

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 **March 30, 2023 Board meeting**, the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy and only one declaration was made.

Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Nick Dzudz
Allan Freedman
Jennifer Henderson - *Conflict of interest declared for item 11.6.6*
Lucy Kloosterhuis
Heather McFarlane
Carol Mieras
Sarah Milton
Brittany O'Brien
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Sabrina Shaw

BOARD MEETING AGENDA

DATE: Thursday, March 30, 2023 **TIME:** 9:00 a.m. to 3:00 p.m. (Followed immediately by Officer Elections)

College of Occupational Therapists of Ontario
20 Bay Street, Suite 900
Toronto ON M5J 2N8

| Agenda Item | | Objective | Attach | Time (min) |
|-------------|---|-------------|--------|------------|
| 1.0 | Call to Order | | | |
| 2.0 | Public Protection Mandate | | | |
| 3.0 | Land Acknowledgement* | | | |
| 4.0 | Declaration of Conflict of Interest | | | |
| 5.0 | Welcome and Introductions | | | |
| 6.0 | Approval of Agenda | | | |
| | 6.1 Board Agenda – March 30, 2023 | Decision | ✓ | 30 |
| | <i>THAT the agenda be approved as presented.</i> | | | |
| 7.0 | Consent Agenda | | | |
| | 1. Registrar’s Written Report of March 30, 2023 2. Draft Board Minutes of January 26, 2023 3. Draft Special Board Minutes of February 13, 2023 4. Finance & Audit Minutes of January 11, 2023 5. Governance Minutes of January 6, 2023 6. Executive Minutes of January 9, 2023 | Decision | ✓ | 10 |
| | <i>THAT the Board adopts the consent agenda items as follows:</i> | | | |
| 8.0 | Registrar’s Report | | | |
| | 8.1 Presentation: Q3 FY2022-2023 Operational Projects Status Report by Elinor Larney, Registrar & CEO | Information | | 10 |
| | 8.2 Presentation: SEAS Status Report by Susan Domanski, SEAS Manager | Information | | 20 |
| | 8.3 Q3 FY2022-2023 Quarterly Performance Report | Decision | ✓ | 10 |
| | <i>THAT the Board receives the Quarterly Performance Report for Q3 FY2022-2023. (Vincent)</i> | | | |
| | 8.4 Risk Management Report | Decision | ✓ | 10 |
| | <i>THAT the Board receives the Risk Management Report. (Heather)</i> | | | |

| Agenda Item | | Objective | Attach | Time (min) |
|-------------------------------------|--|-------------|--------|------------|
| 9.0 | Finance | | | |
| | 9.1 Q3 FY 2022-2023 Financial Report | Decision | ✓ | 15 |
| | <i>THAT the Board receives the Q3 FY2022 -2023 Financial Report, as presented. (Allan)</i> | | | |
| | 9.2 Investment Portfolio as at January 31, 2023 | Decision | ✓ | 5 |
| | <i>THAT the Board receives the investment report as at January 31, 2023. (Allan)</i> | | | |
| 10.0 | In Camera | Information | | 10 |
| | <i>THAT the Board moves in camera pursuant to the Health Professions Procedural Code, subsection 7(2)(b). (Heather)</i> | | | |
| Lunch Break 12:00 -1:00 p.m. | | | | |
| 11.0 | Governance | | | |
| | 11.1 2022 College Performance Measurement Framework | Decision | ✓ | 20 |
| | <i>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. (Vincent)</i> | | | |
| | 11.2 Annual Board Evaluation Feedback Summary | Decision | ✓ | 15 |
| | <i>THAT the Board receives the Board Evaluation Summary. (Allan)</i> | | | |
| | 11.3 Terms of Reference Revisions – All Committees | Decision | ✓ | 20 |
| | <i>THAT the Board approves the amended Terms of Reference for all College committees, as presented. (Vincent)</i> | | | |
| | 11.4 Elections Update – Districts 2 & 4 | Information | ✓ | 5 |
| | 11.5 District 2 Vacancy on the Board | Decision | ✓ | 10 |
| | <i>THAT the Board leaves the one seat vacant in District 2 and proceeds with the proposed Bylaw changes. (Vincent)</i> | | | |
| | 11.6 Appointment of Professional Committee Appointee(s) | | | |
| | 11.6.1 Practice Subcommittee | Decision | ✓ | 5 |
| | <i>THAT the Board appoints Miranda Setoguchi as a Professional Committee Appointee to the Practice Subcommittee for a three-year term commencing on October 1, 2023. (Heather)</i> | | | |
| | 11.6.2 Patient Relations Committee | Decision | ✓ | 5 |
| | <i>THAT the Board appoints Amanda Mowbray as a Professional Committee Appointee to the Patient Relations Committee for a three-year term commencing on July 1, 2023. (Sabrina)</i> | | | |

| Agenda Item | | Objective | Attach | Time (min) |
|-------------|---|-------------|-----------------------|------------|
| | 11.6.3 Quality Assurance Subcommittee | Decision | ✓ | 5 |
| | <i>THAT the Board appoints Bethany Brewin and Rabia Khokhar as Professional Committee Appointees to the Quality Assurance Subcommittee, each for a three-year term commencing on July 1, 2023. (Heather)</i> | | | |
| | 11.6.4 Fitness to Practise Committee | Decision | ✓ | 5 |
| | <i>THAT the Board appoints Casandra Boushey as a Professional Committee Appointee to the Fitness to Practise Committee for a three-year term commencing on July 1, 2023. (Vincent)</i> | | | |
| | 11.6.5 Discipline Committee | Decision | ✓ | 5 |
| | <i>THAT the Board appoints Sylvia Boddener as a Professional Committee Appointee to the Discipline Committee for a three-year term commencing on July 1, 2023. (Donna)</i> | | | |
| | 11.6.6 Inquiries, Complaints and Reports Committee | Decision | ✓ | 5 |
| | <i>THAT the Board appoints Darlene Venditti, Holly Assaf, Kellen Baldock and Sarah Dodds as Professional Committee Appointees to the Inquiries, Complaints and Reports Committee each, for a three-year term, commencing on May 1, 2023. (Carol)</i> | | | |
| | 11.7 Appointment of Academic Director to the Board | Decision | ✓ | 5 |
| | <i>THAT the Board appoints Mary Egan to the Board as the Academic Representative for a three-year term, commencing on July 1, 2023. (Heather)</i> | | | |
| 12.0 | New Business | | | |
| | 12.1 Proposed Bylaw Amendments | Decision | ✓ | 20 |
| | <i>THAT the Board approves the amended Bylaws as presented. (Vincent)</i> | | | |
| 13.0 | Environmental Scan | | | |
| 14.0 | Other Business | | | |
| | 14.1 Board Meeting Evaluation | To Complete | <i>Link to follow</i> | |
| 15.0 | Next Meetings | | | |
| | <ul style="list-style-type: none"> ▪ Board Meeting: Thurs., June 22, 2023, 9:00 a.m. – 3:30 p.m. at the College ▪ Board Meeting and Education Day: October 2023 TBD ▪ Board Meeting: January 2024 TBD ▪ Board Meeting: March 2024 TBD ▪ Board Meeting: June 2024 TBD | | | |
| 16.0 | 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.

REPORT of the Registrar and CEO Board Meeting of March 30, 2023

Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, there are no specific policy groupings that are meant to be reviewed at the March meeting.

Governance Process Policies

Policies that guided decisions during this period:

- GP17 – Elections and Appointments for Professional Members - Guided the elections process in District 4.

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:

- RL12 – Risk Management – Guided the information to be presented to the Board about risks to the organization.
- RL 7 Investments – Guided the presentation of the investment report to the Board.
- RL10 Compensation Administration – Guided the process to conduct an external salary review of Market Conditions.

Registrar Limitation Policies

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

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2022-2023 Operational Planning

- The third quarter of the third year of the 2020-2024 strategic plan has passed, and an update will be presented at the Board Meeting on the status of initiatives.

Staffing Update

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

- We are pleased to welcome Cara Moroney in the role of Manager, Investigations and Resolutions. She is replacing Aoife Coghlan, who did not return to the College following her parental leave.

Communications

- Communications efforts are currently focused on providing support for key initiatives across the organization, including the upcoming launch of the new Standards of Practice, revisions to Quality Assurance, planning for registration renewal, and promotion of public consultations.
- Online elections have now been completed with results reported.
- The College continues to leverage social media to build awareness of current initiatives and our public protection role. We are seeing growth and engagement across our channels, especially on LinkedIn where we are approaching 4K connections. Recent top topics include case studies, the QA video message to share feedback through the survey, and the public awareness video *What to expect from your occupational therapist*. The College has also received registrant comments thanking us for our presence on LinkedIn and engagement with OTs.
- Other projects in development include a new series of community newspaper articles to build awareness of the role of the College and our public protection mandate, and expansion of our social media presence. This spring, the College is launching an Instagram account to expand our visibility with the public and registrants. Instagram's user demographics allow us to reach a wider audience and engage with them using multi-media content (audio, video, and more) and tools available on this platform. Follow us at @collegeofots to stay up to date.

Leadership Priority #2: Qualified Registrants

Registration Program

- Of concern to the Registration Program and the College, is Bill 106, *Pandemic and Emergency Preparedness Act, 2022*. Work outstanding in relation to this act, is the emergency class of registration which is currently out for consultation. A special Board Meeting will be needed in April to review the feedback and make a final decision about the regulation. After that, the regulation will be sent to the Ministry of Health for their approval process.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The Quality Assurance Program continues to focus on the development of the Enterprise System. This system will house the components of the program and implementation of the competency assessment processes. First to be on the schedule for deployment will be the self-assessment tool. The target period for launch is this spring.

Practice Resource Program

- Sandra Carter and Diane Tse are starting the spring presentations at Ontario's university programs for occupational therapists. They present on the topics of 'being a regulated Health Professional', as well as other topics related to obligations of occupational therapists in practice. The team also presented to several occupational therapist assistant programs to educate about working with occupational therapists as well as understanding regulation and the role of the College.
- The Practice Team also met with the Ontario Society of Occupational Therapists to keep abreast of changes in the practice environment and share information about common issues.

- Themes of questions to the practice service have centered around virtual or remote care and jurisdictional issues as well as record keeping.
- The College has been working with several other colleges to determine the impact on each profession now that the College of Psychologists will regulate Applied Behavioural Analysts. Recently a survey to all involved professions was distributed to gather information about the use of applied behavioural analysis in each profession, including occupational therapists.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. Our next Board meeting is scheduled for Saskatoon in May 2023. Notably, ACOTRO is working on several projects that will assist us in our work. One of them is a process to develop a memorandum of understanding to manage the processes needed to regulate remote work across provincial borders. The goal is to facilitate access to occupational therapists by providing the right level of regulatory oversight.
- 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 process and involvement of regulators in the accreditation or approval processes for university occupational therapy entry to practice programs. I have been part of the group that is reviewing the governance of accreditation processes for occupational therapy programs in Canada. This work is progressing nicely, is well facilitated, and is working towards recommendations later this year.

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

- I am coming to end of my term as Chair of this group in April 2023. Being part of the management committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- HPRO continues its work, supporting regulation in Ontario. HPRO completed its strategic planning process in February and will now move to make implementation plans.
- The College is working with other colleges via HPRO to conduct a salary survey to continue to ensure that our salaries are in line/competitive with other similar organizations in the industry.

Ministry of Health (MOH)

- As mentioned above, the College is currently working on the process to implement a new regulation that is required from the *Pandemic and Emergency Preparedness Act, 2022*.
- The MOH is focused on Health Human Resources, and therefore any regulatory governance changes have taken a back seat while these other more pressing matters are attended to.

- The most recent version of the College Performance Measurement Framework was released to the Colleges the week of January 9, 2023. It is due to be published on our website and submitted to the MOH on March 31. Stamatis Kefalianos has led this College-wide effort to ensure the report is completed and submitted on time. This report is on the agenda for Board approval this March 2023 meeting.
- Bill 60, *Your Health Act, 2023*, if passed, is a bill that will have an effect on some regulatory colleges. This bill paves the way for certain professions to have individuals start to work in Ontario without the requirement for registration with their regulatory organization. The *Medical Laboratory Technology Act, 1991*, the *Medicine Act, 1991*, the *Nursing Act, 1991* and the *Respiratory Therapy Act, 1991* are amended to add a new power allowing the Minister of Health, with the approval of the Lieutenant Governor in Council, to make regulations exempting persons from the restricted title provisions and the holding out provisions of those Acts. Occupational therapists are not named in this bill, but this is of interest to regulators as there is concern that the protection to the public undertaken by colleges will not be present in this plan, should it proceed. This would bypass the usual conduct review performed by the colleges in their normal application processes, which raises the level of risk. To note, applicants to our college who are registered in another Canadian province do not have delays with registration unless there is a conduct concern.

System Partners

- By the time of the March Board meeting, the College will have welcomed a delegation from Ethiopia. This group, facilitated by Queen's University, hopes to learn about regulation of occupational therapists. They have been working with Queen's to help establish a program to train and employ occupational therapists in Ethiopia. We are privileged to offer our experience and expertise as they continue to explore options for their country.

See you at the meeting! Elinor

BOARD MEETING MINUTES - DRAFT

DATE: Thursday, January 26, 2023 **TIME:** 9:00 a.m. – 3:30 p.m. *Hybrid meeting*

In Attendance:

DIRECTORS:

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

REGRETS:

Brittany O'Brien

GUESTS:

OBSERVERS:

Asna Ali, *Ministry of Health of Ontario (MOH)*

STAFF:

Elinor Larney, *Registrar and CEO*
Sandra Carter, *Manager, Practice*
Leandri Engelbrecht, *Manager, Registration; Interim Manager, Investigations and Resolutions*
Stamatis Kefalianos, *Director of Regulatory Affairs*
Lesley Krempulec, *Manager, Quality Assurance Program*
Tim Mbugua, *Policy Analyst*
Seema Singh-Roy, *Director of Finance, People and Corporate Services*
Nancy Stevenson, *Director of Communications*
Diane Tse, *Practice Consultant*
Kim Woodland, *Director of Programs*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 9:00 a.m.

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

Donna Barker declared a conflict of interest for item 9.3 prior to the meeting. The Chair called for additional declarations of conflict of interest, specifically acknowledging item 8.3 *Registration Fees*. It was acknowledged that professional members will all be in conflict for this item, but that a decision must be made in the best interest of the public. No additional declarations were made.

5.0 Approval of Agenda

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

MOVED BY: Carol Mieras

SECONDED BY: Paola Azzuolo

***THAT** the agenda be approved as presented.*

CARRIED

6.0 Consent Agenda

The Chair called for the adoption of the following Consent Agenda items.

- Registrar's Written Report of January 26, 2023
- Draft Board Minutes of October 20, 2022
- Finance & Audit Minutes of September 28, 2022
- Governance Minutes of October 6, 2022
- Executive Minutes of September 29, 2022

MOVED BY: Jennifer Henderson

SECONDED BY: Carol Mieras

***THAT** the Board adopts the Consent Agenda items as listed.*

CARRIED

7.0 Registrar's Report

7.1 Presentation: Q2 FY2022-2023 Operational Projects Status Report

The Registrar presented on the status of operational initiatives for Q2 FY2022-2023 and responded to questions. Kimberly Woodland, Director of Programs, presented on statistics about *OT Across Canada (CIHI) 2021*, and responded to questions.

7.2 Quarterly Performance Report

Heather McFarlane reported that the Quarterly Performance Report was prepared with input from both statutory and non-statutory committees. The information provided today represents an overview of the work accomplished in Q2 FY2022-2023.

MOVED BY: Heather McFarlane

SECONDED BY: Paola Azzuolo

***THAT** the Board receives the Quarterly Report for Q2 FY2022-2023.*

CARRIED

7.3 Risk Management Report

Vincent Samuel provided an overview of the risk management process and how the report is structured. He reported that overall risk levels remained the same and no new risks were added in Q2 FY2022-2023.

MOVED BY: Vincent Samuel
SECONDED BY: Faiq Bilal

THAT the Board receives the risk management report.

CARRIED

8.0 Finance

8.1 Q2 FY2022-2023 Financial Report

Allan Freedman gave an overview of the financial report and reported that the College is well on track with the budget of this fiscal year. Members expressed concern related to the delay of the Enterprise System Project. The project is on budget as previously approved by the Board.

MOVED BY: Allan Freedman
SECONDED BY: Jennifer Henderson

THAT the Board receives the Q2 FY2022-2023 Financial Report as presented.

CARRIED

8.2 Allowable Expenses Policy

The Allowable Expenses Policy is reviewed annually. The Board held a discussion regarding the proposed changes and approved all changes with the exception of the change from 50 to 75 kilometers for allowable hotel expenses. The motion was amended. The Honoraria Policy was provided for information only.

MOVED BY: Allan Freedman
SECONDED BY: Faiq Bilal

THAT the Board approves the proposed changes to the Allowable Expenses Policy with an amendment to maintain the 50 kilometre distance for hotel expenses.

CARRIED

8.3 Registration Fees

Allan Freedman explained that in the past years, due to a growing registrant base, new technology requirements, increased government reporting, and inflation have all resulted in the College facing deficits year-over-year. Despite the implementation of cost-cutting measures, the College must now increase revenue to sustain operations in order to fulfill its public protection mandate. The Board reviewed the proposed options and held a discussion.

MOVED BY: Allan Freedman
SECONDED BY: Jennifer Henderson

THAT the Board approves the plan for increasing Registration Fees by up to 2% annually for a maximum of 5 years.

CARRIED

(10 in favour, 4 opposed)

8.4 Human Resources Matter (*in camera*)

The Chair called for an *in camera* session to discuss a human resources matter. Guests and staff, except for Elinor, Seema, and Andjelina, left the meeting. The Board held a discussion.

MOVED BY: Heather McFarlane

SECONDED BY: Carol Mieras

THAT the Board moves in camera to discuss a confidential human resources matter.

CARRIED

MOVED BY: Jennifer Henderson

SECONDED BY: Faiq Bilal

THAT the Board approves the inclusion of the proposed changes to the College's pension plan in the FY23/24 budget.

CARRIED

MOVED BY: Carol Mieras

SECONDED BY: Sarah Milton

THAT the Board approves the in camera decision be moved to the regular Board minutes.

CARRIED

MOVED BY: Jennifer Henderson

SECONDED BY: Faiq Bilal

THAT the Board moves out of camera

CARRIED

9.0 Governance

9.1 Governance Plan – Next Steps

The Board discussed the plan recommended by the Governance Committee to restructure the electoral districts from six to three as part of the implementation plan for reducing the size of the Board. In addition, it was also recommended that the terms of reference for the Nominations Committee be restructured to include the tasks of recruiting and recommending professional appointees to statutory committees as well as any community appointees that might be needed in the future. It was further recommended that the Nominations Committee be composed of community appointees only. The Board also discussed the recommendation of the Governance Committee to ask for volunteers to step down from the Board when the implementation of the smaller Board is to take place – prior to April 2024, and if that doesn't produce the goal number of appointees, to then allow attrition to reduce the number more gradually.

MOVED BY: Carol Mieras

SECONDED BY: Teri Shackleton

THAT the Board restructures the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method.

CARRIED

9.2 Appointment of Nominations Committee

Elinor explained that the current Nominations Committee is appointed annually by the Board to oversee the officer election process which takes place at the March Board meeting. The committee is typically comprised of two or three Board members who are either retiring from the Board or who do not wish to stand for a position. The appointment of a combination of public and professional members is preferred.

MOVED BY: Heather McFarlane

SECONDED BY: Carol Mieras

THAT the Board approves the appointment of Jennifer Henderson and Sabrina Shaw to the Nominations Committee.

CARRIED

9.3 Ratification of Changes to Statutory Committee Composition

Vincent explained that the Executive Committee recently approved changes to the composition of two statutory committees in order to accommodate the workload of a public member. The Board was asked to ratify these changes today.

MOVED BY: Vincent Samuel

SECONDED BY: Paola Azzuolo

THAT the Board agrees to remove Brittany O'Brien from the Inquiries Complaints and Reports Committee and appoint her to the Patient Relations Committee as determined at the January 9, 2023, Executive Committee Meeting.

THAT the Board agrees to remove Nick Dzudz from the Patient Relations Committee and appoint him to the Inquiries Complaints and Reports Committee, as determined at the January 9, 2023, Executive Committee Meeting.

CARRIED

9.4 Academic Appointment to the Board

Donna Barker left the meeting having earlier declared a conflict of interest. Allan explained that Donna Barker's term will end in March 2023, and that she will not seek reappointment. The appointment of a replacement academic member is complicated by the academic yearly schedule. It is recommended that Donna be appointed for an additional three months to the end of June which will coincide with the academic year. Donna returned to the meeting at the conclusion of this item.

MOVED BY: Allan Freedman

SECONDED BY: Carol Mieras

THAT the Board reappoints Donna Barker for a period of 3 months to end of June 30, 2023.

CARRIED

9.5 Professional Reappointment to Quality Assurance Subcommittee

Quality Assurance Subcommittee member, Debra Kennedy's first term will end on June 30, 2023. The Subcommittee is satisfied with Ms. Kennedy's work and recommends her reappointment for a second three-year term.

MOVED BY: Teri Shackleton

SECONDED BY: Elizabeth Gartner

***THAT** the Board approves the reappointment of Debra Kennedy to the Quality Assurance Subcommittee, for a second three-year term commencing July 1, 2023.*

CARRIED

10.0 New Business

10.1 Proposed Standards of Practice

The proposed Standards of Practice were brought forward for final approval for publication. The Board congratulated the committee and the staff team for all their hard work on this project and provided positive commentary about its outcome.

MOVED BY: Heather McFarlane

SECONDED BY: Sarah Milton

***THAT** the Board approves the proposed Standards of Practice for Publication.*

CARRIED

10.2 Diversity, Equity, and Inclusion (DEI) Plan

Stamatis Kefalianos presented the work that the College has done so far on the DEI, including a comparison of our status to an international benchmark. The College will use this process and tool to set goals and objectives over the next several years to move us towards a proactive status.

MOVED BY: Jennifer Henderson

SECONDED BY: Paola Azzuolo

***THAT** the Board receives the College's Diversity, Equity and Inclusion Plan.*

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

Members were asked to complete the electronic Board Meeting Evaluation for today's meeting and were encouraged to provide recommendations for future improvements.

12.2 Annual Board Member Self-Evaluation

Members were asked to complete the electronic Annual Board Member Self-Evaluation and were encouraged to provide recommendations for future improvements.

12.3 Annual Board Evaluation

Members were asked to complete the electronic Annual Board Evaluation and were encouraged to provide recommendations for future improvements.

13.0 Next Meetings

- Board Meeting: Thurs., March 30, 2023, 9:00 a.m. – 4:00 p.m. at the College
- Board Meeting: Thurs., June 22, 2023, 9:00 a.m. – 3:30 p.m. at the College

14.0 Adjournment

There being no further business, the meeting was adjourned at 2:47 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: Status of Implementation of Board Decisions

| Board Meeting Date | Decisions | Current Status |
|--------------------|---|------------------------|
| January 26, 2023 | THAT the Board receives the College's Diversity, Equity and Inclusion Plan | Complete |
| January 26, 2023 | THAT the Board approves the proposed Standards of Practice for Publication. | Complete |
| January 26, 2023 | THAT the Board approves the reappointment of Debra Kennedy to the Quality Assurance Subcommittee, for a second three-year term commencing July 1, 2023. | Complete |
| January 26, 2023 | THAT the Board reappoints Donna Barker for a period of 3 months to end of June 30, 2023. | Complete |
| January 26, 2023 | THAT the Board agrees to remove Brittany O'Brien from the Inquiries Complaints and Reports Committee and appoint her to the Patient Relations Committee as determined at the January 9, 2023, Executive Committee Meeting. THAT the Board agrees to remove Nick Dzudz from the Patient Relations Committee and appoint him to the Inquiries Complaints and Reports Committee, as determined at the January 9, 2023, Executive Committee Meeting. | Complete |
| January 26, 2023 | THAT the Board approves the appointment of Jennifer Henderson and Sabrina Shaw to the Nominations Committee | Complete |
| January 26, 2023 | THAT the Board restructures the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method. | Ongoing |
| January 26, 2023 | THAT the Board approves the inclusion of the proposed changes to the College's pension plan in the FY23/24 budget | Implementation pending |

| Board Meeting Date | Decisions | Current Status |
|---------------------------|---|------------------------|
| January 26, 2023 | <i>THAT the Board approves the plan for increasing Registration Fees by up to 2% annually for a maximum of 5 years.</i> | Implementation pending |
| January 26, 2023 | <i>THAT the Board approves the proposed changes to the Allowable Expenses Policy with an amendment to maintain the 50 kilometre distance for hotel expenses.</i> | Complete |
| October 20, 2022 | <i>THAT the Board adopts the new College logo for use by the College.</i> | Complete |

DRAFT

BOARD MEETING MINUTES - DRAFT

DATE: Monday, February 13, 2023 **TIME:** 11:00 a.m. to 12:00 p.m. *via Zoom*

In Attendance:

DIRECTORS:

Stephanie Schurr, *Chair*
Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Nick Dzudz
Allan Freedman
Elizabeth Gartner
Jennifer Henderson
Heather McFarlane
Carol Mieras
Sarah Milton
Vincent Samuel
Sabrina Shaw

GUESTS:

OBSERVERS:

Asna Ali, *Ministry of Health of Ontario (MOH)*
Marnie Lofsky, *OSOT*
Seema Sindwani, *OSOT*

STAFF:

Elinor Larney, *Registrar and CEO*
Leandri Engelbrecht, *Manager, Registration/Interim Manager, Investigations and Resolutions*
Stamatis Kefalianos, *Director of Regulatory Affairs*
Tim Mbugua, *Policy Analyst*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

Brittany O'Brien
Teri Shackleton

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 11:01 a.m.

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 stated that Board members were asked to provide declarations of conflict of interest prior to the meeting and that none were received.

5.0 Approval of Agenda

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

MOVED BY: Paola Azzuolo

SECONDED BY: Nick Dzudz

THAT the agenda be approved as presented.

CARRIED

6.0 New Business

6.1 Emergency Class Registration Regulation

Jennifer Henderson, Chair of the Registration Committee, explained that in April 2022, the Ontario Government passed the Pandemic and Emergency Preparedness Act, 2022 that amended the Regulated Health Professions Act, 1991 (RHPA) to require all regulated health colleges to establish emergency classes of registration. The goal of this legislation is to ensure the province is pandemic and emergency-ready by addressing labour shortages in the health sector. She further added that this special Board meeting was called to ensure the College is ready for compliance with this legislation by May 1, 2023, the date the Ministry of Health requires all proposed regulations to be submitted. The emergency class of registration regulation is expected to come into force on August 31, 2023. The Board held a discussion.

MOVED BY: Jennifer Henderson

SECONDED BY: Faiq Bilal

THAT the Board approves the amended proposed Emergency Class Registration regulation for circulation as presented and including several minor recommendations for clarification provided today.

CARRIED

7.0 Next Meetings

- Board Meeting: Thurs., March 30, 2023, 9:00 a.m. – 4:00 p.m. at the College
- Board Meeting: Thurs., June 23, 2023, 9:00 a.m. – 3:30 p.m. at the College

8.0 Adjournment

There being no further business, the meeting was adjourned at 11:30 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: Status of Implementation of Board Decisions

| Board Meeting Date | Decisions | Current Status |
|---------------------------|---|-----------------------|
| February 13, 2023 | THAT the Board approves the amended proposed Emergency Class Registration regulation for circulation as presented and including several minor recommendations for clarification provided today | Complete |
| January 26, 2023 | THAT the Board receives the College's Diversity, Equity and Inclusion Plan | Complete |
| January 26, 2023 | THAT the Board approves the proposed Standards of Practice for Publication. | Complete |
| January 26, 2023 | THAT the Board approves the reappointment of Debra Kennedy to the Quality Assurance Subcommittee, for a second three-year term commencing July 1, 2023. | Complete |
| January 26, 2023 | THAT the Board reappoints Donna Barker for a period of 3 months to end of June 30, 2023. | Complete |
| January 26, 2023 | THAT the Board agrees to remove Brittany O'Brien from the Inquiries Complaints and Reports Committee and appoint her to the Patient Relations Committee as determined at the January 9, 2023, Executive Committee Meeting. THAT the Board agrees to remove Nick Dzudz from the Patient Relations Committee and appoint him to the Inquiries Complaints and Reports Committee, as determined at the January 9, 2023, Executive Committee Meeting. | Complete |
| January 26, 2023 | THAT the Board approves the appointment of Jennifer Henderson and Sabrina Shaw to the Nominations Committee | Complete |

| Board Meeting Date | Decisions | Current Status |
|--------------------|--|------------------------|
| January 26, 2023 | THAT the Board restructures the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method. | Ongoing |
| January 26, 2023 | THAT the Board approves the inclusion of the proposed changes to the College's pension plan in the FY23/24 budget | Implementation pending |
| January 26, 2023 | THAT the Board approves the plan for increasing Registration Fees by up to 2% annually for a maximum of 5 years. | Implementation pending |
| January 26, 2023 | THAT the Board approves the proposed changes to the Allowable Expenses Policy with an amendment to maintain the 50 kilometre distance for hotel expenses. | Complete |
| October 20, 2022 | THAT the Board adopts the new College logo for use by the College. | Complete |

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: Wednesday, January 11, 2023 **TIME:** 9:30 a.m. – 11:30 a.m. via video conference

In Attendance:

MEMBERS:

Allan Freedman, *Chair*

Paola Azzuolo

Neelam Bal

GUESTS:

None

OBSERVERS:

None

STAFF:

Elinor Larney, Registrar and CEO

Seema Singh-Roy, Director of Finance, People and Corporate Services

Kimberly Woodland, Program Director

Grace Jacob, Finance and Corporate Services Associate, *Scribe*

REGRETS:

Sabrina Shaw

1.0 Call to Order

Chair, Allan Freedman, welcomed everyone and called the meeting to order at 9:28 a.m.

2.0 Public Protection Mandate

The chair reminded all Committee members about the public protection mandate of the College and reminded everyone that all decisions are to be made in the public interest.

3.0 Land Acknowledgement*

The Chair invited members to silently read the Land Acknowledgement (Appendix 1).

4.0 Declaration of Conflict of Interest

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

5.0 Terms of Reference – Finance and Audit Committee

The Chair reminded all members to read and to review the terms of reference for the Finance and Audit Committee.

6.0 Approval of Agenda

6.1 January 11, 2023

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

MOVED BY: Neelam Bal

SECONDED BY: Paola Azzuolo

***THAT** the agenda be approved as presented (or amended).*

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes – September 28, 2022

The Chair asked if all members of the Committee had reviewed the Finance and Audit (FA) Committee draft minutes from September 28, 2022. The Chair asked the attendees if they had any additions or changes to the minutes. No additions or changes were required.

MOVED BY: Neelam Bal

SECONDED BY: Paola Azzuolo

***THAT** the draft Finance and Audit Committee minutes of September 28, 2022, be approved as presented (or amended).*

CARRIED

8.0 Verbal Report

Seema Singh-Roy provided the verbal report to the FA Committee, with a general update on what's occurring at the College. Seema informed attendees that the College is still facing a lot of HR pressures and expressed that this is quite common as many other organizations are experiencing the same issues. The HR role has been filled and this employee will be working on our HR strategy as well as its execution, however much of this employee's time has been spent on recruitment. The College has hired a new communications associate that started last week and will be looking to fill the QA role very soon. In the last few months of 2022, the College conducted an excellent Leadership workshop as well as a staff workshop that focused on our values, energy, and attitude to foster a good culture and work environment. This initiative to continue in 2023 as positive feedback from employees was received. The Enterprise-Wide System is scheduled to go live early February 2023. Currently employees are busy testing the new system and getting prepared for go live. Elinor emphasized that the HR pressures are very unfortunate, but the College must carry on. Allan asked a question as to whether exit interviews are being conducted with all employees that are leaving the College and Seema confirmed that they are absolutely being done and their feedback is being documented.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Workplan

Seema reminded the FAC members that the committee is a non-statutory body. She explained that the main mandate of the committee is to assist the Board of fulfilling its obligations and oversight responsibilities as it relates to the financial planning, reporting, external audit and internal controls, investments, and policies. The Chair asked if there were any questions. None were asked from the members.

10.0 Finance Update

10.1 FY22/23 Q2 Financial Summary Report

Director of Finance, People and Corporate Services provided a review of the Statement of Financial position and Statement of Operations as per the briefing note provided. Seema reiterated that the items on the Statement of Financial positions are quite aligned to last year. Seema also communicated that looking at the Statement of Operations, the College is doing well and on track with budget, and that all Statutory government remittances were up to date. The Chair asked members if they had any questions, and none were asked.

MOVED BY: Paola Azzuolo
SECONDED BY: Neelam Bal

THAT the Committee recommends to the Board approval of the FY22/23 Q2 Financial report, as presented.

CARRIED

10.2 Revised 5-year Forecast.

Director of Finance, People and Corporate Services provided an overview of the revised 5-year Forecast to the committee members.

The Chair asked the members if they had any questions. Paola communicated her concerns with the staff merit increases of 2 ½% as Occupational Therapists are capped at a 1% increase with Bill C124. Elinor explained how the salaries are structured at the College, which are based on an employee's scale and title. She reiterated that a salary survey is done to compare COTO's salaries with other organizations and Colleges. The focus is to ensure that the College remains competitive to retain its staff.

10.3 Staff Pension Plan

Director of Finance, People and Corporate Services provided an overview of the proposed Staff Pension Plan to the members. She explained that employees are currently entitled to 6% RRSP contribution once they've worked at the College for a year. To remain competitive as an employer, a study was conducted comparing our current RRSP plan with other Colleges. It was determined that several of them were offering a Defined Benefit Plan with the Healthcare

of Ontario Pension Plan also referred to as HOOP. Consensus of the Finance and Audit committee was that this item should move forward and be presented to the Board.

10.4 Registration Fees

Director of Finance, People and Corporate Services summarized the reasoning as to why a registration fee increase was being proposed. She explained that the College is heading into a continued period of deficits which is not sustainable for the College. Although the College has worked diligently at controlling costs and finding efficiencies to support the growing registrant base without increasing fees for 15 years, there is a need to maintain the reserves we have on hand to operate with certainty for the future. Neelam suggested that comparable figures of other Colleges like COTO be available when presenting this to the Board might be helpful to assist with decision making.

MOVED BY: Neelam Bal

SECONDED BY: Paola Azzuolo

***THAT** the Committee recommends that the Board approves the plan for increased Registration fees.*

CARRIED

10.5 Investment Report as at October 31, 2022

Seema reviewed the investment briefing note and overview of the changes since the last FA Committee meeting.

10.6 Overview of Insurance Coverage

Seema communicated that the briefing note provided a summary of our current insurance which lists the details of each type of insurance coverage, total coverage, and the terms of premiums. She let the members know that we contacted HIROC insurance to make sure that our insurance coverage is typical of other organizations like ours and they confirmed "yes".

10.7 Allowable Expenses – Policy Amendment and Review of Honoraria Policy

Seema summarized the changes proposed on the Allowable Expenses policy and opened it up for discussion. All were in favor of the proposed changes and submission to the Board for approval.

MOVED BY: Paola Azzuolo

SECONDED BY: Neelam Bal

***THAT** the Committee recommends to the Board approval of the amendments to the Allowable Expense Policy.*

CARRIED

In-Camera

The Chair requested a motion to go in-camera as he had a question to raise. All members agreed. Question was asked and answered by Elinor, the Chair then raised a motion to go off camera. All members agreed to go off camera.

11.0 Results from Finance and Audit Committee Effectiveness Survey

The Chair presented the results of the Finance and Audit Effectiveness Survey, and some areas of the survey were discussed in further detail.

12.0 NEXT MEETING

The next Finance and Audit Committee is scheduled for March 16, 2023.

13.0 Adjournment

There being no further business, the meeting was adjourned at 11:26 a.m.

MOVED BY: Neelam Bal

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.

GOVERNANCE COMMITTEE MINUTES

DATE: Monday, January 6, 2023 **TIME:** 1:00 p.m. to 4:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

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

STAFF:

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

REGRETS:

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 1:00 p.m.

2.0 Public Protection Mandate

The Chair stated that all decisions are made in the best interest of the public.

3.0 Land Acknowledgement

The Chair read aloud the Land Acknowledgement (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: Carol Mieras

SECONDED BY: Jennifer Henderson

THAT the agenda be approved as presented.

CARRIED

6.0 Governance Committee Terms of Reference

The Chair stated that the committee terms of references are included as a resource in meeting packages and encouraged their review prior to meetings.

7.0 Approval of Minutes

7.1 Draft Minutes of October 6, 2022

The Chair called for edits to the draft minutes of October 6, 2022 . None were reported.

MOVED BY: Brittany O'Brien

SECONDED BY: Carol Mieras

***THAT** the draft Governance Committee Minutes of October 6, 2022 be approved as presented.*

CARRIED

8.0 Committee/Chair Appointment Process

Stamatis explained that, in the past, it was the role of the Executive Committee to annually review and implement the process for selection of committee Chairs and composition of committees. As part of governance modernization initiatives, the Governance Committee has now assumed this role. The Board's newly developed competency framework will be used in the future to inform the selection and appointment process, which would align with best practices. It was agreed at the January 2022 Board Meeting that 1) Chair of the Board will automatically assume the role of Chair for the Governance Committee; 2) An Executive officer will automatically assume the role of Chair for the Finance and Audit Committee; 3) Immediately following the Election of Officers Meeting in March, the new Executive will appoint the Governance Committee which will meet at their earliest opportunity or within two weeks to determine the draft slate of Chairs and committee composition for the upcoming year and; 4) Board will hold a virtual meeting, as soon as possible following the Governance Committee meeting to approve the chair and committee composition appointments. No process changes were recommended at this time.

MOVED BY: Vincent Samuel

SECONDED BY: Carol Mieras

***THAT** the Governance Committee approves the temporary process for appointment of committee Chairs and committee composition.*

CARRIED

9.0 Officer Nomination Process

Stamatis explained that, in the past, it has been the role of the Executive Committee to coordinate and facilitate the Officer Nominations process. This includes initiating the Nominations Committee through Board appointments at the January meeting. The Governance Committee has now assumed this role as part of governance modernization initiatives. The purpose of the Nominations Committee is to ensure that there is at least one candidate who has agreed to stand for each of the officer positions. No process changes are recommended at this time.

MOVED BY: Jennifer Henderson

SECONDED BY: Carol Mieras

***THAT** the Governance Committee approves the 2023 Process for Nominations for the Board Executive.*

CARRIED

10.0 Board Education Evaluation Feedback

The committee reviewed feedback from the Board Education Session held in October 2022. Overall, the session was very well received, and Board members expressed satisfaction with the way it was facilitated and what was accomplished.

11.0 Governance Update – Next Steps

The Governance Committee reviewed the options for next steps for governance and will propose the following to the Board, after much discussion:

- Elections – Move from 6 to 3 electoral districts. This will result in equal distribution of votes and voter engagement.
- Academic Director – Keep same process for now, one director recommended by the OT programs to be officially appointed by the Board.
- Board members to voluntarily step down: The Board Chair will speak to each Director to ascertain willingness/intentions. For anyone who comes off the Board, the College will consider a statutory committee appointment so they can continue their work if they wish. If there are no volunteers from Directors to step down, an attrition model will be proposed in Bylaws.
- Application and screening of Board candidates: Keep same processes for now and revisit next year.
- On the issue of reducing the Board and statutory committee overlap, recommendation is to expand the Nominations Committee role to include the dual role of overseeing the Officer Nominations process as well as the screening process for candidate appointments to committees. The committee terms of references will be revised and brought forward to the March board meeting for approval. The Nominations Committee will be composed of three community appointees and be paid the same per diem as other committee members. The Board will appoint committee members for the June Board meeting.

MOVED BY: Carol Mieras

SECONDED BY: Jennifer Henderson

THAT the Governance Committee recommends to the Board that the electoral districts be redistributed, a Nominations Committee be established, and approve the plan to reduce the overlap of Board and statutory committees using a volunteer method.

CARRIED

12.0 Bill 36

Stamatis updated the committee on Bill 36, *Health Professions and Occupations Act*, relating to governance modernization of British Columbia's health regulatory system. This was provided for information only.

13.0 Next Meeting

Doodle with meeting dates for early March will follow after the January Board meeting.

14.0 Adjournment

There being no further business, the meeting was adjourned at 3:32 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 |
|-------------------|--|--|
| January 6, 2023 | THAT the Governance Committee approves the 2023 Process for Nominations for the Board Executive. | Completed |
| January 6, 2023 | THAT the Governance Committee recommends to the Board that the electoral districts be redistributed, a Nominations Committee be established, and approve the plan to reduce the overlap of Board and statutory committees using a volunteer method. | Completed |
| January 6, 2023 | THAT the Governance Committee approves the temporary process for appointment of committee Chairs and committee composition | Completed |
| September 9, 2021 | THAT the Governance Committee approves the Skills and Diversity Matrix tool as amended. | Skills matrix complete, Diversity matrix pending |

EXECUTIVE COMMITTEE MINUTES

DATE: Monday, January 9, 2023 **TIME:** 1:00 p.m. – 4:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

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

STAFF:

Elinor Larney, *Registrar & CEO*
Sandra Carter, *Manager, Practice, (item 9.3)*
Stamatis Kefalianos, *Director, Regulatory Affairs, (item 9.2)*
Kimberly Woodland, *Director, Programs, (item 9.3)*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 12:59 p.m.

2.0 Public Protection Mandate

The Chair reminded members that all discussions and decisions are to reflect the College's public protection mandate.

3.0 Land Acknowledgement

The Chair read aloud 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 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

6.0 Executive Committee Terms of Reference

The Chair referred to the committee Terms of Reference and encouraged members to review them prior to meetings.

7.0 Approval of Minutes

7.1 Draft Executive Minutes – September 29, 2022

The Chair called for edits to the draft Executive Minutes of September 29, 2022. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the draft Executive Minutes of September 29, 2022 be approved as presented.

CARRIED

8.0 Registrar's Report

8.1 Registrar's Verbal Report

Academic Director

Elinor is in contact with university OT program directors regarding an academic replacement for Donna Barker whose term ends in March 2023. More discussion on this today under item 10.2.

Elections – Districts 2 and 4

A call for nominations is currently underway to fill three Board positions: Two in District 2, and one in District 4. Elinor held an information webinar in December, and another will be held tomorrow. In addition to completing the online nomination and consent forms, candidates are also required to complete the new Board Education Module.

Bill 106, Pandemic and Emergency Preparedness Act, 2022

Bill 106, passed into law in November 2022, affects the College's registration program in two ways. First, the requirement by January 1, 2023, to include a new language test, used by the Federal Government for immigration purposes, as an acceptable test of English or French language skills. Second, the Act requires the College to develop a regulation instituting an emergency class of registration. This regulation will require special Board Meetings in February and April 2023 to approve that the regulation be circulated for stakeholder consultations, and then again for final approval before the August 2023 deadline.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

Turnover of ACOTRO Board Directors is high at the moment, with two retirements, and two others leaving their regulator roles. The amalgamation of health regulatory colleges in British Columbia has not impacted the work of ACOTRO at this point.

Internal

- Two I & R junior staff have left the College to pursue other opportunities. The College is reviewing the roles and recruitment will begin soon.

Enterprise System Project

Elinor reported that despite very slow progress, the project is moving ahead. The College is hopeful that a launch can begin in time for annual renewal, however, we will not launch the new

product if it is not sufficiently ready and tested. We have been in constant communication with the vendor to keep them moving on the necessary work.

College Performance Measurement Framework (CPMF)

The College is anticipating receipt soon of the latest version of the CPMF from the ministry for submission by March 31, 2023. In the meantime, the staff is working to gather information based on last year's report. It will come to the Board for final approval at their meeting in March 2023.

Governance Policies Review

A full policy review is underway, and the plan is to bring this to the June Board Meeting for approval. A consultant will be engaged to assist with this work.

8.2 Risk Management Report

Elinor reported that three categories of risk with a high risk status remain on the report. Risks related to Governance Modernization and the Enterprise System will remain at a high level because they are ongoing and significant projects. Executive held a discussion to downgrade from high to moderate, the operational risk related to the pandemic and hybrid operations.

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

***THAT** Executive receives the Risk Management Report.*

CARRIED

9.0 Business Arising

9.1 Committee Work Plan

Executive reviewed the work plan and updated it. Policy Review item will be added.

9.2 Diversity, Equity, and Inclusion (DEI) Plan

Stamatis Kefalianos joined the meeting. He stated that the purpose of this item is to keep the Board informed about activities and plans related to the College DEI plan. Through the CPMF, the ministry has asked colleges to develop a DEI assessment tool (or use theirs) and develop a formal DEI plan. The College has undertaken a number of initiatives such as conducting education sessions for both the Board and staff and reviewing internal and external policies through the DEI lens and has made changes, as necessary. There is no formal plan yet, however the College is making progress.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** Executive recommends the College's Diversity, Equity, and Inclusion Plan be brought forward to the Board for their information.*

CARRIED

9.3 Standards of Practice

Sandra Carter and Kim Woodland joined the meeting. Sandra reported on feedback received from the stakeholder consultations recently conducted on the draft Standards of Practice. Feedback will be incorporated into the document as appropriate, and legal advice obtained.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** Executive recommends the Standards of Practice be forwarded to the Board for review and approval for publication.*

CARRIED

10.0 Governance

10.1 Recommendations for Changes to Statutory Committee Composition

Elinor explained that in order to accommodate a Board member with scheduling challenges related to an increase in their professional responsibilities, a change to committee composition is recommended. These changes will be brought to the January Board meeting for ratification.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** the Executive removes Brittany O'Brien from the Inquiries Complaints and Reports Committee and appoints her to the Patient Relations Committee, effective immediately, and that these changes be brought to the January Board meeting for ratification.*

***THAT** the Executive removes Nick Dzudz from the Patient Relations Committee and appoints him to the Inquiries Complaints and Reports Committee, effective immediately, and that these changes be brought to the January Board meeting for ratification.*

CARRIED

10.2 Academic Appointment to the Board

Elinor explained that Donna Barker's term will end in March 2023. To comply with College bylaws, at least one academic member must serve on the Board. Elinor is in regular contact with university OT programs and in order to better align with the academic year, it was suggested that a replacement begin their term once the school year has ended. In order to facilitate this, it is recommended to reappoint Donna for 3 months, to end immediately after the June Board Meeting. Donna has expressed her willingness to be reappointed for this period of time, and she is eligible, having served six years thus far.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** Executive recommend to the Board that they reappoint Donna Barker for a period of three months to the end of June 2023.*

CARRIED

10.3 Annual Board Evaluation Process

Elinor stated that the Executive Committee coordinates and facilitates the Annual Board and Self-evaluation process. In the past, the College did not collect self-evaluation feedback and the Annual Board Evaluation was anonymous. The Board decided at their October 2022 meeting that Board members would identify themselves on all surveys in the future. The Board Chair will review all the feedback and may decide to share it with the Executive (only) if action is deemed necessary. Executive reviewed the process and questionnaire template. No changes are recommended at this time.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

THAT Executive approves the Annual Board Evaluation, to be implemented in January 2023.

CARRIED

10.4 Draft Board Minutes – October 20, 2022

Executive reviewed the draft Board minutes.

10.5 Board Education Session Feedback – October 19, 2022

The Chair stated that feedback overall was positive. Members expressed they were happy with the outcome of the session and its facilitation and are looking forward to next steps in the governance modernization process.

10.6 Board Meeting Evaluation Report – October 20, 2022

The Chair stated that feedback overall was quite positive. She followed up by phone with a member regarding some feedback that required clarification.

10.7 Draft Board Agenda – January 26, 2023

Executive reviewed and finalized the January 26, 2023 Board agenda.

11.0 Next Meetings

A Doodle will be circulated for the next meeting after the upcoming Board Meeting with date options the week of March 6, 2023.

12.0 Adjournment

There being no further business, the meeting was adjourned at 3:01 p.m.

MOVED BY: Allan Freedman

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.

Q3 2022-2023 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 different 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 Board oversight of the strategic plan, committees, finance, risk, and Regulated Health Professions Act (RHPA) compliance 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).

Statutory Compliance: Percent of decision letters sent to registrants on time as per 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

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| Workplan 2022/2023 | Possible RHPA and or Governance model changes |
| | Board Orientation, Education, and Policy Review |
| | Oversight of Risk Management and Registrar |
| | 2023 Elections of Board Members |
| | Exam and Accreditation (high level oversight monitoring) |

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| Q1 | Committee Activities: Meetings held: 1) June 1, 2022 , reviewed Risk management report/Annual risk register, annual registrar performance evaluation process, revised Board Policy RL9: Emergency Registrar Replacement, discussed return to in-person meetings and Board Education Session plans, finalized Board agenda. 2) August 2, 2022 , reviewed outcome of the annual registrar performance evaluation, 3) August 15, 2022 , met with Director of Finance & Corporate Services to discuss registrar performance evaluation and next steps. |
| | Decisions Not Requiring Board Approval: Risk management report/Annual risk register, annual registrar performance evaluation process |
| | Decisions Requiring Board Approval: RL9-Emergency Registrar Replacement policy approved at June Board meeting |

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| Q2 | Committee Activities: Meetings held: 1) September 29, 2022 , reviewed risk management report, 2021 Annual Report, discussed update to College Logo, implementation of Equity Impact Assessment Tool, change to Committee Effectiveness and Board meeting evaluations, and finalized Board Education Day planning. |
| | Decisions Not Requiring Board Approval: N/A |
| | Decisions Requiring Board Approval: 2021 Annual Report, College Logo, Equity Impact Assessment Tool, and Committee Effectiveness Surveys. |

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| Q3 | Committee Activities: One meeting held: 1) January 9, 2023: Reviewed and approved risk management report and annual Board evaluation process. Reviewed and recommended Board approval for Diversity, Equity and Inclusion (DEI) plan, Standards of Practice for publication, academic appointment to the Board (3-month extension), and Board ratification of statutory committee composition changes |
| | Decisions Not Requiring Board Approval: Annual Board evaluation process |
| | Decisions Requiring Board Approval: DEI plan, Standards of Practice, academic appointment extension, statutory committee composition changes |

Governance

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, System Impact

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| Workplan 2022/2023 | Develop plan to reduce Board size |
| | Develop an online orientation program for Board and Committee Members prior to election or appointment |
| | Make bylaw changes to support governance modernization |
| | Develop a plan to reduce overlap of Board and Committee members |

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| Q1 | Committee Activities: There were no meetings held in Q1. |
| | Decisions Requiring Board Approval: N/A |

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| Q2 | Committee Activities: There was one meeting held in Q2. Committee reviewed the College's initiatives to date on governance reform and discussed the two outstanding items left on the governance workplan: reducing the board size and the separation of Board and Statutory Committees. In preparation for the upcoming education session the Board briefing note was prepared for the Committee's review, which included a brief description of the issues and options for the Board's consideration. Committee felt that the briefing note provided enough background and did not provide any additional feedback. Committee also reviewed the findings of a governance report of another regulatory college. A discussion on some of recommendations of the report ensued. Though this review was focused on one college, the issues and recommendations are easily transferable across most areas and are worthy of consideration. After discussion, a motion was put forward for the College to stop with anonymized Board and Committee evaluations. |
| | Decisions Requiring Board Approval: There are two: 1) The Board approves, in principle, the direction to reduce the size of the Board to 12-14 members as allowed in legislation, and to reduce the overlap between Board and Statutory Committee members as allowed by legislation. 2) All Board and Committee members include their name on all Board meetings and Committee Effectiveness surveys. |

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| Q3 | Committee Activities: There was one meeting held in Q3. As part of the governance modernization initiatives, Committee reviewed the current Committee/Chair appointment process as well as the Officer Nomination process. No changes are recommended for this year. Committee also reviewed the feedback from the Board Education session held in October 2022 which was well received. Finally, the Committee reviewed the options discussed following the Board education session related to reducing the board size and the overlap between Board and Statutory Committee members. This included moving from six to three electoral districts with two elected directors in each district. To accommodate a smaller board, the Board chair will speak with current elected directors to ascertain their willingness or intention to step down voluntarily and consider a committee appointment. On the issue of reducing the board and committee overlap, the recommendation is to |
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| | expand the Nominations Committee role to also act as a screening process for committee and chair appointments. Changes to bylaws and committee terms of references will be brought forward at it's next meeting to implement these changes pending board approval. |
| | Decisions Requiring March Board Approval: The Governance Committee recommends to the Board that the electoral districts be redistributed, a Nominations Committee be established, and approve the plan to reduce the overlap of Board and Statutory Committees using a volunteer method. |

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

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| Workplan 2022/2023 | Review quarterly financial reports and annual projected budget for recommendation to the Board |
| | Review draft audited financial statements for recommendation to the Board |
| | Review updated five-year financial forecast |
| | Review internal controls matrix |
| | Review investment portfolio to determine if policy changes are warranted |
| | Review and update policies governing financial and investment matters |
| | Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency |
| | Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board |

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| Q1 | <p>Committee Activities: Met on August 23, 2022. The Committee reviewed the Finance and Audit mandate and annual work plan. Management presented the draft Audit Financial Statements from the auditors for the Committee to review and report to the Board at a later date. The Committee was provided with an orientation on the structure and elements of the audited financial statements. The Committee reviewed the College's 5-year Finance Forecast, which was provided for discussion and information purposes. The Committee reviewed and discussed the FY21/22 Q4 Financial Report and has recommended it to the Board for approval. The Committee reviewed the FY21/22 Q4 Investment Report. No issues were identified. The Committee reviewed and discussed the College's internal control matrix, with management reporting that internal controls are operating effectively.</p> <p>Finance Report: FY21/22 Q4 Financial Summary Report was reviewed and recommended for Board approval.</p> <p>Decisions Requiring Board Approval: FY21/22 Q4 Financial Summary Report</p> |
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| Q2 | <p>Committee Activities: Met on September 23, 2022. The Committee reviewed the Finance and Audit mandate and annual work plan. The auditor, Usman Paracha, attended the meeting and reviewed the FY21/22 Audited Financial Statements with the committee in the presence of management. The auditor answered questions. No issues were raised by either the auditor or the Committee. The Committee went in-camera with the auditor without management present. The Committee agreed to recommend to the Board for the approval of the Audited Financial Statements for the fiscal year ended May 31, 2022, as presented. The Committee deferred a discussion about the auditor until all components of the audit was completed. The Committee reviewed the FY22/23 Q1 Financial Report and has recommended it to the Board for approval. The Committee reviewed the Q1 Investment Report, no issues were identified. The Committee selected and agreed upon who would present at the October 20, 2022 Board meeting in the Chair's his absence.</p> |
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| | <p>Finance Report: The FY21/22 Audited Financial Statement were reviewed and recommended for Board approval. The FY22/23 Q1 Financial Summary Report was reviewed and recommended for Board approval.</p> <p>Decisions Requiring Board Approval: FY21/22 Audited Financial Statement, FY22/23 Q1 Financial Summary Report</p> |
| <p>Q3</p> | <p>Committee Activities: Met on January 11, 2023. The Committee reviewed the Finance and Audit mandate and annual work plan. The Chair asked the Committee members if there were any additions or changes to the Draft Finance and Audit minutes from September 28, 2022, none were reported. The Committee reviewed the FY22/23 Q2 Financial Summary Report and recommended it to the Board for approval. The revised 5-year Forecast was provided for discussion and information purposes. The proposed Staff Pension Plan with HOOP was discussed, and the Committee agreed to move forward in presenting it to the Board for approval. The proposed increase in Registration Fees of up to 2% over the course of the next five years was presented to the Committee and recommended to the Board for approval. The Committee reviewed Q2 investment report, no issues were identified. An overview of our current Insurance Coverage was provided to the Committee for information purposes, no issues or concerns were reported. The proposed amendments to the Allowable Expense Policy and review of the Honoraria Policy were discussed with the Committee and recommended to the Board for approval. The results of the Finance and Audit Committee Effectiveness Survey was presented and discussed in further detail.</p> <p>Finance Report: The FY22/23 Q2 Financial Summary Report was approved. The proposed Staff Pension Plan, Draft Finance and Audit Minutes from September 28, 2022 and the increase of Registration fees was approved by the Board. The proposed Allowable Expenses was slightly amended and approved by the Board.</p> <p>Decisions Requiring Board Approval: FY22/23 Q3 Financial Summary Report. Revisions to the Finance and Audit Terms of Reference.</p> |

Registration

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

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

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| Workplan 2022/2023 | Registration Committee policy review |
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| Q1 | Metrics | | | | | | | | | | | | |
|--|------------------------|----------|----------------|---|------------------|------------------------|--|---------------------|------------------|-------|----------------------|-------------|-----------|
| | 6616 Registrants | | | Application Processing Time 50.4 (Avg in Days) | | | Practicing without a Certificate | Liability Insurance | | | Expired Certificates | | |
| | 83 Certificates Issued | | | Resigned | CAN | IE | | Returning | Didn't Update | Lapse | I&R Referral | Provisional | Temporary |
| | CAN | IE | Returning | | | | | | | | | | |
| | 33 | 13 | 37 | 43 | 45.8 | 104.3** | 35.5 | 0 | 0 | 1 | 0 | 0 | 1 |
| Commentary: **shortest duration was 12 days and longest was 293 days. | | | | | | | | | | | | | |
| Cases | | | | | Meetings Held | Response Compliance | HPARB Appeals | Policies Updated | | | | | |
| Type | New | Resolved | Avg Case Time | | | | | | | | | | |
| Currency | 1 | | N/A – no cases | | 2 | N/A – no cases | 1 in process | 14/15 | | | | | |
| Education | | | | | | | | | | | | | |
| Examination | | | | | | | | | | | | | |
| Language | | | | | | | | | | | | | |
| Second Provisional Certificate | | | | | | | | | | | | | |
| Suitability to Practice | | | | | | | | | | | | | |

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| Outcomes | N/A – no cases |
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Committee Activities: Committee members received orientation training at the first meeting on **June 14, 2022** and reviewed the 2022-2023 Registration Committee work plan. At the second meeting on **July 28, 2022**, the Committee received a detailed overview of the current refresher program and associated policies in preparation for anticipated changes later this year. The Committee approved three actions to improve College processes related to provisional registration. These actions will resolve emerging issues and mitigate risk to the public: 1. Adding the requirement for supervision of provisional occupational therapists on the public register. 2. Having all provisional occupational therapists who fail their first exam attempt sign an undertaking where

they agree to create a continuity of care plan. 3. Adding a section to the provisional registration supervision agreement form where the supervisor agrees to create a continuity of care plan with the provisional occupational therapist.

Decisions Requiring Board Approval: N/A

| Q2 | Metrics | | | | | | | | | | | | | |
|--|--|--------|------------------|----------|---|--------|------------------|--|---|------------------|-----------------|-----------------|----------------------|-----------|
| | 6853 Registrants | | | | Application Processing Time 26.3 (Avg in Days) | | | Practicing without a Certificate | Liability Insurance | | | | Expired Certificates | |
| | 287 Certificates Issued | | | Resigned | New CAN | New IE | All Returning | | Didn't Update | Lapse | Late Renewal | I&R Referral | Provisional | Temporary |
| | New CAN | New IE | All Returning | | | | | | | | | | | |
| | 215 | 11 | 61 | 48 | 20.8 | 98.8 | 32.7 | 4 | 23 | 70 | 47 | 4 | 1 | 0 |
| Commentary: **shortest duration was 22 days and the longest was 171 days. | | | | | | | | | | | | | | |
| Cases | | | | | | | Meetings Held | Response Compliance | HPARB Appeals | Policies Updated | | | | |
| Type | | | New | Resolved | Avg Case Time | | | | | | | | | |
| Currency | | | 1 | 1 | 62.5 | | 2 | 100% (2/2) | 1 Appeal resolved - RC decision upheld | 0/15 | | | | |
| Education | | | | | | | | | | | | | | |
| Examination | | | 1 | 1 | | | | | | | | | | |
| Language | | | | | | | | | | | | | | |
| Second Provisional Certificate | | | 1* | | | | | | | | | | | |
| Suitability to Practice | | | | | | | | | | | | | | |
| Outcomes | *Two cases were forwarded registration committee for review; one case had both a currency and suitability to practice issue. The exam case (request for 4 th attempt) outcome was to deny a certificate. The currency/suitability case outcome was to issue a certificate after training. | | | | | | | | | | | | | |
| Committee Activities: N/A | | | | | | | | | | | | | | |
| Decisions Requiring Board Approval: N/A | | | | | | | | | | | | | | |

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|--|--|--------|------------------|----------|--|---------|------------------|--|------------------------|------------------|------------------|-----------------|----------------------|-----------|
| Q3 | Metrics | | | | | | | | | | | | | |
| | 6936 Registrants | | | | Application Processing Time *41.8 (Avg in Days) | | | Practicing without a Certificate | Liability Insurance | | | | Expired Certificates | |
| | 97 Certificates Issued | | | Resigned | New CAN | New IE | All Returning | | Didn't Update | Lapse | Late Renewal | I&R Referral | Provisional | Temporary |
| | New CAN | New IE | All Returning | | | | | | | | | | | |
| | 49 | 10 | 38 | 12 | 27.8 | **105.2 | 43.1 | 2 | 0 | 1 | 5 | 0 | 0 | 1 |
| | Commentary: *shortest duration for all applicants was 2 days and the longest was 435 days (extended refresher program timeline). **shortest duration for IEOTs was 12 days and the longest was 204 days (appears they waited to register after exam results released). | | | | | | | | | | | | | |
| | Cases | | | | | | | Meetings Held | Response Compliance | HPARB Appeals | Policies Updated | | | |
| | Type | | New | Resolved | Avg Case Time | | | | | | | | | |
| | Currency | | 0 | 0 | N/A | | 1 | N/A | 0 | 1/15 | | | | |
| | Education | | 0 | 0 | | | | | | | | | | |
| Examination | | 0 | 0 | | | | | | | | | | | |
| Language | | 0 | 0 | | | | | | | | | | | |
| Second Provisional Certificate | | 0 | 0 | | | | | | | | | | | |
| Suitability to Practice | | 0 | 0 | | | | | | | | | | | |
| Outcomes | NA | | | | | | | | | | | | | |
| Committee Activities: Revisions to the Language Fluency Requirement Policy were approved with changes in effect as of January 1, 2023. The policy now reflects language proficiency requirements under the Immigration and Refugee Protection Act. This change ensures more effective and efficient registration especially for internationally educated applicants. The Registration Committee also approved the draft emergency class of registration regulation to ensure compliance with the Bill 106 in Ontario. The Registration Committee recommended Board approval of the draft Emergency class registration regulation for consultation. The results of the consultation are due back in Q4. | | | | | | | | | | | | | | |
| Decisions Requiring Board Approval: NA | | | | | | | | | | | | | | |

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

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| Workplan 2022/2023 | Expand the satisfaction survey sent after each complaint to also include the registrar’s reports and investigations |
| | Participate and ensure the successful implementation of the College Enterprise system |

| Q1 | Cases | | | | Meetings Held | Response Compliance | HPARB Appeals |
|----|--|--|----------|---------------|--|---------------------|---------------|
| | Type | New | Resolved | Avg Case Time | | | |
| | Registrar Reports Registrar Administrative Action | 2 | 3 | NA | Panel A = 2 Panel B = 2 All ICRC = 0 | | 1 |
| | Complaints | 9 | 3 | 179 | | | |
| | Outcomes | ICRC: 1 No risk; 3 Low Risk Registrar: 3 Administrative close | | | | | |
| | Commentary: The committee was very busy and effective in working through the cases. There are numerous decisions in the final quality assurance process before they will get issued and most of them will issue at the start of the second quarter. The I&R staff has experienced an increase in abusive and undesired interactions with members of the public and other stakeholders so the Investigations and resolutions department is looking at developing a policy to address this. The average case time for Reports cannot be accurately calculated as the files that wrapped up were all administrative action and will create a skewed impression of the average time. | | | | | | |
| | Committee Activities: See above. | | | | | | |
| | Decisions Requiring Board Approval: NA | | | | | | |

| Q2 | Cases | | | Meetings Held | Response Compliance | HPARB Appeals |
|----|---|---|----------|---------------|--|---------------|
| | Type | New | Resolved | | | |
| | Registrar Reports Registrar Administrative Action | 4 | 14 | 336 | Panel A = 1 Panel B = 2 All ICRC = 0 | 0 |
| | Complaints | 3 | 12 | 229 | | |
| | Outcomes | ICRC: 3 No risk, 13 Low risk, 1 Medium risk, 2 Frivolous and Vexatious Registrar: 4 Administratively closed and 3 files closed pending re-registration | | | | |
| | Commentary: The average case time of Registrar's Reports increased dramatically as there were a couple of files that went through numerous, prolonged processes that are skewing the numbers. Furthermore, there was a delay in decision writing over the summer that impacted the completion time on all files. | | | | | |
| | Committee Activities: See above | | | | | |
| | Decisions Requiring Board Approval: N/A | | | | | |

| Q3 | Cases | | | Meetings Held | Response Compliance | HPARB Appeals |
|----|---|--|----------|---------------|--|---------------|
| | Type | New | Resolved | | | |
| | Registrar Reports Registrar Administrative Action | 3 | 2 | 305 | Panel A = 2 Panel B = 1 All ICRC = 1 | 0 |
| | Complaints | 2 | 1 | 159 | | |
| | Outcomes | ICRC: 1 No Risk, 1 Low risk, 1 High Risk Registrar: 0 | | | | |
| | Commentary: The committee addressed more cases in Q3 but the other cases require more follow up and/or further action and had thus not been finalized yet. These cases are not reflected in the numbers above. The committee also referred one case to the discipline committee in Q3. | | | | | |
| | Committee Activities: The Committee had a full day group meeting in December 2022 where they focused on training specifically about the insurance industry | | | | | |
| | Decisions Requiring Board Approval: NA | | | | | |

Quality Assurance (QAC)

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 directed.

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

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

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| Workplan 2022/2023 | 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 2023 Prescribed Regulatory Education Program (PREP) |
| | Oversight of integration of new competency assessment process into the QA program |
| | Oversight of risk-based selection and screening tool pilot |

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|----|---|--------------------------------------|-----------------------|-----------------------|-----------------------------|-----------------|
| Q1 | Metrics | | | | | |
| | Competency Assessment | | | | | |
| | Risk-Based Selection | PPA Completed Q1 | PPA in Progress | % Total PPA Completed | Additional Q1 Directed PPAs | |
| | Date of Selection: Aug 2021 total = 110 deferred= 35 remainder= 75 | 2 <i>*New tool in development</i> | 0 | 0 100% | 0 | |
| | Annual Requirement | | | | | |
| | PREP (due Oct 31, 2021) | 99.5% completed | SA (due Oct 31, 2021) | 100% completed | PDP (due May 31, 2022) | 97.8% completed |
| | | | | | | |

| Committee | | | | | | | |
|---|-------------|-----------------------------------|-------------------|---------------------------|---------------------------------|--------------|--------------------------------|
| QAC Cases / Decisions | | | SCERP in Progress | Non-compliance with SCERP | Average Case Time | QAC Meetings | Policies Review |
| Type | Deliberated | Outcomes | | | | | |
| Peer & Practice Assessment (PPA) | 7 | SCERP= 2 TNAR= 5 | 5 | 1 | PPA:(311 Days) NC: (50 Days) | 1 | under review - to report in Q2 |
| Non-Compliance with annual requirements | 5 | complete outstanding requirements | | | | | |
| <p>Commentary: Besides deferrals, all the PPA from the last selection have been completed. The new peer and practice assessment has been drafted based on the new competencies and will be piloted in Fall 2023 once new competencies come into effect November 1st. This pilot will be done with approximately 30 registrants who were previously selected but had deferred their assessment. Peer Assessors have received training on this new tool and will be paired for the pilot assessments to evaluate the tools' reliability and validity. A new combined self assessment and professional development tool has been drafted and will be available in the new enterprise system for testing in October and is planned for release early 2023. The content for the 2023 PREP is well underway and QAS and Equity/Indigenous panels are contributing to the content development. We are excited that the Liz Deciano joined as the QA Competency Lead and the program now has the full complement of staff.</p> | | | | | | | |
| <p>QAC Activities: Conducted COTO resource orientation, program/PREP update.</p> | | | | | | | |
| <p>QAS Activities: Participated in 2 content development meetings for 2023 PREP.</p> | | | | | | | |
| <p>Decisions Requiring Board Approval: N/A</p> | | | | | | | |

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|---|---|-------------|--------------------|-------------------------------------|---------------------------------|---------------------------------------|-----------------|--------------------------------|
| Q2 | Metrics | | | | | | | |
| | Competency Assessment | | | | | | | |
| | Risk-Based Selection | | PPA Completed Q2 | PPA in Progress | % Total PPA Completed | Additional Q2 Directed PPAs | | |
| | Date of Selection: Aug 2021 Total= 110 Completed=75 (complete) Deferred=35 (19 in Q2/Q3 progress as pilot) | | 9 | 19 <i>*BBI pilot of deferred</i> | 76% (9+75=84/110) | 0 | | |
| | Annual Requirement | | | | | | | |
| | Annual eLearning Module (due Oct 31, 2022) | | 99.4% completed | SA (due Oct 31, 2022) | N/A postponed | PDP (due May 31, 2022) | 97.8% completed | |
| | Committee | | | | | | | |
| | QAC Cases / Decisions | | | SCERP in Progress | Non-compliance with Remediation | Average Case Time | QAC Meetings | Policies Review |
| | Type | Deliberated | Outcomes | | | | | |
| | Peer & Practice Assessment (PPA) | 2 | SCERP= 1 TCL= 1 | 1 | 1 | PPA: (385 Days) NC: (171 Days) | 1 | under review - to report in Q3 |
| Non-Compliance with annual requirements | 2 | TNA= 2 | | | | | | |
| <p>Commentary: The new peer and practice assessment has been developed based on the new competencies that came into effect November 2022. This 3-part process includes an employment form, record keeping self review, and behavioural based interview. These new tools are currently being piloted with 19 registrants who were previously selected but had deferred their assessment in 2021. Peer Assessors have received training on this new tool and will be paired for the pilot assessments to evaluate the tools' inter-rater reliability and validity. A new combined self assessment and professional development tool, known now as the Annual Learning Plan, is being integrated into the new enterprise system and is currently in test phase in preparation for release early 2023. The self assessment due October 31st is postponed until this time. The draft content for the 2023 Annual E-Learning Module (previously called PREP) is complete and QAC to review at upcoming meeting. For ease, and to encourage compliance, both of these QA annual requirements will be due October 31st each year. While the QA Competency Lead position is vacant, interviews are being scheduled for December in hopes of a new team member beginning early 2023.</p> | | | | | | | | |

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| <p>QAC Activities: Met in October to deliberate on cases and staff provided and update about new annual requirements and new peer and practice assessment. QAC also participated in an orientation about the use of Terms, Conditions and Limitations and the option of referring to Investigations and Resolutions program.</p> <p>QAS Activities: participated in 2 full group meetings and 8 small group meetings to develop content for the 2023 Annual eLearning module</p> <p>Indigenous Insights & Equity Panels: facilitated 1 meeting to gather input about content and visuals for Annual eLearning module</p> <p>Decisions Requiring Board Approval: none</p> |
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|---|--|------------------|---|---|---------------------------------|--------------------------------------|--------------|---|
| Q3 | Metrics | | | | | | | |
| | Competency Assessment | | | | | | | |
| | Risk-Based Selection | PPA Completed Q3 | PPA in Progress | % Total PPA Completed | Additional Q3 Directed PPAs | | | |
| | Date of Selection: Aug 2021 Total= 110 Completed=75 (complete) Deferred=35 (18 in Q2/Q3 progress as pilot, 1 registrant deferred again) | 9 | 0 <i>*pilot completed</i> | 85% (9+84=93/110) <i>*Remaining 15% are non-clinical or have resigned</i> | 0 | | | |
| | Annual Requirement | | | | | | | |
| | Annual eLearning Module (due Oct 31, 2022) | 99.6% completed | SA (due Oct 31, 2022) | N/A postponed | PDP (due May 31, 2022) | 97.8% completed | | |
| | Committee | | | | | | | |
| | QAC Cases / Decisions | | | SCERP/TCL in Progress | Non-compliance with Remediation | Average Case Time | QAC Meetings | Policies Review |
| | Type | Deliberated | Outcomes | | | | | |
| | Peer & Practice Assessment (PPA) | 12 | TNA = 6 TNAR = 3 SCERP= 3 TCL= 1 | 2 | 0 | PPA: (116 Days) NC: (10 Days) | 2 | Decisions made regarding 1 policy at Feb meeting-remainder Mar 21, 2023 |
| Non-Compliance with annual requirements | 2 | TNA= 2 | | | | | | |
| Commentary: Competency Assessment. The new 3-part competency assessment was piloted with a small group of registrants (n=18) who | | | | | | | | |

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| | <p>were previously selected but had deferred their assessment in 2021. This 3-part process included an employment form, record-keeping self-review, and peer interview. Learnings from the pilot are being incorporated to improve future processes and tools. Annual Requirements. OTs complete 2 activities: the Annual Learning Plan & Annual eLearning Module. To support continuing competence, a new Annual Learning Plan has been designed to reflect the new Competencies and is being integrated into an electronic version for release in Spring 2023. In this activity, OTs rate their competence, set goals, develop a learning plan and evaluate the impact of learning with their practice. The content for the 2023 Annual eLearning Module (<i>Building a Sound Foundation for OT Practice</i>) is being integrated into an electronic format and the projected launch is June 2023. QAC selected <i>Record Keeping</i> as the topic for the 2024 eLearning module and preparations are underway to kick off its development. Archana Bhuvitharan joins the team as the new Quality Assurance Lead – welcome Archana!</p> |
| | <p>QAC Activities: December 2022: Met to deliberate on cases, review effectiveness survey, reappoint a member, and choose the topic for the 2024 learning training module. February 2023: Met to deliberate on cases, confirm the principles that guide the QA program, and discuss changes to QA policies.</p> |
| | <p>QAS Activities: None.</p> |
| | <p>Decisions Requiring Board Approval: None.</p> |

Discipline

Chair: Donna Barker

Strategic Priorities: Public Confidence, Quality Practice

| | |
|-----------------------|--|
| Workplan 2022/2023 | Ensure discipline processes are discharged in a timely and procedurally fair manner |
| | Annual orientation and training and ensure new members receive HPROs 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 | 0 | N/A | N/A | N/A | N/A |
| Commentary: No committee activities in Q1. | | | | | | | |
| Committee Activities: There were no meetings held in Q1. | | | | | | | |
| Decisions Requiring Board Approval: N/A | | | | | | | |

| Q2 | Case Status | | | Case Time | Outcomes | Response Compliance | HPARB Appeals |
|---|-------------|---------|----------|-----------|----------|---------------------|---------------|
| | New | Pending | Resolved | | | | |
| | 0 | 1 | 0 | (N/A) | N/A | (N/A) | (N/A) |
| The Committee issued the oral reprimand to Stephanie Zubriski as per the 2020 Discipline Panel decision. Ms. Zubriski was not present for the reprimand despite numerous contact attempts over many months. The reprimand has been placed on the public register. | | | | | | | |
| Committee Activities: See above | | | | | | | |
| Decisions Requiring Board Approval: (N/A) | | | | | | | |

| | Case Status | | | Case Time | Outcomes | Response Compliance | HPARB Appeals |
|----|--|---------|----------|-----------|----------|---------------------|---------------|
| | New | Pending | Resolved | | | | |
| | 1(0) | 1(1) | 0(1) | | | | |
| Q3 | <p>Commentary: A new case has been referred to the discipline committee. It is still early in the process, but the plan is that the case will appear before the committee in the summer or early fall.</p> <p>The other pending cases is still ongoing in the other forum and the committee will resume once that has been finalized. The registrant involved has agreed to not practice while the case is pending so there is no potential risk to the public.</p> | | | | | | |
| | <p>Committee Activities: No committee activities to report</p> | | | | | | |
| | <p>Decisions Requiring Board Approval: N/A</p> | | | | | | |

Patient Relations

Chair: Paola Azzuolo

Strategic Priorities: Quality Practice, Public Confidence

| | |
|-----------------------|--|
| Workplan 2022/2023 | 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 to OT students and registrants |

| | |
|----|--|
| Q1 | Funding Applications: 0 new applications received. |
| | Commentary: There are 2 persons using the College Sexual Abuse Funding Program. |
| | Committee Activities: There were no meetings held in Q1. |
| | Decisions Requiring Board Approval: N/A |

| | |
|--|---|
| Q2 | Funding Applications: 0 new applications |
| | Commentary: There are 2 persons using the College Sexual Abuse Funding Program |
| | Committee Activities: There was 1 meeting held in Q2 |
| | Decisions Not Requiring Board Approval: The committee discussed and contributed to the development of an educational case study to be used as a resource in the prevention of sexual abuse in OT Practice; The committee discussed the Client Bill of Rights approved by the Board in March 2022 and it's alignment with section 9 of the Connecting Care Act, 2019; The committee discussed an educational webinar to provide guidance on the prevention of crossing professional boundaries and professional misconduct. |
| Decisions Requiring Board Approval: N/A | |

| | |
|----|---|
| Q3 | Funding Applications: 1 Application to increase funding was approved |
| | Commentary: There are 2 persons using the College Sexual Abuse Funding Program |
| | Committee Activities: There was 1 meeting held in Q3 |
| | Decisions Requiring Board Approval: NA |

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

| | |
|-----------------------|--|
| Workplan 2022/2023 | Should a referral be received, ensure fitness to practice processes are discharged in a timely and procedurally fair manner. |
| | Ensure committee members receive orientation and training annually. |

| | |
|----|-----------------------------------|
| Q1 | (No cases or activity to report.) |
|----|-----------------------------------|

| | |
|----|-----------------------------------|
| Q2 | (No cases or activity to report.) |
|----|-----------------------------------|

| | |
|----|-----------------------------------|
| Q3 | (No cases or activity to report.) |
|----|-----------------------------------|

Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

| | |
|-----------------------|--|
| Workplan 2022/2023 | Alignment and streamlining of Standards for Practice 2022/2023 |
| | Privacy, Security and Access Document Development |
| | Private Practice Guidance Document |

| Q1 | 336 Inquiries | | | Same Day Response | Top OT Themes | Top Public Themes | Documents Completed |
|---|---------------|--------|-------|-------------------|---|--|---------------------|
| | OT | Public | Other | | | | |
| | 265 | 59 | 12 | 94% | Jurisdiction Record Keeping Consent | Consent Duty to Warn/Report Students / Provisional Practice | N/A |
| <p>Commentary: The Practice resource continued to field questions about jurisdiction and providing virtual services. Practice met with several stakeholders to address practice concerns, including the human resource shortage in healthcare and obtaining consent for school-based rehab services and Bill 7. The Practice team developed two Q & As on SBRS consent and issued guidance about Bill 7 on social media and the College website. Practice attended the HPRO practice advisor’s meeting on July 21, 2022. Additional program activities included launching the consultation for the proposed Standards for Practice and publishing two newsletter practice case studies. Practice met with a Board member to present on What is OT? The Practice team has returned to in-person outreach sessions and this quarter presented to 2nd year graduating OT students on preparing for the complexities of OT Practice.</p> | | | | | | | |
| <p>Committee Activities: Practice Subcommittee met virtually on May 30, 2022, for a half-day meeting. The subcommittee provided final comments on the draft Standards for Practice for public consultation that took place in June-August. The subcommittee approved the updated Terms of Reference and provided input into the new Privacy practice guidance document and Private Practice guidance document under the current 2022-2023 subcommittee workplan. The Chair conducted an environmental scan by providing an opportunity for subcommittee members to discuss practice issues.</p> | | | | | | | |
| <p>Decisions Requiring Board Approval (Through Executive Committee): N/A</p> | | | | | | | |

| Q2 | 373 Inquiries | | | Same Day Response | Top OT Themes | Top Public Themes | Documents Completed |
|--|---------------|--------|-------|-------------------|---|-----------------------|---------------------|
| | OT | Public | Other | | | | |
| | 288 | 31 | 54 | 95% | Jurisdiction Record Keeping Consent | Find an OT Consent | N/A |
| <p>Commentary: The Practice program continued to field questions about jurisdiction and providing virtual services. Notably, several calls are from OTs registered outside of the province. The practice team has streamlined the information for easy accessibility on the website. Practice met with several stakeholders during this quarter, OSOT, ACOTUP, and the HPRO practice advisors' group, to understand the current regulatory and occupational therapy practice environments. The Practice team developed two case studies about recording OT sessions and providing training and recommendations to others. Practice presented at the CNAR master class and at the OSOT conferences on the CEJ document and new competencies. Additional program activities included the analysis from the consultation for the proposed Standards of Practice to inform final revisions for Executive and Board review. The Practice team returned to in-person outreach sessions this quarter and presented to 1st year OT students from all 5 of the OT programmes about the role of the College and professionalism in preparation for fieldwork placements; OT employer sites on the application of the new competencies and OTA Colleges working with assistants.</p> | | | | | | | |
| <p>Committee Activities: Practice Subcommittee met on September 13th, 2022, hybrid in-person and on zoom for a full-day meeting. The subcommittee reviewed the Standards of Practice post consultation and provided feedback to inform the updated version. The Chair conducted an environmental scan by providing an opportunity for subcommittee members to discuss current and evolving practice opportunities and challenges and the impact to the recipients of OT services in Ontario.</p> | | | | | | | |
| <p>Decisions Requiring Board Approval (Through Executive Committee): Proposed Standards of Practice</p> | | | | | | | |

| Q3 | 339 Inquiries | | | Same Day Response | Top OT Themes | Top Public Themes | Documents Completed |
|--|---------------|--------|-------|-------------------|--|---|-----------------------|
| | OT | Public | Other | | | | |
| | 250 | 37 | 52 | 95% | Jurisdiction Record Keeping Conflict of Interest | Not a College Issue Billing/Fees Privacy and Access | Standards of Practice |
| <p>Commentary: This quarter the practice resource service received inquiries about jurisdiction, record keeping and conflict of interest from occupational therapists. Many of the questions from the public were not specific to the College, while other inquiries were about billing/fees, or privacy and access. The practice program has collaborated with several Colleges to develop and disseminate a survey in response to the forthcoming regulation of Applied Behavioural Analysts. Practice staff participated on a panel discussing culture, equity, and justice in occupational therapy practice at the Autism Summit. Staff presented to the Investigations and Resolution Committee on the new competencies of practice. Outreach included a presentation on recording keeping to second year OT students.</p> | | | | | | | |

| | |
|--|---|
| | <p>Committee Activities: Practice Subcommittee met on December 13th, 2022 and February 14th, 2023, via zoom for a half-day meeting. During the December 2022 meeting subcommittee finalized the Standards of Practice and accompanying resources for approval by the Executive and Board. Subcommittee also provided feedback on the new practice resource Privacy Legislation in occupational therapy and Private Practice Guidance Document. At the February 2023 meeting, the Practice Subcommittee terms of reference were reviewed and approved for Executive review. The following documents were also discussed to inform revisions: Working with third-party payers and Discretionary reporting of fitness to drive. Subcommittee considered two applicants to fill the upcoming vacancy for the Fall of 2023 and chose one candidate to be approved by the Board for a 3-year term. Subcommittee also provided feedback for the patient relations committee's sexual abuse educational case study. An environmental scan of current occupational therapy practice sectors was undertaken.</p> |
| | <p>Decisions Requiring Board Approval (Through Executive Committee):</p> <ol style="list-style-type: none"> 1. Terms of Reference for Practice Subcommittee. 2. Appointment of new Practice Subcommittee member to a 3-year term beginning October 1st, 2023. |

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
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 be complete and appropriate. The Board has delegated the oversight of the Risk Management Program to the Executive Committee.

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.

Diversity, Equity, and Inclusion Considerations:

The considerations related to Diversity, Equity and Inclusion, are on the risk register for review and action planning, and, while important, have not been categorized as high or critical at this time.

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. The Human Resources risk has been added as a new risk this quarter, due to the impact of turnover on operations.

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 31, 2023.</p> <p>The government had consultations around governance modernization and some resource - intensive reporting obligations in early spring 2022, but since the election in June, has not moved forward with any actions. Fortunately, the governance modernization items align with the work plan developed by the Governance Committee.</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. Governance Committee moving forward with College modernization plans agreed to at January 2023 Board meeting. |

BOARD MEETING BRIEFING NOTE

| Risk Category | OPERATIONAL |
|---|---|
| Risk: | Enterprise System project At this time our work with the vendor has been concluded. Staff have brought the work in house to finish the development and implementation. The project plan has been updated. |
| Control Procedure(s) | <ol style="list-style-type: none">1. Dedicated resources for IT operations2. Continued use of current data base as contingency plan.3. Leadership closely monitoring project progression and developing contingency plans.4. Project manager closely monitoring and facilitating the progression of the work. Project manager is full-time to ensure this project proceeds as needed.5. A recent consultation on work done so far from a similar organization with a similar system is confirms the college plan is appropriate.6. A lawyer with expertise in IT projects is involved to provide contract advice to the College. |
| Action Plan & Monitoring Process | Action Plan: <ol style="list-style-type: none">1. Enterprise-wide System Phase 3, implementation, continues.2. Project manager in place and working well with college staff.3. Ongoing financial reserves to be monitored for development and maintenance of this critical College infrastructure.4. Cost containment efforts are ongoing.5. The Board will be kept informed as this project progresses. |

BOARD MEETING BRIEFING NOTE

| Risk Category | OPERATIONAL |
|---|--|
| Risk: | <p>Turnover Impact</p> <p>The College has experienced a high degree of turnover in the third quarter of this fiscal year. This has an impact on operations and workload for existing staff.</p> |
| Control Procedure(s) | <ol style="list-style-type: none"> 1. Salary survey is completed every two years. 2. Exit interviews conducted with all exiting staff. 3. Yearly review of staff benefits. 4. People and Culture Lead position in place |
| Action Plan & Monitoring Process | <p>Monitor through:</p> <ol style="list-style-type: none"> 1. Turnover rate 2. Review of exit interviews and feedback from staff. <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Survey to staff to invite ideas on staff engagement. 2. Implement any viable initiatives from survey. 3. Salary survey results to be implemented for 2023-24 year. 4. Added a pension plan for staff for 2023 fiscal year. 5. Arrangements made to manage workload and obligations on a contract basis. 6. Recruitment efforts are underway. |

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Seema Singh-Roy, Director of Finance, People and Corporate Services
Subject: Q3 FY2022-2023 Financial Report

Recommendation:

THAT the Board receives the Q3 FY2022 -2023 Financial Report, as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2022-2023 and advise the Board of any issues.

Link to Strategic Plan:

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

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

Why this is in the Public Interest:

The College has a duty to ensure that it has the financial resources to meet its public protection mandate and to use those resources responsibly.

Diversity, Equity, and Inclusion Considerations:

When preparing this report, all elements of diversity, equity and inclusion were considered.

Background:

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of Statutory Remittances and Filings
3. Financial Statements:
 - Statement of Financial Position as at February 28, 2023
 - Statement of Operations for the period June 1, 2022, to February 28, 2023
 - Statement of Reserve Funds as at February 28, 2023

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at February 28, 2023)

BOARD MEETING BRIEFING NOTE

Q3 FY2022-2023 Financial Report

Page 2 of 9

Items to note with respect to the changes to assets includes:

- The balance in the investments will not align with the monthly BMO Investment Reports for interim financial reporting as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end. Variances to prior year reflect changes in the investment portfolio, including investments matured and reinvested, recognizing the interest reinvested in the balance.
- The decrease in property and equipment year-over-year is due to depreciation from the leasehold improvements, furniture, and the server.

Items to note with respect to liabilities for the period include:

- The deferred registration fees recorded in the Statement of Financial Position, as at February 28, 2023 represent the portion of the annual renewal fees collected for fiscal year 2022-2023. These funds will be moved out of the Statement of Financial Position quarterly and recognized in the Statement of Operations as Registration fees. Annual renewal funds collected on or after June 1, 2022, are automatically recorded directly under Registration fees on the Statement of Operations for the current fiscal year.

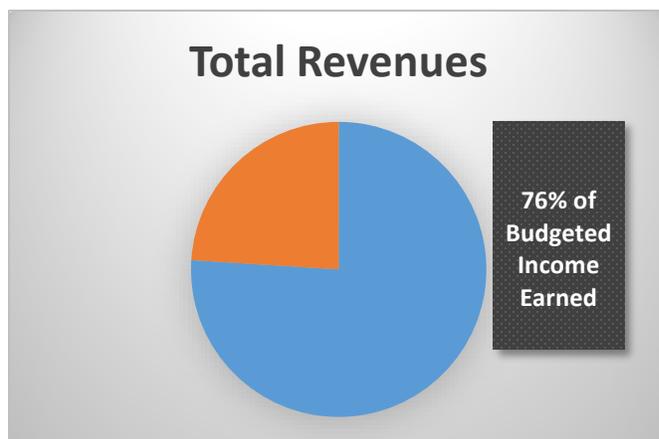
The Net Assets section on the Statement of Financial Position reflects the following:

- The decrease in Invested in Fixed Assets is due to the depreciation. No further assets are anticipated for the current fiscal year.
- The excess of revenues over expenses for the period is due primarily to lower expenditures, due to delayed timing, in various areas.

Highlights of Statement of Operations:

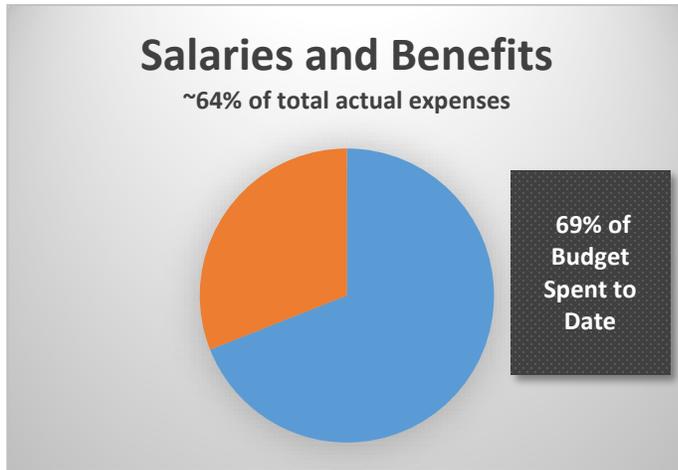
(Please refer to the attached Statement of Operations for the period of June 1, 2022, to February 28, 2023).

The excess of revenues over expenses for the period June 1, 2022, to February 28, 2023, is \$390,197, once the Enterprise System costs are removed. The College is in a surplus position and the below charts provide some additional detail for each category.

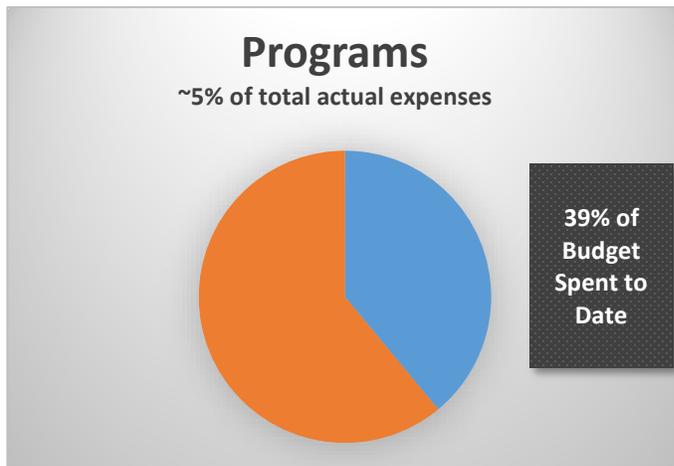


- Status: Favourable to budget
- Revenue is composed primarily of returning and new registrant fees, and application fees.
- Actual revenue earned to date is 1% over the estimate due primarily to greater applications fees collected, and increased interest income.

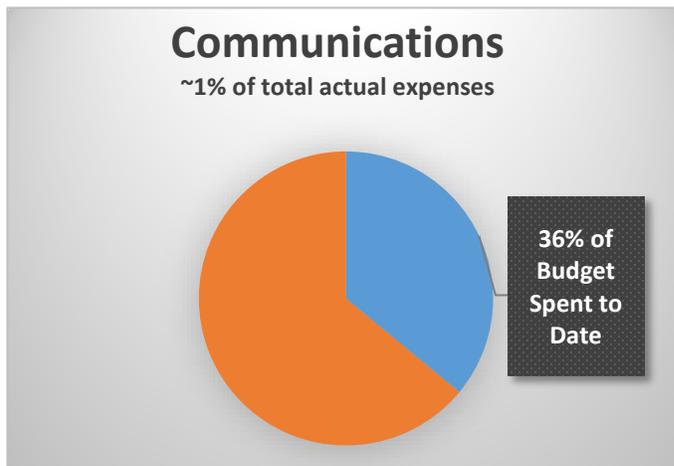
March 30, 2023



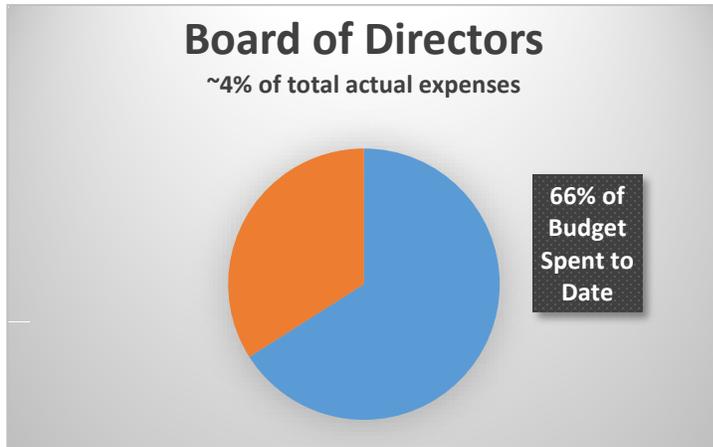
- Status: Favourable to budget
- Salaries and benefits are slightly underbudget due to open positions, some which have now been filled. We are expecting salaries to be in line with budget by the end of the year.



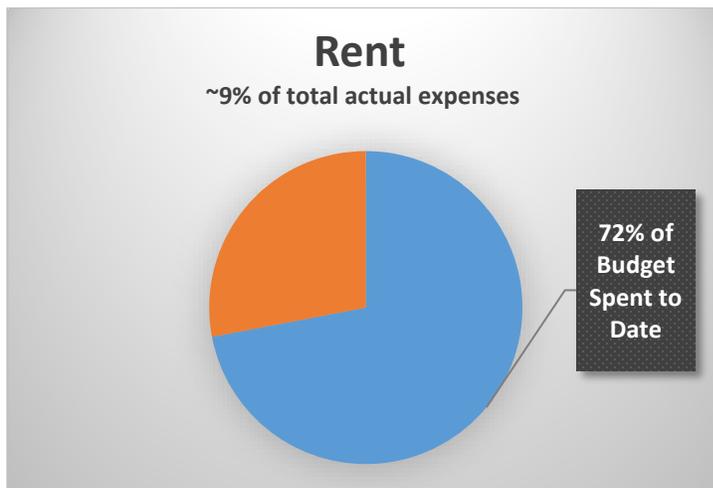
- Status: Favourable to budget
- Program expenses are underbudget due primarily to the timing of College activities:
 - Quality Assurance are on target.
 - Registration expenses are primarily from payment processing fees, which are anticipated for the last quarter of the year.
 - Investigations and Resolutions costs are favourable to budget due to fewer new cases and some ongoing cases.



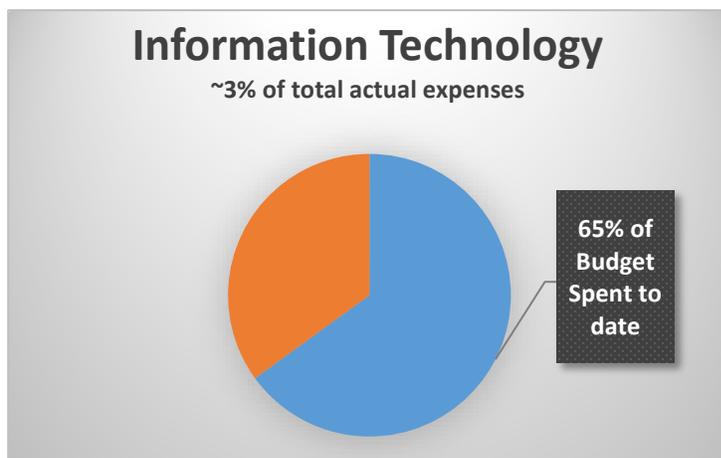
- Status: Favourable to budget
- Communications costs are underbudget due to the timing of invoicing from vendors and the lower than anticipated logo revision costs.



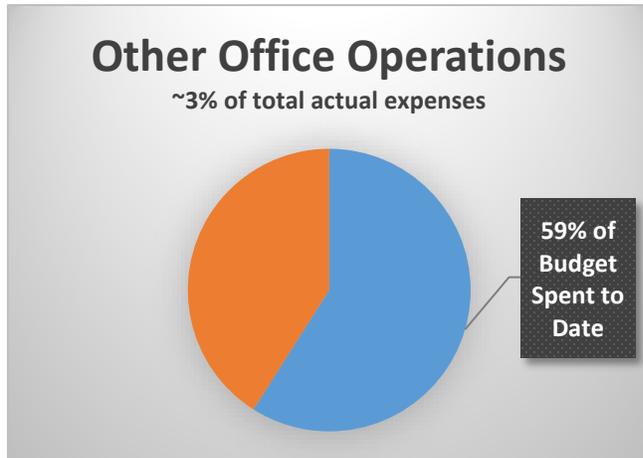
- Status: Favourable to budget
- Board of Director expenses are slightly underbudget. The College ramped up its in-person meetings in Q1. In addition, it continues to utilize virtual meetings whenever appropriate.



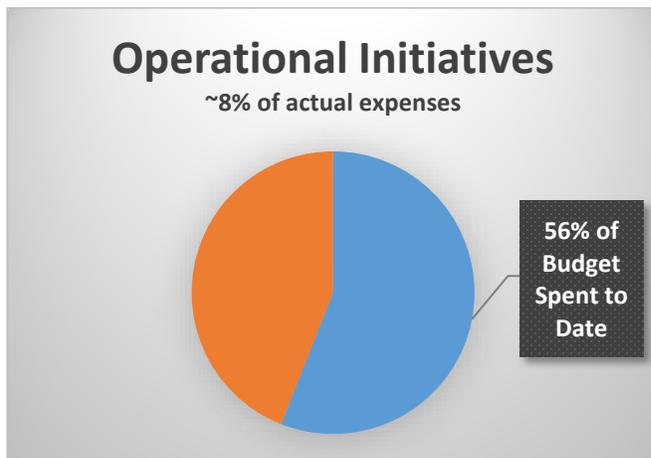
- Status: On target
- Included here is rent and insurance premiums and leases for large equipment.



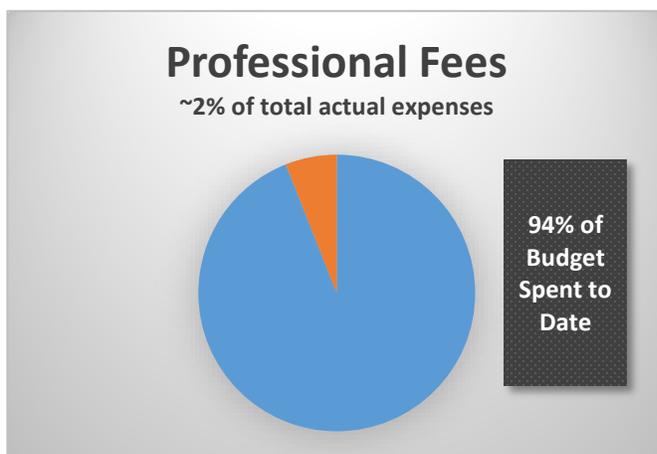
- Status: Favourable to budget
- Information technology expenses are slightly underbudget due to timing of vendor invoices and an anticipated IT security test in Q4.



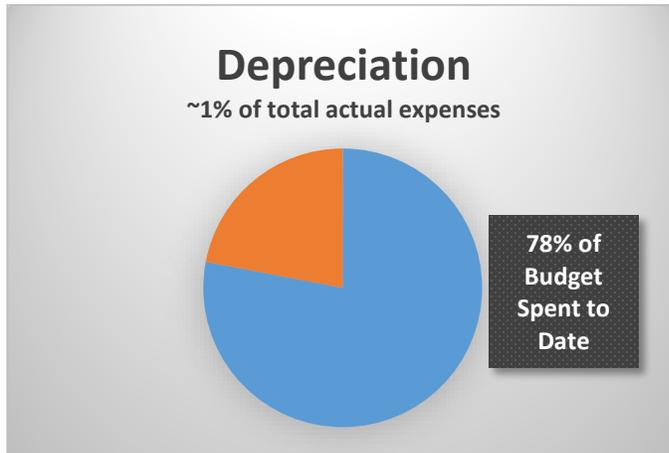
- Status: Favourable to budget
- Other Office Operation expenses are underbudget due to delayed timing of invoices and costs.



- Status: Favourable to budget
- Operational initiatives are under budget at 56% spent to date once the Enterprise System costs are removed.



- Status: Unfavorable to budget
- Professional fees are overbudget primarily due to increased legal fees and leadership/staff workshop training costs. This question arose during the Board meeting in January; these costs include a leadership workshop, audit consulting fees higher than budgeted for, and various HR legal fees (background checks etc.)



- Status: On target

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at February 28, 2023)

In addition to expenses incurred during the regular course of operations, certain expenditures are made against the designated reserve funds in accordance with approved Council Guidelines for Establishing and Maintaining Reserve Funds.

Through to the end of February, the follow expenses have been incurred:

- \$248,061 for the Enterprise-wide IT System fund, which has been incurred for work completed towards the deployment of the College’s new Enterprise-wide IT system.
- \$15,767 has been allocated to the Invested in Fixed Assets Fund amount. The Invested in Fixed Assets Fund includes a purchase in fixed assets in the amount of \$3,720 and the accumulated depreciation.

BOARD MEETING BRIEFING NOTE

Q3 FY2022-2023 Financial Report

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Statutory Remittances and Filings:

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

| Description | Frequency/Timing | Status |
|---|---|---------------|
| Remittance of payroll withholding taxes (CPP, EI, Income Tax) | Bi-weekly | Up to date |
| Remittance of CPP on Board per diems | Monthly | Up to date |
| Remittance of Employer Health Tax | Payroll over \$1,000,000 will have EHT applied at 1.95% during the calendar year. | Up to date |
| Filing of Harmonized Sales Tax return (Quarterly) | Monthly Upcoming Filing Due Dates: March 31, 2023 April 30, 2023 May 31, 2023 | Up to date |
| Filing of T4, T4A returns | Annually based on calendar year. Due last day of February. | Up to date |
| Filing of Corporate Income Tax Return (T2) | Annually based on fiscal year. Due November 30, 2023. | Up to date |
| Filing of Non-Profit (NPO) Information Return (T1044) | Annually based on fiscal year. Due November 30, 2023. | Up to date |

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at February 28, 2023

| | 28-Feb-23 | 28-Feb-22 |
|--|------------------|------------------|
| ASSETS | | |
| Current assets | | |
| Cash | 1,497,514 | 1,741,502 |
| Accounts receivable and prepaid expenses | 48,778 | 52,947 |
| Total current assets | 1,546,292 | 1,794,449 |
| Investments | 3,461,114 | 3,459,314 |
| Property and equipment, net of accumulated amortization | 212,127 | 234,686 |
| TOTAL ASSETS | 5,219,533 | 5,488,449 |
| LIABILITIES | | |
| Current Liabilities | | |
| Accounts payable and accrued liabilities | 271,412 | 419,204 |
| HST payable | (4,770) | - |
| Deferred registration fees | 1,063,939 | 1,023,891 |
| Total current liabilities | 1,330,581 | 1,443,095 |
| Total liabilities | 1,330,581 | 1,443,095 |
| NET ASSETS | | |
| Reserve funds | 1,407,241 | 1,497,834 |
| Invested in fixed assets | 212,127 | 234,686 |
| Unrestricted | 2,127,448 | 2,025,624 |
| Adjusted excess of revenues over expenses for the period | 142,136 | 287,210 |
| Total net assets | 3,888,952 | 4,045,354 |
| TOTAL LIABILITIES AND NET ASSETS | 5,219,533 | 5,488,449 |

College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
 June 2022 to February 2023

| | 9 Months Actuals ended February 2023 \$ | 12-Month Budget FY22/23 \$ | Percentage of Spend to Budget % |
|---|--|---|--|
| REVENUES | | | |
| Registration fees | 3,455,021 | 4,567,410 | 76% |
| Application fees | 75,351 | 91,185 | 83% |
| Interest & other income | 38,029 | 32,200 | 118% |
| TOTAL REVENUES | 3,568,401 | 4,690,795 | 76% |
| EXPENSES | | | |
| Salaries and benefits | 2,189,909 | 3,159,471 | 69% |
| Programs | 157,573 | 408,424 | 39% |
| Communications | 36,203 | 101,859 | 36% |
| Board of Directors | 135,785 | 204,557 | 66% |
| Rent | 320,788 | 443,079 | 72% |
| Information technology | 121,485 | 186,989 | 65% |
| Other office operations | 93,946 | 159,563 | 59% |
| Operational initiatives | 292,526 | 80,000 | 366% |
| Professional fees | 58,359 | 62,096 | 94% |
| Depreciation | 19,691 | 25,322 | 78% |
| TOTAL EXPENSES | 3,426,265 | 4,831,360 | 71% |
| EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD | 142,136 | (140,565) | |
| <i>Funded by Enterprise Wide System Reserve Fund</i> | <i>248,061</i> | | |
| ADJUSTED EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD | 390,197 | | |

| STATEMENT OF RESERVE FUNDS | | | |
|---|--|--|--|
| | Opening Balance June 1, 2022 \$ | Spent to Date/Change \$ | Closing Balance Feb 28, 2023 \$ |
| Hearings and independent medical exam fund | \$ 400,000 | - | 400,000 |
| Sexual abuse therapy fund | \$ 25,000 | - | 25,000 |
| Premises fund | \$ 800,000 | - | 800,000 |
| Enterprise wide systems | \$ 430,302 | (248,061) | 182,241 |
| Invested in fixed assets | \$ 227,894 | (15,767) | 212,127 |
| Unrestricted | \$ 1,863,620 | 263,828 | 2,127,448 |
| Excess of revenues over expenses for the period | \$ - | 142,136 | 142,136 |
| TOTAL RESERVES | 3,746,816 | 142,136 | 3,888,952 |

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Seema Singh-Roy, Director of Finance, People and Corporate Services
Subject: Investment Portfolio as at January 31, 2023

Recommendation:

THAT the Board receives the investment report as at January 31, 2023.

Issue:

Governance Policy RL7- Investments requires that College investments not be allowed to be unprotected, inadequately maintained, or unnecessarily risked.

Link to Strategic Plan:

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

Why this is in the Public Interest:

The College has a duty to ensure that it has the financial resources to meet its public protection mandate.

Diversity, Equity, and Inclusion Considerations:

When preparing this report, diversity, equity, and inclusion considerations were made. Investments are all within Canada.

Background:

This report summarizes the College's investment portfolio as at January 31, 2023 and is based on the BMO Nesbitt Burns statement as at that date. There are two categories of investments:

- Short-term investments (which includes cash), and
- Long-term investments (also referred to as "ladder" investments).

The balances in each category are detailed in the chart below:

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2023

Page 2 of 4

| Description | Market Value \$ | Maturity Date |
|---------------------------------------|--------------------|---|
| Short-Term Investments | | Investments are considered short-term if they are cashable or are due to mature within 12 months. |
| Cash | 115,529 | |
| Laurentian Bank GIC | 100,000 | |
| **CPN Province of BC | 101,197 | |
| **CPN Province of Ontario | 123,137 | |
| Shinhan Bank of Canada GIC | 100,000 | |
| Home Trust Company GIC | 100,000 | |
| Total Short-term Investments | 639,863 | |
| Long-term (ladder) Investments | | |
| BMO Trust Company GIC | 100,000 | Jan-24 |
| Equitable Bank GIC | 40,000 | Jan-24 |
| Montreal TR CO of Canada GIC | 100,000 | Jan-24 |
| Bank of Montreal Mortgage Corp | 100,000 | Apr-24 |
| Haventree Bank GIC | 100,000 | Apr-24 |
| ICICI Bank GIC | 100,000 | Apr-24 |
| President's Choice Bank GIC | 100,000 | Apr-24 |
| RFA Bank of Canada GIC | 100,000 | Apr-24 |
| Duo Bank GIC | 100,000 | Apr-25 |
| Equitable Bank GIC | 60,000 | Apr-25 |
| Manulife Bank of CDA GIC | 100,000 | Apr-25 |
| Bank of Montreal GIC | 100,000 | Apr-26 |
| SBI Canada Bank GIC | 100,000 | Apr-27 |
| Fairstone Bank GIC | 100,000 | Jul-26 |
| HomeEquity Bank GIC | 100,000 | Jul-26 |
| Peoples Trust GIC | 100,000 | Jul-26 |
| Canadian Western Bank GIC | 100,000 | Jul-27 |
| Effort Trust GIC | 60,000 | Sep-25 |
| HSBC Bank of CDA GIC | 100,000 | Sep-26 |
| National Bank of CDA GIC | 100,000 | Sep-27 |
| Royal Bank of CDA GIC | 100,000 | Sep-27 |
| Vancity GIC | 100,000 | Sep-27 |

March 30, 2023

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2023

Page 3 of 4

| Description | Market Value \$ | Maturity Date |
|--|--------------------|---------------|
| Canadian Western Bank GIC Annual | 80,000 | Jan-26 |
| Canadian Tire Bank GIC | 100,000 | Jan-28 |
| **Ville de Coaticook | 175,032 | Feb-24 |
| **CPN Province of Ontario | 274,625 | Jun-25 |
| City of Montreal | 97,939 | Sep-25 |
| Province of New Brunswick | 48,500 | Aug-26 |
| Total Long-term Investments | 2,836,096 | |
| Total Market Value of Investments | 3,475,959 | |

** For city and provincial coupons over \$100,000, these are backed by the Canadian Investor Protection Fund (CIPF) (covered up to a combined one million dollars).

College Investment Portfolio – Historical Trends



Prior Reporting

| | Dec 2020 | Dec 2021 | Dec 2022 | Jan 2023 |
|------------------------|-----------|-----------|-----------|-----------|
| Ladder Investments | 1,941,191 | 1,286,821 | 2,651,099 | 2,836,096 |
| Short-term Investments | 1,483,751 | 2,167,912 | 808,898 | 639,863 |

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2023

Page 4 of 4

While the total value of investments has grown on average year to year, the relative proportion of short-term versus ladder investments will vary as the portfolio is fine-tuned to take advantage of changes in the interest rate environment.

Discussion:

The College's main objective for investments is the preservation of capital. As such, it adheres to investments that are covered by the Canada Deposit Insurance Corp. (CDIC). The CDIC allows for deposit insurance coverage up to \$100,000 for a list of specified accounts and investments. For city and provincial coupons over \$100,000, these are backed by the Canadian Investor Protection Fund (CIPF) (covered up to a combined one million dollars).

The College's current investment portfolio is maintained at BMO Nesbitt Burns. The College will continue to pursue a strategy of laddering the long-term investments and will re-assess the allocation between short-term investments and long-term investments as it continues to refine its financial forecast.

Implications:

The College continues to monitor the investments and ensure they remain aligned with policy.

Attachments: None

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Executive Committee
Subject: In Camera

Recommendation:

THAT the Board moves in camera pursuant to the Health Professions Procedural Code, Subsection 7(2)(b).

Issue:

The Board will be in a closed session under Section 7(2)(b) of the Health Professions Procedural Code because of a personnel matter.

BOARD MEETING BRIEFING NOTE

Date: March 31, 2023
From: Executive Committee
Subject: 2022 College Performance Measurement Framework (CPMF)

Recommendation:

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.

Issue:

The Ministry of Health has released its College Performance Measurement Framework for the 2022 reporting year, which sets out expectations and reporting requirements for all health regulatory Colleges. The Board should review this report and decide about its approval for submission to the Ministry of Health.

Link to Strategic Plan:

This aligns under Public Confidence:

- 1.1 The public trusts occupational therapy regulation.
- 1.2 The public understands the role of the College and its value.
- 1.4 College decision-making processes are open, transparent, and accountable.
- 1.5 College operations are transparent, effective and efficient in serving and protecting the public interest.

Why this is in the Public Interest:

The Ministry of Health's College Performance Measurement Framework (CPMF) aims to strengthen accountability and oversight of Ontario's health regulatory colleges and to help the colleges improve their performance.

Diversity, Equity, and Inclusion Considerations:

The third iteration of the CPMF includes a focus on diversity, equity, and inclusion which the College has satisfied. By incorporating these elements, the College acknowledges its commitment to DEI and the promotion of learning and inclusive experiences that fulfill its mandate of serving and protecting the public.

Background:

Launched in 2021, the Ministry requires all health regulatory Colleges to complete the CPMF report on an annual basis with the aim of assessing how well Colleges are executing their mandate to act in the public interest. For the 2022 reporting year, Colleges are required to post their completed CPMF reports on their respective websites and share them with the Ministry by March 31, 2023.

BOARD MEETING BRIEFING NOTE

2023 College Performance Measurement Framework (CPMF)

Page 2 of 2

Discussion:

The third iteration of the CPMF was refined based on feedback from Colleges and experts resulting in the addition of benchmarks and increased use of drop-down menus. Like in previous iterations, Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF standards and/or how well they are performing in adhering their mandate. Rather, the tool will continue to focus on areas of improvement in the health regulatory system and identifying commendable practices to improve consistency across Colleges.

New this year are eight pieces of evidence marked as “Benchmarked Evidence”. These pieces of evidence were identified as attributes of an excellent regulator, the Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines, and any barriers to implementing that benchmark. This change does not apply to COTO for its 2022 submission as it fully meets all eight benchmarks identified. Overall, there are a total of 50 standards against which health regulatory colleges are measured, with COTO satisfying 49 standards.

In preparing the current 2022 submission, only one action item was identified as being partially met.

| Measure/Evidence | Report Page | Requirement (Partially/ Not met) | Action Item |
|---|-------------|----------------------------------|--|
| Domain 6: Suitability to Practice | | | |
| 13.1(a) The College’s policy outlining consistent criteria for disclosure and examples of general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results. | 68 | Partially | College is planning to develop a written policy to outline criteria for disclosing information that will be finalized in 2023. |

Implications:

The College will submit the CPMF to the Ministry by March 31, 2022 and will have the report posted on the College website.

Attachments:

1. 2022 CPMF submission

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

| | | |
|----------|------------------------------------|--|
| 1 | Measurement domains | → Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF. |
| 2 | Standards | → Performance-based activities that a College is expected to achieve and against which a College will be measured. |
| 3 | Measures | → More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard. |
| 4 | Evidence | → Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard. |
| 5 | Context measures | → Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard. |
| 6 | Planned improvement actions | → Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate. |

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

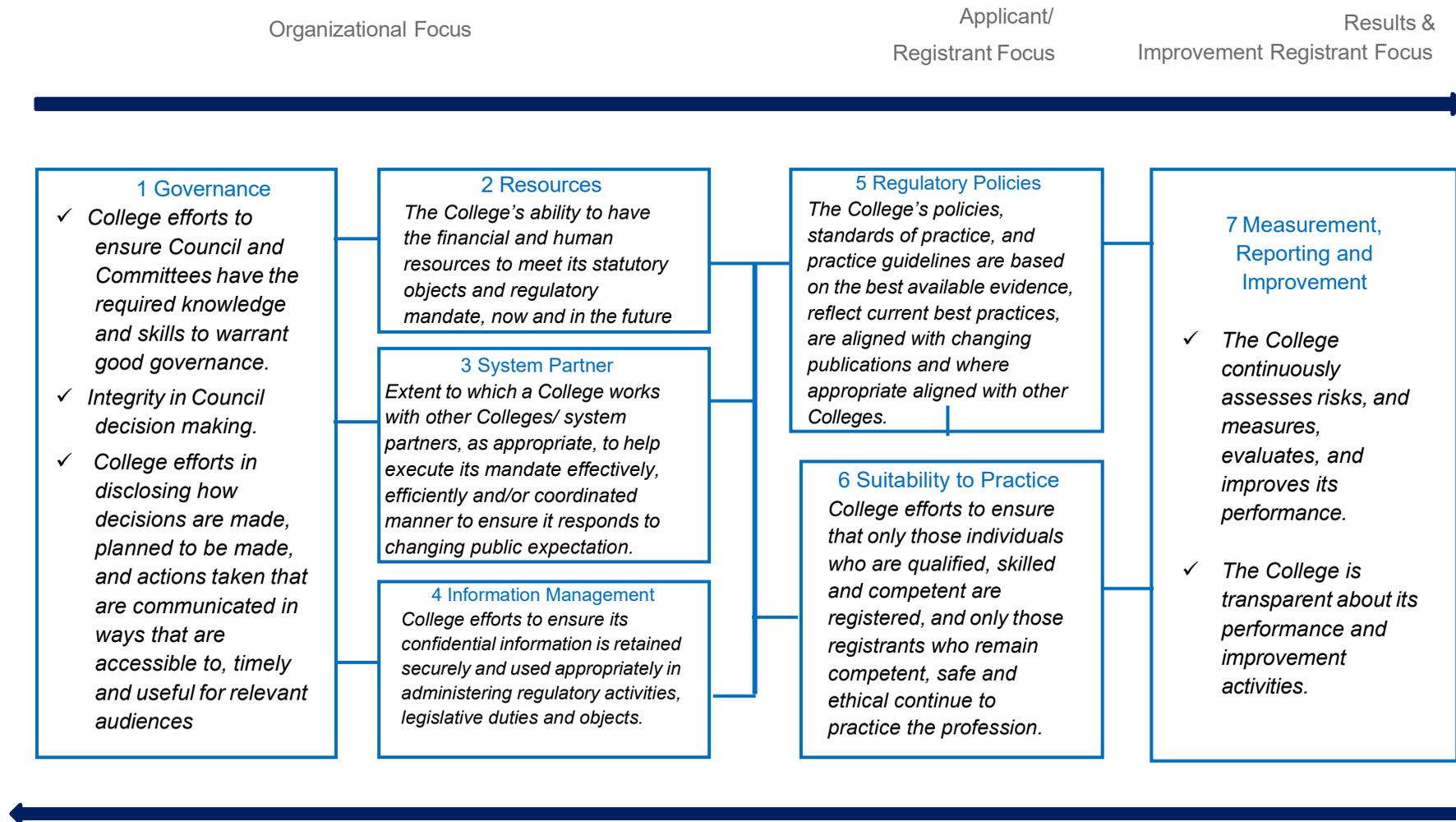


Figure 2: CPMF Domains and Standards

| Domains | Standards |
|--|---|
| Governance | 1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College. |
| | 2. Council decisions are made in the public interest. |
| | 3. The College acts to foster public trust through transparency about decisions made and actions taken. |
| Resources | 4. The College is a responsible steward of its (financial and human) resources. |
| System Partner | 5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate. |
| | 6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations. |
| Information Management | 7. Information collected by the College is protected from unauthorized disclosure. |
| Regulatory Policies | 8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges. |
| Suitability to Practice | 9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers. |
| | 10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care. |
| | 11. The complaints process is accessible and supportive. |
| | 12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public. |
| | 13. The College complaints process is coordinated and integrated. |
| Measurement, Reporting and Improvement | 14. The College monitors, reports on, and improves its performance. |

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

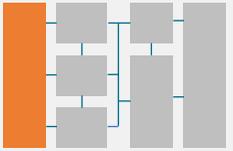
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

|  | | Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee. | |
|--|------------|--|--|
| DOMAIN 1: GOVERNANCE | STANDARD 1 | Required Evidence | College Response |
| | | <p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <p>• The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></p> <p>The COTO Board Competency Framework has been developed and approved in 2021 and represents the optimal mix of skills, expertise, and experiences that Board Directors should possess to ensure that the Board can carry out its strategic objectives. The Framework also recognizes that the Board and its Committees need to reflect the diverse populations that use occupational therapy services in Ontario. This diversity includes culture, gender, race, age, geographical setting, and practice setting. As part of the elections process to the Board, registrants are asked to highlight in the position statement the skills and experiences that they bring as they relate to the Board Competency Framework.</p> <p>Suitability Criteria for Elected Directors can be found in College bylaws under Section 5.03.1 (p.14). In 2021, COTO expanded the suitability criteria to include a three-year cooling-off period for any registrant who sits or is an employee of an association from sitting on the board. In addition, any registrant considering running for elections must complete the online orientation module prior to submitting their application.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> |

| | | | | |
|--|-----------------|---|--|-----|
| R | | ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. | The College fulfills this requirement: | Yes |
| | | <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Duration of orientation training: As part of their eligibility, all candidates for election must complete the College’s interactive pre-election module, approximately 45 minutes – 1 hour in duration. The module provides the essential information about the College, our mandate and the roles and responsibilities of Board Directors. Click here to access the module.</p> <p>In addition, newly Elected and appointed Public Directors undergo a half-day training session prior to their first Board meeting with the College Registrar and Board Chair. They also attend orientation prior to attendance at any committee meeting. The Board undergoes a half-day training session annually. In addition, a portion of each Board meeting includes education or additional training sessions that the Board identifies as learning priorities.</p> <p>Format of orientation training: Board orientation is done in-person or in a virtual platform, facilitated by College staff and Legal Counsel and/or staff.</p> <p>List orientation training topics: Introduction to Regulatory Framework Public Interest Roles and Structures Role of the Board Role of individual Board Directors Rules of Order Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Human Rights and the Ontario Human Rights Code Bias Diversity, equity, and inclusion Risk Management Finance (how to read financial statements) Current issues of the College Strategic Plan</p> | | |
| If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? | Choose an item. | | | |

| | | | |
|--|--|--|---|
| | | | <i>Additional comments for clarification (optional):</i> |
| | | <p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. <p>The Board approved the Committee Competency Framework for all statutory and non-statutory committees in June 2021.</p> <p>As Board directors sit on College committees, the Committee Competency Framework builds on the Board Competency Framework. All committee members are expected to demonstrate key attributes, and to collectively represent diverse perspectives and backgrounds (this includes professional diversity, regional diversity, age diversity, cultural and gender diversity).</p> <p>Suitability criteria for Committee candidates can be found in College bylaws under Section 12.01.1 for Professional Committee Appointees, and under Section 12.02.1 for Community Appointees (p.27). When appointing a Board director to committees, the Governance Committee considers the Director’s skills, experience and commitment and recommends appointments to the Board based on the competencies required by the Committee. The recruitment of Professional Committee and Community appointees is undertaken by each Committee and results in recommendations to the Board for committee appointments. Each committee recruits appointees considering the competencies, skills and experiences that are unique for that committee, which is available on the College website when committee vacancies are posted.</p> <p>In January 2023, as part of their continued governance modernization efforts, the Board approved the creation of a Nominations Committee, which will be arm’s length from the Board, and made up of Community Appointees (no Board Directors or Professional Committee appointees). Their role will be to undertake the screening of committee candidates including having a more robust screening process which would include reviewing and evaluating committee candidates and determining if they have the suitable skills, knowledge, experience, and competencies. They will be recommending the composition of committee members and committee chairs to the Board for approval. The College anticipates the Nominations Committee will be up and running by June 2023.</p> |

| | | | | | | | |
|--|-----|---|---|--|-----|--|--|
| | | | <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | | | | |
| | | <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p> | <table border="1"> <tr> <td data-bbox="776 516 2196 570">The College fulfills this requirement:</td> <td data-bbox="2196 516 2612 570">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2612 1409"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Duration of orientation training: Each new Professional or Community appointee attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day. The College is in the process of developing an online orientation module for committee applicants that will be ready in 2023. This will be in addition to training Directors and Committee members will receive post election/appointment.</p> <p>Format of orientation training: Committee orientation is done in-person or in a virtual platform, facilitated by College staff and Legal Counsel and/or staff.</p> <p>List orientation training topics: Individual statutory program requirements (include program requirements, legislative and regulation requirements, terms of references and powers of the Committee as well as review of individual program policies and procedures) Public Interest Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Diversity, equity and inclusion Human Rights and the Ontario Human Rights Code Accommodations Bias Decision writing Current issues and risks facing each Committee</p> </td> </tr> </table> | The College fulfills this requirement: | Yes | <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Duration of orientation training: Each new Professional or Community appointee attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day. The College is in the process of developing an online orientation module for committee applicants that will be ready in 2023. This will be in addition to training Directors and Committee members will receive post election/appointment.</p> <p>Format of orientation training: Committee orientation is done in-person or in a virtual platform, facilitated by College staff and Legal Counsel and/or staff.</p> <p>List orientation training topics: Individual statutory program requirements (include program requirements, legislative and regulation requirements, terms of references and powers of the Committee as well as review of individual program policies and procedures) Public Interest Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Diversity, equity and inclusion Human Rights and the Ontario Human Rights Code Accommodations Bias Decision writing Current issues and risks facing each Committee</p> | |
| The College fulfills this requirement: | Yes | | | | | | |
| <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Duration of orientation training: Each new Professional or Community appointee attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day. The College is in the process of developing an online orientation module for committee applicants that will be ready in 2023. This will be in addition to training Directors and Committee members will receive post election/appointment.</p> <p>Format of orientation training: Committee orientation is done in-person or in a virtual platform, facilitated by College staff and Legal Counsel and/or staff.</p> <p>List orientation training topics: Individual statutory program requirements (include program requirements, legislative and regulation requirements, terms of references and powers of the Committee as well as review of individual program policies and procedures) Public Interest Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Diversity, equity and inclusion Human Rights and the Ontario Human Rights Code Accommodations Bias Decision writing Current issues and risks facing each Committee</p> | | | | | | | |

| | | | | |
|--|--|--|---|-----------------|
| | | | In addition, all members appointed to the Discipline Committee must complete Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO). | |
| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (optional):</i> | |

| | | | | |
|--|--|---|---|---|
| | | <p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Duration of orientation training: New Public Directors must complete the College’s interactive orientation module, approximately 45 minutes to 1 hour to complete. The module provides the essential information about the College, our mandate and the roles and responsibilities of Board Directors. Click here to access the module. In addition, Public Directors undergo a half-day training session prior to their first Board meeting. They also attend orientation prior to attendance at any committee meeting. In addition, as the Ministry has now instituted a governance training course for Public Directors, there will be an expectation that all public appointments maintain currency of this training.</p> <p>Format of orientation training: Orientation for Public Directors is done in-person or in a virtual platform, facilitated by the College Registrar and Board Chair.</p> <p>List orientation training topics: Introduction to Regulatory Framework Public Interest Roles and Structures Role of the Board Role of individual Board Directors Rules of Order Fiduciary Duties Code of Conduct Confidentiality Conflict of interest Human Rights and the Ontario Human Rights Code Bias Diversity, Equity and Inclusion Risk Management Finance (how to read financial statements) Current issues of the College Strategic Plan</p> <p>In addition, any new Public Director appointed to the Discipline Committee must complete Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HRPO).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Met in 2021, continues to meet in 2022</p> |
| | | | <p>Choose an item.</p> | |

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| | | | <i>Additional comments for clarification (optional):</i> |
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| Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education. | | | | |
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| Required Evidence | College Response | | | |
| a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Met in 2021, continues to meet in 2022</td> </tr> </table> | | | Met in 2021, continues to meet in 2022 |
| | | Met in 2021, continues to meet in 2022 | | |
| | <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>Year the framework was developed or last updated: 2021</p> <p>Insert a link to Framework OR link to Council meeting materials where framework is found and was approved: January 2022 Board meeting (p.146).</p> <p>Evaluation and assessment results are discussed at public Council meeting: March 2022 Board Meeting (p.223).</p> | | | |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | | Choose an item. | | |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | |

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| | | <p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur? Once every three years</i> • Please indicate the year of last third-party evaluation. 2019 <p>The College undertook a full governance review by a third-party consultant in 2019 and began working on implementing the recommendations and incorporating governance changes ever since. Moving forward and built into Governance Committee workplan for 2023, the Committee will consider proposals for a third-party evaluator to assess Board effectiveness once the elements of the College’s revised governance modernization plan are in place.</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

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| | | <p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Link to documents outlining how outcome evaluations have informed training: January 2022 Board meeting (p.136)</p> <p>The Board approved the Skills Matrix tool that is used to assess the overall composition of the skills and competencies of the Board related to the Board Competency Framework, with the results being reported to the Board at its January meeting. The tool plays a key role by helping to identify gaps among the current Board and identify future Board training and development. The results and feedback are collated and shared with the Governance Committee and shared with the rest Board. This targeted training is in addition to the annual training received by Board and Committee members.</p> <p>Additional training the Board received in 2022 include:</p> <ul style="list-style-type: none"> • Risk Management by Richard Steinecke (January 2022) • How to Read Financial Statements by College Director of Finance (June 2022) <p>In addition, after each Board and Committee meeting, and as part of annual Director and Committee members self-evaluation, there is an opportunity for Directors and Committee members to identify their own individual development and education interests. Members in the past were asked to complete this survey anonymously. As part of the College governance modernization efforts, the Board agreed at its October 2022 meeting (p.80) with the Governance Committee’s recommendation in removing the anonymity of all Board and Committee evaluations beginning in January 2023.</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional):</i></p> | |

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| | | <p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Since 2020, the College has continued to make a strong commitment to diversity, equity, and inclusion and aims to reflect this commitment across our regulatory processes, policies, practices, and organizational culture moving forward. In March 2022, the College publicly restated its DEI commitment on its website:</p> <p>Over the course of the year, the College conducted all-staff training sessions with a subject matter consultant and an external human resources (HR) review to inform next steps for HR planning. The Board of Directors also received diversity, equity, and inclusion education through a dedicated session. Greater awareness and knowledge across all staff and Board members will help to implement appropriate actions.</p> <p>The Board and College staff have recognized the need to review College materials to ensure content and messaging is inclusive and reflective of College values. The College continues to contribute to the Health Profession Regulators of Ontario’s Anti-Racism Working Group. The College furthered its commitment to diversity, equity, and inclusion by establishing two new registrant panels on Indigenous insights and equity perspectives. These panels have provided valuable input on multiple initiatives, including:</p> <ul style="list-style-type: none"> • Culture, Equity, and Justice in Occupational Therapy Practice; • Development of the new Standards for Practice; and • Scenarios for the Competencies for Occupational Therapists national eLearning module <p>The development of the new resource Culture, Equity and Justice in Occupational Therapy Practice was a significant achievement touching on all key areas of focus.</p> <p>Finally, in January 2022 the College Board received an education session relating to risk management to better learn about effectively managing internal and external risks and operational challenges.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Yes</p> <p>Choose an item.</p> |
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| | | | <i>Additional comments for clarification (optional):</i> |
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| Measure: | | |
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| 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest. | | |
| Required Evidence | College Response | |
| <p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>Year when Code of Conduct and Conflict of Interest policy was last evaluated/updated: 2021</p> <p>Given public expectations the College’s Code of Conduct for Board and Committee members now consists of a set of four values and the principles that apply to them. One of the new values that was added in the current version includes diversity and inclusion. The Conflict of Interest policy was updated to include which types of relationships potentially represent conflict of interest and thus need to be disclosed. In addition, all Board directors must attest in writing that they do not have a conflict of interest to declare prior to each meeting and that written attestation is included in all Board meeting materials.</p> | |
| | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Yes</p> |
| | <p><i>Additional comments for clarification (optional)</i></p> | <p>Choose an item.</p> |
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| | | <p>ii. accessible to the public.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>Links to Code of Conduct and Conflict of Interest policy.</p> | Met in 2021, continues to meet in 2022 |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | Choose an item. |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |
| | | <p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy. <p>Year that the cooling off period was developed OR last evaluated/updated: 2021</p> <p>Length of the colling off period: three years</p> <p>College defines cooling off period in College bylaws. Under section 5.03 (Eligibility for Election, p.14), subsection 5.03.1(i) states that a registrant is eligible for election if: "... not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association".</p> | Met in 2021, continues to meet in 2022 |

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| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |
| | | <p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>Year conflict of interest questionnaire was implemented OR last evaluated//updated: 2021</p> <p>A focus on Director expectations regarding conflict of interest is part of the annual orientation and includes information on regulatory requirements and various scenarios to support Directors’ understanding of these expectations. All Board Directors are asked to review and complete the conflict-of-interest questionnaire on an annual basis. In addition, prior to and before the start of every Board meeting, the Chair will ask Directors to declare any conflicts of interest based on agenda items and any conflicts are recorded in the minutes and managed accordingly (January Board meeting, p.4).</p> | | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |

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| <p>Board</p> | | <p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2021, continues to meet in 2022</p> |
| | | | <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>All briefing materials include a rationale to explain why the matter for discussion is in the public interest. The content of each briefing reinforces the connections of the matter to the College’s mandate and Board’s role. This includes providing the necessary context and background to support the Board’s decision-making and understanding of any key considerations that must be included to demonstrate the item as a matter of public interest (October 2022 Board meeting, p.53).</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (if needed)</i></p> | |

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| | | <p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p> | The College fulfills this requirement: | Yes |
| | | | <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The College’s Risk Management program was officially established in 2018. Since then, it has been reviewed and occasionally changed with respect to processes and oversight. Any new risks are evaluated and added to the risk register and integrated into the development of our annual operating initiatives if needed. The Executive Committee oversees the Risk Management Program and ensures the Board is informed about evolving risks. Any risks identified as high or critical risks in each quarter are brought forward to the Board (see October 2022 Board meeting, p. 67).</p> <p>In 2022, it was further clarified in each committee’s terms of reference, that all committees review risks related to the mandate of their committees and take the necessary steps to ensure they are managed.</p> | |
| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (if needed)</i> | |

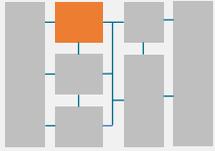
| Measure: | | |
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| 3.1 Council decisions are transparent. | | |
| Required Evidence | College Response | |
| <p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Link to College website where Board minutes are posted.</p> <p>Status updates on the implementation of all Board decisions are provided in the Board meeting materials. Click here to see an example from the October 2022, Board meeting (p.15).</p> | |
| | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p> |
| | <p><i>Additional comments for clarification (optional)</i></p> | |

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| | | <p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>For each Board meeting package, the College posts minutes of Executive as well minutes from all its Board Committees (Governance, and Finance and Audit). Click here to see the Executive Committee minutes from the March 2022 Board meeting (p.27).</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

| Measure: 3.2 Information provided by the College is accessible and timely. | | |
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| Required Evidence | College Response | |
| a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 |
| | <ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Click here to access past Board meeting materials. | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | <i>Additional comments for clarification (optional)</i> | |
| b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 |
| | <ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. Click here to access the College's Notice of Discipline Hearings. | |

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| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |
| <p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p> | | | | |
| <p>Required Evidence</p> | <p>College Response</p> | | | |
| <p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p> | <p>The College fulfills this requirement:</p> | | | <p>Yes</p> |
| | <ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>Click here to access highlights of the College’s work related to diversity, equity, and inclusion in 2022.</p> <p>At the January 2023 Board meeting (p. 165) the Board received the College’s Diversity, Equity and Inclusion plan which sets out how the College will address diversity, equity and inclusion both as an employer and as a regulator. The Centre for Global Inclusion’s Global Diversity, Equity and Inclusion Benchmarks: Standards for Organizations Around the World will be used by the College as a guide to inform the strategic and operation plans for the next three years.</p> | | | |
| | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | | <p>Choose an item.</p> |
| | <p><i>Additional comments for clarification (optional)</i></p> | | | |

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| | | <p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>At the October 2022 Board meeting (p. 82), the Board approved the adoption of the Ministry of Health’s Health Equity Impact Assessment tool to assist the College in integrating equity considerations into new initiatives and more detailed planning.</p> <p>The College has facilitated two groups of occupational therapists: an equity seeking group of occupational therapists, and an Indigenous group of occupational therapists who have been providing valuable insights into our initiatives and their impact on diverse groups. Beginning in 2023, all Board and Committee briefing materials include a section on diversity, equity, and inclusion considerations to assist the Board and Committee members to better inform decision-making.</p> | <p>Yes</p> |
| <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | | <p>Choose an item.</p> | |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | |



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

| DOMAIN 2: RESOURCES | STANDARD 4 | Required Evidence | College Response | | | | |
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| | | <p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p> | The College fulfills this requirement: | | Yes | | |
| | | | <ul style="list-style-type: none"> • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>A new Leadership Outcomes document was developed in 2020 by the Board to set the strategic priorities of the College for the next three years from 2020-2023. In March 2022, the Board approved an extension of the strategic priorities for another year. Each year, following the reaffirmation of the strategic priorities defined in the Leadership Outcomes, budget allocations are made based on projected work for the year in every area of the College. The operational plan priorities for the following year are presented to the Board. These planned priorities outline the College’s annual commitment towards the Leadership Outcomes, which form the foundation for the development of the budget, which is then followed by budget approval.</p> <p>A link to the June 2022 Board meeting includes a discussion about the activities or projects to support the strategic plan (p.76) that include the 2022-23 annual operating budget that is brought forward by the Finance and Audit Committee to the Board for approval. The budget outlines the associated costs of each of the College’s programs and activities to support the College’s strategic plan.</p> <p>Click here to access the Leadership Outcomes report for 2022.</p> | | | | |
| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. | | |
| <i>Additional comments for clarification (optional)</i> | | | | | | | |

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| | | <p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2021, continues to meet in 2022</p> |
| | | | <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. <p>Has the financial reserve policy been validated by a financial auditor? Yes</p> <p>The College’s Finance and Audit Committee has the oversight responsibilities relating to financial planning and reporting. Several financial planning and budgeting policies were updated and brought forward to the Board for approval at the June 2022 Board meeting (p.82), including the Establishing and Maintaining Reserve Funds policy (p.88).</p> | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (if needed)</i></p> | |

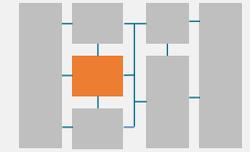
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| | | <p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The Board considers the annual operating budget developed by staff and recommended by the Finance and Audit Committee which is tied to the strategic plan and the human resources required to support the delivery of strategic outcomes (June 2022 board meeting, p.76). This includes budgeting for all current and projected staffing needs and assessed by the Finance and Audit Committee. Additionally, the College has a practice of completing organizational reviews periodically, as the environment changes.</p> <p>Several financial planning and budgeting policies were updated and brought forward to the Board for approval (June 2022 Board meeting, p. 83). This includes the Financial Planning and Budgeting policy which outlines the requirements for the budget submitted to the Board, and includes language related to planning for an appropriate balance between human and financial resources in meeting the College’s strategic objectives.</p> | <p>Yes</p> |
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| | | | <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> |
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| | | <p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College data and technology plan was presented to the Board at the March 2020 meeting, p. 47-73. The College's enterprise system project development and implementation is currently underway and until the project is completed it is included on the College's risk management report (October 2022 board meeting, p. 69).</p> <p>The new enterprise system will allow for increased digitization, by facilitating the use of paperless files for registrants as well as improve work flows to increase efficiencies for the College and therefore improved service to the public and applicants/registrants. The College regularly trains staff on cybersecurity measures and has completed penetration testing, for example, as one preventative measure.</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



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| <p>Measure / Required evidence: N/A</p> | <p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p> |
| <p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> | <p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>Active engagement with system partners and other health regulatory colleges are central to the work carried out by the College in 2022. System Impact is one of the four elements of the College's strategic priorities, and this includes the College being a collaborative, effective regulatory leader. To achieve a positive system impact, the College will continue to develop open and collaborative relationships that promote system alignment, collaboration and share best practices.</p> <p>The following highlights some of the various strategies employed by the College during the current reporting period to engage with system partners and the results of those engagements.</p> <p><u>Shared Regulatory Opportunity for Learning and Exploration of Diversity, Equity, and Inclusion</u></p> <p>In the fall of 2022, the College partnered with the College of Physiotherapists of Ontario and other regulatory health colleges to provide a workshop series with Future Ancestors to explore diversity, equity, and inclusion in the workplace and within the therapeutic relationship. This was two-part workshop series for participants to build their capacity in critically articulating their worldviews and the consequential relationships with work and self. Participants had the opportunity to more effectively and ethically contribute to</p> |

fostering anti-racist workplaces and relationships. Key concepts explored in the workshop series included worldview, intersectionality, identity, (micro)aggressions, bias, and critical self-reflection. The opportunity was shared to registrants with significant uptake. The initiative provided additional resources and perspectives reflective of the College's commitment to [Culture, Equity and Justice in Occupational Therapy](#).

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

This national group works together throughout the year to advance excellence in occupational therapy regulation across the country. This is critical for labour mobility and provides economy of scale for national initiatives. Highlights in 2022 include:

- **Substantial Equivalency Assessment System** - This a national system to assessment competencies of internationally educated occupational therapists. This program is closely monitored and supported by each province. COTO supports this system by working on the national oversight committee and managing the human resources of the program. This year we worked together to implement a new gap filling program for internationally educated OTs (IEOTs) in partnership with the University of Alberta occupational therapy program. This program was developed, pilot tested and delivered for IEOTs within this calendar year. The work on this program ensures a consistent, high-quality assessment for IEOTs with appropriate follow up supports as necessary. This is critical for health human resources.
- **National E-Learning Module** - New competencies for occupational therapy practice were developed and released in December 2021. Through ACOTRO and in partnership with all provinces, an e-learning module was developed and implemented in English and French for all OTs across the country. This was the first national module developed by ACOTRO. COTO heavily sponsored this project and provided expertise and project management. All OTs in Canada will have access to the same competencies, and this promotes consistent high-quality service for the public. The competencies will be used by universities to develop curriculum and the exam provider to update the National Certification Exam for OTs.
- **Remote practice discussions** – Discussions were held through ACOTRO to forward an agreement that would support OT practice that uses electronic means to deliver service remotely. This promotes appropriate services that are still accountable through regulation, without requiring registration in multiple jurisdictions. COTO allows OTs registered in another Canadian jurisdictions to practice remotely with clients in Ontario without needing to also register in Ontario. A national agreement has been worked on and should be available in spring 2023.
- **Language Assessment Changes** – Due to government requirements to use specific federal language tests for registration decisions, the College worked with ACOTRO to set appropriate scores for the profession that will be used nationally. In addition, ACOTRO partnered with the profession of Physiotherapy to gain economies of scale to complete this work. Use of this language assessment process is intended to reduce barriers for those needing an assessment of their language skills in order to work safely in Canada.
- **Work with Veterans Affairs Canada** – Through ACOTRO a memorandum of understanding has been developed and maintained that outlines appropriate registration for OTs working for this national service. This ensures that all who work for this organization are clear about regulatory obligations and are not over regulated – that is, not registered in multiple jurisdictions when that is not needed.

Health Profession Regulators of Ontario (HRPO)

The College collaborates frequently with other health regulatory colleges through HPRO, which is a collaborative group of health regulatory colleges across the province. Over the past year we have been a contributor through their regular meetings as well as through various working groups that addressed common issues such as the ongoing COVID-19 pandemic, Governance, Practice Advisors, and Diversity, Equity, and Inclusion. COTO supports this group through leadership on the management committee and at the Board level. Where possible, opportunities to leverage existing efforts are explored and the College often shares resources and practices with, and learnings from other Colleges to

achieve consistency in our regulatory function. For example, the COTO practice team worked with the other HPRO colleges to develop guidance related to service delivery during the COVID pandemic including guidance documents for occupational therapists working in school health.

Creation of an e-learning module for Board, Committee and Staff members

The College participated in a collaborative working group with 5 other regulatory colleges (Dentists, Physiotherapists, Kinesiologists, Engineers, Registered Psychotherapists) on the development of an e-learning module for prospective Board members. The College of Physiotherapists shared its e-learning module for use as a foundation. The College worked with the group to outline expectations and share potential content on what could be included in an online orientation program. In 2022, the College worked to customize and build its own e-learning module. The e-learning module was implemented for all prospective Board members in late 2022 and is to be expanded for use for Committee appointments and in onboarding College staff in 2023. Successes and lessons learned are being shared with the collaborative group.

Responding to evolving practice: Occupational Therapy Behavioural Techniques

The College of Psychologists of Ontario (CPO) has been working with the Government of Ontario toward proclamation of the Psychology and Applied Behaviour Analysis Act, 2021, since 2019. The College participated in a collaborative working group with 4 other colleges (Social Workers and Social Service Workers, Speech Language Pathologists and Audiologists, Early Childhood Educators, and Nurses) whose registrants may all use behavioural techniques in their practice in the public domain. The Group is working together to provide common information and data collection with regards to understanding the distinct scope of practice of the profession of ABA; the proposed restrictions on the use of the title “Behaviour Analyst”; and prohibitions of non members of CPO from “holding out” as qualified to practise as Behaviour Analysts. The common approach is to be implemented in early 2023.

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

Developing Standards of Practice for Occupational Therapists in Ontario

In 2022, the College continued a multi-step project to update the Standards of Practice for Occupational Therapists in Ontario. Engagement with system partners included:
Registrants: Approximately 300 College registrants who work in various practice settings participated in the survey in June 2022. Registrant feedback rated their understanding of the updated standards, identified any gaps, and provided feedback on how to improve the standards. Their input aided in the development of an accompanying resource with practice scenarios to help occupational therapists determine how the standards apply to their practice.

Public: The updated Standards of Practice went out for public consultation in June 2022 and were revised following the feedback received. Learning from the Citizen Advisory Group was incorporated into the development of the document, including the use of plain language.

Professional Association: The updated Standards of Practice went out to the Ontario Society of Occupational Therapists in June 2022 and were revised following the feedback received. Specific feedback from system partners about individual Standards emerged and the Practice Committee acted on feedback to modify the standards related to: Psychotherapy, OT Students and Occupational Therapy Assistants; Practice guidance development; Modernization and plain language; and Definitions of new terms.

The Standards of Practice are principle based and now incorporate the Competencies for Occupational Therapy Practice in Canada. The updated Standards of Practice will be implemented by June 2023 and will clarify the minimum expectations for the evolving practice of occupational therapists in Ontario and for the public, occupational therapists and other interested parties.

The College engages with many partners to ensure our regulatory work is of high quality and involves relevant system partners. Examples of this engagement are:

Citizen Advisory Group (CAG) – Any policies that relate to the public receive input from this group. In 2022 the College developed a rights and responsibilities document developed for our patient audience, that received input via the Citizen Advisory Group. Planned release of this document is later in 2023. In partnership with other Ontario Colleges including Nurses, Dental Surgeons, Massage Therapists and Physiotherapists, the College engaged the advisory group on the subject of “Stakeholder Engagement and Building Inclusive Collaboration”, we learned what citizens want to know from Colleges, how they want to hear the information, how to have patients and families involved in the College’s work; and about what topics citizens are most important to engage with in discussion. The Citizen Advisory Group was consulted regarding proposed revisions to the College logo to enhance public understanding of the public protection role of the College, specifically the addition of the tag line

'regulator of occupational therapists in Ontario'. A subset of CAG provided valuable input to inform and support the change. CAG input was brought forward to the College Board ([October 2022](#) p.89), resulting in approval of the proposed change. The revised College logo was launched in early 2023.

HPRO – as noted in standard 5, the College engages with HPRO to establish and maintain relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), the Ministry of Health, and the Financial Services Regulator who all use HPRO as a central conduit for sharing information. The Registrar is active on the Executive of HPRO and managers all engage with HPRO committees, including; the Quality Assurance Working Group, the Investigations and Hearings Group, the Diversity, Equity and Inclusion Working Group, the Practice Group, as well as any ad hoc groups that arise.

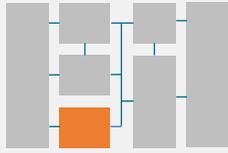
Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) – The partnership is crucial for the ongoing delivery of the Substantial Equivalency Assessment Program (SEAS) for internationally educated occupational therapists (IEOTs). The SEAS program ensures that all internationally educated occupational therapists have a fair and consistent assessment of their credentials and competencies and gap filling opportunities are available. ACOTRO also facilitates labour mobility across provincial borders by ensuring that registration requirements are harmonized and the Labour Mobility Support Agreement for occupational therapists is maintained. In addition, discussion and policy making around regulation of remote practice is an advancement that assists the Ontario public to have access to occupational therapists who may work in different jurisdiction without needing additional regulation. The College Registrar is currently the President of this organization which facilitates collaborative work amongst Canadian occupational therapist regulators and ensures this valuable partnership is maintained. This year, the College was required to approve an additional language assessment used by the federal government for immigration purposes for use for language assessment for IEOTs. The partnership with ACOTRO facilitated the approval process and it is now approved for national use as well. The partnership with ACOTRO facilitates involvement in needed national working groups that work on regulatory processes such as the national certification exam for occupational therapists as well as accreditation of occupational therapy university programs. This year, due to growing use of remote technologies, the College has been exploring a cross Canada memorandum of understanding regarding how to manage the registration for those who work remotely across provincial borders.

Canadian Association of Occupational Therapists (CAOT) – The College engages with CAOT as they are the third party who delivers the entry to practice exam and accreditation of university programs. We participate in the Exam Oversight Committee to ensure exam policies are fair and clear, as well as work together to ensure the agreements are up to date and adhered to. This year, through ACOTRO, the College is part of the governance review of the accreditation processes for Canadian occupational therapy programs, as well as the exam blueprint working group.

Indigenous and Equity Panels – This year the College developed two panels of registrants to contribute to the revision and development of policies and standards. The panels also provided input with regards to Practice and Quality Assurance Programs. Language recommended by the panels was incorporated in our updated Standards of Practice and our Annual E-Learning Module (developed in 2022 for implementation in 2023). Examples of improvements recommended by the panels included incorporation of appropriate language and a glossary of terms for the language was created; for example, direction on when to use the word client and replacement of words such as stakeholders. Cases described in our E-Learning Module incorporate culturally appropriate terminology for therapeutic interventions and family situations based on input of our panels. The goal for 2023 is to incorporate the panel consultations into our operational DEI plan and our strategic plan.

Ontario Society of Occupational Therapists – The College maintains good working relationships with the provincial association for occupational therapists - the Ontario Society of Occupational Therapists, through regular dialogues and scheduled meetings. The College partners with the association through presentations at conferences and educational meetings. In 2022, the main topic for joint was related on the new Competencies for Occupational Therapists in Canada.

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| | <p>Ontario University Programs – The College has regular meetings with the university programs for occupational therapists in Ontario. This year, one important topic of discussion was the integration of the new national competencies into university curriculums for student occupational therapists.</p> |
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Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION
MANAGEMENT

STANDARD 7

Required Evidence

College Response

a. The College demonstrates how it:
i. uses policies and processes to govern the disclosure of, and requests for information;

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

Link to College's [privacy policy](#).

Privacy at the College is protected as follows:

The Human Resources material has a confidentiality policy, and forms are signed by all staff. All Board and Committee members review and sign confidentiality agreements annually. Confidential COTO email addresses are provided to Board and Committee members to enable secure communications and transmission of College materials. Confidentiality provisions and associated fines from the RHPA are included in on-boarding and training materials.

The Investigations and Resolutions program of the College applies privacy practices and processes at all stages of the investigation, from intake to disposal, including not sharing personal identifiers or sensitive information through the College's telephone and messaging system and sharing meeting packages (using a secure document sharing platform) with the ICRC in a manner which prevents them from downloading the materials onto their personal computers. ICRC access to the meeting packages is removed once its written reasons for its decisions are issued.

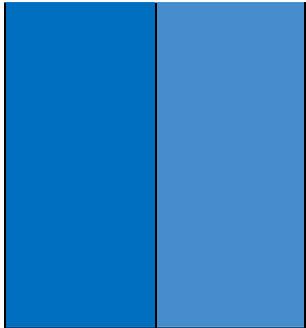
The Registration and Quality Assurance program also use a secure document sharing platform to share confidential documents with registrants and others, and have processes for maintaining confidentiality of information, including a consent process.

The Quality Assurance program redacts registrant information, with the registrant's name applied to decision letters and forms after the Committee decision is made.

The Practice Service is also anonymous, with names or contact information of inquiries retained for response purposes only.

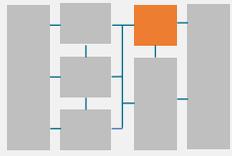
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.



Additional comments for clarification (optional)

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| | | <p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College is monitored 24 hours a day, 7 days a week for system failure, ransomware detection and cyber-attacks employing several security tools like multifactor authentication for all College accounts. Access to the College network is only accessible through a virtual private network. Confidential and sensitive information is received and shared through secure channels.</p> <p>The College has an internal privacy policy with steps for managing a breach of privacy, including a log of breaches, a report outlining the events, and disclosure of what materials were inadvertently sent to involved individuals. Managers have all been trained on managing breaches in their programs. Staff have all been trained to detect malicious requests and links.</p> <p>The College has a document retention policy.</p> <p>All Board and Committee packages include information about virtual meeting conduct, including proper destruction of meeting materials.</p> <p>The College's Program Director is the designated Privacy Officer.</p> | <p>Yes</p> |
| <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | | | | |



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

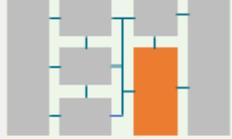
The College has an up-to-date [document framework](#) (p.245) to ensure all policies, standards of practice and practice guidelines are current. The framework outlines the review process including the steps required to bring a policy or standard forward for changes.

Met in 2021, continues to meet in 2022

If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

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| | | <p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>All College policies, standards and guidelines are regularly reviewed and updated to ensure they are current. The College aims to initiate the review process every 3-5 years with adjustments given changing priorities or areas of risk.</p> <p>The process typically involves an environmental scan of other Colleges' information along with an analysis of available data from complaints, investigations, quality assurance, practice inquiries and website analytics. There is also a literature review of available data and relevant publications.</p> <p>The results of the environmental scan initiate changes which are brought in draft form back to Committee or the Board. An external consultation is conducted giving all system partners, occupational therapists, and members of the public, including the involvement of the Citizens Advisory Group, an opportunity to provide feedback and inform the process. Revisions may be made in response to the feedback and the revised version is brought back to the Board for final approval.</p> <p>Key materials, including Standards of Practice and practice resources are available online in both French and English. Notice of revision and release of new material is shared online and through the College newsletter.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | <p>Yes</p> |
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| | | <p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>In 2020, the Board revised the College values to reflect our commitment to treating everyone with dignity and respect and supporting diversity, equity, and inclusion (DEI). In 2021 the College began its work to address DEI throughout all areas of operation. First, it retained a DEI expert to assist with training College staff and the Board in anti-racism and unconscious bias. The consultant also reviewed several program policies and practices from a DEI lens and recommended changes, which have been implemented including updates to our Code of Ethics and Code of Conduct to add provisions that address diversity, equity, and inclusion.</p> <p>In 2022, the College created the Diversity, Equity, Inclusion Plan, which sets out how the College is addressing diversity, equity, and inclusion both as an employer and as a regulator. The Centre for Global Inclusion's Global Diversity, Equity, and Inclusion Benchmarks: Standards for Organizations Around the World began being used by the College as a guide to inform the strategic and operational plans in December 2022. View the College's Equity, Diversity, and Inclusion commitment and additional resources.</p> <p>Some examples of College documents in 2022 where DEI are embedded include:</p> <ul style="list-style-type: none"> • Bringing any new or revised policy/ standard before the College's Indigenous and equity seeking panels. Language recommended by the panels was incorporated in our updated Standards of Practice Document and our Annual E-Learning Module developed in 2022 for implementation in 2023. Examples of improvements included incorporation of appropriate language and a glossary of terms for the language was created, for example direction on when to use the word client and replacement of words such as stakeholders. Building on this work, both Practice Guidance Documents and Quality Assurance Policies are in process of being improved. • The College developed a new online orientation module which includes a section on the College's expectations regarding diversity, equity, and inclusion. • Implemented a new Equity Impact Assessment tool on how to embed an equity analysis into our work moving forward. • Updated the briefing note templates to include a dedicated section on diversity, equity, and inclusion considerations to ensure that a DEI lens is applied to all board and committee decisions. | | |
| | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |

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|  | | Measure: 9.1 Applicants meet all College requirements before they are able to practice. | | |
| | | Required Evidence | College Response | |
| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 9 | <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>The College establishes and maintains the requirements for registration with the College. COTO has developed policies to:</p> <ul style="list-style-type: none"> -help the applicant better understand the registration process and what to expect, -be transparent about the decision-making process, assessment criteria, and possible outcomes, -provide rationale for why certain requirements are in place, -ensure integrity and validity of required documentation, -ensure registration processes are conducted in a way that is transparent, objective, impartial and fair. <p>All registration policies are available on the College website.</p> <p>Detailed information about the registration process for each applicant type is also available on the College website.</p> <p>Canadian Educated</p> <p>Internationally Educated</p> <p>Applicants Registered in Another Province</p> <p>Former Registrants</p> <p>Applicants must complete an application and submit documentation to demonstrate they meet the requirements as prescribed in regulation under the Occupational Therapy Act, 1991. All applications are processed by staff in accordance with College policies. If an applicant does not meet the requirement, the Registrar refers the application to the Registration Committee for decision.</p> | <p>Met in 2021, continues to meet in 2022</p> |

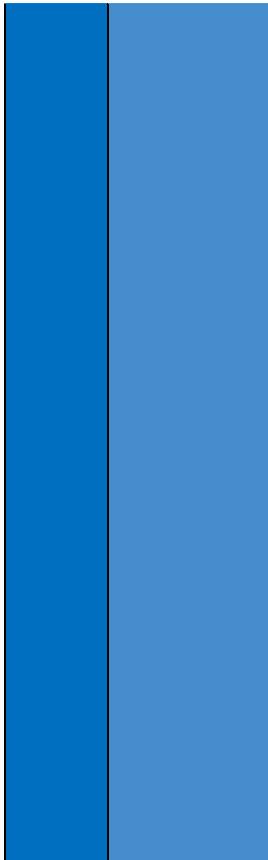
¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under

any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

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| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |
| | | <p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The College maintains relationships with system partners to identify best practices including the Canadian Network of Agencies for Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR), and Ontario Regulators for Access Consortium (ORAC). By attending and presenting at conferences organized by these organizations, College staff are kept abreast of best practices and developments in registration and assessment of entry of practice.</p> <p>Registration policies are routinely reviewed to ensure best their continued relevance and necessity.</p> <p>Several approaches are taken to ensure best practice in assessment of whether an applicant meets the registration requirements through the policy development and review process. These include:</p> <ul style="list-style-type: none"> - Environmental scanning and benchmarking of other regulators in Ontario and occupational therapy regulators across Canada, - Harmonizing of occupational therapy regulators across Canada where possible (for example, language requirements), - Review and input from external consultants to gather data and/or provide expert knowledge, - Consideration of Ontario Fairness Commissioner exemplary practices. <p>Several registration policies were reviewed and updated in 2021 for currency and relevancy, plain language and through a diversity, equity, and inclusion lens. The following policies were reviewed in 2022 to clarify expectations for applicants and registrants, enhance fairness, transparency, objectivity, and impartiality and are intended to ensure an equitable experience for all registrants/applicants.</p> <p>Vulnerable Sector Screening Determining Suitability to Practise at Registration Education & Fieldwork Requirements for Canadian Educated Applicants</p> | |

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| | | Education & Fieldwork Requirements for Internationally Educated Applicants Language Fluency Requirement |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> |
| | | <p><i>Choose an item.</i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The College is working in collaboration with occupational therapy regulators (ACOTRO) across Canada to review refresher program requirements for applicants and registrants who do not meet the currency requirement.</p> <p>Effective January 1, 2023, the Language Fluency Requirement Policy has been revised to comply with the new Registration Requirements under the amended <i>Regulated Health Professions Act, 1991</i> (RHPA). The regulation is meant to harmonize language proficiency requirements under the <i>Immigration and Refugee Protection Act</i>, with those required by health regulatory colleges. This will ensure more effective and efficient registration especially for internationally educated applicants, while protecting the public.</p> |

| Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically. | | |
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| | | <p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p> |
| | | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <p>Currency</p> <p>Recent practice is one of the ways that occupational therapists show they possess the current knowledge, skills, and judgment to provide safe, effective, and ethical care. The currency requirement for registrants is established in law by regulation under the <i>Occupational Therapy Act, 1991</i>. The currency policy was last updated in 2021. The policy, Currency Requirement for Annual Renewal, which operationalizes the currency requirement is reviewed and updated frequently. The policy was most recently updated in December 2022 incorporating concepts related to the impending introduction of a regulation change to introduce an emergency class of registrants.</p> <p>At annual renewal, registrants must declare whether they meet the currency requirement. The currency requirement is 600 hours of practice within the scope of the profession in the past three years, or successful completion of a College-approved refresher program in the past 18-months. Self-declarations are reviewed against date of registration, registrant employment history, and last completed refresher program (as applicable). Occupational therapists who do not meet the currency requirement must undergo a review. If a registrant does not meet the currency requirement, they may be required to complete a refresher program.</p> <p>Suitability to Practise</p> <p>The suitability to practise requirements for registrants are established in regulation and in College bylaws. The College broadly defines suitability to practise. It includes a registrant's conduct and character, such as previous findings of professional misconduct, or being found guilty of a criminal offence. Suitability to practise also includes determining whether a registrant has a physical or mental condition or disorder that could affect their ability to practise safely. Suitability to practise is an ongoing expectation of registrants. Once registered, registrants are required to provide information about the following during the annual renewal process (and/or within 30 days of an issue occurring) including:</p> <ul style="list-style-type: none"> - details about registration, membership or licensure with any other regulatory body in any jurisdiction - details about misconduct, incompetence or incapacity proceedings against the registrant, whether completed or ongoing, by a regulatory body in any jurisdiction - details about conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority - details about any charges laid against the registrant in respect of a federal, provincial, or any other offence, in any jurisdiction |
| | | Yes |

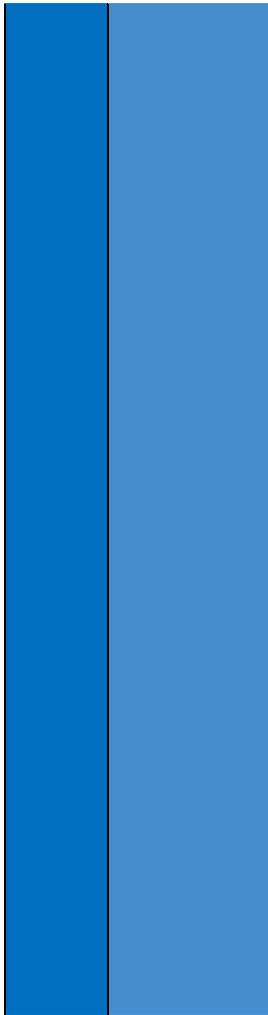


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| <ul style="list-style-type: none">- details about any findings of guilt by a court or other lawful authority of an offence- details about any findings of professional negligence or malpractice- information of an event or circumstance that would provide reasonable grounds for the belief that the registrant will not or is not able to practise occupational therapy in a safe and professional manner. <p>In addition to the requirement to provide this information within 30 days and during the annual renewal process, registrants of the College must submit a Vulnerable Sector (VS) check when requested by the College. The College recognizes that the results of criminal record screening may not guarantee good character or predict future conduct. However, the College endorses criminal record screening as an important tool for helping to ensure public safety.</p> <p>The suitability to practise requirements were most recently updated in 2022. Minor changes to requirements were made to incorporate recommendations from the Ontario Fairness Commission.</p> | |
| <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| <i>Additional comments for clarification (optional)</i> | |

² A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

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| Measure: | | | | |
| 9.3 Registration practices are transparent, objective, impartial, and fair. | | | | |
| | | a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC). | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued <p>Link to the most recent assessment report by the OFC.</p> | Met in 2021, continues to meet in 2022 |
| | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| | | <i>Additional comments for clarification (if needed)</i> | | |
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| Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice. | | |
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| Required Evidence | College Response | |
| <p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <p>In 2021 the College embarked on a project to update all the Standards of Practice. The aim of this policy change was to move towards principle-based (and shorter) regulatory documents by streamlining the information, enhancing the consistency across documents, applying plain language for ease of public use, and integrating the new occupational therapy competencies. At the March 2022 Board meeting (p. 232), the Board approved the draft Standards for Practice for public consultation and an outreach campaign was launched shortly thereafter. The College completed a province-wide online survey with registrants for the proposed Standards of Practice. The goals of the survey were to:</p> <ul style="list-style-type: none"> collect high-level feedback on proposed Standards of Practice, gather input into sections that underwent substantial revisions, inform how systemic biases can be corrected through final edits; and build awareness and support for the streamlined Standards. <p>The survey was disseminated to interested parties, registrants, and members of the public. Through this survey, respondents told us that the proposed Standards are:</p> <ul style="list-style-type: none"> easy to read and understand. protect the public from harm. will maintain relevance and stability over a reasonable timeframe. accommodate emerging practice areas; and are flexible for varying practice areas. <p>Respondents also agreed that the Standards describe ethical, accountable, safe, quality, and effective expectations for service.</p> | <p>Met in 2021, continues to meet in 2022</p> |



Specific feedback about individual Standards emerged and the Practice Committee acted on the information related to: Psychotherapy, OT Students and Occupational Therapy Assistants; Practice guidance development; Modernization and plain language; and Definitions of new terms.

The final draft was brought back to the [Board for final approval in January 2023](#) (see p. 95).

[Practice consultants](#) at the College are available to respond to any questions about these documents. In addition, [case studies](#) and [questions and answers](#) are available to support registrants on the application of all standards and guidance documents for practice.

In addition, to facilitate an understanding of the new Competencies for Occupational Therapists in Canada, 2021, the College released an eLearning module about these competencies. This was mandatory for all occupational therapists in Ontario and part of the Quality Assurance program in 2022. Once the new Standards are released in 2023, an education campaign will be launched to support all registrants to adopt the updated Standards of Practice and Quality Assurance program tools.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

| Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ . | | | | | |
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| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p> </td> <td style="width: 60%; vertical-align: top;"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <p>The following links provide information on the College's priority areas of focus for Quality Assurance (QA) assessment and how they are identified:</p> <ul style="list-style-type: none"> -General information about the College's QA Program Requirements -Information about competency assessment and the College's risk-based selection <p>Over the course of 2022, the pilot assessment cohort of 110 registrants was completed. The data analysis and system partner feedback identified strengths and challenges with the proposed tools. Through this pilot, it was determined that the root cause analysis screening tool was not a viable long-term method to incorporate into the competency assessment process and hence removed. In 2022 a Record Keeping Reflection activity utilizing the Standard for Record Keeping was developed and piloted with a subset of registrants in November-December 2022 as a proposed replacement for the screening step. Preliminary data support the future use of this tool and development continues to expand this step to also include a Consent Reflection activity that utilizes the Standards for Consent.</p> <p>The 2022 competency assessment process was revised with these priority areas of focus:</p> <ul style="list-style-type: none"> ▪ New expectations for Occupational Therapists: In November 2022, the new Competencies for Occupational Therapists in Canada were released. New Standards of Practice were also developed and are being prepared for release in 2023. The tools used by QA to assess competency required a major revision to reflect these foundational changes. The new Behavioural Based Interview assessment tool and Self Reflection assessments were developed over 2022 to reflect evolving OT practice across the province and country e.g., the inclusion of Culture, Equity, and Justice in OT practice. ▪ Risk based approach: The Quality Assurance program takes a multifaceted approach to identify possible areas of risk in OT practice. First, registrants are selected using the risk-based selection algorithm indicators that may indicate an elevated risk in practice. Quality Assurance also utilizes College data from Investigation and Resolutions and Practice programs to identify challenging areas of practice to include in the assessment tools. Data from these programs have identified aspects of occupational therapy such as consent, record keeping, professional boundaries, and communication as domains to include in Quality Assurance assessment tools to support continued competence. ▪ Efficiencies: A new process for assessing competencies was drafted and piloted including the use of self-reflective exercises and a more streamlined and efficient interview tool. Preliminary data suggests the change is both efficient and effective and will result in the ability to increase the number of registrants who participate in the competency assessment process. </td> <td style="width: 15%; vertical-align: top;"> <p>Met in 2021, continues to meet in 2022</p> </td> </tr> </table> | <p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <p>The following links provide information on the College's priority areas of focus for Quality Assurance (QA) assessment and how they are identified:</p> <ul style="list-style-type: none"> -General information about the College's QA Program Requirements -Information about competency assessment and the College's risk-based selection <p>Over the course of 2022, the pilot assessment cohort of 110 registrants was completed. 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| <p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <p>The following links provide information on the College's priority areas of focus for Quality Assurance (QA) assessment and how they are identified:</p> <ul style="list-style-type: none"> -General information about the College's QA Program Requirements -Information about competency assessment and the College's risk-based selection <p>Over the course of 2022, the pilot assessment cohort of 110 registrants was completed. The data analysis and system partner feedback identified strengths and challenges with the proposed tools. Through this pilot, it was determined that the root cause analysis screening tool was not a viable long-term method to incorporate into the competency assessment process and hence removed. In 2022 a Record Keeping Reflection activity utilizing the Standard for Record Keeping was developed and piloted with a subset of registrants in November-December 2022 as a proposed replacement for the screening step. Preliminary data support the future use of this tool and development continues to expand this step to also include a Consent Reflection activity that utilizes the Standards for Consent.</p> <p>The 2022 competency assessment process was revised with these priority areas of focus:</p> <ul style="list-style-type: none"> ▪ New expectations for Occupational Therapists: In November 2022, the new Competencies for Occupational Therapists in Canada were released. New Standards of Practice were also developed and are being prepared for release in 2023. The tools used by QA to assess competency required a major revision to reflect these foundational changes. The new Behavioural Based Interview assessment tool and Self Reflection assessments were developed over 2022 to reflect evolving OT practice across the province and country e.g., the inclusion of Culture, Equity, and Justice in OT practice. ▪ Risk based approach: The Quality Assurance program takes a multifaceted approach to identify possible areas of risk in OT practice. First, registrants are selected using the risk-based selection algorithm indicators that may indicate an elevated risk in practice. Quality Assurance also utilizes College data from Investigation and Resolutions and Practice programs to identify challenging areas of practice to include in the assessment tools. Data from these programs have identified aspects of occupational therapy such as consent, record keeping, professional boundaries, and communication as domains to include in Quality Assurance assessment tools to support continued competence. ▪ Efficiencies: A new process for assessing competencies was drafted and piloted including the use of self-reflective exercises and a more streamlined and efficient interview tool. Preliminary data suggests the change is both efficient and effective and will result in the ability to increase the number of registrants who participate in the competency assessment process. | <p>Met in 2021, continues to meet in 2022</p> | | | |

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| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | Choose an item. |
| | | | <p><i>Additional comments for clarification (optional)</i></p> <p>To reflect these changes a complete review of all QA policies has been underway and will be presented to the Board in 2023 for approval. The extensive policy review started in 2022 and a streamlined approach has been proposed which will reduce the number of policies from 20+ to 5 key policies, leading to greater transparency, accessibility, and efficiencies for system partners.</p> | |

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

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| | <p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Yes - <i>Employers</i> Yes - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes <p>The QA program continues to use the right-touch risk-based selection process to determine which registrants will participate in the competency assessment process. This was first developed in 2020, applied to the selection of registrants required to participate in 2021 and continues to be used in the program as the primary means of selecting registrants.</p> <p>In 2022. A pilot of a rubric based on risk-based approach is being piloted when reviewing request by registrants that have applied for a deferral or exception for their annual QA requirements.</p> <p>The QA program has formally adopted principles that reflect right touch regulation, and these are included in the orientation of all committee members and new staff members. This assures the public that all processes, communications, and tools reflect this consistent approach to quality assurance. To further this work, a survey will be launched in 2023 with system partners to confirm the principles and to further explore level of risk for certain activities in OT practice.</p> | <p>Met in 2021, continues to meet in 2022</p> |
| <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> | |
| <p><i>Additional comments for clarification (optional)</i></p> | | | |

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| | | <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>The QA Committee uses a decision criteria and risk analysis approach to make decisions about remediation activities required of a registrant following non-compliance with a QA requirement, or after a Peer Assessment. Historical information is considered, along with a registrant’s response and demonstration of insight and change following the assessment. A decision-making tool, that uses a risk framework, is used to facilitate consistent decisions and outcomes for each registrant. Remedial activities are consistent based on the tool, with consideration for individual practice circumstances.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> |
| | | | <p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p> |

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| | | | <i>Additional comments for clarification (optional)</i> | | | | | | |
| Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement. | | | | | | | | | |
| | | <p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p> | <table border="1"> <tr> <td data-bbox="758 493 2198 548">The College fulfills this requirement:</td> <td data-bbox="2198 493 2599 548">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 548 2599 1250"> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Registrants are provided with a Notice of Intent to issue a remediation activity. Sometimes this notice prevents the need for the remedial activity, as the registrant responds and shows that they have addressed the identified concerns.</p> <p>When the remediation activities are required, the registrant is tracked internally for completion of the needed items. Missed deadlines or incomplete remediation participation is reviewed by the Quality Assurance Committee.</p> <p>Depending on the remediation activity, registrants are either required to complete any outstanding continuing competence tool (e.g. self-assessment, professional development plan or the learning module) and submit evidence of the same, write a reflection paper that is submitted and approved, participate in practice monitoring with a learning plan that is also submitted and approved, or have another peer and practice assessment after the remediation activities are complete to confirm that they now demonstrate the required knowledge, skills and judgment. At the highest risk, registrants may have Terms, Conditions and limitations imposed on their certificate of registration or may be referred to the Inquiries, Complaints and Reports Committee for determination of non-compliance with the Quality Assurance Program.</p> </td> </tr> <tr> <td data-bbox="758 1250 2198 1295"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2198 1250 2599 1295">Choose an item.</td> </tr> </table> | The College fulfills this requirement: | Yes | <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Registrants are provided with a Notice of Intent to issue a remediation activity. Sometimes this notice prevents the need for the remedial activity, as the registrant responds and shows that they have addressed the identified concerns.</p> <p>When the remediation activities are required, the registrant is tracked internally for completion of the needed items. Missed deadlines or incomplete remediation participation is reviewed by the Quality Assurance Committee.</p> <p>Depending on the remediation activity, registrants are either required to complete any outstanding continuing competence tool (e.g. self-assessment, professional development plan or the learning module) and submit evidence of the same, write a reflection paper that is submitted and approved, participate in practice monitoring with a learning plan that is also submitted and approved, or have another peer and practice assessment after the remediation activities are complete to confirm that they now demonstrate the required knowledge, skills and judgment. At the highest risk, registrants may have Terms, Conditions and limitations imposed on their certificate of registration or may be referred to the Inquiries, Complaints and Reports Committee for determination of non-compliance with the Quality Assurance Program.</p> | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| The College fulfills this requirement: | Yes | | | | | | | | |
| <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Registrants are provided with a Notice of Intent to issue a remediation activity. Sometimes this notice prevents the need for the remedial activity, as the registrant responds and shows that they have addressed the identified concerns.</p> <p>When the remediation activities are required, the registrant is tracked internally for completion of the needed items. Missed deadlines or incomplete remediation participation is reviewed by the Quality Assurance Committee.</p> <p>Depending on the remediation activity, registrants are either required to complete any outstanding continuing competence tool (e.g. self-assessment, professional development plan or the learning module) and submit evidence of the same, write a reflection paper that is submitted and approved, participate in practice monitoring with a learning plan that is also submitted and approved, or have another peer and practice assessment after the remediation activities are complete to confirm that they now demonstrate the required knowledge, skills and judgment. At the highest risk, registrants may have Terms, Conditions and limitations imposed on their certificate of registration or may be referred to the Inquiries, Complaints and Reports Committee for determination of non-compliance with the Quality Assurance Program.</p> | | | | | | | | | |
| <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | | | | | | | | |

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| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 11 | Measure 11.1 | |
| | | The College enables and supports anyone who raises a concern about a registrant. | |
| | | Required Evidence | College Response |
| | | <p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p style="margin-left: 20px;">i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p style="margin-left: 20px;">ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <ol style="list-style-type: none"> 1. Concerns or Complaints about an Occupational Therapists 2. Investigating Complaints 3. Report Concerns or File a Complaint about an OT 4. Concerns and Complaints: Frequently Asked Questions 5. Alternative Dispute Resolution 6. Information about Sexual Abuse 7. Application for Funding for Therapy, Counselling and Related Non-Therapeutic Expenses 8. Sexual Abuse Prevention <p>All complainants also receive an acknowledgment and information that explains the investigations process and possible ICRC outcomes. The intake and complaints process are well documented, and procedures are in place for gathering information and evidence and obtaining responses during the investigation. One of the requirements is that investigations and resolutions staff review all information and documentation when received during the investigation of any case assigned to ensure the information is complete and to ascertain if clarification or any additional information should be requested. The College also has templates for emails and other written correspondence that provides information about the complaint process for complainants (and potential complainants) and registrants who are the subject of a complaint. Frequently enclosed with these templates are relevant sections of the Health Professions Procedural Code. The College additionally has an internal policy, approved by the College Board, that outlines criteria that must be met for a complaint to be eligible for Alternative Dispute Resolution. As noted above, the College has a lot of information available on its website for the public including possible outcomes of a matter.</p> |
| If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? | | Choose an item. | |

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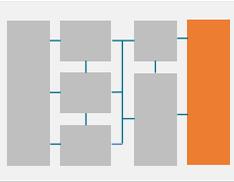
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| | | <p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>A review of website content and other communication is conducted regularly, and feedback received from members of the public and complainants is considered when making any revisions. Additionally, the College launched a complaint process feedback survey to registrants and complainants to collect data and feedback once a matter is resolved. Some of the questions asked specifically seek to evaluate whether the information provided about the College's complaint process was clear and useful. Finally, all our materials outlining the complaints process underwent an external plain language review.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | <p>Yes</p> |
| | | <p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p> | <p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>In 2022 the College received 62 inquiries and the College's response rate was 100% within 5 days</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

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| | | <p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2021, continues to meet in 2022</p> |
| | | | <ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Supports available to the public during the complaints process includes:</p> <ul style="list-style-type: none"> • All information and details of the complaints process are available on the College website, including how to make a complaint, what to expect, contact information, and frequently asked questions. • All complaints and reports can be filled online on the College website, additionally they can be sent by fax, email or mail. • Access to a third-party facilitator or investigator throughout the entire complaint process to explain the various steps in the complaints process or clarifying the complainant's concerns. • Language translation services are available either through a translation service or by sending documents out for translation. • Accommodations to access the complaint process are available, for example, if someone is unable to write or type a complaint, staff will assist complainants in recording their concerns in alternative means and any other accommodations required for the complainant to meaningfully participate in the process. • Additional information and supports for those reporting sexual abuse. This includes providing information on how to access the sexual abuse fund. The College also offers a support person to any alleged victim at no cost. <p>During all telephone and email contact, staff invite complainants to contact them if they have any questions or concerns about the information provided or in the investigation process. When a complaint is received, staff assigned to the complaint conduct an introductory call with the complainant within five days of receipt of the complaint to introduce themselves to the complainant as the person who will be conducting the investigation and with whom the complainant will be interacting throughout the course of the investigation. Staff will also explain the various steps in the complaints process, and this includes providing digital information sheets that explains the College's complaint process. This is to further assist the complainant in understanding the process and make complainants aware of all supports available to them including accommodations.</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

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| Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process. | | |
| a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.). | The College fulfills this requirement: | Yes |
| | <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>The following are links outlining how complainants can contact the College during the complaints process:</p> <p>https://www.coto.org/clientsandthepublic/questions-concerns-complaints</p> <p>https://www.coto.org/clientsandthepublic/questions-concerns-complaints/report-concerns-or-file-a-complaint</p> <p>https://www.coto.org/members/professional-conduct/mandatory-reports</p> <p>https://www.coto.org/clientsandthepublic/questions-concerns-complaints/information-about-sexual-abuse</p> <p>Complainants can contact staff via phone or email and will receive a response within 24-48 hours.</p> <p>When appropriate, the full investigation including a copy of the registrant's response is disclosed to complainant who is provided with an opportunity to respond to materials.</p> <p>If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time. The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of.</p> <p>The complainant is contacted when the investigation is ready to be presented to the Inquiries, Complaints and Reports Committee (ICRC). The complainant is also sent a copy of the ICRC decision immediately upon release.</p> <p>Once a matter is referred to discipline, complainants subsequently receive updates from the College and/or prosecutor representing the College in a discipline matter, either directly through legal counsel or representative. The College maintains regular contact with witnesses to assist with hearings and to provide direct support to those testifying at a hearing. College staff will follow up with witnesses regarding the outcome and decisions of the Discipline Panel, provide updates and involve witnesses in penalty hearings.</p> | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> |

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| | | | <i>Additional comments for clarification (optional)</i> | |
| DOMAIN 6: SUITABILITY TO PRACTICE | STANDARD 12 | Measure: 12.1 The College addresses complaints in a right touch manner. | | |
| | | a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol). | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 |
| | | | <ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>All complaints and reports are reviewed by College staff to assess risk using a standard risk classification process, including any potential need for an interim order. In accordance with right touch principles, moderate and high-risk cases are prioritized.</p> <p>The Inquiries, Complaints and Reports Committee utilizes two different types of risk assessment tools: a Risk Assessment Framework to determine the level of risk and a decision tree that ensures all its decisions are consistent and fair.</p> <p>Year the Risk Assessment Framework was last reviewed/updated: 2020</p> | |
| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (optional)</i> | |

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| <p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p> | | |
| <p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p> | <p>The College fulfills this requirement:</p> | <p>Partially</p> |
| | <ul style="list-style-type: none"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). | |
| | <p>While the College does not have a written policy, when circumstances arise, COTO routinely shares information with other occupational therapy regulators as requested through Letters of Professional Standing that includes registration and professional conduct information. When any concerns are received that impact another Ontario health regulator, College staff share all known information about the concerns to any other regulatory body. The College considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities, police, and employers).</p> | |
| | <p>The College has shared information about a registrant’s prior history and whether they are subject of any ongoing investigations with other regulators in Canada that the registrant is applying for registration with.</p> | |
| | <p>The College will proactively share discipline information with other OT regulators across Canada especially if the registrant may provide services in another jurisdiction.</p> | |
| <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Yes</p> |
| <p><i>Additional comments for clarification (if needed)</i></p> <p>The College is developing a written policy to outline criteria for disclosing information that will be finalized in 2023.</p> | | |

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|  | | Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance. | | | |
| | | Required Evidence | College Response | | |
| DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT | STANDARD 14 | a. Outline the College’s KPIs, including a clear rationale for why each is important. | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. This was updated in 2020 to include important KPIs per program and committee and the information collected and reported on is related to the strategic priorities. Click here to access the Board material explaining purpose of the Quarterly Report (p.40).</p> </td> <td style="width: 20%; padding: 5px; text-align: center;"> Met in 2021, continues to meet in 2022 </td> </tr> </table> | <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. This was updated in 2020 to include important KPIs per program and committee and the information collected and reported on is related to the strategic priorities. Click here to access the Board material explaining purpose of the Quarterly Report (p.40).</p> | Met in 2021, continues to meet in 2022 |
| | | <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. This was updated in 2020 to include important KPIs per program and committee and the information collected and reported on is related to the strategic priorities. Click here to access the Board material explaining purpose of the Quarterly Report (p.40).</p> | Met in 2021, continues to meet in 2022 | | |
| <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | | | | |

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| | | | <i>Additional comments for clarification (if needed)</i> | |
| | | <p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p> | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 |
| | | | <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. | |
| | | | Click here to access the presentation of the June 2022 Board meeting where the College reported on the 2021-2022 Leadership Outcomes (Strategic Plan). | |
| | | | In addition, at each quarterly Board meeting the Registrar provides a written report and makes a presentation on the outcomes and progress of the College work against the stated objectives. Click here to access the report (p. 6); meeting minutes (p.12); and risk management report (p.55). | |
| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (if needed)</i> | |

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| Measure: | | | |
| 14.2 Council directs action in response to College performance on its KPIs and risk reviews. | | | |
| a. Council uses performance and risk review findings to identify where improvement activities are needed. <hr style="border: 1px solid blue;"/> <p style="text-align: center; color: blue;">Benchmarked Evidence</p> <hr style="border: 1px solid blue;"/> | The College fulfills this requirement: | Yes | |
| | <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. Click here to access the Risk Management Report and action plan and monitoring process for all high or critical risks identified (p.72). | | |
| | <i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> | | |
| Measure: | | | |
| 14.3 The College regularly reports publicly on its performance. | | | |
| a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website. | The College fulfills this requirement: | Met in 2021, continues to meet in 2022 | |
| | <ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. All Board materials are posted on the College website. In these, all information about strategic priorities and performance are posted. Click here to access the presentation of the June 2022 Board meeting where the College reported on the 2021-2022 Leadership Outcomes (Strategic Plan). | | |
| | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. |
| | <i>Additional comments for clarification (if needed)</i> | | |

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

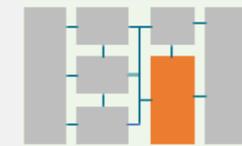
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

| DOMAIN 6: SUITABILITY TO PRACTICE | | STANDARD 10 |  |
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| STANDARD 10 | | | |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use: | | | |
| Context Measure (CM) | | | |
| CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022* | | | |
| Type of QA/QI activity or assessment: | # | <p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face several ongoing changes that might impact how they practice (e.g., ongoing pandemic management, changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p> | |
| i. Risk Based Selection Algorithm (RBSA) | 110 (original selection August 2021 and carried out in 2022) | | |
| ii. Peer and Practice Assessment (PPA) | 66 | | |
| iii. Professional Development Plan | 5974/6107 (97.8%) | | |
| iv. PREP (Annual E- Learning Module) | 6492/6517 (99.6%) | | |
| v. <Insert QA activity or assessment> | | | |
| vi. <Insert QA activity or assessment> | | | |
| vii. - <Insert QA activity or assessment> | | | |
| viii. <Insert QA activity or assessment> | | | |
| ix. <Insert QA activity or assessment> | | | |
| x. <Insert QA activity or assessment> | | | |

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

Responding to evolving health environment requires a nimble QA program. In 2022 the tools used in the QA program were redesigned to combine into one tool the self-assessment and the professional development plan. This new Annual learning Plan was revised to reflect the new 2022 *Competencies for Occupational Therapists in Canada*. Among many changes that streamline this tool, are the broadened range of activities for professional growth and development and an emphasis on changes to practice that affect the public and other system partners. The deadlines for all QA tools have been synchronized for ease of completion. This tool will be launched in 2023 for use.

In 2022, content for the new eLearning Module was developed in collaboration with system partners. This module to be released in 2023 is entitled Building a Sound Foundation for Occupational Therapy Practice and focuses on key OT practice issues and emerging trends related to equity, inclusion, and risk and i.e., record keeping, sensitivity to client experiences, diversity, and inclusion, managing risk, virtual assessment and conflict of interest.

Table 2 – Context Measures 2 and 3

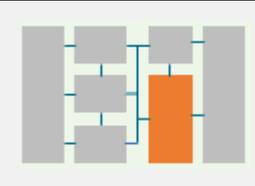
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
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| STANDARD 10 | | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use: | | | |
| Context Measure (CM) | # | % | |
| CM 2. Total number of registrants who participated in the QA Program CY 2022 | 6492/6517 | 99.6% | <i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i> |
| CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022. | 13/66 | 19.6% | <i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i> |
| NR | | | |
| Additional comments for clarification (if needed) - A new process for assessing competencies was drafted and piloted including the use of self-reflective assessments and a more streamlined and efficient interview tool. Preliminary data suggests the change is both efficient and effective and will result in the ability to increase the number of registrants who participate in the competency assessment process. Phases of the competency assessment will be 1) risk-based selection 2) self-reflection assessment: record keeping and consent 3) a concise behavioural based interview (when indicated or based on risk selection) with a peer. This process is expected to be available for use with registrants in May 2023. | | | |

Table 3 – Context Measure 4

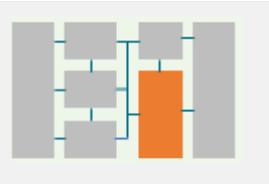
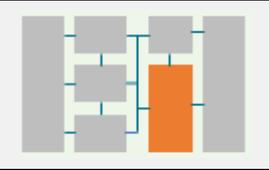
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
|--|-------|-----|---|
| STANDARD 10 | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| Context Measure (CM) | | | |
| CM 4. Outcome of remedial activities as at the end of CY 2022:** | # | % | <i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i> |
| I. Registrants who demonstrated required knowledge, skills, and judgement following remediation* | 11/13 | 85% | |
| II. Registrants still undertaking remediation (i.e., remediation in progress) | 2/13 | 15% | |
| <p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</p> | | | |
| <i>Additional comments for clarification (if needed)</i> | | | |
| - | | | |

Table 4 – Context Measure 5

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | |
|--|-----------------|------------|---------------------|----------------|
| STANDARD 12 | | | | |
| Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | | | |
| Context Measure (CM) | | | | |
| CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022 | Formal received | Complaints | Registrar initiated | Investigations |
| Themes: | # | % | # | % |
| I. Advertising | 0 | 0 | NR | NR |
| II. Billing and Fees | NR | NR | NR | NR |
| III. Communication | NR | NR | NR | NR |
| IV. Competence / Patient Care | 15 | 53.6% | 5 | 18.5% |
| V. Intent to Mislead including Fraud | 0 | 0 | NR | NR |
| VI. Professional Conduct & Behaviour | 10 | 35.8% | 8 | 29.6% |
| VII. Record keeping | NR | NR | 5 | 18.5% |
| VIII. Sexual Abuse | 0 | 0 | 0 | 0 |
| IX. Harassment / Boundary Violations | 0 | 0 | 0 | 0 |
| X. Unauthorized Practice | NR | NR | 0 | 0 |
| XI. Other <Privacy> | NR | NR | NR | NR |
| XII. Other <Conflict of interest> | NR | NR | NR | NR |
| XIII. Other <Health> | 0 | 0 | 5 | 18.5% |
| XIV. Other <Criminal Charges> | 0 | 0 | NR | NR |
| XV. Other <Failure to update> | 0 | 0 | NR | NR |
| XVI. Other <Use of Title> | 0 | 0 | NR | NR |

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

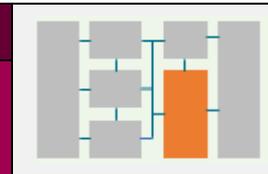


| | | | | |
|--|----|------|----|------|
| Total number of formal complaints and Registrar's Investigations** | 28 | 100% | 27 | 100% |
|--|----|------|----|------|

| | |
|--|--|
| <p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p> | |
| <p><i>Additional comments for clarification (if needed)</i></p> | |

Table 5 – Context Measures 6, 7, 8 and 9

| DOMAIN 6: SUITABILITY TO PRACTICE | | |
|---|----|-----|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use: | | |
| Context Measure (CM) | | |
| CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022 | 28 | |
| CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022 | 27 | |
| CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022 | 17 | |
| CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**: | # | % |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) | 0 | 0 |
| II. Formal complaints that were resolved through ADR | 0 | 0 |
| III. Formal complaints that were disposed of by ICRC | 14 | 50% |
| IV. Formal complaints that proceeded to ICRC and are still pending | 0 | 0 |
| V. Formal complaints withdrawn by Registrar at the request of a complainant | 0 | 0 |
| VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious | 2 | 7% |
| <i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i> | | |



| | | | |
|---|---|---|--|
| VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee | 0 | 0 | |
| <p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar's Investigation</p> <p><i># May relate to Registrar's Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p> | | | |
| <p><i>Additional comments for clarification (if needed)</i></p> | | | |

Table 6 – Context Measure 10

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|--|-----------------------|--|---|
| STANDARD 12 | | | | | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | | | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | | | | | |
| Context Measure (CM) | | | | | | | |
| CM 10. Total number of ICRC decisions in 2022 | | | | | | | |
| Distribution of ICRC decisions by theme in 2022* | | # of ICRC Decisions++ | | | | | |
| Nature of Decision | Take no action | Provides advice or recommendations | Issues a caution (oral or written) | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws. |
| I. Advertising | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| II. Billing and Fees | 0 | NR | 0 | 0 | 0 | 0 | 0 |
| III. Communication | 5 | 0 | 0 | NR | NR | 0 | 0 |
| IV. Competence / Patient Care | 6 | 8 | NR | NR | 7 | 0 | 0 |
| V. Intent to Mislead Including Fraud | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VI. Professional Conduct & Behaviour | 5 | 7 | NR | NR | NR | 0 | 0 |
| VII. Record Keeping | NR | NR | NR | NR | 6 | 0 | 0 |
| VIII. Sexual Abuse | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| IX. Harassment / Boundary Violations | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | |
|------|------------------------------|----|----|---|---|---|---|---|
| X. | Unauthorized Practice | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| XI. | Other <Privacy> | NR | NR | 0 | 0 | 0 | 0 | 0 |
| XII | Other <Conflict of Interest> | 0 | NR | 0 | 0 | 0 | 0 | 0 |
| XIII | Other <Health> | 0 | NR | 0 | 0 | 0 | 0 | 0 |
| XIV | Other <Criminal Charges> | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| XV | Other <Failure to update> | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| XVI | Other <Use of Title> | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

Table 7 – Context Measure 11

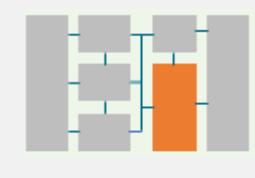
| | | |
|--|-------------|--|
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
| STANDARD 12 | | |
| <p>Statistical data collected in accordance with the recommended method or the College own method: Recommended</p> <p><i>If College method is used, please specify the rationale for its use:</i></p> | | |
| Context Measure (CM) | | |
| CM 11. 90 th Percentile disposal of: | Days | <p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p> |
| I. A formal complaint in working days in CY 2022 | 272 | |
| II. A Registrar’s investigation in working days in CY 2022 | 427 | |
| <p>Disposal</p> | | |
| <p><i>Additional comments for clarification (if needed)</i></p> <p><i>The Days reflected in the above table are in Calendar Days</i></p> <p style="text-align: center;">-</p> | | |

Table 8 – Context Measure 12

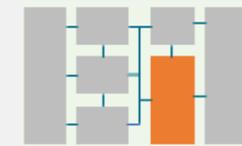
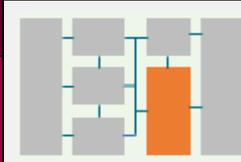
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|------|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 12. 90th Percentile disposal of: | Days | <i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i> |
| I. An uncontested discipline hearing in working days in CY 2022 | 0 | |
| II. A contested discipline hearing in working days in CY 2022 | 0 | |
| Disposal Uncontested Discipline Hearing Contested Discipline Hearing | | |
| <i>Additional comments for clarification (if needed)</i> - | | |

Table 9 – Context Measure 13

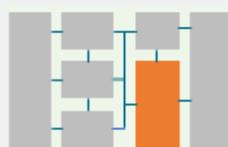
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|--|---|--|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 13. Distribution of Discipline finding by type* | | <i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i> |
| Type | # | |
| I. Sexual abuse | 0 | |
| II. Incompetence | 0 | |
| III. Fail to maintain Standard | 0 | |
| IV. Improper use of a controlled act | 0 | |
| V. Conduct unbecoming | 0 | |
| VI. Dishonourable, disgraceful, unprofessional | 0 | |
| VII. Offence conviction | 0 | |
| VIII. Contravene certificate restrictions | 0 | |
| IX. Findings in another jurisdiction | 0 | |
| X. Breach of orders and/or undertaking | 0 | |
| XI. Falsifying records | 0 | |
| XII. False or misleading document | 0 | |
| XIII. Contravene relevant Acts | 0 | |

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|---|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 14. Distribution of Discipline orders by type* | | <i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i> |
| Type | # | |
| I. Revocation | 0 | |
| II. Suspension | 0 | |
| III. Terms, Conditions and Limitations on a Certificate of Registration | 0 | |
| IV. Reprimand | 0 | |
| V. Undertaking | 0 | |
| <p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p> | | |
| Additional comments for clarification (if needed) | | |

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Executive Committee
Subject: Annual Board Evaluation Feedback Summary

Recommendation:

THAT the Board receives the Board Evaluation Summary.

Issue:

The Board is asked to review and reflect upon the summary of responses from the yearly evaluation conducted after the January 2023 Board meeting. A discussion will be held at the March Board Meeting.

Link to Strategic Plan:

1.3 College Governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

Reviewing how the Board completes its work is in the interest of the public.

Diversity, Equity, and Inclusion Considerations:

Ensuring that all Board members can provide feedback about its functioning gives all Board members an equal voice.

Background:

Each year, the Board is asked to reflect on its work in providing oversight and direction to the College. Each Board member is asked to participate in a survey that collects this feedback. The survey results have been summarized for review and discussion for any needed action by the Board. 13 of 16 possible Board members completed the survey. Each member was asked to rate how well the expectations of each category were met and make suggestions for improvement, if needed. No categories were rated a no or needs improvement. Each category is scored out of the 13 Board Members who responded. The score reflects those who felt the category was fully met, vs those who felt the category was only partially met. There were no categories that received a lower score. If there are no comments listed, it is because the comments just reflected agreement with a positive score.

BOARD MEETING BRIEFING NOTE

Board Evaluation Summary

Page 2 of 4

| Category | Summary of Comments | Score |
|---|--|-------|
| 1. Adherence to Governance Processes | <ul style="list-style-type: none"> - All Board meeting materials and meetings are public. - Board members contribute issues and ideas from their perspective to assist in decision making. - The public and registrants are consulted on needed decisions, e.g. – Standards of Practice and that input is taken into consideration in the final decision. Public members of the Board as well as the Citizen Advisory Committee are involved to provide input into decisions. | 12/13 |
| 2. Prioritization of the Public Interest | <ul style="list-style-type: none"> - The public interest is at the centre of all we do. Our processes and deliberations are always kept on track with this at the forefront. | 13/13 |
| Governing Style 3. The Board assumes responsibility for excellence in governance through the establishment and adherence to policy. | <ul style="list-style-type: none"> - Policies are referenced and revised as needed during Board decision making including during discussions about governance restructuring and committee management/structuring. - The Board strictly articulated its responsibilities and goals and adhered to the policy. - Clear line between operations and policy for staff and the Board. | 13/13 |
| 4. The Board's focus is on group responsibility rather than individual responsibility for decision-making. | <ul style="list-style-type: none"> - Board speaks with one voice. - Each member's recognition of their individual and collective responsibility led to successful collective decision-making. - Board meetings tackle vital issues for the profession and the functioning of the College with a solid discussion including a broad range of opinions presented by Board members. | 12/13 |
| 5. The Board's focus is on outcomes or intended long term outcomes rather than on the means to attain those effects. | <ul style="list-style-type: none"> - The board focus is strategic, and broader "bigger picture" such as approving changes in governance structure and approving changes to the leadership outcomes. - The Board has full confidence in the College leadership and staff to implement decisions and thus is always focused on intended long term outcomes. | 13/13 |

BOARD MEETING BRIEFING NOTE

Board Evaluation Summary

Page 3 of 4

| Category | Summary of Comments | Score |
|---|---|--------------|
| <p>6. The Board encourages diversity in viewpoints. Board members are encouraged to express their views fully in all matters discussed.</p> | <ul style="list-style-type: none"> - Time is allowed for all Board members views and questions to be heard and addressed during meetings. | <p>13/13</p> |
| <p>7. A clear distinction between Board and staff roles is maintained at all times.</p> | <ul style="list-style-type: none"> - While the Registrar and her staff are always prepared when called upon to provide supporting explanations, there is a clear understanding and implementation of the distinct roles. | <p>13/13</p> |
| <p>8. The Board monitors and discusses the Board's process and performance at each Board meeting.</p> | <ul style="list-style-type: none"> - Feedback about process and performance is encouraged using an online survey after each Board meeting. If a change in process or feedback to effect change in the Board process was received in the prior meeting survey, these are discussed, and the steps taken to review/change process are communicated. - Board training is provided to assist the Board to be proactive and accountable. | <p>13/13</p> |
| <p>Board's Role 9. The Board has set priorities that are highlighted in the College's multi-year strategic plan.</p> | <ul style="list-style-type: none"> - The Board sets priorities following the College strategic plans, policies as well as the government priorities defined from time to time as per broader needs. The Leadership outcomes are clear and on the College website. | <p>13/13</p> |
| <p>10. The Board receives regular monitoring reports that inform you of progress in efforts to achieve the College's Strategic Plan.</p> | <ul style="list-style-type: none"> - Reports to the Board provide a good overview of where the College stands in relation to its strategic plan, and finances. | <p>13/13</p> |
| <p>11. The Board is informed about the environment in which it and the College operate.</p> | <ul style="list-style-type: none"> - The Board is informed through reports, discussions, and education. | <p>12/13</p> |
| <p>12. The Board monitors adherence to Registrar Limitations (Board Policies).</p> | | <p>13/13</p> |
| <p>13. The monitoring reports you received are effective based on the following criteria: Received on time according to the monitoring schedule</p> | | <p>13/13</p> |

BOARD MEETING BRIEFING NOTE

Board Evaluation Summary

Page 4 of 4

| Category | Summary of Comments | Score |
|--|---------------------|-------|
| established in our policies, and alert you, in advance, to any possible or potential contravention of our policies. | | |
| 14. The Board honours the accountability of the Registrar and, as per CRL3 policy, does not give instructions or evaluate any staff other than the Registrar unless requested to do so. | | 13/13 |
| 15. The performance of the Registrar is measured against the accomplishment of the Strategic Plan and operations within the boundaries established in Board policies on Registrar Limitations. | | 13/13 |

In addition, the following advice was provided to aid in Board functioning:

Continued education and orientation on governance, finances and use of technology, were highlighted. Many comments indicated a good satisfaction with the Board functioning. The Board wishes to be fully informed about any concerns of the groups with whom we work, the public, registrants.

There were comments that believe the Board to be proactive and engaged in their work and supported by staff to be fully informed.

Discussion:

Based on the above summary, it is determined that the Board is highly satisfied with their functioning. There is a suggestion for continued education about governance and finance.

Implications:

The Executive Committee is recommending that the Board orientation in June be focused on Governance for this year. In addition, a finance review is part of the annual orientation in June, as well.

Attachments: None

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Stamatis Kefalianos, Director of Regulatory Affairs
Subject: Terms of Reference Revisions – All Committees

Recommendation:

THAT the Board approves the amended Terms of Reference for all College committees, as presented.

Issue:

The Board is asked to approve the Terms of Reference for each statutory committee required under the *Regulated Health Professions Act, 1991*, and any other committee established by the Board.

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 the College's delivery of its public protection mandate and enhance public confidence in the regulatory system through transparency and accountability.

Diversity, Equity, and Inclusion Considerations:

For the revised Nominations Committee, it is incumbent on the College to establish, implement and oversee a robust, objective, and transparent recruitment process of qualified diverse candidates for competency-based appointments. The Nominations Committee will require training and support to ensure that the screening process is in line with the Board's Values and Commitments.

Background:

It is considered governance best practice that organizations review the terms of reference of all the various College committees annually to ensure relevancy, consistency, and clarity of roles and mandates of each committee. The last revision of the committee terms of reference occurred in March 2022. Individually, each committee's terms of reference was reviewed by their respective committee prior to the Board meeting.

Discussion:

At the January 2023 meeting, the Board agreed to establish a Nominations Committee whose main task will be making recommendations to the Board on candidates it considers appropriate for appointment to all College committees based on a structured, transparent, and objective process, as well as making

BOARD MEETING BRIEFING NOTE

Terms of Reference Revisions – All Committees

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recommendations for committee chairs (previously held by the Governance Committee). This new task was added to the revised terms of reference. In addition, the specific roles related to the election of officers and the Executive Committee have been outlined.

Besides revising the roles and responsibilities of these committees, additional changes proposed to the College's committees' terms of reference include adding the new individual committee competencies to reflect the additional responsibilities.

As well, general housekeeping changes and minor edits were made to reflect the current governance process, including adding a new "Resource" section to reflect the relevant staff support(s) for each committee as appropriate.

Implications:

The nominations committee work will come into effect later this year, after the Board is able to approve the appointments. Therefore, current processes in place for committee appointments and selection of committee chairs will be enacted again this April for one more cycle. None of the other committee terms of reference changes will have a material effect on college operations.

Attachments:

1. 2023 Terms of Reference for all College committees with track changes

| | |
|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Inquiries, Complaints and Reports Committee |
| Reference: | GP10a |
| Date Prepared: | December 2009 |
| Date Revised: | March 2010, October 2012, June 2014, June 2017, June 2020, March 2022, <u>March 2023</u> |
| Date Reviewed: | |

Committee Category

Statutory

Mandate

The Inquiries, Complaints and Reports Committee (the “Committee,” the “ICRC”) is mandated to protect of the public interest by:

- Establishing policies and procedures to direct the actions of the College of Occupational Therapists of Ontario (the “College”) or its staff with respect to complaints and reports received about registrants of the College; and,
- Appointing panels to review Complaints and consider Reports about registrants of the College.

Accountability and Authority

The Committee is a statutory committee of the College and is established pursuant to section 10(1)(3) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Advise the Board on the development and maintenance of policies and procedures governing the inquiries, complaints and reports processes;
- By way of panels appointed by the ICRC Chair, investigate complaints, review the submissions from the registrant(s), make reasonable efforts to ensure a thorough investigation has occurred and take appropriate action in accordance with the requirements of the Code;
- Dispose of complaints where possible, within the timeframes allowed in the Act;
- By way of panels appointed by the ICRC Chair, consider Reports submitted by the Registrar, review the submissions from the registrant(s), make reasonable efforts to ensure that all relevant information has been obtained and take appropriate action in accordance with section 26 of the Code;
- By way of panels appointed by the ICRC Chair, inquire into whether a registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code;

- To consider the need for interim orders and emergency appointments of an investigator where required;
- To issue to the parties a written decision with reasons (with certain statutory exceptions);
- To issue to the parties a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board (for complaint matters only);
- To consider the feedback provided, where available, from the Health Professions Appeal and Review Board as related to complaint decisions of the ICRC;
- Develop amendments to the Professional Misconduct Regulation, for approval by the Board and the Ministry of Health;
- Recommend material to be posted publicly in compliance with legislation and transparency principles; and,
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. Four Professional Committee Appointees and;
- d. At the discretion of the Board, one Community Appointee.

An ICRC panel must be composed of at least three (3) Committee members, at least one (1) of whom must be a Public Director.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Inquiries, Complaints and Reports Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Health care terminology

- Know and understand the common terminology, acronyms and phrases used in health care.

Term of Office

~~Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by the Board. Directors are appointed annually by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum. When sitting in panels, three (3) members of a panel constitute a quorum.

Selection of the Chair

The Chair of the ICRC is ~~to be a Director~~ appointed annually by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Health Professions Procedural Code, being Scheduled 2 to the Regulated Health Professions Act, 1991, or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to

regulate the professional practice of occupational therapy in Ontario in the public interest, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

-Resources

-The Committee is supported by the Manager of Investigations and Resolutions. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

| | |
|-----------------------|---|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Discipline Committee |
| Reference: | GP10b |
| Date Prepared: | December 2009 |
| Date Revised: | March 2010, October 2012, October 2014, June 2017, June 2020, March 2022, <u>March 2023</u> |
| Date Reviewed: | |

Committee Category

Statutory

Mandate

The Discipline Committee (the “Committee”) is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for a discipline hearing by the Inquiries, Complaints and Reports Committee (the “ICRC”).

Although the Committee is a committee of the College of Occupational Therapists of Ontario (the “College”), it is independent of the College. It fairly and impartially holds hearings between the College and registrants of the College.

Accountability and Authority

The Committee is a statutory committee of the College and is established pursuant to section 10(1)(4), of the *Health Professions Procedural Code* (the “Code”) being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- To review and update all policies and documents of the College with regard to the Disciplinary process;
- To hold hearings, by way of panels, on specified allegations of a registrant’s professional misconduct and/or incompetence referred by the ICRC, in accordance with the requirements of the legislation;
- To hold hearings, by way of panels, on a registrant’s application for reinstatement of a certificate of registration, if the certificate was revoked on the grounds of professional misconduct or incompetence;

- To consider applications from persons who are not parties to the hearing, to participate in the hearing according to the circumstances defined in section 41.1 of the Code and to determine the extent of the participation;
- To make orders excluding the public from a hearing or a part of a hearing in accordance with the circumstances defined in section 45 of the Code;
- To make orders preventing public disclosure of matters discussed at the hearing in accordance with section 45 of the Code;
- To, upon request of a witness in a sexual abuse case, make an order that no person shall publish the identity of the witness in accordance with section 47 of the Code;
- To, when a registrant has been found to have committed an act of professional misconduct or to be incompetent, make an order(s) for penalty or costs in accordance with section 51, 52, 53 and 53.1 of the Code;
- To have written decisions and reasons and ensure that the findings of a hearing are made public;
- To review and approve the Rules of Procedures of the Committee; and,
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and
- d. At the discretion of the Board, one Community Appointee.

Panels

Panels may be selected by the Chair to consider alleged registrant professional misconduct and incompetence referred to it by the ICRC. In accordance with the Code, panels shall be composed of at least three (3) members, at least two (2) of whom shall be Public Directors and at least one (1) of whom shall be a Director.

Where necessary, hearing panel members may be selected from the members of the Fitness to Practice (FTP) Committee.

No person shall be selected for a panel who has taken part in the investigation of what is to be the subject-matter of the panel's hearing.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Inquiries, Complaints and Reports Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Adjudication and hearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

~~Non-Board Committee members are appointed for a maximum of two (2), three (3) year terms by Board. Board Committee members are appointed annually by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum. When sitting in panels, pursuant to the requirements of the Code, a minimum of three (3) members of a panel, at least one (1) of whom must be a member appointed to Board by the Lieutenant Governor in Board, constitute quorum.

Selection of the Chair

The Chair of the Discipline Committee is ~~to a Director to be annually~~ appointed by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario in the public interest, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Manager of Investigations and Resolutions. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

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|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Registration Committee |
| Reference: | GP10c |
| Date Prepared: | December 2009 |
| Date Revised: | March 2010, October 2014, June 2017, June 2020, March 2022, March 2023 |
| Date Reviewed: | |

Committee Category

Statutory

Mandate

The Registration Committee (the “Committee”) is mandated to ensure protection of the public interest by providing strategic direction to the College and to the Registrar with regards to the registration processes of the College.

Accountability and Authority

The Registration Committee is a statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is established pursuant to sections 10(1)(2) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Oversee on behalf of the Board, the College’s review of its registration practices to ensure they are transparent, objective, impartial and fair;
- Advise the Board on the Registration Requirements of the College, including education, examinations and qualifications criteria;
- Develop policies and procedures necessary to administer the Registration program;
- Meeting in the form of panels to make decisions regarding applications for registration, referred to it by the Registrar in accordance with the Code, the regulations and College policy;
- Consider applications for registration referred to it by the Registrar when the Registrar:
 - Has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements;
 - Is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration; or

- Proposes to refuse the application
- Consider applications to remove or modify a term, condition or limitation that was imposed as a result of a Registration proceeding;
- Consider applications and applicants' submission and make order with respect to the disposition of the application in accordance with the Code;
- Oversee the College's participation in hearings or reviews of the Registration Committee's decisions before the Health Professions Appeal and Review Board;
- Prepare a fair registration practices report annually or at such other times as the Fairness Commissioner may specify;
- Oversee the implementation of registration practices audit as required by the Fairness Commissioner;
- Provide other reports and information to the Fairness Commissioner as required;
- Develop amendments to the registration portion of the General Regulation, for approval by the Board and the Ministry of Health; and,
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one Community Appointee.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Registration Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Occupational Therapy Practice

- Familiarity with occupational therapy practice and domains of practice (clinical, education, research, and administration).

Education/Examinations

- Knowledge and experience with the development and administration of education programs and examinations

Registration Processes/Requirements

- Understand the process, procedures and requirements that underpin registration and renewal at the College and be able to evaluate information to determine eligibility.

International Health Professional/Graduate

- Understand the process for becoming a health professional in Canada with foreign credentials, or ideally have experience in navigating that process.

Term of Office

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms. Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by the Board. Directors are appointed annually by the Board.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.06~~1~~16 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Registration Committee is ~~to be a Director~~ appointed annually by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote. In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Manager of Registration and Director of Programs. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

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|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Executive Committee |
| Reference: | GP10d |
| Date Prepared: | December 2009 |
| Date Revised: | March 2010, October 2012, June 2015, June 2017, March 2020, June 2020, January 2021, March 2022, <u>March 2023</u> |
| Date Reviewed: | |

Committee Category:

Statutory

Mandate

The Executive Committee of the Board of Directors of the College of Occupational Therapists of Ontario (the “Board”) is established to act on behalf of Board when immediate action is required.

Accountability and Authority

The Executive Committee is a statutory committee of the College and is established pursuant to section 10(1)(1) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

The Committee is empowered to act on behalf of the Board between meetings on matters that require immediate attention except for anything relating to the making, amending, or revoking of a College bylaw or regulation. Board Directors will be apprised of any action taken by the Committee on the Board’s behalf in a timely manner, with an opportunity being provided for the Board to review such decisions at the Board’s next scheduled meeting.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the Regulated *Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

Risk Management

- a) Leads the Board’s oversight of the College’s risk management framework;
- b) Oversees the College’s risk register on the management of material risk to the College. This includes financial, operational, legal, reputational or any other material risk to the College and evaluates risk mitigation strategies and activities;
- c) Reviews the College’s risk management controls and policies and seeks input and assistance from other Committees as appropriate; and,
- d) Reviews the appropriateness of the insurance coverage maintained by the College

Other Duties and Responsibilities

- Monitoring proper operations of the College in cooperation with the Registrar;
- Exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board;
- Review and approve the agenda for Board meetings, as prepared by the Registrar, for clarity and priority, identify items for which Board meetings may be closed to observers in accordance with s. 7(2) of the Health Professions Procedural Code and recommend closure, with rationale, to the Board;
- Review selected briefing materials for the Board for clarity, comprehensiveness, and planning;
- Call special meetings of the Board;
- Provide guidance and support to the Registrar;
- Review and recommend to the Board the appointments of members to the Governance Committee;
- Conducting the evaluation of the Registrar's performance in accordance with agreed upon strategic priorities and review and decide on compensation;
- Regularly reviewing, considering and making recommendations to the Board for changes to applicable legislation, regulations, College bylaws, policies, strategic goals, programs, Rules of Procedure, standards and guidelines, that fall within the scope and purpose of the Committee; and,

Performing such other duties and tasks as assigned to the Committee by the Board or as authorized under the Code.

Composition of Committee

The Committee shall be composed of the Chair, the Vice-Chair and two (2) Board Directors and is constituted by:

- a. two Elected Directors; and,
- b. two Public Directors

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals chosen by the Board to join the Executive Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Governance expertise

- Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.

Term of Office

The Committee shall be elected annually by the Board.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitutes quorum.

Selection of the Chair

The Chair of the Executive Committee shall be the Chair of the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to

regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Registrar/ Chief Executive Officer. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

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|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Fitness to Practise Committee |
| Reference: | GP10e |
| Date Prepared: | December 2009 |
| Date Revised: | March 2010, October 2014, June 2017, June 2020, March 2022, March 2023 |
| Date Reviewed: | |

Committee Category

Statutory

Mandate

The Fitness to Practise Committee (the “Committee”) is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for an incapacity hearing by the Inquiries, Complaints and Reports Committee (the “ICRC”).

Although the Committee is a committee of the College of Occupational Therapists of Ontario (the “College”), it is independent of the College. It fairly and impartially holds closed hearings between the College and registrants of the College.

Accountability and Authority

The Committee is a statutory committee of the College and is established pursuant to section 10(1)(5) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- To review and update all policies and documents of the College with regard to the Fitness to Practise process;
- To hold closed hearings, by way of panels, on general allegations of a registrant’s capacity to practise the profession as referred by the ICRC, in accordance with the requirements of the legislation;
- To hold closed hearings, by way of panels, on a member’s application for reinstatement of a Certificate of Registration if the Certificate was revoked on the grounds of incapacity;
- To, if a panel finds a member to be an incapacitated member, make orders in accordance with section 69 of the Code;
- To issue to the parties a written decision with reasons at the conclusion of the proceedings;
- To review and approve the Rules of Procedure of the Committee; and,

- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one Community Appointee.

No member shall be selected for a panel who has taken part in the investigation of what is to be the subject-matter of the panel's hearing or who has taken part in a matter before the ICRC or Quality Assurance Committee relating to the same registrant who is the subject of the panel's hearing.

Panels

Panels may be selected by the Chair to investigate whether a registrant is incapacitated. In accordance with the Code, panels shall be composed of at least three (3) members, at least one (1) of whom shall be a Public Director.

Where necessary, hearing panel members may be selected from the members of the Discipline Committee.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Fitness to Practise Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Adjudication and hearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

~~Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by Board. Directors are appointed annually by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum. When sitting in panels, pursuant to the requirements of the Code, a minimum of three members of a panel constitute a quorum.

Selection of the Chair

The Chair of the Fitness to Practise Committee is to be a Director appointed annually by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario in the public interest, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Manager of Investigations and Resolutions. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

| | |
|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Quality Assurance Committee |
| Reference: | GP10f |
| Date Prepared: | December 2009 |
| Date Revised: | March 2010, October 2012, June 2014, June 2017, June 2020, March 2022, <u>March 2023</u> |
| Date Reviewed: | |

Committee Category

Statutory

Mandate

The Quality Assurance Committee (the “Committee”) is mandated to protect the public interest by establishing and maintaining a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the registrants.

The Committee is responsible to ensure that registrants provide quality service to the public by practicing according to practice standards and guidelines, and continually upgrading their skills, knowledge and judgement.

Accountability and Authority

The Committee is a statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is established pursuant to section 10(1)(6) of the *Health Professions Procedural Code* (the “Code”), being Schedule 2 to the *Regulated Health Professions Act, 1991*.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Develop and modify/refine a Quality Assurance Program (the “Program”) that includes, but is not limited to:
 - Continuing education or professional development;
 - Self, peer and practice assessments; and
 - A mechanism for the College to monitor registrants’ participation in and compliance with the Program.
- Monitor registrants’ participation in the Program which includes:
 - Facilitating registrant participation;

- Ensuring registrants have participated adequately; and
- Following up on registrants whose participation is found to be unsatisfactory.
- Establish such policies and procedures necessary to administer the Program;
- Appoint and arrange for the training of assessors for the purposes of the Program;
- Receive and review reports from assessors for registrants that have been assessed and take such action as is, in the opinion of the Committee, permitted under section 80.2 of the Code to ensure the continued competence of the registrant;
- Disclose the name of the registrant and allegations against the registrant to the Inquiries, Complaints and Reports Committee if the Committee is of the opinion that the registrant may have committed an act of professional misconduct, or may be incompetent or incapacitated (Code, s. 80.2(1)(4));
- Develop amendments to regulations of the Act, for approval by Board and the Ministry of Health; ~~and,~~
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks; ~~and,-~~
- Receive and review recommendations from the Quality Assurance Subcommittee on the ongoing development, implementation, and evaluation of the components of the Quality Assurance Program.

Composition of Committee

The Committee *shall* be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one or more Community Appointee.

Panels

In accordance with regulation, panels shall be composed of at least three (3) members, at least one (1) of whom shall be a Public Director.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Quality Assurance Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.

Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

Professional Committee and Community Appointees are appointed *for* a maximum of two (2) three (3)-year terms. Directors are appointed annually by the Board.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular *intervals* and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum. When sitting on panels, three (3) members of a panel constitute a quorum.

Selection of the Chair

The Chair of the Committee is ~~to be a member of the Board~~ appointed annually by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair *from* among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a *member* of the Committee, may vote.

In the event of a tie *vote*, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the *last* report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the *public*. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive *information* regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee **Chair** shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. [Electronic means are suitable for the maintenance of minutes and record.](#)

Resources

[The Committee is supported by the Manager of Quality Assurance and Director of Programs. Other staff members provide support to the Committee.](#)

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are *especially* stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

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|-----------------------|---|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Patient Relations Committee |
| Reference: | GP10g |
| Date Prepared: | December 2009 |
| Date Revised: | March 2010, October 2014, June 2017, June 2020, March 2022, <u>March 2023</u> |
| Date Reviewed: | |

Committee Category

Statutory

Mandate

The Patient Relations Committee (the “Committee”) is mandated to ensure there is a comprehensive patient relations program, which includes the administering of the Sexual Abuse Funding Program, in compliance with the relevant legislation.

Accountability and Authority

The Committee is a statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is established pursuant to section 10(1)(7) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Advise the Board on the Patient Relations Program of the College, which shall include the following:
 - Develop and recommend to the Board measures for preventing and dealing with the sexual abuse of patients, including but not necessarily limited to:
 - Educational requirements for registrants.
 - Guidelines for the conduct of registrants and their patients.
 - Training for the College’s staff.
 - The provision of information to the public.
- Develop and implement resources and measures to promote professional and accountable patient-therapist relationships.
- Review and revise College resources related to the patient relations program.
- Administer on behalf of the Board the Sexual Abuse Funding Program of the College, including:

- Developing policies and procedures governing the administration of requests for funding.
- Developing appropriate forms for patients to seek funding for counselling, therapy or other expenses which may be allowed under this program.
- Processing any requests for funding in a timely manner.
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one Community Appointee.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Patient Relations Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Lived healthcare experience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the health care system.

Term of Office

~~Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by the Board. Directors are appointed annually by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals *and* at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to *section* 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Patient Relations Committee is to be a member of the Board-appointed annually by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from *among* the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Director of Programs. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

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|-----------------------|---|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Quality Assurance Subcommittee |
| Reference: | GP10h |
| Date Prepared: | January 2004 |
| Date Revised: | June 2004, January 2019, June 2020, March 2022, <u>March 2023</u> |
| Date Reviewed: | |

Committee Category

Non-Statutory

Mandate

The Quality Assurance Subcommittee's (the "Committee") primary function is to provide recommendations to the Quality Assurance Committee on the ongoing development, implementation, and evaluation of the components of the Quality Assurance (QA) program.

Accountability and Authority

The Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the "College") and is accountable directly to the Quality Assurance Committee.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- To provide recommendations on the QA program components as directed by the Quality Assurance Committee;
- ~~To review and consider evaluative information related to the components and tools of the QA program, including Competency Enhancement (Self-Assessment, Professional Development Plan and Prescribed Regulatory Education Program (PREP), Competency Assessment and Competency Improvement, as well as to review and consider Information and Technology Process and Management and make recommendations to modify or enhance the program tools, components or processes;~~
- To assist in the development of processes and activities within the QA program, which may include:
 - Competency Assessment
 - Annual Learning Plan
 - Annual eLearning Module

- To support development of the Annual eLearning Module-PREP including topic selection, identification of learning objectives, case scenario development, content review, reflective practice exercise development and online testing as possible;
- ~~To support ongoing development of reflective practice resources including Self-Assessment and Professional Development Plan; and,~~
- To make recommendations on the development and implementation of additional tools to assess occupational therapists' performance related to the ~~Essential C~~ competencies and standards of ~~P~~ practice, as required.

Composition of Committee

The Committee shall be composed of at least:

- Six (6) to eight (8) Professional Committee Appointees from a cross-section of current OT practice including geographical representation of the province;
- At least four members should have five (5) or more years of practice experience; and,
- At least one member should be in a non-clinical practice role;

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Quality Assurance Subcommittee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.

Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Writing/Editing

- Experience in professional and academic writing and editing.

Additional attributes:

- a. Knowledge of the Essential Competencies of Practice, the Standards of the profession and the components/requirements of the QA program;
- b. Compliance with annual QA requirements of the year of application and ongoing is required;
- c. Knowledge of adult learning principles and techniques; and,
- d. Knowledge of curriculum development.

Term of Office

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms. Members are appointed for a maximum of two (2), three (3)-year terms by the Board.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Quality Assurance SubcCommittee is to be appointed annually by the Board. ~~selected from among the Committee members and approved by the Quality Assurance Committee annually.~~

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities to the Quality Assurance Committee on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991*, to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. -Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Manager of Quality Assurance and Director of Programs. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee is especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

Policy Type: Governance Process
Policy Title: Terms of Reference – Practice Subcommittee
Reference: GP10i
Date Prepared:
Date Revised: June 2017, June 2020, March 2022, March 2023
Date Reviewed:

Committee Category

Non-Statutory

Mandate

The Practice Subcommittee’s (the “Committee”) primary function is to explore, debate and provide recommendations on current OT Practice issues relevant to the mandate of the College of Occupational Therapists of Ontario (the “College”).

Accountability and Authority

The Committee is a non-statutory committee of the College and is directly accountable to the Executive Committee.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- To conduct a regular environmental scan on practice issues which effect professional regulations;
- To identify current practice issues for consideration and possible action by the Executive Committee;
- To act as an advisory committee on OT practice;
- To make recommendations for action on specific practice issues; and,
- To develop, review and revise College resources related to practice as directed by Board.

Composition of Committee

The Committee shall be composed of at least:

- a. One member of the Executive Committee;
- b. One Elected Director; and,

- c. Four to six Professional Committee Appointees, representing a cross section of current OT practice.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Practice Subcommittee, will strive to demonstrate the following competencies:

Standards and Scope of Practice

- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

- Knowledge of the health care system, as well as practice and industry specific understanding. For example, models of care, scope of OT practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health care employers and various practice roles.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

~~Professional Committee Appointees are appointed for a maximum of two (2), three (3) year terms by the Board. Directors are appointed annually by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Practice Subcommittee is to be appointed annually by the Board. a professional member of the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the *Health Professions Procedural Code* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the Regulated Health Professions Act, 1991 to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Manager of Practice and Director of Programs. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

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|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Nominations Committee |
| Reference: | GP10j |
| Date Prepared: | June 2002 |
| Date Revised: | March 2010, January 2018, June 2020, March 2022, <u>March 2023</u> |
| Date Reviewed: | June 2017 |

Committee Category

Non-Statutory

Mandate

~~The Nominations Committee's (the "Committee") primary function is to oversee the development of a slate for the election of officers in accordance with Part 7.01 of the College of Occupational Therapists of Ontario's (the "College") bylaws.~~

The Nomination Committee assists the Board of Directors in ensuring the Board and Committees have members with the necessary competencies and attributes to enable them to fulfil their roles and public protection mandate. The Committee also fulfils specific roles related to the election of officers and the Executive Committee and recommends to the Board candidates for appointment and re-appointment to Committees.

Accountability and Authority

The Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the "College") and is ~~directly~~-accountable directly to the Board ~~of Directors~~.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Collaborating with the Board and College staff to determine the competencies and skills that Committee members consider necessary to possess
- Implement a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees.
- Recommending to the Board candidates for appointment and re-appointment to Committees and Committee Chairs; and
- Supporting the Board to the election of officers for the Executive Committee. This includes the following activities:

~~The Committee shall be responsible for the following activities:~~

- Calling for nominations;
- Reviewing the Board member nomination forms;
- Ensuring there are candidate(s) for each officer position;
- Ensuring the consent of nominated members to stand for election;
- Requesting a candidate statement from each individual standing for election;
- Communicating the completed slate to College staff for distribution at the elections meeting: and,
- Ensuring College staff make the slate and statements of candidacy available to Board members by electronic mail prior to the commencement of the election.

Composition of Committee

The Committee shall be composed of at least:

- ~~a. Where possible, one member who is an Elected Director and one Public Director;~~
 - ~~b. at least two Directors who are retiring from the Board; or,~~
 - ~~c. if fewer than two members of the Board are retiring, then the Committee shall include one or two Directors who do not intend to stand for election as an officer.~~
- a. Two or more Community Appointees;
 - b. And at the discretion of the Board, one Professional Community Appointee.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Nominations Committee, will strive to demonstrate the following competencies:

Ability

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public.

Governance expertise

- Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.

Human Resources

- Experience and understanding of human resource management with a strong understanding of organizational structure including recruiting, assessing and succession planning – well versed in assessing the competence and character of individuals based on a set of specific requirements.

Cross-Cultural Experience

- Demonstrated leadership in promoting diversity, equity and inclusion, including experience working with diverse teams and populations.

Term of Office

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

~~Committee members shall be appointed annually by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Nominations committee is ~~a member of the~~ to be appointed annually by the Board ~~and is selected annually by the Committee.~~

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the *Health Professions Procedural Code*, being Scheduled 2 to the Regulated Health Professions Act, 1991 or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. ~~as required to the Board.~~ The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. -Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Director of Regulatory Affairs and Registrar/ Chief Executive Officer. Other staff members provide support to the Committee.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

| | |
|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Governance Committee |
| Reference: | GP10k |
| Date Prepared: | March 2020 |
| Date Revised: | June 2020, January 2021, March 2022, <u>March 2023</u> |
| Date Reviewed: | |

Committee Category

Non-statutory

Mandate

The Governance Committee (the “Committee”) is responsible for research, review and recommendations to enhance the quality of the Board of the College of Occupational Therapists of Ontario’s work through best governance practices.

Accountability and Authority

The Governance Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is accountable directly to the Board.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Review all governance policies and processes and recommend to the Board changes within the College’s control. This includes, among other things:
 - a. The terms of reference for all committees and roles on the Board and committees;
 - b. the bylaws and rules of procedure as they apply to the Board or committee meetings; and,
 - c. all governance policies and related bylaws.
- Regularly monitor, evaluate and recommend practices that will promote and enhance governance excellence and best practices at both the Board and Committee level;
- Establishing and administering a process for assessing the effectiveness of the Board, and its Committees, and make recommendations to the Board;
- Review and recommend to the Board the appointments of Chairs and members to the respective statutory and non-statutory committees (until June 2023);

- Initiating and holding an inquiry should there be reasonable grounds to doubt or dispute the validity of the election of any Director to the Board;
- Review and recommend to the Board the appointment(s) of Nomination Committee members and Committee Chair;
- Oversee the process involving a potential sanction or disqualification of an Elected Director, or Professional or Community Appointee in accordance of the College bylaws; and.
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Governance Committee shall be composed of three Board Directors and one member of the Executive Committee and is constituted by:

- a. two Elected Directors
- b. two Public Directors; and.
- c. At the discretion of the Board, one Community Appointee

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Governance Committee, will strive to demonstrate the following competencies:

Governance expertise

- Understand how governance works, how committee should function, and be able to think critically about committee structures and practices.

Term of Office

~~Committee members shall be appointed annually by the Board. Community Appointees are appointed for a maximum of two terms of up to three years each, by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.064.016 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Governance Committee is to be appointed annually by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the *Health Professions Procedural Code*, being Scheduled 2 to the *Regulated Health Professions Act, 1991* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report of its activities at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Director of Regulatory Affairs and Registrar/ Chief Executive Officer. Other staff members provide support to the Committee

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

| | |
|-----------------------|--|
| Policy Type: | Governance Process |
| Policy Title: | Terms of Reference – Finance and Audit Committee |
| Reference: | GP10L |
| Date Prepared: | January 2021 |
| Date Revised: | March 2022, March 2023 |
| Date Reviewed: | |

Committee Category

Non-statutory

Mandate

The Finance and Audit Committee (the “Committee”) is responsible to assist the Board of the College of Occupational Therapists of Ontario (the “Board”) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and policies.

Accountability and Authority

The Finance and Audit Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is accountable directly to the Board.

The Board grants the Committee the authority to fulfill the Duties and Responsibilities as outlined below, in order to achieve its mandate. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee’s scope of responsibilities and is empowered to retain reasonable legal, accounting or other consultants to advise the Committee.

Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

Financial Planning and Reporting

The Committee:

- a. Analyses each financial plan and annual budget submitted by the Registrar/ [Chief Executive Officer](#);
- b. Reviews all financial statements and reports prepared for the College and advises the Board on any issues with any of the following:
 - Financial plans and annual budget submitted by the Registrar /[Chief Executive Officer](#) for recommendation to the Board;

- The appropriateness and validity of any material assumptions and estimates used in preparation of financial plans or annual budget;
 - Any significant assumptions, forecasts, or targets used by Senior Leadership in preparation of the financial plans and/or annual budgets;
- c. Ensures the Registrar /Chief Executive Officer provides the Board on a timely basis meaningful financial information regarding the College's financial status, including forecasts to make decisions; and
- d. Reviews and recommends to the Board approval of the:
- Unaudited financial statements and reports; and
 - Management discussion and analysis, if any, that accompanies the audited financial statements
- e. Considers and makes recommendations for changes to the College's fee schedule.

External Audit

The Committee:

- a. Recommends to the Board the appointment of the External Auditor and approves engagement fees;
- b. Determines whether the performance of the External Auditor is satisfactory, effective and meets the requirements of the College on an annual basis;
- c. Confirms the independence of the External Auditor, including a review of all relationships and engagements between the External Auditor and the College for non-audit services that may reasonably be thought to bear on the independence of the External Auditor;
- d. Holds annual discussion with the External Auditor prior to the presentation of the draft audited financial statements to the Board regarding the result of their audit and any issues, findings or concerns that they wish to raise relating to the College staff, accounting records, accounting practices and systems of internal control;
- e. Reviews and recommends to the Board approval of the annual audited financial statements.
- f. Holds periodic in-camera meetings with the External Auditor, if necessary, to inform them of any matters that may be relevant.

Internal Controls

The Committee:

- a. Ensures there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations, standards of ethical conduct, with respect to the College's financial affairs;

- b. Through discussion with the Registrar /Chief Executive Officer, Senior Leadership, and the External Auditor, obtains reasonable assurances that the College has implemented appropriate systems of internal control which are effective and operating continuously:
- c. Over financial reporting and information technology; and
- d. To ensure compliance with its policies and procedures and that these systems are operating effectively.
- e. Requires reporting of all fraudulent and illegal acts, whether actual or alleged, to the Committee along with Registrar's response to them.
- f. Reviews and oversees Senior Leadership's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate these risks.

Investments

The Committee:

- a. Reviews and recommends to the Board policies with respect to the College's investments;
- b. Monitors the College's investments at least quarterly, to review compliance with policies.

Policy Review

The Committee:

- a. Makes recommendation to the Board on major policies governing financial, investment and risk management matters;
- b. Oversees, reviews and makes recommendations to the Board relating to discretionary expenditures, travel and expense accounts, credit cards and other benefits including per diem policies; and
- c. Upon the Board's request, reports on any review, investigation, process, policy, or other matters relating to the financial, investment or risk management affairs of the College.

Risk Management

The Committee:

- a. Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Finance and Audit Committee shall be composed of ~~three~~four Board Directors, one of whom must be ~~and one~~ member of the Executive Committee and is constituted by at least:

- a. Two Elected Directors
- b. Two Public Directors
- c. At the discretion of the Board, one Community Appointee.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Finance and Audit Committee, will strive to demonstrate the following competencies:

Financial Literacy and Expertise

- Knowledge and understanding of financial processes, accounting and reporting and internal control principles. Membership includes at least 1 CPA or equivalent financial expertise.

Business Experience

- Knowledge and experience of business management practices.

Term of Office

~~Committee members shall be appointed annually by the Board. Community Appointees are appointed for a maximum of two terms of up to three years each, by the Board.~~

~~Committee members shall be appointed annually by the Board.~~

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.

Meetings

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

Quorum

Pursuant to section 14.06~~4.0~~16 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Finance, ~~and~~ Audit ~~and Risk~~ Committee is appointed annually by the Board.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

Whenever possible, decision-making at the Committee level shall be conducted using a consensus model. When necessary, formal voting will be used.

Unless specifically provided for otherwise under the *Health Professions Procedural Code*, being Scheduled 2 to the *Regulated Health Professions Act, 1991* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

In the event of a tie vote, the motion is defeated.

Reporting

The Committee shall provide a report at every Board meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

Committee Records

The Committee ~~Chair~~ shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the College. Electronic means are suitable for the maintenance of minutes and record.

Resources

The Committee is supported by the Director of Finance, People and Corporate Services. Other staff members provide support to the Committee

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to the Board.

Each member of the Committee must sign a binding Confidentiality Agreement at the time of each appointment indicating their agreement to maintain the confidentiality, security, and integrity of all materials during and after their term on the Committee.

Evaluation

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by the Board.

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Elinor Larney, Registrar & CEO
Subject: Elections – Districts 2 & 4

Recommendation:

For information only.

Issue:

The College held elections in District 2 (Central West) and District 4 (Eastern) this year and this is a report of the outcome.

Link to Strategic Plan:

1.3 College governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

As outlined in the OT Act, the College is required to hold elections to ensure that the Board can perform its duties to protect the public.

Diversity, Equity, and Inclusion Considerations:

The College encourages candidates of diverse backgrounds to stand for election, including diversity of practice area, experience and lived experiences.

Background:

The College conducted the nominations and elections process this year in Districts 2 & 4 using an electronic process. One individual put their candidacy forward in District 2 and was subsequently acclaimed. An election was not held in District 2. Two individuals put their names forward in District 4 and an election was held. Nominations were promoted on Facebook, LinkedIn, and Twitter.

Discussion:

The voting process in District 4 went smoothly and there were no concerns. There were numerous email reminders to encourage voter participation. Voting was promoted on Facebook, LinkedIn, and Twitter.

Voter Turnout

| | 2014 | 2017 | 2020 | | 2023 |
|-------------------|------|------|-----------|-------------|-----------|
| | | | Spring | Fall | |
| District 2 | 18% | 27% | Acclaimed | 19% | Acclaimed |
| District 4 | 19% | 26% | Acclaimed | No Election | 15% |

BOARD MEETING BRIEFING NOTE

Elections – Districts 2 & 4

Page 2 of 2

Implications:

Voter turnout decreased in this election, which may be a sign of the effects of the pandemic and health human resource shortages.

Attachments:

1. Official Poll Results



Poll Result

College of Occupational Therapists of Ontario District 4 Board of Directors Elections

Report date: Thursday 02 March 2023 14:02 EST

College of Occupational Therapists of Ontario District 4 (Eastern) - Board Elections

Poll ID: 178020

As at Poll close: Thursday 02 March 2023 14:00 EST

Number of voters: 163 · Group size: 1071 · Percentage voted: 15.22

Vote counting method: V1 FPTP (first-past-the-post)

Ranked by votes

| Rank | Candidate ID | Candidate | Votes | % |
|--------------|--------------|----------------|-------|-------|
| 1 | 16171177 | Christine Funk | 102 | 62.58 |
| 2 | 16171175 | Carol Mieras | 61 | 37.42 |
| Total votes: | | | 163 | |

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Governance Committee
Subject: District 2 Vacancy on the Board

Recommendation:

THAT the Board leaves the one seat vacant in District 2 and proceeds with the proposed Bylaw changes.

Issue:

The Governance Committee is recommending that the Board leaves the vacancy from District 2 unfilled.

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:

Governance best practice supports a small governing board comprised of an equal number of public and professional directors, with directors possessing a range of governance competencies. The Board should carefully consider how it wishes to deal with the vacancy to ensure that whatever decision it makes accords with governance best practices.

Diversity, Equity, and Inclusion Considerations:

The Board should consider whether the Governance Committee's recommendation raises any concerns from a diversity, equity and inclusion perspective.

Background:

The 2023 Board of Directors nomination/election process took place in District 2 (with two positions available in the Hamilton, Waterloo, Niagara and surrounding areas) and District 4 (with one position available in the Ottawa and Kingston and surrounding areas).

The call for nominations for eligible registrants in both districts was sent out by e-blast on December 12, 2022. The deadline for receipt of nominations was January 25, 2023. At the deadline, the College received two nominations in District 4 resulting in an election occurring between February 15 until March 2, 2023. Only one nomination in District 2 was received, resulting in that candidate automatically becoming elected by acclamation.

Current Bylaws (5.07.1) require that when there are no candidates or an insufficient number of candidates there shall be additional calls for nomination, as required, throughout the nomination period. The Registrar discussed the situation with the then incumbent who endeavored to spark interest. The College

BOARD MEETING BRIEFING NOTE

District 2 Vacancy on the Board

Page 2 of 3

sent additional calls for nominations by a series of e-blasts and social media posts (see attachment 1). At the nomination deadline for District 2, again there was not a second eligible candidate from District 2.

According to the Bylaws (5.07.2), if the nomination period does not secure a sufficient number of eligible candidates, the Governance Committee shall nominate one or more Registrants who are eligible for election. Under 5.07.3, a person who consents to a nomination by the Governance Committee shall be deemed a validly nominated candidate.

Discussion:

Built into the Board's strategic objectives, the College has been undergoing governance modernization since 2019, working within our legislative framework, to reduce Board size and achieve a closer parity between professional and public Directors.

In January 2023, the Board approved the Governance Committee's recommendations for the proposed changes to be operationalized in Bylaw to reduce the elected Directors from nine to six. This included redistributing the electoral districts from six to three districts, with two elected Directors in each district.

At its last meeting, the Governance Committee considered two options on how to handle the current vacancy in District 2.

- a) Recommend to the Board the one seat in District 2 be filled as provided for in the current Bylaws.
- b) Recommend to the Board the one seat in District 2 stay vacant and the Bylaws be revised.

The Governance Committee recommended that the Board adopt option b – leaving the one seat in District 2 vacant.

Reasons for the Committee selecting option b includes:

- The *Occupational Therapy Act, 1991* states that the Board will consist of at least six and no more than nine elected directors. Leaving the seat vacant is consistent with legislation.
- Leaving the seat vacant moves the College closer towards a smaller Board and parity.
- As there are two seats available in District 2 and one is elected based on acclamation, leaving the seat vacant does not leave a geographic void.
- After numerous calls for nominations through e-blasts and social media posts to the registrants in District 2, only one of two eligible candidates came forward. It may be difficult to find someone in this district, given the lack of response to numerous calls.

The Governance Committee did consider the current approach of making an appointment after many unsuccessful calls for nominations, however, the Governance Committee believes that option does not align well with the College's governance modernization attempts.

To operationalize option b, Bylaw amendments are required. See attachment 1 for the proposed Bylaw amendments to support option b.

Implications:

Should the Board agree with the Governance Committee's recommendation, then the Bylaw changes will be made and take effect immediately.

BOARD MEETING BRIEFING NOTE

District 2 Vacancy on the Board

Page 3 of 3

Attachments:

1. Proposed Bylaw amendments.

Attachment

Current bylaw wording:

5.07 Additional Calls for Nominations

- 5.07.1 If there are no candidates or an insufficient number of candidates in an electoral district who are eligible for election, there shall be additional calls for nominations, as required, throughout the nomination period.
- 5.07.2 If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the Governance Committee shall nominate one or more Registrants who are eligible for election.
- 5.07.3 A person who consents to a nomination by the Governance Committee shall be deemed to be a validly nominated candidate when the nomination is received by the Registrar.

Proposed bylaw wording:

5.07 Additional Calls for Nominations

- 5.07.1 If there are no candidates or an insufficient number of candidates in an electoral district who are eligible for election, there shall be additional calls for nominations, as required, throughout the nomination period.
- 5.07.2 If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the Governance Committee ~~may shall~~ nominate ~~one~~ recommend one or more Registrants who are eligible for election to the Board for approval.
- 5.07.3 A person who consents to a nomination or recommendation by the Governance Committee shall be deemed to be a validly nominated candidate when the nomination or recommendation is received by the Registrar.

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Practice Subcommittee
Subject: Appointment of Professional Committee Appointee – Practice Subcommittee

Recommendation:

THAT the Board appoints Miranda Setoguchi as a Professional Committee Appointee to the Practice Subcommittee for a three-year term commencing on October 1, 2023.

Issue:

There will be one vacancy on the Practice Subcommittee, effective September 30, 2023, as Janet Becker, a professional committee appointee will have completed her second three-year term and will not be eligible for reappointment. The terms of reference state that the Practice Subcommittee shall consist of at least: One member of the Executive Committee, one Elected Director of the Board, and four to six Professional Committee Appointees representing a cross-section of current occupational therapy practice. To ensure the Practice Subcommittee meets the membership requirements outlined in the terms of reference, the Subcommittee is recommending the appointment of Miranda Setoguchi as a Professional Committee Appointee.

Link to Strategic Plan:

This aligns under Quality Practice:

- 1.3 College governance is responsive, effective, competency-based, and accountable.
- 3.4 Professional standards are up-to-date and reflect evolving practice.

Why this is in the Public Interest:

Members of the Practice Subcommittee provide insights into evolving occupational therapy practice. Subcommittee produces College resources that reflect the minimum expectations and provide guidance with the goal to protect the public's interest while ensuring safe and ethical occupational therapy services are delivered.

Diversity, Equity, and Inclusion Considerations:

The selection of Practice Subcommittee members will promote diversity, equity, and inclusion. Each applicant will demonstrate accountability, honesty, integrity, respect, and self-awareness attributes. As well as be collaborative, inclusive, and have a public interest focus. Consideration should also be given to professional, regional, cultural, gender and age diversity.

BOARD MEETING BRIEFING NOTE

Appointment of Professional Committee Appointee – Practice Subcommittee

Page 2 of 2

Background:

The College called for interested occupational therapists to serve on statutory and non-statutory College committees. Several OTs applied, submitted their résumés, and expressed interest in joining the Practice Subcommittee.

Two applicants were selected for virtual interviews. The summaries of interviews and résumés were reviewed at the February 14, 2023 Practice Subcommittee meeting. The Practice Subcommittee selected one applicant and is making the recommendation to the Board for appointment for a three-year term.

Discussion:

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

1. Areas of practice: Private Practice, Motor Vehicle Accidents (MVA), Acquired Brain Injury (ABI)

Following the review of the applicant's résumé and a summary of her interview responses, Subcommittee unanimously concluded that Miranda Setoguchi be recommended to fill the vacancy.

The Board is asked to review the attached applicant résumé and recommend the applicant for appointment to the Practice Subcommittee.

Implications:

Subcommittee members provide insights into evolving practice, selecting members for the Subcommittee will contribute to a broad perspective of occupational therapy practice across the province.

Attachments:

1. Résumé - Miranda Setoguchi (*Omitted from public facing material for privacy reasons*)

Résumé - Miranda Setoguchi (Omitted from public facing material for privacy reasons)

Résumé - Miranda Setoguchi (Omitted from public facing material for privacy reasons)

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Patient Relations Committee
Subject: Appointment of Professional Committee Appointee – Patient Relations Committee

Recommendation:

THAT the Board appoints Amanda Mowbray as a Professional Committee Appointee to the Patient Relations Committee for a three-year term commencing on July 1, 2023.

Issue:

The Patient Relations Committee will have a vacancy as one of the members will conclude their second three-year term and not eligible for reappointment. The Board is asked to review the profile of the candidate and decide whether to approve the appointment.

Link to Strategic Plan:

This aligns under Quality Practice:

- 3.1 Occupational therapists are competent, practice safely, effectively and are accountable.
- 3.2 College complaints and discipline processes are effective, fair and accessible to the public.

Why this is in the Public Interest:

Thoughtful consideration of Committee appointees is important. Varied representation of appointees serving from within and outside the profession allows the Committee to best serve and protect the public's needs and interests as they pertain to occupational therapy services in Ontario. This process supports the Committee to make fair and unbiased decisions while discharging their duties and responsibilities.

Diversity, Equity, and Inclusion Considerations:

The Committee attended to the diversity of its members when reviewing applications, to ensure an appropriate mix of practice areas, geography, and experiences, including lived experiences.

Background:

The Patient Relations Committee shall be composed of two Elected Directors; two Public Directors; one or more Professional Committee Appointee(s); and, at the discretion of the Board, one or more Community Appointee(s). Amanda Mowbray meets the criteria established in Part 12: Professional Committee and Community Appointees, section 12.01 Professional Committee Appointees.

Discussion:

The Board is tasked to decide whether they agree with the appointment of Amanda Mowbray and that she will be an asset to the Patient Relations Committee and also will assist and promote the Committee in its mandate of protecting the public.

BOARD MEETING BRIEFING NOTE

Appointment of Professional Committee Appointee – Patient Relations Committee

Page 2 of 2

Implications:

Appointing Amanda Mowbray will ensure that the Patient Relations Committee will have a full complement of appointees as per the Terms of Reference.

Attachments:

1. Résumé – Amanda Mowbray (*Omitted from public facing material for privacy reasons*)

Résumé - Amanda Mowbray (Omitted from public facing material for privacy reasons)

Résumé - Amanda Mowbray (Omitted from public facing material for privacy reasons)

Résumé - Amanda Mowbray (Omitted from public facing material for privacy reasons)

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Quality Assurance Committee
Subject: Appointment of Professional Committee Appointees – Quality Assurance Subcommittee

Recommendation:

THAT the Board appoints Bethany Brewin and Rabia Khokhar as Professional Committee Appointees to the Quality Assurance Subcommittee, each for a three-year term commencing on July 1, 2023.

Issue:

A current subcommittee member's term is ending June 30, 2023. The committee would like to add two committee members to their complement. The Board is asked to review the profile of the candidates and decide whether or not to approve each of their appointments.

Link to Strategic Plan:

Quality practice by occupational therapists

- 1.3 College governance is responsive, effective, competency-based, and accountable.
- 3.1 Occupational therapists are competent, safe, effective, and accountable.
- 3.3 The College engages occupational therapists to advance quality, ethical practice.

Why this is in the Public Interest:

Consultation with the Quality Assurance Subcommittee strengthens the College's delivery of its public protection mandate and enhances public confidence in regulation. Members of the subcommittee support the work of the College by providing experience and insight into changes in the environment that impacts OT practice. This insight is reflected in the materials and tools utilized by the Quality Assurance Program to support safe and ethical practice.

Diversity, Equity, and Inclusion Considerations:

The composition of the Quality Assurance Subcommittee is a broad representation of occupational therapists from across the province. Members are selected on their diversity of experiences and perspectives.

Background:

The Quality Assurance Subcommittee is a non-statutory committee that provides recommendations to the Quality Assurance Committee about the ongoing development, implementation, and evaluation of the components of the Quality Assurance (QA) program. This includes supporting the development of the annual eLearning module including topic selection, identification of learning objectives, case scenario development, content review, reflective practice exercise development, and online testing as possible.

BOARD MEETING BRIEFING NOTE

Appointment of Professional Committee Appointees – Quality Assurance Subcommittee

Page 2 of 2

There are currently six members on the Subcommittee and the Terms of Reference state that the composition is maintained with 6-8 members. One member is completing their allowable term, leaving a spot vacant. It would be beneficial to expand the representation of the subcommittee by appointing two members as one brings pediatric experience and the other brings experience in mental health.

It is important that members of the subcommittee represent a diversity of experiences and perspectives.

Bethany Brewin has 18 years of experience working as an occupational therapist with a pediatric population. She has worked in clinical and leadership roles, particularly in the development and delivery of Autism Ontario training and education programs for families and service providers. She has worked in a variety of practice settings including children's treatment centers and community-based services.

Rabia Khokhar has 8 years of experience working as an occupational therapist with extensive experience in mental health, addictions, concurrent disorders, trauma-related disorders, and chronic pain difficulties. She has worked in clinical and leadership roles in practice settings including mental health facilities and clinics. While most of her work is in a non-clinical capacity she does participate in regular clinical work.

Discussion:

The Board is asked to approve the appointment of Bethany Brewin and Rabia Khokhar to the Quality Assurance Subcommittee for a three-year term. The Quality Assurance Committee recommends both appointments.

Implications:

With these appointments, the Quality Assurance Subcommittee will have a full complement of appointees as per the Terms of Reference.

Attachments:

1. Résumé – Bethany Brewin (*Omitted from public facing material for privacy reasons*)
2. Résumé – Rabia Khokhar (*Omitted from public facing material for privacy reasons*)

Résumé - Bethany Brewin (Omitted from public facing material for privacy reasons)

Résumé - Bethany Brewin (Omitted from public facing material for privacy reasons)

Résumé - Bethany Brewin (Omitted from public facing material for privacy reasons)

Résumé - Bethany Brewin (Omitted from public facing material for privacy reasons)

Résumé - Rabia Khokhar (Omitted from public facing material for privacy reasons)

Résumé - Rabia Khokhar (Omitted from public facing material for privacy reasons)

Résumé - Rabia Khokhar (Omitted from public facing material for privacy reasons)

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Fitness to Practise Committee
Subject: Appointment of Professional Committee Appointee – Fitness to Practise Committee

Recommendation:

THAT the Board appoints Casandra Boushey as a Professional Committee Appointee to the Fitness to Practise Committee for a three-year term commencing on July 1, 2023.

Issue:

The Fitness to Practise Committee will have one vacancy because a current member's second term is coming to an end, and they are not eligible for reappointment.

Link to Strategic Plan:

This aligns under Quality Practice:

- 3.1 Occupational therapists are competent, practice safely, effectively and are accountable.
- 3.2 College complaints and discipline processes are effective, fair and accessible to the public.

Why this is in the Public Interest:

Thoughtful consideration of a Committee appointee is important. Varied representation of appointees serving from within and outside the profession allows the Committee to best serve and protect the public's needs and interests as they pertain to occupational therapy services in Ontario. This process supports the Committee to make fair and unbiased decisions while discharging their duties and responsibilities.

Diversity, Equity, and Inclusion Considerations:

The Committee attended to the diversity of its members when reviewing applications, to ensure an appropriate mix of practice areas, geography, and experiences, including lived experiences.

Background:

The Fitness to Practise Committee shall be composed of two Elected Directors; two Public Directors; one Professional Committee Appointee; and, at the discretion of the Board, one Community Appointee.

Casandra Boushey meets the criteria established in Part 12: Professional Committee and Community Appointees, section 12.01 Professional Committee Appointees.

BOARD MEETING BRIEFING NOTE

Appointment of Professional Committee Appointee – Fitness to Practise

Page 2 of 2

Discussion:

The Board is tasked to decide whether they agree with the appointment of Casandra Boushey and that she will be an asset to the Fitness to Practise Committee.

Implications:

Appointing Casandra Boushey will ensure that the Fitness to Practise Committee will have a full complement of appointees as per the Terms of Reference.

Attachments:

1. Résumé – Casandra Boushey (*Omitted from public facing material for privacy reasons*)

Résumé - Casandra Boushey (Omitted from public facing material for privacy reasons)

Résumé - Casandra Boushey (Omitted from public facing material for privacy reasons)

Résumé - Casandra Boushey (Omitted from public facing material for privacy reasons)

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Discipline Committee
Subject: Appointment of Professional Committee Appointee – Discipline Committee

Recommendation:

THAT the Board appoints Sylvia Boddener as a Professional Committee Appointee to the Discipline Committee for a three-year term commencing on July 1, 2023.

Issue:

The Discipline Committee will have one vacancy as one of the current members will complete their second three-year term in June and is not eligible for reappointment.

Link to Strategic Plan:

This aligns under Quality Practice:

- 3.1 Occupational therapists are competent, practice safely, effectively and are accountable.
- 3.2 College complaints and discipline processes are effective, fair and accessible to the public.

Why this is in the Public Interest:

Thoughtful consideration of Committee appointees is important. Varied representation of appointees serving from within and outside the profession allows the Committee to best serve and protect the public's needs and interests as they pertain to occupational therapy services in Ontario. This process supports the Committee to make fair and unbiased decisions while discharging their duties and responsibilities.

Diversity, Equity, and Inclusion Considerations:

The Committee attended to the diversity of its members when reviewing applications, to ensure an appropriate mix of practice areas, geography, and experiences, including lived experiences.

Background:

The Discipline Committee shall be composed of two Elected Directors; two Public Directors; one Professional Committee Appointee; and, at the discretion of the Board, one Community Appointee.

Sylvia Boddener meets all the criteria established in Part 12: Professional Committee and Community Appointees, section 12.01 Professional Committee Appointees.

BOARD MEETING BRIEFING NOTE

Appointment of Professional Committee Appointee – Discipline Committee

Page 2 of 2

Discussion:

The Board is tasked to decide whether they agree with the appointment of Sylvia Boddener and that she will be an asset to the Discipline Committee and also will assist and promote the Committee in its mandate of protecting the public. Sylvia has had previous experience on college committees. This experience and competence will be an asset to the discipline committee.

Implications:

Appointing Sylvia Boddener will ensure that the Discipline Committee has a full complement of appointees as per the Terms of Reference.

Attachments:

1. Résumé – Sylvia Boddener (*Omitted from public facing material for privacy reasons*)

Résumé - Sylvia Bodenner (Omitted from public facing material for privacy reasons)

Résumé - Sylvia Bodenner (Omitted from public facing material for privacy reasons)

Résumé - Sylvia Bodenner (Omitted from public facing material for privacy reasons)

Résumé - Sylvia Bodenner (Omitted from public facing material for privacy reasons)

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Inquiries, Complaints and Reports Committee (ICRC)
Subject: Appointments of Professional Committee Appointees – Inquiries, Complaints and Reports

Recommendation:

THAT the Board appoints Darlene Venditti, Holly Assaf, Kellen Baldock and Sarah Dodds as Professional Committee Appointees to the Inquiries, Complaints and Reports Committee each, for a three-year term, commencing on May 1, 2023.

Issue:

The Inquiries, Complaints and Reports Committee has four vacancies after current members either resigned, took a leave of absence, or their second terms are coming to an end, and they are not eligible for reappointment. The Board is asked to consider the candidates and decide if they approve of their appointments.

Link to Strategic Plan:

This aligns under Quality Practice:

- 3.1 Occupational therapists are competent, practice safely, effectively and are accountable.
- 3.2 College complaints and discipline processes are effective, fair and accessible to the public.

Why this is in the Public Interest:

Thoughtful consideration of Committee appointees is important. Varied representation of appointees serving from within the profession allows the Committee to best serve and protect the public's needs and interests as they pertain to occupational therapy services in Ontario. This process supports the Committee to make fair and unbiased decisions while discharging their duties and responsibilities.

Diversity, Equity, and Inclusion Considerations:

The Committee attended to the diversity of its members when reviewing applications, to ensure an appropriate mix of practice areas, geography, and experiences, including lived experiences.

Background:

The terms of reference for the Inquiries, Complaints and Report Committee state that it shall be composed of two Elected Directors; two Public Directors; four or more Professional Committee Appointee(s); and, at the discretion of the Board, one or more Community Appointee(s).

All four candidates meet the criteria established by bylaw in Part 12: Professional Committee and Community Appointees, section 12.01 Professional Committee Appointees.

BOARD MEETING BRIEFING NOTE

Appointments of Professional Committee Appointees – ICRC

Page 2 of 2

Discussion:

The Board is tasked to decide whether they agree with the appointment of the candidates and that they will be an asset to the Inquiries, Complaints and Reports Committee.

Implications:

Appointing the four candidates will ensure that the Inquiries, Complaints and Reports Committee has a full complement of appointees as per the Terms of Reference.

Attachments:

1. Résumé - Darlene Venditti (*Omitted from public facing material for privacy reasons*)
2. Résumé - Holly Assaf (*Omitted from public facing material for privacy reasons*)
3. Résumé - Kellen Baldock (*Omitted from public facing material for privacy reasons*)
4. Résumé - Sarah Dodds (*Omitted from public facing material for privacy reasons*)

Résumé - Darlene Venditti (Omitted from public facing material for privacy reasons)

Résumé - Darlene Venditti (Omitted from public facing material for privacy reasons)

Résumé - Holly Asaf (Omitted from public facing material for privacy reasons)

Résumé - Holly Asaf (Omitted from public facing material for privacy reasons)

Résumé - Holly Asaf (Omitted from public facing material for privacy reasons)

Résumé - Kellen Baldock (Omitted from public facing material for privacy reasons)

Résumé - Kellen Baldock (Omitted from public facing material for privacy reasons)

Résumé - Sarah Dodds (Omitted from public facing material for privacy reasons)

Résumé - Sarah Dodds (Omitted from public facing material for privacy reasons)

Résumé - Sarah Dodds (Omitted from public facing material for privacy reasons)

Résumé - Sarah Dodds (Omitted from public facing material for privacy reasons)

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Elinor Larney, Registrar and CEO
Subject: Appointment of Academic Director to the Board

Recommendation:

THAT the Board appoints Mary Egan to the Board as the Academic Representative for a three-year term, commencing on July 1, 2023.

Issue:

The *Occupational Therapy Act, 1991*, requires that one or two occupational therapists who are members of a faculty of occupational therapy at a university in Ontario be appointed to the Board. Presently, Donna Barker fills that role. Her term will be completed at the end of June and the College needs to have a new academic member appointed.

Link to Strategic Plan:

This aligns under Public Confidence:

- 1.3 College governance is responsive, effective, competency-based and accountable.
- 1.3.1 College governance structure reflects best practice
- 1.3.2 Appointments to the Board are competency-based

Why this is in the Public Interest:

The College requires an academic member on the Board, to comply with legislation and to remain duly constituted. In addition, academic members bring a competency to the Board based on their extensive knowledge of the educational system for occupational therapists, including theoretical frameworks and knowledge of practice. This assists the Board in making good decisions in the public interest.

Diversity, Equity, and Inclusion Considerations:

The appointment of the academic member is recommended by the chairs of the occupational therapy program of the five academic institutions. Candidates with a diverse background are welcome.

Background:

The College has previously operated with two academic members but in summer 2022, decided not to reappoint the second academic member as the Board was in the midst of reducing its size. There was an opportunity to reduce the Board size by attrition and at the time it was deemed appropriate to leave the academic complement to one. In January 2023, the Board extended the appointment of Donna Barker until the end of June to give additional time to find a replacement for her and to coincide with academic workloads, for whomever would be her replacement.

BOARD MEETING BRIEFING NOTE

Appointment of Academic Director to the Board

Page 2 of 2

Discussion:

The university chairs have recommended that Mary Egan be appointed to the Board. She was previously appointed to the Board in 2016 and reappointed to the board in 2019. She concluded her appointment in July 2022.

The Board is tasked to decide whether they agree with the appointment of Mary Egan to the Board. She has experience in this role, as she has been on the Board previously, and has been recommended by the chairs of the academic programs.

Implications:

Appointing Mary Egan will ensure that the Board is fully constituted after June 30, 2023, when Donna Barker's appointment concludes.

Attachments: None

BOARD MEETING BRIEFING NOTE

Date: March 30, 2023
From: Governance Committee
Subject: Proposed Bylaw Amendments

Recommendation:

THAT the Board approves the amended Bylaws as presented.

Issue:

The Board is asked to review the proposed changes to College Bylaws in light of the governance changes approved by the Board at the January 2023 meeting.

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

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. The proposed changes to the Bylaws will allow the College and its Board to move towards best practices with the goal of strengthening the ability of the Board to provide oversight that is aligned with the mandate of the College to protect the public interest.

Diversity, Equity, and Inclusion Considerations:

The Board should consider whether the proposed Bylaw amendments raise any concerns from a diversity, equity, and inclusion perspective.

Background:

As Board will recall, each year the College conducts a review of its Bylaws and where necessary the associated policies to ensure these reflect current governance best practice.

The steps taken for this year's bylaw review include the following:

- Benchmarking the College Bylaws against the College Performance Measurement Framework (CPMF).
- Conducting an environmental scan of the Bylaws of other regulatory colleges and analyzing the results against the College's Bylaws.

BOARD MEETING BRIEFING NOTE

Proposed Bylaw Amendments

Page 2 of 2

- Undertaking an internal review to identify issues with the Bylaws that have been problematic from an internal perspective; and
- Legal review by Julie Maciura, College Legal Counsel.

Discussion:

The proposed Bylaw revisions incorporate the decisions from the January 2023 Board meeting and includes restructuring the electoral districts, establishing a Nominations Committee, and reducing the overlap of Board and statutory committees' membership.

Amendments have also been proposed to Parts 3 (Financial Matters); 5 (Election of Board Members); 6 (Academic Appointments to the Board); 7 (Officers); 8 (Board); 9 (Registrar and Interim Registrar); 12 (Professional Committee and Community Appointees); 13 (Committees); and 14 (Provisions applicable to all Committees).

Additional highlights of the proposed amendments include:

- Removing duplicative or unnecessary sections/subsection throughout the Bylaws.
- Removing some of the duties previously held by Governance Committee and adding these to the Nominations Committee.
- Additional provisions have been added that may lead to the disqualification of Board and Committee members.

The track changes of all proposed amendments are included in the attachment.

Implications:

Should the proposed Bylaw changes be approved, they do not require circulation to registrants and other system partners. Once approved by the Board, they will take effect immediately.

Attachments:

1. Proposed Bylaw amendments with track changes.

Amended ~~October 2021~~ March 2023
Originally Issued September 1994

Bylaws

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Official Bylaws of the College of Occupational Therapists of Ontario

Revised June 27, 2018

All previous bylaws relating to the administration of the affairs of the College are hereby repealed and replaced with this bylaw.

Part 1: Definitions and Application

1.01 Definitions

The following definitions shall apply to all parts of these bylaws unless otherwise defined or required by the context:

Annual Fee

Means the fee payable for the annual renewal of a certificate of registration of any class.

Act

Means the *Occupational Therapy Act* (1991, S.O. 1991) and the regulations thereunder.

Board or Board of Directors

Means the Council of the College within the meaning of section 1(1) of the Code and section 5 of the Act.

Bylaws

Means the bylaws of the College.

Chair

Means the Chair of the Board of Directors of the College.

CLEAR

Means Council on Licensure, Enforcement and Regulation

Code

Means the *Health Professions Procedural Code* being Schedule 2 to the RHPA.

College

Means the College of Occupational Therapists of Ontario.

Committee

Means a committee of the College and includes statutory committees established under section 10 of the Code, standing committees, task forces, a Panel of a Committee and any other committee established by the Board under these bylaws.

Community Appointee

Means an individual appointed to serve as a member of a Committee who is neither a Director nor a

Registrant.

Director

Means an individual elected or appointed to be a member of the Board of Directors of the College.

Elected Director

Means a registrant elected to the Board in accordance with the bylaws and includes a Registrant elected in a by-election or appointed to fill a vacancy.

Informal Disposition or Resolution

Means a negotiated or imposed conclusion to a concern about a Registrant that involves either one or both of the following:

- a. an obligation to complete measures for enhancement (e.g., an acknowledgement and undertaking, requirement to participate in a remediation program) or
- b. educational action (e.g., a caution, an admonishment, an opportunity to correct any deficiencies and to enhance their knowledge, skills and judgment)

For greater clarity, an informal disposition or resolution does not include a simple reminder, guidance or advice.

Professional Committee Appointee

Means a Registrant of the College who is not a member of the Board, who has been appointed to a Committee

Public Director

Means a person appointed by the Lieutenant Governor in Council as described in section 5(1)(b) of the Act;

Register

Means the person appointed by the Board as Registrar or Interim Registrar of the College, in the case of the absence or inability of the Registrar or Interim Registrar, the Deputy Registrar.

Registrant

Means a member of the College.

Registrar

Means the person appointed by the Board as Registrar or Interim Registrar of the College.

Registration Fee

Means the fee for the issuance of a certificate of registration of any class.

RHPA

Means the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

Regulations

Means the regulations made under the Act.

Schedule I Banks

Under the *Canadian Bank Act*, Schedule I are banks that are not a subsidiary of a foreign bank, i.e., domestic banks, even if they have foreign shareholders. They are authorized under the *Bank Act* to accept deposits, which may be eligible for deposit insurance provided by the Canadian Deposit Insurance Corporation.

Schedule II Banks

These are foreign bank subsidiaries authorized under the *Bank Act* to accept deposits, which may be eligible for deposit insurance provided by the Canada Deposit and Insurance Corporation. Foreign bank subsidiaries are controlled by eligible foreign institutions.

Vice-Chair

Means the Vice-Chair of the Board of Directors of the College.

1.02 Changes of Number

These bylaws are to be read with all changes of number required by the context.

1.03 Headings for Reference Only

The headings in these bylaws are for ease of reference only and shall not affect in any way the meaning or interpretation of these bylaws.

Part 2: Head Office

Repealed - effective October 28, 2021

Part 3: Financial Matters

3.01 Fiscal Year

3.01.1 The fiscal year of the College shall be from June 1st to May 31st in the next calendar year.

3.02 Signing Authorities

The College shall have at least three persons authorized annually by the Board to sign contracts, documents, cheques or any instruments in writing requiring the signature of authorized officers of the College. Two of the three authorized signing authorities will be the Chair and the Registrar.

3.03 Banking

3.03.1 All money belonging to the College shall be deposited in the name of the College with one or more banks (which shall be a Schedule 1 or Schedule 2 bank under the *Bank Act*).

3.03.2 The Registrar may endorse any cheque or other negotiable instrument for collection on the College's account through the bank or for deposit to the credit of the College with the bank, in accordance with any applicable policy of the College.

3.04 Investment Funds

All monies belonging to the College may only be deposited or invested according to ~~Registrar Limitation~~the Investments policy, and in one or more of the following:

- 3.04.1 A bank or trust company or brokerage house.
- 3.04.2 Securities of the Government of Canada, the Government of any Province of Canada, or any municipal corporation in any Province of Canada.
- 3.04.3 Securities, the payment of principal and interest of which is guaranteed by the Government of Canada, or the Government of a Province of Canada.

3.05 Execution of Deeds, Mortgages and Real Property Leases

3.05.1 Deeds, mortgages and real property leases requiring the signature of the College shall be signed by the Chair or the Vice-Chair together with the Registrar and shall be binding upon the College without any further authorization or formality. The Board may by resolution appoint any officer or officers or any person or persons on behalf of the College either to sign deeds, mortgages and real property leases.

3.05.1.1 Subject to section 3.05.1, all cheques and contracts may be signed by the Registrar alone in compliance with policies approved by the Board from time to time.

- 3.05.2 Except where otherwise provided by law, the Registrar may sign summonses, notices and orders on behalf of any committee of the College.
- 3.05.3 The seal of the College shall, when required, be affixed to contracts, documents, or instruments in writing, signed as aforesaid, or by any other person or persons appointed as authorized to sign on behalf of the Board.

The seal of the College is the seal depicted below.



3.05.4 The Registrar, or such other officer or officers or person or persons as may, from time to time be authorized by resolution of the Board, are authorized to sell, assign, transfer, charge, convert, or convey any and all shares, bonds, debentures, rights, warrants, or other securities owned by or registered in the name of the College and to sign and execute all assignments, transfers, conveyances, powers of attorney and other instruments that may be necessary for the foregoing purposes in compliance with policies approved by the Board from time to time.

3.06 Retain Valuable Documents

3.06.1 The Registrar shall at all times keep and maintain for the benefit of the College copies of all contracts, agreements, certificates, approvals and all other documents to which the College is a party or which are otherwise pertinent to the administrative and domestic affairs of the College.

3.07 Accounts

The Board shall cause proper books of account to be kept in respect of all sums of money received and expended by the College which shall, unless the Board otherwise decides, be the responsibility of the Registrar.

3.08 Financial Records

Financial statements for the College shall be prepared promptly at the close of each fiscal year. The audited financial statements of the College, together with a signed and certified copy of the Auditor's report, shall be:

- a. reviewed by the Finance, ~~and~~ Audit ~~and Risk~~ Committee;
- b. presented annually to the Board;
- c. provided to the Minister of Health; and
- d. made available to the public in the College's annual report.

3.09 Auditor

The Board shall appoint a licensed public accountant as auditor of the College at least every fifth year for a term not exceeding five years.

3.09.1 Audit

The auditor shall make such examinations as will enable them to report to the Board as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditor shall report to the Finance, ~~and~~ Audit ~~and Risk~~ Committee before the Board meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report in writing to the Board at the meeting at which the financial statements of the College are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the College and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.

3.10 Borrowing Funds

The Chair or Vice-Chair, together with the Registrar and such other officer or person as may be authorized by resolution of the Board may:

- a. borrow money upon the credit of the College;
- b. issue, sell, or pledge debt obligations of the College, including without limitation bonds, debentures, notes, or similar obligations of the College, whether secured or unsecured; and
- c. charge, mortgage, hypothecate, or pledge all or any currently owned or subsequently acquired real or personal, movable or immovable property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such debt obligations or any money borrowed, or other

debt or liability of the College.

Part 4: Indemnity

4.01 Indemnity

Every Director, Committee member, officer, employee or appointee of the College, including assessors, investigators and inspectors, and each of their heirs, executors, administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against:

- (i) all costs, charges, expenses, awards and damages whatsoever that they sustain or incur in any action, suit or proceeding that is brought, commenced or prosecuted against them in respect of any act, deed, matter or thing whatsoever made, done or permitted by them in or about the execution of the duties of their office; and
- (ii) all other reasonable costs, charges, expenses, awards and damages that they sustain or incur in or about or in relation to the affairs of the College; except such costs, charges, expenses, awards and damages as are occasioned by their own willful neglect or default. Where the person is a commercial service provider (e.g., a private investigator hired to conduct an investigation), the College has discretion as to whether or not to provide indemnity.

Part 5: Election of Board Members

5.01

Electoral Districts

5.01.1 ~~Prior to March 30, 2023, t~~The following electoral districts ~~we~~are established for the purpose of the election of members to the Board:

- a Electoral district 1 (Central East) composed of the Municipality of Toronto, the counties of Haliburton, Northumberland, Peterborough, Simcoe and Kawartha Lakes, and the regional municipalities of Durham, Peel and York.
- b Electoral district 2 (Central West) composed of the counties of Brant, Dufferin and Wellington, and the regional municipalities of Haldimand, Norfolk, Halton, Hamilton, Niagara and Waterloo.
- c Electoral district 3 (South West) composed of the counties of Essex, Bruce, Grey, Chatham-Kent, Lambton, Elgin, Middlesex, Oxford, Huron and Perth.
- d Electoral district 4 (Eastern) composed of the united counties of Prescott and Russell, Stormont, Dundas & Glengarry, Lennox & Addington, Leeds & Grenville, the Municipality of Ottawa, the counties of Hastings, Prince Edward, Frontenac, Renfrew and Lanark.
- e Electoral district 5 (North East) composed of the districts of Sudbury, Parry Sound, Timiskaming, Nipissing, Algoma, Cochrane and Manitoulin and Muskoka.
- f Electoral district 6 (North West) composed of the territorial districts of Kenora, Rainy River

and Thunder Bay.

5.01.2 As of March 30, 2023, the following electoral districts are established for the purpose of the election of members to the Board:

- a Electoral district 1 (Central District) composed of Toronto and Peel;
- b Electoral district 2 (Central West District) composed of Bruce, Grey Elgin, Essex, Huron, Chatham-Kent, Lambton, Middlesex, Oxford, Perth, Brant, Wellington, Dufferin, Haldimand, Norfolk, Hamilton, Halton, Niagara and Waterloo, and the Territorial Districts of Rainy River, Thunder Bay, Kenora, Algoma, Sudbury and Manitoulin;
- c Electoral district 3 (Central East District) composed of York, Durham, Ottawa, Simcoe, Northumberland, Peterborough, Prince Edward, Kawartha Lakes, Haliburton, Stormont, Dundas and Glengarry, Prescott and Russell, Renfrew, Hastings, Frontenac, Lennox and Addington, Lanark, and Leeds and Grenville, and the Territorial Districts of Cochrane, Muskoka, Parry Sound, Nipissing and Timiskaming.

5.01.3 ~~f~~ After the ~~the Board should reduce or elimination~~ of one or more districts set out in 5.01.14, ~~any~~ the affected ~~-incumbent-~~ Elected Board Director ~~member~~ Registrant shall retain their seat on the Board until the earlier of:

- a ~~the date the Elected Board Director~~ member resigns;
- b ~~The original date of expiry of the term that the Elected Board Director~~ member Registrant was serving at the time the district was eliminated ~~expires~~; or
- c ~~The Elected Board Director~~ member Registrant is nominated to run for election in the new district to which they are assigned, at which point they shall be deemed to have resigned from the district to which they were first elected.

5.01.25.01.4 The electoral district in which a Registrant is eligible to vote is the district in which, on the date of the election, the Registrant principally practises, or if the Registrant is not engaged in the practise of occupational therapy, is the district in which, on that day, the Registrant principally resides.

5.01.35.01.5 Subject to 5.01.2, a Registrant is entitled to vote in an election if the Registrant holds a valid general practising or provisional practising certificate of registration.

5.01.45.01.6 The number of Registrants to be elected in an electoral district is as follows:

- a Electoral district 1 ~~23~~ 23 Registrants
- b Electoral district 2 ~~22~~ 22 Registrants
- c Electoral district 3, ~~4, 5 and 6~~ 24 Registrant per district

5.02 Year of Elections

5.02.1 An election of Directors to the Board shall be held in 202~~63~~ and in every third year after that for electoral districts ~~2 and 4~~.

5.02.2 An election of Directors to the Board and shall be held in 202~~41~~ and in every third year after that for electoral districts ~~3, 5 and 6~~.

5.02.3 An election of Directors to the Board shall be held in 202~~52~~ and in every third year after that for electoral district 1.

5.03 Eligibility for Election

5.03.1 A Registrant is eligible for election to the Board in an electoral district if, on the date of the deadline for nomination:

- a they are entitled to vote in an election in accordance with Bylaw 5.01.2 and 5.01.3;
- b they are is not in default of payment of any fees required under these bylaws;
- c they have completed the College's orientation program;
- d they are not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside Ontario;
- e their certificate of registration has not been revoked or suspended, inside or outside of Ontario in the six years preceding the date of nomination as a result of a professional misconduct, incompetence or incapacity proceeding;
- f their certificate of registration is not subject to any order, direction, or term, condition,

or limitation imposed by a panel of the Discipline Committee, Fitness to Practise Committee or Quality Assurance Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;

- g a period of at least six years has elapsed since they complied with all aspects of any order imposed by a Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;;
- h they have not been disqualified from the Board or a Committee in accordance with the bylaws in the six years preceding the date of nomination;
- i they have not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association;
- j they have not resigned from the Board in the three years preceding the date of

- nomination;
- k they do not have a conflict of interest to serve as a Board Director or has agreed to remove any such conflicts of interest before taking office.
- l a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against them in respect of:
 - i. a criminal offence;
 - ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
 - iii. any offence relevant to the Registrant's suitability to practise occupational therapy;
- m they are not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice;
- n they have not initiated, joined, continued, or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and,
- o they have not been an employee or paid consultant of the College in the six years preceding the date of nomination.

5.04 Terms of Office

5.04.1 The term of office of an Elected Director to the Board is three years, commencing with the Board meeting where the election of officers takes place.

5.04.2 An Elected Director who has served on Board for more than nine consecutive years is not eligible for election until at least three years have passed since the Director last served on the Board.

5.05 Nominations

5.05.1 The Registrar shall supervise the nomination of candidates including determining the eligibility for election of a nominated candidate.

5.05.2 No later than 60 days before the date of an election, the Registrar shall notify every Registrant who is eligible to vote, of the date, time, and place of the election and of the nomination procedure.

5.05.3 The nomination of a candidate for election as a Director of the Board shall be in writing and shall be submitted by the candidate to the Registrar at least 30 days before the election.

5.05.4 A candidate for election as a Director of the Board shall be nominated by at least three Registrants who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.

5.05.5 A candidate may withdraw their nomination for election to the Board by notifying the Registrar in writing at least 20 days before the election.

5.06 Acclamation

5.06.1 If the number of candidates nominated in an electoral district is less than or equal to the number of Registrants to be elected in the electoral district, the Registrar shall declare the candidates to be elected by acclamation.

5.07 Additional Calls for Nominations

5.07.1 If there are no candidates or an insufficient number of candidates in an electoral district who are eligible for election, there shall be additional calls for nominations, as required, throughout the nomination period.

5.07.2 If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the Governance Committee ~~may shall~~ nominatorrecommend one or more Registrants who are eligible for election to the Board for approval.

5.07.3 A person who consents to a nomination or recommendation by the Governance Committee shall be deemed to be a validly nominated candidate when the nomination or recommendation is received by the Registrar.

5.08 Voting Procedure

5.08.1 Except for an election in which the Registrar has declared a candidate elected to the Board by acclamation, the Registrar shall, at least 15 days before the date of an election, send every Registrant entitled to vote in an electoral district in which an election is to take place:

- a a list of eligible candidates;
- b the means to cast a vote;
- c instructions for voting; and
- d biographical information about each candidate.

5.09 Voting

5.09.1 A Registrant may cast as many votes in an election of Directors of the Board as there are Directors to be elected to the Board from the electoral district in which the Registrant is eligible to vote.

5.09.2 A Registrant shall not cast more than one vote for any one candidate.

5.09.3 Votes must be received in the manner specified at or before the date and time specified for the election in order to be counted.

5.10 Exceptional Circumstances

5.10.1 In exceptional circumstances, the Registrar may modify any time period respecting elections as the Registrar considers necessary to compensate for the exceptional circumstances.

5.11 Administration

5.11.1 The Registrar shall be the Chief Returning Officer and shall supervise and administer the election of candidates and, for the purpose of carrying out that duty the Registrar may, subject to these bylaws:

- a appoint returning officers and scrutineers;
- b establish procedures and any necessary deadlines including procedures and deadlines relating to the receiving of nominations, biographies and personal statements and for the receiving of votes;
- c establish procedures for the tabulation of votes;
- d provide for the notification of all candidates and Registrants of the results of the election;

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- e. provide for the destruction of voting information following an election; and
- f. do anything else that the Registrar deems necessary and appropriate to ensure that the

election is fair and effective.

5.11.2 If a returning officer or scrutineer refuses to act or to continue to act or is impaired in the opinion of the Registrar, the Registrar shall appoint another person as a returning officer or scrutineer.

5.11.3 The returning officers and scrutineers shall honestly and accurately report the vote count in each election, record the results of each count and thereby determine the result of each election.

5.11.4 Subject to these bylaws, all questions arising in the tabulation of votes, the recording of results or the determination of the result shall be decided by a majority of the returning officers or scrutineers as appropriate.

5.12 Tie Vote

5.12.1 If two or more candidates receive the same number of votes in an election, the Registrar shall break the tie by lot.

5.13 Results

5.13.1 As soon as practicable after the votes have been tabulated, the Registrar shall:

- a. advise each eligible candidate of the results of the election, the number of votes they received and the candidate's right to request a recount in accordance with article 5.14; and
- b. advise the Registrants and the Board of the results of the election.

5.14 Recounts

5.14.1 A candidate may require a recount by giving a written request to the Registrar no more than 15 days after the date of the election and paying the fee of \$300.00 to the College seven days prior to the recount. This fee will be refunded if the recount changes the outcome of the election.

5.14.2 The Registrar shall hold the recount no more than 15 days after receiving the request and the recount shall be conducted in as transparent a manner as the voting system reasonably permits.

5.14.3 If a candidate requests a recount, the Registrar shall preside over the recount, and shall:

- a. appoint scrutineers;
- b. arrange for the recount within 15 days from the receipt of the request;
- c. notify all candidates in the election of the fact and date of the recount;
- d. if two candidates receive an equal number of votes, the Registrar shall break the tie by lot; and
- e. declare the candidate who received the most votes to be elected to the Board for the pertinent electoral district.

5.15 Referral of Disputes to Governance Committee

5.15.1 If the Governance Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of any member of the Board it shall initiate an inquiry.

5.16 Report and Recommendation of Governance Committee

5.16.1 Where the Governance Committee initiates an inquiry under article 5.15 into the validity of the election of the Board of Director in question and, following the inquiry, shall make a report and recommendation to the Board.

5.17 Options Available to the Board

5.17.1 The Board may, after reviewing the report and recommendation of the Governance Committee and subject to article 5.14, do one of the following:

- i. declare the election result in question to be valid; or
- ii. declare the election result in question to be invalid; and either
 - a. declare another candidate to have been elected; or
 - b. direct that another election be held.

5.18 Minor Irregularities Not Fatal

5.18.1 The Board shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of these bylaws or a procedure established by the Registrar.

Part 6: Academic Appointments to the Board

6.01 Academic Appointments

6.01.1 One or two Academic appointee(s), at least one of whom will hold a full-time faculty appointment, shall be appointed by the Board to sit on the Board as an academic appointment.

6.01.2 The Registrar shall consult with and obtain recommendations from the Program Directors or Chairs of approved Ontario universities that offer occupational therapy programs, no later than 90 days before the date the appointment takes effect.

6.01.3 The ~~Nominations Governance~~ Committee shall receive all recommendations and make such enquiries as it deems appropriate, before making a recommendation to the Board.

6.01.4 For the purposes of clause 5(1) (c) of the *Act*, a Registrant is eligible for an Academic appointment to the Board if, on the date of the appointment they meet the requirements in clauses (c) through (o) of Bylaw 5.03.1 and:

- a they have a faculty appointment in an occupational therapy program in Ontario approved by the College of Occupational Therapists of Ontario;

6.02 Term of Office of Academic Appointment

6.02.1 The term of office for an Academic appointment shall be three years.

6.02.2 An appointee who has served on the Board for more than nine consecutive years is not eligible for re-appointment until at least three years have passed since the Registrant has last served on the Board.

Part 7: Officers

7.01 Election of Officers

7.01.1 The Registrar or their designate shall conduct the election of Officers at the first meeting of a new Board.

- 7.01.2** The election of the Chair, Vice-Chair, and remaining Executive Committee positions shall be by secret ballot.
- 7.01.3** The Registrar or their designate shall, with the concurrence of the Board, appoint three scrutineers to count the ballots and report the results to the Board.
- 7.01.4** If there are more than two candidates in an election, successive ballots shall be conducted until one candidate receives a majority of the votes cast. The candidate or candidates who receive the fewest votes in a ballot shall be dropped in the next ballot.
- 7.01.5** In the case of a tie, one scrutineer will be directed to cast a deciding vote by lot.
- 7.01.6** At the conclusion of the full election of officers the newly elected Chair will preside over the remainder of the meeting.
- 7.01.7** The term of office for the officers shall be one year.
- 7.01.8** The Chair or Vice-Chair may be removed from office by a two-thirds vote of the Board and the Board shall elect a new Chair from its members to hold office for the remainder of the year.
- 7.01.9** In the event an officer resigns, dies, or otherwise ceases to act, the Board shall elect a new officer from among its members to hold office for the remainder of the year.

7.02 Chair

- 7.02.1** The Chair of the College shall provide leadership for the Board to ensure that strategic plans, objectives and policies are developed and implemented in accordance with the mandate of the College. The Chair is the chief spokesperson for the Board.
- 7.02.2** The duties of the Chair include:
 - a. convening and chairing all meetings of the Board and the Executive Committee;
 - b. receiving and reviewing all matters directed to the attention of the Board;
 - c. receiving, reviewing and bringing to the attention of the Governance Committee matters related to College governance;
 - d. conducting evaluation of each Board meeting; in conjunction with the Board, leading an annual evaluation of the Board's goals and activities for the purpose of future planning;
 - e. facilitating communication of issues and concerns raised by Committee Chairs to the Governance Committee and the Board;
 - f. collaborating with the Registrar in:
 - i. identification of issues for the Board's consideration;
 - ii. development of objectives and long-range plans for the Board;
 - iii. establishment of priorities for deliberation by the Board;
 - iv. development of a suitable public relations strategy for the College.
 - g. representing the College at official liaison functions as required;
 - h. contributing to College publications and annual report;
 - i. annual review of the credit card expenses of the Registrar;
 - j. conducting an annual performance appraisal of the Registrar, following discussion with the Executive Committee; and
 - k. representing the Executive Committee in negotiation of the Registrar's contract.

7.03 Vice-Chair

7.03.1 The primary function of the Vice-Chair is to collaborate with the Chair on the activities of the Board and College. The Vice-Chair assumes the responsibilities of the Chair in their absence.

7.03.2 The duties of the Vice-Chair include:

- a. chairing the Board and the Executive Committee in the absence of the Chair.
- b. receiving, reviewing and bringing to the attention of the Governance Committee matters related to College governance;
- c. identifying issues of particular concern to the Board members and bringing them to the attention of the Chair;
- d. coordination and monitoring of Board evaluation; and
- e. representing the College at official liaison functions, as required.

7.04 Appointment of Committee Chairs

7.04.1 The ~~Nominations Governance~~ Committee shall recommend to the Board for approval Committee Chairs annually, at their first meeting after the election of officers. ~~appoint the statutory committee Chairs for the other statutory committees.~~

7.04.2 The terms of office for the statutory committee Chairs is one year.

7.04.3 In the event a statutory committee Chair resigns, dies or otherwise ceases to act, the Board shall appoint a new statutory committee Chair to hold office for the remainder of the term.

Part 8: Board

8.01 Duties of Directors

8.01.1 The primary function of Directors is to make decisions in the public interest, balancing this responsibility with an understanding of the occupational therapy profession and the environments in which it is practised. Directors establish the goals and policies of the College in accordance with the relevant legislation.

8.01.2 The duties of Directors include:

- a. serving on the Board and at least one statutory committee to which they are appointed;
- b. serving on additional committees, task forces, standing committees or advisory groups from time to time;
- c. reviewing all material sent in advance for the Board and committee meetings;
- d. developing and maintaining a knowledge of Board functions and issues facing the Board;
- e. contributing constructively to Board and committee discussions, and understanding and respecting the rules of order as prescribed by the Board;
- f. identifying relevant expertise or contacts as resources;
- g. acquiring a working knowledge of policies and procedures relating to their specific statutory committee(s);
- h. communicating with Registrants, stakeholders and other interested parties in a manner consistent with confidentiality requirements and Board policy; and
- i. identifying issues to be added to the Board or committee agenda in advance of any meeting.

8.01.3 Directors must also:

- a. demonstrate accountability to the public through decision-making in the public interest;
- b. abide by the code of conduct;
- c. identify and address conflict of interest situations as set out in the bylaws, including understanding and identifying cases in which prior knowledge may affect the ability to function on committee;
- d. recognize and respect confidential information learned in the course of College activities;
- e. understand the role of staff as resources to committees;
- f. resolve any concerns with the committee Chairperson, Board Chair or Vice-Chair;
- g. maintain good public relations with membership, the public, health care organizations, educational groups, and government bodies in their regions; and
- h. attend Board and committee meetings regularly.

8.02 Disqualification of Directors

8.02.1 An Elected Director or an Academic Appointee shall be automatically disqualified from the Board if they:

- a. resign from the Board;
- b. no longer meet the requirements for appointment;
- c. are in default of any fees prescribed by these bylaws for a period of more than 30 days;
- d. are found by a panel of the Discipline Committee to have committed an act of professional misconduct or are found to be incompetent;
- e. are found by a panel of the Fitness to Practise Committee to be incapacitated;
- f. are found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:
 - i. a criminal offence;
 - ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
 - iii. any offence relevant to their suitability to practise occupational therapy;
- g. become a director, owner, board member, officer, or employee of any professional association;
- h. become a member of a Board of any other college regulated under the RHPA.
- i. cease to hold a certificate of registration;
- j. remain, thirty days after notice, in default of providing any information required by the College; or
- k. initiate, join, materially contribute or continue a legal proceeding against the College or any committee or representative of the College.

8.02.2 The Board may disqualify an Elected Director or an Academic Appointee from the Board if they:

- a. are found by two-thirds majority of Directors to have breached the Code of Conduct;
- b. fail to attend two consecutive meetings of the Board or of a Committee, of which they are a member, without reasonable cause in the opinion of the Board;
- c. fail to attend a hearing or proceeding, or part thereof, of a panel on which they sit;
- d. fail to attend, without cause, Director education hosted by the College annually;
- e. breach section 36 of the RHPA, in a manner that in the opinion of the Board, warrants disqualification;
- f. breach the conflict of interest provision(s) of these bylaws in a manner that in the opinion of the Board warrants disqualification;
- f.g. advocate or make a public statement (other than at a Board meeting) against a position taken by the College; or

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~~g.h.~~ fail, in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed.

- 8.02.3** If the Registrar receives information which suggests that a Director meets one or more of the criteria for disqualification set out in section 8.02.1, the Registrar shall follow the procedure set out in section 8.02.5. Where the Registrar has reasonable and probable grounds to believe that a Director meets the criteria for disqualification and no one has made a complaint in writing, the Registrar shall make a complaint in writing.
- 8.02.4** The following procedure shall be followed in the event that a Director is alleged to have contravened the duties of a Director and is alleged to meet the criteria for disqualification set out in section 8.02.2.
- 8.02.5** Temporary Suspension
(1) A Director who becomes the subject of a complaint, mandatory report, disciplinary or incapacity proceeding, shall not serve on the Board or on any Committee until a final decision (including any appeal) has been rendered.
(2) A Director who fails to pay any fees owing to the College or fails to provide any information required by the College shall not serve on the Board or any Committee until the failure is remedied unless the failure resulted in their disqualification.
- 8.02.6** An Elected Director of Academic Appointee who is disqualified from sitting on the Board ceases to be a Director.

8.03 Vacancies on the Board

- 8.03.1** If the seat of an Elected Director becomes ~~vacant in an electoral district not more than twelve months before the expiry of the Director's term of office, the~~vacant the Board may:
- ~~a. leave the seat vacant;~~
~~b.a.~~ appoint as an Elected Director, the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of Directors for that electoral district or if there was no other candidate in the last election of Directors for that electoral district, a member of the profession who is recommended by the Governance Nominations Committee; or
~~e.b.~~ direct the Registrar to hold an election in accordance with these bylaws for that electoral district.
- 8.03.2** ~~If the seat of an Elected Director becomes vacant in an electoral district more than twelve months before the expiry of the member's term of office, the Board shall direct the Registrar to hold an election in accordance with these bylaws for that electoral district. If the number of remaining Elected Directors is less than the minimum number required by a law, the Board shall take into action under clauses 8.03.1 (a) or (b) clause 8.03.1 (b) to fill the number the number of vacant seats needed so that the number of Elected Directors is not less than the minimum required by law.~~
- 8.03.3** The term of a member appointed under clause 8.03.1 (~~ab~~) or elected under an election under clause 8.03.1 (~~bc~~) ~~or section 8.03.2~~ shall continue until the time the former Elected Director's term would have expired.

8.04 Employment of Agents

The Registrar may employ for and on behalf of the College, any agents or employees as the Registrar

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thinks fit in connection with the control, management and administration of the College, and in that respect may authorize those persons to assist the Board in exercising the powers of and carrying out the duties of the College.

8.04.1 In addition to any other qualification for a position of employment with the College that the Board may deem appropriate, it shall be a qualification that the employee not be a Director, or if a member of the Board, that they resign as a Director prior to applying for employment with the

College.

8.05 Appoint Members to Committees

8.05.1 The ~~Nominations Governance~~ Committee shall recommend to the Board, appointments to all the committees.

8.05.2 Subject to the Act, Regulations and bylaws, the Chair of the Board may attend and participate in meetings of all committees. The Chair of the Board does not have a vote at committee meetings.

8.06 Minutes

The Board shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the Board otherwise decides.

The written record of the proceedings of a Board meeting when confirmed at a subsequent Board meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.

8.07 Compensation

Elected Directors of the Board when attending Board or committee meetings or otherwise conducting the business of the Board or any of the committees, shall be paid a stipend at a daily rate and travelling and maintenance expenses necessarily incurred, in accordance with policies approved by the Board.

8.08 Making, Amending and Revoking Bylaws

8.08.1 The bylaws of the College or any section thereof may be enacted, amended, or revoked by a two thirds majority affirmative vote of Board Directors present and voting at a meeting of the Board called for that purpose.

8.08.1.2 The repeal of any bylaw in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such bylaw prior to such repeal. All Directors and other persons acting under any bylaw so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of these bylaws.

8.08.2 Every bylaw and every amendment and revocation thereof shall be maintained in the College's records.

8.08.3 Notice of any proposed addition, amendment, or revocation of a bylaw shall be provided to Directors at least one week prior to the date of the Board meeting at which these will be considered, unless such notice is waived by unanimous vote of all the Board Directors.

8.08.4 A bylaw that is required under the Code to be circulated to the profession must be circulated to every Registrant at least 60 days before it is approved by the Board.

Part 9: Registrar and, Interim Registrar ~~and Deputy Registrar~~

9.01.1 The Board shall appoint one of its employees as a Registrar.

- 9.01.2** The Registrar shall:
- a. be responsible for the daily operations of the College including the management of all resources;
 - b. keep the register in the form required by these bylaws and the Code;
 - c. carry out such duties as authorized or required by the Code, including the appointment of investigators authorized under s. 75;
 - d. give all notices required to be given by the Act, regulations or bylaws;
 - e. be the custodian of the seal of the College and of all books, papers, records, contracts and other documents belonging to the College;
 - f. supervise the nomination and election of Directors and appointment of Professional Committee Appointees as described in these bylaws;
 - g. represent the College and its positions to stakeholders;
 - h. provide leadership to the Board and staff, related to College operations, Board directives and emerging issues in the practice and regulation of occupational therapy provincially, nationally and internationally; and
 - i. perform such other duties as may be determined from time to time, by the Board.

9.02 Interim Registrar

The Board may appoint an interim Registrar from among the senior leadership team to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent for an extended period or is unable to act or when there is a vacancy in the office of the Registrar.

9.03 Notwithstanding section 9.02, the Registrar may appoint an interim Registrar from among the senior leadership team to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar will be absent or unable to act for a short period of time.

~~9.03 Deputy Registrar~~

~~The Deputy Registrar of the College may exercise the powers and perform the duties, powers and functions of the Registrar when delegated to the Deputy Registrar by the Registrar or Interim Registrar.~~

Part 10: Communications

Repealed - effective October 28, 2021

Part 11: Meetings of the Board

11.01 Regular Meetings

11.01.1 A regular meeting of the Board shall be called by the Chair.

11.01.2 A regular Board meeting may only consider or transact:

- a. matters brought by the Executive Committee;
- b. recommendations in reports by committees;

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- c. routine and procedural matters in accordance with the rules of order.

11.02 Special Meetings

- 11.02.1** A special meeting of the Board may be called by the Chair or the majority of Directors, who submit to the Registrar a written request for the meeting containing the matter or matters for decision at the meeting.

11.02.2 A Notice of Special Meeting shall state the business for which the meeting is called and contain sufficient information to permit the Director to form a reasoned judgement on the decision to be taken. No subject shall be considered at the meeting unless specifically mentioned in the notice.

11.03 Convening of Meetings

The Chair may at any time, or the Vice-Chair shall at the request of the majority of Directors, convene a meeting of the Board.

11.04 Notice of Meeting

11.04.1 A Notice of a Regular Meeting shall be given in writing to all Directors at least 14 days prior to the proposed date and, where possible, sent by mail, electronic mail, or similar method.

11.04.2 A Notice of a Special Meeting shall be given in writing to all Directors at least five days prior to the proposed date, and where possible, sent by mail, electronic mail, or similar method.

11.04.3 No regular or special meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. Any Director may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

11.05 Parliamentary Procedure

The Board shall be entitled to adopt, from time to time, such rules of order as it deems appropriate to govern the conduct of each Board meeting; provided that, in the event of a conflict between such rules of order and one or more provisions of the RHPA, the Act or these bylaws, the provisions of the RHPA, the Act, or the bylaws shall prevail.

11.06 Chairperson

The Chair of the Board and in the Chair's absence the Vice-Chair of the Board shall act as Chairperson of the meeting of the Board. In the absence of both the Chair and the Vice-Chair, a Chairperson shall be elected at the commencement of the meeting.

11.07 Majority Vote

Unless otherwise specified in these bylaws, matters considered at any meeting of the Board shall be decided by a majority vote cast upon each matter by the Directors present. Voting by proxy is not permitted at meetings of the Board.

11.08 Tie Vote

In cases of an equality of votes, the Board Chair shall have a deciding vote to break the tie.

11.09 Written Resolutions

A resolution in writing, signed by all persons entitled to vote on that resolution at a meeting of the Board or a committee of the College, is as valid as if it had been voted on at a meeting except where the Act requires a meeting or a hearing.

11.10 Adjournment

Any meeting of the Board may be adjourned at any time in order to later complete the business of that adjourned meeting.

11.11 Electronic Communication

Meetings of the Board may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.

11.12 Quorum

Pursuant to section 6 of the Code, a majority of Directors constitute a quorum.

Part 12: Professional Committee and Community Appointees

Professional Committee Appointees

12.01.1 A Professional Committee appointee is eligible for appointment to a committee of the College as a Professional Committee appointee or, subject to Bylaw 12.04.2, is eligible for re-appointment if, on the date of the appointment or re-appointment they meet the requirements of clauses (c) through (o) of Bylaw 5.03.1:

- a. They practise occupational therapy in Ontario or reside in Ontario;
- b. They have completed the required orientation program.

12.02 Community Appointees

12.02.1 An individual is eligible for appointment to a committee of the College as a Community Appointee or, subject to Bylaw 12.04.2 is eligible for re-appointment if, on the date of the appointment or re-appointment they meet the requirements of clauses (c) through (o) of Bylaw 5.03.1 and:

- a. they reside in Ontario; and
- b. they have never been a registrant;
- c. they have no direct or indirect ownership interest in an occupational therapy clinic or practice; and
- d. they have completed the College orientation program.

12.03 Appointment to Committee

12.03.1 A general call for individuals interested in appointments to committees will be made from time to time as determined by the Governance Nominations Committee in order to create a pool of eligible candidates. Specific requests will be made when Professional Committee and/or Community Appointees are required for specific committees.

12.03.2 In making an appointment, the Board shall take into consideration the location of practice or residence, competencies, experience, expertise, availability and other qualifications and characteristics of the candidate for appointment, in order to complement the attributes of the other Committee members.

12.04 Terms of Office

12.04.1 The term of office of a member of a committee of the College who is a Professional Committee or Community Appointee is three years from the date of appointment or re-appointment to the committee.

- 12.04.2** No Professional Committee or Community Appointee may be a member of the same committee of the College for more than six consecutive years.
- 12.04.3** A person who has served as a Professional Committee or Community Appointee for more than six consecutive years is not eligible for appointment as a Professional Committee or Community Appointee until at least one year has passed since the person last served as a Professional Committee or Community Appointee

12.05 Disqualification of Committee Members

- 12.05.1** A Professional Committee Appointee or Community Appointee is automatically disqualified from being on a Committee if they:
- a. Resigns from a committee;
 - b. are in default of any fees prescribed by these bylaws for a period of more than 30 days;
 - c. are found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;
 - d. are found by a panel of the Fitness to Practise Committee to be incapacitated;
 - e. are found by two-thirds majority of Board members to have breached the Code of Conduct;
 - f. are found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:
 - i. a criminal offence;
 - ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
 - iii. any offence relevant to the Registrant's suitability to practise occupational therapy;
 - g. become a director, owner, board member, officer or employee of any professional association.
 - h. become a member of a Board of any other College regulated under the RHPA
 - i. cease to hold a certificate of registration;
 - j. remain thirty days after notice, in default of providing any information required by the College;
 - k. initiate, join, materially contribute or continue a legal proceeding against the College or any Committee or representative of the College; or
 - l. no longer meets the eligibility requirements.

- 12.06** The ~~Council~~ Board may disqualify a Professional Committee Appointee or Community Appointee if it is alleged that they contravened the duties of a Committee member or it is alleged that they:
- ~~a.~~ Failed to attend a hearing, or proceeding, or part thereof, of a panel on which they sit
 - ~~a.b.~~ Failed without reasonable cause, to attend two consecutive meetings of a committee or a subcommittee of which they are a member;
 - ~~b.c.~~ Failed to attend, without cause, Committee education hosted by the College from time to time;
 - ~~c.d.~~ Breached section 36 of the RHPA, in a manner that in the opinion of the Board warrants disqualification;
 - ~~e.~~ Breached the conflict of interest provisions of these bylaws in a manner that in the opinion of the Board warrants disqualification;
 - ~~d.f.~~ Advocated or make a public statement (other than at a Board meeting) against a position taken by the College; or
 - ~~e.g.~~ Failed to discharge properly and honestly any office to which they have been appointed.

- 12.07** The following procedure shall be followed in the event that a Professional Committee Appointee or Community Appointee is alleged to have contravened the duties of a Committee member or is alleged to meet one of the criteria for disqualification set out in section 12.
- i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the

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public, a Board, a Professional Committee Appointee, a Community Appointee or the Registrar. If a member of the Board or a Committee receives such a complaint, they shall immediately file it with the Registrar.

- ii. The Registrar shall report the complaint to the Chair or the Vice-Chair who shall bring the complaint to

the Governance Committee if the Registrar believes that the complaint may warrant formal action. If the Governance Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section.

- iii. If the Governance Committee or any Committee appointed by the Governance Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of the Board. The Board shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction. The appropriate sanction can include one or more of the following:
 - a. censure of the Committee orally or in writing,
 - b. removal of the Committee Member from any Committee on which they serve,
 - c. disqualification of the Committee Member from serving on any committee.
- iv. A decision finding that there has been a breach of duties or that a Committee Member meets the criteria for disqualification, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of Directors present and voting.
- v. The Committee Member whose conduct is the subject of concern shall not take part in the deliberation of the Board, however, they shall be given a reasonable opportunity to respond to the allegation.

12.08 A Committee Member who is disqualified under the bylaws from sitting on a committee of the College, ceases to be a member of the committee, and the Board shall appoint a successor as soon after the disqualification as feasible.

12.08.1 The term of office of a person who is appointed as a successor to a disqualified Committee member shall be three years.

12.09 Temporary Suspension

(1) A Professional Committee Appointee who becomes the subject of a complaint, mandatory report, disciplinary or incapacity proceeding, shall not serve on any Committee until a final decision (including any appeal) has been rendered.

(2) A Professional Committee Appointee who fails pay any fees owing to the College or fails to provide any information required by the College shall not serve on the Board or any Committee until the failure is remedied unless the failure resulted in their disqualification.

Part 13: Committees

Prior to March 30, 2024, the College will consist of the following Committees:

13.01 Executive Committee

13.01.1 The Executive Committee shall be composed of:

- a. the Chair, the Vice- Chair, and two additional Directors;
- b. the Executive Committee includes two Elected Directors of the Board and two Public Directors.

13.01.2 The Chair of the Board shall be the Chair of the Executive Committee.

13.01.3 Executive shall report to the Board at each Board meeting. All recommendations and decisions are to be reported and/or approved by the Board.

13.02 Registration Committee

13.02.1 The Registration Committee shall be composed of at least:

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- a. two Elected Directors;
- b. two Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

13.03 **Inquiries, Complaints and Reports Committee**

13.03.1 The Inquiries, Complaints and Reports Committee shall be composed of at least:

- a. two Elected Directors;
- b. two Public Directors;
- c. four or more Professional Committee Appointees; and
- d. at the discretion of the Board, one or more Community Appointee(s).

13.04 **Discipline Committee**

13.04.1 The Discipline Committee shall be composed of at least:

- a. two Elected Directors;
- b. two Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

13.05 **Fitness to Practise Committee**

13.05.1 The Fitness to Practise Committee shall be composed of at least:

- a. two Elected Directors;
- b. two Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

13.06 **Hearings Core Group**

The Board may establish a Hearings Core Group of members of the Discipline Committee and Fitness to Practise Committees who may do the following:

- a. oversee administrative rules of procedure for the Discipline and Fitness to Practise Committees (Hearings Committees) and ensure that they are current and publicly available;
- b. are available for frequent selection for hearing panels by the chair of the respective Hearings Committees.

13.07 **Quality Assurance Committee**

13.07.1 The Quality Assurance Committee shall be composed of at least:

- a. two Elected Directors;
- b. two Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

13.08 **Patient Relations Committee**

13.08.1 The Patient Relations Committee shall be composed of at least:

- a. two Elected Directors;
- b. two Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

13.09 **Governance Committee**

13.09.1 The Governance Committee shall be composed of at least:

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- a. two Elected Directors;
- b. two Public Directors;
- c. and at the discretion of the Board, one or more Community Appointee(s).

13.10 Finance, ~~and Audit and Risk~~ Committee

13.10.1 The Finance ~~, Audit and Risk~~ Committee shall be composed of at least:

- a. two Elected Directors;
- b. two Public Directors;
- c. and at the discretion of the Board, one or more Community Appointee(s).

13.11 Practice Subcommittee

13.11.1 The Practice Subcommittee shall be composed of at least:

- a. one member of the Executive Committee;
- b. One Elected Director; and
- c. four or more Professional Committee Appointees;

13.12 Quality Assurance Subcommittee

13.12.1 The Quality Assurance Subcommittee shall be composed of: at least:

- a. Six to eight Professional Committee Appointees;

13.13 Nominations Committee

13.13.1 The Nominations Committee shall be composed of at least:

- a. three or more Community Appointees(s);
- b. and at the discretion of the Board, one Professional Committee Appointee.

13.14 Appointment of Committee Members

Unless anywhere else stated in the bylaws, every Committee member shall be appointed by the Board with the exception of Executive Committee, whose members shall be elected to office.

As of March 30, 2024, the College will consist of the following Committees:

13.01 Executive Committee

13.01.1 The Executive Committee shall be composed of:

- a. the Chair, the Vice- Chair, and two additional Directors;
- b. the Executive Committee includes two Elected Directors of the Board and two Public Directors.

13.01.2 The Chair of the Board shall be the Chair of the Executive Committee.

13.01.3 Executive shall report to the Board at each Board meeting. All recommendations and decisions are to be reported and/or approved by the Board.

13.02 Registration Committee

13.02.1 The Registration Committee shall be composed of ~~at least~~:

- ~~a. two Elected Directors;~~
- ~~b.a. at least two Public Directors;~~
- ~~e.b. one or more Professional Committee Appointee(s); and-~~
- ~~d.c. at the discretion of the Board, one or more Community Appointee(s).~~

13.03 Inquiries, Complaints and Reports Committee

13.03.1 The Inquiries, Complaints and Reports Committee shall be composed of ~~at least~~:

- ~~a. two Elected Directors;~~
- ~~b.a. at least two Public Directors;~~
- ~~e.b. four or more Professional Committee Appointees; and~~
- ~~d.c. at the discretion of the Board, one or more Community Appointee(s).~~

13.04 Discipline Committee

13.04.1 The Discipline Committee shall be composed of ~~at least~~:

- a. All two Elected Directors;
- b. All two Public Directors;
- c. one or more Professional Committee Appointee(s); and-
- d. at the discretion of the Board, one or more Community Appointee(s).

13.05 Fitness to Practise Committee

13.05.1 The Fitness to Practise Committee shall be composed of ~~at least~~:

- a. All two Elected Directors;
- b. All two Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

~~13.06 Hearings Core Group~~

~~The Board may establish a Hearings Core Group of members of the Discipline Committee and Fitness to Practise Committees who may do the following:~~

- ~~a. oversee administrative rules of procedure for the Discipline and Fitness to Practise Committees (Hearings Committees) and ensure that they are current and publicly available;~~
- ~~b. are available for frequent selection for hearing panels by the chair of the respective Hearings Committees.~~

~~13.07~~ **13.06 Quality Assurance Committee**

~~13.07.~~ **13.06.1** The Quality Assurance Committee shall be composed of ~~at least~~:

- ~~a. two Elected Directors;~~
- ~~b.a. at least one two Public Directors;~~
- ~~e.b. four one or more Professional Committee Appointee(s); and~~
- ~~d.c. at the discretion of the Board, one or more Community Appointee(s).~~

~~13.08~~**13.07 Patient Relations Committee**

~~13.08.1~~**13.07.1** The Patient Relations Committee shall be composed of ~~at least:~~

- ~~a. two Elected Directors;~~
- ~~b.a. two Public Directors;~~
- ~~e.b. one or more Professional Committee Appointee(s); and~~
- ~~e.c. at the discretion of the Board, may include one or more Community Appointee(s).~~

~~13.09~~**13.08 Governance Committee**

~~13.09.1~~**13.08.1** The Governance Committee shall be composed of ~~at least:~~

- a. ~~threewe~~ three Elected Directors;
- b. ~~onetwe~~ one Public Directors;
- c. and at the discretion of the Board, one or more Community Appointee(s).

~~13.11~~**13.09 Finance, Audit and Audit Risk Committee**

~~13.11.1~~**13.09.1** The Finance, ~~Audit~~ and ~~Audit Risk~~ Committee shall be composed of ~~at least:~~

- a. ~~threewe~~ three Elected Directors;
- b. ~~onetwe~~ one Public Directors;
- c. and at the discretion of the Board, one or more Community Appointee(s).

13.10 Practice Subcommittee

13.10.1 The Practice Subcommittee shall be composed of:

- a. one Elected Director;
- b. four or more Professional Committee Appointees;
- c. and at the discretion of the Board, one or more Community Appointee(s).

13.11 Quality Assurance Subcommittee

13.11.1 The Quality Assurance Subcommittee shall be composed of:

- a. Four or more Professional Committee Appointees;
- e.b. and at the discretion of the Board, one or more Community Appointee(s).

13.12 Nominations Committee

13.12.1 The Nominations Committee shall be composed of ~~at least:~~

- a. ~~three~~ three or more Community Appointees(s);
- b. and at the discretion of the Board, one Professional Committee Appointee.

~~13.12~~**13.13 Appointment of Committee Members**

Unless anywhere else stated in the bylaws, every Committee member shall be appointed by the Board, on the recommendation ~~by~~ of the Nominations Committee, with the exception of Executive Committee, whose members shall be elected to office by the Board.

Part 14: Provisions Applicable to All Committees

14.01 Committee Procedures

14.01.1 Unless otherwise prescribed in these bylaws, the ~~Nominations Governance~~ Committee shall recommend to the Board for approval a Chairperson for each committee ~~to the Board for approval~~.

~~14.01.2~~ ~~The Governance Committee may and, if necessary for a committee to achieve its quorum shall, appoint Directors to fill any vacancies which occur in the membership of a committee.~~

~~14.01.3~~**14.01.2** Every appointment to a committee with the exception of Professional Committee and Community appointments automatically expires at the meeting held in conjunction with the annual election of officers.

14.02 Location and Frequency of Meetings

14.02.1 Committee meetings shall, whenever possible, be held on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

14.03 Manner of Meeting

14.03.1 Any meetings of a Committee may be conducted by teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio and video conferencing), and persons participating in the meeting by such means are deemed to be present at the meeting.

14.04 Chair

14.04.1 In the event that the Chair of the Committee is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting and if the Chair is unable to delegate their chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

14.05 Minutes

14.05.1 The Chair of each Committee shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

14.06 Simple Majority

14.06.1 Unless specifically provided for otherwise under the Code or the bylaws, every motion which properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

14.07 Chair Vote

14.07.1 If the Chair is a member of the Committee, the Chair may vote.

14.08 Tie Votes

14.08.1 In the event of a tie vote, the motion is defeated.

Part 15: Conflict of Interest

15.01 Conflict of Interest - General

15.01.1 Every Board Director shall act in the best interests of the public, and no Director by reason of their appointment shall conduct themselves as a representative of any professional, socioeconomic, cultural or geographic group or other constituency.

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

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

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

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

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

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

15.01.7 Financial conflicts include:

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

15.01.8 The misuse of information is considered a conflict where information acquired in the course of

performing College duties, is used for personal gain or for the personal gain or for the benefit of someone else.

15.01.9 Any member of the Board or any Professional Committee or Community Appointee who recognizes that they are in a direct or indirect conflict of interest situation will declare a conflict in the following manner:

- a. If the conflict relates to the member's overall role, the member will notify the Chair or the Registrar as soon as possible.
- b. If the conflict relates to the member's role in the matter of a specific item on the Board agenda, the member will notify the Chair or the Registrar at the meeting(s) at which the item will be discussed or if the member is not present at such meeting, then at the first meeting held thereafter.
- c. If the conflict relates to the member's role on a committee, the member will notify the Chair of the committee, prior to any meeting or hearing related to the matter.

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

- a. if the conflict affects the member's overall role:
 - i. the Chair will cause an investigation of the alleged conflict to be conducted through the Governance Committee; the Board will be informed;
 - ii. the Governance Committee's findings will be presented to the Board for resolution;
 - iii. the decision of the Board will be considered final.
- b. If a conflict relates to a member's role pertaining to an item on the Board agenda, the member will declare the conflict and will be permitted to provide a brief explanation to the Board. The member shall leave the meeting room during discussion of the agenda item giving rise to the conflict.
- c. If the conflict relates to a member's role pertaining to a panel of any committee, the Chair will appoint another member to the panel, if required.

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

- a. The Chair will cause an investigation of the alleged conflict to be conducted through the Governance Committee; the Board will be informed;
- b. The Governance Committee's findings will be presented to the Board for resolution;
- c. The decision of the Board will be considered final.

15.01.12 Where the Board decides to disqualify an Elected Director based on the findings of an investigation related to conflict of interest, the Chair will request their resignation.

15.01.13 Where the Board decides to disqualify a Public Director based on the findings of an investigation related to conflict of interest, the Chair will request the resignation of the Public Director through the Public Appointments Secretariat.

15.02 Conflict of Interest from an Involvement in a College Process

15.02.1 A member of the Board or a committee also has a conflict of interest where they are the subject of a complaint, investigation or inquiry which has been referred to the Discipline committee or to a Board of Inquiry.

- 15.02.2** Where a member of the Board or a committee has a conflict of interest described ins.15.02.1, they shall automatically and immediately cease all activities at or on behalf of the Board, a committee or the College itself until the matter has been concluded. Where there is no finding against the member, they will return to all activities.
- 15.02.3** Where a member of the Board or a committee is required to cease an activity under s.15.02.2, the College shall proceed expeditiously to facilitate the conclusion of the process.
- 15.02.4** Nothing in this section prevents the use of other remedies for a conflict of interest by a member of the Board or a committee including disqualification from the Board or committee under these bylaws.

Part 16: Information to Be Provided by Registrants

16.01 Information to Be Provided by Registrants

- 16.01.1** When requested, a Registrant shall promptly provide the College with the information required to be kept on the register pursuant to section 23 of the *Health Professions Procedural Code* and pursuant to section 17.01.1 of these bylaws and the following information in the manner determined by the Registrar:
- a. name(s), including previous name(s) and name(s) used professionally;
 - b. home address including postal code;
 - c. home telephone number;
 - d. home facsimile number (optional);
 - e. the Registrant's preferred unique electronic mail address for communications with the College;
 - f. birth date;
 - g. information regarding legal authorization to work in Canada;
 - h. gender;
 - i. professional examinations written or intending to write;
 - j. educational designations received;
 - k. currency hours;
 - l. business facsimile number(s);
 - m. employment status;
 - n. employment profile information;
 - o. information required for provincial and federal or College health human resource planning;
 - p. information on language fluency if any language other than the language with which they met the fluency requirement at initial registration is or could be used by the Registrant in their location(s) of practice;
 - q. proof of participation in a professional liability insurance policy acceptable to the College;
 - r. information regarding the Registrant's participation in the College's Quality Assurance Program; and
 - s. information of an event or circumstance that would provide reasonable grounds for the belief that the Registrant will not or is not able to practise occupational therapy in a safe and professional manner.

16.01.2 In addition to providing the information when requested, a Registrant shall also inform the College in writing of a change in any of the following information within thirty (30) days of the change occurring:

- a. name, home address, business address, business phone number;
- b. preferred unique electronic mail address for communications with the College;
- c. employer, employment status or employment profile information;
- d. change in professional liability coverage;
- e. details about registration, membership or licensure with any other regulatory body in any jurisdiction;
- f. details about misconduct, incompetence or incapacity proceedings against the Registrant, whether completed or ongoing, by a regulatory body in any jurisdiction;
- g. details about conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority;
- h. information of an event or circumstance that would provide reasonable grounds for the belief that the Registrant will not or is not able to practise occupational therapy in a safe and professional manner; and
- i. details about any charges laid against the Registrant in respect of a federal, provincial, or any other offence, in any jurisdiction.

Part 17: Public Register

17.01 Public Register

17.01.1 In addition to the information set out in section 23 of the *Code*, the following information about each Registrant shall be included in the public register:

- a. Registrant's full name, nicknames and abbreviations that the Registrant uses in any location of practice;
- b. any changes in the Registrant's name since the beginning of her/his occupational therapy education;
- c. the Registrant's registration number;
- d. the current class of certificate of registration held by the Registrant and the date on which the certificate was first issued;
- e. the date and reason if a Registrant ceases to be registered;
- f. the business addresses of all places of practice of the Registrant including postal code and business telephone numbers;
- g. information from the Registrant's employer profile, except employment status category and hours;
- h. languages spoken by the Registrant;
- i. in addition to the name, business address and business telephone number of every
~~j.~~ OT health corporation of which the Registrant is a shareholder, if available, the business address, business telephone number, business electronic mail address, if there is one, and any operating names of the health profession corporation;
- ~~k.~~j. any information agreed to be placed on the public register by the College and the Registrant;
- ~~k.~~i. on or after January 1, 2016, a notation of the Registrant's registration, membership or licensure with any other regulatory body inside or outside of Ontario, if known by the College;
- ~~m.~~l. Repealed - effective June 26, 2018
- ~~n.~~m. if an allegation of incapacity against the Registrant has been referred to the Fitness to

Practise Committee and not yet decided, an indication of the referral, and the date of referral;

- ~~e-n.~~ details of a finding of professional misconduct or incompetence or similar finding that has been made in or outside of Ontario by any other regulatory body on or after January 1, 2016 that has not been reversed on appeal or judicial review, if known by the College;
- ~~p-o.~~ details of a finding of incapacity or similar finding made in or outside of Ontario by any other regulatory body on or after January 1, 2016 that has not been reversed on appeal or judicial review, if known by the College;
- ~~q-p.~~ where a decision referred to in paragraph (n) or (o) is not available to the public in the originating jurisdiction, the information referred to in paragraph (n) or (o) may be removed from the register upon the written request of the Registrant if the Registrar believes there is no public interest served in maintaining the information on the register;
- ~~f-q.~~ details of any finding of guilt made by a court or other lawful authority (unless it has been reversed on appeal or judicial review) made on or after January 1, 2016, in respect of:
 - i. a criminal offence;
 - ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
 - iii. any offence relevant to the Registrant's suitability to practise occupational therapy.
- ~~s-r.~~ details of any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority, except if the publication of such information would violate any publication ban known to the College;
- ~~t-s.~~ details of any pending reinstatement applications/hearings;
- ~~u-t.~~ Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, or for any decision made by the Inquiries, Complaints and Reports Committee on or after May 30, 2017, in respect of a complaint filed or report received, a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned in person, as authorized by paragraph 26(1)3 of the Code;
 - iv. a notation of that fact;
 - v. a summary of the caution-in-person;
 - vi. the date of the panel's decision;
 - vii. the date upon which the caution-in-person was administered by the Committee panel; and
 - viii. if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.
- ~~v-u.~~ Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, or for any decision made by the Inquiries, Complaints and Reports Committee on or after May 30, 2017, in respect of a complaint filed or report received, a panel of the Inquiries, Complaints and Reports Committee requires a registrant to complete a specified continuing education or remedial program, as authorized by paragraph 26(1)4 of the Code;
 - ix. a notation of that fact;
 - x. a summary of the specified continuing education or remedial program;
 - xi. the date of the panel's decision;
 - xii. the date that the specified continuing education or remedial program is successfully completed; and
 - xiii. if applicable, a notation that the panel's decision is subject to review

and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.

~~w-v.~~ Notwithstanding paragraphs (t) and (u) above, and subsection 23(2)(11) of the Code, where after a review by the Health Professions Appeal and Review Board or a judicial review by an appellate court of the decision and reasons of the ICRC, the ICRC has been required to remove or vary a caution-in- person, a specified continuing education or remedial program, or an acknowledgment and undertaking in relation to matters involving allegations of professional misconduct or incompetence, the notation and summary may be removed once the ICRC makes a new decision. Where the original requirement to appear for a caution-in- person, to complete a specified continuing education or remedial program or an acknowledgment and undertaking has been varied, the Registrar may enter on the public register a summary of the process leading up to and the results of the variation.

~~x-w.~~ A summary of any currently existing charges against a Registrant, commenced on or after November 1, 2017, of which the College is aware, in respect of any criminal offence or any offence relevant to the Registrant's suitability to practise occupational therapy, in any jurisdiction, except if the publication of such information would violate any publication ban known to the College.

Any such summary shall be removed upon the written request of the Registrant, if the Registrant is acquitted, the charge is withdrawn or, the charge has been superseded by a finding.

17.01.2 The Registrar may give a direction under subsection 23 (2) of the *Code* before or after the initial entry of the Registrant's name in the register.

17.02 Providing Information to the Public

17.02.1 The Registrar shall give any information contained in the register which is designated as public to any person in printed, oral or electronic form unless the information shall not be disclosed by virtue of section 23 of the Code.

17.03 Fees

17.03.1 The Registrar may set and charge a fee for obtaining such information.

17.04 Non-Disclosure

17.04.1 The Registrar may refuse to disclose by virtue of section 23(7) of the Code information that is available to the public under these bylaws if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual or the information is subject to a publication ban or in the opinion of the Registrar the information is obsolete and no longer relevant to the member's suitability to practise.

Part 18: Fees

18.01 Application Fee

18.01.1 There shall be a non-refundable application fee of \$200.00 plus applicable taxes. No further application fee will be required if the applicant reapplies to the College or pursues further evaluation from the College within one year of payment of the application fee in question.

18.01.2 Despite bylaw 18.01.1, the reinstatement fee for an applicant who previously resigned their general practicing certificate of registration with the College and whose application does not involve a referral to the Registration Committee is \$40 plus applicable taxes.

18.02 Fees Waiver

- 18.02.1** The Registrar may waive all or part of a fee, penalty or amount in exceptional circumstances. The Registrar shall document the reasons for the waiver.

18.03 Registration Fee

- 18.03.1** The Registration Fee is an amount equal to the Annual Fee.
- 18.03.2** The College registration year is from June 1 to May 31. Registration Fees are pro-rated on a quarterly basis for new Registrants. Pro-rated fees for registration between the following dates are as follows:
- between June 1 and August 31, \$657.55 plus applicable taxes;
 - between September 1 and November 30, \$493.17 plus applicable taxes;
 - between December 1 and February 28, \$328.78 plus applicable taxes;
 - between March 1 and May 31, \$164.39 plus applicable taxes.
- 18.03.3** The Registrar shall rebate a Registrant who resigns between June 1 and August 31, \$328.78 plus applicable taxes.

18.04 Annual Fee

- 18.04.1** Every Registrant shall pay an Annual Fee in accordance with this section for each registration year.
- 18.04.2** A registration year begins on June 1 in one year and ends on May 31 in the following year.
- 18.04.3** The Annual Fee for a registration year must be paid on or before June 1 in the registration year. Effective May 31, 2018 the Annual Fee for a registration year must be paid on or before May 31 in the registration year.
- 18.04.4** The Annual Fee payable by a Registrant for a registration year is:
- \$657.55 plus applicable taxes for a Registrant holding a general practising certificate or a provisional practising certificate; and
 - \$65.76 plus applicable taxes for a Registrant holding a temporary certificate.
- 18.04.5** A Registrant shall not pay an Annual Fee for the registration year in which the Registrant is issued a certificate of registration and has paid the Registration Fee.
- 18.04.6** On or before April 1 of any registration year, the Registrar shall notify each Registrant of the amount of their Annual Fee and of the fact that effective May 31, 2018 it is due on May 31.
- 18.04.7** If a person is first issued a certificate of registration between April 1 and June 1 of any registration year, the Registrar shall make reasonable efforts to notify the Registrant as soon as possible of the amount of their Annual Fee and of the fact that effective May 31, 2018 it is due on May 31.
- 18.04.8** The Registrar shall rebate a Registrant holding a general practicing certificate or a provisional practicing certificate who resigns between June 1 and August 31, \$328.78 plus applicable taxes.

18.05 Late Fee

- A Registrant who fails to pay an Annual Fee on or before the day on which it is due shall pay a penalty of \$100.00 plus applicable taxes, in addition to the Annual Fee.

18.06 Fee for Returned Cheques

- 18.06.1** The fee for the first cheque submitted to the College and returned as non-cashable is \$25.00 plus applicable taxes.
- 18.06.2** Where a cheque has been returned, re-payment of the amount due, as well as the fee outlined in s. 18.06.1, shall be paid by money order or certified cheque.
- 18.06.3** When a returned cheque is tendered in relation to the Annual Fee and it is not remedied by the deadline for the payment of the Annual Fee, then in addition to the fee for returned cheques, the late fee is applicable.

18.07 Fee for Replacement Documents

- 18.07.1** The fee for a replacement certificate of registration is \$25.00 plus applicable taxes.

18.08 Fees Set by the Registrar

- 18.08.1** A person shall pay for anything that the Registrar or a committee is required or authorized to do by statute, regulation or bylaw:
- a. if a fee is specified, the specified fee; or
 - b. if no fee is specified and if the Registrar has set a fee, the fee set by the Registrar.

18.09 Fees for Letters, Confirmations of Certified Documents

- 18.09.1** The fee for follow-up letters to a Registrant who has not complied with a request to which the Registrant must comply, such as a request to make available the Registrant's self- evaluation report to the Quality Assurance Committee is \$25.00 plus applicable taxes per letter.
- 18.09.2** The fee for confirming documents or information for the purposes of administering the Labour Mobility Support Agreement, including a certified copy of proof of graduation, transcripts of studies, examination results, registration status or standing with the College, is \$40.00 plus applicable taxes per request. A request can include confirmation of multiple items of information.

18.10 Fees for Professional Corporations

- 18.10.1** The fee for the issuance of a certificate of authorization, including any reinstatement of a certificate of authorization, for a professional corporation is \$500.00 plus applicable taxes.
- 18.10.2** The fee for the annual renewal of a certificate of authorization is \$250.00 plus applicable taxes.
- 18.10.3** A professional corporation of a Registrant listed in the College's records as a shareholder of a professional corporation shall pay an administrative fee of \$25.00 plus applicable taxes for each notice sent by the Registrar to the corporation or Registrant for failure of the corporation to renew its certificate of authorization on time. The fee is due within 30 days of the notice being sent.
- 18.10.4** The fee for issuing a document or certificate respecting a professional corporation is \$25.00 plus applicable taxes.

Part 19: Professional Liability Insurance

19.01 Professional Liability Insurance

A Registrant must have professional liability insurance coverage and provide proof of such coverage to
College of Occupational Therapists of Ontario

the Registrar, in the manner required by the Registrar, which meets the following requirements:

- a. a liability limit of at least \$5 million per incident;
- b. a minimum coverage of \$5 million for the annual policy period;
- c. no deductible to the coverage;
- d. at least five years of extension of the coverage for claims made when on an extended leave or after retirement or otherwise ceasing practice;
- e. no additional terms, conditions or exclusion, other than those standard to the insurance industry.

19.02 Sexual Abuse Therapy and Counselling Fund Endorsement

The professional coverage must include proof of a sexual abuse therapy and counselling fund endorsement that,

- a. provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code; and
- b. provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the *Regulated Health Professions Act, 1991*, for therapy and counselling as a result of sexual abuse by the Registrant.

Part 20: Therapy and Counselling for Sexual Abuse

Repealed - effective June 26, 2018

Part 21: Code of Ethics

The *Code of Ethics* of the College is attached as Schedule "A" and forms part of these bylaws.

Part 22: Affiliations

22.01 Health Profession Regulators of Ontario

The College shall maintain membership in the Health Profession Regulators of Ontario and actively participate in activities as appropriate.

22.02 Association of Canadian Occupational Therapy Regulatory Organizations

The College shall maintain membership in the Association of Canadian Occupational Therapy Regulatory Organizations and actively participate in Association activities as appropriate.

22.03 Other Organizations

The College may maintain membership in additional organizations consistent with its objects as may seem appropriate to the Board from time to time.

Part 23: Miscellaneous Provisions

23.01 Severable

The provisions of these bylaws hereof shall be deemed independent and severable and the invalidity in whole or in any part of these bylaws does not affect the validity of the remainder of these bylaws which shall continue in full force and effect as if such invalid portion had never been included herein.

Schedule “A” Code of Ethics

This Code of Ethics provides registrants with information about the College of Occupational Therapists of Ontario’s (the College’s) expectations for ethical practice. It outlines a set of values and principles and is intended for use in all contexts and domains of occupational therapy practice, and in all levels of decision making. It further describes the values occupational therapists embody as members of a self-regulating profession and it can be used to help clients, colleagues and members of the public understand our ethical commitments. As a critical component of the College’s Complaints, Discipline and Quality Assurance Programs, the Code of Ethics provides information that is crucial to all registrants.

Ethical practice defines what is good – and thus, what is right.

The College expects all practitioners to commit to *good* practice. This commitment requires occupational therapists to consciously consider what is *right* in furthering the interests of clients and in protecting the public interest.

The **Code of Ethics** forms the foundation for occupational therapist’s ethical obligations. It is the framework for the professional and personal conduct expectations outlined in laws, regulations, College standards and guidelines that govern the practice of occupational therapy. The Code of Ethics articulates the fundamental reference points that guide ethical practice and to which the profession aspires.

Fundamental Values of Occupational Therapists

Values are the ethical building blocks of human behaviour and interaction. They are at the heart of our everyday exchanges, and shape how we relate to and treat others.

Occupational therapists are in a position of duty and authority. They have a duty to the individuals who rely on their knowledge, skill and judgement. They are in a position of authority because they have access to personal and sensitive information and provide services to people who are vulnerable. Consequently, they have a professional responsibility to uphold the professions’ fundamental values.

While practice can adopt many forms and take place in a variety of contexts, occupational therapists must always aim for the same common goal – to enable clients to engage in meaningful ways with their world.

Respect and Trust

Occupational therapists are guided by two fundamental values: RESPECT and TRUST.

These core values are as important as the laws, regulations, and College standards and guidelines under which occupational therapists are governed.

Our values relate to the obligations occupational therapists have as self-regulated professionals in whom the public places respect and trust. These values give rise to the ***principles of practice*** that underpin occupational therapy services.

Respect

An occupational therapist promotes respect by applying the principles of:

Client-centred practice

- Determine what has meaning and purpose for the client;
- Recognize that clients are diverse and that each client is an individual;

Respect for autonomy

- Recognize each client's right to make choices for themselves;
- Honour the dignity and worth of each individual;

Collaboration and communication

- Practise as a team member with clients and other professionals.

Trust

An occupational therapist promotes trust by applying the principles of:

Honesty

- Truthfulness is a cornerstone of trust;

Fairness

- Practise justice in dealings with others and within the scope of your work by striving to ensure diversity, equity and inclusion in the provision of occupational therapy services.

Accountability

- Take responsibility for decisions, actions, professional competence and judgement;
- Actions taken by occupational therapists should serve the client's best interest, by working in a transparent, honest manner and while striving to do no harm.

Transparency

- Full disclosure ensures integrity in relationships with clients, other professionals and society.

Professional Boundaries

- In keeping with the standards of practice, set and manage boundaries relating to personal dignity, self-control, professional relationships, privacy, and confidentiality to ensure that the trust a client has placed in the occupational therapist is maintained.

Conflict of Interest

- Proactively recognize, disclose, prevent, and where that is not possible, take measures to effectively manage any conflicts of interest that arise while providing professional services.

The above principles are neither definitive nor exhaustive. Additional principles may be needed in specific situations such as a pandemic or other emergency.

Regulating Practice

The Code of Ethics helps inform the College's decisions about a registrant's conduct if a complaint or complaints are made about the practice of an occupational therapist.

The College also considers the laws, regulations and its standards and guidelines to define the expectations of occupational therapists. In a situation in which these documents do not explicitly address a concern or complaint, the College would turn to the fundamental values and principles of practice for guidance on how to respond.

Reflecting on Practice

Unexpected ethical issues can arise at any time. Therefore, it is imperative that all occupational therapists be aware of the core values and uphold them by applying the principles of practice in their everyday work. When an ethical issue is difficult to resolve, an occupational therapist should consult with colleagues and relevant resources, such as the College, managers or leaders.

Occupational therapists need to reflect on what these ethical expectations mean day-to-day, and their commitment to good practice. Reflective practice is essential to ensuring occupational therapists preserve and promote the respect and trust required to achieve the common goal of enabling individuals to engage in meaningful ways in their lives.

Glossary

| | |
|-------------------|---|
| Client | The client (also referred to as the patient in the RHPA) is the individual (or group of individuals) whose occupational performance issue(s) have resulted in a request for occupational therapy service. It is the client to whom the OT has a primary duty to apply the principles of practice. |
| Practice | This term refers to the overall organizational and specific goal-directed tasks related to the provision of occupational therapy, including direct client care, research, consultation, education or administration. |
| Registrant | A member of the College of Occupational Therapists of Ontario. |

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BOARD OFFICER ELECTIONS AGENDA

DATE: Thursday, March 30, 2023 **TIME:** 3:00 – 4:00 p.m. (*immediately following Board Meeting*)

Page 1 of 1

| Agenda Item | | Objective | Attachment |
|-------------|---|-----------|-----------------------|
| 1.0 | Call to Order – Elinor Larney, Registrar and CEO, presiding | | |
| 2.0 | Approval of Agenda | Decision | ✓ |
| 3.0 | Elections | | |
| | 3.1 Election of Officers | Voting | |
| | 3.2 Motion to Delete Records | Decision | |
| | <i>THAT the electronic ballots for the 2023 Election of Officers be deleted.</i> (Floor) | | |
| 4.0 | New Business – Newly elected Chair presiding | | |
| | 4.1 Annual Signing: <ol style="list-style-type: none"> 1. Confidentiality Agreement 2. Code of Conduct 3. Conflict of Interest | Submit | <i>Link to follow</i> |
| 5.0 | Board Meetings: October 2023 – June 2024 (set dates) | | |
| 6.0 | Adjournment | | |