of this year and numbers of matters have decreased back to ‘normal’ volume.
  - A new associate is currently being recruited for this program to assist with the volume of work and assist the program to meet its timelines.

- **Communications Program:**
  Among other more obvious activities, the Communications team highlights:
  - Refinements to videos about the role of the College and our work to protect the public are in progress. We anticipate a launch later this year.
  - Online forms to facilitate the submission of complaints and mandatory reports via the website will be available soon. We continue to explore ways to enhance access to this information.
  - Open rates for electronic communications increased 15% over the past 3 months. Assessments are ongoing.
  - Plans are underway for upcoming elections in three districts, which will experience electronic nominations and voting for the first time.

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

- **Quality Assurance Program:**
  MyQA Compliance Report as of October 13, 2017:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of registrants required to complete a 2017 Self-Assessment (SA)</td>
<td>2,413</td>
</tr>
<tr>
<td>Number of SAs in progress to date</td>
<td>1,683</td>
</tr>
<tr>
<td>Number of SAs completed to date</td>
<td>1,053</td>
</tr>
<tr>
<td>SA completion compliance rate to date</td>
<td>44%</td>
</tr>
<tr>
<td>Number of registrants required to complete a PREP (Prescribed Regulatory Education Program)</td>
<td>5,739</td>
</tr>
<tr>
<td>Number of PREPs in progress to date</td>
<td>2,502</td>
</tr>
<tr>
<td>Number of PREPs completed to date</td>
<td>1,453</td>
</tr>
<tr>
<td>PREP completion compliance rate to date</td>
<td>25%</td>
</tr>
<tr>
<td>Number of registrants required to complete a Professional Development Plan (PD Plan)</td>
<td>5,739</td>
</tr>
<tr>
<td>Number of PD Plans in progress to date</td>
<td>694</td>
</tr>
<tr>
<td>Number of PD Plans completed to date</td>
<td>33</td>
</tr>
<tr>
<td>PD Plan completion compliance rate to date</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

- The College is engaging in a communication strategy in an attempt to increase registrant compliance with completing annual QA requirements in MyQA. As part of this strategy,
registrants will receive personalized email reminders at various intervals prior to and post QA requirement due dates. Due date for the SA and the PREP is October 31, 2017. PD Plan completion is required for May 31, 2018.

- The over-all feedback from registrants about MyQA and the new requirements (Self-Assessment, PD Plan, PREP) has been quite positive.
- A written summary of the Competency Review and Evaluation (CRE) program evaluation for QAC and Council review will be provided by the researcher in the coming months.
- Research findings from the CRE program evaluation will provide direction for next steps with the QA program.
- Development of the 2018 PREP on: Professional Boundaries and Sexual Abuse is underway.

**Practice Resource Program:**
- The College received 246 practice inquiries from June 1, 2017 to August 31, 2017.
- The majority of practice queries are from OTs; this remains consistent with our previous practice data.
- The number of practice inquiries the College receives is typically lower in the summer months due to individuals being away on vacation.
- Between June and August 2017, the practice advisors have presented to OT students at McMaster and the University of Toronto on topics such as jurisprudence and conflict of interest.
- To measure the effectiveness of these presentations, students are requested to complete a feedback survey. The students have rated the College well on the presentation feedback forms and indicated that the information provided is relevant and can be applied in practice settings.
- The practice resource service remains active in responding to telephone or e-mail queries. Our target for providing a response is 2 business days. In most instances, we have exceeded the target by responding within 24 hours.
- The Practice Resource Service continues to update and review practice standards and guidelines ensuring that they are relevant to all areas of practice and contain timely information.

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

**Ministry of Health & Long-Term Care (MOH)**
- Personal Support Worker Registry – The Michener Institute has been selected to develop a registry for Personal Support Workers. This initiative will improve public protection by providing a mechanism to determine who is qualified to provide personal support worker services.
- Bill 160, Strengthening Quality and Accountability for Patients Act, 2017. Under schedule 9 of the bill, Oversight of Health Facilities and Devices Act, 2017, there is a potential for clinic regulation to be included. There are ongoing discussions with the ministry to see if this can be included in the regulation that will be developed to facilitate the implementation of that schedule.
- The bill introduces a new Act, the Health Sector Payment Transparency Act, 2017, whose purpose is to require the reporting of information about financial relationships that exist within Ontario’s health care system, including within health care research and education, and to enable the collection, analysis and publication of that information in order to, among other things, strengthen transparency. The Act requires that certain transactions be reported to the Minister who shall analyse and publish the information. The Act establishes a framework for inspections and other compliance mechanisms. It also provides for periodic review by the
Minister. This act will impact occupational therapists who may have relationships with vendors for medical devices.

- Regulating Diagnostic Sonographers – The College of Medical Radiation Technologists will now regulate diagnostic sonographers as of January 2018. Bill 160 amends the Medical Radiation Technology Act, 1991, to be referred to as Medical Radiation and Imaging Technology Act, 2017. This reflects a change in the name of the College of Medical Radiation Technologists of Ontario to the College of Medical Radiation and Imaging Technologists of Ontario, in recognition that the College will now regulate the diagnostic medical sonographers.

- **Federation of Health Regulatory Colleges of Ontario (FHRCO)**
  - The Federation is facilitating discussions on implementation of provisions in the Protecting Patients Act, 2017 (formerly Bill 87). Our College participated in meetings to collaborate about consistent practices. Our College is also well ahead with regard to implementation of the processes within the act due to the work completed earlier this year on the Bylaws.

- **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**
  - ACOTRO had their board meeting just after the CNAR conference in October in Halifax.
  - ACOTRO is working on facilitating an agreement between the Canadian Association of Occupational Therapists (CAOT), and each province related to the use of the Exam. CAOT is the provider of the entry to practice exam used by occupational therapy regulators in Canada. ACOTRO approved the use of the agreement template at their meeting in October.
  - ACOTRO has engaged with the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP) to work together towards developing one set of competencies for the profession. We have collectively engaged a project manager, to assist with this project, and are currently seeking funding. I have been selected to chair this group. The group has selected the name “CORECOM” to refer to itself. The group has been officially invited to submit a proposal to the Federal government. (Employment and Social Development Canada. ESDC)
  - ACOTRO is working on a process to determine if there is a way to manage registration and other regulatory processes for OTs who practice in more than one province, or who may have work across several provinces. As professions are regulated by provincial legislation, this is a challenging task, as no provincial regulator can operate outside their legal jurisdiction or responsibilities. The First Ministers in the Atlantic provinces have recently sent the colleges in their jurisdictions a notice asking them to develop a solution. Progress has been made in discussions related to OTs who want to provide follow up services in another jurisdiction after providing service in their own, or where services are not readily available in the other jurisdiction. No final agreement has yet been made.
  - ACOTRO has been invited by the Accreditation Council to send a representative to their meetings. This group accredits university occupational therapy programs in Canada. This is another positive outcome of the Forum held with CAOT, and ACOTUP in the fall of 2016. Regulators are obligated to ‘approve’ entry to practice programs within their provinces. This is a first step in improving this process.
  - ACOTRO has decided to implement a yearly ‘President’s Meeting’ to ensure that all Councils across Canada receive accurate and consistent information about ACOTRO activities.
  - ACOTRO will embark on a strategic planning process in February 2018.

- **Meeting with CORU – Health and Social Care Professionals Council**
  - Elinor met with this group from Ireland, along with other Ontario regulatory organizations, to share information about regulation in Ontario. They specifically wanted to ask about our College’s continuing competence program.
From the CORU website – “The name CORU originates from an Irish word, ‘cóir’ meaning fair, just and proper. These are values that resonate deeply within our organisation, and perfectly reflect our commitment to protecting the public by regulating health and social care professionals. CORU is not an acronym.”

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

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

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

- **Staffing Update**
  - The College is pleased to welcome Suzanne MacGillivray as the COTO/ACOTRO Associate. She is shared between the College and ACOTRO.
  - The College is currently recruiting for an additional associate for the Investigations and Resolutions program.

See you at the meeting! Elinor
AGENDA ITEM 8.1

COUNCIL BRIEFING NOTE

Date: October 26, 2017
To: Council
From: Inquiries, Complaints and Reports Committee (ICRC)
Subject: Recommendation to Reappoint Leanne Baker and Shaheeza Hirji as Non-Council Members to the ICRC

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

Background:
Part 13.03 of the College bylaws state that the ICRC shall be composed of two Professional Members of Council, two Public Members of Council, and four Professional non-Council Members. At present, ICRC membership is comprised of two Professional Members of Council, two Public Members of Council and four Professional non-Council Members.

Leanne Baker’s and Shaheeza Hirji’s terms as non-Council Members of the ICRC, which began in October 2014, will expire on October 31, 2017. On October 16, 2017, a panel of the ICRC unanimously passed a motion to recommend to Council the reappointment of Leanne Baker and Shaheeza Hirji as non-Council Members for a second three-year term commencing on November 1, 2017.

Discussion:
Leanne Baker is currently employed at South East CCAC and Veterans Affairs Canada. Shaheeza Hirji is currently employed at Sunnybrook Health Sciences Centre Holland Orthopaedic and Arthritic Centre and Sibley and Associates.

Leanne and Shaheeza are valued and consistent members of the ICRC; their reappointment has been strongly recommended by the committee.

Reappointing Leanne Baker and Shaheeza Hirji will support the overall effectiveness of the committee, as they are experienced members with valuable expertise.

Financial Implications:
N/A
COUNCIL BRIEFING NOTE

Date: October 26, 2017
To: Council
From: Executive Committee
Subject: Draft Standards for Use of Title

Recommendation/Action Required:

THAT Council approves the Draft Standards for Use of Title as presented.

Background:

The draft Standards for Use of Title will replace the Guide to Use of Title (2012). Given the nature of the changes to the Guide, Council approved the transition from a guide to standards to emphasize the importance of use of title for public protection and to ensure there is an adequate mechanism to hold OTs accountable to truthfully and accurately represent themselves.

The Standards reflect key changes or additions to the College’s position on use of title including:

• Permitting use of additional credentials
• Revisions to the title for refresher program candidates to “Candidate Occupational Therapist” or “Candidate OT”
• Prohibiting use of OT(C) and other non-approved OT designations
• Replacement of the terminology “OT with training and expertise in hand therapy” with other language such as “practising in the area of hand therapy”.
• Removal of reference to endorsement of Occupational Therapist Assistant (OTA) title
• Addition of information regarding use of title in retirement or following resignation from the College

In addition to the key changes noted above, the Standards will also incorporate the Standard for Use of Title Psychotherapist. This standard will only be included once the controlled act of psychotherapy has been proclaimed.

In March 2017, Council approved the circulation of the draft Standards for Use of Title to seek stakeholder feedback.

Summary of Stakeholder Consultation Results

The College received 291 responses to the consultation.

Demographics

• 97% of respondents were OTs with representation from various practice settings and areas of practice
• Respondents’ nature of practice was 64% clinical, 22% mixed practice, 14% non-clinical
• 49% of respondents had greater than 20 years of practice experience
Overall Impressions
- 94% of respondents indicated that the language used in the standards was clear and that the standards clearly described what an OT is expected to do when using title
- 89% of the respondents indicated that they could apply the standards to their practice and that the OTs they interact with demonstrate the standards
  - (This question posed some challenges in the way it was phrased as OTs noted in comments that some of the standards were new and not previously permitted so they felt they could not yet apply the standards or evaluate their peer’s demonstration of knowledge)

Feedback on Individual Standards
- Responses to “do you understand this standard” ranged from 93%-99% on all standards with the standard on specialty designations, specialization and area of practice scoring the lowest
- All survey comments were reviewed and the following themes requiring additional attention emerged:
  - Need for simplification of language to facilitate understanding
  - Requesting changes to the format of the approved designation OT Reg. (Ont.) due to length and reference to “Ont.”
  - Seeking clarification on what would constitute misuse of title by a registered OT
  - Expectations regarding use of university degrees (mandatory or optional?)
  - Confusion between inability to use specialist designations and ability to use additional credentials
  - Requests for the College to be permitted to use “retired OT” and to provide examples of titles to be used if not permitted to use “retired OT”

Incorporation of feedback into the Standards
Feedback was reviewed in depth with the Practice Issues Subcommittee and where possible all areas of feedback were addressed in the revised standard as follows:
- Language was simplified and streamlined to remove some legislative jargon and decrease duplication of information
- Clear statements defining expectations were incorporated, for example, “displaying university degrees is optional”
- Definitions were added to increase understanding in areas lacking clarity
- A one-page ‘quick-reference’ was developed to summarize expectations for OTs

To address the issues of specialist designations and use of title in retirement, each section clearly indicates that the College does not grant specialist designations and does not have a retirement class of registration to reflect the College’s position. In addition, the Association of Occupational Therapists Regulatory Organizations has completed a review of national use of title in retirement and this standard is consistent with nationally endorsed positions.

The Standards have undergone a legal review and recommended edits have been incorporated.

Discussion:
Council is asked to review the draft Standards for Use of Title, as well as the quick reference resource and provide comment on any additional revisions required.
Attachments:

1. Draft Standards for the Use of Title
2. Draft - Use of Title Quick Reference
Standards for Use of Title
Introduction

In Ontario, only registrants of the College of Occupational Therapists of Ontario are permitted to use the title “occupational therapist”, the designation OT Reg. (Ont.) or any variation, abbreviation or equivalent in another language.

The titles used by regulated health professionals are protected though legislation. “Occupational therapist” is a protected title under the *Occupational Therapy Act, 1991*. Protected titles prevent misrepresentation and protect the public from harm that may be caused by people practising the profession who are not qualified.

The College takes seriously its role to safeguard public interest by ensuring that only registered OTs use the protected title. When an individual who is not an OT uses the protected title or practises in a manner that would lead a reasonable member of the public to think the individual is an OT, this is known as 'holding out’ as an OT. Penalties for “holding out” 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 the protected title increases the credibility of the profession and provides a public message of accountability and competency.

This Standard describes the minimum expectations for use of title for OTs in Ontario and provides examples (*Appendix A*) of how the Standards for Use of Title apply in practice.

**Application of the Standards for the Use of Title**

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

- **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 communicate their title 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 Standards.
In the event of any inconsistencies in these Standards for Use of Title with any other College standards, the standards with the most recent issue or revision date prevail.

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. Ontario Regulation 95/07: Professional Misconduct establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession” constitutes professional misconduct.

**Overview of the Standards for Use of Title**

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

Appendix 1 – Application of Title
1. **Protected Title**

By using a protected title, OTs are representing to the public that they are qualified to practice as an occupational therapist and are expected to provide occupational therapy service that meets the established standards of the profession. The reference to the province in the designation OT Reg. (Ont.) clearly identifies those registered with the College and entitled to practice in Ontario.

The College does not prescribe the order in which information is presented when communicating title in writing, however, it is expected that the protected title or designation maintains a position of prominence that easily allows a member of the public to identify the OT as a registrant of the College.

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**Standard 1**

*The OT will use the protected title when representing that they are a registrant of the College.*

**Performance Indicators**

The OT will:

1.1 Accurately present themselves using the protected title “Occupational Therapist” and/or the designation “OT Reg. (Ont.)” (in English) or “Ergotherapeute” or “Erg. Aut. (Ont.)” (in French).

1.2 Use the protected title “occupational therapist” or the designation OT Reg. (Ont.) when practising occupational therapy.

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2. **Misuse of Title**

OTs can be found to be engaging in professional misconduct if they misuse a title (Ontario Regulation 95/07: Professional Misconduct).

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**Standard 2**

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

**Performance Indicators**

The OT will not:
2.1 Inappropriately use a term, title or designation in respect of his/her practice; For example, using a designation such as Assistive Devices Program Authorizer when the OT is no longer a registered authorizer.

2.2 Use a term, title or designation indicating or implying a specialization in the profession; or,

2.3 Practise the profession using a name other than the name as entered in the register. Note: OTs who wish to use a name other than their legal name must ensure their preferred name is recorded with the College to ensure it appears on the public register (“Find an OT”) and is accessible to the public.

3. University Degrees

Displaying university degrees is optional. OTs are not required to display university degrees but may choose to do so.

Individuals who have obtained a degree in occupational therapy can communicate this. However, if those individuals are not also registered with the College, they cannot use the title ‘occupational therapist’ or a variation thereof or hold themselves out as someone who is an occupational therapist.

**Standard 3**

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

**Performance Indicators**

The OT will:

3.1 Display the protected title “occupational therapist” or the designation “OT Reg. (Ont.)” in addition to any conferred university degrees when communicating with clients and the public.  
Example: Jane Doe, MBA, BSc (OT), OT Reg. (Ont.)
4. Student Occupational Therapists

The College only regulates occupational therapists. Students enrolled in occupational therapy university programs are not regulated by the College, however, conduct they engaged in while students may be relied upon by the College when assessing their suitability to practise the profession when those students later apply for registration. OTs play an essential role in the education and training of students. When assuming responsibility for the supervision of students, it is important that the public can clearly identify the individual as a student. Using a title that prominently identifies the role of the student in oral and written communication ensures accurate representation of the student and prevents the public from misinterpreting the accountability of the student. The approved title “Student Occupational Therapist” or “Student OT” ensures the clear identification of the student role.

Standard 4

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

Performance Indicators

The OT will:

Ensure a student of occupational therapy under their supervision will only use the title “Student Occupational Therapist” or “Student OT” or “Étudiant en Ergothérapie” or “Étudiant Erg. Aut.”.

4.1

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 of Students for additional information.

5. Applicants Completing a Refresher Program

Occasionally, the College receives applications from individuals who are required to complete a refresher program to meet the currency requirements for a certificate of registration. Most often this situation applies to individuals who 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.

Standard 5

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

The OT will:

5.1 Ensure the refresher applicant uses the title “Candidate Occupational Therapist” or “Candidate OT” in the provision of occupational therapy services.

6. Specialist Designations, Specialization and Areas of Practice

The College does not have specialist designations. The College issues certificates of registration only for general practice reflective of the essential competencies required to practice occupational therapy safely, ethically and effectively.

Specialist designations for regulated health professionals are granted through a defined process, used to evaluate competence in a specific area of practice, that has been approved by a regulatory college. The College does not have a process to grant defined specialist designations. As such, it is considered professional misconduct to use a term, title or designation indicating or implying specialization in the profession. This position is also reflected in Ontario Regulation 226/96: General – Part V: Advertising, s. 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.”

Defining an Area of Practice

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 an area of practice or focus without implying specialization. For example, an OT who works only with children may choose to display “Practicing in Pediatrics” in addition to their occupational therapy title.

Standard 6

The OT will not use a title, designation or abbreviation that indicates or implies specialization or otherwise suggests that they are a specialist.
6.1 Not use a title or designation that indicates or implies specialization or otherwise suggests that the OT is a specialist.

Use a term such as “practising in” or “with a focus 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

John Doe, Occupational Therapist
With a focus in Vocational Rehabilitation

7. Additional Credentials

Additional credential refers to continuing education, training or certification completed by occupational therapists in addition to their occupational therapy degree. Such certifications, courses, or fields of study enrich the competence of OTs but are not required for entry to practice.

OTs who choose to use additional credentials will be held accountable for appropriate use by the College. Additional credentials will not be made publicly available by the College.

OTs are also permitted to communicate verbally and in writing designations such as Capacity Assessor or Assistive Devices Program (ADP) Authorizer.

Standard 7

The OT will ensure any additional credentials communicated to the public are truthful and accurate, and meet the required conditions.

Performance Indicators

The OT will:

7.1 Only use credentials that represent a training program that is current, evidence-based
and theoretically sound.

Prior to communicating additional credentials to the public, ensure the credential meets the required conditions. To meet the required conditions, additional credentials must be:

- Valid and accurate;
- Applicable within the OT scope of practice;
- Related to the OT’s current area of practice;
- Accurately depicting the level of credential earned; and,
- Verifiable with evidence to be provided by the OT upon request.

7.3 Maintain competence associated with any additional credentials communicated to the public and upon request provide evidence of ongoing competence.

When communicating with clients and members of the public, use the protected title “occupational therapist” or the designation “OT Reg. (Ont.)” and the full name of the additional credential(s).

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

Jane Doe, Occupational Therapist
Certified Life Care Planner

Note: OTs can use an abbreviation of the additional credential when communicating with an audience who recognizes the credential. For example, an OT publishing research in a journal on hand therapy may use the abbreviation CHT to represent Certified Hand Therapist.

8. Use of the title “doctor”

Within the RHPA 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 in the legislation permit the use of the title “doctor” by chiropractors, optometrists, psychologists, physicians, dentists, and naturopaths.

This restriction on the use of the title “doctor” applies when OTs are providing or offering to provide health care to individuals. OTs who hold a doctorate degree, which may include a PhD or a clinical
doctorate of occupational therapy (OTD) may use the title “doctor” in appropriate non-clinical circumstances, for example, when teaching or publishing research.

### Standard 8

*The OT will only use the title ‘doctor’ as permitted in legislation.*

#### Performance Indicators

The OT will:

8.1 Not use the title ‘doctor’ orally or in writing when providing or offering to provide health care to individuals.

8.2 When holding a doctorate degree such as a PhD or OTD, only use the title “doctor” for non-clinical purposes.

### 9. Job Titles

Job titles are often shared by individuals from different professions and are sometimes specific to an organization. In situations where an individual’s job qualifications require them to be an occupational therapist or a regulated health professional, 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 confirms their registration as an OT and their accountability to the College.

### Standard 9

*The OT will use the protected title when their employment requires the qualifications of an occupational therapist or regulated health professional.*

#### Performance Indicators

The OT will:

9.1 Use the protected title “Occupational Therapist” or the designation “OT Reg. (Ont.)” when their employment requires the qualifications of an occupational therapist or regulated health professional and their job title does not include any reference to being an occupational therapist.
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

10. Applicants

Individuals who have applied for registration with the College but are not yet registered are called applicants. Applicants are not legally entitled to work as OTs in Ontario. Applicants awaiting confirmation of registration status from the College, for either a provisional, general or temporary certificate of registration, are not permitted to use the protected title or designation. An applicant cannot use the title “Candidate Occupational Therapist”. The “Candidate” title is reserved only for individuals completing a College-approved clinical refresher placement under the supervision of a registered OT. See Standard 6.

Applicants are also not permitted to participate in orientation to an occupational therapy position, as this may be considered “holding out” as an OT.

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

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. OTs who have retired from the profession or resigned from the College cannot use the protected title.

Retired or former registrants 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 registrant should inform the audience that they are no longer registered and not entitled to practice. In many cases, it may be adequate for the former registrant to clearly communicate that they were educated as an OT and/or used to be an OT but do not currently provide occupational therapy services.

At times, it may be critical that the recipient of service has the assurance that the service provider is accountable to the regulator for ongoing competence. This may occur in situations where the service is being represented as occupational therapy or there is a risk that the service could be considered occupational therapy. In these circumstances, the individual must maintain their registration with the College to allow continued use of the protected title ‘occupational therapist’.
Former registrants who have retired or resigned from practice are entitled to continue to communicate their OT education.

For additional information on Use of Title in Retirement refer to the Association of Canadian Occupational Therapy Regulatory Organizations resources referenced below.

References


Regulated Health Professions Act, 1991

Occupational Therapy Act, 1991

The Standards for the Use of Title (Draft May 2017) replaces the Guide to Use of Title initially published in 2008 and revised in 2013. Appendix 1
Appendix A - Application of Titles

The College does not prescribe the order in which information is presented when communicating title in writing, however, it is expected that the protected title or designation maintains a position of prominence that easily allows a member of the public to identify the OT as a registrant of the College.

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

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

Examples: Jane Doe, Occupational Therapist
           Jane Doe, OT Reg. (Ont.)
           John Doe, Erg. Aut. (Ont.)

b) Use of University Degrees (Standard 3)

Displaying university degrees in addition to the protected title is optional.

Examples: John Doe, BSc(OT), OT Reg. (Ont.)
           John Doe, MSc(OT), PhD, OT Reg. (Ont.)
           Jane Doe, MBA, BASc(OT), OT Reg. (Ont.)

c) Students (Standard 4)

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

Examples: Jane Doe
          Student OT

          John Doe, Student Occupational Therapist

d) Applicants – Refresher Candidates (Standard 5)
Approved title for applicants completing a refresher program:

- Candidate Occupational Therapist
- Candidate OT

Example: Jane Doe, Candidate Occupational Therapist

Jane Doe, Candidate OT

e) Defining an Area of Practice (Standard 6)

Use terms such as “Practising in” or “with a focus on” that do not imply specialization within the profession.

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

John Doe, MHA, BSc(OT)
Occupational Therapist focusing on Mental Health

f) Additional Credentials (Standard 7)

- Must meet all criteria for display of additional credentials
- Must include “Occupational Therapist” or “OT Reg. (Ont.)”

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

John Doe
Occupational Therapist
Certified Life Care Planner

Jane Doe, MHA, CHE*, OT Reg. (Ont.)
Vice-President, Professional Practice

*In this case CHE refers to Certified Health Executive and if used in a context where the audience is familiar with the additional credential, use of the abbreviation is acceptable.

g) Job Titles (Standard 9)

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

John Doe, OT Reg. (Ont.)
Care Coordinator
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Additional Credentials</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Abbreviated Designation</strong></td>
<td>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.)” and for “Ergotherapeute” is “Erg. Aut. (Ont.)” (in French) as stated in Ontario Regulation the General Regulations s.43 under the <em>Occupational Therapy Act, 1991</em>.</td>
</tr>
<tr>
<td><strong>Protected Title</strong></td>
<td>The professional title of the designated health professional under the <em>Occupational Therapy Act, 1991</em>. A registrant of the College of Occupational Therapists of Ontario is entitled to use the title “Occupational Therapist” or the abbreviation “OT Reg. (Ont.)” or “Ergotherapeute” or “Erg. Aut. (Ont.)” (in French).</td>
</tr>
<tr>
<td><strong>Specialist Designation</strong></td>
<td>Designations granted through a defined process, used to evaluate competence in a specific area of practice, that has been approved by a regulatory college.</td>
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Standards for the Use of Title Checklist

In Ontario, only registrants of the College of Occupational Therapists of Ontario are permitted to use the protected title “Occupational Therapist”, a variation or abbreviation or an equivalent in another language, or, the approved designation “OT Reg. (Ont.)”.

When communicating professional title and role, occupational therapists (OTs) can display different types of information to meet the needs of their audience.

This resource is designed to provide a quick reference to the Standards for the Use of Title and must be used with the Standards to ensure OTs are meeting the requirements of practice.

OTs MUST:

- Use the protected title occupational therapist or the designation OT Reg. (Ont.) when providing occupational therapy service
- Ensure students under their supervision use the title Student Occupational Therapist or Student OT
- Ensure College applicants completing a refresher program under the OT’s supervision use the title Candidate Occupational Therapist

OTs MUST NOT:

- Use the protected title doctor when providing occupational therapy services, however, OTs who have completed a doctorate degree such as a PhD may choose to use the title when teaching, conducting research, publishing or presenting academic work.
- Use a title or designation that implies specialization or otherwise suggests that the OT is a specialist within occupational therapy.
- Continue to use the title occupational therapist or the designation OT Reg. (Ont.) once they have resigned from the College.
- Use the designation OT(C) or any other unapproved variation or designation.

OTs MAY:

- Display university degrees in addition to the protected title when providing occupational therapy service.
- Communicate that they are "practicing in" or that they practice with a “focus on” a particular area of occupational therapy practice such as mental health.
- Use job titles in combination with the protected title or designation when delivering occupational therapy service.
- Use additional credentials earned through continuing education, training and/or certification when the conditions defined in the Standards are met.
Recommendation/Action Required:

THAT Council approves the revised Standards for Support Personnel for stakeholder consultation.

Background:

The Standards for the Supervision of Support Personnel were originally issued in 2011. According to the College Document Management Framework the Standards for the Supervision of Support Personnel exceeded the recommended five-year review timeline. In 2016, the Practice Resource Service received several inquiries about the Standards for the Supervision of Support Personnel that coincided with the release of the College of Physiotherapists of Ontario’s revised Working with Physiotherapist Assistants Standard. Changes to the physiotherapy standards regarding the expectations for PTs primarily related to written communication plans and the requirement to identify an alternate supervisor. This change had an impact to occupational therapy practice in practice settings also using support personnel services. Practice Issues Subcommittee identified the review of this standard as a priority for the 2017-2018 work plan.

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

1. **Legislation** – There have been no significant changes that will impact the standard.

2. **External Scan** – College staff completed an external scan of other regulatory bodies and their standards on support personnel. The College of Physiotherapists of Ontario no longer uses the term ‘support personnel’ and has changed the title of their professional practice standard to “Working with Physiotherapist Assistants Standard.” The College of Audiologists and Speech Language Pathologists of Ontario has a position statement for use of support personnel, while College of Occupational Therapists of British Columbia has a practice guideline. Despite the variations in approaches to presenting standards, staff found that the expectations of the COTO Standards for the Supervision of Support Personnel aligned with those of other regulated professionals provincially and nationally.

3. **Internal Scan** – An internal scan considered a review of the Practice Resource Service data. The Practice Resource data indicated that over a three-year period 2014-2017, there were approximately 89 questions related to the supervision of support personnel. There were a few questions about the expectations of OTs in relation to developing comprehensive communication and supervision plans when working with a support person. Many of the queries involved expectations around the level of detail required for the assignment of tasks, and questions around accountability for transfer of care.

4. **Content & Format Review** – Upon initial review of the content and format of the Standards for the Supervision of Support Personnel, Subcommittee was satisfied that the Standards remained relatively current and aligned with the content from other regulatory Colleges. The subcommittee requested that the revised standard include a clearer definition of the term
consultation. The standard required revisions to language, grammar and the merging of some performance indicators to reduce redundancy.

Results of the Document Review
Upon review of the Standards for the Supervision of Support Personnel, Practice Issues Subcommittee has recommended a document revision.

<table>
<thead>
<tr>
<th>Review</th>
<th>Revision</th>
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<tbody>
<tr>
<td>☐ Document stays the same, no revisions required.</td>
<td>☐ Minor revisions updates needed.</td>
</tr>
<tr>
<td>☐ Typos, corrections needed.</td>
<td>☑ Significant revisions - no implications for policy</td>
</tr>
<tr>
<td></td>
<td>☐ Revision – possible implications for policy.</td>
</tr>
<tr>
<td></td>
<td>☐ Significant re-drafting, changes to policy content</td>
</tr>
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</table>

Based on this review, Practice Issues Subcommittee and staff revised the standards.

Key Changes
Key changes to the Standards for the Supervision of Support Personnel:

1. Format - The Standards have been reformatted to comply with current College brand standards. Language and terms changed to reflect current practice.
2. Preamble – The preambles to the standards were shortened where possible.
3. Integration of Standards – In response to committee feedback some performance indicators were merged to reduce duplication.
4. Appendix 1 – Decision Tree revised to be a process outlining questions for OTs to consider prior to assigning a task to OT Support Personnel.

Discussion
In addition to the information provided above, staff recently completed a review of website analytics for relevant search terms used for the period of August 1, 2016 – October 4, 2107. Of the 117 times terms related to support personnel were searched on the website, less than 19% of the time was the actual term “support personnel” used. The terms OTA (ota), assistant, occupational therapy assistant, occupational therapist assistant were used 81% of the time. To ensure the revised Standards are relevant and reflect current practice, Council is asked to consider whether it would be appropriate to revise the name of the Standards to refer to the role of occupational therapist assistant (OTA). Revisions to the title would also require consideration of how the term OTA is interpreted as it pertains to job titles, education expectations associated with the title OTA and the lack of OTA regulation.

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

Attachment(s):
2. Link - Standards for the Supervision of Support Personnel
Standards for the Supervision of Support Personnel

Draft Revision September 2017
Originally Issued 2011
Introduction

Occupational therapists (OTs) routinely include support personnel in their delivery of occupational therapy services to optimize service delivery. The purpose of the *Standards for the Supervision of Support Personnel* is to ensure that OTs in Ontario are aware of the minimum expectations for the supervision of support personnel when assigning occupational therapy components.

**Titles for Occupational Therapist Support Person (OTSP)**

The term occupational therapist support person (OTSP) is a descriptor for service providers, who are assigned occupational therapy service components under the supervision of an OT. The specific tasks assigned to the OTSP must be part of the overall occupational therapy service. The OTSP must work under the direction and supervision of an OT and the OT must assume responsibility and accountability for the ongoing quality of occupational therapy service delivery. Student OTs and volunteers are not considered to be OTSPs.

OTSPs may have various titles such as support person, rehabilitation coach, rehabilitation support worker, rehabilitation assistant, rehabilitation therapist or occupational therapist assistant (OTA).

When support personnel are using the title OTA, the College recommends that this title be referred to as “Occupational Therapist Assistant.” The title of Occupational Therapist Assistant relates to the role as one of assisting, and attaches accountability to an OT rather than to the program or profession of occupational therapy.

There is considerable variation in OTSP training and education. Some OTSPs have completed post-secondary programs specific to the knowledge, skills and abilities required to assist an OT in the delivery of occupational therapy services, while others may have completed on-the-job training that is occupational therapy specific. Regardless of the OTSP’s training, it is the accountability of the supervising OT to ensure the OTSP is competent to safely, effectively and ethically deliver the assigned occupational therapy service components.

**Situations Where the OT is Not Accountable for the Actions of the OTSP**

OTSPs may be required to perform additional tasks that do not fall under the responsibility of the OT. The OT is not professionally accountable for the actions of the OTSP in the following situations:

- When the OTSP is acting as a support person to another regulated health professional, for example, administering a mobility plan that was assigned by a physiotherapist;
- When the OTSP is working on activities with the client that were not assigned by the OT, for example, a support person may run a group as part of the overall facility program, which is not part of the occupational therapy program;
- When the OTSP deliberately performs occupational therapy service components that have not specifically been assigned by the OT or are outside the parameters of care set by the OT;
- When the OTSP is performing administrative activities required by an employer.
If the OT is not responsible for OTSP performance management and becomes aware of issues that are impacting the provision of safe occupational therapy service, the OT needs to intervene appropriately including taking steps to prevent its reoccurrence, for example, notifying the employer or individual responsible to address the performance management concerns.

Consultation Recommendations and OT Accountability for Implementation

In some occupational therapy practice environments, occupational therapists assume the role of a consultant. For these Standards, consultation is described as the process of identifying problems, providing recommendations, education and/or training or facilitating problem-solving regarding a specific issue with a client, another care provider, or groups of individuals or organizations, on a time-limited basis. In this consultation role, the OT does not assign occupational therapy service components and is not directly responsible for the implementation or outcome of their recommendations. OTs must be clear on the distinction between situations that involve the use of support personnel and fulfilling a consultation role.

When assuming a consultation role, the OT is accountable for the recommendations they make, however, they are not accountable for the implementation of the recommendations or the individual carrying out the recommended activities. Individuals who carry out recommendations based on an occupational therapy consultation are not acting in an OTSP role. Implementing these recommendations is not considered part of ongoing occupational therapy service, but instead these recommendations are made following occupational therapy consultation. The OT remains accountable for the quality of the consultation provided and must consider the appropriateness of their recommendations as well as who may be responsible for implementing the recommendations.

For example, an OT may consult to an educational assistant (EA) on appropriate positioning techniques that the EA can use when working with a student in the classroom. Another example is consulting with a personal support worker (PSW) or family member on environmental adaptations to support bed mobility. In these examples, the EA, PSW or family member would not be considered an OTSP. The OT would not have the responsibility for supervising and monitoring the care provided by others following the consultation service.

Application of the Standards for the Supervision of Support Personnel

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

---

1 CAOT, 2009
It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.

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

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

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

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

Overview of the Standards for the Supervision of Support Personnel

1. Accountability
2. Supervision and Communication
3. Record Keeping
4. Consent
5. Risk Management and Safety
1. Accountability

Standard 1

The occupational therapist will be fully accountable for all occupational therapy service components assigned to the OTSP.

Performance Indicators

The OT will:

1.1 Be competent to perform all the occupational therapy service components assigned to the OTSP;

1.2 Ensure the service components assigned to the OTSP are appropriate (understand the level of risk, and accountabilities associated with the task), with consideration to the client’s status, related environmental factors, and the OTSP’s level of competency\(^2\) ensuring client care will not be compromised;

Note: Refer to Decision Tree - Appendix A

1.3 Not assign the following activities to an OTSP:

\(\text{a) Screening of referrals or interpretation of the need for occupational therapy services;}\)

\(\text{b) Initiation of occupational therapy service;}\)

\(\text{c) Aspects of assessment requiring clinical judgement (OTSP may be involved in collecting simple or rote data to be used by the OT in the assessment);}\)

\(\text{d) Interpretation of assessment findings;}\)

\(\text{e) Planning of intervention and goal identification/modification of an intervention beyond the limits established by the supervising OT;}\)

\(\text{f) Intervention where ongoing analysis and synthesis is necessary to closely monitor and guide client progress;}\)

\(\text{g) Communication (written or verbal) of occupational therapy recommendations, opinions, findings;}\)

\(\text{h) Decision to discharge and related discharge planning;}\)

i) Controlled acts that were delegated to the supervising OT by another professional;

j) Controlled acts that fall within the scope of occupational therapy;

k) Occupational therapy components that the OT is not fully competent to direct.

1.3 Clearly outline the service components to be assigned and monitor the treatment approaches used by the OTSP to ensure the OTSP understands and is following through with the assigned tasks;

1.4 Assume responsibility for assessing and facilitating the current and ongoing competence of the OTSP to perform assigned occupational therapy service components in a safe and ethical manner. For example, sufficient training, supervision and support to perform the assigned occupational therapy service components safely.

1.5 Monitor how the client is progressing and responding to the assigned occupational therapy service components being provided by the OTSP;

1.6 Be accountable for the communication of relevant occupational therapy opinions or recommendations to the client/substitute decision maker and other team members; and,

1.7 Comply with any legislation and/or organizational policies surrounding the use of OTSP.

2. Supervision and Communication

OTs are expected to establish a supervision and communication plan with the OTSP to ensure the expected outcomes of service are achieved. The degree of supervision provided by the OT is dependent on several factors, a few considerations include: the practice setting, the specific client factors, the nature of the duties assigned to the OTSP, the physical environment, the OT’s level of knowledge, skills, and judgement, and the OTSP’s level of competence. The OT must know the OTSP’s level of competence, through observation, formal and informal training, and employment required skills.

There are many methods for providing supervision such as clinical record review, observation of interventions, or informal and formal meetings. A supervision plan should be clearly documented and communicated to the OTSP.
Standard 2

The occupational therapist will ensure the OTSP is sufficiently supervised.

Performance Indicators

The OT will:

2.1 Establish and document a supervision and communication plan with the OTSP for all assigned occupational therapy service components appropriate to the client’s status and plan of care;

2.2 Have a supervision and communication plan in place with the OTSP for when the OT is not physically present or unavailable, for example, the OT is at another service location, on vacation or off sick;

   The plan should include:
   • the contact information for an alternate OT or health care professional in the event of an unexpected occurrence
   • the occupational therapy service components that the OTSP can continue in the OT’s absence;

2.3 Ensure a plan is in place for the assignment of tasks to the OTSP if the OT has resigned or will be absent for a prolonged period of time without reassignment of caseload.

3. Record Keeping

OTs are expected to comply with the College’s Standards for Record Keeping as well as any organizational record keeping policies that may apply within their practice setting. If an OTSP is expected to document their delivery of occupational therapy service components, the OT should communicate expectations for the content of the documentation to the OTSP. For example, the OTSP would likely document the date, the duration of the intervention, the activities performed and apply their signature and job title as per organizational requirements.

Standard 3

The occupational therapist will ensure that occupational therapy service components assigned to the OTSP are documented in accordance with the expectations of the occupational therapy service, organizations policies and the Standards for Record Keeping.
Performance Indicators

The OT will:

3.1 Document the occupational therapy service components to be assigned to the OTSP including:
   - The name and title of the individual (if known)
   - or
   - Reference a process for assigning occupational therapy components to OTSPs. For example, a roster in a hospital setting could include a list of OTSPs working in that particular unit with information regarding accountability for service when the treating OT is absent;

3.2 Document specific goals and details of the service components that the OTSP will carry out, or reference a care protocol that the OTSP will be using and the frequency of their involvement;

3.3 Document that consent was obtained from the client for participation of the OTSP in the delivery of occupational therapy service;

3.4 Regularly review the OTSP’s documentation to monitor client’s status and document that this record review occurred if applicable to the practice setting.

4. Consent

Standard 4

The occupational therapist will comply with the Standards for Consent when occupational therapy service components are assigned to an OTSP.

Performance Indicators

The OT will:

4.1 Obtain informed consent from the client by providing detailed and specific information to enable the client’s understanding of the role and activities that the OTSP will perform related to occupational therapy services;

   Note: Refer to the Standards for Consent.
4.2 Ensure that the OTSP understands the importance of, and the process for confirming consent when providing initial and ongoing assigned occupational therapy service components, as detailed in the Standards for Consent;

4.3 Transparently communicate any fees associated with the OTSP services when obtaining client consent for the involvement of the OTSP.

5. Risk Management and Safety

Risk management is the process of minimizing risk to an organization or an individual by developing systems to identify and analyze potential hazards to prevent accidents, injuries, and other adverse occurrences. OTs should take reasonable measures to recognize and minimize the risks to client safety and be responsive in managing adverse issues that may occur with assigning occupational therapy service components to an OTSP.

**Standard 5**

*When assigning occupational therapy service components, the occupational therapist will employ risk management strategies to minimize the risk or potential risk of harm to the client, the OTSP and others.*

**Performance Indicators**

The OT will:

- **5.1** Identify, manage, and communicate the risks for each client associated with assigning service components to the OTSP;
- **5.2** Evaluate the skills, knowledge, abilities of the OTSP in providing care to each client;
- **5.3** Discuss the risks and benefits associated with assigning service components to the OTSP with stakeholders as necessary to evaluate the safety and quality of client care. Stakeholders may include supervisors, employers, client/family, other team members, other agencies.
- **5.4** Promote a safe work environment; and ensure that there is a system to report and act on unsafe practices;
- **5.5** Discontinue assignment of occupational therapy service components if there is a risk to client or provider safety;
- **5.6** Address any concerns regarding OTSP service delivery.
References

Canadian Association of Occupational Therapists (2009). Practice profile for support personnel in occupational therapy.

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


Appendix A

OTSP Assignment Decision Tree

Occupational therapists are accountable for the occupational therapy service components they assign to occupational therapist support person (OTSP). Use this decision tree to assist you in determining if it is appropriate to assign specific tasks to an OTSP. If you answer NO to any of these questions, DO NOT assign the component to the OTSP.

Am I assigning a task that is within my occupational therapy scope of practice?
- Yes, continue

Am I competent to perform this task? (Do I have the knowledge, skill and judgement?)
- Yes, continue

Is this an occupational therapy service component that can be assigned to an OTSP? (Standard 1)
- Yes, continue

Does the OTSP have the knowledge, skill and judgement to perform this task?
- Yes, continue

Based on the client status, risk factors, and practice setting, is it appropriate to assign the task to the OTSP? (Standard 5)
- Yes, continue

Have I obtained informed consent from the client/SDM for the OTSP’s participation in service delivery? (Standard 4)
- Yes, continue

Has a supervision and communication plan been established between the OT and the OTSP? (Standard 2)
- Yes, continue

Have the expectations for record keeping been communicated to the OTSP? (Standard 3)
- Yes, continue

Assign task to OTSP

Refer to the Standards for the Supervision of Support Personnel for more detail.
AGENDA ITEM 11.1

COMMITTEE REPORT TO COUNCIL

Committee: Executive Committee
Chair: Jane Cox
Date: October 26, 2017

Tasks completed since the last Council Meeting:
- Meet with our auditor (Blair MacKenzie, of Hilborn LLP) to review and discuss the audit for year ending May 31, 2017
- Approved the audited Financial Statements for the year ending May 31, 2017
- Approved retaining the services of Hilborn LLP for the 2017-2018 fiscal year
- Reviewed the August 2017 financial report
- Reviewed the Reserve Fund Policy to address recommendations from auditor
- Completed the Registrar’s performance review
- Appointed two non-council members to the Practice Issues Subcommittee
- Reviewed and updated the committee workplan
- Completed and reviewed the committee effectiveness survey
- Reviewed the priority performance report
- Reviewed the Standards for Supervision of Support Personnel, and the Standards for Use of Title
- Reviewed results of the June Council meeting evaluation
- Established agendas for October 25 Education Session, and Council Meeting October 26

Key Priorities:
- Effective and efficient governance
- Financial stewardship
- Supporting development of practice resources – Standards of Practice to promote quality practice by occupational therapists
- Effective committee operations.

Leadership Priorities:
1. Confidence in occupational therapy regulation:
   - Ensure financial policies are consistent with current legislative requirements and best practice
2. Quality practice by occupational therapists:
   - Recommend to Council approval of practice documents to promote quality practice
3. System impact through collaboration:
   - Support and monitor work with ACOTRO through Registrar’s reports
   - Monitor impact of consultation related to controlled act of psychotherapy
Council – October 26, 2017

Items for Decision/Discussion:

- Review of Audited Financial Statements for year ending May 31, 2017
- Approval of August 2017 Financial Report
- Acceptance of 2016-17 Annual Report
- Approval of Reserve Fund Policy
- Approval of Standards for Use of Title
- Approve for stakeholder consultation, Standards for Supervision of Support Personnel
- Approval of Priority Performance Report
COMMITTEE REPORT TO COUNCIL

Committee: Practice Issues Subcommittee
Chair: Shannon Gouchie
Date: October 26, 2017

Tasks completed since the last Council Meeting:
Practice Issues has had two face-to-face meetings this quarter – August 23rd and October 17th. Subcommittee members, Kathryn Berardi and Megan Edgelow will have completed two, 3-year terms as of November 1, 2017. As a result, Janet Becker and Matt Derouin have been appointed to the Practice Issues Subcommittee by the Executive Committee.

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

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

2. Quality practice by occupational therapists:
   - Edits to the Standards for the Use of Title were finalized and are before Council for approval
   - Edits to the Standards for Support Personnel were finalized and are before Council for approval for circulation to Registrants
   - The Standards for the Supervision of Students were reviewed and were recommended to Executive Committee
   - Working in a Climate of Managed Resources was reviewed and will be brought back to Subcommittee for additional review
   - Guidelines: Use of Surveillance Material in Assessment was reviewed and will be brought back to Subcommittee for additional review.

3. System impact through collaboration:
With Bill 31-Making Ontario Roads Safer Act, 2015, there are proposed amendments to the medical reporting requirements for drivers. The targeted implementation for these amendments is January 1, 2018. It is anticipated that with these amendments, occupational therapists will be added to the prescribed providers list for discretionary reporting of unsafe drivers. The Subcommittee is exploring the impact to occupational therapists.

Items for Decision/Discussion:
Standards for the Use of Title
Standards for Support Personnel
COMMITTEE REPORT TO COUNCIL

Committee: Registration Committee
Chair: Serena Shastri-Estrada
Date: October 26, 2017

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

Cases Reviewed:
Currency review – 1
Suitability to practise and currency review – 1
Suitability to practise review – 1

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

Leadership Priorities:
1. Confidence in occupational therapy regulation:

   Collection of Gender at Application
   The College collects gender as a mandatory field at application. The applicant may select ‘female’ or ‘male’ in response to the question. The College does not display gender on the public register. The College reports this information to several organizations including, the Canadian Institute of Health Information (CIHI), the Ministry of Health and Long-term Care (MOHLTC), and the Office of the Fairness Commissioner (OFC). Reporting to CIHI and MOHLTC is primarily used for health human resource planning.

   The Registration Committee approved adding the question ‘Gender to which you identify’ to the application form. In addition to the responses male and female, the Committee approved adding the option ‘prefer to self-describe’ as a response. This decision is aligned with the guidance provided by the Ontario Human Rights Commission with respect to gender collection. It promotes an environment of inclusivity, and gives applicants the ability to self-describe their gender identity (including identifying as X, if that is their preference). With respect to reporting to the above-mentioned organizations, the College will report this information as “unknown” or “other” depending on the option provided by the organization.

   Criminal Record Screening of Members and Applicants
   The Registration Committee approved amendments to the registration policy Criminal Record Screening of Applicants and Members. These amendments allow the Registrar to require an applicant to undergo a criminal record screen other than a Vulnerable Sector (VS) Check when the applicant is not able to obtain the results of a VS Check because they have not resided, or do not currently reside, in Canada. For example, the Registrar may accept a record check from the jurisdiction where the applicant currently resides.
Suitability to Practise Questions at Application
The Registration Committee reviewed the suitability to practise questions on the application form. After reviewing the questions on the application form, the Committee determined that significant changes were not required. The Committee approved changes to better align the questions with the registration policy on Determining Suitability to Practice at Registration.

2. Quality practice by occupational therapists:
The Registration Committee reviewed and provided feedback on proposed changes to the documents associated with the provisional supervision process. Once the Committee is satisfied that the documents are clear and allow for the appropriate level of oversight, the documents will be circulated for stakeholder feedback.

3. System Impact through collaboration:
N/A

Items for Decision/Discussion:
None.
COMMITTEE REPORT TO COUNCIL

Committee: Inquiries, Complaints and Reports Committee  
Chair: Julie Entwistle  
Date: October 26, 2017

ICRC Panel Members

<table>
<thead>
<tr>
<th></th>
<th>Panel A</th>
<th>Panel B</th>
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<tbody>
<tr>
<td>Julie Entwistle</td>
<td>Jennifer Henderson</td>
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<tr>
<td>Ernie Lauzon</td>
<td>K.S. Joseph</td>
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<tr>
<td>Leanne Baker</td>
<td>Shaheezah Hirji</td>
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<td>Hricha Rakshit</td>
<td>Mathew Rose</td>
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Tasks completed since the last Council Meeting:

Since the last report to Council, the Committee will have held 1 in person meeting for each panel (Panel A and B).

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

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Type of Case</th>
<th>Source of Case</th>
<th>Decisions</th>
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</thead>
<tbody>
<tr>
<td>September 18,</td>
<td>6 complaints</td>
<td>1 complaint from client</td>
<td>2 SCERPs</td>
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<tr>
<td>2017 Panel A</td>
<td>1 Registrar Referral (arising from mandatory report)</td>
<td>2 complaints from clients’ mothers</td>
<td>2 Acceptance of withdrawal of complaint</td>
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<td></td>
<td></td>
<td>1 complaint from estranged husband</td>
<td>2 take no further action</td>
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<td></td>
<td></td>
<td>2 complaints from clients’ legal representatives</td>
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<td></td>
<td></td>
<td>1 report based on a mandatory report from a former employer</td>
<td>1 unresolved</td>
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At the date of writing this report, Panel B had not yet met to review these matters. The details of which will, thus, be reported on in the ICRC’s next report to Council.

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

### Leadership Priorities:
1. **Confidence in occupational therapy regulation:**
   - N/A

2. **Quality practice by occupational therapists:**
   - N/A

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

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

Committee: Discipline Committee
Chair: Paula Szeto
Date: October 26, 2017

Tasks completed since the last Council Meeting:
Since the Discipline Committee last reported to Council, it has not held any hearings. Presently, there are 2 upcoming hearings scheduled for December 18, 2017 and January 9, 2018.

Key Priorities:
The Discipline Committee hears and determines allegations of professional misconduct or incompetence. It also hears and determines reinstatement applications for certificates of registration that have been revoked or suspended as a result of disciplinary proceedings.

Leadership Priorities:
1. Confidence in occupational therapy regulation:
2. Quality practice by occupational therapists:
   2 upcoming hearings scheduled.
3. System impact through collaboration:
   No new updates.

Items for Decision/Discussion:
No decision or discussion items to be brought forward to Council at this time.
Committee Report to Council

Committee: Fitness to Practise  
Chair: Kurisummoottil S. Joseph  
Date: October 26, 2017

Tasks completed since the last Council Meeting:
Since the last report to the Council in June 27, 2017 the committee did not have any meetings, and accordingly there is nothing to report.

Key Priorities:
The committee is ready to fulfil its task as and when required.

Leadership Priorities:

1. Confidence in occupational therapy regulation:
   N/A

2. Quality practice by occupational therapists:
   N/A

3. System impact through collaboration:
   N/A

Items for Decision/Discussion:
None at this time.
COMMITTEE REPORT TO COUNCIL

Committee: Quality Assurance
Chair: Laurie Macdonald
Date: October 26, 2017

Tasks completed since the last Council Meeting:
The Quality Assurance Committee had 1 teleconference in September 2017.

- The Committee reviewed two post-Notice of Opinion case files.
- The Committee received a comprehensive update on statistics related to registrant compliance with MyQA (completion of annual QA requirements), along with a summary of registrant feedback on MyQA and the 2017 Prescribed Regulatory Education Program (PREP).
  - Compliance is being monitored regularly, is steadily increasing and seemed to increase directly as a result of a due date reminder email sent to individual registrants.
  - Overall the feedback for MyQA and the PREP has been quite positive.
- The Committee received an update on the Competency Review & Evaluation (CRE) process evaluation. A final summary from the researcher will be provided to the Committee in the coming months to help inform discussion and decisions with respect to QA program changes.
- The Committee continued their discussion regarding managing registrant non-compliance with QA requirements. The Committee will discuss policy direction relating to non-compliance at the next meeting.
- The Committee approved appointment of a new QA Subcommittee chair.

Key Priorities:
- Continuing to monitor registrant compliance with MyQA/annual QA requirements.
- Development and approval of policy related to management of registrant non-compliance with QA requirements.
- Oversight of ongoing CRE Program evaluation.
- Approval of PREP 2018: Professional Boundaries & Sexual Abuse.

Leadership Priorities:
1. Confidence in occupational therapy regulation:
   - The Committee continues to consider updates related to the QA Program evaluation. The evaluation plan is still in place and the Committee will continue to review information as it becomes available. The evaluation will continue through the 2017/2018 fiscal year.
   - The Committee continues to offer timely support and decision making to inform relevant College operations

2. Quality practice by occupational therapists:
   - Development of PREP 2018 is underway; Committee will be provided with an update at the next meeting and will continue to provide ongoing feedback and direction.
• The Committee has continued to ensure efficient and timely processing of QA cases.

3. **System impact through collaboration:**

**Items for Decision/Discussion:**

None
COMMITTEE REPORT TO COUNCIL

Committee: Patient Relations
Chair: Julie Chiba Branson
Date: October 26, 2017

Tasks completed since the last Council Meeting:
Patient Relations Committee met on September 26th, 2017. During the meeting, Committee accomplished the following tasks:

- Review of the legislative changes pertaining the definition of patient for the purpose of sexual abuse
- Development of recommendations to refine the College’s current definition of client
- Referral of the “definition of patient” topic to the Citizen Advisory Group (CAG) to explore and understand the public’s perception of what defines a patient
- Review of the Sexual Abuse Counselling Fund Policy to assess compliance with proposed legislative changes regarding eligibility for funding upon allegation of sexual abuse
- Review of the College’s existing resources and data on professional boundaries and the identification of key messages for OT education

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

Leadership Priorities:

1. Confidence in occupational therapy regulation:
   - The “definition of patient” topic was added to the Citizen Advisory Group agenda for October 21, 2107 for public consultation.
   - Sexual Abuse Counselling Fund will be revised based on Committee’s direction to ensure compliance with legislation.

2. Quality practice by occupational therapists:
   - Professional boundaries key messages identified by Committee will be incorporated into the 2018 Prescribed Regulatory Education Program Module (PREP).

3. System impact through collaboration:
   - COTO is collaborating with 2 other colleges on the CAG defining patient agenda item.
   - Briefing materials and outcomes of the CAG discussion will be shared with Deanna Williams, the Technical Expert appointed by the Ministry of Health and Long-Term Care relating to the recommendations of the Sexual Abuse Task Force.
Items for Decision/Discussion:
Recommended revisions to the College’s current definition of client will be brought to Council in the future for discussion and decision.
## Council Meeting Evaluation

**Meeting Date:** October 26, 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>
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<tbody>
<tr>
<td>1. Council members were given an opportunity to declare any conflict of interest prior to the start of the meeting.</td>
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<td>2. Information was provided in a clear, succinct, and timely manner in advance of the meeting.</td>
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<td>3. An agenda was followed in the meeting. Council's time was spent on issues of public interest and safety. Furthermore, Council's focus was on outcomes or intended long term ends rather than on the means to attain those effects.</td>
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<td>4. Council deliberations were fair, open and thorough but also timely, orderly and kept to the point.</td>
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<td>5. Each Council member was given an adequate opportunity to participate in discussion and decision-making.</td>
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<tr>
<td>Item</td>
<td>Yes</td>
<td>Most of the time</td>
<td>No</td>
<td>Please provide comments to support your rating, as appropriate</td>
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<td>6. The discussions and options considered for each agenda item were sufficient in breadth and quality to support effective decision-making.</td>
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<td>7. Diversity in viewpoints was not discouraged.</td>
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<td>8. The process for collective or group decision-making was made without undue influence of any individual Council member. Once decisions were made, the process supported speaking with one voice.</td>
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<td>9. Council’s treatment of all persons was courteous, dignified and fair.</td>
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<td>10. Council adhered to a semblance of order in the meeting.</td>
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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.
This package includes:

1. BIO – Dr. Ruth Gallop, Professor Emeritus, Faculty of Nursing & Department of Psychiatry, Faculty of Medicine, University of Toronto

2. Invitation to the College from the Health Professions Regulatory Advisory Council (HPRAC) to submit feedback re: Controlled Act of Psychotherapy (September 8, 2017)

3. College submission to HPRAC re: Controlled Act of Psychotherapy

4. Memo from the Registrar and Policy No 4-10 re: Determining the Relevance of a Charge or Conviction to an OTs Suitability to Practise

5. College Response to the MOHLTC re: Mandatory Reporting Amendments


7. Health Bulletin from the Ministry of Health & Long-Term Care (MOHLTC)


9. Rules of Order for the Council
Ruth Gallop
RN, PhD

Professor Emerita

"The interpersonal process has been a constant source of fascination for me. Helping nurses develop the abilities to truly hear the client's message has been the driving force behind my research, teaching and clinical work."

Dr. Ruth Gallop's research has focused on women with a history of sexual abuse who seek help in the mental health system. With a goal of improving clinical treatments and outcomes, she has concentrated on women who are likely to receive the diagnosis of borderline personality disorder and who have self-harming behaviours. Internationally, she has provided numerous workshops and seminars on working with this challenging client group.

A former Associate Dean of Research at U of T Nursing, Dr. Gallop received a Canadian Federation of Mental Health Nurses National Award of Excellence as well as an Award of Excellence in Nursing Research from the American Psychiatric Nurses Association.

At regulatory colleges, Dr. Gallop offers expert opinion on cases of boundary violations by health care professionals. She also provides mentoring, remediation and counselling for health care professionals who have violated professional boundaries.

Dr. Gallop is cross-appointed to the Department of Psychiatry in U of T's Faculty of Medicine.
September 8, 2017

Elinor Larney
College of Occupational Therapists of Ontario (COTO)
elarney@coto.org

Dear Ms. Larney:

The Health Professions Regulatory Advisory Council (HPRAC) is established under the Regulated Health Professions Act, 1991 (RHPA), with a statutory duty to advise the Minister of Health and Long-Term Care (the Minister) on health professions regulatory matters in Ontario.

On August 4, 2017, the Minister of Health and Long-Term Care requested HPRAC to provide advice related to the definition of the controlled act of psychotherapy in the Regulated Health Professions Act (RHPA), which has not yet been proclaimed (section 14 of the RHPA). The Minister requested that HPRAC:

- Provide advice on how to make clear the meaning of the controlled act of psychotherapy so that it is better understood by the public and providers, both regulated and unregulated; and
- Recommend criteria for determining whether there are certain providers, who are not members of a regulated health profession, who may require an exemption from the performance of the controlled act.

The Minister requested that HPRAC provide its advice no later than November 1, 2017. To read the Minister’s letter, please visit HPRAC’s website at http://www.hprac.org.

Below is the definition of the controlled act in the Regulated Health Professions Act (RHPA) which has not yet been proclaimed and is referred to in the Minister’s letter:

S14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.
Ms. Lamey

HPRAC is seeking input from selected stakeholders to inform its process in providing advice to the Minister. The Council would appreciate your organization’s input by responding to the following two items:

1) A list of questions to guide you when formulating your written input (attached); and

2) A draft *Clarifying Document on the Psychotherapy Controlled Act*, developed by five Regulatory Colleges whose members would be able to perform the controlled act of psychotherapy, if proclaimed (attached). HPRAC will be building on the exceptional work of the Colleges.

Please submit your organization's written feedback by **September 20, 2017**, to the following email: hpracsubmissions@ontario.ca. Once all submissions from selected stakeholders are received, they will be analyzed and the results will be used in conjunction with other evidence to arrive at HPRAC’s advice to the Minister.

Should you have any questions or concerns about the stakeholder consultation process or the questions themselves, please contact Nina Chomuklieva, Executive Coordinator, HPRAC at Nina.Chomuklieva@ontario.ca or (416) 212-4833.

Again, on behalf of HPRAC, I thank you for your input which will assist us in this important referral.

Sincerely,

[Signature]

Thomas Corcoran
Chair
Health Professions Regulatory Advisory Council

**Attachments:**
1) Guidance questions for written submissions on the Psychotherapy Controlled Act
2) Clarifying Document on the Psychotherapy Controlled Act
Questions to Guide Written Submissions on the Psychotherapy Controlled Act

Purpose

Key stakeholders are being invited to provide written submissions on their understanding and views of the controlled act of psychotherapy and how it affects patients and providers, both regulated and unregulated. Submissions will be used as part of the process to inform the advice which the Health Professions Regulatory Advisory Council (HRPAC) will provide to the Minister of Health and Long-Term Care.

How to complete the submission

Please provide a written response to each question. You may include additional comments at the end of the submission. Please submit your organization’s written feedback by Monday, September 20, 2017, to the following email: hpracsubmissions@ontario.ca. Late submissions may also be considered.

Note that, with consent, written submissions will be made publicly available on HPRAC’s website. Please indicate in writing whether or not you consent to make your submission public.

Guidance Questions for input on the Controlled Act of Psychotherapy

1. In 2015, a Working Group consisting of five regulatory colleges\(^1\) created a draft Clarifying Document on the Psychotherapy Controlled Act. HPRAC will be building on the excellent work of the Colleges. After reading this document (Attachment 2), do you feel that it clearly explains the Controlled Act? If not, why?

2. What changes would you suggest be made to improve the Clarifying Document so that the public and other health care providers (regulated and unregulated) have a better understanding of it?

3. Should other health care providers, either unregulated or regulated and not members of the six colleges\(^2\) who would practice the controlled act of psychotherapy if this

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\(^1\) College of Registered Psychotherapists of Ontario (CRPO), College of Occupational Therapists of Ontario (COTO), Ontario College of Social Workers and Social Service Workers (OCSWSSW), College of Nurses of Ontario (CNO) and the College of Psychologists of Ontario (CPO)

\(^2\) This is in reference to the above five colleges plus the College of Physicians and Surgeons of Ontario (CPSO)
section of the *Regulated Health Professions Act, 1991* (RHPA) is proclaimed, be allowed to practice the controlled act?

4. Are there conditions under which health care providers, either unregulated or regulated and not members of the six colleges who would practice the controlled act of psychotherapy if this section of the *Regulated Health Professions Act, 1991* (RHPA) is proclaimed, be allowed to practice the controlled act? If so, which health care providers and under which conditions?

5. The five regulated colleges, along with the College of Physicians and Surgeons of Ontario (CPSO) will be able to use the title “Psychotherapists” once the Controlled Act is proclaimed. How important is it that the title “Psychotherapist” be protected?'

**Any other comments:**

Please provide any other comments which you feel will assist HPRAC in providing advice to the Minister of Health and Long-Term Care.

Thank you for your feedback.
By E-mail: hpracsubmissions@ontario.ca

September 20, 2017

Mr. Thomas Corcoran, Chair
Health Professions Regulatory Advisory Council
56 Wellesley Street West
12th Floor
Toronto ON M5S 2S3

Dear Mr. Corcoran:

Re: Submission to the Health Professions Regulatory Advisory Council (HPRAC) regarding the Controlled Act of Psychotherapy

The College of Occupational Therapists of Ontario welcomes the opportunity to offer comments and input to the process undertaken by HPRAC to provide advice to the Minister of Health and Long-Term Care about the controlled act of psychotherapy and its clarifying document. Since the adoption of the Regulated Health Professions Act, 1991 (RHPA), the College has held the opinion that psychotherapy is a high-risk activity, which warrants designation as a controlled act in the interest of public protection. Over the past years, the College has taken steps to ensure occupational therapists (OTs) recognize the risks associated with psychotherapy and follow the standards of practice to ensure safe, effective, ethical care.

1. In 2015, a Working Group consisting of five regulatory colleges\(^1\) created a draft Clarifying Document on the Psychotherapy Controlled Act. HPRAC will be building on the excellent work of the Colleges. After reading this document (Attachment 2), do you feel that it clearly explains the Controlled Act? If not, why?

   We recognize the language of the legislation and the definition of controlled acts, in full or in part, is written to specify regulatory accountability for regulated health professionals. There is a level of complexity in all controlled acts, and psychotherapy is not an exception. The difference with psychotherapy is that rather than being a discreet task or activity (as are the other 13 controlled acts) it is an approach or modality. It is not surprising that the public is challenged with the language of this controlled act.

   As part of the working group that developed the clarification document, it is our opinion that the document sufficiently explains the controlled act to regulated health professionals who, in turn, have a responsibility to ensure client understanding of service delivery and expected outcomes, as is the case with delivery of any other controlled act.

   While the controlled act, as written in the RHPA, is complex and arguably imperfect, feedback indicates general understanding of this act is enhanced by reviewing the

\(^1\) College of Registered Psychotherapists of Ontario (CRPO), College of Occupational Therapists of Ontario (COTO), Ontario College of Social Workers and Social Service Workers (OCSWSSW), College of Nurses of Ontario (CNO) and the College of Psychologists of Ontario (CPO)
clarification document. Professionals sufficiently trained in the process of psychotherapy understand when their client has a serious disorder that is causing them serious impairment.

2. What changes would you suggest be made to improve the Clarifying Document so that the public and other health care providers (regulated and unregulated) have a better understanding of it?

The College has collaborated extensively with both the Ministry of Health and Long-Term Care and the Colleges of the five other regulated professions with proposed access to the controlled act to research and debate the best way to clarify the controlled act. At this time, the College is not recommending any changes to the current document.

3. Should other health care providers, either unregulated or regulated and not members of the six colleges² who would practice the controlled act of psychotherapy if this section of the Regulated Health Professions Act, 1991 (RHPA) is proclaimed, be allowed to practice the controlled act?

The College suggests that the controlled act was conceived with the notion that the public most at risk, would only have qualified and accountable professionals involved in their care. Individuals receiving a modality as intrusive as psychotherapy are often at their most vulnerable. While recognizing the value of having other providers deliver a multitude of needed and complementary services, the College would not support the involvement of unregulated individuals in the delivery of the controlled act of psychotherapy. Occupational therapists who provide psychotherapy are trained to provide this modality and to recognize and manage adverse effects. This training is critical to ensure the delivery of safe, effective services. Furthermore, occupational therapists must comply with the established standards of practice for the profession.

4. Are there conditions under which health care providers, either unregulated or regulated and not members of the six colleges who would practice the controlled act of psychotherapy if this section of the Regulated Health Professions Act, 1991 (RHPA) is proclaimed, be allowed to practice the controlled act? If so, which health care providers and under which conditions?

Given the seriousness of the conditions requiring the controlled act of psychotherapy and the training and accountability required to safely deliver this intervention, the College is not aware of other individuals or groups that should be given such authority.

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² This is in reference to the above five colleges plus the College of Physicians and Surgeons of Ontario (CPSO).
5. The five regulated colleges, along with the College of Physicians and Surgeons of Ontario (CPSO) will be able to use the title "Psychotherapist" once the Controlled Act is proclaimed. How important is it that the title "Psychotherapist" be protected?

The protection of the title 'psychotherapist' is a significant public protection measure. A protected title is directly tied to professional qualifications, accountabilities and responsibilities. As such, protection of the title "psychotherapist" should be enacted for those professions named as having authority to perform the controlled act, including occupational therapists. Title protection is particularly important due to the wording of the controlled act itself, which controls only part of the provision of the modality of psychotherapy. This means that provision of any other psychotherapy services that do not meet the definition of the controlled act will continue to be in the public domain, permitting anyone the ability to say they are providing psychotherapy. Enacting protection to the title 'psychotherapist' will assist the public in knowing when the psychotherapy services they are receiving are provided by someone who has received adequate training and is accountable to a regulatory body. Regulated health professionals must adhere to standards of practice and meet defined training requirements to provide psychotherapy services safely and ethically. Regulated health professionals are held accountable to their respective Colleges for this safe and ethical service through regular quality assurance activities, expectations for adherence to standards of practice, and the complaints and discipline processes of the College.

The College believes risk to public safety would be mitigated by moving forward with the controlled act and its delivery by regulated health professionals. While the College appreciates the importance of public understanding, we believe the focus should be on designating psychotherapy as a controlled act. Regulated health professionals have accountability for ensuring understanding and there will be opportunities to address any issues and build greater public awareness of the act itself as we move forward. The College is committed to continuing to work in a collaborative manner to address any resulting issues with our members, the public and other stakeholders.

Thank you for the opportunity to participate in the consultation and to provide these comments.

Yours sincerely,

Elinor Larney

Elinor Larney MHSc, OT Reg. (Ont.)
Registrar, College of Occupational Therapists of Ontario

cc Ms. Jane Cox, President, College of Occupational Therapists of Ontario
The attached policy outlines the process and criteria for the Office of the Registrar to determine if information about charges or convictions for non-criminal offences is relevant to an OT’s suitability to practise occupational therapy and thus, should be published on Find an Occupational Therapist. As you know, Council delegated the discretion to make this determination to the Registrar when it approved, at various times throughout the past 2-3 years, and most recently in June 2017, bylaws designed to ensure the College’s commitment to transparency is met by allowing for the publication of additional information about the OTs the College regulates.

As you know, when passing the most recent transparency amendments to the College bylaws, Council indicated that it would be helpful for the Office of the Registrar to commit to writing the process and criteria employed, when determining suitability to practise. You will see this policy has been assigned an effective date of January 1, 2016. The reason for this is because these are the same factors and criteria always considered by the Office of the Registrar, when determining suitability to practise, but are only being articulated to writing now.

Following this policy’s introduction to Council, it is intended that will be published on the College website in early November.
PUBLIC INFORMATION POLICY AND PROCEDURE

Determining the Relevance of a Charge or Conviction to an Occupational Therapist’s Suitability to Practise

Established: October 16, 2017 (in writing)
Effective: January 1, 2016
Approved by: The Registrar

Purpose:
This policy outlines the process and criteria, to the extent possible, which guide the Registrar’s exercise of discretion in determining:

- which charges and any resulting convictions for quasi-criminal or regulatory offences (collectively referred to as “non-criminal offences”) are relevant to an occupational therapist’s suitability to practice, and should therefore be published on the public register of the College of Occupational Therapists of Ontario (the “College”). The public register is known as Find an Occupational Therapist and accessed through the College website.

This policy applies to all occupational therapists (OTs) for all classes of registration with the College.

Definitions:
Criminal Offence: Any offence found in Canada’s Criminal Code. Examples of criminal offences include murder, manslaughter, theft, and assault.

Quasi-criminal offence: Any non-criminal offence that carries a penalty similar to that of a criminal offence such as a fine or imprisonment. Examples of quasi-criminal offences are those found in provincial statutes such as speeding under the Highway Traffic Act and workplace safety offences found in the Occupational Health and Safety Act.

Regulatory offence: Any non-criminal offence that regulates conduct in the public interest. Examples include a regulated health professional failing to report the suspected sexual abuse of a client/patient or, an unauthorized person performing a controlled act, such as prescribing, contrary to the Regulated Health Professions Act. Regulatory offences are often dealt with at administrative tribunals and not in a court setting.

Note: For offences committed, or alleged to be committed, by OTs outside of Canada, the College will examine the elements of the offence and seek to find its equivalent in Canada to enable a determination as to whether to treat it as a criminal offence, a quasi-criminal offence, or a regulatory offence.

Principles:
One of the ways the College ensures that it is accountable to the clients, families of clients, government and general public it serves to protect, is by being transparent. Transparency means being open about College processes and the reasons behind them, and providing as much information as possible about the OTs the College regulates. Transparency helps the people the College protects understand and be
confident in the work the College does, and to use that understanding to make informed decisions about their health care providers.

At least five of the eight principles of transparency developed by the Advisory Group for Regulatory Excellence and adopted by the College apply to determining if information about non-criminal offence charges and convictions is relevant to an OT's suitability to practise, and should be published on the College website. Those principles are:

1. The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.

2. Providing more information to the public has benefits, including improved patient choice and increased accountability for regulators.

3. Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. The information needs to be relevant, credible and accurate.

4. Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.

5. The greater the potential risk to the public, the more important transparency becomes.

The full text of these transparency principles is accessible on the College's website.

**Criteria**

The Registrar will determine relevance to suitability to practise by considering the following factors or criteria:

i. The nature of the offence;

ii. The seriousness of the offence;

iii. Whether the offence occurred while practising the profession;

iv. Whether the conduct could reasonably be seen to tarnish the reputation of the profession or bring disgrace and dishonour to it;

v. Whether the offence put one or more individuals, whether or not they are clients of the OT, at risk of physical, mental, financial or other harm;

vi. Whether the offence caused harm to an individual;

vii. Whether the offence involves disregard for the safety of the public;

viii. Whether the conduct appears to have been intentional or unintentional;

ix. Whether the offence is part of a pattern of behaviour or an isolated event;

x. Whether the offence can be seen to present a risk to people in the practice setting of the OT; and/or

xi. Whether the offence suggests discrimination, disregard or disrespect for people based on a ground protected by the Human Rights Code (race, colour, ancestry, creed, religion, place of origin, ethnic origin, citizenship, sex (including pregnancy), gender identity), sexual orientation, age, marital status, family status, disability, receipt of public assistance).
There may be other factors not listed here that may be considered by the Registrar in individual circumstances.

The circumstances of each case, and the criteria considered by the Registrar to be relevant in each case, will be considered to determine relevance of the offence to suitability to practise.

When determining whether the charge or conviction for a non-criminal offence is relevant to an OT’s suitability to practise, if the information raises no apparent concerns (for example a traffic infraction/ offence that does not involve risk of harm to the public), the Registrar may determine that the information will not be published on Find an Occupational Therapist. In circumstances where it is not clear whether or not the information should be posted on Find an Occupational Therapist, the Registrar will seek advice as appropriate by, for example, consulting with legal counsel and/or other health profession colleges.

Procedure:

If the Registrar determines that information about a charge or conviction for a non-criminal offence is relevant to an OT’s suitability to practise, a summary of that information will be posted on the OT’s profile on Find an Occupational Therapist. Recognizing that an important premise of our legal system is that individuals are innocent until proven guilty, the College will include a notation to the effect that in all cases a charge may be withdrawn by the police or an individual may be found not guilty in a court proceeding.

It is unlikely that information published by the College regarding charges or convictions would or could identify victims or alleged victims or other individuals. However, in appropriate cases, information may not be published if it would or could identify a third party, or a victim, particularly a victim of abuse, including sexual abuse. In such cases, as much information as possible will be published in order to maintain transparency but without infringing on the privacy of others.

Applicable Legislation:

This policy applies to part 17 of the College bylaws and specifically, subsections 17.01.1(q) and (w) which provide that the following information will be made publicly available on Find an Occupational Therapist:

17.01.1(q) details of any finding of guilt made by a court or other lawful authority (unless it has been reversed on appeal or judicial review) made on or after January 1, 2016, in respect of:

i. a criminal offence;
ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
iii. any offence relevant to the [occupational therapist's] suitability to practise occupational therapy.

17.01.1(w) A summary of any currently existing charges against [an occupational therapist], commenced on or after November 1, 2017, of which the College is aware, in respect of any criminal offence or any offence relevant to the [occupational therapist's] suitability to practise occupational therapy, in any jurisdiction, except if the publication of such information would violate any publication ban known to the College.
Any such summary shall be removed upon the written request of the [occupational therapist], if the [occupational therapist] is acquitted, the charge is withdrawn or, the charge has been superseded by a finding.

This policy may also be referenced when determining relevance to “suitability to practice” in the context of certain provisions of the Regulated Health Professions Act, 1991 (such as subsections 23(7) and (11)(c) of the Health Professions Procedural Code which is schedule 2 to this Act) as appropriate.

When approving these bylaws, the College Council delegated to the Registrar the authority to determine if a charge or conviction for non-criminal offences is relevant to an OT’s suitability to practise occupational therapy and should be published on Find an Occupational Therapist.

Note: This policy is based on the College of Dietitians of Ontario document “Determining Member’s Suitability to Practise”
Submitted via email to Ontario’s Regulatory Registry

Ontario Ministry of Transportation
77 Wellesley Street West
Ferguson Block, 3rd Floor
Toronto. ON M7A 1Z8

October 6, 2017

RE: Regulatory Registry Posting - Mandatory Reporting Amendments

Thank you for the opportunity for the College of Occupational Therapists of Ontario (the “College”) to provide feedback on the “Improvements to the Ministry of Transportation’s Medical Reporting Program” proposed regulatory amendments posted August 25, 2017.

In reviewing the proposed regulatory amendments to Ontario Regulation 340/94: Driver’s Licences, the College offers comment on the amendments most relevant to the occupational therapy scope of practice.

1) Establish a list of prescribed medical conditions, functional impairments and visual impairments that must be reported to the ministry

As expressed in previous feedback regarding the Proposed List of Mandatory Reporting Requirements submitted to the Ministry of Transportation (the “Ministry”) on August 5th, 2016, the College reiterates its support for the transition from a diagnostic model to a functional approach to determine driver safety. The functional approach allows the health professional to consider the functional impact of a health condition on an individual’s ability to drive taking into consideration the unique characteristics and circumstances of the individual including the individual’s ability to compensate for identified impairments. This approach better enables the accurate identification of those individuals who are at risk for unsafe driving.

The move to a functional approach also permits occupational therapists working in the field of driver assessment and rehabilitation, who do not currently have authority to diagnose conditions or disorders, to directly report individuals at risk for unsafe driving based on functional impairments. As occupational therapists may be the first point of contact for individuals at risk for unsafe driving or may referred to for their experience in driving assessment and rehabilitation, this functional approach enables occupational therapists to directly report impairments, within their scope of practice, to the Ministry in a timely and efficient manner.

With regards to the conditions and impairments under consideration for inclusion in mandatory reporting, the College offers the following comments:
• **Cognitive impairment where attention, judgement or insight is affected;**

The language referring to cognitive impairment provides specific direction about the impairments impacting driving that must be considered by health care providers when determining driver safety. The removal of the originally proposed reference to ‘severe’ and ‘uncontrollable’ allows for the application of professional judgement in determining if a condition that might not otherwise be perceived as severe could significantly impact an individual’s ability to drive safely.

• **Impairment of consciousness or awareness that may be recurrent if uncorrected or untreated;**

The reference to recurrent provides clarification to the practitioner that a single episode of loss of consciousness or awareness may not qualify as a condition requiring mandatory reporting.

• **Motor or sensory impairment where such things as coordination, muscle strength or control are affected;**

The College is pleased to see the inclusion of the reference to “sensory” impairment recognizing the significant impact impairment in sensation may have on an individual’s ability to drive safely.

Appreciating that the above noted impairments and conditions may be temporary, non-recurrent or controllable and therefore may not require reporting, the College believes there would be tremendous value in clearly defining what constitutes a temporary condition and establishing criteria for when a condition is considered controlled. Specific descriptors will be essential to ensure prescribed practitioners clearly understand the threshold for reporting and will ensure the right individuals, those at risk to themselves or the public, are identified and appropriately reported.

2. **Require mandatory reporting by specifying which medical practitioners must report the prescribed conditions to the ministry;**

The College supports broadening the definition of prescribed practitioners required to submit mandatory reports to include other qualified health care providers such as nurse practitioners. The inclusion of other professionals enables expedited reporting of unsafe drivers and may permit Ontarians more timely access to assessment, treatment and management of health conditions impairing their driving abilities.

3. **Allow discretionary reporting by specifying which medical practitioners may report a person who has a medical condition, visual impairment or functional impairment that may make it dangerous for the person to drive**

Although the prescribed providers have not been specified in this proposed regulation, the College supports the inclusion of occupational therapists as prescribed providers for the purpose of discretionary reporting. Occupational therapists are trained in the functional...
assessment and rehabilitation of cognitive, perceptual, motor, sensory and mental health related impairments and can apply the knowledge and skills in the context of driving safety. Occupational therapists working in the area of driver rehabilitation are also trained to evaluate an individual’s ability to remediate or compensate for functional impairments through rehabilitation and/or environmental adaptations such as vehicle modification.

Given the breadth of occupational therapy practice, the College recognizes that not all occupational therapists will have the necessary competence to assess driving ability. Should occupational therapists be identified as prescribed practitioners for discretionary reporting, guidance and confirmation from the Ministry will be needed as to when an occupational therapist will be expected to report. Reporting expectations will also have to be clarified in the context of interprofessional teams where more than one member may have accountability for mandatory and/or discretionary reporting.

The College appreciates that with new responsibility for discretionary reporting, occupational therapists will require clear direction and education regarding reporting accountabilities. The College is prepared to collaborate with the Ministry and other stakeholders to ensure occupational therapists are provided with the necessary resources to enable effective reporting that aligns with professional standards of practice.

With the addition of other prescribed health professionals required and allowed to report, there is an increasing need to ensure processes are established to support consistency and prevent redundancy in reporting. These processes will reduce any undue burden to the person, the health professional and to the system. Development of clear reporting requirements that leverage technology and use structured reporting tools would facilitate efficient Ministry access to the information required to support timely decision-making. The College is willing to assist the Ministry in the development and implementation of new systems and structures that would enable effective, efficient reporting.

The College notes the proposed regulation refers specifically to “medical” practitioners and suggests that medical could be interpreted to apply only to the profession of medicine and more specifically physicians. Recognizing that other practitioners will have discretionary reporting requirements, it may be more appropriate to use a term such a health professional, in alignment with the language of the Regulated Health Professions Act, 1991, that encompasses all professions who will be assuming responsibility for discretionary reporting.

4. Allow drivers suspended for medical reasons to keep their licence card rather than returning it to the ministry.

The College supports any initiative that will maintain public protection while improving the quality of the service for Ontarian’s.

The College hopes the feedback provided for your consideration is of value to the Ministry of Transportation as you proceed with the amendments to regulation. Should you have any questions or require clarification, please do not hesitate to contact me.
As indicated, the College welcomes the opportunity to collaborate with the Ministry to support the successful implementation of the amended regulations.

Sincerely,

Kara Ronald, OT Reg. (Ont.)
Deputy Registrar
kronald@coto.org
Grey Areas

A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Twenty Things We Have Learned in Twenty Years

by Julie Maciura and Richard Steinecke
June 2017 - No. 217

As we mark our firm’s twentieth anniversary practising professional regulation, we have reflected back on the lessons we have learned. Of course, there are many of them, but here are our top twenty.

1. You can never say "public interest" too often. The only reason regulators exist is to serve the public interest. Some members of the public will assume that regulators protect their own. Even the profession itself, which elects the majority of their Council or Board members, sometimes get this foundational concept confused. It is prudent to constantly remind oneself of one's mission.

2. The public interest means more than public safety. While the physical and emotional safety of patients is important, unethical or dishonest conduct is also extremely harmful. In some ways, intentional acts are more destructive than honest mistakes.

3. A professional regulator's public interest may be different than someone else's public interest. Regulators do not have to solve all of the world's problems. And they should not usurp the role of government in trying to make societal-level policy decisions. Recent examples being the medical assistance in dying and cannabis issues.

4. Having said that, regulators should be part of the solution. This has been illustrated by the role that some regulators have played in enhancing labour mobility. Regulators have a unique perspective and expertise to bring to many issues such as the flow of labour across the country and internationally.

5. Be open-minded. Even fundamental "truths" change. For example, the concept that the public should not be informed about significant complaint outcomes because no "finding" of wrongdoing has been made is now "old thinking". The public today expects to have access to information that is relevant to their choice of practitioner.

6. Be transparent. Regulators are increasingly posting their processes and decision-making criteria online. While sometimes this permits some to tailor their submissions to the regulator (e.g., avoiding providing original documents for registration and providing less revealing alternative sources of information), overall it helps make for a more efficient process when the relevant information is provided the first time.

7. Legislation is slow. Regulators constantly struggle with obsolete provisions in statute and even in regulations. They are constantly engineering work-arounds such as publishing standards and guidelines. Trouble brews when this is not possible, such as when statutory confidentiality provisions are inconsistent with current societal expectations of access to information.

FOR MORE INFORMATION
This newsletter is published by Steinecke Maciura LeBlanc, a law firm practising in the field of professional regulation. If you are not receiving a copy and would like one, please contact: Richard Steinecke, Steinecke Maciura LeBlanc, 401 Bay Street, Suite 2308, P.O. Box 23, Toronto, ON M5H 2Y4, Tel: 416-626-6897 Fax: 416-693-7687,
E-Mail: rsteincke@amr.fca.com

WANT TO REPRINT AN ARTICLE
A number of readers have asked to reprint articles in their own newsletters. Our policy is that readers may reprint an article as long as credit is given to both the newsletter and the firm. Please send us a copy of the issue of the newsletter which contains a reprint from Grey Areas.
8. Court decisions are not immutable. Rigidly relying on old cases that no longer reflect public and judicial thinking is a prescription for disappointment. It is hard to believe that at one time the leading case on disclosure in discipline hearings explicitly said that witness statements did not need to be provided to practitioners.

9. Regulators cannot do it alone. Today most professions practice in teams or in settings where others share responsibilities. Regulating just the individuals without considering those with whom practitioners work or the practice environment itself is ineffective. Regulators, as well as practitioners, must learn how to collaborate in order to achieve their mandate.

10. It is difficult to be “too fair” to the practitioner. Giving notice of the regulator’s concerns and offering an opportunity to comment not only avoids judicial review, it results in better decision making. Being fair sometimes requires repeating the submissions process as new information or new concerns arise.

11. There are always exceptions. Sometimes the risk of harm to innocent third parties or clients requires regulators to withhold certain information at least for a while (e.g., the contact information of a vulnerable informant) or to oppose production orders (e.g., of the counselling records of a complainant). Rigidly following established procedures without considering their purpose can be inappropriate at times.

12. Complainants also need to be considered. Since the practitioner's livelihood is at stake, fairness to them is proper and necessary. However, this should not be at the expense of re-victimizing the complainant, particularly in cases where the alleged misconduct relates to their vulnerability (e.g., sexual abuse cases).

13. Social science helps. We all know about the frailty of memory because of studies on the issue. Similarly, social science has taught us important lessons on the nature and impact of sexual abuse that has fundamentally altered how regulators approach those issues. More recently, an increased interest in cognitive fallacies has provided invaluable information on how regulators can assist practitioners to make better decisions. Of course the risk of relying on pseudo-science must be carefully considered.

14. Most practitioners are competent and ethical. In our experience, the vast majority of practitioners take pride in their professionalism, diligently serve their clients and work well with their colleagues. To remain relevant and effective, regulators need to design their programs with this reality in mind (see "proactive regulation" below).

15. A few practitioners are deceptive. Fortunately this is not common. However, the schemes of rogue practitioners can be elaborate, creative and persistent. Regrettably, this means that regulators must be sceptical of the initial explanations offered by some practitioners in response to complaints or concerns.
Grey Areas
A COMMENTARY ON LEGAL ISSUES AFFECTING PROFESSIONAL REGULATION

Sometimes an explanation doesn’t make sense for good reason.

16. Proactive regulation matters. Focusing on complaints (i.e., reactive regulation) means that the regulator’s message to practitioners is “do the bare minimum and you will be fine”. Whereas the regulator’s message when administering continuing professional development, inspection, and quality assurance programs is “excellence is important”.

17. Professional buy-in matters. Unless the regulator has the respect of the profession, its members will not cooperate with investigators, report wrongdoing by peers, act as expert witnesses or serve on committees. A regulator cannot be effective without the widespread assistance of practitioners. Of course, the regulator must always be diligent against being co-opted by the profession it is supposed to govern.

18. Regulators tend to attract the best and the brightest. Most people who serve on the staff, Councils or Boards and committees of regulators are exceptional professional and community leaders. In our observation, they tend to have excellent track records of public service in various organizations and they want to make a positive difference.

19. One dysfunctional person can disrupt an entire organization. While rare, we have seen one individual with a strong personal agenda, or an unrelenting personality, consume all of the time and energy of the organization such that little else can be accomplished. In these cases, good people leave the organization rather than engage in constant conflict and the reputation of the regulator can be damaged for years to come.

20. Professional self-regulation may be disappearing. This regulatory model has been replaced in much of the rest of the world. Even in Canada the model has been adapted to provide for greater accountability and is under active reconsideration in many places. Regulators must constantly prove themselves worthy of the task. That was not always the case.

It is a privilege to work in this field. One is on the side of truth and justice, working with great people achieving important things. We cannot think of a better practice area. We thank everyone with whom we have had contact these past twenty years.
Province Taking Steps to Expand Health Care Professionals' Responsibilities and Roles

Ontario Moving Forward on Improving Access to Quality Care

September 20, 2017

Ontario is taking steps to expand the scopes of practice of several regulated health care professionals, while maintaining safety and quality in the health care system across the province.

The province will be moving forward on assessing requests for the expansion of specific roles and responsibilities of chiropractors, dietitians, midwives, nurses (including nurse practitioners, registered nurses, and registered practical nurses), pharmacists, physiotherapists, as well as other health care providers.

This assessment will build on work already underway to expand the scopes of practice for some health professionals.

Most recently, the government has taken steps to expand the scope of practice of registered nurses so that they can independently prescribe some medications to patients.

Through this initiative, people in Ontario will benefit from improved access to safe and high quality health services closer to home, particularly in rural, remote and northern communities.

Ontario is increasing access to care, reducing wait times and improving the patient experience through its Patients First Action Plan for Health Care and OHIP+: Children and Youth Pharmacare - protecting health care today and into the future.

"I am pleased to move forward with expanding the roles of our dedicated health care professionals, and have Ontarians benefit from faster access to quality care. We have thousands of dedicated and compassionate health care professionals who are capable of providing more patients with more services, especially in rural and northern communities where they are needed most."

- Dr. Eric Hoskins, Minister of Health and Long-Term Care
MEMORANDUM TO: Presidents, Registrars and Executive Directors Health Regulatory Colleges

FROM: Denise Cole Assistant Deputy Minister Health Workforce Planning and Regulatory Affairs Division

RE: Protecting Patients Act, 2017

As you may be aware, on May 30, 2017, the Protecting Patients Act, 2017 was passed by the Legislative Assembly of Ontario and received Royal Assent. Schedule 4 of the Bill makes significant changes to the Regulated Health Professions Act, 1991, some of which such as new requirements relating to the content of the college register came into effect immediately upon Royal Assent. Other amendments will come in effect upon proclamation at a later date.

The Health Workforce Planning and Regulatory Affairs Division will soon be communicating next steps on the implementation of items that are not yet proclaimed, and on new policy and regulatory initiatives stemming from the passage of the Act. In the meantime, should you have any questions please contact Allison Henry, Director of the Health System Labour Relations and Regulatory Policy Branch at Allison.Henry@ontario.ca.

Thank you all for your collaboration and insights throughout the development of these legislative changes. I look forward to continuing our partnership as we proceed with the policy and regulatory work ahead.

Sincerely,

[Signature]

c. Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care
Allison Henry, Director, Health System Labour Relations and Regulatory Policy Branch, Ministry of Health and Long-Term Care
RULES OF ORDER FOR THE COUNCIL

Guidelines for Council Meetings

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

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

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

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

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

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

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

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

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

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

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

12. No Council Member is entitled to vote upon any motion in which he or she has a conflict of interest,
    and the vote of any Council Member so interested shall be disallowed.

13. In the event of a tie vote, the Chair will cast the deciding vote.

14. The vote of the Chair cannot be appealed.

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

16. Whenever the Chair is of the opinion that a motion offered to Council is contrary to these rules or
    these By-Laws, he or she shall rule the motion out of order and give his or her reasons for doing
    so.
17. A member of Council can raise a point of order, however, only the mover and the Chair can discuss it. The Chair shall decide it. The Council can only appeal a ruling of the Chair about procedure. (For example, if a vote was taken, a motion was passed but there was no quorum.)

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

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

20. Council Members shall be silent while others are speaking.

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

22. These Rules shall apply, with necessary modifications, to meetings conducted by any electronic means permitted by these By-Laws, including audio or video conferencing.

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

Created: June 2017
Revised: 
Reviewed: 