



Declaration of Conflict of Interest

All Directors have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board. To this end, they must avoid or resolve conflicts of interests while performing their duties for the College and to recuse themselves from any consideration of the matter at issue. A conflict of interest exists where a reasonable member of the public would conclude that a Director's personal, professional or financial interest, relationship or affiliation may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

For the **June 23, 2022 Board meeting**, the following Directors have confirmed that they are in compliance with the College's conflict of interest policy. One declaration was made by Donna Barker with agenda item 10.1.

Jennifer Henderson, Chair
Heather McFarlane, Vice-Chair
Allan Freedman, Officer
Vincent Samuel, Officer
Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Carol Mieras
Stephanie Schurr
Teri Shackleton
Sabrina Shaw
Mary Egan
Elizabeth Gartner
Brittany O'Brien



BOARD MEETING AGENDA

DATE: Thursday, June 23, 2022 **TIME:** 11:00 a.m. to 3:00 p.m. (Board Picture Day)

Location: Rostie Group, Rainy Lake Room, 20 Bay Street, 11th Floor, Toronto ON

Board Orientation Session: 9:00 a.m. – 11:00 a.m.

Agenda Item		Objective	Attach	Time (min)
1.0	Call to Order			
2.0	Public Protection Mandate			
3.0	Land Acknowledgement* (agenda page 2)			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda			
	5.1 Board Agenda – June 23, 2022	Decision	✓	10
	<i>THAT the agenda be approved as presented/amended. (Floor)</i>			
6.0	Consent Agenda			
	1. Registrar's Written Report of June 23, 2022 2. Draft Board Minutes of March 24, 2022 3. Draft Board Minutes of April 7, 2022 4. Draft Board Officer Elections Minutes of March 24, 2022 5. Finance, Audit and Risk Minutes of March 16, 2022 6. Governance Minutes of March 1, 2022 7. Governance Minutes of March 31, 2022 8. Executive Minutes of March 8, 2022 9. Executive Minutes of March 24, 2022 10. Executive Minutes of May 12, 2022	Decision	✓	10
	<i>THAT the Board adopts the consent agenda items as follows: (Floor)</i>			
7.0	Registrar's Report			
	7.1 Presentation: FY21/22 Q4 Operational Projects Status & Year End Report, by Elinor Larney, Registrar	Information		20
	7.2 Quarterly Performance Report	Decision	✓	5
	<i>THAT the Board receives the Quarterly Performance Report for the Q4 2021-2022 Fiscal Year. (Heather McFarlane)</i>			
	7.3 Risk Management Report	Decision	✓	10
	<i>THAT the Board receives the Risk Management Report. (Vincent Samuel)</i>			
	7.4 Annual Registrar Performance Review Process	Information		5

Agenda Item		Objective	Attach	Time (min)
Lunch Break 12:00 -1:20 p.m. Picture day				
8.0	Finance			
	8.1 Presentation: How To Read Financial Statements by Seema Singh-Roy, Director Finance & Corporate Services	Information		20
	8.2 FY 2022-2023 Annual Operating Budget	Discussion	✓	15
9.0	Presentation: Quality Assurance Program Update By Lesley Krempulec, Manager Quality Assurance Program	Information		20
10.0	Governance			
	10.1 Governance Reform – Next Steps	Decision	✓	10
	<i>THAT the Board delays the decision about appointing an academic member until after the October Board Education Session.</i> (Carol Mieras)			
	10.2 Board Policies - Financial Planning and Budgeting	Decision	✓	20
	<i>THAT the Board approves the proposed changes to the Financial and Audit Governance Policies.</i> (Allan Freedman)			
	10.3 Board Policy RL9 - Emergency Registrar Replacement	Decision	✓	10
	<i>THAT the Board approves the changes to Board Policy RL9, Emergency Registrar Replacement.</i> (Heather McFarlane)			
11.0	Environmental Scan			
12.0	Other Business			
	12.1 Board Meeting Evaluation	Complete	<i>Link to follow</i>	1
13.0	Next Meetings			
	<ul style="list-style-type: none"> ▪ Board Education Session: Wed., October 19, 2022, 9:00 a.m. – 4:00 p.m., Westin Harbour Castle Hotel, Toronto ON ▪ Board Meeting: Thurs., October 20, 2022, 9:00 a.m. – 4:00 p.m., Westin Harbour Castle Hotel ▪ Board Meeting: Thurs., January 26, 2023, 9:00 a.m. – 3:30 p.m. Location TBA ▪ Board Meeting: Thurs., March 30, 2023, 9:00 a.m. – 4:00 p.m. Location TBA ▪ Board Meeting: Thurs., June 22, 2023, 9:00 a.m. – 3:30 p.m. Location TBA 			
14.0	Adjournment			

*** Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.



REGISTRAR'S REPORT

Board Meeting of June 23, 2022

Governance Monitoring Report

The Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, suggest that in June, policies categorized as B or Registrar Limitations (RL), should be reviewed. As per the processes related to the governance changes coming, we will review policies when needed, and will do a fulsome change of the policy manual this year to evolve the negative language of the policy governance era with policies that are easier to read and written in a positive tense (you will notice that we have done some of that in the few policies that are on the agenda for today).

Registrar Limitation Policies

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

Policies of this category that guided decisions during this period:

- The RL4 – Financial Planning and Budgeting Policies guided the development of the 2022-2023 Projected Budget.
- As per RL8 – External Audit, auditors of the office of Hilborn LLP will conduct an audit of the financial performance of the College for 2021-2022.
- RL12 – Risk Management – guided the information to be presented to the Board on the Risk Management Program.
- CRL5 – Monitoring Registrar Performance – guided the discussion of the process to monitor Registrar performance

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2021-2022 Operational Planning

- The fourth quarter of the second year of the 2021-2024 strategic plan has passed, and an update will be presented at the Board Meeting on the status of initiatives.
- In addition, a summary of accomplishments for the year as well as plans for the 2022-2023 year will be presented today.

Staffing Update

Since the last Board Meeting, the following changes have taken place:

- We have a vacancy in the Senior Leadership Team with the departure of Julie Entwistle. Plans are in process to recruit another senior leader to assist with College operations.
- We have had some consultation with a Human Resources firm to assist us to evolve the structure of Corporate Services. We will roll this out over the next while.

COVID – 19 Update

- Staff are now back in the office about three days per week. We are deploying a summer flexibility strategy so staff will not be in the office as often during the summer months, unless they need or want to be. However, the College will move to reopen the office officially after the long weekend in September. We still plan to continue with hybrid operations, which is a learning curve for everyone. Committees have had discussions about in-person versus virtual work going forward and we will enact the Board policy for determining this in September. As usual, we will continue to follow any public health advice we receive along the way.
- The College continues to monitor the COVID-19 situation for any impacts on occupational therapists, clients and patients receiving occupational therapy services, and others. Communications with registrants continues when needed and our COVID webpages are updated as necessary. We continue to receive positive feedback from registrants about the communication on COVID and any related government policy changes.

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- Annual renewal is concluded for this year. The process went smoothly; however, we continue to manage the higher than average number of late renewals – the College did not charge the late fee this year in light of the pandemic. Those late paying will need to pay within 30 days of the renewal date, or they will be suspended. The College intends to re-instate the late fee next year to facilitate registrants to pay on time and reduce the resources expended on the suspension process.
- The registration team has commenced the project to digitize all the registrant files to prepare the College for the new enterprise system.
- The registration team continues to work with our vendor for the enterprise system to prepare the registration systems for testing.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The QA team has also been engaged with development of the enterprise system. In addition, they are preparing the QA materials for the updated competencies that will be rolled out November 1.
- The QA team is readying itself for the next competency assessment process that will occur over this next fiscal year.

Practice Resource Program

- The practice resource service staff provided a virtual session to available public members about the profession of occupational therapy. The feedback was positive, and it is hoped to repeat this presentation for those public members that were unable to attend.
- The one standard document is currently out for consultation and staff will bring the final proposed document to the Board in October.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We had our Board meeting in May 2022. Our next Board meeting is scheduled for Toronto in November 2022. Notably, ACOTRO is working on several projects that will assist us in our work. One of them is a national review of re-entry programs. This program is used for

applicants that do not meet the currency requirement. Working together to pool our resources and expertise will improve this program for everyone.

- OT Competencies – I am part of a national group that has been formed to assist with the coordination and communication between organizations that will implement the new OT competencies. These include regulators, educators and the national entry to practice exam and accreditation of university programs. The goals are to ensure that all involved are aware of the timelines, and any coordination that is needed is facilitated. This group continues to have regular meetings.
- One of the outstanding regulatory issues nationally, is the processes and involvement of regulators in the accreditation or approval processes for university occupational therapy entry to practice programs. A large group meeting was held in June with interested parties to outline the general reasons for a review of the processes around the accreditation. More discussion is needed, and there was support for continuing to explore this topic by all involved.
- I attended the National OT conference put on by the Canadian Association of Occupational Therapists (CAOT). It was well attended with at least 400 in-person participants and more who attended virtually. I assisted ACOTRO with their presentation at the national conference. My part of the presentation focused on the new Competencies for Occupational Therapists. Generally, there was excellent support voiced at the conference for the new competencies.

Health Profession Regulators of Ontario (HPRO) *formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO)*

- I was elected as Chair of this group in June 2022 for a one-year term. Being part of the management committee of HRPO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- HPRO has collaborated to send a letter for the regulatory registry about the proposals affecting registration. While the college is well positioned to manage these changes, they are not without implications for us and other colleges. The letter highlights some concerns that HPRO determined needed to be communicated more formally.

Ministry of Health (MOH)

- As the provincial election has just occurred, the MOH has been quiet. We are waiting to hear who the new Minister of Health might be, as that will affect regulation at some point.

System Partners

- Office of the Fairness Commissioner (OFC) – We have now heard back from the OFC that the College has been determined to be in the low-risk category in terms of needing OFC intervention. That is welcome news, and the Registration Program is glad to hear that their efforts in ensuring the program remains objective, transparent, impartial and fair have been recognized.
- Myself, the Chair – Stephanie Schurr, and a couple of staff will attend the CNAR conference in October. We look forward to bringing back information to the rest of the staff and the Board, as appropriate. In addition, the Manager of Practice, Sandra Carter, will present at this conference in the Master class about her experiences with our Culture, Equity and Justice Document.

See you at the meeting! Elinor



BOARD MEETING MINUTES - *DRAFT*

DATE: Thursday, March 24, 2022 **TIME:** 9:00 a.m. – 3:00 p.m. via Zoom

In Attendance:

DIRECTORS:

Jennifer Henderson, *Chair*
Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Nicholas Dzudz
Mary Egan
Allan Freedman
Heather McFarlane
Carol Mieras
Aruna Mitra
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Sabrina Shaw
Michelle Stinson

REGRETS:

Brittany O'Brien

GUESTS:

OBSERVERS:

Asna Ali, *Ministry of Health of Ontario (MOH)*
Elizabeth Gartner
Sarah Milton

STAFF:

Elinor Larney, *Registrar*
Julie Entwistle, *Deputy Registrar*
Sandra Carter, *Practice Consultant*
Aida da Silva, *Finance & Human Resources Coordinator*
Leandri Engelbrecht, *Interim Manager Investigations & Resolutions*
Enrique Hidalgo, *Manager, Information Technology*
Grace Jacob, *Associate, Finance & Corporate Services*
Navpreet Kaur Chatrath, *Student OT*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Lesley Krempulec, *Practice Consultant*
Tim Mbugua, *Policy Analyst*
Brandi Park, *Manager, Registration*
Seema Singh-Roy, *Director, Finance & Corporate Services*
Nancy Stevenson, *Director, Communications*
Diane Tse, *Practice Consultant*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 9:02 a.m. She introduced Faiq Bilal, newly appointed public member and congratulated Neelam Bal on her re-election. She also congratulated and introduced as observers for the Board meeting today, newly elected professional members for District 1 (Toronto and area), Sarah Milton and Elizabeth Gartner. She thanked outgoing members Aruna Mitra and Michelle Stinson for their commitment and contributions to the College. She invited Board members and staff to introduce themselves.

2.0 Public Protection Mandate

The Chair reminded members that all considerations and decisions are made in the best interest of the public.

3.0 Land Acknowledgement*

The Chair read out the Land Acknowledgement statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

The Chair called for additions or other changes to the agenda. None were reported.

MOVED BY: Carol Mieras

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as presented.

CARRIED

6.0 Consent Agenda

The Chair called for changes to the following Consent Agenda items:

- Registrar's Written Report – March 24, 2022
- Draft Board Minutes – January 27, 2022
- Finance, Audit and Risk Minutes – January 11, 2022
- Governance Minutes – January 12, 2022
- Executive Minutes – January 13, 2022
- Joint Executive & Governance Minutes – February 14, 2022
- Nominations Committee Report – March 24, 2022

MOVED BY: Stephanie Schurr

SECONDED BY: Aruna Mitra

THAT the Board adopts the Consent Agenda items as listed.

CARRIED

7.0 Registrar's Report

7.1 Presentation: FY 21/22 Q3 Operational Projects Status Report

The Registrar reported on operational projects for Q3 of the 2021-2022 fiscal year related to the strategic objectives for Year 2 of the 2020-2023 Strategic Plan.

7.2 Quarterly Performance Report

Heather McFarlane stated the Quarterly Performance Report was prepared with input from all committees and provided today as an overview of the work accomplished in Q3 FY 21/22.

Staff responded to questions.

MOVED BY: Heather McFarlane

SECONDED BY: Teri Shackleton

THAT the Board receives the Quarterly Performance Report for Q3 of the 2021-2022 fiscal year.

CARRIED

7.3 Risk Management Report

Vincent Samuel provided an overview of the risk management process and how the report is structured. Overall, risks and risk levels remain the same for Q3 2021/2022 with the exception of the risk associated with the delay of the Enterprise System Project. The Registrar responded to questions.

MOVED BY: Vincent Samuel

SECONDED BY: Donna Barker

THAT the Board receives the risk management report.

CARRIED

7.4 College Performance Measurement Framework (CPMF)

Stamatis Kefalianos stated that the draft 2021 CPMF is presented today for review and final approval prior to the March 30th submission deadline. He explained that out of fifty standards, the College has satisfied all but three new categories in this version. The College will work to satisfy these over the course of 2022. Stamatis responded to questions. Once approved, the document will be posted to the College website and submitted to the ministry.

MOVED BY: Heather McFarlane

SECONDED BY: Donna Barker

THAT the Board approves the College Performance Measurement Framework report for submission to the Ministry of Health and for publication on the College's website.

CARRIED

8.0 Finance

8.1 FY21/22 Q3 Financial Report

Seema Singh-Roy provided an overview of the FY21/22 Q3 Financial Report reporting that the College is on track with the budget to date, and responded to questions.

MOVED BY: Allan Freedman

SECONDED BY: Stephanie Schurr

THAT the Board receives the FY21/22 Q3 YTD Financial Report, as presented.

CARRIED

8.2 Investment Portfolio

Seema reported on the state of the College's investment portfolio as at February 28, 2022 and responded to questions. She reminded the Board that the College's main principle for investments is the preservation of capital and that all investments are covered by the Canada Deposit Insurance Corp. (CDIC). The current investment portfolio is maintained by BMO Nesbitt Burns. This provider has a limited number of CDIC-insured options for investment and the College is in the process of opening an account with RBC Dominion Securities to provide additional options. This item was presented for information purposes only.

9.0 Governance

9.1 Revised Terms of Reference – All College Committees

The Chair stated that the terms of reference for all committees have been revised and updated to reflect governance reforms initiatives previously approved by the Board. A discussion ensued. The Board recommended further changes which will be incorporated at this time, and additional changes to be reworked by the Governance Committee and brought back to the Board for approval at a later date.

MOVED BY: Vincent Samuel

SECONDED BY: Aruna Mitra

***THAT** the Board approves the revised Terms of Reference for each Committee of the College, including today's changes.*

CARRIED

9.2 District 1 Elections

The Registrar reported that elections for professional Board members were held in District 1 (Toronto and Area). Congratulations to Sarah Milton and Elizabeth Gartner newly-elected members, and returning member, Neelam Bal. The process went smoothly and there were no concerns. This item was presented for information purposes only.

9.3 Change of Title for Registrar

Allan Freedman explained that the recommendation to change the title of the Registrar, to *Chief Executive Officer (CEO) and Registrar* is in keeping with changes in terminology related to governance reform and distinguishes between the roles of the Board and staff. Many other regulatory bodies have already made this change. A brief discussion ensued.

MOVED BY: Allan Freedman

SECONDED BY: Aruna Mitra

***THAT** the official job title for the Registrar be changed to Chief Executive Officer (CEO) and Registrar.*

CARRIED

9.4 Strategic Planning

Vincent explained that the College follows a three-year cycle for strategic planning. Normally, planning would start in October 2022 for the June 2023 – May 2026 cycle. At their last meeting, the Executive Committee discussed whether to hold a new strategic planning session this fall and decided to recommend the current plan be extended for one more year.

Consideration was given to the impact of possible upcoming large-scale governance changes and implementation of the Enterprise System. This extension would also allow staff more time to implement initiatives within the current strategic plan that were impacted by the pandemic and work from home situation. The Board recommended the current plan be updated and refreshed, with follow up by the Board at the October Education Session, then brought forward to the Board in January 2023 for final approval.

MOVED BY: Vincent Samuel

SECONDED BY: Carol Mieras

***THAT** the Board approves an extension of the current strategic plan for an additional year.*

CARRIED

9.5 Professional Committee Reappointment – Practice Subcommittee

Leona Pereira, committee appointee to the Practice Subcommittee, has expressed interest and is eligible for reappointment for a second, three-year term. Heather stated that she is a valued member whose reappointment will enable continuity with current work and support the overall effectiveness of the committee. The Practice Subcommittee recommends her reappointment for a second term.

MOVED BY: Heather McFarlane

SECONDED BY: Stephanie Schurr

***THAT** the Board approves the reappointment of Leona Pereira to the Practice Subcommittee for a second three-year term commencing on June 14, 2022.*

CARRIED

9.6 Professional Committee Appointments – Quality Assurance Subcommittee

Teri Shackleton explained that the appointment of two new members to the Quality Assurance Subcommittee is required to fill two vacancies. Two candidates were chosen who best meet the needs of the committee and are recommended for appointment by the Quality Assurance Subcommittee.

MOVED BY: Teri Shackleton

SECONDED BY: Heather McFarlane

***THAT** the Board appoints Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a three-year term commencing on April 1, 2022.*

CARRIED

9.7 Professional Committee Reappointment – Quality Assurance Subcommittee

Andy Beecroft, committee appointee to the Quality Assurance Subcommittee, has expressed interest and is eligible for reappointment for a second, three-year term. Teri stated that the committee unanimously supports his reappointment as he provides valuable insight, and his reappointment would provide continuity with the current work.

MOVED BY: Teri Shackleton

SECONDED BY: Neelam Bal

***THAT** the Board approves the reappointment of Andy Beecroft to the Quality Assurance Subcommittee a second three-year term commencing on April 1, 2022.*

CARRIED

9.8 Professional Committee Reappointment – ICRC

Julie Sutton, committee appointee to the Inquiries, Complaints and Reports Committee, has expressed interest and is eligible for reappointment for a second, three-year term. Carol Mieras and Vincent Samuel stated that Julie brings a rich professional experience and

valuable contribution to the committee and is always well prepared for meetings The ICRC recommends her reappointment for a second term.

MOVED BY: Carol Mieras
SECONDED BY: Stephanie Schurr

THAT the Board approves the reappointment of Julie Sutton as a Professional Committee Appointee of the Inquiries, Complaints and Reports Committee for a second three-year term commencing on April 1, 2022.

CARRIED

9.9 Professional Committee Reappointment – Quality Assurance Committee

Elizabeth Bell, committee appointee to the Quality Assurance Committee, has expressed interested and is eligible for reappointment for a second, three-year term. Teri stated that Elizabeth provides valuable insight with over thirty years of experience as an occupational therapist. The Quality Assurance Committee recommends her reappointment for a second term.

MOVED BY: Teri Shackleton
SECONDED BY: Neelam Bal

THAT the Board approves the reappointment of Elizabeth Bell to the Quality Assurance Committee, as a professional appointee for a second three-year term.

CARRIED

9.10 Annual Board Evaluation Summary

The Chair reported that the Annual Board Evaluation was conducted, and nine of sixteen completed surveys were received. She emphasized the importance of participation by all members in order for the Board to continue to learn and grow. Overall, the results were very positive across all categories. Results indicate that members feel the Board functions well, expectations are being met, the Board is meetings its goals, and that it is well supported by College staff. Two areas of concern stated were to continue to focus on the strategy and not the means or operations, and the need for additional public members to support Board functioning.

10.0 New Business

10.1 Board and Committee Meetings Policy

The Registrar stated that the recommended changes for the new policy on Board and Committee Meetings, as provided at the January 2022 Board meeting have been incorporated and are provided today for final approval.

MOVED BY: Allan Freedman
SECONDED BY: Carol Mieras

THAT the Board approves the Board or Committee Meetings policy which will be enacted once the College resumes in-person meetings.

CARRIED

10.2 Client Bill of Rights

Michelle Stinson and Julie Entwistle explained that the Client Bill of Rights was developed as a resource for the public, to help clients of OTs understand their rights, learn what to expect from OT services and to provide information about the complaints process. This resource will also be available in French.

MOVED BY: Michelle Stinson

SECONDED BY: Heather McFarlane

THAT the Board approves the Client Bill of Rights for circulation

CARRIED

10.3 Standards for Practice (One Standard Project)

Heather stated that the draft One Standard document, now officially titled, *Standards for Practice*, has been thoroughly reviewed by the Practice Subcommittee, Executive Committee, and Indigenous and Equity Panels. Several additional recommendations by the Board received today will be incorporated into the document prior to public consultations. Board members expressed their satisfaction with the document, particularly its thoroughness and ease of use and acknowledged the implications in terms of quality improvement for the presentation of standards of practice for both OTs and the public. Members congratulated the team on their exceptional work.

MOVED BY: Heather McFarlane

SECONDED BY: Teri Shackleton

THAT the Board approves the Standards for Practice draft document for public consultation, including today's changes.

CARRIED

11.0 Environmental Scan

Members provided various updates on changes in systems and information of interest that impact the practice of occupational therapy.

12.0 Other Business

12.1 Board Meeting Evaluation

The Chair asked members to complete the electronic Board meeting evaluation and encouraged everyone to provide recommendations for future improvements.

13.0 Next Meetings

- Board Meeting: Thursday, June 23, 2022, 9:00 – 3:30, location TBA. Survey poll to follow in April to determine if in person or virtual meeting.

14.0 Farewell

Allan and Vincent spoke in recognition of the many contributions to the College by outgoing members, Aruna Mitra and Michelle Stinson. The Board thanked them for their commitment and hard work and wished them success in the future. Aruna and Michelle thanked the Board and College staff for their support. The Board joined Elinor in thanking Jennifer Henderson for her excellent leadership as Board Chair over the past year.

15.0 Adjournment

There being no further business, the meeting was adjourned at 2:13 p.m.

MOVED BY: Carol Mieras

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

CARRIED

DRAFT

APPENDIX 1

*** Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

DRAFT

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
March 24, 2022	<i>THAT the Board approves the Board or Committee meetings policy which will be enacted once it is safe to meet in person again.</i>	Complete
March 24, 2022	<i>THAT the Board approves the College Performance Measurement Framework report for submission to the Ministry of Health and publication on the College's website.</i>	Complete
March 24, 2022	<i>THAT the Board approves the revised Terms of Reference for each Committee of the College, including today's changes.</i>	Complete
March 24, 2022	<i>THAT the official job title for the Registrar be changed to Chief Executive Officer (CEO) and Registrar.</i>	Complete
March 24, 2022	<i>THAT the Board approves an extension of the current strategic plan for an additional year.</i>	Complete
March 24, 2022	<i>THAT the Board approves the reappointment of Leona Pereira to the Practice Subcommittee for a second three-year term commencing on June 14, 2022.</i>	Complete
March 24, 2022	<i>THAT the Board appoints Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a three-year term commencing on April 1, 2022.</i>	Complete
March 24, 2022	<i>THAT the Board approves the reappointment of Andy Beecroft to the Quality Assurance Subcommittee a second three-year term commencing on April 1, 2022.</i>	Complete
March 24, 2022	<i>THAT the Board approves the reappointment of Julie Sutton as a Professional Committee Appointee of the Inquiries, Complaints and Reports Committee for a second three-year term commencing on April 1, 2022.</i>	Complete
March 24, 2022	<i>THAT the Board approves the reappointment of Elizabeth Bell to the Quality Assurance Committee, as a professional appointee for a second three-year term.</i>	Complete
March 24, 2022	<i>THAT the Board approves the Client Bill of Rights for circulation</i>	Complete
March 24, 2022	<i>THAT the Board approves the Standards for Practice draft document for public consultation, including today's changes.</i>	Complete



BOARD MEETING MINUTES - *DRAFT*

DATE: Thursday, April 7, 2022

TIME: 2:00 p.m. to 3:00 p.m. via Zoom

In Attendance:

DIRECTORS:

Stephanie Schurr, *Chair*
Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Nicholas Dzud
Mary Egan
Allan Freedman
Elizabeth Gartner
Heather McFarlane
Carol Mieras
Sarah Milton
Brittany O'Brien
Vincent Samuel
Teri Shackleton
Sabrina Shaw

GUESTS:

OBSERVERS:

STAFF:

Elinor Larney, *Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

Jennifer Henderson
Heather McFarlane

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 2:02 p.m.

2.0 Public Protection Mandate

The Chair reminded members that all considerations and decisions are to be made in the best interest of the public.

3.0 Land Acknowledgement*

The Chair read out the Land Acknowledgement statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

The Chair called for additions or other changes to the agenda. None were reported.

MOVED BY: Nick Dzudz

SECONDED BY: Neelam Bal

THAT the agenda be approved as presented.

CARRIED

6.0 New Business

6.1 Board and Committee Meetings Policy

The Board reviewed the draft committee composition for 2022-2023 as presented, and the Registrar responded to questions. Committee Chairs were recommended as follows:

Committee	Chair
Executive	Stephanie Schurr
Registration	Jennifer Henderson
Inquiries, Complaints & Reports	Carol Mieras (Panel A), Neelam Bal (Panel B)
Discipline	Donna Barker
Patient Relations	Paola Azzuolo
Fitness to Practise	Vincent Samuel
Quality Assurance	Teri Shackleton
Governance Committee	Stephanie Schurr
Finance and Audit	Allan Freedman
Practice Subcommittee	Heather McFarlane

MOVED BY: Donna Barker

SECONDED BY: Carol Mieras

THAT the Board approves the selection of committee chairs and the Committee Composition for the 2022-2023 year.

CARRIED

7.0 Next Meetings

Board Meeting: Thursday, June 23, 2022, 9:00 – 3:30, in person, location TBA.

8.0 Adjournment

There being no further business, the meeting was adjourned at 2:17 p.m.

MOVED BY: Carol Mieras

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

* Land Acknowledgement

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

DRAFT

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
April 7, 2022	THAT the Board approves the selection of committee chairs and the Committee Composition for the 2022-2023 year.	Complete
March 24, 2022	THAT the Board approves the Board or Committee meetings policy which will be enacted once it is safe to meet in person again.	Complete
March 24, 2022	THAT the Board approves the College Performance Measurement Framework report for submission to the Ministry of Health and publication on the College's website.	Complete
March 24, 2022	THAT the Board approves the revised Terms of Reference for each Committee of the College, including today's changes.	Complete
March 24, 2022	THAT the official job title for the Registrar be changed to Chief Executive Officer (CEO) and Registrar.	Complete
March 24, 2022	THAT the Board approves an extension of the current strategic plan for an additional year.	Complete
March 24, 2022	THAT the Board approves the reappointment of Leona Pereira to the Practice Subcommittee for a second three-year term commencing on June 14, 2022.	Complete
March 24, 2022	THAT the Board appoints Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a three-year term commencing on April 1, 2022.	Complete
March 24, 2022	THAT the Board approves the reappointment of Andy Beecroft to the Quality Assurance Subcommittee a second three-year term commencing on April 1, 2022.	Complete
March 24, 2022	THAT the Board approves the reappointment of Julie Sutton as a Professional Committee Appointee of the Inquiries, Complaints and Reports Committee for a second three-year term commencing on April 1, 2022.	Complete
March 24, 2022	THAT the Board approves the reappointment of Elizabeth Bell to the Quality Assurance Committee, as a professional appointee for a second three-year term.	Complete
March 24, 2022	THAT the Board approves the Client Bill of Rights for circulation	Complete
March 24, 2022	THAT the Board approves the Standards for Practice draft document for public consultation, including today's changes.	Complete



BOARD OFFICER ELECTIONS MINUTES - DRAFT

DATE: Thursday, March 24, 2022 **TIME:** 3:00 p.m. – 4:00 p.m. via Zoom

In Attendance:

PRESENT:

Elinor Larney, *Chair, Scrutineer*
Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Nicholas Dzudz
Mary Egan
Allan Freedman
Elizabeth Gartner
Jennifer Henderson
Heather McFarlane
Carol Mieras
Sarah Milton
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Sabrina Shaw

STAFF:

Elinor Larney, *Registrar*
Leandri Engelbrecht, *Manager, Investigations & Resolutions*
Julie Entwistle, *Deputy Registrar*
Grace Jacob, *Associate, Finance & Corporate Services*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Seema Singh-Roy, *Director, Finance & Corporate Services*
Nancy Stevenson, *Director, Communications*
Andjelina Stanier, *Executive Assistant, Scribe, Scrutineer*

REGRETS:

Brittany O'Brien

1.0 Call to Order

Chair Elinor Larney called the meeting to order at 2:20 p.m.

2.0 Approval of Agenda

The Chair asked for changes to the agenda. None were reported.

MOVED BY: Nick Dzudz

SECONDED BY: Neelam Bal

THAT the agenda be approved as presented.

CARRIED

3.0 Elections

3.1 Election of Officers

Chair Elinor Larney stated that according to the bylaws, the Executive Committee must be composed of two professional members and two public appointees. She stated that the slate

would be read prior to the vote for each position and that additional nominations would be accepted from the floor. She stated that a call for nominations would be made three times before declaring the nominations closed for each position. She reminded the Board that the final slate and statements of candidacy were provided to members for their review in advance of voting today. The Chair proceeded with the election as follows:

BOARD CHAIR

Jennifer Henderson, Heather McFarlane, Vincent Samuel and Stephanie Schurr were nominated for the position of Board Chair. Heather McFarlane declined her nomination, and she was removed from the ballot. No nominations were received from the floor, and nominations were declared closed. The ballot was composed of Jennifer Henderson, Vincent Samuel and Stephanie Schurr. Votes were completed. A majority was not declared. Vincent Samuel with the lowest number of votes, was removed from the ballot. The runoff ballot for Board Chair was composed of Jennifer Henderson and Stephanie Schurr. Votes were completed.

Stephanie Schurr was declared elected by majority of votes, as Board Chair.

BOARD VICE-CHAIR

Donna Barker, Jennifer Henderson, Heather McFarlane, Vincent Samuel and Stephanie Schurr were nominated for the position of Board Vice-Chair. Stephanie Schurr's name was removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was composed of Donna Barker, Jennifer Henderson, Heather McFarlane and Vincent Samuel. Votes were completed. A majority was not declared. Donna Barker and Jennifer Henderson, tied with the lowest number of votes, were removed from the ballot. The runoff ballot was composed of Heather McFarlane and Vincent Samuel. Votes were completed.

Heather McFarlane was declared elected by majority of votes, as Board Vice-Chair.

BOARD OFFICER

Donna Barker, Allan Freedman, Jennifer Henderson, Heather McFarlane, Brittany O'Brien, Vincent Samuel, and Stephanie Schurr were nominated for the position of Officer. Stephanie Schurr and Heather McFarlane were removed from the ballot. Professional members Donna Barker and Jennifer Henderson were removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was composed of Public Appointees Allan Freedman, Vincent Samuel and Brittany O'Brien. Votes were completed.

Allan Freedman was elected by majority of votes, as Board Officer.

BOARD OFFICER

Donna Barker, Allan Freedman, Jennifer Henderson, Heather McFarlane, Brittany O'Brien, Vincent Samuel, and Stephanie Schurr were nominated for the position of Board Officer. Stephanie Schurr, Heather McFarlane, and Allan Freedman were removed from the ballot. Professional members Donna Barker and Jennifer Henderson were removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was composed of Public Appointees, Brittany O'Brien and Vincent Samuel. Votes were completed.

Vincent Samuel was declared elected by majority of votes, as Board Officer.

Elinor passed the chair to newly elected Board Chair, Stephanie Schurr.

3.2 Motion to Delete Ballots

According to the bylaws, ballots from the election may only be deleted with Board approval.

MOVED BY: Nick Dzudz

SECONDED BY: Carol Mieras

THAT the electronic ballots for the 2022 Election of Officers be deleted.

CARRIED

4.0 New Business

4.1 Committee Interest Form

Elinor asked members who have not yet completed their Committee Selection survey to do so as soon as possible.

4.2 Annual Signing

The Chair asked members to ensure to complete their Annual Confidentiality, Code of Conduct, and Conflict of Interest forms which will be sent electronically after the meeting.

5.0 Next Meetings

The 2022-2023 meetings were confirmed as follows (in person, location TBD):

- Wednesday, October 19, 2022 Board Education Session, 9:00 a.m. – 4:00 p.m.
- Thursday, October 20, 2022 Board Meeting, 9:00 a.m. – 3:30 p.m.
- Thursday, January 26, 2023 Board Meeting, 9:00 a.m. – 3:30 p.m.
- Thursday, March 30, 2023 Board Meeting, 9:00 a.m. – 4:00 p.m.
- Thursday, June 22, 2023 Board Meeting, 9:00 a.m. – 3:30 p.m.

6.0 Adjournment

There being no further business, the meeting was adjourned at 3:05 p.m.

MOVED BY: Teri Shackleton

THAT the meeting be adjourned.



FINANCE, AUDIT AND RISK COMMITTEE

DATE: Wednesday, March 16, 2022

FROM: 9:30 a.m. – 12:00 p.m.

Page 1 of 2

PRESENT:

Allan Freedman, *Chair*
Aruna Mitra
Paola Azzuolo

GUESTS:

None

OBSERVERS:

None

REGRETS:

None

STAFF:

Elinor Larney, Registrar
Seema Singh-Roy, Director, Finance and Corporate Services
Aida da Silva, Coordinator, Finance and Human Resources, *Scribe*

1.0 Call to Order

Chair Allan Freedman welcomed everyone and called the meeting to order at 9:33 a.m.

2.0 Public Protection Mandate

Committee members were reminded of the public protection mandate of the College.

3.0 Land Acknowledgement Statement

The Chair invited members to read the Land Acknowledgement Statement.

4.0 Declaration of Conflict of Interest

The Chair called for any declarations of conflict of interest. None were reported.

5.0 Approval of Agenda

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

MOVED BY: Paola Azzuolo

SECONDED BY: Aruna Mitra

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

The Chair asked if everyone had reviewed the Finance, Audit and Risk (FAR) Committee draft minutes of January 11, 2022 and asked if there were any additions or changes. No additions or changes were required.

MOVED BY: Paola Azzuolo
SECONDED BY: Aruna Mitra

***THAT** the draft Finance, Audit and Risk Committee minutes of January 11, 2022, be approved as presented.*

CARRIED

7.0 Verbal Report by Director, Finance and Corporate Services and New Business

The Director, Finance and Corporate Services, Seema Singh-Roy provided an overview of the current status of the FY 22/23 budget. Seema discussed the College's ongoing staff retention strategy. Committee informed that the enterprise system project continues to experience delays from vendor staff turnover/resourcing issues; a credit note is under consideration and go-live will not likely be in July. Members discussed the financial impact of inflation on college activities.

8.0 Financial Update

8.1 FY21/22 Q3 Year-to-date (YTD) Financial Report

Seema reminded members of the change to the College's Financial Reporting format - now with year-to-date actuals (end of the applicable quarter) compared to the annual budget. A review was provided of the Statement of Financial Position and Statement of Operations as per the briefing note provided. Seema informed the Committee that Statutory government remittances were up to date. The Chair asked members if they had any questions. All questions were addressed.

MOVED BY: Paola Azzuolo
SECONDED BY: Aruna Mitra

***THAT** the Committee recommends to the Board approval of the FY21/22 Q3 YTD Financial Report, as presented.*

CARRIED

8.2 FY21/22 Q3 Investment Report

Seema reviewed the investment briefing note and the investment options available to the College. Seema informed the Committee that the College is looking to explore additional fund options under its risk tolerance guidelines. The report is for informational purposes only.

8.3 Results from FAR Effectiveness Survey

Seema presented the results of the FAR Effectiveness Survey. The Chair indicated that the results were good, and an area of improvement would be in establishing goals. Allan recommended providing the Work Plan to address this and all members agreed. The Registrar stated that the name of the Committee would henceforth be Finance and Audit Committee with the Terms of Reference to be provided in the next meeting to support this change.

9.0 Next Meeting

The next Finance and Audit Committee meeting would be established at a future date. New members will be selected as per the outcome of the Elections.

10.0 Adjournment

There being no further business, the meeting was adjourned at 10:31 am.

MOVED BY: Aruna Mitra

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

CARRIED



GOVERNANCE COMMITTEE MINUTES

DATE: Tuesday, March 1, 2022

TIME: 9:30 a.m. - 12:30 p.m. *via Zoom*

In Attendance:

MEMBERS:

Jennifer Henderson, *Chair*
Nick Dzudz
Carol Mieras
Vincent Samuel
Stephanie Schurr

STAFF:

Elinor Larney, *Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 9:30 a.m.

2.0 Public Protection Mandate

The Chair reminded members that all discussions and decisions by the committee will be in accordance with the College mandate of public protection.

3.0 Land Acknowledgement and Commitment to Stronger Engagement Statement

The Chair read out the Land Acknowledgement and Commitment to Stronger Engagement statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair asked for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

The Chair called for changes to the agenda. None were reported.

MOVED BY: Nick Dzudz

SECONDED BY: Carol Mieras

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Minutes of January 12, 2022

The Chair called for edits to the draft minutes of January 12, 2022. None were reported.

MOVED BY: Stephanie Schurr

SECONDED BY: Vincent Samuel

***THAT** the draft Governance Committee Minutes of January 12, 2022 be approved as presented.*

CARRIED

6.2 Draft Minutes of February 14, 2022 - Joint Executive and Governance Committees

The Chair called for edits to the draft minutes of February 14, 2022. None were reported. The minutes will also be brought forward to the Executive Committee for approval on March 8.

MOVED BY: Carol Mieras

SECONDED BY: Stephanie Schurr

***THAT** the draft Minutes of February 14, 2022 for the joint meeting of the Executive and Governance Committees be approved as presented.*

CARRIED

7.0 Revised Governance Committee Terms of Reference

Stamatis explained that the terms of reference for all College committees are reviewed on an annual basis. Amendments proposed today to the Governance Committee's terms of reference are necessary to align with ongoing governance reforms, with more changes anticipated over the next few years. The terms of reference for all committees will be brought forward for review and approval at the March Board Meeting.

MOVED BY: Stephanie Schurr

SECONDED BY: Carol Mieras

***THAT** the Governance Committee recommends that the amended terms of reference be forwarded to the Board for approval.*

CARRIED

8.0 Status Update on College's Governance Reforms

Stamatis provided an overview of the College's efforts over the past two years related to governance modernization. The focus has been on reforms which do not require legislative changes. This work has focused on changing the bylaws and each committee's terms of reference; updating role titles and other terminology; creating two new Board committees and delegating duties accordingly; revising the Code of Conduct and Conflict of Interest policies and developing and implementing the Board Competency Framework. In 2022-23, focus will be on developing an online pre-Board and committee orientation program and process for assessing the Board and revising and updating the Governance Manual. The group discussed reducing the Board size and opted to wait for the ministry to finalize its recommendations before moving forward. The group also discussed the recommended title change for the Registrar, to Chief Executive Office & Registrar. This will be brought forward to the Executive Committee for discussion next week.

9.0 Committee Effectiveness Survey Results

A revised report was circulated. The committee discussed the results and expressed satisfaction with the way the group has worked together and what was accomplished. The Chair thanked the committee, Stamatis, and Elinor for their hard work and commitment over the past year.

10.0 Next Meeting

The next meeting will be determined once the committee is reconstituted following the March Board meeting.

11.0 Adjournment

There being no further business, the meeting was adjourned at 10:45 a.m.

MOVED BY: Carol Mieras

THAT the meeting be adjourned.

CARRIED

APPENDIX 1*** Land Acknowledgement and Commitment to Stronger Engagement**

As an important part of our commitment to reconciliation, the College of Occupational Therapists of Ontario recognizes the traditional territories on which we live and work (physically or remotely) every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potawatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca.

Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat, and the Métis Nation.

To meaningfully engage with this community, the College has reviewed the Truth and Reconciliation Commission's (TRC) report. Calls to Action 18-24 addresses the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. The College and its registrants will work to reduce these health disparities by ensuring that OTs are competent to provide services that the community has a right to and is acceptable to them.

APPENDIX 2

Meeting Date	Decisions & Action Items	Current Status
March 1, 2022	THAT the Governance Committee recommends that the amended terms of reference be forwarded to the Board for approval.	For Board approval March 2022
September 9, 2021	THAT the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending



GOVERNANCE COMMITTEE MINUTES

DATE: Thursday, March 31, 2022 **TIME:** 2:00 p.m. – 3:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Stephanie Schurr, *Chair*
Jennifer Henderson
Brittany O'Brien
Carol Mieras
Vincent Samuel

STAFF:

Elinor Larney, *Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 1:58 p.m.

2.0 Public Protection Mandate

The Chair reminded members that all discussions and decisions are made in accordance with the College's mandate of public protection.

3.0 Land Acknowledgement and Commitment to Stronger Engagement Statement

The Chair read out the Land Acknowledgement statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair asked for any declarations of conflict of interest. None were made.

5.0 Approval of Agenda

The Chair called for changes to the agenda. None were reported.

MOVED BY: Carol Mieras

SECONDED BY: Brittany O'Brien

THAT the agenda be approved as presented.

CARRIED

6.0 Recommendation for Committee Chairs and Committee Composition

The committee reviewed the proposed committee composition and reference materials and held a discussion. Recommended changes were incorporated into the document.

MOVED BY: Vincent Samuel

SECONDED BY: Jennifer Henderson

THAT the Governance Committee recommends the Board approve the selection of committee Chairs and the committee composition for the 2022-2023 year, including today's changes.

CARRIED**7.0 Next Meeting**

The next meeting was confirmed for Tuesday, May 17, 2022 9:00 a.m. – 12:00 p.m. via Zoom.

8.0 Adjournment

There being no further business, the meeting was adjourned at 2:34 p.m.

MOVED BY: Carol Mieras

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

CARRIED**APPENDIX 1***** Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

APPENDIX 2

Meeting Date	Decisions & Action Items	Current Status
March 31, 2022	<i>THAT the Governance Committee recommends the Board approve the selection of committee Chairs and the committee composition for the 2022-2023 year.</i>	Complete Board approval pending April 7
March 1, 2022	<i>THAT the Governance Committee recommends that the amended terms of reference be forwarded to the Board for approval.</i>	Complete
September 9, 2021	<i>THAT the Governance Committee approves the Skills and Diversity Matrix tool as amended.</i>	Skills matrix complete, Diversity matrix pending



EXECUTIVE COMMITTEE MINUTES

DATE: Tuesday, March 8, 2022 **TIME:** 9:00 a.m. to 12:00 p.m. via Zoom

In Attendance:

MEMBERS:

Jennifer Henderson, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

STAFF:

Elinor Larney, *Registrar*
Julie Entwistle, *Deputy Registrar (8.5, 8.6-8.8)*
Stamatis Kefalianos, *Manager, Regulatory Affairs (8.9, 8.10)*
Tim Mbugua, *Policy Analyst (8.5, 8.6, 8.10)*
Seema Singh-Roy, *Director, Finance & Corporate Services (7.2, 8.2)*
Diane Tse, *Practice Consultant (8.7, 8.8)*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 8:58 a.m.

2.0 Public Protection Mandate

The Chair reminded the committee that all discussions and decisions are made in accordance with the College's mandate of public protection.

3.0 Land Acknowledgement & Commitment to Stronger Engagement

The Chair read out the statement on *Land Acknowledgement and Commitment to Stronger Engagement* (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

The Chair called for changes to the agenda. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Executive Minutes

The Chair called for edits to the draft Executive Minutes of January 13, 2022. One edit was reported for item 8.7: Delete "mental". Insert "cognitive."

MOVED BY: Allan Freedman
SECONDED BY: Vincent Samuel

THAT the draft Executive Minutes of January 13, 2022 be approved as amended.

CARRIED

6.2 Draft Joint Executive and Governance Committees Minutes

The Chair called for edits to the draft Joint Executive and Governance Committees minutes of February 14, 2022. None were reported. The minutes, as presented today, were approved by the Governance Committee on March 1, 2022.

MOVED BY: Heather McFarlane
SECONDED BY: Vincent Samuel

THAT the draft Joint Executive and Governance Committees Minutes of February 14, 2022 be approved as presented.

CARRIED

7.0 Registrar's Report

7.1 Registrar's Verbal Report

2022 Elections – District 1 Update

The election in district 1 has concluded. Neelam Bal was reelected. Newly elected members Sarah Milton and Elizabeth Gartner will join the Board immediately following the March 24, 2022 Board Meeting. Voter turnout was 13.7%. A Board Orientation session will be held prior to the March Board meeting. Newly appointed public member, Faiq Bilal, will attend the Orientation session and the March Board meeting.

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)

The College was advised on February 28, 2022 by the ministry that the Government of Ontario would be taking steps to wind down the CTCMPAO as a self-governing body, to one that would be under the purview of the government's own regulating authority. Concerns were subsequently raised by various stakeholders related to the Controlled Act of Acupuncture of the potential negative impact on the public. The ministry subsequently reversed their decision.

Ministry of Health (MOH)

A letter was sent by the College in response to the ministry's January 26th memo with recommendations on governance reform. No response was received to date.

College Performance Measurement Framework (CPMF)

The submission deadline for the 2021 CPMF is March 31, 2022. This is an agenda item today. Feedback from today's meeting will be incorporated, along with final edits by staff, then the document will be brought forward to the Board for final approval on March 24.

Health Profession Regulators of Ontario (HPRO)

Elinor continues to serve as Vice President. HPRO is working on governance reforms, Equity, Diversity and Inclusion, and the Equity Impact Assessment which is a new evaluative tool to be applied by colleges, to their programs, policies, and resources. The College will complete the assessment in 2022.

Ontario Society of Occupational Therapists (OSOT)

Marnie Lofsky, former Manager of Quality Assurance at the College, is the new Executive Director of OSOT. Elinor met with Marnie to discuss the Ministry's January 26th memo on governance reform and potential impact on the College and registrants.

Canadian Association of Occupational Therapists (CAOT)

CAOT is the national exam provider. OT provincial regulators across Canada sit on the Exam Oversight Committee. The group reviews policies and procedures and reviews the exam writing process. The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) is also collaborating with the Accreditation Credentialing Council (ACC) which accredits university programs, and CAOT to review current systems so that regulators have the appropriate amount of oversight. The 2022 CAOT conference will be held in person in Whistler, BC in May. The ACOTRO Board will meet two days prior to the conference. ACOTRO members will present at the CAOT conference on the new competencies.

Nominations Committee

The Nominations Committee has concluded its process to ensure nominations for officers are received for each position and that there is appropriate representation of professional and public members.

In Person Meetings

In accordance with Public Health guidelines and the gradual lifting of restrictions, the College plans to hold the June Board meeting in person at either the Westin Harbour Castle Hotel, or The Rostie Group, where larger meeting space is available. Technology for a hybrid meeting will be available to accommodate those who cannot attend in person.

Paper Meeting Packages

With the anticipated return to in-person meetings, the plan is to eliminate paper committee packages, barring any need for special accommodation, and continue to provide electronic packages as has been the practice during the pandemic. To this end, the College will look into the cost and logistics of a system that makes sense.

Internal Operations

Lesley Krempulec, Manager, Quality Assurance, and Diane Tse, Practice Consultant have both started in their new roles.

7.2 Risk Management Report

Elinor reported on risk issues. No new risks were added. Remaining risk levels remain the same with the exception of the risk associated with the Enterprise System Project which was elevated due to turnover on the vendor side which has resulted in significant delays to implementation which may impact the overall cost of the project. The College is closely monitoring the situation. Monies have been held back for the time being. College operations continue without disruption

and current IT systems will be extended as needed. The Board will be updated at the next meeting with the option to move *in camera*, as appropriate.

MOVED BY: Allan Freedman

SECONDED BY: Vincent Samuel

THAT Executive receives the Risk Management Report.

CARRIED

8.0 New Business

8.1 Executive Work Plan

Executive reviewed the committee work plan and updated it. Topics for future Board education include Board/committee meeting protocol, Equity Impact Assessment, fiduciary duties, understanding financial statements and governance.

8.2 Compensation Evaluation

A motion was made to move *in camera* to discuss a confidential human resources matter. Following the discussion, a motion was made to move out of camera. Andjelina Stanier left the meeting for this item.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

THAT Executive moves in camera.

CARRIED

MOVED BY: Allan Freedman

SECONDED BY: Vincent Samuel

THAT Executive moves out of camera.

CARRIED

8.3 Job Title - Registrar

Elinor explained that at the last Governance Committee meeting, a recommendation was made to change the Registrar's title to CEO & Registrar. Several colleges have already made this change as it aligns with governance modernization recommendations.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT Executive recommends to the Board that the Registrar's title be changed to Registrar & CEO.

CARRIED

8.4 Elections Update

This item was discussed under item 7.1, Registrar's Verbal Report.

8.5 Land Acknowledgement and Diversity Statements

Elinor explained that an update to the current Land Acknowledgement and Commitment to Stronger Engagement statement is necessary and timely. With all the training on Diversity, Equity and Justice, it was previously raised that a diversity statement would also be appropriate. Executive reviewed both proposed statements and recommended additional changes. A discussion ensued and decision was made to post the diversity statement, as revised today, on the College website. The motion was amended.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** Executive approves that the College adopt the revised Land Acknowledgement Statement for use at College meetings, as amended today.*

CARRIED

8.6 Board or Committee Meeting Policy

Elinor stated that this new policy was developed from discussions which arose at the October 2021 Board meeting and subsequent feedback from the Board in January 2022. All references to the pandemic and vaccines have been removed.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** Executive recommends the Board approve the Board or Committee Meetings Policy which will be enacted once the College resumes in-person meetings.*

CARRIED

8.7 One Standard

Julie stated that in January 2021 the Board approved a project to streamline into one document, all College practice resources, with the exception of the Code of Ethics. She outlined each step in the process undertaken thus far and provided an overview of some of the more significant changes. This document requires Board approval for public consultation.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive recommends that the One Standard document be provided to the Board for approval for public consultation.*

CARRIED

8.8 Professional Committee Reappointment – Practice Subcommittee

Heather stated that Leona Pereira's first term will come to an end in June, and that Leona has expressed an interest to stand for a second term. Leona has been a valuable member of the committee and her reappointment is strongly recommended by the Practice Subcommittee.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** Executive recommends to the Board that Leona Pereira be reappointed to the Practice Subcommittee for a second three-year term commencing June 14, 2022.*

CARRIED

8.9 College Performance Measurement Framework (CPMF)

Stamatis reported that the draft 2021 CPMF is ready for review prior to presenting to the Board for final approval and submission to the ministry by March 31. The 2021 version contains three new reporting areas: Diversity, Equity and Justice, Risk Management, and Technology. A discussion was held, and several recommendations provided. Feedback will be incorporated along with final edits by staff and then brought forward to the Board for final approval on March 24.

8.10 Revised Terms of Reference for all College Committees

Stamatis explained that a full review was conducted on the terms of reference for each College committee in line with governance reform initiatives the College has already undertaken. Changes include name change and function of the Finance, Audit and Risk Committee, function of Executive Committee, addition of a general statement on risk to all statutory committees, and incorporation of gender-neutral language. More changes are anticipated over the next two years. Executive provided several recommendations which will be incorporated.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive recommends the revised Terms of Reference for each committee of the College be brought to the Board for approval, including today's changes.*

CARRIED

8.11 Strategic Planning

Elinor explained that as part of the normal cycle, strategic planning for the next 3-year period (June 2023-May 2026) should take place in October 2022 and that it is Executive's responsibility to lead and facilitate this process. With possible major governance changes coming soon, Elinor raised the question whether this is the right time to do a new strategic plan or wait on the government to first enact the changes. Also, completion of projects on the current plan has been greatly impacted by shifting priorities for staff related to the pandemic and Enterprise System Project. Executive considered the options and put forward a motion.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** Executive recommends to the Board to extend the 2020-2023 Strategic Plan to 2024 and provide a brief refresher on the plan, to the Board at the October meeting.*

CARRIED

8.12 Committee Effectiveness Survey Results

The Chair reviewed the report with the committee. Only two completed surveys were received. Overall, feedback was very positive. The Vaccine Policy has been tricky to navigate but despite the dynamic environment, the committee has managed well.

8.13 Annual Board Evaluation Results

The Chair reviewed the results with the committee. Overall, feedback was very positive. Members are satisfied with the work the Board was able to accomplish over the past year. Several comments were received about the hope of a soon return to in-person meetings. A written overview of the results will be provided at the March Board meeting.

8.14 Board Meeting Evaluation Results – January 27, 2022

Executive reviewed the feedback which was very positive.

8.15 Draft Board Meeting Minutes – January 27, 2022

Executive reviewed the Board Minutes.

8.16 Draft Board Elections Agenda – March 24, 2022

Executive reviewed the Board Elections Agenda.

8.17 Draft Board Agenda – March 24, 2022

Executive finalized the Board Agenda.

9.0 Next Meeting

To be determined once the committees are reconstituted in April.

10.0 Adjournment

There being no further business, the meeting was adjourned at 12:29 p.m.

MOVED BY: Allan Freedman

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

As an important part of our commitment to reconciliation, the College of Occupational Therapists of Ontario recognizes the traditional territories on which we live and work (physically or remotely) every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potowatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca.

Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat, and the Métis Nation.

To meaningfully engage with this community, the College has reviewed the Truth and Reconciliation Commission's (TRC) report. Calls to Action 18-24 addresses the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. The College and its registrants will work to reduce these health disparities by ensuring that OTs are competent to provide services that the community has a right to and is acceptable to them.



EXECUTIVE COMMITTEE MINUTES

DATE: Thursday, March 24, 2022 **TIME:** 3:00 p.m. to 4:00 p.m. via Zoom

In Attendance:

MEMBERS:

Stephanie Schurr, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

STAFF:

Elinor Larney, *Registrar*
Andjelina Stanier, *Executive Assistant*

REGRETS:

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 3:05 p.m.

2.0 Public Protection Mandate

The Chair reminded the committee that all discussions and decisions are made in accordance with the College's mandate of public protection.

3.0 Land Acknowledgement

The Chair read out the Land Acknowledgement statement (Appendix).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

The Chair called for changes to the agenda. None were reported.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

THAT the agenda be approved as presented.

CARRIED

6.0 Appointment of Governance Committee

Executive held a discussion and appointed members to the Governance Committee. According to recent changes to the terms of reference for the Executive and Governance committees, the Board Chair automatically becomes the Chair of the Governance Committee.

***THAT** Executive appoints Stephanie Schurr (Chair), Jennifer Henderson, Carol Mieras, Brittany O'Brien, and Vincent Samuel to the Governance Committee.*

CARRIED

7.0 Next Meeting

The Executive will meet prior to the June Board meeting. Meeting date(s) to be determined.

8.0 Adjournment

There being no further business, the meeting was adjourned at 3:19 p.m.

MOVED BY: Allan Freedman

APPENDIX

*** Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.



EXECUTIVE COMMITTEE MINUTES

DATE: Thursday, May 12, 2022 **TIME:** 9:00 a.m. to 12:00 p.m. via Zoom

In Attendance:

MEMBERS:

Stephanie Schurr, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

STAFF:

Elinor Larney, *Registrar*
Andjelina Stanier, *Executive Assistant*

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 8:57 a.m.

2.0 Public Protection Mandate

The Chair reminded members that all discussions and decisions are made in accordance with the College's mandate of public protection.

3.0 Land Acknowledgement

The Chair read out the statement on *Land Acknowledgement* (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Orientation

The Registrar conducted the committee orientation session and responded to questions.

6.0 Approval of Agenda

The Chair called for changes to the agenda. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes

7.1 Draft Executive Minutes – March 8, 2022

The Chair called for edits to the draft Executive Minutes of March 8, 2022. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT the draft Executive Minutes of March 8, 2022 be approved as presented as a report of the 2021-2022 Executive Committee.

CARRIED

7.2 Draft Executive Minutes – March 24, 2022

The Chair called for edits to the draft Executive Committee minutes of March 24, 2022. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

THAT the Executive Minutes of March 24, 2022 be approved as presented.

CARRIED

8.0 Registrar's Update

Canadian Association of Occupational Therapists (CAOT)

The annual CAOT conference was held last week in Whistler, BC, in person. It was very well attended.

Association of Canadian Occupational Regulatory Organizations (ACOTRO)

The ACOTRO Board met in Whistler, BC, just prior to the CAOT conference. ACOTRO presented at the conference on the new OT Competencies and the upcoming national e-learning module, as well as telepractice Policy.

Health Profession Regulators of Ontario (HPRO)

HPRO has received \$88,000 in government funding to be applied towards Diversity, Equity and Inclusion initiatives, including the completion an Equity Impact Assessment process that colleges will be able to use to help with their compliance with the CPMF.

Organizational Planning

Elinor had a discussion with Executive about how to move forward with the senior leadership team to structure the organization for optimum operations. Some changes to policies will be needed to add flexibility.

9.0 New Business

9.1 Executive Committee Work Plans 2021-2022, 2022-2023

Executive reviewed the 2022-2023 Work Plan and added the Equity Impact Assessment under the College Performance Measurement Framework (CPMF) item.

9.2 Appointment of Committee Liaison to Public Appointments Secretariat

In accordance with ministry requirements to appoint a public member from the Executive Committee as Liaison Officer to the Public Appointments Secretariat, the Chair asked for a volunteer. Allan Freedman put his name forward.

MOVED BY: Heather McFarlane
SECONDED BY: Vincent Samuel

THAT Executive appoints Allan Freedman as Liaison to the Public Appointments Secretariat.

CARRIED

9.3 Board Meeting Evaluation Summary – March 24, 2022

The committee reviewed the March 24th Board Meeting evaluation summary Overall, it was very positive, with two items identified for improvement at future meetings: 1) Include previous Board decisions in current briefing notes, and 2) Board members on various committees should be prepared to speak and provide background regarding the items they put forward to the Board for approval.

9.4 Board Education – October 2022

A discussion was held to prepare for the in-person Board Education Session in October. Executive is in support that the topic and discussions be focused on governance reform and next steps for the College. Elinor will engage a meeting facilitator and invite guest speakers from the Ministry and the College of Teachers. Executive agreed to hold the June Board meeting in person. Board Orientation session will be held at the June 2022 Board meeting with recommendation from Executive for this orientation to be more interactive and scenario-based and less theoretical.

10.0 Review of Board Minutes

10.1 Board Meeting Minutes – March 24, 2022

Executive reviewed the draft minutes. These minutes will be brought forward to the Board for approval at their next meeting.

10.2 Board Officer Elections Minutes – March 24, 2022

Executive reviewed the draft minutes. These minutes will be brought forward to the Board for approval at their next meeting.

10.3 Board Meeting Minutes – April 7, 2022

Executive reviewed the draft minutes. These minutes will be brought forward to the Board for approval at their next meeting.

11.0 Next Meetings

Wednesday, June 1, 2022, 12:00 p.m. to 3:00 p.m., via Zoom
Tuesday, August 2, 2022, 1:00 p.m.– 2:00 p.m., via Zoom (*in camera* re Registrar Evaluation)
Thursday, September 29, 2022, 9:00 a.m. – 12:00 p.m., via Zoom

12.0 Adjournment

There being no further business, the meeting was adjourned at 10:57 a.m.

MOVED BY: Heather McFarlane

CARRIED

APPENDIX 1

*** Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

Quarterly Performance Report

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2020-2023 identified strategic priorities. This replaces and combines two previous reporting mechanisms: the Priority Performance Report and Committee Reports to the Board. Some metrics have been included for information purposes, and anomalies will be explained. Any decisions being brought forward to the Board will have a separate briefing note in the Board package, and any previous Board decisions during the quarter being reported will be outlined under “Commentary.”

Importantly, this report and its contents are in the public interest as the Board oversees the College’s strategic plan, committees, finance, risk, and Regulated Health Professions Act (RHPA) compliance and these are vital components of ensuring the public has access to safe, ethical, and quality care from occupational therapists. If metrics in this report differ from those in the Annual Report, those in the Annual Report would be considered most accurate.

General Legend:

Health Professions Appeal and Review Board (HPARB).

Response Compliance: Percent of decision letters sent to registrants on time as per the Regulated Health Professions Act (RHPA) requirements.

Average Case Time: Average time for closed cases from when the case is received to the date the decision is sent out.

Brackets around numbers (i.e. (34)): Corresponding data from the same quarter the previous year.

Specific program Legend’s with associated acronyms are included in each section.

Executive

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2021/2022	Possible RHPA and or Governance model changes.
	Board Orientation, Education, and Policy Review.
	Oversight of Risk Management and Registrar.
	2022 Elections of Board Members.
	Essential Competencies for Occupational Therapists in Canada Redevelopment (CORECOM). OT Competencies
	Exam and Accreditation (high level oversight monitoring).

Q1	Committee Activities: Two meetings held.: 1) <u>June 11, 2021</u> , reviewed the risk management report, annual risk register, annual registrar performance evaluation process, revised Medical Assistance in Dying document, new Virtual Services document, proposed key messages related to Diversity, Equity and Inclusion, new Refund Policy; discussed progress of the standards revisions and streamlining project and finalized plans for the Board education session. 2) <u>July 29, 2021</u> , discussed the outcome of the annual registrar performance evaluation. During Q1 the Board approved the following documents from Practice Subcommittee (via Executive): Medical Assistance in Dying, Virtual Services, and Key Messages on Diversity, Equity, and Inclusion document development. The Refund Policy for registration was also approved by the Board.
	Decisions Not Requiring Board Approval: Annual risk register and risk management report, annual registrar performance evaluation process and outcome.
	Decisions Requiring Board Approval: Annual Report, 2020-2021, proposed amended by-laws, agents of the College policy, Culture, Equity, and Justice Practice Document.

Q2	Committee Activities: Two meetings and 1 electronic motion: 1) <u>October 8, 2021</u> , reviewed risk management report, annual report, revised Policy to Approve Agents of the College, and new Culture, Equity, & Justice document; discussed vaccine mandate and changes to committee composition and finalized Board education session 2) <u>October 18, 2021/Electronic Motion</u> : approved further changes to the committee composition, and 3) <u>November 29, 2021: In camera meeting</u> , held discussion on office reopening.
	Decisions Not Requiring Board Approval: risk report, committee appointments.
	Decisions Requiring Board Approval: vaccine mandate, annual report, Policy to Approve Agents of the College, and Culture, Equity, and Justice.

<p>Q3</p>	<p>Committee Activities: Two meetings held: 1) <u>January 13, 2022</u>, reviewed risk management report and revised risk register process, recommended the Board approve the following: enthusiastically recommended approval of the new Competencies for Occupational Therapists in Canada, revised Honoraria and Allowable Expenses, Board & Committee Appointee Vaccination, and Board & Committee Meeting policies, new practice resource regarding recliner chairs, committee appointments and reappointment to the Practice Subcommittee. The following were discussed: processes for annual Board evaluation, committee chair selection/committee composition process, and officer nominations, revisions to Land Acknowledgement Statement, October 2021 Board meeting evaluation and Board minutes, and finalized January 2022 Board agenda. 2) <u>February 14, 2022/Joint meeting with Governance Committee</u>. Discussed Ministry of Health’s January 26th proposal on governance reform and COTO’s response. (March Meeting held March 8, 2022)</p>
	<p>Decisions Not Requiring Board Approval: officer nominations process, Board Evaluation Process, Revised Land Acknowledgement Statement.</p>
	<p>Decisions Requiring March Board Approval: Board or Committee Meeting Policy, One Standard document for public consultation, Practice Subcommittee Reappointment, Committee Terms of Reference, Registrar Title, Strategic Planning, College Performance Measurement Framework.</p>
<p>Q4</p>	<p>Committee Activities: Three meetings held: 1) <u>March 8, 2022</u> to discuss risk report, registrar compensation review (<i>in camera</i>), registrar job title, elections, Land Acknowledgment & Commitment to Stronger Engagement statement, Board & Committee Meeting policy, College Performance Measurement Framework, revisions to committee terms of reference, One Standard Document, reappointment to Practice Subcommittee, strategic planning; review of feedback from Committee Effectiveness survey, Annual Board Evaluation and January 2022 Board Meeting evaluation; finalize March Board meeting and election agendas. 2) <u>March 24, 2022</u> to appoint members to the Governance Committee. 3) <u>May 12, 2022</u> to hold committee orientation; to review the 2022-2023 committee work plan, and March 25 Board meeting evaluation; to appoint Executive member as committee liaison to the Health Boards Secretariat; to plan the October Education Session.</p>
	<p>Decisions Not Requiring Board Approval: risk register, risk report, registrar compensation review, Land Acknowledgement & Commitment to Stronger Engagement statement revisions, appointment of Governance Committee, appointment of committee liaison to Health Boards Secretariat</p>
	<p>Decisions Requiring March Board Approval: risk report, registrar job title, Board & Committee Meeting policy, One Standard Document, reappointment to Practice Subcommittee, revisions to committee terms of reference, strategic planning</p>

Governance

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, System Impact

Workplan 2021/2022	Consolidate and update conflict of interest policy.
	Develop an online orientation program for Board and Committee Members prior to election or appointment.
	Make bylaw changes to support governance modernization.
	Develop new application forms for Board elections and Committee appointments.

Q1	<p>Committee Activities: Two meetings: <u>June 1, 2021</u>: Annual Committee orientation session was conducted by staff. A revised and consolidated Conflict of Interest policy was presented which included a declaration of interest form. The Committee provided a final review of the proposed Committee competencies that are in addition to the Board Competency Framework previously approved by the Board. A set of competencies for each College Committee was determined and is based on an in-depth evaluation of the nature of the work of each committee, and discussions with individual program managers and staff. <u>June 14, 2021</u>: An emergency meeting was convened to discuss a letter from the Ministry of Health dated June 8, 2021, requesting feedback and recommendations by June 30th on governance reform. The Committee reconfirmed their support on governance reform and provided feedback to staff to prepare a response to the ministry acknowledging that the Board continues to support governance modernization. The College’s response was submitted to the Ministry and shared with all Board Directors.</p> <p>Decisions Requiring Board Approval: Conflict of Interest Policy, Committee Competencies.</p>
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Q2	<p>Committee Activities: One meeting: <u>September 9, 2021</u>: Following direction from the Board at the June meeting, a second revised version of the conflict of interest policy was shared. The proposed version removes any references to declaration of interest as well as a register of interest. The updated policy includes a questionnaire asking five questions for Directors and Committee members to complete annually. A draft version of the Skills and Diversity Matrix was presented. This is multi-faceted tool and good governance practice used by boards which provides a comprehensive snapshot of the current skills and knowledge. The different categories and rating system for each competency was discussed and Committee provided feedback and suggestions on how to implement the tool. The Committee directed the Skills and Diversity Matrix tool be brought forward to the Board meeting in October 2021.</p> <p>Decisions Requiring Board Approval: Conflict of Interest Policy, Skills and Diversity Matrix tool</p>
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<p>Q3</p>	<p>Committee Activities: Two meetings: <u>December 3, 2021</u>: Following the October Board meeting, the Skills Assessment Matrix tool was sent to all Directors to complete. The Committee reviewed the anonymized results received to date and held a discussion. Decision was made to continue to ask Directors who have yet to complete the tool to submit at their earliest convenience. As a result, all Directors have now completed the Skills Matrix. Committee was also informed that the College received from the Ministry the 2021 version of the College Performance Measurement Framework (CPMF) reporting tool. The portion of the CPMF requirements related to governance was shared. <u>January 12, 2022</u>: Committee reviewed the summarized Director responses of Skills Matrix Tool and a discussion was held. With respect to the three lowest rated competencies (Financial Literacy, Technological Competence and Risk Management) Committee discussed probing deeper at the January Board meeting to better understand individual director needs so that a meaningful strategy could be developed to address those gaps through Board education.</p>
	<p>Decisions Requiring March Board Approval: N/A</p>
<p>Q4</p>	<p>Committee Activities: Three meetings: <u>March 1, 2022</u>: The Committee reviewed amendments to the terms of reference to align with ongoing governance reform. The terms of reference for all College committees will be brought forward for review and approval at the March Board meeting. Discussion was also held on the College’s governance modernization plan to date. A major piece remaining on the work plan was the issue of reducing the Board size. While the College provided its response to the ministry consultation on governance modernization reform in February, the Committee opted to wait for the Ministry to perhaps introduce legislation prior to the election call before proceeding on the issue of Board size. <u>March 31, 2022</u>: The new appointed Committee met to review Board member’s expression of interests as well reference materials to make recommendations on the proposed slate of committee members for the upcoming 2022/23 College year. <u>May 17, 2022</u>: The meeting began with an orientation for the new Committee which was facilitated by College staff. The Committee also reviewed the proposed pre-election orientation framework which was created in collaboration with other partners, this will result in the College developing an orientation module that would be required for any candidate to complete prior to running for elections. A discussion was also held about whether to move forward at this time with other initiatives such as reducing board size and eliminating committee membership overlap between the Board and statutory committees. It was agreed to discuss this with the Board at the upcoming October education session.</p>
	<p>Decisions Requiring Board Approval: Terms of references for all College Committees; Proposed slate of Committee members.</p>

Finance, Audit and Risk

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2021/2022	Review: quarterly financial reports and annual projected budget for recommendation to the Board; draft audited financial statements for recommendation to the Board; updated five-year financial forecast; internal controls matrix; risk register to ensure all appropriate risks are identified and sufficiently mitigated; investment portfolio to determine if policy changes are warranted; and property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency.
	Review and update policies governing financial, investment and risk management matters.
	Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board.
Q1	Committee Activities: Met on <u>August 31, 2021</u> . Confirmed the work plan for the year. Reviewed preliminary draft audited financial statements and recommended changes to notes to clarify explanations. The five-year financial forecast was provided for discussion as to whether it should be expanded to include different forecasting scenarios; further refinement to be performed and re-presented to the Committee later. The investment portfolio was provided for information purposes. Status of the documentation project for the internal controls matrix was reported to the Committee along with management reporting that internal controls are operating effectively.
	Finance Report: The five-year financial forecast was satisfactory, requiring no action.
	Risk Report: This was not discussed as the Committee needs to seek input from other committees regarding oversight responsibilities.
	Decisions Requiring Board Approval: N/A
Q2	Committee Activities: Met on <u>September 24, 2021</u> . Blair Mackenzie (auditor) attended the meeting and reviewed the audited financial statements with the committee. The auditor answered questions and suggestions from the committee to make the report clearer. The decision to assess the relationship with the auditor was postponed to January. Agreed to recommend the approval of the 2021 Financial Statements to the Board. The fiscal year 2021/2022 Q1 Financial Report was reviewed and approved by committee. The College’s Q1 Investment Report was provided for information purposes. The committee discussed the merit of acquiring additional coverage for first-party cyber insurance. The committee chose not to purchase additional coverage, as our current insurance coverage and IT infrastructure was deemed to provide the necessary safeguards.
	Finance Report: The FY21/22 Q1 Financial Report was approved; no follow up action was required.
	Risk Report: This was not discussed as the Committee needs to seek input from other committees regarding oversight responsibilities.
	Decisions Requiring Board Approval: FY21/22 Q2 Financial Report, ES Project Update Budget Request, Reclassification of Restricted for Contingency Fund with Unrestricted Fund on Financial Statements, Auditor Evaluation.

Q3	<p>Committee Activities: Met on <u>January 11, 2022</u>. The decision was made to reappoint Hilborn LLP as the College’s Auditor. Agreed to Reclassify the Restricted for Contingency Fund with the Unrestricted Fund on the Financial Statements. The fiscal year 2021/2022 Q2 Financial Report was reviewed and approved by Committee. The College’s Q2 Investment Report and Overview of Insurance Coverage was provided for information purposes. The Committee and Board approved an increase to the Enterprise System Project Reserve Fund of \$175,125.</p>
	<p>Finance Report: The FY21/22 Q2 Financial Report was approved; no follow up action was required.</p>
	<p>Risk Report: This was not discussed as the Committee needs to seek input from other committees regarding oversight responsibilities.</p>
	<p>Decisions Requiring March Board Approval: FY21/22 Q3 Financial Report</p>
Q4	<p>Committee Activities: Met on March 16, 2022: The FY21/22 Q3 Financial Report was reviewed and approved by Committee and Board. The College’s Q3 Investment Report was provided for information purposes. Met on <u>May 10, 2022</u>: Provided orientation on how to read financial reports and responsibilities of members to newly formed Committee. Reviewed the FY22/23 Annual Work Plan. Commenced review of audit process; the auditor was present to complete the pre-audit discussion with the Committee. Reviewed and approved Financial Policies and proposed amendments to them. Lastly, the FY22/23 Annual Operating Budget was reviewed and approved for presentation to the Board.</p>
	<p>Finance Report: FY22/23 Annual Operating Budget was reviewed and approved for presentation to the Board.</p>
	<p>Risk Report: The oversight responsibility for this has been determined to rest with the Executive Committee. Any Financial Risks would be communicated to be discussed at the Finance and Audit committee as needed.</p>
	<p>Decisions Requiring Board Approval: FY22/23 Annual Operating Budget. Amendments to Financial Policies.</p>

Registration

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

Internationally Educated (IE): Occupational therapists that attended school outside of Canada.

Workplan 2021/2022	Registration Committee policy review.
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Q1	Metrics												
	6454 (6480) Registrants				Application Processing Time 56.1 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates	
	82 (75) Certificates Issued		Resigned	CAN	IE	Returning	Didn't Update		Lapse	I&R Referral	Provisional	Temporary	
	CAN	IE						Returning					
	24	5	53	62 (255*)	38	142.8**	32.6	2	0	1	1	3	0
	Commentary: *extended renewal period in FY 2020 resulted in higher number of registrations in Q1 FY 2020 ** shortest duration was 18 days and longest was 315 days.												
	Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies				
	Type		New	Resolved	Avg Case Time				Updated	To Review			
	Currency		1		95 days	1	100% (1/1)	0 Reviewed N/A Upheld	0/18	18			
	Education												
Examination			1										
Language													
Second Provisional Certificate		2											
Suitability to Practice		1											
Outcomes	Issue certificate after successful completion of the National Occupational Therapy Certificate Examination.												
Committee Activities: The committee met on <u>August 23, 2021</u> to review an application for a certificate of registration. Joshua Theodore was reappointed as a Professional Committee Appointee of the Registration Committee for a second three-year term commencing on August 1, 2021.													
Decisions Requiring Board Approval: N/A													

Q2	Metrics												
	6684 (6480) Registrants				Application Processing Time 25.4 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates	
	304 (267) Certificates Issued			Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary
	CAN	IE	Returning										
	232	6	66	72 (60)	21.8	91.8	32.2	-	86	66	4	0	0
	Commentary: Typical increase in new registrants during Q2 as new graduates of occupational therapy programs apply.												
	Cases							Meetings Held	Response Compliance	HPARB Appeals	Policies Updated		
	Type			New	Resolved	Avg Case Time							
	Currency				1	92 days		2	100% (2/2)	0 Reviewed N/A Upheld	8/18		
	Education			1									
Examination													
Language													
Second Provisional Certificate				2									
Suitability to Practice			2*										
Outcomes	*1 suitability to practise case pending from Q1, Issue certificate with additional training = 1, Issue certificate with TCLs = 1, Deferral pending additional information = 1 (applicant has since withdrawn application).												
Committee Activities: The Committee met on <u>September 15</u> and <u>October 18, 2021</u> . The Committee reviewed and approved 8 policies with updates for plain language, currency, relevancy, and diversity, equity, and inclusion. The Committee was briefed on the Office of the Fairness Commissioner (OFC)'s newly launched Risk-Informed Compliance Framework, this information was provided to the Board at its September 2021 meeting.													
Decisions Requiring Board Approval: N/A													

Q3	Metrics												
	6747 (6572) Registrants				Application Processing Time 39.85 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates	
	97 (104) Certificates Issued		Resigned	CAN	IE	Returning	Didn't Update		Lapse	I&R Referral	Provisional	Temporary	
	CAN	IE						Returning					
	59	8	30	34 (17)	39.4	107.8	22.6	0	9	2	2	0	0
	Commentary: Increase												
	Cases							Meetings Held	Response Compliance	HPARB Appeals	Policies Updated		
	Type			New	Resolved	Avg Case Time							
	Currency			2	2	80 days		3	100% (6/6)	1	13/14		
	Education				1								
Examination													
Language													
Second Provisional Certificate			1	1									
Suitability to Practice				2									
Outcomes	Issue certificate = 1 Issue certificate with additional training = 2 Issue certificate with TCLs = 1 Refuse certificate = 2												
Committee Activities: The Committee met on December 1, 2021, January 31 and February 23, 2022. The Committee reviewed and approved 5 policies with updates for plain language, currency, relevancy, and diversity, equity, and inclusion, and retired 3 policies that were no longer relevant. The Committee received an annual update on the Substantial Equivalency Assessment System (SEAS) from Susan Domanski, Manager, SEAS. The Committee reviewed the bi-annual Committee Effectiveness Survey results and based on the results agreed to improvements in the training and orientation process, including a refresh halfway through the year.													
Decisions Requiring March Board Approval: N/A													

Q4	Metrics												
	6596 (6474) Registrants				Application Processing Time 58.1 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates	
	67 (84) Certificates Issued			Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary
	CAN	IE	Returning										
	22	7	38	207 (194)	49.6	108.3	53.7	0	3	2	0	1	1
	Commentary: Resignation numbers are higher in the last quarter due to the annual renewal deadline of May 31, 2021.												
	Cases							Meetings Held	Response Compliance	HPARB Appeals	Policies Updated		
	Type			New	Resolved	Avg Case Time							
	Currency			-	-	N/A	0	N/A – no cases	1 pending	13/14			
	Education			-	-								
Examination			-	-									
Language			-	-									
Second Provisional Certificate			-	-									
Suitability to Practice			-	-									
Outcomes	N/A												
Committee Activities: N/A													
Decisions Requiring Board Approval: None.													

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Carol Mieras

Strategic Priorities: Public Confidence, Quality Practice

Investigations and Resolutions Legend:

No Risk Outcomes: Frivolous and Vexatious, Take No Action, Alternative Dispute Resolution (ADR), Administratively close with no action

Low Risk Outcomes: ADR, Advice/Guidance, Remedial Agreements (discontinued effective January 2021), Educational letter from the Office of the Registrar, Administrative Undertakings

Moderate Risk Outcomes: Undertaking, Health Undertaking, Caution, Specified Continuing Education and Remedial Program (SCERP)

High Risk Outcomes: Undertaking with Restrictions, Health Undertaking, Undertaking Agreeing to Resign and Never Reapply, Referral to Discipline or Fitness to Practise

Workplan 2021/2022	Support I&R staff with the development of a new registrant-centric system that allows for accurate, informative reporting on ICRC related activities to help inform regulatory functions.
	CORECOM project – receive training on the forthcoming National Competencies prior to implementation and review website to ensure it is consistent with any Competency-related changes.
	Arising out of quality improvement commitments given in the 2020 CPMF, provide input into the Sharing of Information with Third Parties Policy to be developed.

Q1	Cases			Meetings Held	Response Compliance	HPRB Appeals
	Type	New	Resolved			
	Registrar Reports	4 (3)	2 (3)	322 (377) days	Panel A = 2 Panel B = 1 All ICRC = 0	14 days: 100% 150 days: 100%
	Registrar Administrative Action	0 (1)	4 (1)	N/A		
	Complaints	3 (4)	7 (4)	181 (194) days		
	Outcomes	ICRC: No Risk: 5, Low Risk: 3, Moderate Risk: 1, High Risk: 0 Registrar: No Risk: 1, Low Risk: 3, Moderate Risk: 0, High Risk: 0				
	Commentary: During Q1, two of the four members of the I&R team left the College to pursue other opportunities, and another took a temporary leave to attend to a personal emergency. As of Q2, the program has a full staff complement, but these situations, together with work on the ES System project, have impacted active investigations' case completion times. The I&R team expect to have the program operating at its usual efficiency by late Q3/early Q4.					
	Committee Activities: Meetings held on <u>June 3, 2021</u> , <u>July 15, 2021</u> and <u>August 26, 2021</u> to review and decide on cases.					
	Decisions Requiring Board Approval: N/A					

Q2	Cases			Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved			
	Registrar Reports	15 (1)	1 (8)	175 (401) days	Panel A = 1(1) Panel B = 2(0) All ICRC = 0(2)	14 days: 100% 150 days: 100% (0) Reviewed (N/A) Upheld
	Registrar Administrative Action	0 (1)	4 (4)	N/A		
	Complaints	8 (7)	1 (4)	271 (212) days		
	Outcomes	ICRC: No Risk:0, Low Risk:1, Moderate Risk: 1, High Risk: 0 Registrar: No Risk:0, Low Risk: 4, Moderate Risk: 0, High Risk: 0				
	Commentary: There has been a significant reduction in case time on Registrar's reports. These numbers are unrealistically skewed by a couple of cases that were administratively closed. For the resolved complaint, the delay in the finalisation of this was due to factors outside of the control of staff and the ICRC. As of October 26 th we are receiving Vaccination-related termination reports. The team is working on uniform response and approach to these matters.					
	Committee Activities: Committee met on <u>October 17</u> , <u>November 18</u> , and <u>November 22</u> . The Committee effectiveness Survey was completed, and feedback will be provided to the committee in Q3. One new public member was appointed to the ICRC.					
	Decisions Requiring Board Approval: N/A					

Q3	Cases			Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved			
	Registrar Reports	6(5)	4(10)	321(488) days	Panel A = 1(1) Panel B = 1(1) All ICRC = 1(1)	14 days: 100% 150 days: 100% 1 Reviewed N/A Upheld
	Registrar Administrative Action	1(4)	9(5)	N/A		
	Complaints	7(10)	6(2)	222*(218) days		
	Outcomes	ICRC: No Risk:3, Low Risk:5, Moderate Risk: 0, High Risk: 0 Registrar: No Risk:2, Low Risk:6, Moderate Risk: 1, High Risk: 0				
	Commentary: There is an increase in the time it took to resolve Registrar's reports from Q2 numbers. The Q2 numbers were not a true reflection as administratively closed files impacted the numbers. It is still a significant reduction from the prior year. * One complaint was deemed Frivolous and vexatious and was not included in the day calculation.					
	Committee Activities: The committee had a group meeting in Q2 where the committee effectiveness survey results were shared. The committee had a great discussion around the process and especially onboarding and identified a couple of topics and themes to be covered in the next onboarding session					
	Decisions Requiring Board Approval: N/A					

Q4	Cases			Meetings Held	Response Compliance	HPARB Appeals	
	Type	New	Resolved				Avg Case Time
	Registrar Reports	9(9)	12(3)	301(365) days	Panel A = 1 Panel B = 1 All ICRC = 1	14 days: 100% 150 days: 100%	1 Reviewed 1 Upheld
	Registrar Administrative Action	0(18)	8(6)	N/A			
	Complaints	5(7)	9(6)	100(162) days			
	Outcomes	ICRC: No Risk:10, Low Risk:5, Moderate Risk: 2, High Risk: 4 Registrar: No Risk:6, Low Risk:2, Moderate Risk: 0, High Risk: 0					
	Commentary: One of the two divisional court reviews was abandoned by the applicant without costs. The committee held a very productive in person group meeting and set various goals for the 22/23 workplan. The outstanding items for the 21/22 workplan will also be wrapped up before the end of the year. There has been a reduction in the time to complete registrar investigations and complaints.						
	Committee Activities: At the group meeting, the Committee received an update on their FY21/22 work plan goals, received orientation and training, and set the goals for FY22/23.						
	Decisions Requiring Board Approval: N/A						

Quality Assurance (QA)

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:

Self Assessment (SA): Completed by registrants every 2 years usually due October 31.

Professional Development Plan (PDP): Completed by registrants annually, usually due May 31.

Prescribed Regulatory Education Program (PREP): Completed by registrants annually, usually due October 31.

Peer and Practice Assessment (PPA): OT competency assessment with peer assessor when OT is selected or referred.

Specified Continuing Education and Remediation Program (SCERP): One type of decision / outcome of the QA Committee.

Non-Compliance (NC): OT did not complete one of the required tools by the completion deadline.

* Annual Tool Completion: Of the people that are required to complete the tool, the percent that have done it to end of quarter.

Workplan 2021/2022	Approval of changes to the peer and practice assessment policies and procedures.
	Approval of policy changes including, streamlining processes relating to case decisions and annual QA requirements.
	Feedback on 2022 Prescribed Regulatory Education Program (PREP) final content.
	Oversight of integration of new competency assessment process into the QA program.
	Oversight of risk-based selection and screening tool pilot.

Q1	Metrics									
	Competency Assessment						Annual Requirement Completion*			
	Risk-Based Selection	PPA Directed	Deferrals	Screening Pending	PPA Pending		SA	PDP	PREP	
	110 (0)	0	0	110	Selected	Directed	115 of 3607	4 of 6423	300 of 6423	
					110	0	3%	<1%	5%	
	Committee: Cases / Decisions					Meetings	Statutory Compliance	Judicial Reviews	Policies	
	Type		Pending	Completed	Avg Case Time				Updated	To Review
	PPA Selected		0	9	106 days	1	100% (10/10)	0	2	17
	PPA Directed		0	0						
	Non-Compliance (NC)		1	1						
	Outcomes	NC (1): Registrant issued notice of intention to issue a SCERP. PPA (9): 4 Take No Action (TNA) (including 3 perfect scores), 5 TNA with recommendation.								
	Commentary: The screening pilot was launched during this quarter. This involved 110 registrants selected for both screening and PPA.									
Committee Activities: Quality Assurance Subcommittee met on <u>June 8, 2021</u> and <u>June 28, 2021</u> for orientation, to receive program updates and for training on a new approach to develop case scenarios for the screening tool. The screening tool was developed in August 2021.										

<p>For the screening tool pilot all selected registrants will be participating in a peer and practice assessment regardless of screening outcome. <u>Quality Assurance Committee</u> met on <u>July 6, 2021</u>. Cases: 9 were decided, and staff supported Committee to implement a more streamlined case review process; Policies: approved an updated QA compliance policy and the combining of two outdated policies into one: Competency Reports, Outcomes and Decisions Policy.</p>
<p>Decisions Requiring Board Approval: N/A</p>

Q2	Metrics									
	Competency Assessment						Annual Requirement Completion*			
	Risk-Based Selection	PPA Directed	Deferrals	Screening Completed	PPA Pending		SA	PDP	PREP	
	0	0	30 screening 10 PPAs	80	Selected 76	Directed 1	6218 of 6361 97.8%	64 of 6361 1.0%	3513 of 3569 98.4%	
	Committee: Cases / Decisions					Meetings	Statutory Compliance	Judicial Reviews	Policies	
	Type		Pending	Completed	Avg Case Time				Updated	To Review
	PPA Selected		76 (4)	0 (0)	(N/A)	2	(N/A)	(N/A)	0	20
	PPA Directed		1	0 (0)						
	Non-Compliance (NC)		20 (0)	0 (0)						
	Outcomes	No cases were decided by committee in Q2.								
Commentary: Leanne Worsfold is acting QA Manager and Lesley Krempulec will start the new position in February 2022. During this Quarter the Screening Pilot was completed with 80 registrants – 30 deferrals and one (1) exemption were granted by staff following the established policy.										
Committee Activities: QAC met on <u>November 8</u> and <u>November 10, 2021</u> , to discuss the screening tool standard-setting process and the root causes. The Committee approved “in principle” the screening process, noting required changes to the root cause definitions and the case questions. The Committee also requested additional information including collated data and registrant scores from the screening tool pilot to support decision-making related to the screening tool threshold. QAC Subcommittee met on <u>November 15, 2021</u> , to review and provide feedback on the 2022 PREP Module.										
Decisions Requiring Board Approval: QAC is bringing forth the two (2) new QA-subcommittee members for a three (3) year appointment.										

Q3	Metrics									
	Competency Assessment						Annual Requirement Completion*			
	Risk-Based Selection	PPA Directed	PPA Deferrals	Screening Pending	PPA Pending		SA	PDP	PREP	
	0 New (15)	1 (0)	0 (5)	0	Selected	Directed	Closed Oct 31 2021	Due May 31 2022	Closed October 31 2021	
					45 (15)	1 (0)	99.9%	1.4% Complete	99.2%	
	Committee									
	Cases / Decisions					Meetings	Statutory Compliance	Judicial Reviews	Policies	
	Type	Completed	Avg Case Time		Updated				To Review	
	PPA Selected		20 (13)	Decision Letters Pending		3	NA	0	0	20
	PPA Directed		0 (0)	NA						
Non-Compliance (NC)		19 (18)	Decision Letters Pending							
Outcomes	<p>Non-Compliance (n=19): 14 directed to complete the tool in 30 days or PPA will be required, 1 directed to complete the tool, 4 referred for PPA.</p> <p>PPA (n=20): 8 Case Closed (perfect score), 5 Take No Action, 4 Take No Action with Recommendation(s), 3 SCERP.</p>									
<p>Commentary: The program continues to work through the selected registrants from September 2021. No more registrants will be selected until the next fiscal year. 2021 non-compliance with the PREP and SA has been completed. On February 22 Lesley Krempulec began in the role of QA manager. Leanne Worsfold, the Interim QA Manager will support the transition into March. Committee thanks Leanne for all her support.</p>										
<p>Committee Activities: QAC met on <u>December 10, 2021, February 4 and 18, 2022</u>. The effectiveness survey was completed. All non-compliance cases were completed, and several case files from the September selection were processed. The 2022 PREP module content was also reviewed and the topic for the 2023 PREP (<i>Building a Strong Foundation for Occupational Therapy Practice</i>) was approved. Two candidates were presented to QAC for approval to go to the Board for the one open appointment on Quality Assurance Subcommittee (QAS). QAS did not meet this quarter.</p>										
<p>Decisions Requiring March Board Approval: Appointment of QAS candidate.</p>										

Q4	Metrics									
	Competency Assessment						Annual Requirement Completion*			
	Risk-Based Selection	PPA Directed	Deferrals	Screening Pending	PPA Pending		SA	PDP	PREP	
	0 New	4	2	0	Selected	Directed	Closed Oct 31, 2021	Closed May 31, 2022	Closed October 31, 2021	
					6	2	100%	84.5%	99.2%	
	Committee									
	Cases / Decisions					Meetings	Statutory Compliance	Judicial Reviews	Policies	
	Type			Completed	Avg Case Time				Updated	To Review
	PPA Selected			46	230	4	NA	0	0	20
	PPA Directed			(0)						
Non-Compliance (NC)			(0)							
Outcomes	PPA (n=46): 6 Case Closed (perfect score), 5 Take No Action, 23 Take No Action with Recommendation(s), 12 SCERP.									
Commentary: The program has worked through the registrant group selected in September 2021. From this original selection there remains 30 registrants who deferred their PPA. This group will be assessed in the Fall 2022 and be used to pilot the new PPA tool that reflects the new national competencies. Recruitment for the QA Competency Lead position continues and with current staffing vacancies, consultant Leanne Worsfold will continue to support the QAC for the next several months.										
Committee Activities: QAC met on: March 2 nd (panel B), March 10 th , May 30 th and May 31 st . In addition to deliberating on cases, the QAC welcomed and oriented three new members, approved an additional 5 new peer assessors to the roster and approved the removal of the screening tool as part of the competency assessment. Quality Assurance Subcommittee met March 30 th , welcomed, and oriented two new members and did some preliminary work toward the 2023 eLearning module. COTO has contracted with the company Base Corp to develop the 2023-2025 e-learning modules which will commence content development in June.										
Decisions Requiring Board Approval: None										

Discipline

Chair: Donna Barker

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2021/2022	Ensure discipline processes are discharged in a timely and procedurally fair manner.
	Annual orientation and training and ensure new members receive HPRO’s discipline orientation training.
	Develop a guide outlining discipline hearing processes and timelines, to include a glossary of legal terms, to help hearing panel members effectively discharge their duties and understand expectations.

Q1	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0	0 (1)	1 (0)				
<p>Commentary: The updated <i>Discipline Committee Rules of Procedure</i>, as approved in March 2021, were published in both French and English on the College’s website. The Divisional Court appeal in <i>COTO v. SZ</i> remains outstanding with no update.</p> <p>Committee Activities: The Committee received orientation and training together with the Fitness to Practise Committee from external legal counsel. Members of the panel selected to hear <i>COTO v. JS</i>, also received additional training from the same lawyer who acted as Independent Legal Counsel. On August 18, 2021, a hearing into <i>COTO v. JS</i> was held electronically (via Zoom). The hearing proceeded by way of an Agreed Statement of Facts (ASF) and Joint Submission on Penalty (JSP). The Panel accepted the ASF and JSP and found that Ms. JS committed acts of professional misconduct. A 4-month suspension was imposed together with 2 TCLs being placed on Ms. JS’s certificate of registration. The Panel’s written reasons for its decision were not issued in Q1.</p> <p>Decisions Requiring Board Approval: N/A</p>							

Q2	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	1(1)	0(1)	0(0)				
<p>Commentary: 1 new case had been referred to the disciplinary committee. The hearing is estimated to proceed in late spring, early summer of 2022. The Divisional Court appeal in <i>COTO v. SZ</i> remains outstanding with no update.</p> <p>Committee Activities: The Panel’s written reasons for its decision in <i>COTO v. JS</i> were issued in Q2.</p> <p>Decisions Requiring Board Approval: N/A</p>							

Q3	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0 (0)	1 (1)	0 (1)	N/A	N/A	N/A	N/A
Commentary: The divisional court case for SZ was abandoned in Q3. The College and committee are taking steps to ensure the outstanding compliance matters are addressed.							
Committee Activities: No committee activities to report.							
Decisions Requiring March Board Approval: N/A							

Q4	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0(0)	1(1)	0(0)	N/A	N/A	N/A	N/A
Commentary: See committee activities							
Committee Activities: The Committee met on the 26 th of May 2022 for Orientation and training by ILC.							
Decisions Requiring Board Approval: N/A							

Patient Relations

Chair: Paola Azzuolo

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2021/2022	Review, revise and update the Conflict of Interest, Professional Boundaries, and the Prevention of Sexual Abuse Standards for inclusion in the One Standard Project for Board approval.
	Finalize and post the Client Bill of Rights.
	Contribute to the development of a case study addressing the issue of sexual abuse.
	Oversee the development of sexual abuse educational content to be delivered annually to OT students.

Q1	Funding Applications: 1 newly approved application. 0 resolved applications.
	Commentary: For the first time in College history, there are 2 persons approved to access, and using, the College Sexual Abuse Funding Program.
	Committee Activities: The Committee held 1 meeting on <u>June 23, 2021</u> , the purpose of which was to review an application for funding.
	Decisions Requiring Board Approval: N/A

Q2	Funding Applications: 0 new applications received.
	Commentary: No cases received.
	Committee Activities: The meeting scheduled for Q2 was cancelled and rescheduled for Q3.
	Decisions Requiring Board Approval: N/A

Q3	Funding Applications: 0 new applications received.
	Commentary: No cases received.
	Committee Activities: Committee met on <u>December 14, 2021</u> . The draft Conflicts of Interest, and Professional Boundaries and Sexual Abuse Standards were reviewed for adding to the One Standard document. The Client Bill of Rights was approved for final approval by the Board. The workplan was reviewed and it was decided that the committee would continue with the 2020-2022 workplan, to be reviewed by the newly constituted committee in May 2022.
	Decisions Requiring March Board Approval: The Client Bill of Rights for posting.

Q4	Funding Applications: 0 new applications received
	Commentary: No cases received.
	Committee Activities: The Committee met on the 20 th of May 2022 for Orientation and set the work goals for the next year.
	Decisions Requiring Board Approval: N/A

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

Workplan 2021/2022	Should a referral be received, ensure fitness to practise processes are discharged in a timely and procedurally fair manner.
	Ensure committee members receive orientation and training annually.

Q1	The Committee received orientation and training together with the Discipline Committee from external legal counsel during Q1.
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Q2	No cases or activity to report.
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Q3	No cases or activity to report.
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Q4	The Committee met on the 26 th of May 2022 for Orientation and training by ILC.
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Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

Workplan 2021/2022	Alignment and streamlining of Standards 2021/2022 - Standards for Consent, Record Keeping, Psychotherapy under review.
	Culture, Equity, and Justice Document Development and launch.
	Privacy Document Development.
	Coroner’s Request – Guidance to OTs about the dangers of sit to stand recliner chairs.

Q1	391 (329) Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	79% (86%)	4% (4%)	17% (10%)	95% (93%)	Record Keeping Jurisdiction Consent	Record Keeping Jurisdiction Students / Provisional Practice	Virtual Services Decision-Making Framework Medical Assistance in Dying
<p>Commentary: <u>Board Decisions:</u> In this quarter, the Board approved the finalized Virtual Services, the Decision-Making Framework and MAID documents, along with the key messages for the development of the new practice document on diversity, equity, and inclusion.</p> <p><u>Practice Activities:</u> Inquiries related to COVID-19 decreased slightly in June and July and increased again in August regarding vaccination. Practice created a Q & A to assist OTs in managing questions from clients about sharing their vaccine status. Calls about jurisdiction and virtual services remain consistent as OTs continue to weigh appropriate delivery options. Practice collaborates with Policy to review Ministry of Health COVID 19 Directives and public health information to understand and communicate any impact to OT practice. Practice provided support to four 2nd year OT students who assisted with the development and revisions to practice documents. <u>Outreach:</u> presented to McMaster 2nd year OT students about the complexities of entering practice.</p>							
<p>Committee Activities: Practice Subcommittee met by videoconference on <u>July 20, 2021</u>. Practice documents currently under review align with the Subcommittee’s approved 2021/2022 workplan.</p>							
<p>Decisions Requiring Board Approval (Through Executive Committee): N/A.</p>							

Q2	507 (492) Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	83% (79%)	3% (<1.0%)	14% (20%)	96% (96%)	Record Keeping, Jurisdiction, Private Practice	Conflict of Interest, Consent, Ethical Conduct	Culture, Equity and Justice (release scheduled for January 2022).
<p>Commentary: There has been an increase in practice inquiries related to record keeping, jurisdiction, and starting a private practice. Practice continues to monitor information about COVID 19 and attends the Ministry of Health updates. Practice has been working on incorporating the newly released competencies and culture, equity, and justice language into the Standards as they are reviewed and updated. Practice had 4 students over Q2, ending in Q3. As part of the review for the Standards for Psychotherapy, the College engaged a panel of OTs from across the province who met virtually 3 times to provide insight into the development of the updated document and an accompanying resource. Outreach this quarter focused on presenting foundational information to 1st year students at Toronto, Queen’s, Western, Ottawa, and McMaster Universities.</p>							
<p>Committee Activities: Practice Subcommittee met by videoconference on <u>September 21st, 2021</u>. Practice documents currently under review align with the Subcommittee’s approved 2021/2022 workplan to streamline the Standards of Practice.</p>							
<p>Decisions Requiring Board Approval (Through Executive Committee): Coroner’s Report resource, 2 Professional Committee Appointments, and 1 Reappointment.</p>							

Q3	373 (470) Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	84% (81%)	3% (3.1%)	13% (4.6%)	97% (96%)	COVID-19 Jurisdiction Record Keeping	Consent COVID Find an OT	Culture, Equity and Justice in Occupational Therapy Practice 2022 Response to Coroner’s Request: Death from Power Recliner Lift Chairs
<p>Commentary: The Practice resource continued to field COVID 19 questions stemming from issues related to the Omicron variant. The practice resource monitors the Ministry of Health communications and attends the stakeholder update meetings. Inquiries about providing virtual services across jurisdictions remain consistent. Additional program activities include: 4 OT students completed their fieldwork placement virtually with the College. Practice launched the Culture, Equity, and Justice in Occupational Therapy document. Outreach this quarter included presenting to 2nd year OT students on Record Keeping and consultation with OTs from various practice settings about psychotherapy, consent, and virtual services.</p>							
<p>Committee Activities: Practice Subcommittee met by videoconference on <u>December 20, 2021</u> and on <u>February 15, 2022</u>. Committee work continued to include the One Standard Project which was also reviewed by both the Indigenous and Equity panels on February 15 and 17, 2022 respectively. Subcommittee provided input into the resource development for the Ontario Coroner’s request about deaths from the use of power recliner lift chairs by individuals with cognitive impairment. Subcommittee approved two new professional subcommittee member appointments</p>							

	and two professional subcommittee member reappointments.
	Decisions Requiring March Board Approval (Through Executive Committee): One Standard readiness for public consultation, 1 Professional Committee Reappointment.

Q4	410 (515) Inquiries			Same Day Response	Top OT Themes	Top Public Themes (Clients, other Professions and Employers)	Documents Completed
	OT	Public	Other				
	85% (81%)	5% (4%)	10% (4%)	92% (93%)	Jurisdiction Record Keeping Other COVID-19	Jurisdiction Record Keeping OTA/Support Personnel	Draft Standards for Practice (Consultation Phase)
<p>Commentary: There has been a notable shift in the type of practice queries received this quarter. Although questions related to COVID 19 continue, most calls are about general occupational therapy practice. Inquiries about providing virtual services across jurisdictions remain a key theme. Program activities included meeting with other health regulators when public health mandates were lifting to provide consistent messaging and support amongst the professions. The Practice team circulated a survey to COTO’s Indigenous Insights and Equity Perspectives Panels, with the majority of participants indicating they would like to continue their work on other College resources moving forward.</p> <p>A virtual fieldwork placement was completed by a 2nd year OT student in April. Educational outreach included a webinar on the Culture, Equity, and Justice in Occupational Therapy document to 400 + participants. The Practice team presented to 1st and 2nd year OT students on the topics of Controlled Acts and Delegation, Scope of Practice and the Standards for Psychotherapy. The Practice team also presented to 2nd year OTA students about the role of the College.</p> <p>Committee Activities: Practice Subcommittee met by videoconference on May 30, 2022. Committee welcomed our new Professional Board Director, who participated in a subcommittee orientation before the meeting. Items addressed: Approval of the updated subcommittee Terms of Reference; feedback on the first draft of the development of the new guidance document - Privacy Legislation in Occupational Therapy Practice; Subcommittee commented on the current Private Practice document to inform future updates. The subcommittee reviewed the 2022-2023 workplan and prioritized documents requiring revision.</p>							
Decisions Requiring Board Approval (Through Executive Committee): N/A							



BOARD MEETING BRIEFING NOTE

Date: June 23, 2022
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receives the Risk Management Report.

Issue:

The Board, in its policy RL12, requires that information on risks, to aid the Board in discharging its risk management oversight role, shall not be incomplete or inappropriate. The Board has delegated the oversight of the Risk Management Program to the Executive Committee. In June 2022, the Executive Committee reviewed the risks and has agreed that they be forwarded to the Board.

The risk register in its entirety was reviewed by Executive at their June 2022 meeting. This activity occurs once per year, however, can be reviewed at any time. The risks that have been categorized as high or critical risks in this quarter are brought forward for review.

Link to Strategic Plan:

- 1.5 College operations are transparent, effective, and efficient in serving and protecting the public interest.

Why this is in the Public Interest:

Managing risks is a fundamental responsibility of the College as it works to regulate the profession of occupational therapy in the public interest. Ensuring the College understands the risks it faces, the plans in place to control, mitigate, avoid, or transfer these risks appropriately is an important oversight responsibility of the Board.

Discussion & Update:

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

It is recommended that the risk related to the Quality Assurance Program be removed. Lesley Krempulec, Manager of the Quality Assurance Program will provide a brief update to the Board at the meeting.

The following high or critical risks have been identified for review in this quarter:

Risk Category	STRATEGIC
Risk:	<p>Regulatory Modernization</p> <p>The Ministry of Health has implemented the yearly collection of a large number of metrics and evidence around various facets of all college operations through the College Performance Measurement Framework (CPMF) due March each year. The next submission is due March 2023.</p> <p>The government is in the midst of consultations around governance modernization that will restructure Boards and Committees. In addition, the government has also introduced three new possible reporting obligations, that if implemented, will have a tremendous impact on College resources. It was hoped that the CPMF tool might serve as a collective accountability tool, vs adding additional resource intensive measures, and while that feedback has been forwarded to the government, the final determination has not yet been made. Fortunately, the governance restructuring scheme aligns with the work plan developed by the Governance Committee, albeit, the timelines are not yet established by government, should these government proposals be approved.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Governance objective on the strategic plan. 3. Governance Committee with plan to align governance structures and processes with best practices. 4. Establishing and sustaining positive government relationships. 5. Collaborating with the Ministry of Health (MOH) on the College Performance Measurement Framework
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. HPRO meetings and working group participation 2. Ministry updates, response to Ministry consultation 3. College networking updates 4. Governance Committee reports at Council Meeting <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Work plan developed to implement any missing processes required by the CPMF. 2. Governance Committee work will help to fulfil some requirements of the CPMF. 3. Governance Committee actively monitoring government initiatives re: College structure. 4. Workshop in October to assist the Board to plan for the future.

BOARD MEETING BRIEFING NOTE

Risk Category	QUALITY
<p>Risk:</p>	<p>The Quality Assurance Program has implemented a risk-based screening process, that was piloted in 2020-21, and will continue for 2022-23. As this process is early in its implementation, outcomes of this method will continue to be evaluated.</p> <p>It is recommended that this be removed from the risk register as a high or critical risk, as the program is in operation and moving to a continuous improvement phase.</p>
<p>Control Procedure(s)</p>	<ol style="list-style-type: none"> 1. The QA program annual tools (Self Assessment (SA), Professional Development Plan (PDP) and e-learning module (PREP)) operated as usual for 2021-2022. 2. The PREP for 2022-23 will be released in spring/summer 2022, however the SA and PDP will be released with the new enterprise system implementation and will include the new competencies. 3. Monitoring of compliance metrics (MyQA) with mandatory annual QA requirements is ongoing. 4. Liability insurance requirements for all OTs being monitored, as a risk mitigation strategy. 5. Complaint mechanism in place, as a risk mitigation strategy. 6. The screening step will occur September 2022 with 120 registrants and those selected have peer assessments scheduled from November to May. 7. A vendor has been working with the College to assist with competency integration and SA/PDP and Peer Assessment changes.
<p>Action Plan & Monitoring Process</p>	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Compliance with mandatory requirements, case reviews by QAC 2. Competency assessment project progress and approval by Quality Assurance Committee 3. Program volumes and committee activity updates are provided through Quarterly Performance Report <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Additional peer assessors were retained to build capacity. 2. Policies relating to the peer assessment process are being reviewed for future updating to reflect program changes. 3. The SA will be revised to reflect the new competencies with a goal of implementation for early 2023 with the implementation of the new Enterprise system.

BOARD MEETING BRIEFING NOTE

Risk Category	OPERATIONAL
Risk:	<p>Enterprise system project development and implementation is underway; however, this project has put extra demands on staff. In addition, turnover on the vendor side have resulted in significant delays to implementation. Leadership of the project is working with the vendor to establish new timelines for deliverables. In addition, we continue to monitor the costs and scale of the project to keep within the projected budget. The pandemic may continue to strain resource availability including both staff and vendors.</p> <p>And, while the Quality Assurance Program is operating as planned for the competency assessment and educational modules, the self assessment and professional development tools may be affected if the new enterprise system cannot be configured in a timely manner or is too costly once the technical processes get confirmed. These tools will be delayed this year, and the hope is that they will be ready in the new enterprise system shortly after the new OT Competencies are in force.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Dedicated resources for IT operations 2. Extension of contract with current data base provider. 3. Leadership closely monitoring project progression and developing contingency plans. 4. Project manager closely monitoring and facilitation the progression of the work. 5. Experienced Project manager monitoring and facilitating the mitigation of increasing costs. 6. Additional staff have been retained on a contract basis to alleviate the strain on current staff during development and implementation. This will also help should the pandemic affect staffing levels. 7. We are working with the vendor to prepare the needed QA tools.
Action Plan & Monitoring Process	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Enterprise-wide System Phase 3, implementation, continues. 2. External project manager in place and work is progressing. We continue to work with the vendor to adjust timelines and work plan. 3. Ongoing financial reserves to be monitored for development and maintenance of this critical College infrastructure 4. Additional staff have been retained on a contract basis to alleviate the strain on current staff during development and implementation. This will also help should the pandemic affect staffing levels. 5. Cost containment efforts are underway. 6. The Board will be kept informed as this project progresses.

BOARD MEETING BRIEFING NOTE

Risk Category	OPERATIONAL
Risk:	College operations disrupted as a result of a pandemic (i.e., COVID-19). Staff are now back in the office working in a hybrid model. The goal is to have 3 days in the office and 2 days working from home model. We have started to have some in-person committee meetings with success. The in-office attendance will be relaxed over the summer months and will resume to 3 days in office after the September long weekend, when the College offices will be officially re-opened.
Control Procedure(s)	<ol style="list-style-type: none">1. Pandemic planning documentation revised and updated2. Technology in place to support operational functioning remotely3. Staff and Board/committee vaccine policy in place.4. Policies in place to manage virtual/hybrid work environment and meetings.5. Return to office documentation complete.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none">1. Regular monitoring of public health directives and actions through scheduled updates2. Feedback from staff, Board and committee members <p>Action Plan:</p> <ol style="list-style-type: none">1. Ongoing review and monitoring of legislation to inform decision-making2. Ongoing discussions with committee and Board members to inform decision making re: in-person or remote meeting decisions3. Plans for COTO office safe operations complete and will be reviewed as needed based on information from public health.



BOARD MEETING BRIEFING NOTE

Date: June 23, 2022
From: Finance and Audit Committee
Subject: FY 22/23 Annual Operating Budget

Recommendation:

This is for discussion purposes only.

Link to Strategic Plan:

1.5.1 College operations are optimized through collaboration and through responsible stewardship of resources.

Why this is in the Public Interest:

An annual operating budget that reflects the College's strategic priorities will enable successful delivery of the College's mandate.

Background:

The governance policies direct the budget planning process each year. The Registrar Limitations Policy RL4 – Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing the FY 22/23 Annual Operating Budget. Per RL4, the Registrar will not allow financial planning that budgets a deficit greater than 3% of the revenue conservatively projected in any fiscal year unless directed by the Board. The Finance and Audit Committee has reviewed the finer details of the budget and presents a summarized version for the review of the Board.

Discussion:

A significant effort was made to develop a budget that supported achieving key strategic objectives, while also remaining fiscally prudent. The annual operating budget planned for the upcoming fiscal year is projected to be in an overall deficit position within 3% of revenues.

Budget Assumptions:

This budget was prepared based on the assumptions and considerations outlined below.

Revenues:

Overall registration revenues are assumed to maintain the increase of 3% over last year. This is consistent with what we saw in the prior year as well.

BOARD MEETING BRIEFING NOTE

FY 22/23 Annual Operating Budget

Page 2 of 2

Revenue Category	Budget Assumptions
Registration	Projected to increase by 3% over last year.
Application fees	Expected to represent 2% of total registration fees, which is the average over the past 6 years.
Other income	Includes interest income - is assumed to increase slightly over the prior year, as we have now begun to reinvest previously matured investments, as interest rates are slowly rising. Additionally, this amount includes sublease revenue from ACOTRO, which is fully offset by expenses in the "rent and other expenses" category.

Expenses:

Expense Category	Budget Assumptions
Salaries and Benefits	Increase is driven by the following items: <ul style="list-style-type: none">o To ensure appropriate support staffing in Registration during the development and implementation phase of the enterprise-wide IT system project, a part-time contract position has been budgeted for.o Merit increases for eligible staff based on prior year averages.o An increase in employee benefits, driven by the number of eligible staff for employer RRSP contributions.
Programs - Quality Assurance and Professional Practice	The budget is driven by the following items: <ul style="list-style-type: none">o Around 100 peer assessments planned to be completed throughout the fiscal year.o All costs associated with the development of the Prescribed Regulatory Education Program (PREP).
Programs - Investigations and Resolutions	Budget is extrapolated based on actuals to date for FY 21/22.
Programs – Registration	Budget is driven by payment processing fees; mostly incurred during the annual renewal period.
Governance	Budgeting an increase with the anticipation of some in-person meetings throughout the entire year. The prior year budget only considered some in-person meetings in the last half of the year which did not take place.
Professional Fees	Budget has been reduced, based on no current plans; if any costs are incurred, they would be allocated to the Unrestricted Reserve Fund.
Operational Initiatives	Budget includes priority projects that align to the College's strategic priorities and values; \$50,000 for Quality Assurance Continuing Competency Project and \$30,000 for the One Standard Project.
Communications	Budget is extrapolated based on actuals to date for FY 21/22, adjusted based on activities planned in FY 22/23.
Information Technology	Budget is extrapolated based on actuals to date for FY 21/22 plus an increase for planned security testing.
Operating	Budget is extrapolated based on actuals to date for FY 21/22 plus an increase for staff returning to the office.
Staff, Travel, and Conferences	Budget is extrapolated based on actuals to date for FY 21/22, adjusted for an increase in staff travel/attendance at in-person conferences.
Rent and Leases	Reflects lease terms for FY 22/23, along with a slight decrease from savings on reduction of printers.
Other	Includes depreciation costs, which were determined based on the carrying value of existing capital assets. No new capital expenditures are planned for FY 22/23.

Implications:

Overall, the FY 22/23 annual operating budget projects a deficit of 3%, which will be funded by the Unrestricted Reserve Fund.

Attachments:

1. FY 22/23 Annual Operating Budget Summary



**College of Occupational Therapists of Ontario
FY 22/23 Annual Operating Budget Summary**

	FY 2223 Budget	FY 2122 Budget
	\$	\$
Revenue		
Registration Fees	4,658,595	4,428,081
Other Income	32,200	26,440
	4,690,795	4,454,521
Expenses		
Salaries and Benefits	3,159,471	3,055,680
Programs	408,424	310,200
Governance	217,307	149,050
Professional Fees	49,346	76,700
Operational Initiatives	80,000	183,240
Communications	101,859	109,500
Information Technology	186,989	156,411
Operating Expenses	70,603	69,172
Staff, Travel, and Conferences	88,660	18,528
Rent and Leases	443,079	437,640
Other Expenses	25,622	18,820
	4,831,360	4,584,941
Deficiency of Revenue over Expenses	-140,565	-130,420



BOARD MEETING BRIEFING NOTE

Date: June 23, 2022
From: Governance Committee
Subject: Governance Reform – Next Steps

Recommendation:

THAT the Board delays the decision about appointing an academic member until after the October Board Education Session.

Issue:

One of the Academic appointments is due in August 2022. As the Board will be actively discussing and planning to possibly reduce the size of the Board, appointing the academic member now needs discussion. Delaying the decision to appoint a new academic member, (or re-appoint) is prudent to allow the Board time to determine the correct course of action in the future. The Board is asked to withhold on making an academic appointment until after the October Board Education Session.

Link to Strategic Plan:

This aligns under Public Confidence:

- 1.3 College governance is responsive, effective, competency-based and accountable.
- 1.4 College decision-making processes are open, transparent, and accountable.

Why this is in the Public Interest:

Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system.

Background:

Governance modernization has been a significant priority for the College since 2020. The Board will recall, the College's 3-year governance modernization plan to implement key reforms that could be made without legislative change. As we enter the third year of the College governance modernization plan, one key item still outstanding is related to reducing the size of the current Board.

At its last Governance Committee meeting, the Governance Committee held a discussion about whether to move forward at this time with reforming the Board size and it was decided to hold this discussion with the current Board at the October Board Education Session which will focus on governance and the issue of how best to proceed with reducing the size of the current Board.

BOARD MEETING BRIEFING NOTE

Governance Reform – Next Steps

Page 2 of 2

The Occupational Therapy Act requires the Board to be comprised of 1-2 academic appointees. At present the Board has a full complement of academic appointees with the term of one academic appointee ending August 22, 2022.

Implications:

There will be no functional negative impact of not filling this academic at this time. The committees were composed in April, with this possibility in mind. However, should the Board decide to move ahead with this appointment process, the committees can be adjusted.

Attachments:

1. Committee Composition 2022-23



2022 – 2023 COMMITTEE COMPOSITION

EXECUTIVE

Stephanie Schurr (*Chair*)
Heather McFarlane (*Vice Chair*)
Allan Freedman (*Officer*)
Vincent Samuel (*Officer*)

COMPLIANCE / ICRC

Carol Mieras (*Chair / Panel A*)
Neelam Bal (*Chair Panel B*)
Sabrina Shaw
Brittany O'Brien
Hricha Rakshit
Julie Sutton
Roselle Adler
Sarah Shallwani

PATIENT RELATIONS

Paola Azzuolo (*Chair*)
Mary Egan
Sabrina Shaw
Nick Dzudz
Elizabeth Gartner
Tina Siemens
Melissa Aldoroy

QUALITY ASSURANCE

Teri Shackleton (*Chair*)
Donna Barker
Faiq Bilal
Vincent Samuel
Elizabeth Bell
Michael Ivany

PRACTICE SUBCOMMITTEE

Heather McFarlane (*Chair*)
Elizabeth Gartner
Janet Becker
Shannon Honsberger
Leona Pereira
Susan Cherian-Joseph
Sophie Stasyana

REGISTRATION

Jennifer Henderson (*Chair*)
Nick Dzudz
Faiq Bilal
Sarah Milton
Joshua Theodore

HEARINGS POOL:

1. DISCIPLINE

Donna Barker (*Chair*)
Allan Freedman
Nick Dzudz
Paola Azzuolo
Zuher Ismail

2. FITNESS TO PRACTISE

Vincent Samuel (*Chair*)
Teri Shackleton
Faiq Bilal
Sarah Milton
Hunaida Abboud

GOVERNANCE

Stephanie Schurr (*Chair*)
Vincent Samuel
Carol Mieras
Jennifer Henderson
Brittany O'Brien

FINANCE AND AUDIT

Allan Freedman (*Chair*)
Paola Azzuolo
Neelam Bal
Sabrina Shaw

QUALITY ASSURANCE SUBCOMMITTEE

Candice Silver (*Chair*)
Andy Beecroft
Heather Jones
Debra Kennedy
Erin Lawson
Tanya Purevich



BOARD MEETING BRIEFING NOTE

Date: June 23, 2022
From: Finance and Audit Committee
Seema Singh-Roy, Director of Finance and Corporate Services
Subject: Board Policies – Financial Planning and Budgeting

Recommendation:

THAT the Board approves the proposed changes to the Financial and Audit Governance Policies.

Link to Strategic Plan:

1.5.2 Principles of risk management are applied to policy and program decision making.

Why this is in the Public Interest:

Having updated policies which reflect the College's strategic priorities will enable successful delivery of the College's mandate. These policies promote the wise use of College resources to support our public interest work.

Background:

The Financial and Audit Governance Policies should be reviewed regularly, and any proposed changes must be approved by the Board.

Discussion:

The Financial and Audit Governance Policies have been modified to update for certain items, including:

- Modifying "Council" to "Board"
- Modifying the Registrar's new title to "Registrar and CEO"
- Modifying all governance language to frame in positive actions to take vs negative actions to avoid

Attachments:

1. Financial Policies RL4-RL8
2. Establishing and Maintaining Reserve Funds – Guidelines
3. Education Session Costs – Guidelines
4. Board Reference Material – Guide for Review of Financial Information



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

Policy Type: Registrar Limitations
Policy Title: Financial Planning and Budgeting
Reference: RL4
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022
Date Reviewed: June 2016,

Financial planning for any fiscal year or the remaining part of any fiscal year will ~~not deviate materially from the Ends policies, be aligned with leadership outcomes and, risk fiscal jeopardy, or fail to be derived from a financial plan.~~ Accordingly, the Registrar and CEO will ~~not allow~~ ensure financial planning that:

1. Contains ~~too little~~ information to enable credible projection of revenues and expenses, and ~~does not contain separation of~~ separates capital and operational items, cash flow, and disclosure of planning assumptions.
2. ~~Fails to provide~~ Provides adequate cash flow to support operations throughout the year and to support reserves without ~~Council~~ Board approval.
3. ~~Fails to~~ Allocates sufficient funds to satisfy operational requirements.
4. ~~Fails to~~ Appropriately balance resources, both human, technological and financial, between the budget and the expected leadership outcomes. ~~the Ends policies.~~
5. ~~Fails to~~ Provides sufficient resources to support ~~Council's~~ the Board's ability to perform its leadership role.
6. Budgets a deficit or surplus within greater than 3% of the revenue conservatively projected in any fiscal year, unless directed by ~~the Board. Council.~~



Policy Type:	Registrar Limitations
Policy Title:	Financial Condition and Activities
Reference:	RL5
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016

*With respect to the actual, ongoing financial condition and activities, the Registrar **and CEO** will **ensure alignment of** ~~not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures to leadership outcomes. from Council Board policies established in Ends policies.~~*

Accordingly, the Registrar **and CEO** will **not**:

1. **Spend only those funds that** ~~Expend more funds than~~ have been received in the fiscal year to date, unless the debt guideline (below) is met or unless directed by **the Board Council**.
2. Indebt the College in any amount **only if**, ~~except as approved by~~ **the Board Council**.
3. ~~Fail to~~ **Maintain Sexual Abuse Therapy and Counselling and Hearings Funds** for unexpected costs related to these matters.
4. ~~Fail to~~ **Follow the guidelines for Establishing and Maintaining Reserve Funds.**
5. ~~Fail to~~ **Settle payroll and debts.**
6. **Ensure** ~~Allow~~ tax payments or other government-ordered payments or filings **are filed on time and accurately** ~~to be overdue or inaccurately filed.~~
7. ~~Fail to~~ **Secure an additional executive signature for disbursements over \$15,000.**
8. **Obtain prior approval of the Finance and Audit Committee before making** a single commitment of greater than \$50,000 that is outside the budget ~~without prior approval of the Finance and Audit Executive Committee and will not fail to notify the Board Council on any such single commitment.~~
9. **Obtain prior Board approval before making** ~~Make any financial or service commitment greater than 5 years, without prior approval from the Board Council.~~

Debt Guidelines – Council Board Tolerance

1. Balanced budget minus 3%.
2. Comply with any covenants stipulated by the bank.
3. Zero ~~t~~ Tolerance to **external debt unless approved by the Board.**



Policy Type:	Registrar Limitations
Policy Title:	Asset Protection
Reference:	RL6
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016

The Registrar **and CEO** will ~~ensure not allow the assets of the College are to be unprotected~~ **protected**, ~~inadequately and adequately maintained, or unnecessarily risked.~~

Accordingly, the Registrar **and CEO** will ~~not~~:

- ~~Fail to~~ Insure against theft and casualty losses to at least 80% of replacement value and against liability losses to **Board Council** members, non-~~Council Board~~ members of **Board Council** committees, staff, and the College itself.
- ~~Fail to~~ Maintain an appropriate insurance policy and general liability insurance policy for the College.
- Not** unnecessarily expose the College, its **Board Council**, or staff to claims of liability.
- Not** make any purchase:
 - ~~Wherein~~ normally prudent protection has not been given against conflict of interest;
 - without having obtained, for purchases of services over \$30,000 with a new supplier, comparative prices and quality where prudent; and
 - without assuring the balance of long-term quality and cost.
- ~~Fail to~~ **P**rotect intellectual property and information from inappropriate access, loss or significant damage.
- Receive, process or disburse funds under controls which are insufficient, ~~or which fail to~~ **and** meet the **Council Board** appointed auditor's standards.
- ~~Fail to~~ **A**ct in the best interest of the College with respect to the College's investments.
- Use ~~inappropriately, misuse or abscond~~ funds of the College **appropriately and ensure others do as well.** ~~or fail to take reasonable protection against others doing so.~~
- Not** purchase, mortgage or dispose of real property (i.e. land or buildings).
- Obtain Executive Committee and Board approval before entering** into a lease agreement for property (i.e. land or buildings) ~~without Executive Committee and Council Board approval.~~



Policy Type:	Registrar Limitations
Policy Title:	Investments
Reference:	RL7
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016

The Registrar **and CEO** will **ensure** ~~not allow~~ the College's investments are protected, adequately maintained and not ~~to be unprotected, inadequately maintained, or unnecessarily risked.~~

Accordingly, the Registrar **and CEO** will ~~not~~:

1. Invest in funds that ~~do not~~ allow for the preservation of capital, where "capital" is defined as the cost of the investment.
2. ~~Fail to~~ **Maintain** liquidity necessary to meet the day to day cash requirements for College operations and planned capital investments.
3. Invest or hold funds identified as surplus in ~~investments other than those specified in the following guidelines:~~
 - a. Investments having a term of not more than ten years
 - b. Short-term investments
4. ~~Fail to~~ **Present** annually the investment outcomes to ~~the Finance and Audit Executive Committee.~~
5. ~~Fail to~~ **Present** annually the investment outcomes to ~~the Board Council.~~
6. Invest in funds that are ~~not~~ in Canadian dollars and issued by a Canadian institution.



Policy Type:	Registrar Limitations
Policy Title:	External Audit
Reference:	RL8
Date Prepared:	December 2009
Date Revised:	March 2010 June 2019, June 2022
Date Reviewed:	June 2016

The Board Council will ~~not fail to require and~~ select an external neutral third party to perform an operational and financial audit to assess compliance with Board Council and operational policies.

Accordingly, the Registrar and CEO will ~~not~~:

1. ~~Fail to~~ Provide for an annual external audit of financial performance by auditors appointed by the Board Council.
2. ~~Fail to~~ Provide a review of the auditor appointment at least every five years unless directed by the Board Council.
3. ~~Fail to~~ Support and manage the audit process.
4. ~~Fail to~~ Allow for reasonable additional external audits if, or when, the Board Council requests it.



ESTABLISHING AND MAINTAINING RESERVE FUNDS

Guidelines for ~~Council~~ Board Members

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

1. Reserve Funds will be established for:
 - a. Hearings and Independent Medical Exam Reserve Fund

The Hearings and Independent Medical Exam 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, other hearings that may arise related to regulating the profession, and independent medical exams.

The amount to be maintained in this fund is \$400,000 or such other amount as may be determined by the **Board Council**.
 - b. Sexual Abuse Therapy and Counselling Reserve Fund

The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is \$25,000 or such other amount as may be determined by the **Board Council**.
 - c. ~~Contingency Reserve Fund~~

~~The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget or to fund the College's obligations in extreme circumstances as determined and approved by Council including in the event that the College ceases to exist as a corporate statutory body.~~

~~The minimum amount of 3 months of budgeted operating expenses to a maximum of 6 months or such other amount as may be determined by the **Board Council**.~~
 - d. The Premises Fund

The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of \$500,000 or such other amount as may be determined by **the Board Council**.
 - e. Enterprise Wide IT System Fund

The Enterprise Wide IT Fund is designated to provide for the cost of implementing and/or maintaining an enterprise-wide, registrant-based electronic system that will support the delivery of the statutory College mandate in an efficient and effective manner. The minimum amount to be maintained in this fund is \$100,000 and maximum amount to be maintained in this fund is \$500,000 or such other amount as may be determined by **the Board Council**.



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

Created: February 1997

Reviewed: October 2000, March 2007, October 2010, June 2012, January 2013, January 2016, January 2019, **June 2022**

Revised: October 2017, June 2019, March 2020



EDUCATION SESSION COSTS

Guidelines for Public and Professional ~~Board~~Council Members

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

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

Procedure

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

Created: October 1996

Reviewed: July 2010, January 2019, ~~June 2022~~

Revised: January 2016



COUNCIL BOARD REFERENCE MATERIAL

Guide for Review of Financial Information

This guide is provided for **Board Council** members to use as a reference in their review of standard financial information that is provided in their council meeting packages.

The Financial Report provided typically includes highlights of the financial statements, an update on statutory remittances and filings, and updated financial statements. The checklist provides general tips on what to look for when reviewing the Financial Report and also provides general tips regarding financial responsibility.

CHECKLIST FOR REVIEWING FINANCIAL INFORMATION

Financial Report:

- ✓ Review the Highlights of the Financial Statements for a summary of the overall financial picture.
- ✓ Check that the status of remittance payments is being reported.
(Note: Remittance payments are those payments a company is required to make to government. This includes HST and payroll remittances (EI, CPP, Income Tax).
- ✓ Review spending in Reserve Funds on the Statement of Reserve Funds.

Financial Statements:

- ✓ Check HST Payable on the Statement of Financial Position (verify that number is changing quarterly).
- ✓ Review the Deferred Revenue balance. If it is going down each reporting period within the fiscal year, then it is being allocated to operations on a regular basis.
- ✓ Check that the College has the funds to cover its debts.
- ✓ Ask about any negative numbers.

General:

- ✓ Feel free to ask general question at the **Board Council** meeting e.g. verify no conflict of interests exists with auditor relationship or that of any other stakeholder.

Revised: June 2019, **June 2022**



BOARD MEETING BRIEFING NOTE

Date: June 23, 2022
From: Executive Committee
Subject: Draft Edits to Board Policy RL9 Emergency Registrar Replacement

Recommendation:

THAT the Board approves the changes to Board Policy RL9, Emergency Registrar Replacement.

Issue:

The current policy does not provide for flexibility in college structure, and an adjustment to the policy is requested to include this flexibility.

Link to Strategic Plan:

College operations are transparent, effective, and efficient in serving and protecting the public.

Why this is in the Public Interest:

Ensuring that contingency plans are available and appropriate for college functioning are in the public interest.

Background:

The current board policy RL9 is very directive about the title and role of the person designated at the college to act in absence of the registrar. Some flexibility to allow for alternate staffing titles and roles is needed to optimize college functioning.

Discussion:

A Deputy Registrar has been a role at the college since 2005. However, in thinking about alternate structures, some flexibility to have either a Deputy Registrar or some other leadership role would assist the college in making decisions about structure to optimize operations. The flexibility would allow for alternate titles and roles if appropriate but still ensuring that there is always a backup plan should the Registrar and CEO not be available.

Implications:

If another structure or role was felt more suitable, a role description and title would be developed and operationalized by the college. The Board will be informed of the back up plan for when the Registrar and CEO is absent.

BOARD MEETING BRIEFING NOTE

Draft Edits to Board Policy RL9 Emergency Registrar Replacement

Page 2 of 2

Attachments:

1. Draft policy RL9, with tracked changes.

Policy Type: Registrar Limitations
Policy Title: Emergency Registrar Replacement
Reference: RL9
Date Prepared: December 2009
Date Revised: March 2010, June 2022
Date Reviewed: June 2016, June 2019

In order to protect ~~Council the Board~~ from sudden loss of Registrar services, the Registrar will ~~not fail to~~ designate a ~~Deputy Registrar~~ member of the leadership team familiar with ~~Council Board~~ and Registrar issues and processes, to act when necessary.

Accordingly:

1. The designated ~~Deputy Registrar~~ leader may act in the absence of the Registrar until the Registrar returns, is permanently replaced or an interim Registrar is appointed.
2. The designated ~~Deputy Registrar~~ leader will not be expected to act in the absence of the Registrar for a period of longer than six months.
3. Alternatively, ~~Council the Board~~ may appoint an interim Registrar to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent or unable to act or when there is a vacancy in the office of the Registrar.
4. An interim Registrar may be expected to act in the absence of the Registrar for a period longer than six months.

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