

## 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 June 22, 2023**, the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy and no declarations were made:

Stacey Anderson

Neelam Bal

Donna Barker

Nick Dzudz

Allan Freedman

Christine Funk

Elizabeth Gartner

Lucy Kloosterhuis

Heather McFarlane

Vincent Samuel

Stephanie Schurr

Teri Shackleton

Sabrina Shaw

## BOARD MEETING AGENDA

**DATE:** Thursday, June 22, 2023 **TIME:** 11:00 a.m. to 3:30 p.m. (Board Photo Day)

**Location:**

College of Occupational Therapists of Ontario  
900-20 Bay Street, Toronto ON

**Board Orientation/Training Session:** 9:00 a.m. to 11:00 am (Closed to the public)

By Rebecca Durcan of Steinecke Maciura LeBlanc

Agenda Item		Objective	Attach	Time (approx.)
1.0	<b>Welcome and Call to Order</b>			
2.0	<b>Public Protection Mandate</b>			
3.0	<b>Land Acknowledgement*</b>			
4.0	<b>Declaration of Conflict of Interest</b>			
5.0	<b>Approval of Agenda</b>			
	5.1 Board Agenda – June 22, 2023	Decision	✓	10
	<i>THAT the agenda be approved as presented.</i>			
6.0	<b>Consent Agenda</b>			
	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	Decision	✓	15
	<i>THAT the Board adopts the consent agenda items as follows:</i>			
7.0	<b>Registrar’s Evaluation Process</b>	Information		
8.0	<b>Registrar’s Report</b>			
	8.1 <b>Presentation: Q4 FY2022-2023 Operational Projects Status and 2022-2023 Year-End Reports</b> By Elinor Larney, Registrar & CEO	Information		30

Agenda Item		Objective	Attach	Time (approx.)
8.2	<b>Q4 FY2022-2023 Quarterly Performance Report</b>	Decision	✓	10
<i>THAT the Board receives the Quarterly Performance Report for Q4 FY2022-2023. (Heather)</i>				
8.3	<b>Risk Management Report</b>	Decision	✓	10
<i>THAT the Board receives the Risk Management Report.</i>				
<i>THAT the Board removes Risk #1 (Regulatory Modernization) and Risk #3 (Turnover Impact) from the report to the Board. (Vincent)</i>				
8.4	<b>Presentation: Enterprise System Update</b> By Amreet Batth, Idil Sofia Egeh	Information	✓	30
<b>9.0</b>	<b>Finance</b>			
9.1	<b>Presentation: Board Orientation – Financial Matters</b> By Seema Singh-Roy, Dir. Finance, People & Corp. Services	Information		20
9.2	<b>FY2023-2024 Annual Operating Budget</b>	Decision	✓	15
<i>THAT the Board approves the FY 2023-2024 Annual Operating Budget, as presented. (Allan)</i>				
<b>Lunch Break 12:00 -1:00 p.m.</b>				
<b>10.0</b>	<b>Governance</b>			
10.1	<b>Appointments to the Nominations Committee</b>	Decision	✓	15
<i>THAT the Board approves the following slate for the Nominations Committee effective July 1, 2023, for a three-year term. (Stephanie)</i>				
10.2	<b>Governance Policy Review – Finance Policies</b>	Decision	✓	10
<i>THAT the Board approves the proposed changes (if any) to the Financial and Audit Governance Policies. (Allan)</i>				
<b>11.0</b>	<b>New Business</b>			
11.1	<b>Honoraria Policy Revisions</b>	Decision	✓	10
<i>THAT the Board approves the proposed amendments to the Honoraria Policy as presented. (Vincent)</i>				
<b>12.0</b>	<b>Environmental Scan</b>			
<b>13.0</b>	<b>Farewell</b>			
<b>14.0</b>	<b>Other Business</b>			
14.1	Board Meeting Evaluation	To Complete	<i>Link to follow</i>	

	Agenda Item	Objective	Attach	Time (approx.)
<b>15.0</b>	<b>Next Meetings</b>			
	<ul style="list-style-type: none"> <li>▪ Board Education Session/Strategic Planning – October 25, 2023 (Full day, Location TBD)</li> <li>▪ Board Meeting: October 26, 2023, 9:00 a.m. – 3:30 p.m., at the College</li> <li>▪ Board Meeting: January 25, 2024, 9:00 a.m. – 3:30 p.m., at the College</li> <li>▪ Board Meeting: April 4, 2024, 9:00 a.m. – 4:00 p.m., at the College</li> <li>▪ Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m., at the College</li> </ul>			
<b>16.0</b>	<b>Adjournment</b>			

**\* 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 June 22, 2023

### Governance Monitoring Report

The Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, suggest that in June, policies categorized as B or Registrar Limitations (RL), should be reviewed. I am not suggesting that any policies be revised at this time as we are actively working on updating the entire governance manual.

### Policy Review

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:

- RL4 – Financial Planning and Budgeting Policies guided the development of the 2023-2024 Projected Budget.
- As per RL8 – External Audit, auditors of the office of Hilborn LLP will conduct an audit of the financial performance of the College for 2022-2023.
- RL12 – Risk Management – guided the information to be presented to the Board on the Risk Management Program.
- RL10 Compensation Administration – Guided the process to conduct an external salary review of Market Conditions.
- CRL5 – Monitoring Registrar Performance – guided the discussion of the process to monitor Registrar performance.

### For Your Information:

#### **LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE**

#### **2022-2023 Operational Planning**

- The fourth quarter of the third year of the 2020-2024 strategic plan has passed, and an update will be presented at the Board Meeting on the status of initiatives.
- In addition, a summary of accomplishments for the year as well as plans for the 2023-2024 year will be presented today.

### 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 in the Investigations and Resolutions program. We welcomed Charmaine Semple in May as our new Associate and Leah Thiffault in June as our new Case Manager.

- We are currently searching for a temporary replacement for Sarah Karas, QA Associate, who will be starting a maternity leave in July.
- We continue to be in the office in a hybrid model. Staff will have increased flexibility in the summer and will be back to the normal model in the fall. 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 as expected and as we have planned since March 2023. The first work to be deployed was the Annual Learning Plan for the Quality Assurance Program. This occurred in the middle of June. Next, once annual renewal is closed off in the beginning of July, we will get ready to deploy the registration system for new applicants. So far, we are happy with how things are going. We will do a little 'show and tell' at the meeting.
- The system is meant to be iterative, with continuous improvements made to the system while it is still functioning. This is compared to the static system that we have had which is not easy to make changes to, once in action.

### Communications

- The College continues to leverage social media as a method of reaching members of the public. In late May, the College ran a public outreach advertising campaign on Facebook and Instagram promoting our video about "What to expect from your occupational therapist." With a \$500 budget across 14 days, the ad appeared in the social media feeds of 62,416 Ontario individuals interested in health, family care, mental health services and related topics. We also received 500 website visitors to [coto.org/ot](http://coto.org/ot) and a total of 47,812 video plays.
- With the June 1<sup>st</sup> launch of the updated Standards of Practice, the College introduced use of the French language toggle key on the College website. Details are available in the Standards via, [launch video clip](#). As the year progresses, additional materials will be made available for French users.
- Communications continues to work with Quality Assurance and Registration to prepare for the launch of key initiatives in the Enterprise System.

### Leadership Priority #2: Qualified Registrants

#### Registration Program

- Of concern to the Registration Program and the College, is Bill 106, *Pandemic and Emergency Preparedness Act, 2022*. This regulation has now been with the Ministry of Health for several weeks. They have posed a number of questions which have been responded to by the College. We are on track to meet the August deadline for this regulation to be passed.
- The renewal period for 2023/24 is now concluded. As at June 6, 2023, 6759 registrants had renewed, 286 have resigned since June 1, 2022, and 44 registrants are still outstanding. These registrants will be suspended as of July 6, if they do not renew or resign by then. We generally get this last number down to less than ten by the suspension date.

### **LEADERSHIP PRIORITY #3: QUALITY PRACTICE**

#### **Quality Assurance Program**

- The Quality Assurance Program (QA) is pleased to have launched the Annual Learning Tool, which is the self-assessment and professional development tools combined. In addition, the eLearning module for this year has also been launched. These have been developed in the new Enterprise System and will facilitate better data collection and analysis. Next for QA will be the redeveloped competency assessment using the new competencies that will be deployed in the Enterprise System. One of the benefits of the new system is that as we go along, we can make continuous improvements to the user experience and the data behind the scenes. The goal right now is deployment, fine tuning of the system will continue to evolve.

#### **Practice Resource Program**

- Sandra Carter and Diane Tse have completed the spring presentations at Ontario's university programs for occupational therapists.
- The newly formatted Standards of Practice have now been released and are on the website in an interactive format. The team is very pleased to have this important resource up and running.
- Themes of questions to the practice service for occupational therapists have centered around psychotherapy as a result of the release of the standards, consent, record keeping, and complex scope of practice questions related to the health human resources crisis.
- Questions to the practice service from the public related to scope of practice for OTs, consent, assessments, and occupational therapist assistants.

### **LEADERSHIP PRIORITY #4: SYSTEM IMPACT**

#### **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**

- I continue as President of ACOTRO. We held our last Board in Saskatoon in May 2023, just prior to the conference put on the Canadian Association of Occupational Therapists (CAOT). 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.
- Of risk to national collaboration is the announcement in British Columbia that a date has been set for amalgamation of the OT college in BC with several other colleges. The OT college would be subsumed with the following other professional colleges: the College of Dietitians of BC, College of Opticians of BC, College of Optometrists of BC, College of Physical Therapists of BC, College of Psychologists of BC and College of Speech and Hearing Professionals of BC be amalgamated into one college. At this time, it is not known how OT regulation will be represented to the rest of the country, and we have had some signals that some collaboration may not be possible with the BC OT college during the efforts to amalgamate.
- 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 recommendations will be presented to the involved groups this June, looking for feedback with a final report expected later this fall. This work is progressing nicely, is well facilitated, and has promoted good collaborative decision making within the profession.

### **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 of 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.
- The Annual Report of HPRO is in your FYI package today.
- HPRO continues its work, supporting regulation in Ontario. HPRO completed its strategic planning process in February and will now move on to implementation.
- The College has worked with other colleges via HPRO to conduct the salary survey this year to continue to ensure that our salaries are in line/competitive with other similar organizations in the industry.
- Some members of the college's discipline committee recently attended the HPRO coordinated discipline hearing training.

### **Ministry of Health (MOH)**

- As mentioned above, the College is currently working on the process to implement a new regulation that is required from the *Pandemic and Emergency Preparedness Act, 2022*.
- The MOH is focused on Health Human Resources, and therefore any regulatory governance changes have taken a back seat while these other more pressing matters are attended to.
- The 2022 completed College Performance Measurement Framework (CPMF) was published on our website and submitted to the MOH on March 31.
- Bill 60, *Your Health Act, 2023*, has now received Royal Assent. This bill paves the way for certain professions to have individuals start to work in Ontario without the requirement for registration with their regulatory organization. The *Medical Laboratory Technology Act, 1991*, the *Medicine Act, 1991*, the *Nursing Act, 1991* and the *Respiratory Therapy Act, 1991* are amended to add a new power allowing the Minister of Health, with the approval of the Lieutenant Governor in Council, to make regulations exempting persons from the restricted title provisions and the holding out provisions of those Acts. Occupational therapists are not named in this bill, but this is of interest to regulators as there is concern that the protection to the public undertaken by colleges will not be present in this plan, should it proceed. This would bypass the usual conduct review performed by the colleges in their normal application processes, which raises the level of risk. To note, applicants to our college who are registered in another Canadian province do not have delays with registration unless there is a conduct concern.

## System Partners

- We are watching, with interest, the movements of governments across the country to try to solve the health human resource crises. Each province would like to attract as many health professionals as possible. Unfortunately, the thinking has been to reduce or remove requirements for licensure to attract people. This certainly will cause risks to the public if people start working as a health care professional without the competency and safety checks normally completed by regulators. We are especially concerned about the risks for internationally educated occupational therapists, should this type of thinking include this profession. Completing the assessment and licensing processes can be a support for this group, as they learn about working in Canada in a supported and educational manner that sets them up for success.
- The College is in discussions with the Financial Services Regulatory Authority (FSRA) about the processes that could 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.
- I attended the CLEAR conference in Dublin Ireland in May. Themes of this conference were governance and compassionate regulation. It was a good opportunity to hear from regulators around the world about current practices in regulation.
- I attended the CAOT conference in Saskatoon in May. At that conference, I presented on behalf of ACOTRO with Marianne Baird, the Registrar of the Alberta College of OTs. We presented information about the SEAS program and updated the participants about the CIHI data – information about the deployment of OTs across Canada.
- I was invited to provide input into the accreditation of the OT program at McMaster University. I am glad to be a part of this important activity.

See you at the meeting! Elinor

## BOARD MEETING MINUTES - DRAFT

**DATE:** Thursday, March 30, 2023      **TIME:** 9:00 a.m. – 3:00 p.m.

### In Attendance:

#### DIRECTORS:

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

#### GUESTS:

Susan Domanski, SEAS Manager (1.0-8.2)

#### OBSERVERS:

Asna Ali, *Ministry of Health of Ontario (MOH)*  
Stacey Anderson  
Christine Funk  
Marnie Lofsky, OSOT

#### STAFF:

Elinor Larney, *Registrar and CEO*  
Stamatis Kefalianos, *Director of Regulatory Affairs*  
Seema Singh-Roy, *Director of Finance, People and Corporate Services*  
Nancy Stevenson, *Director of Communications*  
Kim Woodland, *Director of Programs*  
Andjelina Stanier, *Executive Assistant, Scribe*

#### REGRETS:

Brittany O'Brien

### 1.0 Call to Order

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

### 2.0 Public Protection Mandate

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

### 3.0 Land Acknowledgement\*

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

### 4.0 Declaration of Conflict of Interest

The Chair stated that Jennifer Henderson declared a conflict of interest for item 11.6.6 prior to the meeting and called for any other conflicts of interest. No other declarations were made.

## 5.0 Welcome and Introductions

The Chair invited Board members and staff to introduce themselves.

## 6.0 Approval of Agenda

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

MOVED BY: Jennifer Henderson

SECONDED BY: Carol Mieras

*THAT the agenda be approved as presented.*

**CARRIED**

## 7.0 Consent Agenda

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

1. Registrar's Written Report of March 30, 2023
2. Draft Board Minutes of January 26, 2023
3. Draft Special Board Minutes of February 13, 2023
4. Finance & Audit Minutes of January 11, 2023
5. Governance Minutes of January 6, 2023
6. Executive Minutes of January 9, 2023

MOVED BY: Carol Mieras

SECONDED BY: Neelam Bal

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

**CARRIED**

## 8.0 Registrar's Report

### 8.1 Presentation: Q3 FY2022-2023 Operational Projects Status Report

The Registrar and CEO presented on the status of operational initiatives for Q3 FY2022-2023 and responded to questions.

### 8.2 Presentation: SEAS Status Report

Susan Domanski, SEAS Manager, presented an overview of the Substantial Equivalency Assessment System (SEAS) and provided applicant statistics for 2022 to date.

### 8.3 Quarterly Performance Report

Vincent Samuel reported that the Quarterly Performance Report was prepared with input from both statutory and non-statutory committees. The information provided today represents an overview of the work accomplished in Q3 FY2022-2023.

MOVED BY: Vincent Samuel

SECONDED BY: Donna Barker

*THAT the Board receives the Quarterly Performance Report for Q3 FY2022-2023.*

**CARRIED**

**8.4 Risk Management Report**

Heather McFarlane stated that the Executive Committee performs an annual risk register review in its entirety in June and reports quarterly to the Board on high risk items. For Q3 FY2022-2023, risk levels remained the same and no new risks were reported.

MOVED BY: Heather McFarlane  
SECONDED BY: Teri Shackleton

*THAT the Board receives the risk management report.*

**CARRIED**

**9.0 Finance**

**9.1 Q3 FY2022-2023 Financial Report**

Seema Singh-Roy reported that the College is well on track with the budget this fiscal year. The surplus is expected to even out as expenses are received. The Board held a discussion and Seema responded to questions.

MOVED BY: Allan Freedman  
SECONDED BY: Neelam Bal

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

**CARRIED**

**9.2 Investment Portfolio as at January 31, 2023**

Seema Singh-Roy reported on the Investment portfolio and responded to questions.

MOVED BY: Allan Freedman  
SECONDED BY: Carol Mieras

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

**CARRIED**

**10.0 In Camera**

The Chair asked guests and observers to leave the meeting with the exception of Elinor Larney, Nancy Stevenson, Stamatias Kefalianos, Kim Woodland, Seema Singh-Roy and Andjelina Stanier who remained in the meeting.

MOVED BY: Heather McFarlane  
SECONDED BY: Elizabeth Gartner

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

**CARRIED**

MOVED BY: Carol Mieras  
SECONDED BY: Elizabeth Gartner

***THAT** the Board moves that the in camera minutes remain in camera.*

**CARRIED**

MOVED BY: Carol Mieras  
SECONDED BY: Heather McFarlane

***THAT** the Board moves out of camera.*

**CARRIED**

## **11.0 Governance**

### **11.1 2022 College Performance Measurement Framework**

Vincent Samuel and Stamatis Kefalianos presented the draft College Performance Measurement Framework (CPMF) for today's approval prior to submission to the ministry. Several recommendations will be incorporated into the final document.

MOVED BY: Vincent Samuel  
SECONDED BY: Carol Mieras

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

**CARRIED**

### **11.2 Annual Board Evaluation Feedback Summary**

The Chair thanked members for completing the Annual Board Evaluation. Feedback indicates that Board members are very satisfied with how meetings are run, reporting by staff and preparation of materials, and the work that has been accomplished. Recommendations for Board education include more training on governance, technology related to virtual meetings and electronic meeting material, and understanding financial reports.

MOVED BY: Allan Freedman  
SECONDED BY: Sarah Milton

***THAT** the Board receives the Board Evaluation Summary.*

**CARRIED**

### **11.3 Terms of Reference Revisions – All Committees**

Vincent and Stamatis explained that it is best practice to regularly review the terms of reference across all committees, especially given recent governance modernization decisions by the Board. Revisions include changes in responsibilities of the Executive and Nominations committees, and language and other standardized changes across all committees. The Board held a discussion and provided several additional recommendations.

MOVED BY: Vincent Samuel  
SECONDED BY: Jennifer Henderson

***THAT** the Board approves the amended Terms of Reference for all College committees as presented, including today's recommendations.*

**CARRIED**

#### **11.4 Elections Update – Districts 2 & 4**

Elinor reported that low voter turnout is consistent with previous elections in this district which may further support moving to a competency-based model of appointments in the future if legislation changes.

#### **11.5 District 2 Vacancy on the Board**

Vincent explained that during the recent call for nominations in District 2, only one candidate put their name forward and was subsequently acclaimed. The second seat remains vacant. The Governance Committee recommends that this seat remain vacant in light of the previous Board decision to reduce Board size. This option would continue to meet statutory requirements for Board representation. The Board can enable this with a small Bylaw change.

MOVED BY: Vincent Samuel  
SECONDED BY: Carol Mieras

***THAT** the Board leaves the one seat vacant in District 2 and proceeds with the proposed Bylaw changes.*

**CARRIED**

#### **11.6 Appointment of Professional Committee Appointee(s)**

##### **11.6.1 Practice Subcommittee**

Candidate Miranda Setoguchi was presented for appointment to the Practice Subcommittee.

MOVED BY: Heather McFarlane  
SECONDED BY: Sarah Milton

***THAT** the Board appoints Miranda Setoguchi as a Professional Committee Appointee to the Practice Subcommittee for a three-year term commencing on October 1, 2023.*

**CARRIED**

##### **11.6.2 Patient Relations Committee**

Candidate Amanda Mowbray was presented for appointment to the Patient Relations Committee.

MOVED BY: Neelam Bal  
SECONDED BY: Sabrina Shaw

***THAT** the Board appoints Amanda Mowbray as a Professional Committee Appointee to the Patient Relations Committee for a three-year term commencing on July 1, 2023.*

**CARRIED**

**11.6.3 Quality Assurance Subcommittee**

Candidates Bethany Brewin and Rabia Khokhar were presented for appointment to the Quality Assurance Subcommittee.

MOVED BY: Heather McFarlane

SECONDED BY: Jennifer Henderson

***THAT the Board appoints Bethany Brewin and Rabia Khokhar as Professional Committee Appointees to the Quality Assurance Subcommittee for a three-year term commencing on July 1, 2023.***

**CARRIED**

**11.6.4 Fitness to Practise Committee**

Candidate Casandra Boushey was presented for appointment to the Fitness to Practise Committee.

MOVED BY: Vincent Samuel

SECONDED BY: Sarah Milton

***THAT the Board appoints Casandra Boushey as a Professional Committee Appointee to the Fitness to Practise Committee for a three-year term commencing on July 1, 2023.***

**CARRIED**

**11.6.5 Discipline Committee**

Candidate Sylvia Boddener was presented for appointment to the Discipline Committee.

MOVED BY: Donna Barker

SECONDED BY: Heather McFarlane

***THAT the Board appoints Sylvia Boddener as a Professional Committee Appointee to the Discipline Committee for a three-year term commencing on July 1, 2023.***

**CARRIED**

**11.6.6 Inquiries, Complaints and Reports Committee**

Jennifer Henderson left the meeting due to a conflict of interest. Candidates Darlene Venditti, Holly Assaf, Kellen Baldock, and Sarah Dodds were presented for appointment to the Inquiries, Complaints and Reports Committee.

MOVED BY: Carol Mieras

SECONDED BY: Neelam Bal

***THAT the Board appoints Darlene Venditti, Holly Assaf, Kellen Baldock and Sarah Dodds as Professional Committee Appointees to the Inquiries, Complaints and Reports Committee for a three-year term commencing on May 1, 2023.***

**CARRIED**

**11.7 Appointment of Academic Director to the Board**

The Occupational Therapy Act, 1991 requires that one or two occupational therapists who are members of a faculty of occupational therapy at a university in Ontario be appointed to the Board. The current academic member's term will end in June and her replacement is put forward today for appointment.

MOVED BY: Heather McFarlane  
SECONDED BY: Teri Shackleton

***THAT** the Board appoints Mary Egan to the Board as the Academic Representative for a three-year term, commencing on July 1, 2023.*

**CARRIED**

**12.0 New Business**

**12.1 Proposed Bylaw Amendments**

Vincent and Stamatis explained that it is best practice to review the bylaws on a regular basis. Amendments proposed today reflect Board decisions from the January Board meeting. These amendments have undergone legal review. Stakeholder consultations are not required. The Board provided additional minor recommendations.

MOVED BY: Vincent Samuel  
SECONDED BY: Sarah Milton

***THAT** the Board approves the amended Bylaws as presented, including today's changes.*

**CARRIED**

**13.0 Environmental Scan**

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

Outgoing Board member, Jennifer Henderson, shared that she has enjoyed serving on the Board and is proud of the excellent work the College has accomplished over her tenure. She expressed that she has utmost confidence in the Board and in the Registrar and CEO. She thanked everyone for their dedication and hard work. Donna Barker shared these sentiments, expressing confidence in the Registrar and CEO, and staff, and thanked everyone for their commitment to the work of public protection.

**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 Meeting**

Thursday, June 22, 2023, 9:00 a.m. – 3:30 p.m. at the College

**16.0 Adjournment**

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

MOVED BY: Heather McFarlane

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

**CARRIED**

DRAFT

**APPENDIX 1: \* Land Acknowledgement**

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

**APPENDIX 2: Status of Implementation of Board Decisions**

<b>Board Meeting Date</b>	<b>Decisions</b>	<b>Current Status</b>
March 30, 2023	<b>THAT</b> the Board approves the amended Bylaws as presented, including today's changes.	Complete
March 30, 2023	<b>THAT</b> the Board appoints Mary Egan to the Board as the Academic Representative for a three-year term, commencing on July 1, 2023	Complete
March 30, 2023	<b>THAT</b> the Board appoints Darlene Venditti, Holly Assaf, Kellen Baldock and Sarah Dodds as Professional Committee Appointees to the Inquiries, Complaints and Reports Committee for a three-year term commencing on May 1, 2023.	Complete
March 30, 2023	<b>THAT</b> the Board appoints Sylvia Boddener as a Professional Committee Appointee to the Discipline Committee for a three-year term commencing on July 1, 2023.	Complete
March 30, 2023	<b>THAT</b> the Board appoints Casandra Boushey as a Professional Committee Appointee to the Fitness to Practise Committee for a three-year term commencing on July 1, 2023.	Complete
March 30, 2023	<b>THAT</b> the Board appoints Bethany Brewin and Rabia Khokhar as Professional Committee Appointees to the Quality Assurance Subcommittee for a three-year term commencing on July 1, 2023.	Complete
March 30, 2023	<b>THAT</b> the Board appoints Amanda Mowbray as a Professional Committee Appointee to the Patient Relations Committee for a three-year term commencing on July 1, 2023.	Complete
March 30, 2023	<b>THAT</b> the Board appoints Miranda Setoguchi as a Professional Committee Appointee to the Practice	Complete

Board Meeting Date	Decisions	Current Status
	<i>Subcommittee for a three-year term commencing on October 1, 2023.</i>	
March 30, 2023	<b>THAT</b> the Board leaves the one seat vacant in District 2 and proceeds with the proposed Bylaw changes.	Complete
March 30, 2023	<b>THAT</b> the Board approves the amended Terms of Reference for all College committees as presented, including today's recommendations.	Complete
March 30, 2023	<b>THAT</b> the Board approves the amended College Performance Measurement Framework report for submission to the Ministry of Health and for publication on the College's website.	Complete
January 26, 2023	<b>THAT</b> the Board restructures the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method.	Ongoing
January 26, 2023	<b>THAT</b> the Board approves the inclusion of the proposed changes to the College's pension plan in the FY23/24 budget	Complete Implementation 2024
January 26, 2023	<b>THAT</b> the Board approves the plan for increasing Registration Fees by up to 2% annually for a maximum of 5 years.	Complete Implementation 2024

## BOARD OFFICER ELECTIONS MINUTES - DRAFT

**DATE:** Thursday, March 30, 2023      **TIME:** 2:00 p.m. – 3:00 p.m.

### In Attendance:

#### DIRECTORS:

Elinor Larney, *Chair, Scrutineer*  
Stacey Anderson  
Neelam Bal  
Donna Barker  
Faiq Bilal  
Christine Funk  
Allan Freedman  
Elizabeth Gartner  
Lucy Kloosterhuis  
Heather McFarlane  
Sarah Milton  
Vincent Samuel  
Stephanie Schurr  
Teri Shackleton  
Sabrina Shaw

#### OTHERS:

Jennifer Henderson, *Former Board Director, Scrutineer*

#### STAFF:

Stamatis Kefalianos, *Director of Regulatory Affairs, Scrutineer*  
Seema Singh-Roy, *Director of Finance, People & Corporate Services*  
Nancy Stevenson, *Director of Communications, Scrutineer*  
Andjelina Stanier, *Executive Assistant, Scribe, Scrutineer*

#### REGRETS:

Brittany O'Brien  
Nick Dzudz

### 1.0 Call to Order and Appointment of Scrutineers

Chair Elinor Larney called the meeting to order at 2:15 p.m. Stamatis Kefalianos, Nancy Stevenson, Jennifer Henderson and Andjelina Stanier were appointed as scrutineers.

### 2.0 Approval of Agenda

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

MOVED BY: Sabrina Shaw

SECONDED BY: Elizabeth Gartner

*THAT the agenda be approved as presented.*

**CARRIED**

### **3.0 Elections**

#### **3.1 Election of Officers**

Chair Elinor Larney reminded members that according to the bylaws, the Executive Committee must be composed of two professional and two public directors. The slate is read prior to the vote for each position and additional nominations will be accepted from the floor. A call for nominations for each position will be made three times before declaring nominations closed. The slate and statements of candidacy were provided for review prior to the election. The Chair proceeded with the election as follows:

#### **BOARD CHAIR**

Heather McFarlane, Vincent Samuel, Stephanie Schurr and Teri Shackleton were nominated for the position of Board Chair. Heather McFarlane declined her nomination and was removed from the ballot. No nominations were received from the floor, and nominations were declared closed. The ballot was composed of Vincent Samuel, Stephanie Schurr and Teri Shackleton. Votes were completed. A majority was declared.

***Teri Shackleton was declared elected Board Chair by a majority of votes.***

#### **BOARD VICE-CHAIR**

Neelam Bal, Allan Freedman, Heather McFarlane, Vincent Samuel, Stephanie Schurr and Teri Shackleton were nominated for Board Vice-Chair. Teri Shackleton was removed from the ballot. Vincent Samuel declined his nomination and was removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was composed of Neelam Bal, Allan Freedman, Heather McFarlane, and Stephanie Schurr. Votes were completed. A majority was not declared. Neelam Bal and Stephanie Schurr were tied with the lowest number of votes and removed from the runoff ballot. The runoff ballot was composed of Allan Freedman and Heather McFarlane. Votes were completed.

***Heather McFarlane was declared elected Board Vice-Chair by a majority of votes.***

#### **BOARD OFFICER #1 (Finance)**

Neelam Bal, Allan Freedman, Heather McFarlane, Sarah Milton, Vincent Samuel, Stephanie Schurr and Teri Shackleton were nominated for the position of Officer #1 (Finance). Teri Shackleton and Heather McFarlane were removed from the ballot. Remaining professional members, Neelam Bal, Sarah Milton and Stephanie Schurr were removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was composed of Public Appointees Allan Freedman and Vincent Samuel. Votes were completed.

***Allan Freedman was declared elected Board Officer #1 (Finance) by a majority of votes.***

#### **BOARD OFFICER #2**

Public member Vincent Samuel remained on the ballot. No further nominations were received, and nominations were declared closed. The vote was not completed.

***Vincent Samuel was declared elected by acclamation as Board Officer #2.***

Elinor passed the chair to newly elected Board Chair, Teri Shackleton

### **3.2 Motion to Destroy Ballots**

Chair Teri Shackleton stated that according to College bylaws, ballots from the election shall be destroyed with Board approval.

MOVED BY: Heather McFarlane

SECONDED BY: Neelam Bal

***THAT the ballots for the 2023 Election of Officers be destroyed.***

**CARRIED**

## **4.0 New Business**

### **4.1 Annual Signing**

Chair Teri Shackleton asked members to complete the Confidentiality, Code of Conduct, and Conflict of Interest forms which will be sent electronically following the meeting.

## **5.0 Next Meetings**

The 2023-2024 meetings were confirmed as follows:

- Board Ed. Session: Wednesday, October 25, 2023, 9:00 a.m. – 4:00 p.m. (Location TBD)
- Board Meeting: Thursday, October 26, 2023, 9:00 a.m. – 3:30 p.m. (at COTO)
- Board Meeting: Thursday, January 25, 2024, 9:00 a.m. – 3:30 p.m. (at COTO)
- Board Meeting: Thursday, April 4, 2024, 9:00 a.m. – 4:00 p.m. (at COTO)
- Board Meeting: Thursday, June 20, 2024, 9:00 a.m. – 3:30 p.m. (at COTO)

## **6.0 Adjournment**

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

MOVED BY: Donna Barker

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

**CARRIED**

## BOARD MEETING MINUTES - *DRAFT*

---

**DATE:** Friday, April 21, 2023

**TIME:** 10:00 a.m. –11:00 a.m. *via Zoom*

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### In Attendance:

#### **DIRECTORS:**

Teri Shackleton, *Chair*  
Stacey Anderson  
Neelam Bal  
Donna Barker  
Nick Dzudz  
Christine Funk  
Elizabeth Gartner  
Lucy Kloosterhuis  
Heather McFarlane  
Sarah Milton  
Brittany O'Brien  
Vincent Samuel  
Stephanie Schurr  
Sabrina Shaw

#### **GUESTS:**

#### **OBSERVERS:**

Marnie Lofsky, *OSOT*

#### **STAFF:**

Elinor Larney, *Registrar and CEO*  
Stamatis Kefalianos, *Director of Regulatory Affairs*  
Nancy Stevenson, *Director of Communications*  
Kim Woodland, *Director of Programs*  
Andjelina Stanier, *Executive Assistant, Scribe*

#### **REGRETS:**

Allan Freedman

### **1.0 Call to Order**

Chair Teri Shackleton welcomed everyone and called the meeting to order at 10:00 a.m.

### **2.0 Public Protection Mandate**

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

### **3.0 Land Acknowledgement\***

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

### **4.0 Declaration of Conflict of Interest**

The Chair stated that prior to the meeting, no declarations of conflict of interest were made. She called for declarations of conflict of interest. None were made.

### **5.0 Approval of Agenda**

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

MOVED BY: Neelam Bal  
SECONDED BY: Stephanie Schurr

*THAT the agenda be approved as presented.*

**CARRIED**

## **6.0 New Business**

### **6.1 Recommendation for Committee Chairs and Committee Composition**

The Chair stated that following yesterday's sudden resignation of public member Faiq Bilal, the list for the selection of chairs and committee composition for 2023-2024 was revised and circulated to the Board. Elinor explained that she consulted with the three public members whose committee assignments would be affected by the revisions and confirmed they are in agreement.

MOVED BY: Sabrina Shaw  
SECONDED BY: Heather McFarlane

*THAT the Board approves the selection of committee chairs and the committee composition for 2023-2024.*

**CARRIED**

### **6.2 Emergency Class Registration Regulation**

Stamatis explained that in April 2022, the Ontario Government passed the *Pandemic and Emergency Preparedness Act, 2022* and amended the *Regulated Health Professions Act, 1991 (RHPA)*. The new legislation requires health regulatory colleges to establish an emergency class of registration to ensure the province is prepared to meet the needs for providers should a healthcare emergency arise. A discussion was held, and Stamatis and Elinor responded to questions. The deadline for submission to the Ministry is May 1, 2023.

MOVED BY: Heather McFarlane  
SECONDED BY: Sarah Milton

*THAT the Board approves the draft Emergency Class Registration Regulation which was circulated to registrants and other interested third parties as required.*

**CARRIED (UNANIMOUS)**

## **7.0 Next Meetings**

- Board Meeting: June 22, 2023, 9:00 a.m. – 3:30 p.m.
- Board Education Session: October 25, 2023, 9:00 a.m. – 4:00 p.m. Location TBD
- Board Meeting: October 26, 2023, 9:00 a.m. – 3:30 p.m.
- Board Meeting: January 25, 2024, 9:00 a.m. – 3:30 p.m.
- Board Meeting: April 4, 2024, 9:00 a.m. – 4:00 p.m.
- Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m.

## 8.0 Adjournment

There being no further business, the meeting was adjourned at 10:44 a.m.

MOVED BY: Stephanie Schurr

***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**

<b>Board Meeting Date</b>	<b>Decisions</b>	<b>Current Status</b>
April 21, 2023	<i><b>THAT</b> the Board approves the draft Emergency Class Registration Regulation which was circulated to registrants and other interested third parties as required.</i>	Complete
April 21, 2023	<i><b>THAT</b> the Board approves the selection of committee chairs and the committee composition for 2023-2024.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board approves the amended Bylaws as presented, including today's changes.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board appoints Mary Egan to the Board as the Academic Representative for a three-year term, commencing on July 1, 2023</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board appoints Darlene Venditti, Holly Assaf, Kellen Baldock and Sarah Dodds as Professional Committee Appointees to the Inquiries, Complaints and Reports Committee for a three-year term commencing on May 1, 2023.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board appoints Sylvia Boddener as a Professional Committee Appointee to the Discipline Committee for a three-year term commencing on July 1, 2023.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board appoints Casandra Boushey as a Professional Committee Appointee to the Fitness to Practise Committee for a three-year term commencing on July 1, 2023.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board appoints Bethany Brewin and Rabia Khokhar as Professional Committee Appointees to the Quality Assurance Subcommittee for a three-year term commencing on July 1, 2023.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board appoints Amanda Mowbray as a Professional Committee Appointee to the Patient Relations Committee for a three-year term commencing on July 1, 2023.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board appoints Miranda Setoguchi as a Professional Committee Appointee to the Practice Subcommittee for a three-year term commencing on October 1, 2023.</i>	Complete
March 30, 2023	<i><b>THAT</b> the Board leaves the one seat vacant in District 2 and proceeds with the proposed Bylaw changes.</i>	Complete

Board Meeting Date	Decisions	Current Status
March 30, 2023	<b>THAT</b> the Board approves the amended Terms of Reference for all College committees as presented, including today's recommendations.	Complete
March 30, 2023	<b>THAT</b> the Board approves the amended College Performance Measurement Framework report for submission to the Ministry of Health and for publication on the College's website.	Complete
January 26, 2023	<b>THAT</b> the Board restructures the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method.	Ongoing
January 26, 2023	<b>THAT</b> the Board approves the inclusion of the proposed changes to the College's pension plan in the FY23/24 budget	Complete Implementation 2024
January 26, 2023	<b>THAT</b> the Board approves the plan for increasing Registration Fees by up to 2% annually for a maximum of 5 years.	Complete Implementation 2024

## EXECUTIVE COMMITTEE MINUTES

---

**DATE:** Monday, March 6, 2023

**TIME:** 1:00 – 4:00 p.m. via zoom

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### In Attendance:

#### MEMBERS:

Stephanie Schurr, *Chair*

Allan Freedman

Heather McFarlane

Vincent Samuel

#### GUESTS:

#### STAFF:

Elinor Larney, Registrar & CEO

Stamatis Kefalianos, *Director, Regulatory Affairs*

Andjelina Stanier, Executive Assistant, *Scribe*

#### REGRETS:

### 1.0 Call to Order

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

### 2.0 Public Protection Mandate

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

### 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 Approval of Agenda

#### 5.1 Approval of Agenda – March 6, 2023

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

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

*THAT the agenda be approved as presented.*

**CARRIED**

## **6.0 Executive Committee Terms of Reference**

The Chair stated that the committee terms of reference are provided with meeting materials to encourage their regular review prior to meetings.

## **7.0 Approval of Minutes**

### **7.1 Draft Minutes of January 9, 2023**

The Chair called for edits to the draft Executive Minutes of January 9, 2023. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

*THAT the Executive Minutes of January 9, 2023 be approved as presented.*

**CARRIED**

## **8.0 Registrar's Report**

### **8.1 Registrar's Verbal Report**

Governance Policies: Consultant Carolyn Everson has been hired to rewrite and modernize the Governance policies which were originally drafted more than 10 years ago. The first draft of the table of contents will be brought to Executive later this spring.

College Performance Measurement Framework (CPMF): One of the requirements of the CPMF is that colleges engage in a third-party evaluation to assess their governance. The College had engaged Don McCreesh to perform an evaluation prior to the implementation of the CPMF. The College has been working over the past three years to implement the recommendations for improvement, with completion anticipated in April 2024. The CPMF recommends a third-party assessment every three years and therefore the College is aiming to initiate this process again in 2023. The draft 2022 CPMF is on the agenda today for review and discussion.

Risk Management: The College is preparing to respond to questions about the fee increase plan.

Operations: With regards to Investigations & Resolutions, the College has been outsourcing new complaints. Interestingly, there has been a significant drop off in the number of complaints with only three so far in 2023. Recruitment is underway for the Manager of Investigations and Resolutions. The other program area roles are under review and recruitment will begin soon as appropriate. At this time the program operations are running smoothly.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO): An application for significant funding has been submitted to the federal government through ACOTRO for the Substantial Equivalency Assessment System (SEAS). A project manager will be hired to oversee the project if the proposal is approved.

### **8.2 Risk Management Report**

Elinor reported there is no change related to Risk #1 – Regulatory Modernization. For Risk #2 – Enterprise System, the risk assessment has changed significantly in that the College completed

its work with the current vendor and has now taken on the rest of the project for in-house completion. There are several tools available for staff to do this work that were not apparent earlier in this work. For Risk #3 – Staff Turnover, the College has experienced a high degree of turnover over the past several months. Exit interviews are conducted and reasons for departure are varied. Operations continue and are managed through outsourcing for the Investigations and Resolutions program and a contracted finance person. The Board has the option to go in camera should they wish to discuss further.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

*THAT Executive receives the Risk Management Report.*

**CARRIED**

## **9.0 Business Arising**

### **9.1 Committee Work Plan**

Executive reviewed the work plan and updated it. Elinor is working with the universities to fill the Academic Director seat when Donna Barker's term ends at the end of June. The Board risks becoming unconstituted if a new member is not appointed in time. Discussion was held regarding the Board Orientation at the June Board meeting. Regarding Strategic Planning, Elinor explained that the Executive Committee oversees the strategic planning exercise every three to four years. With the current plan ending in 2024, it is time to begin the process. The College recommends a competitive process by putting out a Request for Proposals (RFP) at this time.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

*THAT Executive recommends that a request for proposals or quotations to lead a strategic planning process for the College be sought.*

**CARRIED**

### **9.2 Enterprise System (ES) Project Update**

This is for information only. The Executive held a brief impromptu meeting on February 13 to discuss the evolving situation and next steps related to the ES Project.

### **9.3 Committee Effectiveness Survey Feedback**

The committee reviewed the positive feedback, and no questions were raised.

### **9.4 Appointment to Practice Subcommittee**

Heather McFarlane explained that a Professional Committee Appointee's term on the Practice Subcommittee will end in September. A call for resumes was conducted by the College last Fall, and two candidates with the experience needed by the subcommittee were selected and interviewed by staff. The subcommittee subsequently reviewed the resumes and unanimously recommended one of the candidates for appointment to the subcommittee.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** Executive recommends to the Board the appointment of Miranda Setoguchi as a Professional Committee Appointee to the Practice Subcommittee for a three-year term commencing October 1, 2023.*

**CARRIED**

#### **9.5 Revised Executive Committee Terms of Reference**

Stamatis Kefalianos explained that the terms of reference for all the committees will be brought to the March Board meeting as part of the regular cycle of review. Executive reviewed the proposed amendments for the Executive Committee Terms of Reference and provided several recommendations which will be incorporated for Board approval.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive recommends that the amended terms of reference for the Executive Committee, including today's recommendations, be forwarded to the Board for approval.*

**CARRIED**

#### **9.6 College Performance Measurement Framework (CPMF)**

Stamatis explained that the College has been working on completing the CPMF for the 2022 reporting year. A new section identified eight standards as benchmark evidence of excellent regulatory practices. Colleges which do not meet all eight standards must also provide an improvement plan. The College meets all eight standards and 49/50 indicators. The one outstanding indicator related to a policy on sharing information with third parties regarding complaints and concerns. The Health Profession Regulatory Organizations (HPRO) is working to finalize such a policy which the colleges can all use. The CPMF presented today is in draft form with a line by line review still to be performed and all links verified. When ready, it will be circulated to Board members for their review prior to the March 30 Board Meeting. Submission deadline to the ministry is March 31.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** the draft College Performance Measurement Framework be forwarded to the Board for final approval.*

**CARRIED**

#### **9.7 January 26, 2023 Board Meeting Evaluation Feedback**

The Chair stated that overall feedback was very positive, and members were satisfied with how the meeting was conducted. Given the difficult topics, there was good debate, and the Chair did an excellent job steering the discussions. The Rules of Order will be included in the FYI section

of the March Board package. In future, when there are contentious items on the agenda, the Chair will explain how the matter will be addressed before discussions begin.

**9.8 Annual Board Member Self-Evaluation Feedback**

Executive reviewed the results. Of note, was a comment about re-wording question #4 so that missing one meeting does not require a response of “Some of the time”.

**9.9 Annual Board Evaluation Feedback**

Executive reviewed the results. Feedback was generally very positive. The committee noted that “public interest” was mentioned by many members. A high level overview of the feedback will be provided to the Board at the next meeting.

**9.10 Draft Board Meeting Agenda – March 30, 2023**

Executive reviewed the Board meeting agenda for March 30, 2023

**9.11 Draft Board Minutes of January 26, 2023**

Executive reviewed the draft Board minutes of January 26, 2023

**9.12 Draft Special Board Minutes of February 13, 2023**

Executive reviewed the special Board minutes of February 13, 2023

**9.13 Draft Board Elections Agenda – March 30, 2023**

Executive reviewed and finalized the Elections Agenda for March 30, 2023

**10.0 Next Meeting**

To be determined once the new Executive officers are elected.

**11.0 Adjournment**

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

MOVED BY: Heather McFarlane

*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.*

## EXECUTIVE COMMITTEE MINUTES

---

**DATE:** Thursday, March 30, 2023 **TIME:** Immediately following the Officer Elections Meeting

---

### In Attendance:

#### MEMBERS:

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

#### STAFF:

Elinor Larney, *Registrar & CEO, Scribe*

### REGRETS:

#### 1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 2:37 p.m.

#### 2.0 Appointment of Governance Committee

The Executive Committee held a discussion and appointed members to the Governance Committee.

MOVED BY: Allan Freedman

SECONDED BY: Vincent Samuel

*THAT Executive appoints Teri Shackleton (Chair), Sarah Milton, Vincent Samuel, Stephanie Schurr and Sabrina Shaw to the 2023-2024 Governance Committee.*

**CARRIED**

#### 3.0 Next Meeting

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

#### 4.0 Adjournment

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

MOVED BY: Heather McFarlane

**CARRIED**

## GOVERNANCE COMMITTEE MINUTES

---

**DATE:** Tuesday, March 7, 2023

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

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### In Attendance:

#### MEMBERS:

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

#### STAFF:

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

#### REGRETS:

Brittany O'Brien

### 1.0 Call to Order

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

### 2.0 Public Protection Mandate

The Chair stated that all decisions are made in the best 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 for declarations of conflict of interest. None were made.

### 5.0 Approval of Agenda

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

MOVED BY: Carol Mieras

SECONDED BY: Jennifer Henderson

*THAT the agenda be approved as presented.*

**CARRIED**

### 6.0 Governance Committee Terms of Reference

The Chair stated that the terms of reference were included for information purposes.

### 7.0 Approval of Minutes

#### 7.1 Draft Minutes of January 6, 2023

The Chair called for edits to the draft minutes of January 6, 2023. None were reported.

MOVED BY: Carol Mieras

SECONDED BY: Jennifer Henderson

***THAT** the draft Governance Committee Minutes of January 6, 2023 be approved as presented.*

**CARRIED**

#### **8.0 Revised Terms of Reference for Governance and Nominations Committees**

Stamatis explained that the terms of reference for all committees will be brought to the March Board meeting as part of the regular cycle of review. For today's consideration, the committee reviewed revisions to the Nominations Committee's Terms of Reference to add the task of appointing committee chairs and members to statutory and other committees. Discussion was held regarding the term period to be three years with the Chair appointed annually. Other minor changes will be incorporated. Proposed revisions to the Executive Terms of Reference align with the changes to the Nominations Committee.

MOVED BY: Jennifer Henderson

SECONDED BY: Carol Mieras

***THAT** the Governance Committee recommends that the amended terms of reference for the Governance and Nominations Committees be forwarded to the Board for approval as presented and including today's minor changes.*

**CARRIED**

#### **9.0 Election – District 2 Vacancy**

Stamatis explained that a call for nominations was made in District 2 for two board seats. Despite additional calls for nominations, only one candidate put their name forward. This individual was acclaimed to their position and one seat remained vacant. The committee today was asked to either recommend to the Board the seat be filled as provided for in the bylaws or leave vacant given the Board's decision at their January meeting to reduce the Board size. This second option would require bylaw changes.

MOVED BY: Carol Mieras

SECONDED BY: Vincent Samuel

***THAT** the Governance Committee recommends to the Board to leave the one seat vacant in District 2 and proceed with the proposed bylaw changes.*

**CARRIED**

#### **10.0 Bylaw Review**

Stamatis explained that it is best practice to review the bylaws on a regular basis. Amendments proposed today reflect Board decisions from the January Board meeting. These amendments have undergone legal review. Stakeholder consultation is not required according to legal counsel.

MOVED BY: Vincent Samuel

SECONDED BY: Jennifer Henderson

***THAT*** the Governance Committee recommends that the amended bylaws be forwarded to the Board for approval, including today's changes.

**CARRIED**

**11.0 Committee Effectiveness Survey Feedback**

A member noted that they mistakenly inverted their responses and confirmed they had meant to answer "5 – Strongly Agree" for all the questions. Feedback from the survey indicated a high level of satisfaction with the committee's functioning and excellent member cooperation and participation.

**12.0 Next Meeting**

To be determined once the Governance Committee is reconstituted in April.

**13.0 Adjournment**

There being no further business, the meeting was adjourned at 2:02 p.m.

MOVED BY: Jennifer Henderson

***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:**

<b>Meeting Date</b>	<b>Decisions &amp; Action Items</b>	<b>Current Status</b>
March 7, 2023	<b>THAT</b> the Governance Committee recommends that the amended bylaws be forwarded to the Board for approval, including today's changes.	March Board Meeting
March 7, 2023	<b>THAT</b> the Governance Committee recommends to the Board to leave the one seat vacant in District 2 and proceed with the proposed bylaw changes	March Board Meeting
March 7, 2023	<b>THAT</b> the Governance Committee recommends that the amended terms of reference for the Governance and Nominations Committees be forwarded to the Board for approval as presented and including today's minor changes.	March Board Meeting
September 9, 2021	<b>THAT</b> the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending

## GOVERNANCE COMMITTEE MINUTES

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**DATE:** Tuesday, April 11, 2023

**TIME:** 11:00 a.m. – 12:00 p.m. *via Zoom*

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### In Attendance:

#### MEMBERS:

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

#### STAFF:

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

### REGRETS:

#### 1.0 Call to Order

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

#### 2.0 Public Protection Mandate

The Chair stated that the role of the committee in coming together is 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 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 Approval of Minutes

##### 6.1 Draft Minutes of March 7, 2023

The Chair called for edits to the draft minutes of March 7 2023. None were reported.

MOVED BY: Stephanie Schurr

SECONDED BY: Vincent Samuel

***THAT** the draft Governance Committee minutes of March 7, 2023 be approved as a report of the 2022-2023 Governance Committee.*

**CARRIED**

**7.0 Appointment of Committee Composition and Chairs**

Elinor reviewed the draft committee composition and selection of Chairs for 2023-2024 as provided and responded to questions. The committee held a discussion. Elinor will circulate the draft document to the Board and encourage everyone to bring questions and concerns to her before the meeting package is finalized.

MOVED BY: Sarah Milton

SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee recommends the Board approves the selection of Committee Chairs and committee composition for 2023-2024.*

**CARRIED**

**8.0 Next Meeting**

A Doodle Poll will be sent out with date options for the week of May 15.

**9.0 Adjournment**

There being no further business, the meeting was adjourned at 11:34 p.m.

MOVED BY: Sabrina Shaw

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

**CARRIED**

**APPENDIX 1: \* Land Acknowledgement**

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

**APPENDIX 2**

Meeting Date	Decisions & Action Items	Current Status
April 11, 2023	<b>THAT</b> the Governance Committee recommends the Board approve the selection of Committee Chairs and committee composition for 2023-2024.	Anticipated for April 21, 2023
March 7, 2023	<b>THAT</b> the Governance Committee recommends that the amended bylaws be forwarded to the Board for approval, including today's changes.	Complete
March 7, 2023	<b>THAT</b> the Governance Committee recommends to the Board to leave the one seat vacant in District 2 and proceed with the proposed bylaw changes	Complete
March 7, 2023	<b>THAT</b> the Governance Committee recommends that the amended terms of reference for the Governance and Nominations Committees be forwarded to the Board for approval as presented and including today's minor changes.	Complete
September 9, 2021	<b>THAT</b> the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending

## FINANCE AND AUDIT COMMITTEE MINUTES

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**DATE:** Thursday, March 16, 2023 **TIME:** 9:30 a.m. – 11:30 a.m. via video conference

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### In Attendance:

#### MEMBERS:

Allan Freedman, *Chair*  
Paola Azzuolo  
Neelam Bal  
Sabrina Shaw

#### GUESTS:

None

#### OBSERVERS:

None

#### STAFF:

Elinor Larney, Registrar and CEO  
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 9:30 a.m.

### 2.0 Public Protection Mandate

The Chair reviewed the public protection mandate with the Committee members.

### 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 Terms of Reference – Finance and Audit Committee

The Chair reminded members the importance of reviewing the Terms of Reference prior to each meeting to fully understand the responsibilities of this committee.

### 6.0 Approval of Agenda

#### 6.1 March 16, 2023

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

MOVED BY: Neelam Bal  
SECONDED BY: Sabrina Shaw

*THAT the agenda be approved as presented.*

**CARRIED**

## **7.0 Approval of Minutes**

### **7.1 Draft Finance and Audit Minutes – January 11, 2023**

The Chair asked if members of the Committee had any additions or changes to the draft minutes from January 11, 2023. No additions or changes were required.

MOVED BY: Neelam Bal  
SECONDED BY: Sabrina Shaw

*THAT the draft Finance and Audit Committee minutes of January 11, 2023, be approved as presented.*

**CARRIED**

## **8.0 Verbal Report**

Seema Singh-Roy provided the verbal report to the Committee, with a general update on what's occurring at the College. Seema expressed that the College is still facing HR pressures but was excited to communicate to the committee that the I&R Manager and QA role were just filled. She also indicated that the College would be conducting an Engagement Survey in the spring to obtain employee feedback and that the audit interim planning and prepping has begun. Elinor also communicated that the budgeting process for the next fiscal year will commence. This budget will include the strategic planning session in the fall for the Board as well as the third-party review of governance and the Diversity and Inclusion plan. Once the budget is finalized it will be presented to the Committee in the Spring.

## **9.0 Committee Mandate and Work Plan**

### **9.1 Committee Mandate Review and Annual Workplan Review**

Seema reminded the Committee members that the Committee is a committee of the Board, - but a non-statutory body, i.e., not required in legislation. She explained that the main mandate of the committee is to assist the Board in fulfilling its obligations and oversight responsibilities as it relates to the financial planning, reporting, external audit and internal controls, investments, and policies. Seema communicated that we are on target with everything on the Work Plan.

## 10.0 Finance Update

### 10.1 FY22/23 Q3 Financial Summary Report

Director of Finance, People and Corporate Services provided a review of the Statement of Financial position and Statement of Operations as per the briefing note provided. Seema reiterated that the items on the Statement of Financial position are in line with the previous year. We have approximately \$1M of deferred registration fees remaining that will be recognized over the remainder of the year. Seema also communicated that, with respect to the Statement of Operations, it is expected that the expenses to date should be about 75% for this time of the fiscal year. If not, an explanation as to why we may be deviating from this is provided in the briefing note. Overall, the College is doing well and on track with budget, and we have a surplus to date of \$390,197 once the Enterprise System Project costs are removed as this is funded by the reserve fund. All Statutory government remittances are up to date.

MOVED BY: Paola Azzuolo  
SECONDED BY: Neelam Bal

***THAT** the Committee recommends to the Board approval of the FY22/23 Q3 Financial report, as presented.*

**CARRIED**

### 10.2 Investment Report as at January 31, 2023

The Director of Finance, People and Corporate Services communicated that the breakdown of our investments is outlined in the briefing note. She advised the Committee that most of the cash has now been invested. Seema asked the Committee members if they had any questions regarding the investment report. Paula had a question regarding the insurance on investments that were over \$100k, and Seema explained that these relate to Bonds that are covered under another type of insurance. Paula also asked why the figures in the short-term investments seem to be decreasing year over year. Seema explained that once the short-term investments have matured, they are being reinvested into the ladder investments.

MOVED BY: Neelam Bal  
SECONDED BY: Paola Azzuolo

***THAT** the Committee receives the Investment Report*

**CARRIED**

## **11.0 New Business/Old Business**

### **11.1 Finance and Audit Committee Terms of Reference - Revisions**

Elinor briefly described the revisions made to the FAC terms of reference as outlined in the briefing note.

MOVED BY: Sabrina Shaw

SECONDED BY: Paula Azzuolo

***THAT** the Committee recommends to the Board approval of the revisions to the Finance and Audit Committee Terms of Reference as presented*

**CARRIED**

## **12.0 NEXT MEETING**

The next Finance and Audit Committee date is TBD.

## **13.0 Adjournment**

There being no further business, the meeting was adjourned at 10:13 a.m.

MOVED BY: Paula Azzuolo

***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.*

## Q4 2022-2023 Quarterly Performance Report

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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 (Current), Stephanie Schurr (Q1, Q2, Q3)

**Strategic Priorities:** Public Confidence, Quality Practice

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

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

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

<b>Q3</b>	<b>Committee Activities:</b> Meetings held: <b>January 9, 2023</b> , reviewed risk management report and annual Board evaluation process. Reviewed and recommended Board approval for Diversity, Equity and Inclusion (DEI) plan, Standards of Practice for publication, academic appointment to the Board (3-month extension), and Board ratification of statutory committee composition changes
	<b>Decisions Not Requiring Board Approval:</b> Annual Board evaluation process
	<b>Decisions Requiring Board Approval:</b> Risk management report, DEI plan, Standards of Practice, academic appointment extension, statutory committee composition changes
<b>Q4</b>	<b>Committee Activities:</b> Meetings held: <b>1) March 6, 2023</b> , reviewed risk management report, results of committee effectiveness survey, revisions to the Executive Committee terms of reference, appointment of committee appointee to Practice Subcommittee, 2022 College Performance Measurement Framework, January 2023 Board meeting evaluation results, annual Board member evaluation feedback, annual Board evaluation feedback, and finalized March Board meeting agenda. <b>2) March 30, 2023</b> , appointment of Governance Committee. <b>3) May 31, 2023</b> , conducted Executive Committee orientation, reviewed risk management report/entire risk register (performed annually), 2022-2023 & 2023-2024 committee work plans, annual registrar review process, honoraria policy revisions, March Board meeting feedback, and finalized June Board agenda.
	<b>Decisions Not Requiring Board Approval:</b> Appointment of Governance Committee
	<b>Decisions Requiring Board Approval:</b> Risk management report, Executive Committee terms of reference, appointment to Practice Subcommittee, 2022 College Performance Measurement Framework, Honoraria policy revisions

**Governance**

**Chair:** Teri Shackleton (Current), Stephanie Schurr (Q1, Q2, Q3)

**Strategic Priorities:** Public Confidence, System Impact

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

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

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

<p><b>Q3</b></p>	<p><b>Committee Activities:</b> There was one meeting held in Q3. As part of the governance modernization initiatives, Committee reviewed the current Committee/Chair appointment process as well as the Officer Nomination process. No changes are recommended for this year. Committee also reviewed the feedback from the Board Education session held in October 2022 which was well received. Finally, the Committee reviewed the options discussed following the Board education session related to reducing the board size and the overlap between Board and Statutory Committee members. This included moving from six to three electoral districts with two elected directors in each district. To accommodate a smaller board, the Board chair will speak with current elected directors to ascertain their willingness or intention to step down voluntarily and consider a committee appointment. On the issue of reducing the board and committee overlap, the recommendation is to expand the Nominations Committee role to also act as a screening process for committee and chair appointments. Changes to bylaws and committee terms of references will be brought forward at it's next meeting to implement these changes pending board approval.</p>
	<p><b>Decisions Requiring Board Approval:</b> The Governance Committee recommends to the Board that the electoral districts be redistributed, a Nominations Committee be established, and approve the plan to reduce the overlap of Board and Statutory Committees using a volunteer method.</p>
<p><b>Q4</b></p>	<p><b>Committee Activities:</b> There were three meetings in Q4. March 7, 2023 – Committee reviewed revisions to the Nominations Committee terms of reference and added the task of appointing committee chairs and proposing the Committee slate beginning in June 2023. Committee also discussed the call for nominations in District 2 for two board seats. Despite the additional calls for nominations only one individual put their name forward and was acclaimed. The Committee looked at options and decided to leave the seat vacant given the Board decisions at the January meeting to reduce the Board size. This option required bylaw changes to be implemented. Finally, the Committee reviewed the proposed bylaw changes and amendments made to reflect the Board decisions from the January meeting. April 11, 2023 – Following the election of the Executive Committee, members were appointed to the Governance Committee. The Governance Committee met to discuss and review committee compositions and chairs, with recommendations to the Board for approval in April. May 15, 2023 – Committee orientation was facilitated by College staff and a recruitment plan for community appointees to the Nomination Committee was approved.</p>
	<p><b>Decisions Requiring Board Approval:</b> Terms of reference for the Nominations Committee; District 2 Vacancy on the Board; Recommendation for Committee Chairs and Committee Composition.</p>

## Finance and Audit Committee

**Chair:** Allan Freedman

**Strategic Priorities:** Public Confidence, System Impact

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

Q1	<b>Committee Activities:</b> Met on <b>August 23, 2022</b> . The Committee reviewed the Finance and Audit mandate and annual work plan. Management presented the draft Audit Financial Statements from the auditors for the Committee to review and report to the Board at a later date. The Committee was provided with an orientation on the structure and elements of the audited financial statements. The Committee reviewed the College's 5-year Finance Forecast, which was provided for discussion and information purposes. The Committee reviewed and discussed the FY21/22 Q4 Financial Report and has recommended it to the Board for approval. The Committee reviewed the FY21/22 Q4 Investment Report. No issues were identified. The Committee reviewed and discussed the College's internal control matrix, with management reporting that internal controls are operating effectively.
	<b>Finance Report:</b> FY21/22 Q4 Financial Summary Report was reviewed and recommended for Board approval.
	<b>Decisions Requiring Board Approval:</b> FY21/22 Q4 Financial Summary Report

Q2	<b>Committee Activities:</b> Met on <b>September 23, 2022</b> . The Committee reviewed the Finance and Audit mandate and annual work plan. The auditor, Usman Paracha, attended the meeting and reviewed the FY21/22 Audited Financial Statements with the committee in the presence of management. The auditor answered questions. No issues were raised by either the auditor or the Committee. The Committee went in-camera with the auditor without management present. The Committee agreed to recommend to the Board for the approval of the Audited Financial Statements for the fiscal year ended May 31, 2022, as presented. The Committee deferred a discussion about the auditor until all components of the audit was completed. The Committee reviewed the FY22/23 Q1 Financial Report and has recommended it to the Board for approval. The Committee reviewed the Q1 Investment Report, no issues were identified. The Committee selected and agreed upon who would present at the October 20, 2022 Board meeting in the Chair's his absence.
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	<p><b>Finance Report:</b> The FY21/22 Audited Financial Statement were reviewed and recommended for Board approval. The FY22/23 Q1 Financial Summary Report was reviewed and recommended for Board approval.</p> <p><b>Decisions Requiring Board Approval:</b> FY21/22 Audited Financial Statement, FY22/23 Q1 Financial Summary Report</p>
<b>Q3</b>	<p><b>Committee Activities:</b> Met on <b>January 11, 2023</b>. The Committee reviewed the Finance and Audit mandate and annual work plan. The Chair asked the Committee members if there were any additions or changes to the Draft Finance and Audit minutes from September 28, 2022, none were reported. The Committee reviewed the FY22/23 Q2 Financial Summary Report and recommended it to the Board for approval. The revised 5-year Forecast was provided for discussion and information purposes. The proposed Staff Pension Plan with HOOPP was discussed, and the Committee agreed to move forward in presenting it to the Board for approval. The proposed increase in Registration Fees of up to 2% over the course of the next five years was presented to the Committee, discussed extensively, and recommended to the Board for approval. The Committee reviewed Q2 investment report, no issues were identified. An overview of our current Insurance Coverage was provided to the Committee for information purposes, no issues or concerns were reported. The proposed amendments to the Allowable Expense Policy and review of the Honoraria Policy were discussed with the Committee and recommended to the Board for approval. The results of the Finance and Audit Committee Effectiveness Survey was presented and discussed in further detail.</p> <p><b>Finance Report:</b> The FY22/23 Q2 Financial Summary Report was approved. The proposed Staff Pension Plan, Draft Finance and Audit Minutes from September 28, 2022 and the increase of Registration fees was approved by the Board. The proposed Allowable Expenses was slightly amended and approved by the Board.</p> <p><b>Decisions Requiring Board Approval:</b> FY22/23 Q3 Financial Summary Report. Revisions to the Finance and Audit Terms of Reference.</p>
<b>Q4</b>	<p><b>Committee Activities:</b> Met on <b>March 16, 2023</b>. The Committee reviewed the Draft Finance and Audit Committee Minutes from January 11, 2023 and no additions or changes were reported. The Committee reviewed the Finance and Audit Committee mandate and work plan. The FY22/23 Q3 Financial report was recommended for Board approval. The Committee received the Investment Report as at January 31, 2023 and recommended Board approval on the revisions to the Finance and Audit Committee Terms of Reference.</p> <p>Met on <b>May 23, 2023</b>. The Committee reviewed the Draft FY23/24 Annual Work Plan with Terms of Reference for guidance. Hilborn LLP presented the Pre-audit plan for the year ended May 31, 2023 to the Committee. The Finance and Audit Committee Orientation was presented by Seema to the new Finance and Audit Committee. The Committee reviewed the proposed FY23/24 Annual Operating Budget and recommended for Board approval. The Committee reviewed the amendments to the Financial Policies and recommended for Board approval.</p> <p><b>Finance Report:</b> The FY22/23 Q3 Financial Report was approved. The Audit minutes from January 11, 2023 and the revisions to the Finance and Audit Terms of Reference were approved by the Board. The Board received the Investment report as at January 31, 2023.</p> <p><b>Decisions Requiring Board Approval:</b> Finance and Audit minutes from March 16, 2023 to be presented to the Board for approval. FY23/24 Annual Operating Budget. Revisions to the Finance Policies.</p>

## Registration

**Chair:** Sarah Milton (Current), Jennifer Henderson (Q1, Q2, Q3)

**Strategic Priorities:** Public Confidence, Qualified Registrants

**Registration Legend:**

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

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

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

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

**Decisions Requiring Board Approval: N/A**

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

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

Q4	Metrics													
	6803 Registrants				Application Processing Time *50.4 (Avg in Days)			Practicing without a Certificate	Liability Insurance				Expired Certificates	
	58 Certificates Issued			Resigned	New CAN	New IE	All Returning		Didn't Update	Lapse	Late Renewal	I&R Referral	Provisional	Temporary
	New CAN	New IE	All Returning											
	16	6	36	189	29.9	**102.5	50.9	0	1	2	5	0	0	0
<p><b>Commentary:</b> *shortest duration for all applicants was 3 days and the longest was 584 days (extended refresher program timeline). **shortest duration for IEOTs was 11 days and the longest was 196 days.</p>														
Cases							Meetings Held	Response Compliance	HPARB Appeals	Policies Updated				
Type	New	Resolved	Avg Case Time											
Currency	0	0	*25 days				2	100% (1/1)	0	0/15				
Education	0	0												
Examination	0	0												
Language	0	0												
Second Provisional Certificate	1	1												
Suitability to Practice	0	0												
Outcomes	Issued second provisional certificate with TCLs (expires upon release of exam results). *case was expedited due to the applicant wanting to work prior to receiving exam results.													
<p><b>Committee Activities:</b> Committee was constituted on April 21, 2023 and received orientation from the Manager of Registration at the meeting on May 2, 2023.</p>														
<p><b>Decisions Requiring Board Approval:</b> At the March 2023 meeting, the Committee approved bringing feedback about the emergency class of registration regulation amendment to the Board for approval.</p>														

## Inquiries, Complaints and Reports Committee (ICRC)

**Chair:** Neelam Bal (Current), Carol Mieras (Q1, Q2, Q3)

**Strategic Priorities:** Public Confidence, Quality Practice

**Investigations and Resolutions Legend:**

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

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

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

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

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

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

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

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

Q4	Cases				Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved	Avg Case Time			
	Registrar Report Investigations	5	0	N/A	Panel A = 2 Panel B = 0 All ICRC = 1		0
	Registrar Administrative Action	0		N/A			
	Health Inquiries	0	1	444			
	Complaints	2	2	149			
	Outcomes	<b>ICRC:</b> 1 Take No Action on a health inquiry (s.57), 1 complaint – F&V, 1 complaint sent for further investigation. <b>Registrar:</b> 1 complaint withdrawn – accepted by Registrar					
	<b>Commentary:</b> Average case time under complaints only included the one file that was determined to be F&V – the withdrawal was not included as it did not involve an ICRC decision.						
	Health Inquiries were previously captured as Registrar Report Investigations. Moving forward into 2023/24, they will be referred to as “I” files with a corresponding numeric sequence.						
	<b>Committee Activities:</b> The committee had a meeting on March 1 to consider the recommendation of new committee appointees						
	<b>Decisions Requiring Board Approval:</b> N/A						

**Quality Assurance (QAC)**

**Chair:** Elizabeth Gartner (Current), Teri Shackleton (Q1, Q2, Q3)

**Strategic Priorities:** Public Confidence, Quality Practice

**Quality Assurance Legend:**

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

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

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

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

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

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

Workplan 2022/2023	Approval of changes to the peer and practice assessment policies and procedures
	Approval of policy changes including, streamlining processes relating to case decisions and annual QA requirements
	Feedback on 2023 Prescribed Regulatory Education Program (PREP)
	Oversight of integration of new competency assessment process into the QA program
	Oversight of risk-based selection and screening tool pilot

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

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

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

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

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

<b>Q4</b>	<b>Metrics</b>							
	<b>Competency Assessment</b>							
	Risk-Based Selection	PPA Completed Q4	PPA in Progress	% Total PPA Completed	Additional Q2 Directed PPAs			
	Date of Selection: Aug 2021 Total= 110 Completed=75 (complete) Deferred=35 (18 in Q2/Q3 progress as pilot, 1 registrant deferred again)	0	0 <i>*pilot completed</i>	85%  (9+84=93/110) <i>*Remaining 15% are non-clinical or have resigned</i>	0			
	<b>Annual Requirement</b>							
	Annual eLearning Module (due Oct 31, 2022)	99.6% completed	Annual Learning Plan (due Oct 31, 2023)		N/A- upcoming release date			
	<b>Committee</b>							
	<b>QAC Cases / Decisions</b>			SCERP/TCL in Progress	Non-compliance with Remediation	Average Case Time	QAC Meetings	Policies Review
	Type	Deliberated	Outcomes					
	Peer & Practice Assessment (PPA)	3	TNA= 1 TNAR=1 SCERP= 1 TCL= 0	2	0	PPA: (159)	2	Decision made regarding 1 policy in February, March, and approved at May 30, 2023 meeting.

Non-Compliance with annual requirements	n/a						
<p><b>Commentary: 1. <u>Competency Assessment.</u></b> The new competency assessment is in its final stages of revision. Our QA working group is collaborating regularly with other regulators and seeking specific consultation where needed. The 14 peer assessors met in May for input and will meet again in June for final contributions to the peer interview guide. <b>Survey to registrants.</b> More than 250 registrants responded to a survey about guiding principles, competency assessment and risk in OT practice. This insight is incorporated into the competency assessment tool. 2. <b><u>Annual Requirements.</u></b> Ready for launch! Each year OTs complete 2 activities: the <b>Annual Learning Plan &amp; Annual eLearning Module.</b> Both have been developed, tested and are ready to be launched with all registrants in June using the new QA portal within the Enterprise System. In May the <b>QA Subcommittee</b> met for a day to Kick off for the 2024 Annual eLearning Module on Record Keeping. Themes for the scenarios were confirmed and the content will be built out this summer. 3. <b><u>QAC Orientation.</u></b> Welcome to the new QAC committee members! The committee took part in an orientation to the QA program and committee. <b>QA Policies.</b> QAC approved the amalgamation and streamlining of the new QA policy document. It will be posted on the website so all can access. Recruitment efforts are underway to replace our QA Associate who is going on maternity leave shortly. <b>University Outreach.</b> Partnered with registration for in person presentations to four universities about the QA program and requirements.</p>							
<p><b>QAC Activities: May 30<sup>th</sup>, 2023:</b> Met for orientation and approval of policy document.</p>							
<p><b>QAS Activities: May 15<sup>th</sup>, 2023:</b> Met to kick-off the development of the new 2024 Annual eLearning Module.</p>							
<p><b>Peer Assessors: May 5<sup>th</sup>, 2023:</b> Met for competency assessment and input into approach</p>							
<p><b>Decisions Requiring Board Approval:</b> N/A</p>							

**Discipline**

**Chair:** Stephanie Schurr (Current), Donna Barker (Q1, Q2, Q3)

**Strategic Priorities:** Public Confidence, Quality Practice

Workplan 2022/2023	Ensure discipline processes are discharged in a timely and procedurally fair manner
	Annual orientation and training and ensure new members receive HPROs discipline orientation training
	Develop a guide outlining discipline hearing processes and timelines, to include a glossary of legal terms, to help hearing panel members effectively discharge their duties and understand expectations

Q1	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0	0	0	N/A	N/A	N/A	N/A
<b>Commentary:</b> No committee activities in Q1.							
<b>Committee Activities:</b> There were no meetings held in Q1.							
<b>Decisions Requiring Board Approval:</b> N/A							

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

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

Q4	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0(0)	1(1)	0(0)	N/A	N/A	N/A	N/A
<p><b>Commentary:</b> See committee activities</p> <p><b>Committee Activities:</b> 1 committee appointee recommended at a meeting in March</p> <p><b>Decisions Requiring Board Approval:</b> Committee appointment at the March meeting</p>							

**Patient Relations**

**Chair:** Sabrina Shaw (Current), Paola Azzuolo (Q1, Q2, Q3)

**Strategic Priorities:** Quality Practice, Public Confidence

Workplan 2022/2023	Review, revise and update the Conflict of Interest, Professional Boundaries, and the Prevention of Sexual Abuse Standards for inclusion in the One Standard Project for Board approval
	Finalize and post the Client Bill of Rights
	Contribute to the development of a case study addressing the issue of sexual abuse
	Oversee the development of sexual abuse educational content to be delivered to OT students and registrants

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

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

Q3	<b>Funding Applications:</b> 1 Application to increase funding was approved
	<b>Commentary:</b> There are 2 persons using the College Sexual Abuse Funding Program
	<b>Committee Activities:</b> There was 1 meeting held in Q3
	<b>Decisions Requiring Board Approval:</b> N/A

<b>Q4</b>	<b>Funding Applications:</b> 0 new applications
	<b>Commentary:</b> There are 2 persons using the College Sexual Abuse Funding Program
	<b>Committee Activities:</b> There were no meetings held in Q4
	<b>Decisions Not Requiring Board Approval:</b> N/A
	<b>Decisions Requiring Board Approval:</b> N/A

### Fitness to Practise

**Chair:** Vincent Samuel

**Strategic Priorities:** Quality Practice

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

<b>Q1</b>	(No cases or activity to report.)
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<b>Q2</b>	(No cases or activity to report.)
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<b>Q3</b>	(No cases or activity to report.)
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<b>Q4</b>	(No cases or activity to report.)
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**Practice Subcommittee**

**Chair:** Heather McFarlane

**Strategic Priorities:** Quality Practice, System Impact

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

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

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

Q3	339 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	250	37	52	95%	Jurisdiction Record Keeping Conflict of Interest	Not a College Issue Billing/Fees Privacy and Access	Standards of Practice
<p><b>Commentary:</b> This quarter the practice resource service received inquiries about jurisdiction, record keeping and conflict of interest from occupational therapists. Many of the questions from the public were not specific to the College, while other inquiries were about billing/fees, or privacy and access. The practice program has collaborated with several Colleges to develop and disseminate a survey in response to the forthcoming regulation of Applied Behavioural Analysts. Practice staff participated on a panel discussing culture, equity, and justice in occupational therapy practice at the Autism Summit. Staff presented to the Investigations and Resolution Committee on the new competencies of practice. Outreach included a presentation on recording keeping to second year OT students.</p>							
<p><b>Committee Activities:</b> Practice Subcommittee met on <b>December 13th, 2022</b> and <b>February 14th, 2023</b>, via zoom for a half-day meeting. During the December 2022 meeting subcommittee finalized the Standards of Practice and accompanying resources for approval by the Executive and Board. Subcommittee also provided feedback on the new practice resource Privacy Legislation in occupational therapy and Private Practice Guidance Document. At the February 2023 meeting, the Practice Subcommittee terms of reference were reviewed and approved for Executive review. The following documents were also discussed to inform revisions: Working with third-party payers and Discretionary reporting of fitness to drive. Subcommittee considered two applicants to fill the upcoming vacancy for the Fall of 2023 and chose one candidate to be approved by the Board for a 3-year term. Subcommittee also provided feedback for the patient relations committee's sexual abuse educational case study. An environmental scan of current occupational therapy practice sectors was undertaken.</p>							
<p><b>Decisions Requiring Board Approval (Through Executive Committee):</b></p> <ol style="list-style-type: none"> <li>1. Terms of Reference for Practice Subcommittee.</li> <li>2. Appointment of new Practice Subcommittee member to a 3-year term beginning October 1<sup>st</sup>, 2023.</li> </ol>							

Q4	378 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	280	36	62	86%	Record Keeping Psychotherapy Consent	Scope of Practice Consent OT Assessment OTA	Standards of Practice
<p><b>Commentary:</b> This quarter the practice resource service questions included inquiries about record keeping, psychotherapy and consent from occupational therapists. The questions from the public included questions about scope of practice, consent and assessments. The practice team participated in hosting the Ethiopian Delegation. The practice team met with the professional association, the Ontario Society of Occupational Therapists of Ontario (OSOT) and Health Professions Regulators of Ontario (HPRO) to keep abreast of the professional environment. The Practice program provided a fieldwork placement to a Queen’s University OT student. Outreach included presentation on psychotherapy to U of T students, working with OTAs to Conestoga and Mohawk Colleges, and a presentation on the controlled acts to Queens students. On May 2, 2023, practice hosted a webinar to over 400+ registrants on the updated standards of practice. The development of additional resources to support the launch of the updated Standards of Practice is ongoing.</p>							
<p><b>Committee Activities:</b> Practice subcommittee did not meet in this quarter. The next meeting is scheduled for the following quarter and committee activities will be reported at a later date. The Board appointed one new Subcommittee member for a 3-year term and orientation will commence as appropriate.</p>							
<p><b>Decisions Requiring Board Approval (Through Executive Committee):</b></p> <ol style="list-style-type: none"> <li>1. No decisions requiring Board approval in Q4</li> <li>2. Appointment of new Practice Subcommittee member to a 3-year term beginning October 1<sup>st</sup>, 2023.</li> </ol>							

## BOARD MEETING BRIEFING NOTE

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**Date:** June 22, 2023  
**From:** Executive Committee  
**Subject:** Risk Management Report

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**Recommendation:**

*THAT the Board receives the Risk Management Report.*

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

**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 Board should 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. They had no additions or deletions to recommend from the overall register. The overall review of the risk register occurs once per year; however, the register can be reviewed at any time.

## BOARD MEETING BRIEFING NOTE

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### Risk Management Report

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Staff have also reviewed the risk register and recommend that there are no risks at the current time that would be high or critical, due to the measures in place to mitigate them. The risks from the last quarter are deemed to be moderate in nature, versus high or critical.

However, the Executive Committee recommends that the risk related to the Enterprise System should remain on the report to the Board until the system is fully deployed and operational. It is recommended by the Executive Committee that the risks related to the governance changes and human resources be removed from the risk management report going forward.

In future, any new risks that emerge will be analyzed by staff to determine if they are high or critical. Those risks will then be included in the report.

**BOARD MEETING BRIEFING NOTE**

**This previously determined high or critical risk that has been identified in the previous quarter, is now recommended to be removed as it is deemed moderate:**

Risk Category	STRATEGIC
<p><b>Risk:</b></p>	<p><b>Regulatory Modernization</b></p> <p>The Ministry of Health has implemented the yearly collection of a large number of metrics and evidence around various facets of all college operations through the College Performance Measurement Framework (CPMF) due March each year. The College submitted the CPMF for the 2022 year by March 31, 2023. The next submission is due March 31, 2024.</p> <p>The government had consultations around governance modernization and some resource - intensive reporting obligations in early spring 2022, but since the election last June, has not moved forward with any actions. Fortunately, the governance modernization items align with the work plan developed by the Governance Committee.</p>
<p><b>Control Procedure(s)</b></p>	<ol style="list-style-type: none"> <li>1. Membership with Health Profession Regulators of Ontario (HPRO)</li> <li>2. Governance objective on the strategic plan.</li> <li>3. Governance Committee with plan to align governance structures and processes with best practices.</li> <li>4. Establishing and sustaining positive government relationships.</li> <li>5. Collaborating with the Ministry of Health (MOH) on the College Performance Measurement Framework</li> </ol>
<p><b>Action Plan &amp; Monitoring Process</b></p>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. HPRO meetings and working group participation.</li> <li>2. Ministry updates, response to Ministry consultation</li> <li>3. College networking updates</li> <li>4. Governance Committee reports at Council Meeting</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Work plan developed to implement any missing processes required by the CPMF.</li> <li>2. Governance Committee work will help to fulfil some requirements of the CPMF.</li> <li>3. Governance Committee actively monitoring government initiatives re: College structure.</li> <li>4. Governance Committee moving forward with College modernization plans agreed to at January 2023 Board meeting.</li> </ol>

**BOARD MEETING BRIEFING NOTE**

<b>Risk Category</b>	<b>OPERATIONAL</b>
<b>Risk:</b>	<b>Enterprise System project</b>  At this time our work with the vendor has been concluded. Staff have brought the work in house to finish the development and implementation. The project plan has been updated. The first deployment is the Quality Assurance tool, the Annual Learning Plan. This tool is currently being tested and is set to deploy to all registrants in mid-June.  We are anticipating a launch of the registration systems after annual renewal closes out in our current system, so late July, 2023.
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"><li>1. Dedicated resources for IT operations</li><li>2. Continued use of current data base as contingency plan.</li><li>3. Leadership closely monitoring project progression and developing contingency plans.</li><li>4. Project manager closely monitoring and facilitating the progression of the work. Project manager is full-time to ensure this project proceeds as needed.</li><li>5. A recent consultation on work done so far from a similar organization with a similar system is confirms the college plan is appropriate.</li><li>6. A lawyer with expertise in IT projects is involved to provide contract advice to the College.</li></ol>
<b>Action Plan &amp; Monitoring Process</b>	<b>Action Plan:</b> <ol style="list-style-type: none"><li>1. Enterprise-wide System Phase 3, implementation, continues.</li><li>2. Project manager in place and working well with college staff.</li><li>3. Ongoing financial reserves to be monitored for development and maintenance of this critical College infrastructure.</li><li>4. Cost containment efforts are ongoing.</li><li>5. The Board will be kept informed as this project progresses.</li></ol>

## BOARD MEETING BRIEFING NOTE

Risk Management Report

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This previously determined high or critical risk that has been identified in the previous quarter, is now recommended to be removed as it is deemed moderate or lower:

Risk Category	OPERATIONAL
<b>Risk:</b>	<b>Turnover Impact</b> The College has experienced a high degree of turnover in the third quarter of this fiscal year. This has an impact on operations and workload for existing staff. A manager and two staff have been hired for the Investigations and Resolutions Program, and the college is now fully staffed. However, an anticipated maternity leave is still under recruitment.
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"><li>1. Salary survey is completed every two years.</li><li>2. Exit interviews conducted with all exiting staff.</li><li>3. Yearly review of staff benefits.</li><li>4. People and Culture Lead position in place</li></ol>
<b>Action Plan &amp; Monitoring Process</b>	<b>Monitor through:</b> <ol style="list-style-type: none"><li>1. Turnover rate</li><li>2. Review of exit interviews and feedback from staff.</li></ol> <b>Action Plan:</b> <ol style="list-style-type: none"><li>1. Survey to staff to invite ideas on staff engagement.</li><li>2. Implement any viable initiatives from survey.</li><li>3. Salary survey results to be implemented for 2023-24 year.</li><li>4. Added a pension plan for staff for 2023 fiscal year.</li></ol>

## BOARD MEETING BRIEFING NOTE

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**Date:** June 22, 2023  
**From:** Finance and Audit Committee,  
Seema Singh-Roy, Director of Finance, People and Corporate Services  
**Subject:** FY2023-2024 Annual Operating Budget

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**Recommendation:**

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

**Issue:**

To review the FY 23/24 Annual Operating Budget to ensure compliance with Governance policy RL4 “Financial Planning and Budgeting”.

**Link to Strategic Plan:**

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

**Why this is in the Public Interest:**

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

**Diversity, Equity, and Inclusion Considerations:**

When preparing this report, all elements of diversity, equity and inclusion (DEI) were considered. Costs for DEI initiatives are also included in this budget to align with our Strategic priorities.

**Background:**

The governance policies direct the budget planning process each year. The Registrar Limitations Policy RL4 – Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing the FY 23/24 Annual Operating Budget. Per RL4, the Registrar will not allow financial planning that budgets a deficit greater than 3% of the revenue conservatively projected in any fiscal year unless directed by the Board.

**Discussion:**

A significant effort was made to develop a budget that supported achieving key strategic objectives, while also remaining fiscally prudent. The annual operating budget for the year is in an overall deficit position of 7% of revenues. The deficit is mostly attributable to salaries and operational initiatives. The increased deficit is in line with our expectations as previously communicated throughout the year. The College continues to face many human resources pressures and must invest in various operational initiatives to

## BOARD MEETING BRIEFING NOTE

FY2023-2024 Annual Operating Budget

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execute our Board-approved Strategy. This deficit would be funded by our unrestricted reserve fund which currently has approximately \$2M within it, which represents 5 months of operating expenses on hand. Once the projected deficit is removed, the College will have approximately \$1.6M in this fund, which represents 4 months of operating expenses.

### Budget Assumptions:

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

#### Revenues:

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

Revenue Category	Budget Assumptions
Registration	Projected to increase by 3% over last year.
Application fees	Expected to represent 2% of total registration fees, which is the average over the past 6 years.
Other income	Includes interest income - is assumed to increase over the prior year, as we have now begun to reinvest previously matured investments, as interest rates are slowly rising. This category also includes an estimate for sublease revenue from ACOTRO which is offset in the "Rent and Leases" category below.

#### Expenses:

Expense Category	Budget Assumptions
Salaries and Benefits	Increase is driven by the following items: <ul style="list-style-type: none"> <li>o An increase of 18.88% to our current Health Benefits</li> <li>o Merit increases for eligible staff based on prior year averages plus a contingency amount of 3% added as we are currently waiting on results from a salary survey.</li> <li>o New Defined Benefit Pension Plan with HOOPP to commence June 5<sup>th</sup>, 2023.</li> </ul>
Programs - Quality Assurance and Professional Practice	An increase in the budget is driven by the following items: <ul style="list-style-type: none"> <li>o Around 120 peer assessments planned to be completed throughout the fiscal year.</li> <li>o All costs associated with the development of the Prescribed Regulatory Education Program – e-learning module for all OTs.</li> </ul>
Programs - Investigations and Resolutions	Budget is extrapolated based on actuals to date for FY 22/23.
Programs – Registration	Budget is driven by payment processing fees.
Governance	Budget based on estimated meetings for upcoming year and includes Board Education and Elections.
Professional Fees	Budget includes an increase in Professional fees which was extrapolated based on actuals to date for FY2223. The total is comprised of \$18,000 for Registration legal fees; \$9,000 for Policy and operation legal fees, \$30,000 for HR related items (background checks/legal fees/employee related consulting); \$5,088 for QA and Practice legal fees, \$18,000 for audit fees, \$3,500 for Recruitment fees, \$1,550 for Operational consulting fees.
Operational Initiatives	Budget includes priority projects that align with the College's strategic priorities and values; DEI \$20,000, Governance \$5,000, Race Based Data Project-National \$10,000, Document Management Project \$40,000, Strategic Planning \$35,000, Other \$10K.
Communications	Budget based on actuals to date for FY 22/23.
Information Technology	Budget is slightly reduced as planned security testing will be capitalized under "Other Expenses". iMIS license with ASI reduced to only 6-month renewal requirement due to new Enterprise System.
Operating	Budget is extrapolated based on actuals to date for FY 22/23 plus resumption of in-person meetings being anticipated.
Staff, Travel, and Conferences	Budget is extrapolated based on actuals to date for FY 22/23, adjusted for resumption of staff travel/attendance at in-person conferences.
Rent and Leases	Reflects lease terms for FY 23/24.

**BOARD MEETING BRIEFING NOTE**

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FY2023-2024 Annual Operating Budget

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Other	Includes depreciation costs, which were determined based on the carrying value of existing capital assets as well as new fixed asset additions planned for the upcoming fiscal year.
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**Implications:**

Overall, the FY 23/24 annual operating budget projects a deficit of 7%, which will be funded by the Unrestricted Reserve Fund.

**Attachments:**

1. FY 23/24 Annual Operating Budget Summary

**College of Occupational Therapists of Ontario  
 FY 23/24 Annual Operating Budget Summary**

	FY 2324 Budget \$	FY 2223 Budget \$
<b>Revenue</b>		
Registration Fees	4,773,086	4,658,596
Other Income	68,864	32,200
	<b>4,841,950</b>	<b>4,690,796</b>
<b>Expenses</b>		
Salaries and Benefits	3,389,445	3,159,472
Programs	427,122	408,424
Governance	210,382	217,307
Professional Fees	85,138	49,346
Operational Initiatives	120,000	80,000
Communications	89,151	101,859
Information Technology	159,416	186,989
Operating Expenses	77,396	70,602
Staff, Travel, and Conferences	99,903	88,660
Rent and Leases	468,617	443,079
Other Expenses	58,780	25,622
	<b>5,185,350</b>	<b>4,831,360</b>
<b>Deficiency of Revenue over Expenses</b>	<b>-343,400</b>	<b>-140,564</b>

## BOARD MEETING BRIEFING NOTE

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**Date:** June 22, 2023  
**From:** Governance Committee  
**Subject:** Appointments to the Nominations Committee

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**Recommendation:**

*THAT the Board approves the following slate for the Nominations Committee effective July 1, 2023, for a three-year term.*

**Issue:**

The Board is asked to consider three candidates for appointment to the Nominations Committee.

**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:**

Individuals serving on committees must possess the knowledge, skills, and experience to discharge their duties effectively. Ensuring that the Nominations Committee has qualified and diverse members will enable the College to be most effective and efficient by directing that qualified individuals are appointed to committees of the College. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system.

**Diversity, Equity, and Inclusion Considerations:**

The selection of Nominations Committee members will promote diversity, equity, and inclusion. Each applicant will demonstrate the following attributes: Accountability, honesty, integrity, respect, and self-awareness. The applicants should be collaborative, inclusive, and have a public interest focus. Consideration should be given to professional, regional, cultural, gender, and age diversity.

**Background:**

At its January 2023 meeting, the Board approved the Governance Committee's recommendation for the creation of a Nominations Committee. This committee will be tasked with carrying out the screening process of making committee appointments.

The benefits of establishing a Nominations Committee to undertake the screening of committee candidates include having a more robust screening process that is fair by establishing clear parameters for its composition and mandate. It will ensure greater transparency and accountability as it will make

## BOARD MEETING BRIEFING NOTE

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Appointments to the Nominations Committee

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regular reports to the Board on its activities. Finally, it will have a clear and focused mandate of the task at hand.

The Nominations Committee will be primarily responsible for:

- Reviewing and evaluating candidate applications for committee positions and determining if candidates have the suitable skills, knowledge, experience, and competencies to serve effectively;
- Recommending the committee composition and committee chairs to the Board for approval; and,
- Overseeing the development of a slate for the election of officers to the Board.

The Nominations Committee will be composed of three members: Two community appointees (who are members of the public) and one professional committee appointee.

The Governance Committee reviewed and approved the recruitment plan at its May 15<sup>th</sup> meeting to solicit interested parties to apply.

### **Discussion:**

On May 17<sup>th</sup>, the College conducted an open competitive process and invited interested parties to apply through the College [website](#) and social media channels. Also, the recruitment for committee members was posted on the Indeed and Charity Village websites. The application deadline was June 5<sup>th</sup>.

College staff handled the recruitment process. This included answering questions and enquiries, collecting applications, and conducting virtual interviews. The Governance Committee tasked College staff with reviewing applications and bringing forward their recommendations for potential candidates.

Interviews for the Nomination Committee were conducted between June 1 and June 12<sup>th</sup>. Interview feedback was shared with the Governance Committee which will make the selection at its June 15<sup>th</sup> meeting and bring forward its recommendation to the Board.

### **Implications:**

The successful candidates' supporting information will be shared with the Board, prior to the June 22<sup>nd</sup> Board meeting.

### **Attachments:**

None

## BOARD MEETING BRIEFING NOTE

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**Date:** June 22, 2023  
**From:** Finance and Audit Committee  
**Subject:** Governance Policy Review - Finance Policies

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**Recommendation:**

*THAT the Board approves the proposed changes (if any) to the Financial and Audit Governance Policies.*

**Issue:**

The Finance and Audit Committee has a responsibility to annually review the Governance Financial Policies to effectively manage risk and to ensure discretionary expense policies are reasonable.

**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:**

Ensuring that the Governance Financial Policies are reviewed and amended as required, reflects the College's Strategic Priorities, and enables successful delivery of the College's mandate.

**Diversity, Equity, and Inclusion Considerations:**

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

**Background:**

The Governance Financial Policies are reviewed annually, and any proposed changes must be approved by the Board.

**Discussion:**

The following Governance Financial Policies have been reviewed and no amendments are required.

1. RL4 – RL8 - Financial Planning and Budgeting/Financial Condition and Activities/Asset Protection/Investments/External Audit
2. Allowable Expenses – Guidelines for Board Directors or Committee Appointees
3. Establishing and Maintaining Reserve Funds
4. Education Session Costs – Guidelines for Public and Professional Board Directors

## **BOARD MEETING BRIEFING NOTE**

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Governance Policy Review - Finance Policies

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### **Implications:**

No implications to the Governance Financial policies as no amendments are necessary except updating the "Reviewed" date.

### **Attachments:**

1. Governance Financial Policies



<b>Policy Type:</b>	Registrar Limitations
<b>Policy Title:</b>	Financial Planning and Budgeting
<b>Reference:</b>	RL4
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, June 2019, June 2022
<b>Date Reviewed:</b>	June 2016, <b>June 2023</b>

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*Financial planning for any fiscal year or the remaining part of any fiscal year will be aligned with leadership outcomes and be derived from a financial plan.*

Accordingly, the Registrar and CEO will ensure financial planning that:

1. Contains information to enable credible projection of revenues and expenses, and separates capital and operational items, cash flow, and disclosure of planning assumptions.
2. Provides adequate cash flow to support operations throughout the year and to support reserves without Board approval.
3. Allocates sufficient funds to satisfy operational requirements.
4. Appropriately balances resources, human, technological and financial, between the budget and the expected leadership outcomes.
5. Provides sufficient resources to support the Board's ability to perform its leadership role.
6. Budgets a deficit or surplus within 3% of the revenue conservatively projected in any fiscal year, unless directed by the Board.



<b>Policy Type:</b>	Registrar Limitations
<b>Policy Title:</b>	Financial Condition and Activities
<b>Reference:</b>	RL5
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, June 2019, June 2022
<b>Date Reviewed:</b>	June 2016, <b>June 2023</b>

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*With respect to the actual, ongoing financial condition and activities, the Registrar and CEO will ensure alignment of actual expenditures to leadership outcomes.*

Accordingly, the Registrar and CEO will:

1. Spend only those funds that have been received in the fiscal year to date, unless the debt guideline (below) is met or unless directed by the Board.
2. Indebt the College in any amount only if, approved by the Board.
3. Maintain Sexual Abuse Therapy and Counselling and Hearings Funds for unexpected costs related to these matters.
4. Follow the guidelines for Establishing and Maintaining Reserve Funds.
5. Settle payroll and debts.
6. Ensure tax payments or other government-ordered payments or filings are filed on time and accurately.
7. Secure an additional executive signature for disbursements over \$15,000.
8. Obtain prior approval of the Finance and Audit Committee before making a single commitment of greater than \$50,000 that is outside the budget and will notify the Board on any such single commitment.
9. Obtain prior Board approval before making any financial or service commitment greater than 5 years.

#### **Debt Guidelines – Board Tolerance**

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



<b>Policy Type:</b>	Registrar Limitations
<b>Policy Title:</b>	Asset Protection
<b>Reference:</b>	RL6
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, June 2019, June 2022
<b>Date Reviewed:</b>	June 2016, <b>June 2023</b>

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*The Registrar and CEO will ensure the assets of the College are unprotected, and adequately maintained.*

Accordingly, the Registrar and CEO will:

1. Insure against theft and casualty losses to at least 80% of replacement value and against liability losses to Board members, non-Board members of Board committees, staff, and the College itself.
2. Maintain an appropriate insurance policy and general liability insurance policy for the College.
3. Not unnecessarily expose the College, its Board, or staff to claims of liability.
4. Not make any purchase:
  - a. wherein normally prudent protection has not been given against conflict of interest;
  - b. without having obtained, for purchases of services over \$30,000 with a new supplier, comparative prices, and quality where prudent; and
  - c. without assuring the balance of long-term quality and cost.
5. Protect intellectual property and information from inappropriate access, loss, or significant damage.
6. Receive, process, or disburse funds under controls which are insufficient, and meet the Board
7. appointed auditor's standards.
8. Act in the best interest of the College with respect to the College's investments.
9. Use funds of the College appropriately and ensure others do as well.
10. Not purchase, mortgage, or dispose of real property (i.e., land or buildings).
11. Obtain Executive Committee and Board approval before entering into a lease agreement for property (i.e., land or buildings)



<b>Policy Type:</b>	Registrar Limitations
<b>Policy Title:</b>	Investments
<b>Reference:</b>	RL7
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, June 2019, June 2022
<b>Date Reviewed:</b>	June 2016, <b>June 2023</b>

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*The Registrar and CEO will ensure the College's investments are protected, adequately maintained, and not unnecessarily risked.*

Accordingly, the Registrar and CEO will:

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



<b>Policy Type:</b>	Registrar Limitations
<b>Policy Title:</b>	External Audit
<b>Reference:</b>	RL8
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, June 2019, June 2022
<b>Date Reviewed:</b>	June 2016, <b>June 2023</b>

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*The Board will select an external neutral third party to perform an operational and financial audit to assess compliance with Board and operational policies.*

Accordingly, the Registrar and CEO will:

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



## ALLOWABLE EXPENSES

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### Guidelines for Board Directors or Committee Appointees

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A Board Director of Committee Appointees who incurs allowable expenses while conducting College business will be reimbursed. Every attempt will be made by a member to consider economy and necessity when incurring expenses.

#### Definition

**Allowable Expenses:** These include accommodations, meals, gratuities, travel, internet charges and dependent care.

#### Claim Procedure

1. The Board Director or Committee Appointee shall submit allowable expenses on the Expense and Reimbursement Form provided by the College. Receipts for expenses must be included, with the exception of mileage claims.
2. Forms will be reviewed by the Registrar, Program Director, or other appropriate College staff member on submission prior to approval. Incomplete forms will be returned to the claimant.
3. Forms will be paid according to the payroll schedule of the College on the 15th day of each month. The deadline to submit for payment is the 9th day of each month.

#### Travel

**Rate:** \$0.61/km

1. Travel includes Economy airfare, bus, train (including by VIA 1), local public transportation, taxi or private automobile.
2. In each case, only the cost of the most economical and/or practical mode of travel may be claimed. Wherever possible, members are encouraged to take advantage of advance bookings, "seat sale" fares, or other discounts offered.
3. Costs for parking will be reimbursed with a receipt.
4. Individuals will not be reimbursed for traffic and parking violations.

#### Accommodations

1. Hotel arrangements can be made at College approved hotels to ensure that the College receives the benefit of the corporate rate. However, if a more economical alternative is found, that is acceptable also.
2. Except for Board and Executive Committee meetings, members are to make arrangements for their own accommodations as per provided policy.
3. Private accommodation may be used in lieu of the approved hotel where a member can stay with friends or relatives. A maximum of \$40.00 per night may be claimed.



4. No reimbursement shall be made where the member resides within fifty (50) kilometers of the meeting venue unless the member is required to attend on two or more consecutive days. Only 1 night will be reimbursed between meeting days.
5. Charges of a personal nature made at a hotel, such as laundry, in-house movies, or personal phone calls will not be reimbursed.
6. Internet charges will be reimbursed in the event they are not included in the cost of the accommodations.

### Meals

**Rate:** The daily maximum rate is \$90.00, which includes breakfast, lunch and dinner.

1. Meal claims are to be made based on actual expenses incurred.
2. Gratuities can be claimed where the total cost is within the daily maximum.

### Internet Charges

Board Directors or Committee Appointees will be reimbursed for the cost of additional hotel internet charges relative to College business. Receipts are required.

### Dependent Care

**Rate:** The maximum hourly rate for which Board Directors or Committee Appointees will be reimbursed is not more than minimum wage, for up to the maximum number of hours scheduled for the meeting plus one hour traveling time. Claims for dependent care expenses should not be submitted unless they are actually incurred.

1. Costs for dependent care will be reimbursed where they are incurred over and above the regularly scheduled provision of care.

Created: May 1994

Reviewed: March 2002, June 2002, August 2004, October 2004, March 2008, July 2010, June 2012, January 2021, **June 2023**

Revised: January 2016, March 2018, January 2019, January 2020, January 2022, January 2023

Rates Revised: January 2020, January 2023



## ESTABLISHING AND MAINTAINING RESERVE FUNDS

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### Guidelines for Board Directors

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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.



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

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



## EDUCATION SESSION COSTS

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### Guidelines for Public and Professional Board Directors

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

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

#### Procedure

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

Created: October 1996

Reviewed: July 2010, January 2019, June 2022, **June 2023**

Revised: January 2016



## BOARD REFERENCE MATERIAL

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### Guide for Review of Financial Information

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

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

### CHECKLIST FOR REVIEWING FINANCIAL INFORMATION

#### Financial Report:

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

#### Financial Statements:

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

#### General:

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

Revised: June 2019, June 2022, **June 2023**

## BOARD MEETING BRIEFING NOTE

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**Date:** June 22, 2023  
**From:** Executive Committee  
**Subject:** Honoraria Policy – Proposed Revisions

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**Recommendation:**

*THAT the Board approves the proposed amendments to the Honoraria Policy as presented.*

**Issue:**

With the change in meeting format to more virtual committee meetings, the honoraria policy requires an update. This policy is reviewed on a yearly basis.

**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:**

Ensuring that the College resources are used wisely and to support our public interest work.

**Diversity, Equity, and Inclusion Considerations:**

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

**Background:**

The attached policy is reviewed annually to determine if any revisions are necessary.

**Discussion:**

The following changes are recommended to the Honoraria policy:

1. New per diem rate of \$60.00 for attendance at one hour meetings.
2. If a meeting is scheduled for one hour but goes over the scheduled length of time, the College will pay the Board Director or Committee Appointee the half-day rate.
3. Change 1.5 hour meeting as referenced in policy to one hour meeting.

**Implications:**

If the Board approves the policy changes the effective date will be July 2023.

## **BOARD MEETING BRIEFING NOTE**

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Honoraria Policy – Proposed Revisions

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Page 2 of 2

### **Attachments:**

1. Honoraria Policy – Guidelines for Elected Board Directors and Committee Appointees – with tracked changes.



## HONORARIA

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### Guidelines for Elected Board Directors and Committee Appointees

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A Board Director or Committee Appointee who prepares for and attends meetings respecting College business will be paid an honorarium.

#### **Definition**

#### **Per Diems:**

The College offers up to three types of per diems:

- Attendance,
- Preparation, and
- Travel.

Each per diem is governed by their unique conditions. An attendance and preparation per diem are payable per scheduled meeting with exception of meetings less than ~~4.51~~ hours as noted in #6. Multiple distinct meetings are permitted per calendar day; however, only one travel per diem is payable per trip into Toronto. (See specific condition for each per diem below)

#### **Attendance:**

The attendance per diem is a fixed rate payable for scheduled onsite or remote work periods.

There are ~~two~~three fixed rates available:

- Half-day rate: Equal to or less than three hours and thirty minutes (3.5 hours)
- Full-day rate: More than three hours and thirty minutes (3.5 hours) to a maximum per day of seven hours and thirty minutes (7.5 hours)
- ~~b-c.~~ 1-hour rate of \$60.00: Equal to or less than 1 hour (1 hour)

If a meeting is scheduled for half a day but goes over the scheduled length of time, the College will pay Board Director or Committee Appointees the full-day rate.

If the meeting is scheduled for a full day but less time is required to complete the work, the College will pay Board Directors or Committee Appointees the full day rate.

If a meeting is scheduled for 1 hour but goes over the scheduled length of time, the College will pay Board Director or Committee Appointee the half-day rate.

#### **Travel:**

When travel in excess of 250 km is required, Board Directors and Committee Appointees are advised to travel the day prior to the meeting and claim the travel per diem. Same day travel as the date of attendance will not be reimbursed regardless of distance travelled.

**Preparation Time:**

All preparation time is based on a fixed hourly rate.

**Board, Executive, Subcommittee and Working Group Meetings:**

Board Directors and Committee Appointees can claim a maximum of 2 hours of preparation time for Board, Executive, Subcommittee and working group meeting.

When an exceptionally large volume of reading material is distributed, the meeting Chair will advise Board Directors or Committee Appointees if there is an increase to the maximum allowance for preparation time. This is to be left at the discretion of the Chair.

**ICRC, Hearings, Registration, Quality Assurance, and decision writing:**

Preparation time is not to exceed the maximum scheduled length of the meeting, unless approved by the Chair

**Rates:**

Full-rate Attendance:

- |  |          |
|--|----------|
| • Standard rate: Board and Professional Appointees                     | \$250.00 |
| • Chairperson (of Board or Chair of a Statutory or Standing Committee) | \$325.00 |
| • Vice-Chair   | \$275.00 |

Preparation time: \$45 per hour.

Travel: \$150 per reimbursement claim (distance traveled one way must be equal to or greater than 250 km)

**Procedure**

1. Board members or Committee Appointees shall submit their honoraria and reimbursement claims using the third-party online vendor platform, provided by the College.
2. Honoraria may be claimed for attendance, and preparation time. Preparation time will be paid when Board Directors or Committee Appointees are required to review materials that are distributed by the College in advance of the meeting.
3. Travel per diems shall only be claimed when travel meets the following two conditions:
  - a. Travel must occur on the date prior to the scheduled meeting date.
  - b. The distance travelled in one direction must be equal to or greater than 250 km one way.
4. The per diem amount of Chair or Vice-Chair is payable only when acting in the capacity of Chair or Vice-Chair of the Board, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Board. All other participation will be remunerated at the standard rate.
5. If a full day meeting is cancelled by the College without 48 hours of notice, Board Directors or Committee Appointees will be entitled to be reimbursed at half of the applicable Attendance rate. Full-day meetings that are cancelled will be reimbursed at half of the full-day Attendance rate; and half-day meetings will be reimbursed at half of the half-day rate. Only Board Directors of

Committee Appointees who are scheduled to attend and who request the reimbursement shall receive it. Board Directors or Committee Appointees are permitted to submit a reimbursement claim for Preparation Time as per the limits set out in this policy for their meeting.

6. Onsite meetings or remote meetings that are scheduled for ~~less than 1.51~~ hours or less will be paid ~~the half-day~~ \$60.00 per diem. Preparation time is included in the attendance rate for meetings of less than ~~1.5-1~~ hours. When the duration of a meeting is ~~1.51~~ hours or more, preparation time may be claimed in addition to the per diem.
7. Per diem rates and policy will be reviewed annually by the Finance and Audit Committee. All changes to the per diem rates will be approved by the Board before coming into effect the following fiscal year, to allow for appropriate budgeting.
8. Board Directors or Committee Appointees can claim both a Preparation per diem and Travel per diem on the same date.
9. All expenses claims must be submitted prior to the end of the fiscal year applicable. Board Directors or Committee Appointees are encouraged to submit their expenses as soon as possible to assist the College with providing Board Directors and Committee Appointees with accurate tax records (e.g.: T4 and T4A).

**Created:** May 1994  
**Reviewed:** January 1997, June 1999, October 2000, March 2002, June 2002, March 2008, June 2008, July 2010, January 2013,  
**Revised:** January 2016, March 2018, January 2019, January 2020, January 2021, January 2022, May 2023  
**Rates Revised:** January 2016 (per diems), January 2019 (Preparation time rate), May 2023 (per diem)

## HEALTH PROFESSION REGULATORS OF ONTARIO

### CONTENTS

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The Health Profession Regulators of Ontario (HPRO) is a not-for-profit organization, incorporated in 1998 as the Federation of Health Regulatory Colleges of Ontario. Its members are the *Regulated Health Professions Act's (RHPA's)* 26 Colleges and the Registrars, who make up the Board of Directors. Collaboration and consensus are key for HPRO, helping its members live out its statement of purpose, "advancing excellence in public safety through collaboration of Ontario's health profession regulators". That is achieved through the following:

- Collaborating to develop common principles, guidelines, and tools to advance the regulation of health professions in the public interest
- Providing education and tools for training Councils, Committees, and Staff
- Sharing resources, approaches, and expertise, providing support for members and mentoring for new Registrars
- Providing a central point of contact for key stakeholders, e.g., Ministry of Health
- Engaging the public, informing them about the role of the regulator in the public interest

HPRO's leadership is thankful to all who support the work of HPRO, making a definitive difference in health profession regulation in Ontario.

## WINDING DOWN—COVID-19 PANDEMIC

*For the first time since March 3, 2020, HPRO's Board held an in-person meeting - Strategic Planning, facilitated by Deanna Williams (at the College of Chiropractors of Ontario on February 9<sup>th</sup>). The World Health Organization's May 5<sup>th</sup> statement that COVID-19 no longer constitutes a public health emergency of international concern, now allows everyone to reflect on that experience and to find ways to implement positive change for themselves and the greater good.*



**Management  
Committee Members:**

- Elinor Larney, Chair
- Dan Faulkner, Vice-Chair
- Judy Rigby, Treasurer
- Shenda Tanchak,  
Member (Past President)  
- as of October 6, 2022
- Maureen Boon, Member
- Joe Jamieson, Member -  
as of October 6, 2022
- and
- Rod Hamilton, Member  
until his passing on  
August 11, 2022  
(see Page 7)

**CHAIR & MANAGEMENT COMMITTEE REPORT**

*This report covers HPRO’s corporate year from the June 1, 2022, Annual Meeting, reporting to the May 19, 2023, Annual Meeting.*

**STRATEGIC PLANNING**

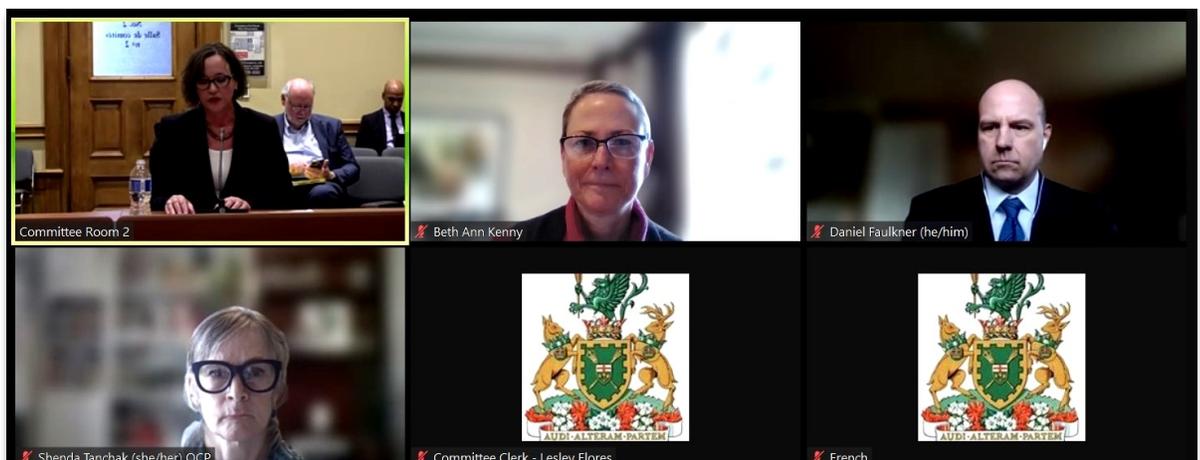
HPRO’s Board of Directors was able to dedicate time to strategic planning (see photo on first page). This follows priority planning preparation and an extensive review and update to HPRO’s By-Laws, ensuring consistency with the *Ontario Not-for-Profit Corporations Act* which took effect on October 19, 2021. Thanks are extended to Deanna Williams of Dundee Consulting Group Ltd. for facilitating the session and continuing to share her expertise.

**FOCUS ON LEGISLATION**

The 2022-2023 corporate year included many meetings and discussions related to new or potentially amended legislation in Ontario. Trends across Canada were also being monitored, particularly noting major changes to regulated health professional registration. Some of HPRO’s focus on legislation is highlighted below.

**PRESENTATION TO STANDING COMMITTEE ON SOCIAL POLICY RE. BILL 60, YOUR HEALTH ACT, 2023**

On March 21, 2023, Management Committee representative Maureen Boon presented in person to the Standing Committee on Social Policy on Bill 60, *Your Health Act, 2023*, with virtual support of Dan Faulkner and Shenda Tanchak. The presentation focused on certain aspects of the “as of right” provisions, sharing, “HPRO’s goal is to ensure that patients can be confident that the health professionals they see are safe, competent and professional, and that if something goes wrong, there is clear accountability.” HPRO’s support was offered with the hope to work with Government on regulations as the legislative process continues.



## CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

### **FEEDBACK ON BILL 106, PANDEMIC AND EMERGENCY PREPAREDNESS ACT, 2022**

On June 9, 2022, HPRO wrote to the Ministry of Health’s Assistant Deputy Minister Sean Court regarding its Bill 106, *Pandemic and Emergency Preparedness Act, 2022*, regulation consultation, focusing on section six and issues such as language proficiency, timely registration decisions, and emergency class of certificates of registration. At the time of publication of this edition of “Highlights”, Colleges are completing their public consultation and internal regulation approval processes to include an “emergency class” of registration. HPRO’s Chair Elinor Larney wrote, “Be assured that HPRO’s member Colleges are committed to preventing any barriers to registration for healthcare professionals, recognizing the paramount need for regulators to fulfill their mandate to protect the public.”

### **COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)**

HPRO wrote to the Ministry of Health on December 7<sup>th</sup> to offer feedback on the 2022 CPMF reporting tool in anticipation of Colleges’ third annual submission of their CPMF reports which are made publicly available by each College as of March 31<sup>st</sup> each year. These reports were designed to help the public understand how well regulatory Colleges are doing their job and to help continually improve accountability, transparency, and oversight. A network of HPRO members met weekly to share information about their CPMF reports and how to adopt commendable practices, such as governance modernization reforms, from October 28, 2022, to March of 2023.

### **ANTI-RACISM IN HEALTH REGULATION PROJECT**

The Anti-Racism in Health Regulation Project, led by Judy Rigby and supported by a nine-member Steering Committee and a Project Management Team from Graybridge Malkam, continued to advance the Project to assist Colleges in their work related to equity, diversity, and inclusion (EDI). A grant from the Federal Government’s Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) Program, announced on November 25, 2022, supports three areas:

1. An EDI framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation;
2. An EDI self-assessment checklist and reporting tool; and
3. The development of an EDI toolkit, including internal training components for colleges.

As noted in the announcement, “This work will reach hundreds of college staff, Board and committee members, and ultimately, (hundreds of thousands of) regulated health professionals and their patients/clients.” Additionally, HPRO has committed to share the outcomes of this project with other provinces and territories to support their health profession regulators in their EDI journeys.

Thanks are extended to the Steering Committee members (see right), who have dedicated their time, energy, and expertise over the last two years.

### **Anti-Racism in Health Regulation Project Steering Committee:**

Judy Rigby (CDTO), Chair  
 Deborah Adams (CRPO)  
 Brian Fehst (CKO)  
 Naakai Garnette (CMTO)  
 Zahra Grant (CMO)  
 Tim Mbugua (COTO)  
 Kevin McCarthy (CNO)  
 Brian O’Riordan  
 (CASLPO)  
 Delia Sinclair Frigault  
 (OCP)

## CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

### MEETINGS WITH REGULATORY SECTOR ORGANIZATIONS/PRESENTATIONS :

- ADM Sean Court and ADM Karima Velji, Director Allison Henry, Manager Stephen Cheng, Manager Jason Maurier and others re. proposed legislation, the CPMF, governance modernization, and other government priorities
- David A. Wright, Ontario Physicians and Surgeons of Ontario Discipline Tribunal (OPSDT) Chair, on the newly formed process for hearings
- Christine Elliott, Counsel, Fasken re. insights on health regulatory sector
- Presentation by Richard Steinecke on “Reflections on Retirement”

## HPRO MEMBER STAFF KEY AREA NETWORKS

Staff have access to Networks of College areas of activity, including:

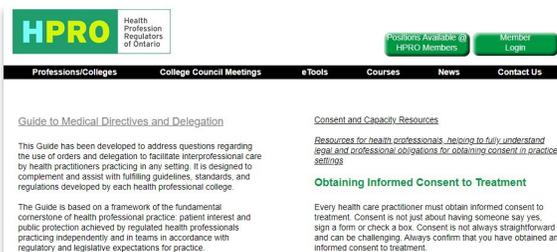
- Communications
- Compliance Monitoring
- Corporate Services
- Deputy Registrars
- Executive Assistants
- Investigations and Hearings
- Practice Advisors
- Quality Assurance
- Records Management
- Registration

## EDUCATIONAL OPPORTUNITIES

HPRO’s members’ Boards/Councils, committees, and staff are provided with resources for orientation, education, and training, including:

- Governance Training (*see page 6*)
- Discipline Orientation Workshops (*see page 6*)
- Education for Health Professional Regulators of Ontario (EHPRO) (all aspects of the *RHPA* available online for members)
- Training Videos about Patient Sexual Abuse (available online for members)
- Communicators’ Day Conference (*see page 5*)

## HPRO’S ONLINE RESOURCES



- **[Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario](#)**
- **[Consent and Capacity Resources](#)**
- **[Positions available at HPRO Member Colleges](#)**
- **[Information on College Board of Directors/Council Meeting dates](#)**

## COMMUNICATIONS COMMITTEE

HPRO’s Communications Committee, led by Chair Ryan Pestana, continues to focus on encouraging public use of HPRO’s public-facing website - [ontariohealthregulators.ca](http://ontariohealthregulators.ca) (OHR) - which provides links to Colleges, specifically their public registers, information about complaints, and public consultations. This work is consistent with Colleges’ duty to promote and enhance relations between Colleges and the public. Included on that site are a number of featured stories that share trusted information about “regulated health professionals and the organizations that oversee them”. These articles and more are also featured through media outlets such as “Zoomer Marketing” and social media through Facebook.

In addition to that work, Colleges’ communications teams are supported through a Network for information-sharing and an annual Communicators’ Day Conference, which was held on December 1, 2022. This conference offered sessions on governance communications lessons (Ontario College of Teachers), using the CPMF as a new communications tool, genuine EDI communications, and Accessibility for Ontarians with Disabilities Act (AODA) compliance and accessible/inclusive communication.

### Communications Committee :

- Ryan Pestana, Chair (CMTO)
- Dave Bourne (OCP)
- Lynn Butler (CKO)
- Jef Ekins (CMRITO)
- Michelle Price (CMLTO)
- Mark Sampson (CPSO)
- Taylor Turner (College of Physiotherapists of Ontario)

### Communicators’ Day Planning Subcommittee :

- Ryan Pestana, Chair (CMTO)
- Lynn Butler, CKO
- Michelle Price, CMLTO
- Taylor Turner (College of Physiotherapists of ON)

*The OHR website features stories , written to inform the public about regulated health professionals and the organizations that oversee them*



## NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO’s Officers and Management Committee members as well as HPRO’s Committee membership appointments for the 2023-2024 year. As recognized each year, the dedication of volunteers and support from member Colleges is a most important and valued resource.

### Nominations Committee:

- Linda Gough (CMRITO), Chair (to February 28, 2023)
- Carole Hamp (CRTO)
- Anne Zeng (CTCMPAO)

**DISCIPLINE ORIENTATION COMMITTEE**

**Discipline Orientation Committee Members:**

- Tina Langlois (CMRITO), Chair
- Genevieve Plummer (OCP)
- Ravi Prathivathi (CNO) (to August 2022)

**Discipline Orientation Faculty:**

- Luisa Ritacca (Stockwoods, LLP)
- Richard Steinecke (Steinecke Maciura LeBlanc) to December 31, 2022
- Julie Maciura (Steinecke Maciura LeBlanc) as of January 1, 2023

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. With virtual training options now available, HPRO is able to offer more opportunities for these training sessions.

**Fall 2022 Workshops**

- October 14 – Basic Session 46 registrants (18 Colleges represented)
- October 7 – Advanced Session 27 registrants (11 Colleges represented)

**Spring 2023 Scheduled Workshops**

- May 26 – Basic Session
- June 9 – Advanced Session

**REASONS WRITING WORKSHOP**

This is the second year that HPRO has provided an interactive workshop based on feedback from the Discipline Orientation sessions to enhance attendees’ abilities to write reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Sessions were held on June 20, 2022 (30 registrants from 11 Colleges) and October 7, 2022 (20 registrants from 10 Colleges).

**GOVERNANCE TRAINING FOR RHPA COLLEGES**



This webinar for College Staff, Council, and Committee Members focuses on Colleges’ core public interest functions, providing a comprehensive understanding of governance for regulators. Sessions were held on the mornings of November 3 and 10, 2022 (20 registered from 8 Colleges).

*Richard Steinecke, past Faculty for HPRO’s Governance Training Workshops*

## TRANSITIONS

### HPRO MEMBERS:

- **College of Denturists of Ontario: Roderick Tom-Ying** was appointed Registrar & CEO as of December 12, 2022, following a term as Acting Registrar when **Glenn Pettifer** became Registrar of the College of Dental Hygienists of Ontario (January 3, 2022).
- **College of Medical Radiation and Imaging Technologists of Ontario: Pree Tyagi** was appointed Registrar & CEO as of March 1, 2023, following the retirement of **Linda Gough**, effective February 28, 2023. Linda Gough had served as HPRO's longest-serving Past President - eight years in total.
- **College of Nurses of Ontario: Silvie Crawford** was appointed Executive Director & CEO, effective September 8, 2022. **Carol Timmings** has served as Acting Executive Director & CEO, effective April 1, 2022, following **Anne Coghlan's** retirement.
- **College of Physiotherapists of Ontario: Anita Ashton** was appointed Interim Registrar upon the passing of **Rod Hamilton** on August 11, 2022. It was announced on April 4, 2023, that **Craig Roxborough** would become Registrar, effective May 23, 2023.
- **College of Psychologists of Ontario: Tony DeBono** was appointed Registrar & Executive Director following **Rick Morris's** retirement, effective February 27, 2023.

### REGULATORY SECTOR PARTNERS AND ORGANIZATIONS:

- **Richard Steinecke**, Steinecke Maciura LeBlanc, HPRO's legal counsel, retired on December 31, 2022. **Julie Maciura** was appointed counsel as of January 1, 2023.
- **Ministry of Health: Sylvia Jones** was announced as Ontario's Deputy Premier and Minister of Health following the June 2022 provincial election. On July 7th, **Karima Velji** was appointed Assistant Deputy Minister and Chief of Nursing and Professional Practice, replacing Sean Court.

## RECOGNIZING THE PASSING OF ROD HAMILTON

It was with profound sadness that HPRO learned of the passing of Rod Hamilton on August 11, 2022. Having served on the Board for many years, Rod had joined the Management Committee on June 1<sup>st</sup>, and we were looking forward to his contributions, recognizing his extensive experience in regulation and his gentle, sincere, and straightforward way of sharing his knowledge and valued opinions.

This photo of Rod was taken during HPRO's last pre-pandemic meeting (March 3, 2020), when Rod shared his thoughts about the potential for major disruptions to life as we knew it. This was just another demonstration of Rod's insight and foresight, something we continue to miss, organizationally and individually.





## Members:

[College of Audiologists and Speech-Language Pathologists of Ontario \(CASLPO\)](#)

[College of Chiropodists of Ontario \(COCOO\)](#)

[College of Chiropractors of Ontario \(CCO\)](#)

[College of Dental Hygienists of Ontario \(CDHO\)](#)

[College of Dental Technologists of Ontario \(CDTO\)](#)

[College of Denturists of Ontario](#)

[College of Dietitians of Ontario](#)

[College of Homeopaths of Ontario \(CHO\)](#)

[College of Kinesiologists of Ontario \(CKO\)](#)

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