

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 **Board meeting of October 26, 2023**, the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy:

Stacey Anderson

Neelam Bal

Nick Dzudz

Allan Freedman

Elizabeth Gartner

Lucy Kloosterhuis

Heather McFarlane

Sarah Milton

Brittany O'Brien

Vincent Samuel

Stephanie Schurr

Teri Shackleton

Sabrina Shaw

BOARD MEETING AGENDA

DATE: Thursday, October 26, 2023 **TIME:** 9:00 a.m. to 3:30 p.m.

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

Agenda Item		Objective	Attach	Time (approx.)
1.0	Welcome and Call to Order			
2.0	Public Protection Mandate			
3.0	Land Acknowledgement*			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda			
	5.1 Board Agenda – October 26, 2023	Decision	✓	10
	<i>THAT the agenda be approved as presented.</i>			
6.0	Consent Agenda			
	1. Registrar's Written Report of October 26, 2023 2. Draft Board Minutes of June 22, 2023 3. Executive Minutes of September 6-7, 2023 4. Executive Minutes of June 2 2023 5. Executive Minutes of May 31, 2023 6. Governance Minutes of June 15, 2023 7. Governance Minutes of May 15, 2023 8. Finance & Audit Minutes of May 23, 2023 9. Finance & Audit Minutes of August 23, 2023 10. Nomination Committee Minutes of August 30, 2023 11. Memo: Nominations Committee October 26, 2023	Decision	✓	15
	<i>THAT the Board adopt the consent agenda items as follows:</i>			
7.0	Audited Financial Statements / Annual Report			
	7.1 FY2022-2023 Audited Financial Statements Blair MacKenzie of Hilborn LLP, Auditor (9:15 a.m.)	Decision	✓	30
	<i>THAT the Board approve the Audited Financial Statements for the fiscal year ending May 31, 2023, as presented. (Allan)</i>			
	7.2 Acceptance of 2023 Annual Report	Decision	✓	20
	<i>THAT the Board approve the Annual Report for the 2022-2023 fiscal year for distribution. (Heather)</i>			

	Agenda Item	Objective	Attach	Time (approx.)
8.0	Registrar's Report			
	8.1 Presentation: Q1 FY2023-2024 Operational Projects Status Report by Elinor Larney, Registrar & CEO	Information		10
	8.2 Q1 FY2023-2024 Quarterly Performance Report	Decision	✓	10
	<i>THAT the Board receive the Quarterly Performance Report for Q1 FY2023-2024.</i> (Vincent)			
	8.3 Risk Management Report	Decision	✓	10
	<i>THAT the Board receive the Risk Management Report.</i> (Heather)			
9.0	Finance			
	9.1 Q1 FY2023-2024 Financial Report	Decision	✓	10
	<i>THAT the Board receive the FY23/24 Q1 Financial Report, as presented.</i> (Allan)			
Lunch Break 12:00 -1:00 p.m.				
10.0	Governance			
	10.1 Strategic Planning Follow up	Decision	✓	
	<i>THAT the Board appoint the following Board Members to the Strategic Planning Working Group: xxx, xxx, xxx, xxx, xxx.</i> (Vincent)			
	10.2 Committee Reappointment - ICRC	Decision	✓	5
	<i>THAT the Board reappoint Roselle Adler to the Inquiries, Complaints and Reports Committee as a Professional Committee Appointee for a second three-year term commencing on November 1, 2023.</i> (Neelam)			
	10.3 Board Evaluation	Information	✓	5
11.0	New Business			
	11.1 Registration Fee Increase & Bylaws	Decision	✓	15
	<i>THAT the Board approve the bylaws, for consultation as required by the Regulated Health Professions Act, to allow the College to raise fees by up to 2% in each of the next five years.</i> (Allan)			
	<i>THAT the Board approve the proposed 2% increase to Registration fees for the upcoming annual renewal 2024/2025.</i> (Allan)			
	11.2 Nomination Committee - Ratification of Executive Committee Decision	Decision	✓	15
	<i>THAT the Board ratify the decision of the Executive Committee to appoint Jennifer Henderson as Chair of the Nominations Committee.</i> (Vincent)			
	11.3 Privacy Legislation and Occupational Therapy Practice	Decision	✓	15
	<i>THAT the Board approve the document: Privacy Legislation and Occupational Therapy Practice, 2023 for distribution.</i> (Heather)			

Agenda Item		Objective	Attach	Time (approx.)
11.4	Board and Committee Competency Profile Data Collection Policy	Decision	✓	15
<i>THAT the Board approve the Board and Committee Competency Profile Data Collection Policy.</i> (Allan)				
12.0	Environmental Scan			
13.0	Other Business			
13.1	Board Meeting Evaluation	To Complete	<i>Link to follow</i>	
14.0	Next Meetings			
	<ul style="list-style-type: none"> ▪ Board Meeting: January 25, 2024, 9:00 a.m. – 3:30 p.m., at the College ▪ Board Meeting: April 4, 2024, 9:00 a.m. – 4:00 p.m., at the College ▪ Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m., at the College 			
15.0	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 October 26, 2023

Governance Monitoring Report

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

Policies that guided decisions during this period:

- GP 9 - Committee Chairperson's Role guided the discussions at the Committee Chairs meeting in August.
- GP 11 – Cost of Governance has supported the audit process.

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:

- RL8 – External Audit: Auditors of the office of Hilborn LLP conducted an audit of the financial performance of the College for 2022-2023.
- RL12 – Risk Management guided the information to be presented to the Board on the Risk Management Program.
- CRL5 – Monitoring Registrar Performance guided the discussion of the process to monitor Registrar performance.

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2023-2024 Operational Plan

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

Governance Update

To note, Deanna Williams will attend the Board meeting as a starting point for an evaluation exercise of the Board's functioning. It is a requirement in the College Performance Measurement Framework (CPMF) to complete this type of process every three years. The timing will be useful to complete a baseline now and to then measure any change after we complete all the governance changes for the next College year, when we separate the Board membership from the Committees, and decrease the size of the Board.

Staffing Update

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

- I am pleased to let you know that we are now fully staffed (holding my breath here).
- We welcomed Laura Burrows, QA Associate, who joined us in July to cover for Sarah Karas who welcomed her new baby in August.
- We continue to operate the office in a hybrid model. Staff are back to hybrid work at about three days per week in office. The office is open five days per week; however, guests should make an appointment if there is a specific staff member that they need to speak with in person. The College has benefited from the ability to conduct meetings both in person and via electronic means.

Enterprise System

The work on the Enterprise System continues. We hired additional developers over the summer to speed up the deliverables. By the time of the Board meeting, we expect that new applicants will be coming through the new system. The Quality Assurance Annual Learning Plan has been deployed in this system since June.

Communications

- The College ran a radio spot in August and September 2023 to educate the public about the role of the College and licensed occupational therapists. The seasonal theme was “Taking care of your yard when you have back pain.” It had an overall reach of 1,414,022 people between August 14, 2023 and September 16, 2023 and was played on traditional and web-based radio shows, receiving a mix of national coverage and localized coverage in sections of Ontario. The spot was offered to the College at no cost.
- A special governance newsletter will be shared in October, to educate registrants about governance change, electoral districts, upcoming elections, and new opportunities.
- Two small promotional videos were developed to support public outreach for participation in the strategic planning surveys. College social media channels were leveraged as well. We are grateful to all parties for sharing the valuable ideas.
- To note, the College received over 70 responses from the public, which is a terrific response for a survey about strategic planning.

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- Related to the Registration Program are the new regulations that needed to be developed in response to the *Pandemic and Emergency Preparedness Act, 2022*. These regulations have been signed by Teri Shackleton and me and are now in force. Hopefully we will not ever have cause to use these.

- The Registration Program has been very busy registering new applicants. This is a serious time for the team as they want to ensure occupational therapists are working in the healthcare system as fast as possible.
- Registration staff are also focused on testing the new enterprise system, which we are now calling 'the Portal'.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The Quality Assurance Program (QA) is busy supporting registrants to complete their yearly tools: the Annual Learning Plan, and the Annual eLearning module: both of which are due October 31. The Program is also amid a cycle of competency assessments for those registrants identified to participate.
- Quality Assurance has been involved with a number of presentations to organizations to update them about the changes to the QA program.

Practice Resource Program

- The practice team has been involved in a number of organizational presentations, some combined with Quality Assurance staff related to various regulatory topics. Outreach is an effective and efficient way to reach groups of registrants to provide needed information and support. We are glad these presentations are supported by employers.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We held a shorter Board Meeting in September, virtually, to move several business topics along. On the agenda was re-entry programs across Canada for occupational therapists who have not practiced in the last three years or more. A consistent approach to re-entry is seen to be needed (the re-entry program is on COTO's operational plan for this year). We continue to discuss remote practice that crosses provincial jurisdictions and are close to finalizing a Memorandum of Understanding about regulating this type of work across the country.
- We continue to monitor the progress of the amalgamation of the BC College of Occupational Therapists with the other entities in BC. No new developments have come to light since the June Board Meeting.
- 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. The report of this group is due to be released in October and will likely spark further dialogue amongst the partners involved – ACOTRO, Canadian Association of Occupational Therapists (CAOT), and Association of Canadian Occupational Therapy University Programs (ACOTUP).

- On a disappointing note, ACOTRO had applied to the federal government for funds to help the Substantial Equivalency Assessment Service (SEAS) improve its efficiency and effectiveness, but we were unsuccessful in this effort. Apparently, while the application was well received, there were so many other applications that only a select few were chosen. The SEAS program will need to prioritize these needed projects and determine what will be able to be accomplished and when we might have enough funds to proceed ourselves.
- In addition, there is increasing pressure from governments to speed up the process for internationally educated health practitioners. ACOTRO, through the SEAS program, will double our efforts to find ways to increase efficiency. However, the problem with too much speed is that sometimes you need to sacrifice quality. A balance needs to be achieved to ensure the public is appropriately protected.

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

- I did not stand for the role of Chair this year and am now the Past Chair and continue on the Management Committee. I have been on the Management Committee for many years and will support the new Chair as necessary. Being part of the management committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- We continue to utilize HPRO's coordinated discipline hearing training, with additional College Discipline Committee members scheduled to attend this fall.
- HPRO is a good conduit for the Ministry of Health to connect to all regulators all at once.

Ministry of Health (MOH)

- 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.
- As this quarter, the MOH has been mostly on summer recess, it has been relatively quiet.

System Partners

- The College has finalized an agreement with the Financial Services Regulatory Authority (FSRA) about the processes that will be used to allow the sharing of information about registrants between us. This could decrease any silos created by two different agencies involved in regulation related to the auto sector.
- Three people, including myself, will represent the College at the conference sponsored by the Ontario Society of Occupational Therapists just after our Board meeting. Sandra Carter and Diane Tse are both scheduled to present.
- Kim Woodland, Stamatis Kefalianos, Teri Shackelton and I will attend the CNAR conference in Vancouver in mid-October. We look forward to sharing our learnings with the College.

See you at the meeting! Elinor

BOARD MEETING MINUTES - DRAFT

DATE: Thursday, June 22, 2023

TIME: 11:00 a.m. – 3:30 p.m.

In Attendance:

DIRECTORS:

Teri Shackleton, *Chair*
Stacey Anderson
Neelam Bal
Donna Barker
Nick Dzudz
Allan Freedman
Christine Funk
Elizabeth Gartner
Lucy Kloosterhuis
Heather McFarlane
Vincent Samuel
Stephanie Schurr
Sabrina Shaw

REGRETS:

Sarah Milton
Brittany O'Brien

GUESTS:

Rebecca Durcan, *Steinecke Maciura LeBlanc*

OBSERVERS:

Tiffany Mak, *Ministry of Health (MOH)*
Marnie Lofsky, *Ontario Society of Occupational Therapists (OSOT)*

STAFF:

Elinor Larney, *Registrar & CEO*
Amreet Batth, *Project Manager*
Archana Bhuvitharan, *Quality Assurance Lead*
Idil Sofia Egeh, *Coordinator, Data & Process Improvement*
Leandri Engelbrecht, *Manager, Registration*
Grace Jacob, *Finance & Payroll Specialist*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Lesley Krempulec, *Manager, Quality Assurance*
Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Nancy Stevenson, *Director of Communications*
Leah Thiffault, *Case Manager, I&R*
Kim Woodland, *Program Director*
Andjelina Stanier, *Executive Assistant, Scribe*

The Board Orientation Session presented by Rebecca Durcan, was held from 9:00 a.m. to 11:00 a.m. (Closed to the public).

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 11:15 a.m.

2.0 Public Protection Mandate

The Chair stated that the role of the Board is to come together to participate and collaborate in order to make the best decisions possible in the interest of the public.

3.0 Land Acknowledgement*

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

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

5.1 Board Agenda – June 22, 2023

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

MOVED BY: Neelam Bal

SECONDED BY: Heather McFarlane

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

CARRIED

6.0 Consent Agenda

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

1. Registrar's Written Report of June 22, 2023
2. Draft Board Minutes of March 30, 2023
3. Draft Officer Elections Minutes of March 30, 2023
4. Draft Board Minutes of April 21, 2023
5. Executive Minutes of March 6, 2023
6. Executive Minutes of March 30, 2023
7. Governance Minutes of March 7, 2023
8. Governance Minutes of April 11, 2023
9. Finance & Audit Minutes of March 16, 2023

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Stephanie Schurr

***THAT** the Board adopts the Consent Agenda.*

CARRIED

7.0 Registrar Evaluation Process

The Chair stated that the Registrar Performance Evaluation will be conducted over the next few weeks. Members will receive an electronic survey to complete. Those with less than three months' experience on the Board are not required to participate but may do so if they wish. Select staff will also provide feedback. The Chair will review the feedback with the Executive Committee and then meet with the Registrar in August to discuss the results.

8.0 Registrar's Report

8.1 Presentation: Q4 FY2022-2023 Operational Projects Status and 2022-2023 Year-End Reports

The Registrar reported on the status of Q4 FY2022-2023 operational projects, and 2022-2023 year-end status of operational initiatives for FY2022-2023.

8.2 Quarterly Performance Report

Heather McFarlane stated that the Quarterly Performance Report reflects committee activities for FY2022-2023 related to the 2020-2024 Strategic Plan. Today's focus was on Q4 activities. A brief discussion was held.

MOVED BY: Heather McFarlane

SECONDED BY: Neelam Bal

THAT the Board receives the Quarterly Performance Report for Q4 FY2022-2023.

CARRIED

8.3 Risk Management Report

Vincent Samuel stated that the Board which is tasked with overseeing the Risk Management Program previously delegated this task to the Executive Committee. Review of the entire Risk Register is performed annually by the Executive Committee, with the most recent review having taken place on May 31, 2023. Two risks were downgraded to a low or moderate level. The Executive Committee recommends their removal from the report to the Board. The remaining risk, Enterprise System, will remain until the program has been implemented later this year.

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

THAT the Board receives the Risk Management Report.

CARRIED

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

THAT the Board removes Risk #1 (Regulatory Modernization) and Risk #3 (Turnover Impact) from the report to the Board.

CARRIED

9.0 Finance

9.1 Presentation: Board Orientation – Financial Matters

Seema Singh-Roy presented and responded to questions.

9.2 FY2023-2024 Annual Operating Budget

Allan Freedman reported that the annual operating budget for FY 2023-2024 is in an overall deficit position within 7% of revenues. The deficit is in line with expectations as previously communicated throughout the year. This deficit will be funded by the College's unrestricted reserve fund which at present holds a balance of approximately \$2M. Once this projected deficit is removed, the fund will hold approximately \$1.6M which represents 4 months' worth of operating expenses on hand. The goal of the College for this fund is to land at or around the 6–9-month mark.

MOVED BY: Allan Freedman

SECONDED BY: Neelam Bal

THAT the Board approves the FY 2023-2024 Annual Operating Budget, as presented.

CARRIED

10.0 Governance

10.1 Appointments to the Nominations Committee

An addendum to the original briefing note was circulated to the Board prior to the meeting today. The original motion was set aside. Stephanie Schurr stated that with the Board decision last January to proceed with the expansion of the role of the Nominations Committee, the first step was to select individuals who will serve on the Nominations Committee. A call for candidates was made in May and interviews were conducted in June. The Governance Committee reviewed the candidates and selected three individuals to serve on the Nominations Committee.

MOVED BY: Stephanie Schurr

SECONDED BY: Vincent Samuel

THAT the Board appoints Greg Clarke, Jennifer Henderson, and Peter Shenfield to the Nominations Committee effective July 1, 2023 for a three-year term.

CARRIED (Abstention: Nick Dzudz)

10.2 Governance Policy Review – Finance Policies

Allan stated that it is the responsibility of the Finance and Audit Committee (FAC) to annually review and amend financial policies as required. The FAC reviewed the following policies and guidelines and recommends no changes at this time:

1. RL4 – Financial Planning and Budgeting
2. RL5 – Financial Conditions and Activities
3. RL6 – Asset Protection
4. RL7 – Investments
5. RL8 – External Audit
6. Allowable Expenses – Guidelines for Board Directors or Committee Appointees
7. Establishing and Maintaining Reserve Funds – Guidelines for Board Directors
8. Education Session Costs – Guidelines for Public and Professional Board Directors
9. Board Reference Material – Guide for Review of Financial Information

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the Board approves the Financial and Audit Governance Policies as presented.

CARRIED

11.0 New Business

11.1 Honoraria Policy Revisions

Vincent explained that revisions to the Honoraria Policy are recommended to include an hourly rate option for virtual meeting attendance, effective July 1, 2023. The Board provided several additional recommendations for clarity.

MOVED BY: Vincent Samuel

SECONDED BY: Stacey Anderson

***THAT** the Board approves the proposed amendments to the Honoraria Policy as presented, including today's changes.*

CARRIED

12.0 Environmental Scan

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

13.0 Farewell

The Board wished Donna Barker farewell as her term on the Board will end on June 30. Donna has served as a Board member for over six years. Vincent spoke about Donna's extensive professional career as well as her Board and committee work. Donna expressed her appreciation for the opportunity to serve and said that while the work was interesting and stimulating, she would mostly miss the people.

14.0 Other Business

14.1 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.

15.0 Next Meetings

- Board Education Session/Strategic Planning – October 25, 2023 (Full day, Location TBD)
- Board Meeting: October 26, 2023, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: January 25, 2024, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: April 4, 2024, 9:00 a.m. – 4:00 p.m., at the College
- Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m., at the College

16.0 Adjournment

There being no further business, the meeting was adjourned at 2:50 p.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.

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
June 22, 2023	THAT the Board approves the proposed amendments to the Honoraria Policy as presented, including today's changes	Complete
June 22, 2023	THAT the Board approves the Financial and Audit Governance Policies as presented.	Complete
June 22, 2023	THAT the Board appoints Greg Clarke, Jennifer Henderson, and Peter Shenfield to the Nominations Committee effective July 1, 2023 for a three-year term.	Complete
June 22, 2023	THAT the Board approves the FY 2023-2024 Annual Operating Budget, as presented.	Complete
June 22, 2023	THAT the Board removes Risk #1 (Regulatory Modernization) and Risk #3 (Turnover Impact) from the report to the Board.	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

EXECUTIVE COMMITTEE MINUTES

Electronic Motion

DATE: Wednesday-Thursday, September 6-7, 2023

MEMBERS:

Teri Shackleton, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

STAFF:

Elinor Larney, *Registrar & CEO, Scribe*

REGRETS:

1.0 Appointment of Chair to Nominations Committee

The newly seated Nominations Committee met on August 30, 2023 for orientation. The committee selected Jennifer Henderson as Chair until March 28, 2024. To advance the work of the committee, an electronic motion was put forward to the Executive Committee today to formally appoint Jennifer, effective immediately. All Executive Committee members participated in the vote and the decision was carried unanimously. The decision will be brought to the October Board meeting for ratification.

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

THAT Jennifer Henderson be appointed as Chair of the Nominations Committee until March 28, 2024.

CARRIED

EXECUTIVE COMMITTEE MINUTES

Electronic Motion

DATE: Friday, June 2, 2023

In Attendance:

MEMBERS:

Teri Shackleton, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

STAFF:

Elinor Larney, *Registrar & CEO, Scribe*

REGRETS:

1.0 Strategic Planning Consultant Selection

Further to agenda item 10.2 at the May 31, 2023 Executive Committee Meeting, upon review of additional information requested by the committee, a new motion was put forward electronically.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the Executive selects The Everson Company to conduct the strategic planning process for the College

CARRIED

EXECUTIVE COMMITTEE MINUTES

DATE: Wednesday, May 31, 2023 **TIME:** 1:00 – 4:00 p.m. via zoom

In Attendance:

MEMBERS:

Teri Shackleton, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

GUESTS:

STAFF:

Elinor Larney, Registrar & CEO
Andjelina Stanier, Executive Assistant, *Scribe*

REGRETS:

1.0 Call to Order

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

2.0 Public Protection Mandate

The Chair reminded members that the role of the committee is to come together to participate and collaborate in order to make the best decisions possible in the interest of the public.

3.0 Land Acknowledgement*

The Chair read out 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 Executive Committee Orientation

Elinor Larney conducted the orientation session and responded to questions.

6.0 Approval of Agenda

6.1 Approval of Agenda – May 31, 2023

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

MOVED BY: Heather McFarlane
SECONDED BY: Allan Freedman

THAT the agenda be approved as presented.

CARRIED

7.0 Executive Committee Terms of Reference

The Chair stated that the committee terms of reference are provided as information and encouraged their review prior to meetings.

8.0 Approval of Minutes

8.1 Draft Minutes of March 6, 2023

The Chair called for edits to the draft Executive Minutes of March 6, 2023. None were reported.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

THAT the Executive Minutes of March 6, 2023 be approved as presented.

CARRIED

8.2 Draft Minutes of March 30, 2023

The Chair called for edits to the draft Executive Minutes of March 30, 2023. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT the Executive Minutes of March 30, 2023 be approved as presented.

CARRIED

9.0 Registrar's Report

9.1 Registrar's Verbal Report

Council on Licensure, Enforcement and Regulation (CLEAR)

Elinor attended the 2023 CLEAR Conference held in Dublin, Ireland, earlier this month. Regulators from around the world attended and presented new or alternative methods of governance as well as some ideas around the use of Artificial Intelligence (AI) and compassionate regulation.

Canadian Association of Occupational Therapists (CAOT)

Elinor attended the 2023 CAOT Conference in Saskatoon earlier this month and presented on behalf of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO). The ACOTRO Board met the same week for two days prior to the meeting and conducted a session at the CAOT Conference on the Substantial Equivalency Assessment System (SEAS) and presented statistics from the Canadian Institute for Health Information (CIHI) on the demographics of occupational therapists across Canada.

Governance Policies

The consultant hired to review and rewrite the Governance Policies has recently experienced some personal issues which have stalled the progress of this project. Executive will be updated as soon as there is more to report.

Financial Services Regulatory Authority of Ontario (FSRA)

FSRA is the independent regulatory agency that regulates part of the insurance industry. FSRA does not regulate OTs, however, information can come to them when OTs interact with the insurance industry through their work with patients involved in this sector. The College and FSRA are discussing a collaboration that would involve the sharing of information about OT registrants in a way that will mutually benefit both groups. A memorandum of understanding is being developed.

Bill 60, Your Health Act 2023

This bill has received royal assent. One of the provisions will allow practitioners of some health professions from out-of- province to practice in Ontario. This does not apply to occupational therapists currently.

Nominations Committee

Recruiting and interviewing candidates for the Nominations Committee is currently underway. The plan is to bring forward three candidates for appointment for the June Board Meeting.

Health Profession Regulatory Organizations (HPRO)

New executive officers have been elected. After several years as chair, Elinor decided not to stand for the chair position this year. She remains a member of the Management Committee as past chair. Completion of the Equity Tool is anticipated for this summer. The College will continue to use its own tool until then.

Ministry of Health of Ontario (MOH)

The CPMF was submitted on March 31 with no additional requests from the MOH. The Emergency Class Regulation was also submitted. Additional questions and requests were made by the ministry about this, which the College has addressed.

Accreditation of University Programs

One of the College's roles is to ensure the education of OTs is appropriate. Elinor currently serves on a committee representing ACOTRO which is reviewing how accreditation is governed with a view to improving its governance model. The committee is preparing to release the first set of recommendations. Regulators will have an opportunity to review the recommendations and make suggestions, if necessary. The goal of the regulators is to have an appropriate role that meets the mandate of regulation of the profession. Collaboration among the various groups represented on the committee has been excellent.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- The ACOTRO Board met for two days in Saskatoon prior to the CAOT Conference. Two main topics of discussion were remote practice and an accompanying national

memorandum of understanding, and the impact of amalgamation of health profession regulatory bodies in British Columbia (effective summer 2024) on the SEAS process and other processes that work nationally.

- Elinor recently attended a meeting with the BC government because plans are underway in that province to start funding the assessment/regulatory process for IEOTs to encourage them to settle and work in their province.
- ACOTRO awaits news on the \$4.5M federal funding proposal to update and improve the SEAS program.

Internal

- Staff participated in an operational planning exercise recently to plan the final year's projects of the 2020-2024 strategic plan.
- The College recently conducted an Employee Engagement Survey. The results were positive overall, with a few areas identified for improvement.
- Leadership at the College recently underwent some leadership training.
- Development of the Enterprise System Project is ongoing and progressing well. The Annual Learning Plan will be sent to all registrants in two weeks using the new database. The Quality Assurance team will then analyze the results. Once Annual Renewal is over for this year, the new system will go live, and new registrants will register under the new system.
- The new I&R Associate has begun in her role, and the new Case Manager will begin on June 1. The College is hiring to fill an upcoming maternity leave in the Quality Assurance program.

9.2 Risk Management Report / Annual Risk Register

Elinor reported that no new risks have been identified as high or critical at this time. She recommended that the existing three risks be downgraded and removed from the report to the Board. Executive held a discussion and recommended that risks #1 (Governance Modernization) and #3 (Turnover Impact) be removed. Due to the ongoing activity in the Enterprise system, the Executive recommended that #2 (Enterprise System Project) continue to stay on. The second motion was amended. Executive reviewed the Risk Register in its entirety, which is an annual activity; no changes were recommended.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive recommends the Board receive the Risk Management Report.*

***THAT** Executive recommends that Risk #1 (Regulatory Modernization) and Risk #3 (Turnover Impact) be removed from the report to the Board.*

CARRIED

10.0 Business Arising

10.1 Committee Work Plans: 2022-2023, 2023-2024

Executive reviewed the previous and current work plans.

10.2 Strategic Planning Consultant Selection

Executive reviewed the three consultant proposals provided and held a discussion. The motion was set aside pending receipt and review of additional information.

10.3 Annual Registrar Review Process

Elinor explained that the Registrar Performance Review Process was last reviewed by a consultant in 2021 and revised according to their recommendations. Executive expressed satisfaction with the surveys and process. The process will begin immediately following the June Board meeting.

10.4 Honoraria Policy – Proposed Revisions

Elinor explained that revisions to the Honoraria Policy are recommended to include an hourly rate option for virtual meeting attendance, effective July 1, 2023.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive recommends the Board approve the proposed amendments to the Honoraria Policy as presented.*

CARRIED

10.5 Draft Board Minutes – March 30, 2023

Executive reviewed the draft March 30, 2023 Board Minutes.

10.6 Draft Board Officer Election Minutes – March 30, 2023

Executive reviewed the draft March 30, 2023 Board Officer Election Minutes.

10.7 Draft Board Minutes – April 21, 2023

Executive reviewed the draft April 21, 2023 Board Minutes.

10.8 Board Meeting Evaluation Feedback - March 30, 2023

Executive reviewed feedback from the March 30, 2023 Board Meeting and noted the overall positive results.

10.9 Draft Board Meeting Agenda – March 30, 2023

Executive reviewed the Board meeting agenda for June 22, 2023.

11.0 Next Meeting

Next meeting will be an in camera meeting in August to discuss the results of the Registrar Review.

12.0 Adjournment

There being no further business, the meeting was adjourned at 3:51 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.

GOVERNANCE COMMITTEE MINUTES

DATE: Thursday, June 15, 2023 **TIME:** 1:00 p.m. – 4:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Teri Shackleton, *Chair*
Vincent Samuel
Stephanie Schurr
Sabrina Shaw

STAFF:

Elinor Larney, *Registrar & CEO*
Stamatis Kefalianos, *Director of Regulatory Affairs, Scribe*

REGRETS:

Sarah Milton

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 1:30 p.m.

2.0 Public Protection Mandate

The Chair stated that the role of the committee is to discuss and deliberate in order to make the best possible governance decisions in the public interest.

3.0 Land Acknowledgement

The Chair read out 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 made.

MOVED BY: Stephanie Schurr

SECONDED BY: Vincent Samuel

THAT the agenda be approved as presented.

CARRIED

6.0 Governance Committee Terms of Reference

This standing item was included as a resource. Committee members were encouraged to review the terms of reference in preparation for meetings.

7.0 Approval of Minutes

7.1 Draft Minutes of May 15, 2023

The Chair called for edits to the draft minutes of May 15, 2023. None were reported.

MOVED BY: Stephanie Schurr

SECONDED BY: Sabrina Shaw

***THAT** the draft Governance Committee minutes of May 15, 2023 be approved as presented.*

CARRIED

8.0 Appointments to the Nominations Committee

Stamatis provided an update on the recruitment plan for appointments to the Nominations Committee. The College conducted an open competitive process and invited candidates to apply through the College website and social media channels. College staff handled the recruitment process. This included answering questions and enquiries, collecting applications, and conducting virtual interviews. Overall, the College received 26 applications and four candidates were selected for an in-depth interview having demonstrated evidence of meeting most of the desired competencies. Interviews were conducted between June 1 and June 12th. The Governance Committee received each candidate's information including application, resume and feedback from the interviews and selected three candidates.

MOVED BY: Vincent Samuel

SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee recommends the Board appoint Greg Clark, Jennifer Henderson, and Peter Shenfield to the Nominations Committee effective July 1, 2023 for a three-year term.*

CARRIED

9.0 Environmental Scan

Stamatis provided an update on the governance environmental scan conducted by the Royal College of Dental Surgeons of Ontario. The findings indicate the College continues to implement best practices in most areas of governance.

10.0 Next Meeting

Next meeting to be determined.

11.0 Adjournment

There being no further business, the meeting was adjourned at 2:07 p.m.

MOVED BY:

***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: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
June 15, 2023	THAT the Governance Committee recommends the Board appoint Greg Clark, Jennifer Henderson, and Peter Shenfield to the Nominations Committee effective July 1, 2023 for a three-year term.	Complete
May 15, 2023	THAT the Governance Committee approves the recruitment plan of community appointees to the Nominations Committee, including today's recommendations.	Complete
September 9, 2021	THAT the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending

GOVERNANCE COMMITTEE MINUTES - *DRAFT*

DATE: Monday, May 15, 2023

TIME: 1:00 p.m. – 4:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Teri Shackleton, *Chair*
Sarah Milton
Vincent Samuel
Stephanie Schurr

STAFF:

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

REGRETS:

Sabrina Shaw

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 1:02 p.m.

2.0 Governance Committee Orientation

Stamatis Kefalianos and Elinor Larney conducted the orientation session and responded to questions.

3.0 Public Protection Mandate

The Chair stated that the role of the committee is to discuss and deliberate in order to make the best possible governance decisions in the public interest.

4.0 Land Acknowledgement

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

5.0 Declaration of Conflict of Interest

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

6.0 Approval of Agenda

The Chair called for changes to the agenda. Environmental Scan was added as item 10.0.

MOVED BY: Sarah Milton

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as amended

CARRIED

7.0 Governance Committee Terms of Reference

This standing item is included as a resource. Committee members were encouraged to review the terms of reference in preparation for meetings.

8.0 Approval of Minutes

8.1 Draft Minutes of April 11, 2023

The Chair called for edits to the draft minutes of April 11, 2023. None were reported.

MOVED BY: Stephanie Schurr

SECONDED BY: Sarah Milton

***THAT** the draft Governance Committee minutes of April 11, 2023 be approved as presented.*

CARRIED

9.0 Recruitment Plan for Community Appointees to the Nominations Committee

Stamatis stated that in January 2023 the Board approved the expansion of the role of the Nominations Committee to include the screening of candidates for committee appointments. To this end, a recruitment plan was developed to appoint Community Appointees to serve on the Nominations Committee. A discussion ensued and several additional recommendations will be incorporated into the final document.

MOVED BY: Vincent Samuel

SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee approves the recruitment plan of community appointees to the Nominations Committee, including today's recommendations.*

CARRIED

10.0 Environmental Scan

Stamatis provided an update on best practices in governance across other health regulatory colleges and responded to questions. The College is further along in the governance modernization process and is viewed as a leader amongst the colleges.

11.0 Next Meeting

Doodle Poll will be sent with options for June 15 and 16, 2023.

12.0 Adjournment

There being no further business, the meeting was adjourned at 2:36 p.m.

MOVED BY: Stephanie Schurr

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

CARRIED

APPENDIX 1: * Land Acknowledgement

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APPENDIX 2

Meeting Date	Decisions & Action Items	Current Status
May 15, 2023	THAT the Governance Committee approves the recruitment plan of community appointees to the Nominations Committee, including today's recommendations.	Complete
April 11, 2023	THAT the Governance Committee recommends the Board approve the selection of Committee Chairs and committee composition for 2023-2024.	Anticipated for April 21, 2023
September 9, 2021	THAT the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: Tuesday, May 23, 2023 **TIME:** 1:30 p.m. – 3:30 p.m. via video conference

In Attendance:

MEMBERS:

Allan Freedman, *Chair*
Christine Funk
Neelam Bal
Lucy Kloosterhuis

GUESTS:

Blair Mackenzie, Hilborn LLP

OBSERVERS:

None

STAFF:

Elinor Larney, Registrar
Seema Singh-Roy, Director of Finance, People and Corporate Services
Grace Jacob, Finance and Corporate Services Associate, *Scribe*

REGRETS:

None

1.0 Call to Order

The Chair, Allan Freedman, welcomed everyone and called the meeting to order at 1:35 p.m.

2.0 Public Protection Mandate

The Chair reviewed the public protection mandate with the Committee members. Allan explained that the committee is here to protect the public and to govern the organization appropriately.

3.0 Land Acknowledgement*

The Chair asked the committee members if they were familiar with the Land Acknowledgement. All members acknowledged accordingly.

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

5.1 May 23, 2023

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

MOVED BY: Neelam Bal

SECONDED BY: Lucy Kloosterhuis

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Finance and Audit Minutes – March 16, 2023

The Chair asked if members of the Committee had any additions or changes to the draft minutes from March 16, 2023. No additions or changes were required.

MOVED BY: Neelam Bal

SECONDED BY: Allan Freedman

THAT the draft Finance and Audit Committee minutes of March 16, 2023, be approved as presented.

CARRIED

7.0 Pre-Audit

7.1 Pre-audit meeting with Hilborn LLP

Seema introduced the auditor, Blair MacKenzie to the FA Committee members. Blair provided an overview of the purpose of the annual audit and described the roles of the parties in the process. He then presented the pre-audit communication outlining the stages and activities of the upcoming audit. Blair left the meeting.

8.0 Orientation

8.1 Finance and Audit Committee Orientation

Seema presented the orientation material outlining the work and responsibility of the committee.

9.0 Committee Mandate and Work Plan

9.1 Draft FY 23/24 Annual Work Plan with Terms of Reference for guidance

Seema presented the Draft FY23/24 Annual Workplan and the items that will be brought forward to the FA Committee in the near future.

10.0 Verbal Report

Seema provided the verbal report to the FA Committee, with a brief update on what's happening at the College. She provided an update on the ES project and communicated that QA is scheduled to go live in June. Testing is currently underway, and staff have been working hard on the project. The College also conducted an employee engagement survey in the month of April. The results of that survey have been received and were very positive. Next steps will be to share the employee engagement survey results with the staff in the month of June, followed by an action plan for improvement in areas that were identified. Lastly, finance has been working on preparing the annual budget which will be discussed today.

11.0 Finance Update

11.1 FY23/24 Annual Operating Budget

Seema presented the proposed budget to the FA Committee with a final deficit for FY 23/24 of 7% of revenues. This deficit will be funded by our unrestricted reserve funds, however we most likely will have to implement a registrant fee increase for the following year. Seema informed the committee that revenues are anticipated to increase by 3% which is consistent with previous years and application revenues will remain at about 2% of total registration fees. Seema proceeded to provide the members with a high-level breakdown of some key areas of the annual budget. One area was relating to salaries, which included a 3% merit increase for eligible staff as well as adding a 3% contingency as the College is in the process of completing an external salary survey. Employee benefits also increased based on information provided by our benefits provider. The budget also included several strategic initiatives planned by the College.

MOVED BY: Neelam Bal

SECONDED BY: Lucy Kloosterhuis

***THAT** the FY23/24 Annual Operating Budget as amended be recommended for approval to the Board as presented.*

CARRIED

12.0 Financial Policies

12.1 Review Financial Policies

Seema communicated to the members that the governance policies were reviewed, and no suggested amendments were necessary. Elinor stated that the Honoraria policy was pulled from the governance policy and is being brought forward to the Executive committee to discuss adding a 1-hour per diem rate for meetings.

MOVED BY: Neelam Bal

SECONDED BY: Christine Funk

***THAT** the Amendments (if any) to the Financial Policies be recommended for approval to the Board as presented.*

CARRIED

13.0 Next Meeting

The next Finance and Audit Committee meeting is scheduled for August 23, 2023

14.0 Adjournment

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

MOVED BY: Neelam Bal

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement**

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FINANCE AND AUDIT COMMITTEE MINUTES

DATE: Wednesday, August 23, 2023 **TIME:** 9:30 a.m. – 11:30 a.m. via video conference

In Attendance:

MEMBERS:

Allan Freedman, *Chair*

Neelam Bal

Lucy Kloosterhuis

GUESTS:

None

OBSERVERS:

None

REGRETS:

Christine Funk

STAFF:

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

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

1.0 Call to Order

The Chair, Allan Freedman, welcomed everyone and called the meeting to order at 9:30 a.m.

2.0 Public Protection Mandate

The Chair confirmed if all committee members were aware of the public protection mandate and emphasized that the committee is here to govern the profession with the interest of the public.

3.0 Land Acknowledgement*

The Chair asked the committee if all members understood and have read the Land Acknowledgement. All members acknowledged accordingly.

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

The Chair emphasized that all committee members should know what the Finance and Audit terms of reference are, and the tasks required by the committee to fulfil.

6.0 Approval of Agenda

6.1 August 23, 2023

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

MOVED BY: Neelam Bal

SECONDED BY: Lucy Kloosterhuis

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes – May 23, 2023

The Chair asked if members of the Committee had any additions or changes to the draft minutes from May 23, 2023. No additions or changes were required.

MOVED BY: Neelam Bal

SECONDED BY: Lucy Kloosterhuis

THAT the draft Finance and Audit Committee minutes of May 23, 2023, be approved as presented.

CARRIED

8.0 Verbal Report

Seema provided the verbal report to the FA Committee, with a brief update on what's happening at the College. She provided an update on the ES project and communicated that the next stage of the project is the implementation of the new application form. The team is currently working on testing and validation and the hope is to go live at the end of the month. The fiscal audit is primarily completed, and the main point of today's meeting is to review the audited financial statements. If there are any questions from the committee, they will be submitted to the auditors for review prior to the September FAC meeting where Hilborn will be attending to discuss the results of the audit. The final audited statements will be presented to the Board in October for approval.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Work Plan

Seema reminded the committee that this is a non-statutory committee, and its main mandate is to assist the board in fulfilling its obligation and its oversight in financial planning and reporting, internal controls, investments, and policies as per the committee's work plan that is included in the package. The meeting today will focus on reviewing the draft audited financial statements, reviewing the internal controls as well as discussing the Q4 summary results compared to budget and Q4 investment report.

10.0 Audited Financial Statements

10.1 Review of draft financial statements from auditor

Seema provided the committee with an overview of the draft audited financial statements prepared by Hilborn. The salary line was lower than the previous year due to open positions not yet filled which attributed to the small surplus position of \$44,545. Note, if open positions did not occur, we would have been in a deficit position. Questions from the Committee were answered by Seema.

11.0 Finance Update

11.1 FY22/23 Q4 Financial Summary Report

Seema provided an overview of the FY22/23 Q4 results of the statement of operations versus budget which was provided for comparison purposes. Salaries were the main contributor to the small surplus position, due to a few open positions during the year.

11.2 FY22/23 Q4 Investment Report

Seema provided an overview of the Q4 investment report to the committee members.

12.0 Internal Controls

12.1 Review of Internal Controls Matrix

Seema communicated to the members that the internal controls matrix details the processes that the College follows to mitigate risk. The matrix is reviewed and updated annually to reflect any changes in process or employee titles as noted on the briefing note provided in the package.

13.0 New Business

The Chair asked if there was any new business to discuss. No new business was discussed at this meeting.

14.0 Next Meeting

The next Finance and Audit Committee meeting is scheduled for September 26, 2023.

15.0 Adjournment

There being no further business, the meeting was adjourned at 10:03 a.m.

MOVED BY: Lucy Kloosterhuis

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

CARRIED

APPENDIX 1

*** Land Acknowledgement**

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NOMINATIONS COMMITTEE MINUTES

DATE: Wednesday, August 30, 2023 **TIME:** 10:00 a.m. - 12:00 p.m. via Zoom

Page 1 of 2

In Attendance:

MEMBERS:

Greg Clarke
Jennifer Henderson
Peter Shenfield

STAFF:

Elinor Larney, *Registrar & CEO, Chair*
Stamatis Kefalianos, *Director of Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order / Introductions

Chair Elinor Larney welcomed everyone, called the meeting to order at 10:00 a.m. and invited members to introduce themselves.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement

The Chair read out the Land Acknowledgement statement (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 Approval of Agenda

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

MOVED BY: Jennifer Henderson

SECONDED BY: Peter Shenfield

THAT the agenda be approved as presented.

CARRIED

6.0 Committee Orientation

Stamatis Kefalianos presented the committee orientation and responded to questions. He reviewed the committee terms of reference and policies related to Code of Conduct, Confidentiality, and Conflict of Interest. He provided an overview of College governance modernization initiatives completed since 2018 and presented a preliminary committee workplan for 2023-2024. Items regarding governance modernization include third-party assessment on Board effectiveness, finalizing the College's Governance Manual, and eliminating the overlap between Board and committee members, which will be the committee's first priority. Discussion was held about creating a registrant database of OTs interested in serving on a committee by adding a question to the registration application to this effect. Other items on the workplan include operationalizing the

recruitment, evaluation and selection of qualified candidates (by December 2023) including identifying priority gaps (diversity, practice, etc.), finalizing the application process, determining interview questions, selecting committee Chairs, and recommending a slate of new committee members to the Board for approval by March 2024. The committee will also continue in its annual task of supporting the Board in the election of officers to the Executive Committee. Stamatis noted that unconscious bias training is planned for Board members and committee/community appointees in the near future.

7.0 Terms of Reference

The Chair reviewed the terms of reference with the committee and responded to questions. The committee was encouraged to review the terms of reference prior to each meeting. The committee agreed to an informal decision-making process and to revert to using motions only if necessary. Approved meeting minutes will be brought to the Board for information purposes only.

8.0 Appointment of Committee Chair

Jennifer Henderson was selected as Chair to the Nominations Committee by the committee. Elinor will notify the Executive Committee, which may put forward an electronic motion to formally appoint Jennifer as Chair. The decision would then go to the Board in October for ratification.

9.0 Next Meeting

The next meeting will be held in early October. Doodle poll with date options will follow.

10.0 Adjournment

There being no further business, the meeting was adjourned at 10:30 a.m.

APPENDIX 1

*** Land Acknowledgement**

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MEMO

Date: October 26, 2023
To: Board of Directors
From: Stamatis Kefalianos, Director, Regulatory Affairs
Subject: Nominations Committee Report

Committee Mandate:

The Nominations Committee assists the Board of Directors in ensuring the Board and committees have members with the necessary competencies and attributes to enable them to fulfill their roles and public protection mandate.

The Nominations Committee is independent of the Board and is composed of two community appointees and one professional committee appointee.

Members:

Jennifer Henderson, Chair (professional member appointee), Greg Clarke, and Peter Shenfield (community appointees)

Meetings Held:

August 30, 2023, and October 5, 2023.

Key Highlights:

The Nominations Committee began its inaugural meeting in August with an orientation and discussion of the work of the committee for the rest of the College year. Jennifer Henderson was selected as Chair of the committee which was confirmed by the Executive Committee and the decision will then go to the Board in October for ratification.

In October 2023, the committee extensively reviewed the current Board and Committee Competency Framework, the eligibility and disqualification requirements, as well as an update on the College governance modernization plan. This included the gradual reduction of Board Directors and the separation of the Board Directors from statutory committees beginning in 2024.

Informed by the College's Practice Subcommittee of the need for two additional members, the Nominations Committee reviewed the recruitment plan and next steps. In consultation with the program manager and staff who support this subcommittee, the below areas of professional diversity were identified as areas where representation on the subcommittee is needed - community care and support services (home care), adult mental health, and acute care (hospital). The College will promote this opportunity on its website and social media channels.

MEMO

Nominations Committee Report - October 26, 2023

Page 2 of 2

Finally, the committee reviewed the previous skills and diversity matrix tool and identified the need for the College to administer the tool to all current board and committee members. As we move ahead with the separation of Board Directors from serving on statutory committees and will begin shortly with the recruitment of additional professional and community appointees, it is important to get a current snapshot of how each committee is currently composed and identify gaps in competencies and/or diversity that will need to be addressed when the recruitment begins later this year. To assist with the skills and diversity matrix tool, the Nominations Committee will bring forward the *Board and Committee Competency Profile Data Collection policy* to the Board at its October 26, 2023 meeting for approval.

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Finance and Audit Committee
Subject: Fiscal Year 2022/2023, Audited Financial Statements

Recommendation:

THAT the Board approve the Audited Financial Statements for the fiscal year ending May 31, 2023, as presented.

Issue:

The Committee has a responsibility to review and recommend to the Board approval of the annual Audited Financial Statements of the College.

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:

As a self-regulated profession, enhancing accountability, demonstrating stewardship, and providing valuable information publicly will help to build stakeholder and public trust, ideally helping the College to continue to excel as a regulator protecting the public through its operations and programs.

Diversity, Equity, and Inclusion Considerations:

When preparing this report, diversity, equity, and inclusion considerations were made.

Background:

As part of its duties, the Committee holds a discussion with the external auditor, Hilborn LLP, to review the results of their audit and to determine if there are any issues, findings or concerns that need to be addressed. When satisfied with the outcomes of the discussion, the Committee will recommend the presentation to the Board of the annual Audited Financial Statements for their approval at the subsequent Board meeting.

To assist with this process, the Committee will hold an in-camera meeting following the presentation of the draft Audited Financial Statements to make enquiries of the external auditor. Following that meeting, the Committee will then discuss with the College management to determine whether the external auditor's performance was satisfactory, effective, and meets the requirements of the College.

BOARD MEETING BRIEFING NOTE

Fiscal Year 2022/2023, Audited Financial Statements

Page 2 of 2

The Committee will take all this information into consideration when it next meets to discuss whether to recommend to the Board the reappointment of the external auditor or the need to select a new external auditor.

Discussion:

Management is satisfied with the work of Hilborn LLP and accepts the opinion of the external auditor on the Audited Financial Statements of the College for the fiscal year ended May 31, 2023. Hilborn LLP has communicated its audit findings to management that it did not find anything of concern, which the Committee can confirm during its in-camera meeting with Hilborn LLP.

Management and the Committee advise the Board to approve the Audited Financial Statements as presented.

Implications:

If approved by the Board, the Audited Financial Statements will be recorded as finalized.

Attachments:

1. Audited Financial Statements of the College as at May 31, 2023
2. Audit Findings Communication for the year ended May 31, 2023

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

MAY 31, 2023

HILBORN_{LLP}

Independent Auditor's Report

To the Board of Directors of the College of Occupational Therapists of Ontario

Opinion

We have audited the financial statements of the College of Occupational Therapists of Ontario (the "College"), which comprise the statement of financial position as at May 31, 2023, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at May 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

The annual report is expected to be made available to us after the date of our auditor's report. If, based on the work we will perform on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact to those charged with governance.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Financial Position

May 31	2023 \$	2022 \$
ASSETS		
Current assets		
Cash	5,143,979	5,918,343
Current portion of long-term investments (note 3)	1,258,654	745,654
Prepaid expenses	55,819	65,641
	6,458,452	6,729,638
Long-term investments (note 3)	2,299,353	2,020,237
Capital assets (note 4)	223,060	227,894
	2,522,413	2,248,131
	8,980,865	8,977,769
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 5)	759,572	975,240
Deferred registration fees	4,429,932	4,255,713
	5,189,504	5,230,953
NET ASSETS		
Invested in capital assets	223,060	227,894
Internally restricted for hearings and independent medical exams (note 7)	400,000	400,000
Internally restricted for premises (note 8)	800,000	800,000
Internally restricted for sexual abuse therapy and counselling (note 9)	25,000	25,000
Internally restricted for enterprise wide IT system (note 10)	141,120	430,302
Unrestricted	2,202,181	1,863,620
	3,791,361	3,746,816
	8,980,865	8,977,769

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Board of Directors:

Chair

Director

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Operations

Year ended May 31	2023 \$	2022 \$
Revenues		
Registration fees	4,529,524	4,431,460
Application fees	85,472	94,132
Investment income	151,309	9,047
Other	1,043	7,230
	<u>4,767,348</u>	<u>4,541,869</u>
Expenses		
Salaries and benefits	2,965,359	3,090,296
Rent	330,466	319,606
Enterprise wide IT system (note 10)	289,182	179,823
Programs	261,311	188,007
Other office operations	204,759	138,209
Information technology	168,095	178,920
Board of Directors	166,446	114,194
Professional fees	102,830	138,523
Communications	94,664	75,201
Operational initiatives	71,198	167,974
Investigations and resolutions (note 6)	41,926	97,442
Amortization	26,567	27,168
	<u>4,722,803</u>	<u>4,715,363</u>
Excess of revenues over expenses (expenses over revenues) for year	<u>44,545</u>	<u>(173,494)</u>

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended May 31, 2023

	Invested in capital assets \$	Internally restricted for hearings and independent medical exams \$	Internally restricted for premises \$	Internally restricted for sexual abuse therapy and counselling \$	Internally restricted for enterprise wide IT system \$	Unrestricted \$	Total 2023 \$
Balance, beginning of year	227,894	400,000	800,000	25,000	430,302	1,863,620	3,746,816
Excess of revenues over expenses (expenses over revenues) for year (note 10)	-	-	-	-	(289,182)	333,727	44,545
Purchase of capital assets	21,733	-	-	-	-	(21,733)	
Amortization of capital assets	(26,567)	-	-	-	-	26,567	-
Balance, end of year	223,060	400,000	800,000	25,000	141,120	2,202,181	3,791,361

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended May 31, 2022

	Invested in capital assets \$	Internally restricted for hearings and independent medical exams \$	Internally restricted for premises \$	Internally restricted for sexual abuse therapy and counselling \$	Internally restricted for contingencies \$	Internally restricted for enterprise wide IT system \$	Unrestricted \$	Total 2022 \$
Balance, beginning of year	255,062	400,000	800,000	25,000	1,600,000	435,000	405,248	3,920,310
Excess of revenues over expenses (expenses over revenues) for year (note 10)	-	-	-	-	-	(179,823)	6,329	(173,494)
Amortization of capital assets	(27,168)	-	-	-	-	-	27,168	-
Inter-fund transfers (notes 10 and 11)	-	-	-	-	(1,600,000)	175,125	1,424,875	-
Balance, end of year	227,894	400,000	800,000	25,000	-	430,302	1,863,620	3,746,816

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Statement of Cash Flows

Year ended May 31	2023 \$	2022 \$
Cash flows from operating activities		
Excess of revenues over expenses (expenses over revenues) for year	44,545	(173,494)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	26,567	27,168
Unrealized loss in fair value of long-term investments	494	38,098
Interest capitalized on long-term investments	(45,360)	(12,468)
Interest received on long-term investments capitalized in prior years	100,141	57,810
	126,387	(62,886)
Change in non-cash working capital items		
Decrease (increase) in prepaid expenses	9,822	(20,501)
Decrease in accounts payable and accrued liabilities	(215,668)	(82,880)
Increase in deferred registration fees	174,219	98,515
	94,760	(67,752)
Cash flows from investing activities		
Purchase of long-term investments	(1,492,000)	(1,060,000)
Proceeds from disposal of long-term investments	644,609	1,363,313
Purchase of capital assets	(21,733)	-
	(869,124)	303,313
Net change in cash	(774,364)	235,561
Cash, beginning of year	5,918,343	5,682,782
Cash, end of year	5,143,979	5,918,343

The accompanying notes are an integral part of these financial statements

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements

May 31, 2023

Nature and description of the organization

The College of Occupational Therapists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act ("RHPA").

As the regulator and governing body of the occupational therapy profession in Ontario, the major function of the College is to administer the Occupational Therapy Act in the public interest.

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being June 1 to May 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Application fees

Application fees are recognized as revenue when services are rendered.

Investment income

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

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

(b) Investments

Investments consist of fixed income investments with maturity dates greater than twelve months from the date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

Notes to Financial Statements (continued)

May 31, 2023

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

(c) **Capital assets**

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

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

Furniture and fixtures	5 years
Computer equipment	3 years

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

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

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

Notes to Financial Statements (continued)

May 31, 2023

1. Significant accounting policies (continued)

(d) Financial instruments

Measurement of financial assets and liabilities

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

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

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

Financial assets measured at amortized cost include cash.

Financial assets measured at fair value include investments.

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

Impairment

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

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

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

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2023

1. Significant accounting policies (continued)

(d) Financial instruments (continued)

Impairment (continued)

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

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

(e) Management estimates

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

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

2. Financial instrument risk management

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

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

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
Currency			Interest rate	Other price	
Cash	X			X	
Investments	X			X	
Accounts payable and accrued liabilities		X			

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2023

2. Financial instrument risk management (continued)

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

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

	2023	2022
	\$	\$
Cash	5,143,979	5,918,343
Investments	3,558,007	2,765,891
	<u>8,701,986</u>	<u>8,684,234</u>

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

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

Liquidity risk

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

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2023

2. Financial instrument risk management (continued)

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Investments

	2023 \$	2022 \$
Provincial and municipal bonds	720,647	1,056,273
Guaranteed investment certificates	2,837,360	1,709,618
	3,558,007	2,765,891
Less: current portion	1,258,654	745,654
Long-term portion	2,299,353	2,020,237

The investments have effective interest rates ranging from 2.09% to 4.73% (2022 - 2.09% to 3.86%), with maturity dates ranging from June 2023 to May 2028 (2022 - June 2022 to April 2027).

4. Capital assets

	Cost \$	Accumulated Amortization \$	2023 Net \$
Furniture and fixtures	323,846	320,870	2,976
Computer equipment	456,481	438,969	17,512
Leasehold improvements	502,091	299,519	202,572
	1,282,418	1,059,358	223,060

	Cost \$	Accumulated Amortization \$	2022 Net \$
Furniture and fixtures	320,126	320,126	-
Computer equipment	438,468	431,561	6,907
Leasehold improvements	502,091	281,105	220,987
	1,260,685	1,032,791	227,894

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2023

5. Accounts payable and accrued liabilities

	2023	2022
	\$	\$
Accounts payable and accrued liabilities	212,645	320,886
Accrued liabilities - investigations and resolutions	86,099	159,736
Government remittances	460,828	494,618
	<u>759,572</u>	<u>975,240</u>

6. Investigations and resolutions

	2023	2022
	\$	\$
Costs incurred	115,563	164,706
Adjustment of estimate to resolve open cases	(73,637)	(67,264)
	<u>41,926</u>	<u>97,442</u>

Investigations and resolutions include an estimate of costs to resolve open cases at year end. These estimates are determined based on historical average costs and relevant case facts available. The actual outcome of each case may differ from the initial estimate.

7. Net assets internally restricted for hearings and independent medical exams

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

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance and Audit Committee.

8. Net assets internally restricted for premises

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

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance and Audit Committee.

Notes to Financial Statements (continued)

May 31, 2023

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

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

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance and Audit Committee.

10. **Net assets internally restricted for enterprise wide IT system**

The Board of Directors of the College has internally restricted net assets to provide for the cost of implementing and/or maintaining an enterprise-wide, registrant-based information technology system that will support the delivery of the statutory College mandate in an efficient and effective manner.

During the year, \$289,182 was spent in connection with the enterprise wide IT system. This resulted in a decrease in the net assets internally restricted for enterprise wide IT system from \$430,302 to \$141,120.

During the prior year, the Board of Directors approved a transfer of \$175,125 from unrestricted net assets to net assets internally restricted for enterprise wide IT system. This resulted in an increase in the net assets internally restricted for enterprise wide IT system from \$435,000 to \$610,125.

During the prior year, \$179,823 was spent in connection with the enterprise wide IT system. This resulted in a decrease in the net assets internally restricted for enterprise wide IT system from \$610,125 to \$430,302.

The internal restriction is subject to the direction of the Board of Directors upon the recommendation of the Finance and Audit Committee.

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

The Board of Directors of the College had previously internally restricted net assets to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget or to fund the obligations of the College in extreme circumstances as determined and approved by the Board of Directors.

During the prior year, the Board of Directors approved a transfer of \$1,600,000 from net assets internally restricted for contingencies to unrestricted net assets. This resulted in a decrease in the net assets internally restricted for contingencies from \$1,600,000 to nil.

COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

May 31, 2023

12. Commitment

The College is committed to lease its office premises until September 2033. The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	<u>\$</u>
2024	382,392
2025	390,604
2026	402,922
2027	409,081
2028	421,399
Subsequent years	<u>2,350,110</u>
	<u><u>4,356,508</u></u>

13. Contingencies

During the year, the College received legal matters in the ordinary course of its business. These matters are at a preliminary stage and as such the outcome and an estimate of loss, if any, is not determinable.

The College has no reason to believe that the disposition of the current matters will have a material adverse impact on its financial position, results of operations or the ability to carry on any of its business activities. No provision for loss has been recorded in these financial statements.

HILBORN

LISTENERS. THINKERS. DOERS.

***College of Occupational Therapists of Ontario
Audit Findings Communication for the year ended May 31, 2023***

A message from Blair MacKenzie to the Finance and Audit Committee

I am pleased to provide you with the findings of our audit of the financial statements of the College of Occupational Therapists of Ontario (the “College”) for the year ended May 31, 2023.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Finance and Audit Committee in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Finance and Audit Committee, Board of Directors and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address at our meeting scheduled for September 26, 2023.



Blair MacKenzie, CPA, CA
Managing Partner
Hilborn LLP
August 2, 2023

**“Our
commitment
to quality is
reflected in
every aspect
of our work.
If you have
any questions
or comments,
please contact
me.”**



Contents

Executive Summary	3
Significant Qualitative Aspects of the College’s Accounting Practices	4
Other Significant Matters	5 – 6

Your client service team

Blair MacKenzie, CPA, CA
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“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”

Executive Summary



Audit status

We have substantially completed our audit of the financial statements of the College for the year ended May 31, 2023, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Board of Director's approval of the financial statements

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements.

The management representation letter is expected to be consistent with that issued in our pre-audit communication. We ask management to sign and return the letter to us before we issue our auditor's report.



Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.

We have not performed any non-audit related services.



Management cooperation

There were no significant difficulties encountered while performing the audit.



Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated May 16, 2023.

Final materiality is consistent with preliminary materiality set at \$185,000.

Significant Qualitative Aspects of the College’s Accounting Practices

Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the entity’s accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

Accounting policies, accounting estimates and financial statement disclosures

Hilborn’s response and views

Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations.

Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statement.

- There were no significant changes in the previously adopted accounting policies or their application.
- Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently.

Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgements and assumptions are based on management’s knowledge of the business and past experience about current and future events.

- Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole.

Management is responsible for the disclosures made within the financial statements, including the notes to the financial statements.

- Based on the audit work performed, we are satisfied that the overall presentation, structure and content of the financial statements, including the disclosures, represent the underlying transactions and events in a manner that achieves fair presentation.

Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.

Significant Matter	Discussion
Summary of uncorrected misstatements	We did not identify any misstatements that remain uncorrected in the financial statements.
Corrected misstatements	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments proposed by Hilborn were approved and recorded by management.

Significant Matter	Discussion
<p>Significant deficiencies in internal control</p>	<p>An increased risk profile exists at the College relative to the lack of segregation of incompatible duties. The segregation of incompatible duties is a key internal control intended to minimize the occurrence of errors or fraud. The principle of segregating incompatible duties encompasses the division of responsibilities of a key process such that no one individual performs two or more of the functions related to custody, initiation, authorization, execution, recording and reporting.</p> <p>This risk is inherent in small to medium sized organizations and should not be interpreted negatively. From a cost-benefit perspective, it would not be practical to segregate incompatible duties to a sufficient degree to mitigate this risk, as it would require additional personnel that may not be appropriate otherwise.</p>
<p>Fraud and non-compliance with laws and regulations</p>	<p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Finance and Audit Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.</p>
<p>Significant difficulties encountered</p>	<p>No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.</p>
<p>Related party transactions</p>	<p>We did not identify any related parties or related party transactions.</p>
<p>Subsequent events</p>	<p>No subsequent events, which would impact the financial statements have come to our attention.</p>



BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Executive Committee
Subject: Annual Report

Recommendation:

THAT the Board approve the Annual Report for the 2022-2023 fiscal year for distribution.

Issue:

The Board is asked to review the annual report and approve it for distribution.

Link to Strategic Plan:

Public Confidence: The public trusts occupational therapy regulation.

Why this is in the Public Interest:

Ensuring that the College meets its public protection mandate and operates in a fiscally prudent manner serves the public interest.

Diversity, Equity, and Inclusion Considerations:

When preparing the Annual Report, the varied audiences that may review the report are considered and attempts are made to reduce the use of complex terminology. Images are selected to represent the diversity of the profession and the clients we serve.

Background:

As per the Regulated Health Professions Act, 1991, each College is required to report annually to the Ministry on its activities and financial affairs.

A digital version of the Annual Report has been prepared and is available for review at the following link:
https://rise.articulate.com/share/x-8peD_9sr2wOAm3owo7NBZ3BqzFJjRg

Committee reports are now included, and publicly available, in Board packages and referenced as such in the Annual Report.

Draft financial statements have been provided by the auditor. Following approval of the statements at the October Board meeting, the auditor will provide final statements for inclusion in the report with signature added and watermark removed.

Discussion:

The Annual Report for the 2022-2023 fiscal year has been prepared and is presented to Executive Committee for acceptance and recommendation to put forth to the Board.

BOARD MEETING BRIEFING NOTE

Annual Report

Page 2 of 2

Implications:

If accepted by Executive, the report will be put forth to the Board at its October meeting. If accepted by the Board, the report will be distributed electronically to registrants, the Ministry of Health, and stakeholders. In addition, it will be posted on the College's website.

Attachments: N/A

Q1 2023-2024 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: Teri Shackleton

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2023/2024	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)
	Review of College Performance Measurement Framework (CPMF)

Q1	Committee Activities: Meeting held on August 9, 2023: Reviewed outcome of the annual registrar performance evaluation. Chair subsequently met with Registrar on August 30 to discuss the results. Teri Shackleton and the Registrar/CEO signed the Emergency Regulation for final submission to the Ministry of Health.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Governance

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, System Impact

Workplan 2023/2024	Operationalize the remaining pieces of the governance workplan: (i). reducing board size, (ii). establishing a nominations committee, and (iii). separation of Board and Statutory Committees
	Establish an orientation module for Committee members
	Assess Board and Committees via a 3 rd party
	Replace governance policies with a new Governance Manual

Q1	<p>Committee Activities: There were two meetings in Q1. June 15, 2023 – The College conducted an open competitive process and invited candidates to apply to the new Nominations Committee. The College received 26 applications and four candidates were selected for an in-depth interview having demonstrated evidence of meeting most of the desired competencies. Committee received each candidate’s information and selected three candidates to serve on this Committee. August 31, 2023 – The Governance Committee reviewed the plan that redistributes the electoral districts from six to three and reduces the number of elected Directors from nine to six. This requires a change to the College bylaws regarding the timing of elections for certain electoral districts. The Committee also approved a statement of work drafted by a third-party consultant on Board effectiveness. The CPMF requires boards to regularly assess their effectiveness and take measures to address recommendations for improvement. The consultant’s final report will be shared at the January 2024 Board meeting. Finally, given all the governance changes over the past three years a complete overhaul of the governance policies is necessary. The Committee reviewed the proposed table of contents and held a discussion. The plan would be to bring several revised and/or new policies and guidelines to the Governance Committee at each meeting, and following plain language consultation, these would then be brought to the Board for final approval.</p>
	<p>Decisions Requiring Board Approval: That the Board approve Greg Clark, Jennifer Henderson and Peter Shenfield to the Nominations Committee effective July 1, 2023, for a three-year term; That the Board approve the amended bylaws in s.5.02 regarding the timing of elections.</p>

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2023/2024	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

Q1	Committee Activities: Meeting held: August 23, 2023 , the committee reviewed the committee mandate and work plan, draft finance and audit minutes from May 23, 2023, draft audited financial statements from Hilborn auditors for FY22/23, FY22/23 Q4 Financial summary report, FY22/23 Q4 investment report and Internal controls matrix.
	Finance Report: FY22/23 draft audited financial statements from auditors and FY22/23 Q4 Financial summary report were presented and reviewed by the committee members for information purposes only.
	Decisions Requiring Board Approval: N/A

Registration

Chair: Sarah Milton

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

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

Workplan 2023/2024	Registration Committee work plan
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Q1	Metrics												
	6944 Registrants				Application Processing Time 50.29 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates	
	82 Certificates Issued			Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary
	CAN	IE	Returning										
	26	7	49	46	35.58	74.28	56.26	0	N/A	N/A	N/A	0	0
	Commentary:												
	Cases						Meetings Held	Response Compliance	HPARB Appeals	Policies Updated			
	Type			New	Resolved	Avg Case Time							
	Currency			1*		N/A	0	N/A	0	0/15			
	Education												
Examination													
Language													
Second Provisional Certificate													
Suitability to Practice													
Outcomes	*Case to be reviewed by Registration Committee – September 2023												
Committee Activities: The Emergency Class regulation amendments were finalized with the province.													
Decisions Requiring Board Approval: N/A													

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Neelam Bal

Strategic Priorities: Public Confidence, Quality Practice

Investigations and Resolutions Legend:

No Risk Outcomes: Frivolous and Vexatious, Take No Action, Alternative Dispute Resolution (ADR)

Low Risk Outcomes: ADR, Advice/Guidance, Remedial Agreements/Undertakings

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

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

Workplan 2023/2024	Improve decision making process of ICRC panels and produce more streamlined and concise written decisions
	Develop and foster leadership skills for new committee members
	Participate in committee training involving health inquiries and decision making

Q1	Cases			Meetings Held	HPARB Appeals
	Type	New	Resolved		
	Registrar's Report Investigations	3	2	405.5 days	Panel A = 1 Panel B = 2 All ICRC = 1 None
	Complaints	5	1	122	
	Inquiries	1	0	N/A	
	Outcomes	Registrar Report Investigations: Take No Action x2 Complaints: SCERP and s.58 inquiry (1 case) Inquiries: N/A			
	Commentary: 1 of the RR Investigations had a delay due to consideration of whether an expert opinion was needed, and further information obtained, which accounts for the average case time being high				
	Committee Activities: 1 group training on June 2, 2023				
	Decisions Requiring Board Approval: Re-appointment of ICRC member – Roselle Adler				

Quality Assurance (QAC)

Chair: Elizabeth Gartner

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:

Quality Assurance Committee (QAC): Statutory committee.

Quality Assurance Subcommittee (QAS): Non-statutory committee made up of OTs that serve as subject matter experts.

Competency Assessment: Registrants participate in a 2-stage assessment process.

Annual eLearning Plan: Completed by registrants annually, usually due October 31

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

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

Risk-Based Selection (RBSA): Registrants are selected to take part in the competency assessment process based on 18 risk factors. This column indicates the latest selection of

registrants and is broken down to include: total registrants selected, # that received a deferral and total remainder (total minus deferred). Additional selections to be reflected as they occur.

% Total CA Completed: Percent of completed assessments.

Additional Q1 Directed CAs: Number of assessments conducted that originated from reasons other than through the RBSA selection.

Average case time: Calculated from the date of the letter of notification to the date of the notice of decision (excludes registrants granted deferrals and excludes time for completion of SCERP).

Policy: Review of a policy or a subsection requiring updating.

Workplan 2023/2024	Keep updated QA policies revised on a quarterly basis
	Approve annual eLearning module topic by end of Q4
	Implement revised competency assessment process by end of Q1
	Integrate QA activities into new COTO portal including single sign-on for Annual Requirements by January 1, 2024
	Continuous data driven quality improvement of QA activities on a quarterly basis

Q1	Metrics				
	Competency Assessment				
	Risk-Based Selection	Competency Assessment (CA) Completed Q1	CA in Progress	% Total Annual CA Completed	Additional Q1 Directed CAs
	Cohort 1 total = 64 Deferred/NA = 15 Accommodation = 0 Remainder = 49	0 <i>(Assessment period Sept 18th – Nov 17th, 2023)</i>	49	0	0
Annual Requirement					
	eLearning Module (due Oct 31, 2023)	N/A % completed	Annual Learning Plan (due Oct 31, 2023)		N/A% completed

Committee								
QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policies Review
Type	Deliberated	Learning Needs Identified	Outcomes					
Competency Assessment	N/A	0 = 1 = 2 = 3 = 4 = 5+ =	%_ Successful Completion %_ Successful Completion with a Recommendation %_ Specified Continuing Education or Remediation Program (SCERP) %_ Other	N/A	N/A	N/A	0	N/A
Non-Compliance with annual requirements	N/A							
Registrant Experience Survey: Value (% satisfaction), Principles (% satisfaction), Support (% satisfaction)								
Commentary: The 2 annual requirements (eLearning Module and Learning Plan) were launched in the new database portal in June. Both are due October 31 st and the QA team is fielding inquiries to support registrants in their access and completion of these activities. The 2024 eLearning module is currently in development with QAS. The Competency Assessment process and tools have undergone a major revision to reflect the new Competencies for Occupational Therapists in Canada and the new Standards for Practice. This new 2 step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. The interviews are being conducted September 18 – November 17 th . The QA Team welcomed Laura Burrows in the role of QA Associate (maternity leave).								
QAC Activities: None in Q1. Upcoming meetings scheduled for November 7th and December 12th. QAS Activities: The subcommittee met 2 times (July 17 th and August 21 st) to develop the themes and content for the 2024 Annual eLearning Module on Record Keeping. QAS are currently working in small groups on specific sections to complete the draft. The next meeting is scheduled for late September. Peer Assessors: There are 13 peer assessors that perform the competency assessments. Two in depth training days have been held (June 27 th and 14 th) to prepare for the new competency assessment. Assessment notification emails were sent out August 22 nd and peer assessors have contacted the registrants assigned to them and are coordinating the peer interviews which begin September 18 th .								
Decisions Requiring Board Approval: None								

Discipline

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2023/2024	Process cases going through Discipline
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	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
Q1	0	1	1	Not tracked	Adjourned indefinitely – accepted UT to resign and never re-apply	N/A	N/A
Commentary: None							
Committee Activities: 1 motion heard as above, 1 pre-hearing conference schedule for October 2023.							
Decisions Requiring Board Approval: None							

Patient Relations

Chair: Sabrina Shaw

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2023/2024	Logic Model Update-Includes developing working relationship with Equity Perspectives and Indigenous Insights Panels
	Board Orientation, Education, and Policy Review
	Oversight of Risk Management and Register as it relates to patient relations
	Review public documents/communications and recommend revisions to current publicly available Information

Q1	Funding Applications: 0 new applications received
	Commentary: There are two cases where the College Sexual Abuse Funding Program is being accessed
	Committee Activities: Meeting held on June 13, 2023 <ul style="list-style-type: none"> • Sexual abuse case study for staff, board, and registrant education finalized • Committee made aware New PR committee member term to begin • A review of the Patient Relations Committee Logic Model resulted in a transition from leadership by I&R to leadership by Manager, Practice • A review of the Patient Relations Committee Logic Model resulted in an invitation to COTO COMMS team to support the committee
	Decisions Not Requiring Board Approval: Patient Relations Committee Work Plan
	Decisions Requiring Board Approval: N/A

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

Workplan 2023/2024	N/A

Q1	There were no Fitness to Practise matters
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Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

Workplan 2023/2024	Update all practice guidance documents
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Q1	346 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	236	43	67	97%	<ul style="list-style-type: none"> Record Keeping Scope of Practice Conflict of Interest Psychotherapy 	<ul style="list-style-type: none"> Scope of Practice Jurisdiction Consent Use of Title 	Privacy Legislation in Occupational Therapy
<p>Commentary:</p> <p>Practice Data: This quarter, the practice resource service received inquiries about record keeping, scope of practice, conflict of interest and psychotherapy. The questions from the public included questions about what OTs can and cannot do. As clients are travelling, OTs are asking about virtual services across jurisdictions and clients are asking if an OT from another province can provide services in Ontario. There is a rise in employers seeking the assistance of the College to assist to fill vacant OT positions.</p> <p>Outreach: Speaking engagements in the first quarter have slowed over the summer months. This decline is consistent with previous years. Outreach included a presentation at McMaster University to second-year OT students on the complexities of entering practice. Practice and QA also presented to the OTs at the University Health Network about the updated Standards of Practice and QA requirements. The development of additional resources to support occupational therapy practice is ongoing. Practice published two Q & As in the August newsletter on Consent in Schools and Provisional registrants and Psychotherapy. A poll was sent out asking OTs if the Standards of Practice are flexible enough to support their practice area, out of 103 responses 90.3% said yes and 9.7% responded No.</p> <p>Collaboration with System Partners: The practice team engaged with professional associations CAOT and OSOT to discuss emerging issues for the profession and the impact on recipients of OT services. The topics discussed include the Interim Federal Health Program, practising across jurisdictions, Psychotherapy, and Finding an OT. The practice team has been monitoring information from the Ministry of Health and Public Health as we approach the respiratory and flu season.</p> <p>Committee Activities: The practice subcommittee met on June 7th, 2023, via Zoom. The Subcommittee reviewed and provided feedback on several practice resources: Culture, equity and justice case study, Standards of Practice webinar Q & As and psychotherapy resources. The</p>							

	<p>Subcommittee welcomed a guest speaker with expertise on requests to view surveillance as part of occupational therapy practice. This presentation and discussion were helpful as the Subcommittee moved forward in updating the outdated guidance on surveillance and working with third-party payers in occupational therapy.</p> <p>Two Subcommittee members tendered their resignation – the reasons include leaving the profession and career changes. The Subcommittee looked at the committee's composition and put forth recommendations for the competencies needed to carry out the subcommittee's mandate.</p>
	<p>Decisions Requiring Board Approval (Through Executive Committee): None in Q1.</p>

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receive 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 Executive reviews the risks so that the Board can be assured that risks to the college are being appropriately monitored and managed.

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 Executive Committee reviewed the risk register in its entirety at their May 31, 2023, meeting. This overall review of the risk register occurs once per year; however, the register can be reviewed at any time.

Risk Category	STRATEGIC
Risk:	<p>Health Human Resources</p> <p>In the current environment, the availability of health care personnel has reached a crisis level for governments across the country. This includes Ontario. The Ontario government has tried to remediate this risk by focusing on the registration processes for health care practitioners. Initiatives by the Ontario government have included:</p> <ul style="list-style-type: none"> • Mandating that each college develop an emergency registration regulation. This is now in force but has not been needed yet. • Mandating the language tests that we must use. The impact is that we must perform assessments on these tests to determine the benchmark that we can accept. (This is time and money) • Introducing ‘as of right’ legislation which allows applicants from another province to start a job without being fully registered. The impact is not to occupational therapy yet but is a risk that could arise. The risk is that individuals with a conduct or competency issue may start working without appropriate input via the regulatory system. • The Fairness Commissioner is now proposing to become involved in the registration processes for domestically educated applicants, (as opposed to internationally educated) potentially adding more preparation of reports to justify registration requirements. • Removal of Canadian experience requirements. No impact for occupational therapy. <p>In addition, there is increasing scrutiny on the roles of professionals within the system. We may need to be prepared to support exploration of changing roles or scope of practice for the profession.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Establishing and sustaining positive government relationships. 3. Standard processing times for applications for registration.
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. Monitoring government processes put in place for other professions.

BOARD MEETING BRIEFING NOTE

	<p>Action Plan:</p> <ol style="list-style-type: none">1. Working with the SEAS program to support their timely assessment of international applicants.2. Anticipating our new system for registration and database to maximize efficiency and reporting.3. Maintaining open communication with the provincial OT association and government re: any relevant initiatives.
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BOARD MEETING BRIEFING NOTE

Risk Category	STRATEGIC
<p>Risk:</p>	<p>Proposed Fee Increase</p> <p>During the past year, the College has been reviewing its finances and has determined a fee increase might be necessary. While our current reserve funds are at a reasonably healthy level right now, we had projected an operational budget deficit in the last fiscal year, and for the next few years. Any deficit is funded through unrestricted reserve funds. In addition, the only way to replenish reserve funds is from a surplus. So, in order to maintain healthy finances that ensure the college can continue to operate to meet its mandate a 2% fee increase has been proposed for the next annual renewal cycle. In addition, the bylaws propose possible fee increases up to 2% for the next five years as determined each year by the Board.</p> <p>If approved by the Board, the Bylaws will be circulated to Registrants and key partners for comment. As with any fee increase, the College anticipates a negative reaction from registrants.</p>
<p>Control Procedure(s)</p>	<ol style="list-style-type: none"> 1. A communications plan is underway to assist with understanding the rationale. 2. The Finance and Audit Committee has thoroughly reviewed the details of the proposal.
<p>Action Plan & Monitoring Process</p>	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Feedback through consultation process <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Based on decision at the Board meeting, move forward with the Consultation on the Bylaws and communications plan.

BOARD MEETING BRIEFING NOTE

Risk Category	OPERATIONAL
Risk:	<p>Enterprise System project</p> <p>Updates on our system work:</p> <ul style="list-style-type: none"> • System for initial registration in final testing mode and set for deployment in October. • Public register in final testing phase. • Quality Assurance self assessment and learning plan deployed.
Control Procedure(s)	<ol style="list-style-type: none"> 1. Dedicated resources for IT operations 2. 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. 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. Additional development resources were contracted for a short term to speed up deployment.
Action Plan & Monitoring Process	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Enterprise-wide System Phase 3, implementation, continues. 2. Project manager to continue. 3. Ongoing financial reserves to be monitored for development and maintenance of this critical College infrastructure. 4. The Board will be kept informed as this project progresses.

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Finance and Audit Committee
Subject: Fiscal Year 2023/2024 Q1 Financial Summary Report

Recommendation:

THAT the Board receive the FY23/24 Q1 Financial Report, as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2023/2024 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 August 31, 2023
 - Statement of Operations for the period June 1, 2023, to August 31, 2023
 - Statement of Reserve Funds as at August 31, 2023

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at August 31, 2023)

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

BOARD MEETING BRIEFING NOTE

Fiscal Year 2023/2024 Q1 Financial Summary Report

Page 2 of 9

- 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 August 31, 2023 represent the portion of the annual renewal fees collected for fiscal year 2023/2024. 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, 2023, are automatically recorded directly under Registration fees on the Statement of Operations for the current fiscal year.

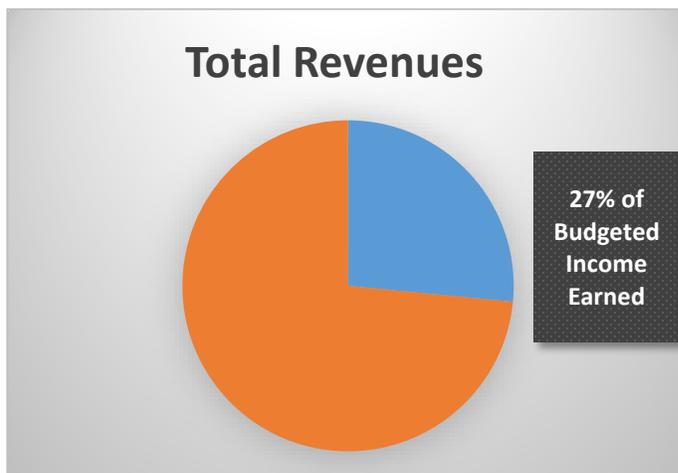
The Net Assets section on the Statement of Financial Position reflects the following:

- The decrease in Invested in Fixed Assets is due to the depreciation.
- The excess of revenues over expenses for the period is due primarily to lower expenditure, due to delayed timing, in various areas.

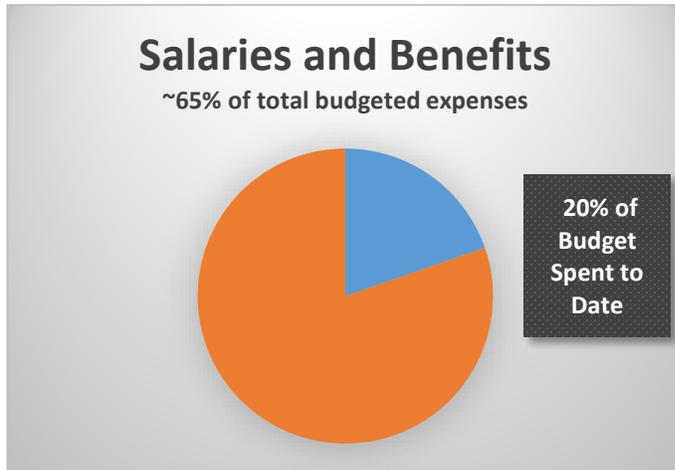
Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2023, to August 31, 2023).

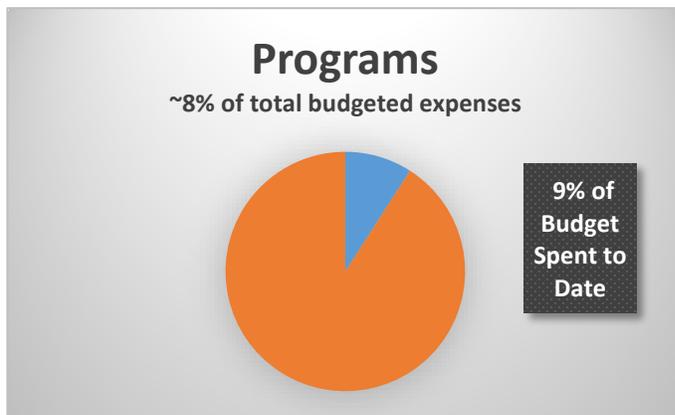
The excess of revenues over expenses for the period June 1, 2023, to August 31, 2023, is \$408,903 once the Enterprise System costs are removed. The College is in a surplus position and the below charts provide some additional detail for each category.



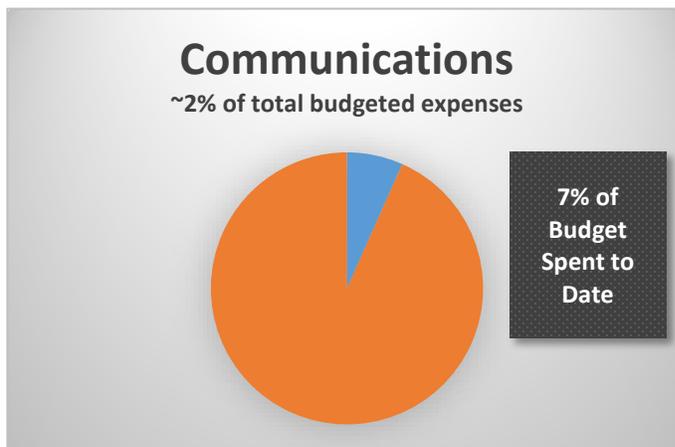
- Status: Favourable to budget
- Revenue is composed primarily of returning and new registrant fees, and application fees.
- Actual revenue earned to date is 27% due primarily to greater applications fees collected, and increased interest income.



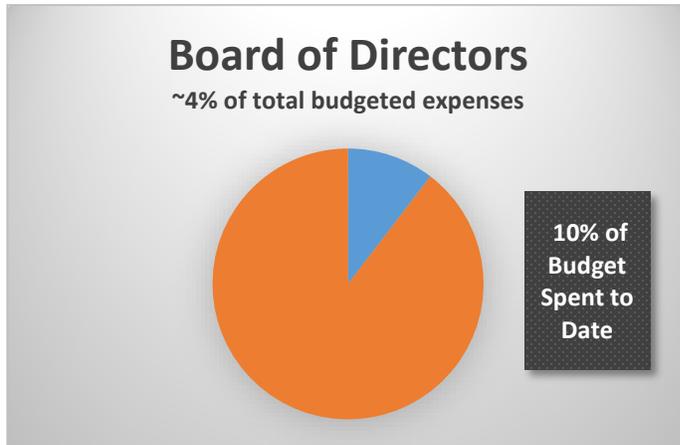
- Status: Favourable to budget
- Salaries and benefits are slightly under budget and this is due to the reversal of the annual vacation accrual. We are expecting salaries to be in line with the budget by the end of the year.



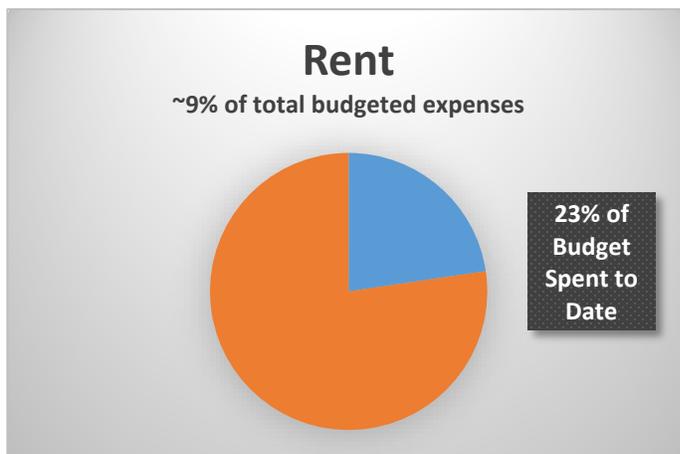
- Status: Favourable to budget
- Program expenses are under budget primarily due to the timing of College activities. This account includes the reversal of an I&R year-end accrual. When this is excluded, we have incurred \$44K in expenses.



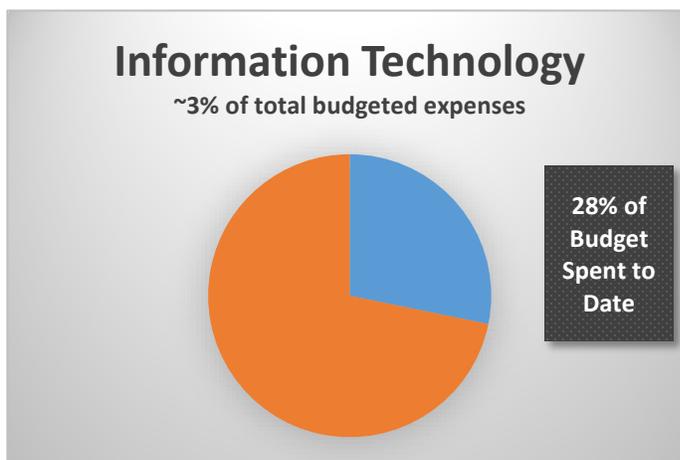
- Status: Favourable to budget
- Communications costs are under budget due to the timing of invoicing from vendors, including costs relating to operational projects and subscriptions.



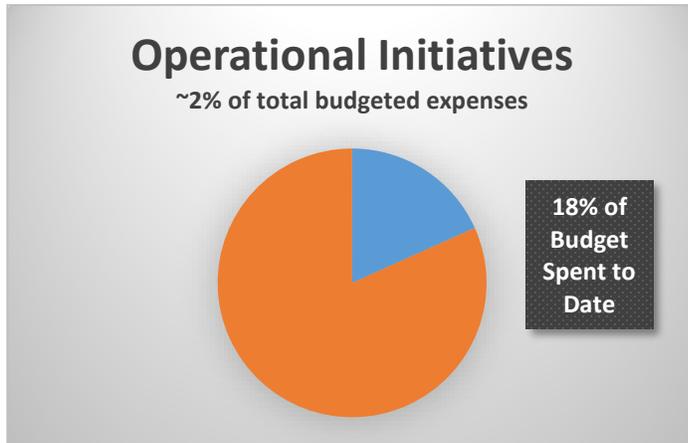
- Status: Favourable to budget
- Board of Director expenses are under budget. Anticipate more in-person meetings in the next quarter.



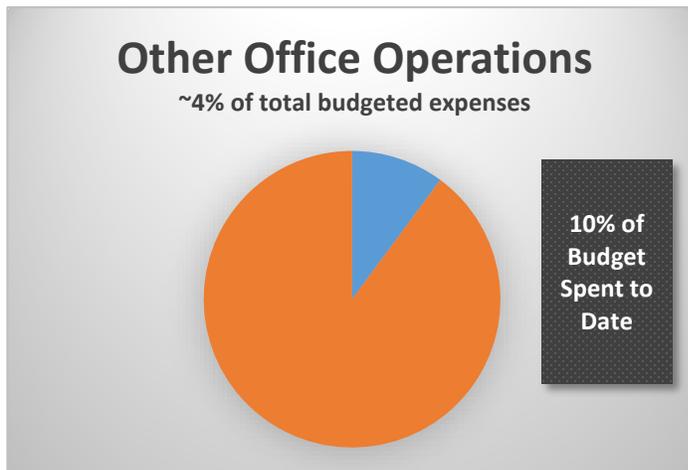
- Status: On target
- Included here are rent and insurance premiums and leases for large equipment.



- Status: Unfavourable to budget
- Information technology expenses are slightly over budget but anticipate alignment to budget by the end of the year.



- Status: Favourable to budget
- Operational initiatives are under budget at 18% spent to date once the Enterprise System costs are removed. This is due to the timing of activities and invoices.



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

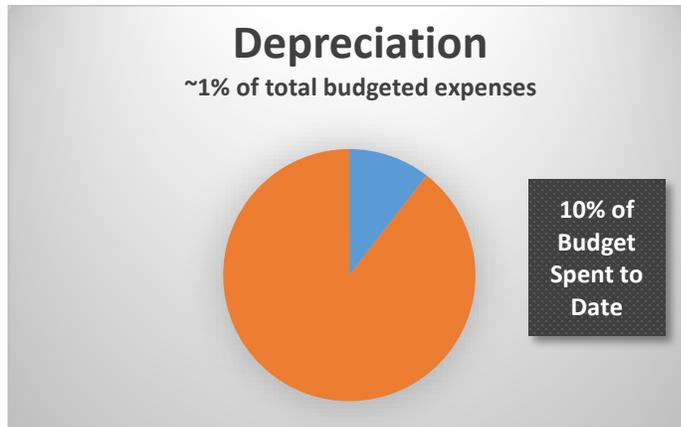


- Status: Favourable to budget
- Professional Fees are under budget; we anticipate this to become in line with the budget as the year progresses.

BOARD MEETING BRIEFING NOTE

Fiscal Year 2023/2024 Q1 Financial Summary Report

Page 6 of 9



- Status: Favourable to budget
- Anticipate the addition of new fixed assets to be purchased throughout the year which will align to budget.

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at August 31, 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 August, the follow expenses have been incurred:

- \$78,858 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.
- \$6,166 has been allocated to the Invested in Fixed Assets Fund amount and is reflective of the accumulated depreciation.

BOARD MEETING BRIEFING NOTE

Fiscal Year 2023/2024 Q1 Financial Summary Report

Page 7 of 9

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 Council 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: September 30, 2023 October 31, 2023 November 30, 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 August 31, 2023

	31-Aug-23	31-Aug-22
ASSETS		
Current assets		
Cash	3,699,084	3,764,239
Accounts receivable and prepaid expenses	77,748	50,772
Total current assets	3,776,832	3,815,011
Investments	3,565,719	3,461,114
Property and equipment, net of accumulated amortization	216,895	221,564
TOTAL ASSETS	7,559,446	7,497,689
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	127,440	106,259
HST payable	(11,849)	-
Deferred registration fees	3,322,449	3,191,785
Total current liabilities	3,438,040	3,298,044
Total liabilities	3,438,040	3,298,044
NET ASSETS		
Reserve funds	1,287,262	1,651,933
Invested in fixed assets	216,894	221,564
Unrestricted	2,287,205	1,873,320
Adjusted excess of revenues over expenses for the period	330,045	452,828
Total net assets	4,121,406	4,199,645
TOTAL LIABILITIES AND NET ASSETS	7,559,446	7,497,689

BOARD MEETING BRIEFING NOTE

Fiscal Year 2023/2024 Q1 Financial Summary Report

Page 9 of 9

**College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
June 2023 to August 2023**

	3 Months Actuals ended August 2023 \$	12-Month Budget FY23/24 \$	Percentage of Spend to Budget %
REVENUES			
Registration fees	1,210,343	4,667,399	26%
Application fees	35,134	105,860	33%
Interest & other income	39,469	68,689	57%
TOTAL REVENUES	1,284,946	4,841,948	27%
EXPENSES			
Salaries and benefits	667,718	3,389,446	20%
Programs	(20,326)	427,120	-5%
Communications	5,951	89,151	7%
Board of Directors	21,891	210,383	10%
Rent	106,198	468,616	23%
Information technology	44,988	159,416	28%
Other office operations	17,971	177,298	10%
Operational initiatives	100,808	120,000	84%
Professional fees	3,536	85,138	4%
Depreciation	6,166	58,780	10%
TOTAL EXPENSES	954,901	5,185,348	18%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	330,045	(343,400)	
<i>Funded by Enterprise Wide System Reserve Fund</i>	<i>78,858</i>		
ADJUSTED EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	408,903		

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2023 \$	Spent to Date/Change \$	Closing Balance Aug 31, 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	\$ 141,120	\$ (78,858)	62,262
Invested in fixed assets	\$ 223,060	\$ (6,166)	\$ 216,894
Unrestricted	\$ 2,202,181	\$ 85,024	2,287,205
Excess of revenues over expenses for the period	\$ -	\$ 330,045	330,045
TOTAL RESERVES	3,791,361	330,045	4,121,406

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Executive Committee
Subject: Strategic Planning Follow-Up

Recommendation:

*THAT the Board appoint the following Board Members to the Strategic Planning Working Group:
xxx, xxx, xxx, xxx, xxx.*

Issue:

The Board is asked to appoint several of its members to serve on a short term working group to follow up after the strategic planning exercise.

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 the College through effective planning will strengthen our protection of the public and enhance public confidence in the regulatory system.

Diversity, Equity, and Inclusion Considerations:

The Board should consider selecting a diverse committee of its members to complete this work. Diverse perspectives will enhance the quality of the outcomes.

Background:

The Board will have engaged in a strategic planning exercise on October 25, 2023. And while much is expected to be accomplished on that day, there is always follow-up needed to ensure the strategic objectives are completed in line with the Board's expectations. Typically, a small working group has been struck which includes senior staff and board members to complete this follow-up work. The goal is to bring the final strategic objectives to the Board for approval at its meeting in January.

Discussion:

We expect to follow this process unless something else is decided at the strategic planning meeting. Board members should consider if they would be willing to serve in this capacity.

BOARD MEETING BRIEFING NOTE

Strategic Planning Follow-Up

Page 2 of 2

Implications:

Typically, a group such as this would meet a few times prior to the January Board meeting to review materials and contribute to the final product. Once the strategic objectives are approved, the work of this group will be concluded.

Attachments: N/A

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Investigations, Complaints and Reports Committee (ICRC)
Subject: Committee Reappointment to the ICRC

Recommendation:

THAT the Board reappoint Roselle Adler to the Inquiries, Complaints and Reports Committee as a Professional Committee Appointee for a second three-year term commencing on November 1, 2023.

Issue:

The Board is asked to reappoint Roselle Adler as she has completed one term on the committee and is eligible for a second term. Her first term will end on October 31, 2023.

Link to Strategic Plan:

1.3 Public Confidence - College governance is responsive, effective, competency-based and accountable.

3.2 Quality Practice - 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: N/A

Background:

The Inquiries, Complaint and Report Committee 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). The candidate meets the criteria established in Part 12: Professional Committee and Community Appointees, section 12.01 Professional Committee Appointees.

The ICRC moved to recommend Roselle Adler for another term at it's meeting on June 2, 2023.

Discussion: N/A

BOARD MEETING BRIEFING NOTE

Committee Reappointment to the ICRC

Page 2 of 2

Implications:

It is important to avoid any disruptions to the work of the ICRC and to create continuity where desirable. Having experienced ICRC members continue in their role is also in the public interest.

Attachments: N/A

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Finance and Audit Committee
Subject: Registration Fee Increase & Bylaws

Recommendation:

THAT the Board approve the bylaws for consultation as required by the Regulated Health Professions Act, 1991, to allow the College to raise registration fees by up to 2% in each of the next five years.

THAT the Board approve the proposed 2% increase to registration fees for the upcoming 2024/2025 annual renewal period.

Issue:

A growing registrant base and rising inflation have put a strain on the College's budget and capacity to successfully fulfill its mandate. Based on the projected 5-year forecast, to maintain healthy reserve funds and to comply with the Registrar's obligations and Canada Revenue Agency (CRA) guidelines a registration fee increase of 2% is being proposed for the upcoming annual renewal period of 2024/2025. The Board previously approved a year-over-year registration fee increase of between 1% and 2% for a period of no more than five years during the January 11, 2023, Board meeting. The Bylaws enacting this increase must now be approved and circulated for consultation.

Link to Strategic Plan:

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

Why this is in the Public Interest:

The *Regulated Health Professions Act, 1991* requires all health profession's regulatory bodies to carry out the same objects and duties. 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 proposal, all elements of diversity, equity and inclusion were considered. Changes to registration fees would be applied over the years, rather than at once, to limit financial impact to registrants.

Background:

The College last approved a registration fee increase in 2007. The increase was required to provide the College with the necessary funds to fulfill its mandate and to replenish the then depleted reserves.

BOARD MEETING BRIEFING NOTE

Registration Fee Increase & Bylaws

Page 2 of 5

Since then, the College has worked diligently at controlling costs and finding efficiencies to support the growing registrant base, without raising fees. These cost-cutting measures significantly contributed to the replenishment of reserve funds, which were low, and resulted in the College returning its finances to an appropriate level. The College must maintain these reserves as per the Registrar's obligations under the College's governance guidelines. Per these guidelines, the College must maintain restricted reserve funds for specific purposes. In addition, per guidance from the College's auditors, to operate with certainty for our future, the College must maintain a sufficient amount of unrestricted reserves as well. This direction is based on Canada Revenue Agency (CRA) guidelines that allow non-profit organizations to maintain up to 6-months of operating expenses, or potentially even up to 9-12 months since the pandemic. Current reserves, as at August 31, 2023 total \$4,121,406 which represents approximately 10 months of operating expenses. With year one's deficit for FY2324 of \$343,400, this will reduce reserves to 9 months of operating expenses. The College's reserves will continue to reduce based on the 5-year deficit projections illustrated on the chart below.

Over recent years, the College has encountered increased growth, inflation pressure, new technology requirements, increased government reporting and performance pressure which has resulted in the College facing deficits year-over-year. The College must now increase revenues to sustain operations, keep up with the pace of the growing registrant base and external pressures, and fulfill its public protection mandate.

BOARD MEETING BRIEFING NOTE

Registration Fee Increase & Bylaws

Page 3 of 5

Discussion:

As 98% of our revenues are derived from our registration fees, the College is proposing an increase in these fees to sustain operations. The main considerations of this proposal were previously reviewed by the Board in January 2023. The College has not increased fees in over 15 years. During this time, the College has operated with a high degree of care and diligence to fulfill its mandate. This has caused a strain on the College; fees must now be increased to be able to provide the same level of diligence and care going forward. The College is currently projecting ongoing negative deficits for the foreseeable future. This limits the ability of the College to retain staff in a competitive marketplace, take on operational initiatives and meet its regular operating duties to operate effectively and optimally.

Below is an analysis which highlights the impact to Registrants of a 1%, 1.5% and 2% Registration Fee increase for this upcoming fiscal year (2024/2025).

	FY2023/24	FY2024/25
<i>Increase of 1.0%</i>		
Registrant Fee	657.55	664.13
HST	85.48	86.33
Total Cost	743.03	750.46
<i>YOY Total Cost Change</i>		7.43
<i>Increase of 1.5%</i>		
Registrant Fee	657.55	667.41
HST	85.48	86.76
Total Cost	743.03	754.17
<i>YOY Total Cost Change</i>		11.14
<i>Increase of 2.0%</i>		
Registrant Fee	657.55	670.70
HST	85.48	87.19
Total Cost	743.03	757.89
<i>YOY Total Cost Change</i>		14.86

BOARD MEETING BRIEFING NOTE

Registration Fee Increase & Bylaws

Below is an analysis which highlights the impact to the College's 5-Year Surplus/Deficit position based on a 1%, 1.5% and 2% registration fee increase for this upcoming fiscal year (2024/2025).

5-Year Surplus/Deficit Comparisons

1.0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,841,950	5,082,574	5,278,463	5,482,253	5,694,051	5,914,236
Expenses	5,185,350	5,411,184	5,592,112	5,781,017	5,974,907	6,175,248
Surplus/Deficit	(343,400)	(328,610)	(313,649)	(298,764)	(280,856)	(261,012)
Percent % of Revenue	-7%	-6%	-6%	-5%	-5%	-4%

1.5% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,841,950	5,105,802	5,326,894	5,557,987	5,799,322	6,051,418
Expenses	5,185,350	5,411,184	5,592,112	5,781,017	5,974,907	6,175,248
Surplus/Deficit	(343,400)	(305,382)	(265,218)	(223,030)	(175,585)	(123,830)
Percent % of Revenue	-7%	-6%	-5%	-4%	-3%	-2%

2.0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,841,950	5,129,030	5,375,557	5,634,450	5,906,114	6,191,251
Expenses	5,185,350	5,411,184	5,592,112	5,781,017	5,974,907	6,175,248
Surplus/Deficit	(343,400)	(282,154)	(216,555)	(146,567)	(68,793)	16,003
Percent % of Revenue	-7%	-6%	-4%	-3%	-1%	0%

BOARD MEETING BRIEFING NOTE

Registration Fee Increase & Bylaws

Page 5 of 5

If an increase in registration fees is not applied, the College will be in a deficit position each year moving forward (see chart below) which will result in depleting the reserves on hand. This will not be in line with our governance guidelines and will not allow us to operate as per our public protection mandate.

No Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,841,950	5,036,117	5,182,298	5,332,956	5,488,017	5,647,673
Expenses	5,185,350	5,411,184	5,592,112	5,781,017	5,974,907	6,175,248
Surplus/Deficit	(343,400)	(375,067)	(409,814)	(448,061)	(486,890)	(527,575)
Percent % of Revenue	-7%	-7%	-8%	-8%	-9%	-9%

Given this analysis, a 2% increase to registration fees is proposed for fiscal year 2024/2025. The attached Bylaws have been amended to reflect this proposed increase. In addition, the Bylaws have been amended to include increases over the next 5 years. Each year, the Board would determine the amount of the increase, up to 2%, depending on the fiscal picture in each year. However, the above plan outlines the prediction for the next five years.

Implications:

If the Board approves a registration fee increase of 2% in October 2023, the College will begin the consultation process as required by legislation. The outcome of these consultations would then be included in the January 2024 Board package, for a final decision, followed by implementation for annual renewal 2024/2025. This process will allow the college flexibility to gradually raise fees over a five-year period.

Attachments:

1. Guidelines for Establishing & Maintaining Reserve Funds
2. Bylaw – Part 18: Proposal Fees



ESTABLISHING AND MAINTAINING RESERVE FUNDS

Guidelines for Board Directors

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

1. Reserve Funds will be established for:
 - a. Hearings and Independent Medical Exam Reserve Fund
The Hearings and Independent Medical Exam Reserve Fund is designated to cover costs, including legal costs, for conducting discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeal hearings, other hearings that may arise related to regulating the profession, and independent medical exams. The amount to be maintained in this fund is \$400,000 or such other amount as may be determined by the Board.
 - b. Sexual Abuse Therapy and Counselling Reserve Fund
The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is \$25,000 or such other amount as may be determined by the Board.
 - c. The Premises Fund
The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of \$500,000 or such other amount as may be determined by the Board.
 - d. Enterprise Wide IT System Fund
The Enterprise Wide IT Fund is designated to provide for the cost of implementing and/or maintaining an enterprise-wide, registrant-based electronic system that will support the delivery of the statutory College mandate in an efficient and effective manner. The minimum amount to be maintained in this fund is \$100,000 and maximum amount to be maintained in this fund is \$500,000 or such other amount as may be determined by the Board.
2. Appropriations from the annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar and CEO.

Created: February 1997

Reviewed: October 2000, March 2007, October 2010, June 2012, January 2013, January 2016, January 2019, June 2023

Revised: October 2017, June 2019, March 2020, June 2022

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:~~

- ~~a.—between June 1 and August 31, \$657.55 plus applicable taxes;~~
- ~~b.—between September 1 and November 30, \$493.17 plus applicable taxes;~~
- ~~c.—between December 1 and February 28, \$328.78 plus applicable taxes;~~
- ~~d.—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:~~

- ~~a.—\$657.55 plus applicable taxes for a Registrant holding a general~~

~~practising certificate or a provisional practising certificate; and
b. \$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.

The fee for issuing a document or certificate respecting a professional corporation is \$25.00 plus applicable taxes.

Proposed Fees in bylaw

Part 18: Fees

18.01 Schedule of Fees

The College shall maintain, as a Schedule to these bylaws, a list of all fees and penalties which may be charged or imposed by the College, as amended from time to time. Where no fee has been set out in the Schedule, a Registrant, health profession corporation, or other person shall pay to the College the fee set by the Registrar and CEO for anything that the Registrar and CEO is required or authorized to do.

18.01.1 The College will provide written notice of a fee or penalty to a Registrant when it is due. A Registrant's obligation to pay a fee or penalty continues regardless of whether the Registrant fails to receive notice of a fee or penalty due to incorrect or out of date contact information.

18.02 Registration Year

The registration year for Registrants shall be from June 1 to May 31 of the following year.

18.03 Application Fee

Every applicant for a Certificate of Registration of any Class shall pay an application fee, as set out in the Fee Schedule, immediately upon the applicant submitting a completed application to the Registrar and CEO.

18.04 Registration Fee

The registration fee is an amount equal to the annual renewal fee. After an applicant is notified by the College that their application for a Certificate of Registration has been approved, the initial registration fee for the General, Provisional or Emergency Class Certificate of Registration is payable, prorated on a quarterly basis, as set out in the Fee Schedule.

18.05 Renewal Fee

Every Registrant shall pay an annual renewal fee for each Certificate of Registration on or before May 31 of each year as set out in the Fee Schedule. At least 60 days before the renewal fees are due, the Registrar and CEO shall send to each Registrant a notice stating that the renewal fees are due and a request for information required under the regulations and the bylaws of the College. The obligation to pay the renewal fee continues even if the Registrar fails to provide the notice or the Registrant fails to receive such notice.

18.06 Fee Waiver

The Registrar and CEO may waive all or part of a fee, penalty, or amount in exceptional circumstances. The Registrar and CEO shall document the reasons for the waiver.

18.07 Outstanding Amounts

Any outstanding balance owing to the College in respect of any decision made by a College committee, and any other fees payable under this bylaw, will be added to and included in the registrant's annual renewal fees set out in the Fee Schedule.

18.08 Fee adjustments

Effective June 1, 2024, and for the subsequent 5 years, the Board shall annually review the renewal fee, and where they deemed it appropriate, may increase the fee by not more than 2% each year, plus applicable taxes, rounded up to the nearest dollar.

Schedule 2 TO THE BYLAWS

Fee Schedule

Fees relating to applications for Certificate of Registration in any Class

Fee Item	Fee	HST 13%	Total Fee*
Application Fee	\$200.00	\$26.00	\$226.00

Fees relating to initial Registration

Fee Item	Fee	HST 13%	Total Fee*
June 1 – August 31	\$671	\$87.23	\$758.00
September 1 – November 30	\$503	\$65.39	\$568.00
December 1 – February 28	\$335	\$43.55	\$379.00
March 1 – May 31	\$168	\$21.84	\$190.00

Fees relating to Renewal for General, Provisional, or Emergency Class

Fee Item	Fee	HST 13%	Total Fee
Renewal	\$671.00	\$87.23	\$758.00
Late Payment	\$100.00	N/A	\$100.00

Fees relating to Temporary Class

Fee Item	Fee	HST 13%	Total Fee
Renewal	\$66.00	\$8.58	\$75.00

Fees relating to Professional Corporations and Certificates of Authorization

Fee Item	Fee	HST 13%	Total Fee
Application	\$500.00	\$65.00	\$565.00
Annual Renewal	\$250.00	\$32.50	\$283.00
Late Payment	\$25.00	N/A	\$25.00

Other Fees

Fee Item	Fee	HST 13%	Total Fee
Service Charge for declined payments	\$25.00	\$3.25	\$28.00
Duplicate Certificate	\$25.00	\$3.25	\$28.00
Letter of Standing	\$40.00	\$5.20	\$45.00
Copying documents	\$40.00	\$5.20	\$45.00

* Fees are rounded up to the nearest dollar.

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Executive Committee
Subject: Ratification of Executive Decision

Recommendation:

THAT the Board ratify the decision of the Executive Committee to appoint Jennifer Henderson as Chair of the Nominations Committee

Issue:

The Board is asked to ratify the decision of the Executive Committee to appoint Jennifer Henderson as Chair of the Nominations Committee until March 31, 2024.

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:

The Nominations Committee will contribute to effective governance of Board and Committee development, and to governance succession planning. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system through transparency and accountability.

Diversity, Equity, and Inclusion Considerations:

This is a committee of three people and the committee determined within itself how to select a chair.

Background:

The Nominations Committee has started their work after their appointments by the Board in June 2023. At this time, they needed to select a Chair to keep things moving and align with our governance processes. The Nominations Committee used a self-imposed process to select their chair, and Jennifer Henderson was the selected individual. The Nominations Committee put forth their recommendation. The Executive has approved the appointment of Jennifer Henderson as Chair and did so in between meetings of the Board so as to facilitate the timely functioning of the committee. Our processes note that decisions such as this should be ratified by the Board at their next meeting.

BOARD MEETING BRIEFING NOTE

Ratification of Executive Decision

Page 2 of 2

Discussion:

The Executive Committee has determined that they will accept the recommendation of the Nominations Committee and has put forth this decision for ratification.

Implications:

Ratification of the Executive Decision is a formality, but signals to the Board the Committee's intention of transparency of decisions. As this was a relatively low risk decision, with few to no implications noted, the Executive deemed it an appropriate decision at that time versus waiting for or calling a Board Meeting. The Board approved Jennifer's appointment to the Nominations Committee in June 2023 and is therefore familiar with her competencies to take on this role.

Attachments: N/A

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Executive
Subject: Privacy Legislation and Occupational Therapy Practice, 2023

Recommendation:

THAT the Board approve the document: Privacy Legislation and Occupational Therapy Practice, 2023 for distribution.

Issue:

The Board is asked to review the document: *Privacy Legislation and Occupational Therapy Practice, 2023*, and determine whether it is ready for dissemination.

The Board requires that the Executive provides oversight to the Practice Subcommittee outcomes. In this capacity, the Executive should receive information about guidance documents so that the Board can be assured that guidance documents available to both registrants and the public by the college are being appropriately monitored and managed.

Recognizing that occupational therapy roles evolve, practice environments change, and new areas of practice emerge, there is a need for the College to provide additional clarification regarding the broader application of all privacy legislation.

As part of the Practice Subcommittee workplan- a guidance document on Privacy was developed to guide practice queries and complaints where varying privacy legislations intersect.

The purpose of this guidance document is to provide additional understanding of the varying privacy legislation and how it may apply to an occupational therapist's practice.

Link to Strategic Plan:

- Public Confidence: The public trusts occupational therapy regulation.
- Quality Practice: Occupational therapists are competent, safe, effective, and accountable. Professional standards are up-to-date and reflect evolving practice.
- System Impact: Collaboration supports the College's effectiveness and impact as a regulator. Collaboration promotes systems alignment to support quality practice by occupational therapists.

Why this is in the Public Interest:

Issuing and updating standards for practice and guidance for occupational therapists in Ontario is a vital role of the College. Therefore, it is essential to develop documents to ensure occupational therapists understand College expectations relating to safe, ethical, and competent practice.

Diversity, Equity, and Inclusion Considerations:

To advance quality and ethical practice, developing guidance documents ensures public confidence in occupational therapy regulation, and occupational therapists will have guidance that aligns with current legislation, is up-to-date and reflects evolving practice. During this development process, careful consideration was given to diversity, equity, and inclusion. The Competencies of Occupational Therapy Practice in Canada 2021 are incorporated and reflect the new culture, equity, and justice domain.

Background:

Historically, the *Personal Health Information Protection Act, 2004* (PHIPA) has been the predominant privacy legislation applicable to occupational therapy practice in Ontario. Although PHIPA remains the most salient legislation, other privacy legislation may apply to many occupational therapists.

The previous College Standards and Guidance referencing privacy legislation focused only on the Personal Health Information Protection Act 2004.

The College was aware of circumstances through Practice inquiries and Investigation and Resolution of complaints, where more precise direction regarding privacy legislation could resolve practice issues where occupational therapists are experiencing challenges.

The Standards of Practice were recently updated, and specific references to PHIPA were removed and replaced with language that broadly refers to privacy legislation.

The Subcommittee referred to the Framework for College Publications and determined that developing practice guidance surrounding privacy legislation was warranted. According to the framework:

- Practice guidance informs occupational therapists about specific practice situations or legislation.
- The guidance documents are titled according to their content.

Legal consultation was obtained from a firm with health privacy law expertise as part of the development process.

Discussion:

The public interest in this issue is to ensure that OTs have the information they need to understand the privacy legislation that aligns with their practice area as they apply the Standards of Practice in the appropriate context to pursue competent, safe and ethical care.

Appreciating that this document is legislative in nature and legal expertise was obtained, there is not the opportunity to edit without the risk of changing the legal meaning of the information in the document.

Implications:

This document provides guidance for occupational therapists to understand the privacy legislation that applies to their practice.

Attachments:

1. Draft Privacy Legislation and Occupational Therapy Practice

May 31, 2023

Privacy Legislation and Occupational Therapy Practice

Contents

1. Introduction	3
2. Privacy Legislation	3
a. <i>Personal Health Information Protection Act</i>	3
Personal Health Information	4
Health Information Custodian	4
Agent of a Health Information Custodian	5
Consent Directives (Lock Boxes).....	5
Circle of Care and Implied Consent	6
Secondary Uses of Personal Health Information	7
b. <i>Personal Information Protection and Electronic Documents Act</i>	7
Personal Information	7
Applying PIPEDA	7
c. <i>Privacy Act</i>	8
Personal Information	8
Applying the <i>Privacy Act</i>	8
3. General Guidelines	8
a. Consent.....	8
b. Record Keeping.....	9
Access.....	9
Access Following Discontinuation of Practice	10
Correction for Health Information Custodians	10
c. Privacy Breaches	11
d. Maintaining Current Contact Information	11
4. Summary	11
5. References	12
Other Privacy and Security Resources	12
Appendix: Comparison of Three Privacy Laws	12

1. Introduction

Occupational therapists need to collect, use, and disclose sensitive information about their clients to carry out their own work. Respecting clients' privacy is a fundamental aspect of trust. Privacy includes keeping client information confidential and secure as well as following certain rules about clients' access to their own information.

The privacy practices of occupational therapists in Ontario are guided by privacy legislation, College Standards, organizational policies, decisions from the Information and Privacy Commissioner of Ontario, and case law from the courts.

The purpose of this practice guidance document is to assist occupational therapists in applying the applicable privacy rules to their practice. This information does not take the place of legal advice. Because privacy legislation can change, occupational therapists should remain informed of the current privacy rules that apply to their practice.

2. Privacy Legislation

Three main privacy laws may apply to occupational therapy practice:

1. *Personal Health Information Protection Act (PHIPA)*
2. *Personal Information Protection and Electronic Documents Act (PIPEDA)*
3. *Privacy Act*

Services delivered in Indigenous communities or to Indigenous clients may be subject to additional laws, traditions, or rules of the applicable First Nation, Inuit, or Métis peoples.

The law that applies will depend on (1) whether the services provided (such as workplace evaluations or independent assessments) are considered healthcare or non-healthcare; and (2) the type of organization through which services are funded or delivered (municipal, provincial, or federal government or services to Indigenous communities). Each law is outlined in more detail below.

To find the appropriate contact for privacy issues, see https://www.priv.gc.ca/en/report-a-concern/leg_info_201405/.

a. *Personal Health Information Protection Act*

PHIPA is Ontario legislation that sets out the rules that health information custodians must follow when collecting, using, and disclosing personal health information for health-related activities. PHIPA applies to most, but not all, occupational therapists' practices in Ontario.

PHIPA sets out the responsibilities of health information custodians to protect personal health information; obtain consent for the collection, use, and disclosure of such information; respond to requests for the release of the information to third parties; and facilitate the rights of clients to access their own health information and request for their health records to be corrected.

Personal Health Information

“Personal health information” is defined in PHIPA (s. 4 [1]). The definition includes any identifying information about an individual if the information:

- a. relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
- b. relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual, [...]
- c. (c.1) is a plan that sets out the home and community care services for the individual to be provided by a health service provider or Ontario Health Team pursuant to funding under section 21 of the *Connecting Care Act, 2019*,
- d. relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual,
- e. relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- f. is the individual's health number,
- g. identifies an individual's substitute decision-maker.

Health Information Custodian

As defined in PHIPA (s. 3 [1]), a “health information custodian” is an individual or organization listed in PHIPA that has “custody or control of personal health information” by virtue of their professional role and/or responsibilities.

Occupational therapists are health information custodians for health records generated in their independent practices. However, when occupational therapists are employed or contracted by an organization (such as a hospital, long-term care home, or family health team), the organization is usually the custodian. If occupational therapists are working in a group practice, the group may be the custodian.

Occupational therapists must determine who the custodian is in the context of their work. A health information custodian remains accountable for the personal health information under its control and for the actions of its agents.

Health information custodians must:

- Take reasonable steps to ensure that personal health information is protected against theft; loss; and unauthorized use, disclosure, modification, or destruction, including having appropriate physical, technical, and administrative safeguards to protect health records.
- Ensure that Personal Health Information is securely retained, transferred, and destroyed.
- Make health records available to clients on request.
- Respond to correction requests.
- Develop and implement policies and procedures for responding to consent directives including the appropriate management of restricted information (paper or electronic)

- Respond to consent directives (lock box requests).
- Have policies to address privacy, and report breaches to the Information and Privacy Commissioner.
- Ensure that all staff, students, and contractors are trained in and comply with PHIPA.
- Ensure that contracts with agents, community partners and vendors include appropriate privacy expectations.
- Develop and implement policies and procedures for collecting, using and sharing health information without the client's consent - when permitted under PHIPA.

Agent of a Health Information Custodian

Under PHIPA, “an agent” is a person who is authorized to perform services or activities on behalf of a health information custodian. An agent can be a person or organization that contracts with, is employed by, is a student of, or volunteers for a custodian.

An agent is required to follow the custodian's policies for storing, safeguarding, retention, destruction and responding to access and correction requests regarding the health record.

For example, an agent could be an occupational therapist who is contracted by a long-term care home where the home is the health information custodian. The occupational therapist must comply with PHIPA and follow the information practices of the long-term care home.

An agent must notify the health information custodian if:

- The personal health information that the agent is handling is stolen, lost, or accessed by unauthorized persons.
- The agent receives a request for access to or disclosure of personal health information.
- The agent receives a request for correction of the health records held by the custodian.
- The agent receives a consent directive.

An agent must return all personal health information to the custodian upon discharge or closure of the agent's services.

Consent Directives (Lock Boxes)

A “consent directive” (also known as a “lock box”) is a term used to describe the situation when clients expressly request that specific information not be disclosed to another healthcare provider who is giving them healthcare services.

When a client requests that clinical information not be shared with another healthcare provider within the same health information custodian, this situation is called a “restricted use.” When a client wishes to prevent the disclosure of health information to external healthcare providers (other health information custodians), this situation is called a “restricted disclosure.”

Guidelines for employing a consent directive include:

- Developing and implementing policies and procedures for the appropriate management of restricted information (paper or electronic).
- Explaining to clients the potential risks of using the consent directive restriction
- Preventing unauthorized access to all locked information.
- Ensuring that a record of the consent directive instructions is maintained in the client's health record, retained for the required period, and accessible to clients or other individuals who are legally authorized to access the information.

In situations where locked information cannot be disclosed to another healthcare provider but the occupational therapist believes that disclosure of the information is reasonably necessary for the provision of client services, the occupational therapist must notify the other provider that information has been withheld. However, the content of the withheld information must not be disclosed.

Information that is subject to a consent directive may be disclosed if the occupational therapist believes, on reasonable grounds, that such disclosure is necessary for the purpose of reducing or eliminating significant risk of serious harm to an individual or a group of persons.

Occupational therapists working for health information custodians should confirm with the organization the process for implementing consent directives. Those working independently should set up policies and procedures in advance so they can accommodate these requests when they arise.

Circle of Care and Implied Consent

“Circle of care” is not defined in PHIPA; however, it is understood to include situations where health information custodians and their agents can assume that they have clients' implied consent to collect, use, or disclose personal health information to another custodian or agent for the purpose of providing healthcare.

This is most common in settings where occupational therapists work with interprofessional teams such as in hospitals, long-term care, primary care, and home and community care. However, implied consent can also apply to the sharing of a client's personal health information with external healthcare providers—for example, occupational therapists sharing client information with community providers who offer services to the same client (such as a family doctor).

Health information custodians are entitled to assume that they have a client's implied consent to collect, use, or disclose personal health information with other direct health care providers, who are also custodians of the record, for a healthcare purpose unless the client has stated otherwise.

Sharing information within the circle of care does not apply if consent is withdrawn or withheld. In these cases, express consent would be required for all future collection, use, and disclosure of client information.

Prior to disclosing information collected from clients, occupational therapists should consider carefully whether another healthcare provider is in the circle of care. Employers, insurance

companies, educational institutions, and banks are just some examples of third parties who are not in the circle of care and for whom disclosure requires express consent unless otherwise permitted or required by law.

Secondary Uses of Personal Health Information

When personal health information is collected, used, or disclosed for any reason other than providing healthcare to the client, this purpose is referred to as a secondary purpose. Some examples include program planning, risk management, quality improvement, research, staff training, and responding to legal proceedings. Occupational therapists should not collect, use, or disclose personal health information for anything other than the provision of care to clients without first obtaining client consent or confirming that the intended collection, use, or disclosure is permitted or required by law.

In certain circumstances, PHIPA permits health information custodians to carry out these secondary purposes without clients' consent. However, which activities can be performed and who is permitted to perform them vary depending on the situation. For example: in the case of a report required by law. Occupational therapists who are agents and not custodians should not use personal health information for secondary purposes without the custodian's authorization.

b. Personal Information Protection and Electronic Documents Act

PIPEDA is federal legislation that governs the collection, use, and disclosure of personal information collected during the course of commercial activities.

In occupational therapy practice, PIPEDA may apply to fee-for-service insurance or medical-legal assessments which are carried out to help an insurer, employer, or third party determine entitlement to benefits or coverage, rather than for therapeutic benefit or the purpose of providing clients with healthcare services. Generally, if occupational therapists will be providing services to clients following assessments requested or funded by a third party, PIPEDA may apply to the records created by the occupational therapists.

Personal Information

Under PIPEDA, "personal information" includes any identifying information about an individual that has been communicated or recorded. This includes information such as:

- "age, name, ID numbers, income, ethnic origin, or blood type;
- opinions, evaluations, comments, social status, or disciplinary actions; and
- employee files, credit records, loan records, medical records, existence of a dispute between a consumer and a merchant, intentions (for example, to acquire goods or services, or change jobs)" (Office of the Privacy Commissioner of Canada).

Applying PIPEDA

Many of the privacy requirements under PIPEDA are substantially similar to those in PHIPA. Some examples are the information custodian's responsibility to safeguard personal information; seek consent for the collection, use, and disclosure of such information; give access to records of this information; and advise affected individuals of breaches. If occupational therapists have provided a service that is subject to PIPEDA and are not sure how

to handle a privacy-related request or issue, they should seek legal advice.

c. *Privacy Act*

The *Privacy Act* is federal legislation that applies to how the Canadian government and other federal agencies collect, use, and disclose personal information.

The *Privacy Act* applies to occupational therapy practice when occupational therapists work for or contracts services to a federal agency, such as Veterans Affairs, Corrections Canada, or Canada Post. The Act may also apply to services funded through the federal government and to services provided to First Nations people who live on federal reserves. If providing services to First Nation, Inuit, or Métis peoples, occupational therapists should inquire as to any additional laws that apply.

Personal Information

The *Privacy Act* defines “personal information” as any recorded information about an identifiable individual including:

- Age, colour, marital status, origin, race, and religion
- Education, medical, employment, and criminal history
- Details of financial transactions
- Any assigned identifying number and symbol (such as a personal record identifier or social insurance number)
- Address, fingerprints, and blood type
- Confidential or private communication sent to a government institution
- Another individual's perspectives about the identifiable individual
- Individual's name when it occurs with other related personal information or when the disclosure of the name alone would expose details about the individual
- The fact of an individual's being an employee of a federal agency
- Type of leave taken by an employee

Applying the *Privacy Act*

Occupational therapists should check agreements with government agencies to determine whether records of services provided are subject to the *Privacy Act*. If occupational therapists have provided services that are subject to the *Privacy Act* and are not sure how to handle a privacy-related request or issue, they should seek legal advice.

For a comparison of the three privacy laws, see the appendix.

3. General Guidelines

a. Consent

Consent is the legal act of giving permission for an activity. Sometimes, occupational therapists record consent using a form or by documenting the permission in the health record.

To be valid, consent must:

- Relate to the decision or activity
- Be informed
- Be given voluntarily
- Not be obtained through misrepresentation or fraud

Three types of consent apply to privacy decisions for records created by occupational therapists:

1. Express Consent: when the client or their substitute decision-maker agrees to the collection, use, or disclosure of personal health information.
2. Implied Consent: when PHIPA permits the occupational therapist to assume consent for certain collections, uses, and disclosures of information to other healthcare providers for healthcare purposes unless told otherwise by the client.
3. No Consent: when PHIPA or another law says that personal health information *may* or *must* be collected, used, or disclosed without express or implied consent. No consent is required by the client when the activity is permitted or required by law.

An example of when an occupational therapist does not need a client's consent is a mandatory report to the College when the client discloses sexual abuse by a regulated health professional. In that situation, the disclosure of client information is required by law; however, the occupational therapist must obtain consent from the client to share their name.

An example of disclosure permitted by law is the sections in PHIPA that allow a health information custodian to use personal health information for quality improvement or program planning; the custodian can but is not required to use the information for quality improvement, and they need not obtain client consent to do so.

Occupational therapists should assume that clients are capable of providing consent to make privacy decisions about the collection, use, or disclosure of personal health information unless there is reason to believe otherwise. Capacity is the ability to make decisions for oneself. If a client does not have capacity, a substitute decision-maker will make privacy decisions on their behalf. The hierarchy of substitute decision-makers (located in the Appendix of the Standard for Consent) will guide occupational therapists in the determination of who is the appropriate substitute decision-maker for the client.

b. Record Keeping

Access

Clients have a right to access the information that providers hold about them. This includes all personal health information (if the service is healthcare under PHIPA) or all personal information (if the service is provided under PIPEDA or the *Privacy Act*) regardless of where the information is stored.

Occupational therapists should make reasonable efforts to inform clients about how they can access their records. Access requests should be responded to by the information custodian. Occupational therapists who are agents of a custodian should ascertain who is in charge of responding to requests (if not the therapists) and take steps to facilitate the forwarding of the

request to the appropriate person. Clients should be provided with copies of records and, where reasonable, assistance with understanding the information.

Generally, access requests should be responded to within 30 days. In practice, a response as soon as possible is advisable.

Access to records should be refused in only limited situations, including if:

- Releasing the records involves a risk of harm to the client or another individual.
- The information was provided by a third party in confidence, and the identity of the third party needs to be kept confidential.
- The information is subject to legal privilege.
- The records are from psychologists and include raw data from standardized psychological tests.
- The records include data from standardized tests that is not interpreted or summarized elsewhere in the record.
- The information was collected as part of an investigation, inspection, or similar procedure, and the resulting proceedings, appeals, or processes have not yet been concluded.
- PHIPA or another law prohibits the disclosure of the information.

Access Following Discontinuation of Practice

Occupational therapists are expected to develop and, when appropriate, implement a plan for how clients will access their records when the occupational therapist is absent or discontinuing practice. The plan may include secure retention and storage of the documents or transfer of the client records to another person who is legally authorized to hold the records or a successor health information custodian in keeping with the provisions defined in PHIPA.

Correction for Health Information Custodians

Clients have a right to request that corrections be made to the personal information that providers hold about them if that information is inaccurate or incomplete for the purpose for which it is held. “The purpose for which it is held” may be the provision of healthcare (PHIPA), commercial services (PIPEDA), or government services (*Privacy Act*).

Upon receipt of a correction request, the occupational therapist who recorded the information shall consider whether the client has demonstrated that the record is inaccurate or incomplete and whether the error or omission affects the purpose for which the information is held. If both conditions are met, the record must be corrected. Examples of situations in which a correction might be warranted are mistakes, misfiling, fraud, or incomplete information in accordance with College record keeping standards.

If the section of record requested to be corrected reflects a professional opinion or observation made in good faith and the author of the record disagrees with the rationale in the request for correction, the record need not be corrected. However, the client must be offered the opportunity to add a Notice of Disagreement to the record. The client may also appeal the decision to the Information and Privacy Commissioner.

Generally, correction requests should be responded to within 30 days. In practice, a response as soon as possible is advisable.

c. Privacy Breaches

A privacy breach happens whenever a person contravenes a rule under privacy legislation or the privacy policies of the organization where they work. The most obvious privacy breaches happen when client information is lost, stolen, or accessed by or sent to someone without authorization. Health information custodians should have a privacy breach protocol for themselves and their agents to follow in the event of a breach.

When a privacy breach occurs, steps should be taken to contain the breach—that is, to prevent further unauthorized use, disclosure, modification, or destruction of the information. The health information custodian should thereafter investigate to ascertain what led to the breach. Once the facts have been gathered, the custodian must notify affected individuals about the details of the breach, what steps are being taken to remedy it, and individuals' right to complain to the Information and Privacy Commissioner. Steps should be taken to deal with individuals and processes that contributed to the breach, based on the information gathered during the investigation.

Occupational therapists who are health information custodians are required to follow legal standards for reporting privacy breaches to the College (in the case of taking disciplinary action against an occupational therapist) and the Information and Privacy Commissioner. In some cases, breaches should be reported to the Commissioner immediately. Breaches that require immediate reporting are those that involve snooping, stolen records, records that have been made public, a pattern of breaches, or that resulted in discipline and are significant. If an immediate report is not warranted, the breach should be reported as part of the custodian's annual report to the Information and Privacy Commissioner.

d. Maintaining Current Contact Information

Occupational therapists must provide clients with valid contact information and update their own employment information on the public register within 30 days of any changes.

Occupational therapists can use business contact information of the referral source as their own contact information. However, they must have an agreement with the referral source that they will be notified of all communications concerning the occupational therapists or the occupational therapy services provided.

4. Summary

Occupational therapists must be able to understand and apply privacy legislation while providing occupational therapy services to clients. If occupational therapists are in doubt as to which privacy legislation applies to the services being provided, they are encouraged to seek independent legal advice from a lawyer who understands privacy laws and their application.

5. References

College of Occupational Therapists of Ontario. (2023). [Standards of Practice](#).

Information and Privacy Commissioner of Ontario. (2015, September). *Frequently asked questions* Personal Health Information Protection Act. <https://www.ipc.on.ca/wp-content/uploads/2015/11/hipa-faq.pdf>

Office of the Privacy Commissioner of Canada. (2019, May). *PIPEDA in brief*. https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/pipeda_brief/. Retrieved January 25, 2023.

Personal Health Information Protection Act, 2004, Statutes of Ontario (2004, c. 3, Sched. A). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/04p03>

Privacy Act, Revised Statutes of Canada (1985, c. P-21). Retrieved from the Justice Laws website: <https://laws-lois.justice.gc.ca/eng/ACTS/P-21/page-1.html#h-397172> <https://laws-lois.justice.gc.ca/eng/ACTS/P-21/page-1.html#h-397172>

Other Privacy and Security Resources

- [COTO: Legislation and Bylaws](#)
- [Information and Privacy Commissioner of Ontario](#)
- [Office of the Privacy Commissioner of Canada: Summary of Privacy Laws in Canada](#)
- [Privacy Webinar: June 2021](#)

Appendix: Comparison of Three Privacy Laws

Type of Information		
PHIPA	PIPEDA	Privacy Act
Personal health information	Personal information	

Applicable Parties		
PHIPA	PIPEDA	Privacy Act
Persons and organizations that provide healthcare and therapeutic services to	Private sector organizations and individuals engaging in commercial activities	Federal government institutions and those persons or organizations

individuals		providing federal services to First Nations People living on reserves
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Practice Examples		
PHIPA	PIPEDA	<i>Privacy Act</i>
Occupational therapy clinics, hospitals, long-term care homes, children's treatment centres, and family health teams	Insurance, third party assessments, and medical-legal examinations	Veterans Affairs, Corrections Canada, Canada Post, and federally funded services provided to First Nations People living on reserves

Scope of Legislation		
PHIPA	PIPEDA	<i>Privacy Act</i>
Collection, use, and disclosure Retention and disposal Right of access Right to correction or amendment Safekeeping of information		

Information Custodian		
PHIPA	PIPEDA	<i>Privacy Act</i>
Health information custodians	Commercial entities	Government institutions

Consent		
PHIPA	PIPEDA	<i>Privacy Act</i>
Must obtain informed consent for all services as outlined in the <i>Health Care Consent Act</i> , even though PIPEDA is not governed by the Act		
Depending on the activity, consent may be express, implied, or, if permitted or required by law, not required.	The occupational therapist must check with the client as to who will obtain knowledgeable consent for the collection, use, and disclosure of the client's personal information. "Knowledgeable consent means that it is reasonable in the circumstances to believe	Knowledgeable consent must be obtained from the client if <ul style="list-style-type: none"> • A third party will collect information about an individual • The personal information is to be used or disclosed in a manner that is not consistent with the purposes for which it was

	that an individual knows why a custodian collects, uses and discloses their personal health information and that they may give or withhold this consent" (Information and Privacy Commissioner of Ontario, 2015, p. 16).	collected The personal information will be disposed of before the two-year retention minimum.
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Retention		
PHIPA	PIPEDA	<i>Privacy Act</i>
No prescribed retention period. Follow College or organizational retention guidelines for health records.	No prescribed retention period. See Standard for Record Keeping for the College's expectations.	Personal information must be retained for at least two years following the last time the information was used unless the individual consents to its disposal.

Destruction		
PHIPA	PIPEDA	<i>Privacy Act</i>
Protect against theft, loss, and unauthorized use or disclosure of information. Ensure that information cannot be reconstructed or retrieved after disposal.		

Consent Directive (Lock Box)		
PHIPA	PIPEDA	<i>Privacy Act</i>
May be applied	Not applicable (if clients do not want information disclosed, they will refuse consent)	

Access and Correction		
PHIPA	PIPEDA	<i>Privacy Act</i>
<p>A health information custodian, organization, or government institution must respond to any written or oral request for access to or amendment of personal health information or personal information no later than 30 days after receiving the request.</p> <p>Extensions are allowed under certain circumstances, such as where meeting the earlier time frame would unreasonably interfere with operations (PHIPA), the need for additional time to conduct consultations (PIPEDA), and the need for additional time to convert personal information into an accessible format (<i>Privacy Act</i>).</p> <p>Under PHIPA and PIPEDA, extensions are limited to an additional 30 days. The <i>Privacy Act</i> has no limitations.</p> <p>The health information custodian (PHIPA) or information custodian (PIPEDA and <i>Privacy Act</i>)</p>		

must inform the requestor, in writing, of the extension. Extensions must be communicated to the requestor within the initial 30-day period. PIPEDA also requires that the custodian advise the requestor of their right to complain to the Office of the Privacy Commissioner.

Maintaining Current Contact Information		
PHIPA	PIPEDA	<i>Privacy Act</i>
If an occupational therapist is the health information custodian, they must provide valid contact information to the client and respond to any requests related to the client's personal health information in the occupational therapist's possession. If the occupational therapist is not the custodian, they must provide the client with the appropriate contact information.	The information custodian must provide valid contact information to the client and respond to any requests related to the client's personal information in the occupational therapist's possession.	

Reporting Privacy Breaches		
PHIPA	PIPEDA	<i>Privacy Act</i>
Information and Privacy Commissioner of Ontario	Office of the Privacy Commissioner of Canada	

BOARD MEETING BRIEFING NOTE

Date: October 26, 2023
From: Nominations Committee
Subject: Board and Committee Competency Profile Data Collection Policy

Recommendation:

THAT the Board approve the Board and Committee Competency Profile Data Collection Policy.

Issue:

The Board is asked to provide feedback on the proposed Board and Committee Competency Profile Data Collection policy.

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:

The Board and Committee Competency Profile Data Collection Policy will contribute to effective governance of Board and Committee development, and to governance succession planning. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system through transparency and accountability.

Diversity, Equity, and Inclusion Considerations:

The College is committed to promoting diversity, equity, and inclusion. These principles are also enshrined in the College's Values and Commitments. Inviting Board and Committee members to provide the College with skills and diversity data will enable the College to engage in data-driven decision making to develop benchmarks and indicators which it can assess the degree to which it Board and Committees reflect the Ontario public it serves.

Background:

The College's [Board Competency Framework](#) was approved by the Board at the March 2021 meeting. The framework sets out how the Board should be comprised of individuals who possess the knowledge, skills, and experience to discharge its duties effectively.

The College committee's competencies are built from the Board Competency Framework. The [Committee Competency Framework](#), approved by the Board at the June 2021 meeting, shows how

BOARD MEETING BRIEFING NOTE

Committee members are expected to demonstrate the same attributes (column one) as well, with each College committee having its own additional competencies, with one or more committee members bringing the same diverse perspectives, background, and experiences (column three) from the Board Competency Framework.

Discussion:

The Ministry of Health's College Performance Measurement Framework requires that health regulatory colleges have a pre-defined set of skills and competencies for Board and Committee members, and a process for ensuring that directors and committee members wishing to stand for election or be appointed to a committee have met these pre-defined skills and competencies.

To enable the College to meet this requirement, staff have developed, and the Board reviewed, the Skills and Diversity Matrix tool at the October 2021 meeting. While the tool was well received, there were some concerns raised about retaining anonymity and confidentiality and how information would be stored and who would have access. Ultimately the Board provided suggestions for the diversity section and separated it from the skills section. The tool, using the skills portion of the matrix, was ultimately shared with the Board and provided a comprehensive snapshot of the Board at that time. The data collected assisted the College to highlight areas of strength and identify gaps, that were supported through continuing Board education.

To help alleviate those concerns, the Nominations Committee has put forward a Board and Committee Competency Profile Data Collection policy for the Board's approval, that deals with the issues raised around privacy, confidentiality, and access. See attachment 1. It has also been reviewed by legal counsel.

The Nomination Committee is recommending the College administer the skills and diversity matrix tool for all committees as it is a multi-faceted tool and a good governance practice. As we move ahead with the separation of Board directors from serving on statutory committees and will begin shortly with the recruitment of additional professional and community appointees, it is important to get a current snapshot of how each committee is currently composed and to identify any gaps in competencies and/or diversity that will need to be addressed when the recruitment begins.

Implications:

- The skills and diversity matrix tool will be sent to all Board and Committee members through SurveyMonkey.
- A summary of responses will be first presented to the Nominations Committee later this fall. To ensure confidentiality, all individual Board and Committee member names will be removed in the matrix as stated in the attached policy.
- The completed Skills & Diversity Matrix with the identification of strengths and gaps will also be used for reference when making future recommendations for committee selection.

Attachments:

1. Board and Committee Competency Profile Data Collection Policy

BOARD AND COMMITTEE COMPETENCY PROFILE DATA COLLECTION POLICY

1-50

Section: Board
Applicable to: All Board Directors and Committee Appointees
Approved by:
Date Established: October 2023
Date Revised:

Purpose:

- a) The purpose of this policy is to set out the procedure for the voluntary disclosure, by current and prospective Board and Committee members, of skills and diversity information to the College for the purposes of identifying gaps in representation and promoting substantive diversity, equity, and inclusion.
- b) It is voluntary for current and prospective Board and Committee members to provide information on the diversity questions.
- c) The College shall collect information which is voluntarily provided by registrants using an electronic form that is accessible in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) and its regulations, and that protects individual board and committee members' confidentiality and privacy and respects their dignity.

Background:

In keeping with its values and commitments, the College of Occupational Therapists of Ontario (the College) strives for organizational excellence in its mandate to serve the public interest, regulate its registrants, and be accountable and accessible to the public it serves.

In making the decision to begin to invite current and prospective Board and Committee members to share skills and diversity data voluntarily, the College recognized that advancing diversity, equity and inclusion are important components of the College's public protection mandate. Inviting current and prospective Board and Committee members to provide the College with data will enable the College to engage in data-driven decision-making to develop benchmarks and indicators against which it can:

- Measure the effectiveness of its own strategic priorities for advancing diversity, equity, and inclusion; and
- Assess the degree to which its registrants, Board and College committees reflect the Ontario public it serves and have decision-making and programming which are inclusive.

The College will consider skills and diversity data with the underlying goal of better serving the College's mandate to protect the public interest. This policy is based on the fundamental principle that only what is measured can be effectively understood and improved.

The aim of this practice is to collect information on current and prospective Board and Committee members to identify gaps in representation, inform recruitment strategies and enhance onboarding and training requirements. This is part of the overall journey to transform the College and achieve our goals, with diversity, equity, and inclusion as one of our priorities. Becoming proactive with respect to diversity, equity and inclusion helps to identify perspectives not present in decision making, enhance onboarding, and determine training requirements.

Principle:

The Board and Committee Competency Profile Data Collection policy adheres to the following guiding principles regarding data collection:

- **Principle 1: Privacy, Confidentiality and Dignity**

Protect the confidentiality of information, and respect the privacy and dignity of individuals, groups, and communities.

- **Principle 2: Commitment**

Be committed to using the information voluntarily provided by Board and Committee members to help eliminate systemic racism and advance equity.

- **Principle 3: Quality Assurance**

Make continuous efforts to ensure the quality of the personal information collected, to conduct analysis in a careful and thorough manner.

- **Principle 4: Organizational Resources**

Use College resources in ways that fulfill the requirements of this policy.

Policy:

1. Consent to Provide Information and Withdrawal of Consent

- a) The information collected from current and prospective Board and Committee members shall be based on voluntary express consent that is freely given.
- b) No program, service or benefit shall be withheld, and there shall be no consequences or disciplinary actions to a current or prospective Board or Committee member for not providing the information.
- c) The request for information shall be provided to the current and prospective Board and Committee members in writing, and in an accessible manner in accordance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and its regulations.

2. Confidentiality, Secure Storage, Retention and Disposal of Information

- a) The handling of information voluntarily provided by current and prospective Board and Committee members to the College pursuant of this policy shall strictly adhere to the confidentiality requirements of Section 36(1) of the *Regulated Health Professions Act*.
- b) The College shall take reasonable steps to secure information throughout and maintain all information in a secure database.
- c) Access to personal information is to be limited to only those individuals who need it in the performance of their duties. Therefore, the College shall determine the level of access of information that College employees and the Nomination Committee require in the performance of their duties. Access to information will be limited according to the determination.
- d) The College shall retain information that is stored in electronic database for at least five years after the day it was last used, or as reasonably necessary for the purposes of identifying perspectives in decision-making and advancing equity and inclusion. Retaining personal information for at least five years allows analysis of long-term trends and longitudinal analysis.
- e) The College shall take reasonable steps to securely dispose of information maintained in records (hard copy or electronic), including:
 - Taking reasonable steps so that personal information is securely destroyed in such a way that it cannot be reconstructed or retrieved; and
 - Securely disposing of devices with memory capabilities (e.g., computers, photocopiers, fax machines).

3. Data Analysis

- a) The College will de-identify the personal information voluntarily provided by its current and prospective Board and Committee members and will minimize the amount of personal information in the least identifiable form possible. The College shall de-identify and disaggregate all such information when conducting analysis and developing reports.
- b) The College shall ensure that in its reports of the data analysis no individual current and prospective Board and Committee member is identifiable.

4. Compliance Monitoring

- a) The Registrar and CEO and the Director, Regulatory Affairs, shall ensure full compliance with this Policy.

5. Review of this Policy

- a) The College Board shall review this Policy at minimum every three years and ensure that this Policy is updated with the most recent changes to relevant legislation and policy directives in Ontario and Canada.