

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 January 25, 2024**, the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy. One conflict was declared.

Stacey Anderson
Neelam Bal
Nick Dzudz
Mary Egan
Allan Freedman
Christine Funk
Elizabeth Gartner
Lucy Kloosterhuis
Heather McFarlane - *Conflict declared for item 9.3*
Sarah Milton
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Sabrina Shaw

BOARD MEETING AGENDA

DATE: Thursday, January 25, 2024 **TIME:** 11:00 a.m. to 3:30 p.m.

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

9:00 a.m. – 11:00 a.m.: Education Session for the Board of Directors on Unconscious Bias

Agenda Item		Objective	Attach	Time (approx.)
1.0	Welcome and Call to Order			
2.0	Public Protection Mandate			
3.0	Land Acknowledgement*			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda – January 25, 2024	Decision	✓	
	<i>THAT the agenda be approved as presented.</i>			
6.0	Consent Agenda			
	1. Registrar's Written Report of January 25, 2024 2. Draft Board Minutes of October 26, 2023 3. Executive Minutes of October 11, 2023 4. Governance Minutes of November 10, 2023 5. Governance Minutes of August 31, 2023 6. Finance & Audit Minutes of September 26, 2023	Decision	✓	15
	<i>THAT the Board adopt the consent agenda items as follows: (read list)</i>			
7.0	Registrar's Report			
	7.1 Presentation: Q2 FY2023-2024 Operational Projects Status Report , by Elinor Larney, Registrar & CEO	Information		10
	7.2 Q2 FY2023-2024 Quarterly Performance Report	Decision	✓	10
	<i>THAT the Board receive the Quarterly Performance Report for Q2 FY2023-2024. (Vincent)</i>			
	7.3 Risk Management Report	Decision	✓	10
	<i>THAT the Board receive the Risk Management Report. (Heather)</i>			
	7.4 Presentation: Canadian Institute for Health Information (CIHI) – Data from 2022 on occupational therapists in Ontario and Canada by Kimberly Woodland, Program Director (20 min)			

Agenda Item		Objective	Attach	Time (approx.)
8.0	Finance			
	8.1 Q2 FY2023-2024 Financial Report	Decision	✓	10
	<i>THAT the Board receive the Q2 FY2023/2024 Financial Report, as presented.</i>			
Lunch Break 12:00 -1:00 p.m.				
9.0	Governance			
	9.1 Third Party Governance Assessment Report by Deanna Williams (1pm)	Decision	✓	45
	<i>THAT the Board receive the report prepared by the third-party consultant.</i>			
	9.2 Appointments to Practice Subcommittee	Decision	✓	5
	<i>THAT the Board appoint Lori Desjardine and Anuradha Banavalikar as professional committee appointees to the Practice Subcommittee, each for a three-year term, commencing January 26, 2024.</i>			
	9.3 Reappointment to Quality Assurance Subcommittee	Decision	✓	5
	<i>THAT the Board reappoint Candice Silver as a professional committee appointee to the Quality Assurance Subcommittee for a three-year term, commencing April 1, 2024.</i>			
	9.4 Nominations Committee Update Verbal update by Stamatis Kefalianos, Director, Regulatory Affairs	Information		5
	9.5 Committee Chair Interest Survey	Information		5
10.0	New Business			
	10.1 Draft 2024-2027 Strategic Plan, Strategic Priorities and Updated Values by Carolyn Everson, facilitator	Decision	✓	30
	<i>THAT the Strategic Priorities and the updated Values be approved by the Board.</i>			
	10.2 Registration Fee Bylaw Changes	Decision	✓	15
	<i>THAT the Board approve the proposed amendments to Part 18 of the College bylaws related to fees.</i>			
	10.3 Policy Review – Allowable Expenses & Honoraria	Decision	✓	10
	<i>THAT the Board approve the amendments to the Allowable Expenses Policy.</i>			
	10.4 Advisory Committees – Terms of Reference	Decision	✓	15
	<i>THAT the Board approve the Terms of Reference for the Equity Perspectives and Indigenous Insights Advisory Committees</i>			

Agenda Item	Objective	Attach	Time (approx.)
10.5 Governance Policies	Decision	✓	15
<i>THAT the Board approve the following new and current policies: Board Governance Role, Role of Individual Board Directors and Committee Appointees, Social Media, Consent Agenda, Equity Impact Assessment, Virtual Meeting, In Camera Sessions, Code of Conduct, Confidentiality and Disclosure of College Information, and Conflict of Interest</i>			
11.0 Environmental Scan			
12.0 Other Business			
12.1 Board Meeting Evaluation for January 25, 2024	To Complete	Link to follow	
12.2 Annual Board Evaluation for 2023-2024	To Complete	Link to follow	
12.3 Annual Board Member Self-Evaluation for 2023-2024	To Complete	Link to follow	
13.0 Next Meetings			
<ul style="list-style-type: none"> ▪ Board Meeting and Officer Elections: April 4, 2024, 9:00 a.m. – 4:00 p.m., at the College ▪ Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m., at the College 			
14.0 Adjournment			

*** Land Acknowledgement**

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

REPORT of the Registrar and CEO Board Meeting of January 25, 2024

Governance Monitoring Report

As per the Board Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this January report will include policies categorized as “A” or the Strategic Plan. The Strategic Planning Working Group has recommended that a new strategic plan be approved at today’s meeting. In addition, they are recommending that the Values of the College be updated.

Policies that guided decisions during this period:

- GP 3 – Governing Style - Annual Board Evaluation and Board Member Self-Evaluation are underway.
- GP14 – Board Evaluation - Guided the discussion around the process for 2024

Registrar Limitation Policies

I am pleased to inform the Board that I am in compliance with the Registrar Limitation policies.

Policies of this category that guided decisions during this period:

- RL4 - Financial Planning and Budgeting

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2023-2024 Operational Plan

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

Governance

- The College is offering **unconscious bias training** on January 17, 2024, to all appointees to College committees. The Board will participate in this training just prior to our Board meeting. Staff received this training in December. Additional opportunities for this training will likely occur in the next six months as we have some professional members who could not attend, and we are anticipating many new professional appointees over the next six months as we separate the membership of the Board and committees.
- The newly operational **Nominations Committee** is in full swing. They have made recommendations for two new members for the Practice Subcommittee and will be recruiting professional members for all of the spots on the statutory committees created by the separation of Board and committee membership. In addition, they will take on the process for nomination to

the Executive Committee for the 2024-2025 year and will develop the committee slate for Board approval in April, including recommendations for the chair of each committee.

Staffing Update

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

- We welcomed Amita Rajan, QA Associate, who joined us in December to cover for Sarah Karas who welcomed her new baby in August.
- We continue to operate the office in a hybrid model. Staff are back to hybrid work at about three days per week in office. The office is open five days per week; however, guests should make an appointment if there is a specific staff member that they need to speak with in person. The College has benefited from the ability to conduct meetings both in person and via electronic means.

Enterprise System

- The work on the Enterprise System continues. The current activity is to transfer all the data from the old system to the new, so we can stop using the old system. The additional developers are back to help this go as smoothly as possible. Our old system has been around since 2005, so we are expecting some hiccups. Our goal is to have annual renewal handled by the new system.

Communications

- The team is supporting the current Board nomination process for Districts 2 and 3. Additional resources to promote involvement with the College are in development and will also serve to promote Committee opportunities. Material will be shared in the College newsletter, across social media channels, and on the College website.
- The team continues to support the phased implementation of the enterprise system project and will be sharing key messages as the roll-out progresses.
- The College continues to expand its offering of French language material. Translation of public-facing material and key College resources is underway. Material will be shared on the College website, with functionality for users to alternate between French and English using an EN/FR toggle key.

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- The Registration Team has been preparing for annual renewal in the new system.
- As there are now three opportunities to sit the National Occupational Therapy Certification Examination, the team has one more round of exam results to manage.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The Quality Assurance Program (QA) has been following up on the last round of competency assessments. A new selection is ready, and registrants will be notified in the coming weeks of their requirement to participate.
- Work on the yearly eLearning module is on track. *Record Keeping* is the topic for the spring/summer release.

Investigations and Resolutions Program

- The team has noticed a significant decrease in the number of complaints over the past year or so. Upon review, it appears that the complaints that the College usually receives because of OTs working in the auto insurance sector – occupational therapy assessments to assist insurance companies to determine the rehabilitation needs of victims of car accidents, are not coming to the college. This is likely due to changes in insurance plan benefits where there is now less variability in what insurance benefits someone may receive after a car accident and the OT assessment is now not needed. We have less staff in the I and R program now, as we decided not to fill a vacancy.

Practice Resource Program

- The practice team is anticipating many organizational presentations over the next few months. Outreach is an effective and efficient way to reach groups of registrants to provide needed information and support. We are glad these presentations are supported by employers.
- Topics of interest continue to be requirements for occupational therapists who work in the area of psychotherapy, privacy legislation, working in multiple jurisdictions.
- A Q and A was produced for psychotherapy to assist registrants.
- The practice team hosted a meeting of HRPO's practice advisors.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We held a three-day Board Meeting in November to ensure enough discussion time for all the topics on our agenda. On the agenda was re-entry programs across Canada for occupational therapists who have not practiced in the last three years or more. A consistent approach to re-entry is seen to be needed (the re-entry program is on COTO's operational plan for this year).
- The College signed a Memorandum of Agreement (MOU) between ACOTRO members related to **remote practice** (some call this virtual practice). The COTO Board agreed a couple of years ago to allow occupational therapists from other Canadian provinces to practice remotely with Ontario residents on the basis of the registration in the province where they live. All provinces but BC have provisions now that allow this between provinces with some small caveats (Saskatchewan and Quebec require a special authorization but not full registration). This agreement ensures that the public is protected if a complaint should arise, in that each regulator will take responsibility to follow up on complaints that are about OTs registered in their jurisdiction regardless of where

their patients live. As BC has not agreed to follow up on complaints about their registrants, OTs from BC will be required to register in Ontario if they want to practice remotely with Ontario residents. To note, this MOU is only for remote practice – in person practice continues to require appropriate registration.

- ACOTRO is in its final year of its strategic plan and there are several projects on the go for this year: A re-entry program that can be used by any province, a unified Code of Ethics, and the collection of race-based data in conjunction with a discussion on the collection of data for CIHI. (Canadian Institute for Health Information)
- Our ACOTRO meeting included a meeting with **CIHI** to review the data that is collected about occupational therapists across the country. They have attempted to report on 'demand' data this year in addition to the 'supply of OT data' that they usually report about. Kim Woodland, our Director of Programs, will present the highlights of the latest data release at the meeting.
- We continue to monitor the progress of the amalgamation of the BC College of Occupational Therapists with the other entities in BC. The colleges in BC involved continue to work towards the goal of amalgamation for June 2024.
- **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. We are awaiting the decision about when the National Exam will officially convert to the use of the new competencies.
- One of the outstanding regulatory issues nationally is the process and involvement of regulators in the **accreditation** or approval processes for university occupational therapy entry to practice programs. I have been part of the group that is reviewing the governance of accreditation processes for occupational therapy programs in Canada. The report of this group was released in October 2023 which recommended a governance model which would include regulators. However, it was also recommended that further logistical discussions and agreements amongst the partners involved – ACOTRO, Canadian Association of Occupational Therapists (CAOT), and Association of Canadian Occupational Therapy University Programs (ACOTUP) would be needed to implement any changes. A task force to sort out these logistical issues has been struck. I will join Carin Plischke of BC to work on the next stage of this process with all the partners.
- ACOTRO, through the **SEAS program**, will undertake two projects this year to increase efficiency. We are hoping to secure funding through one of the provincial governments and have some early signs this may be possible. However, if funding is not obtained, we will proceed anyway, but the pace will be slower. In addition, the SEAS program is looking to increase staffing to increase efficiencies as well.

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

I continue on the Management Committee as past chair. Being part of the management committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.

Ministry of Health (MOH)

The MOH has facilitated the development of a new organization called the **Health and Supportive Care Providers Oversight Authority**. The consultation on their regulations will have ended by the time of our meeting and this Authority is expected to be operational by February 2024. The group that will be regulated under this Authority will be the personal support workers (PSWs). The government has signaled that additional occupational groups could be considered for regulation under this Authority in the future.

Some of the features of this new initiative are:

- Government regulated vs self-regulation. There will be a Board, but it will be comprised of government appointees vs PSWs
- There will be an advisory committee that will be made up of PSWs. There are plans for advisory committees for each class of registration depending on when new ones come about. Classes or registration will likely be comprised of different occupational groups as they become regulated.
- Voluntary vs mandatory, PSWs will have a choice about whether to register or not
- Employers will be educated about the value of hiring regulated PSWs vs nonregulated
- Regulated PSWs will be required to display a visible mark to let people know they are regulated (we are not sure what this will be – a badge of some sort?)
- Scope of practice will not be defined
- There will be a public register and a complaints process. To note, any complaints under investigation will appear on the public register (we do not post complaints in process until a decision is made and the outcome dictates posting).
- There will be educational and skills-based qualifications, and a good character review (e.g. police check, review of registrations from other jurisdictions).
- There will be a code of ethics

System Partners

See above for work on Accreditation, ACOTRO and the National Competencies.

See you at the meeting! Elinor

BOARD MEETING MINUTES - DRAFT

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

In Attendance:

DIRECTORS:

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

REGRETS:

Brittany O'Brien

GUESTS:

Blair MacKenzie, *Hilborn LLP*
Usman Paracha, *Hilborn LLP*

OBSERVERS:

Tiffany Mak, *Ministry of Health (MOH)*
Deanna Williams, *Dundee Consulting Group Ltd.*

STAFF:

Elinor Larney, *Registrar & CEO*
Leandri Engelbrecht, *Manager of Registration*
Enrique Hidalgo, *IT Manager*
Grace Jacob, *Finance & Payroll Specialist*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Lesley Krempulec, *Manager, Quality Assurance*
Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Kim Woodland, *Program Director*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 9:02 a.m.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement*

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

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. She acknowledged and stated that for item 11.1 *Registration Fee Increase*, professional directors have an inherent conflict of interest, however it should only be declared if it poses a hindrance to making an objective decision. No conflicts were declared.

5.0 Approval of Agenda

5.1 Board Agenda of October 26, 2023

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

MOVED BY: Neelam Bal

SECONDED BY: Stephanie Schurr

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

CARRIED

6.0 Consent Agenda

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

1. Registrar's Written Report of October 26, 2023
2. Draft Board Minutes of June 22, 2023
3. Executive Minutes of September 6-7, 2023
4. Executive Minutes of June 2, 2023
5. Executive Minutes of May 31, 2023
6. Governance Minutes of June 15, 2023
7. Governance Minutes of May 15, 2023
8. Finance & Audit Minutes of May 23, 2023
9. Finance & Audit Minutes of August 23, 2023
10. Nomination Committee Minutes of August 30, 2023
11. Memo: Nominations Committee October 26, 2023

MOVED BY: Heather McFarlane

SECONDED BY: Elizabeth Gartner

***THAT** the Board adopt the Consent Agenda as listed.*

CARRIED

7.0 Audited Financial Statements / Annual Report

7.1 FY2022-2023 Audited Financial Statements

Auditors Blair MacKenzie and Usman Paracha of Hilborn LLP joined the meeting and provided the Independent Audit Report for the 2022-2023 fiscal year. They explained that Hilborn LLP is an independent external auditor, and the purpose of the audit is to ensure that there are no material misstatements in the financial statements and that all accounting standards are followed. Prior to the audit, the auditors identified and prepared procedures to test risks and staff were informed of the process. The auditors reported that the audit process proceeded normally with no disagreements with management. The financial statements as provided today, in all material respects, present fairly the financial position of the College on May 31, 2023. The results of its operations and cash flows for the year ended are in accordance with Canadian accounting standards for not-for-profit organizations.

MOVED BY: Allan Freedman

SECONDED BY: Neelam Bal

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

CARRIED

7.2 Acceptance of 2023 Annual Report

The 2023 Annual report was put forward for discussion and decision. Board members expressed utmost satisfaction with the general appearance, content and images of the publication.

MOVED BY: Heather McFarlane

SECONDED BY: Neelam Bal

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

CARRIED

8.0 Registrar's Report

8.1 Presentation: Q1 FY2023-2024 Operational Projects Status Report

The Registrar reported on the status of Q1 FY2023-2024 operational projects and responded to questions. She noted that unconscious bias training is planned for the January 2024 Board Meeting, and at time during the winter months, for committee and community appointees and staff as well.

8.2 Q1 FY2023-2024 Quarterly Performance Report

Vincent Samuel stated that the Quarterly Performance Report reflects committee activities for Q1 of FY2023-2024 related to the 2020-2024 Strategic Plan.

MOVED BY: Vincent Samuel

SECONDED BY: Lucy Kloosterhuis

***THAT** the Board receive the FY2023-2024 Q1 Quarterly Performance Report*

CARRIED

8.3 Risk Management Report

Heather stated that the task of overseeing the Risk Management Program was previously delegated by the Board to the Executive Committee. The Executive Committee reports quarterly to the Board on high-risk items and performs an annual review of the entire Risk Register every spring. In addition to the existing Enterprise System high-risk item, two additional high risks were added: Health Human Resources and Proposed Registration Fee Increase.

MOVED BY: Heather McFarlane

SECONDED BY: Sarah Milton

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

CARRIED

9.0 Finance

9.1 Q1 FY2023-2024 Financial Report

Allan Freedman reported that the College is on track with budget. There is a surplus of \$409K once the Enterprise System Project expenses, which are funded by the reserve fund, are removed. The Statement of Financial Position indicates that most items are aligned to last year or if not, it is due to timing. There are \$3.3M of deferred registration fees remaining to be

recognized as revenue over the remainder of the year. The Statement of Operations indicates that all items are either on budget or slightly above or slightly below depending on timing. All statutory remittances and filings are up to date.

MOVED BY: Allan Freedman

SECONDED BY: Neelam Bal

THAT the Board receive the FY2023-2024 Q1 Financial Report, as presented.

CARRIED

10.0 Governance

10.1 Strategic Planning Follow Up

The Board was asked to appoint six directors to serve on a short-term working group to complete the follow-up work after the strategic planning exercise. The goal is to bring the final draft 2024-2027 Strategic Objectives to the January Board meeting for approval.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

THAT the Board appoint the following Directors to the Strategic Planning Working Group: Vincent Samuel, Lucy Kloosterhuis, Teri Shackleton, Stephanie Schurr, Neelam Bal, and Sarah Milton.

CARRIED

10.2 Committee Reappointment to the Inquiries, Complaints and Reports Committee (ICRC)

Neelam explained that Roselle Adler has completed one term on the ICRC and is eligible for a second term. The ICRC voted to recommend her reappointment at their last meeting.

MOVED BY: Neelam Bal

SECONDED BY: Stacey Anderson

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

CARRIED

10.3 Board Evaluation

This item is for information only. Elinor reported that consultant Deanna Williams is observing the meeting today for the purpose of evaluating how the Board functions. This third-party evaluation of the Board is part of the ministry's reporting requirements related to the College Performance Measurement Framework (CPMF). A brief survey will be circulated over the next two weeks to Directors and Senior Leadership, and Deanna will report back to the Board at the January meeting.

11.0 New Business

11.1 Registration Fee Increase & Bylaws

Allan explained that a registration fee of 2% for the 2024-2025 annual renewal year is proposed in order for the College to maintain healthy reserve funds and comply with the

Registrar's obligations and be within Canada Revenue Agency (CRA) guidelines. Registration fees were last raised over 15 years ago. Earlier this year, the Board approved a year-over-year registration fee increase of between 1% and 2% for a period of no more than five years. If approved, this increase would require a Bylaw change and circulation prior to final Board approval in January 2024. Discussion ensued.

MOVED BY: Allan Freedman

SECONDED BY: Elizabeth Gartner

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

CARRIED

MOVED BY: Allan Freedman

SECONDED BY: Neelam Bal

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

CARRIED

11.2 Ratification of Executive Decision

Vincent explained that the Board, in June 2023, appointed three members to serve on the Nominations Committee. At their first meeting in August, Jennifer Henderson was selected to Chair the committee and a recommendation was put forward for her appointment. The Executive Committee approved the appointment so that the committee could begin its work. The decision was brought to the Board today, for ratification.

MOVED BY: Vincent Samuel

SECONDED BY: Stephanie Schurr

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

CARRIED

11.3 Privacy Legislation and Occupational Therapy Practice

Heather explained that the new draft document *Privacy Legislation and Occupational Therapy Practice, 2023*, was developed by the College to provide guidance for occupational therapists to understand the privacy legislation that applies to their practice. Board members expressed their utmost satisfaction for the document's thoroughness and clarity and stated that it will be a valuable resource. Two minor wording changes will be incorporated into the final document.

MOVED BY: Heather McFarlane

SECONDED BY: Stacey Anderson

THAT the Board approve the document: Privacy Legislation and Occupational Therapy Practice, 2023, for distribution, including today's changes.

CARRIED

11.4 Board and Committee Competency Profile Data Collection Policy

Stamatis explained that in October 2021, the Board approved in part the Skills and Diversity Matrix Tool and process as recommended by the ministry, to assess and ensure that committee members wishing to stand for election or be appointed to a committee have met the pre-defined skills and competencies. At that meeting, concerns were raised about anonymity and confidentiality, and how information would be stored and who would have access. A new draft policy addressing the concerns was developed and is presented today for consideration. Discussion ensued.

MOVED BY: Allan Freedman
SECONDED BY: Stacey Anderson

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

CARRIED

12.0 Environmental Scan

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

13.0 Other Business

13.1 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.

14.0 Next Meetings

- Board Meeting: January 25, 2024, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: April 4, 2024, 9:00 a.m. – 4:00 p.m., at the College
- Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m., at the College

15.0 Adjournment

There being no further business, the meeting was adjourned at 11:45 a.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.

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
October 26, 2023	THAT the Board approve the Board and Committee Competency Profile Data Collection Policy.	Complete
October 26, 2023	THAT the Board approve the document: Privacy Legislation and Occupational Therapy Practice, 2023, for distribution, including today's changes.	Complete
October 26, 2023	THAT the Board ratify the decision of the Executive Committee to appoint Jennifer Henderson as Chair of the Nominations Committee.	Complete
October 26, 2023	THAT the Board approve the proposed 2% increase to registration fees for the upcoming 2024-2025 annual renewal period.	Complete
October 26, 2023	THAT the Board approve the bylaws for consultation as required by the Regulated Health Professions Act, 1991, to allow the College to raise registration fees by up to 2% in each of the next five years.	Complete
October 26, 2023	THAT the Board appoint the following Directors to the Strategic Planning Working Group: Vincent Samuel, Lucy Kloosterhuis, Teri Shackleton, Stephaie Schurr, Neelam Bal, and Sarah Milton	Complete
January 26, 2023	THAT the Board restructure the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method.	Ongoing

EXECUTIVE COMMITTEE MINUTES

DATE: Wednesday, October 11, 2023 **TIME:** 1:00 – 4:00 p.m. via zoom

In Attendance:

MEMBERS:

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

GUESTS:

Carolyn Everson, *Consultant, The Everson Company*

STAFF:

Elinor Larney, *Registrar & CEO*
Sandra Carter, *Manager, Practice (item 9.5)*
Seema Singh-Roy, *Director Finance, People & Corporate Services (item 8.)*
Andjelina Stanier, *Executive Assistant, Scribe*
Kim Woodland, *Program Director (item 9.5)*

REGRETS:

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 1:01 p.m.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement*

The Chair invited the group to silently read and reflect on 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 for October 11, 2023

The Chair asked if there were any additions or other changes to the agenda. Elinor noted that part of item 8.0, Risk Management Report, will be *in camera*.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the Executive Committee Agenda for October 11, 2023 be approved as presented.

CARRIED

6.0 Executive Committee Terms of Reference

The Chair stated that the committee terms of reference are provided for information and encouraged the group to review them prior to meetings.

7.0 Approval of Minutes

7.1 Draft Minutes of May 31, 2023

The Chair called for edits to the draft minutes of May 31, 2023. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** the Executive Committee Minutes of May 31, 2023 be approved as presented.*

CARRIED

7.2 Draft Minutes of June 2, 2023

The Chair called for edits to the draft minutes of June 2, 2023. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** the Executive Committee Minutes of June 2, 2023 be approved as presented.*

CARRIED

7.3 Draft Minutes of September 6-7, 2023

The Chair called for edits to the draft minutes of September 6-7, 2023. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** the Executive Committee Minutes of September 6-7, 2023 be approved as presented.*

CARRIED

8.0 Registrar's Report

8.1 Registrar's Verbal Report

Ontario Society of Occupational Therapists (OSOT)

The annual OSOT conference will be held in London, Ontario on October 27-28. Elinor will attend, as will Sandra Carter and Diane Tse who will present at two sessions.

Canadian Network of Agencies of Regulation (CNAR)

The annual CNAR conference will take place in Vancouver, BC from October 16-19. Teri, Elinor, Kim Woodland, and Stamatis Kefalianos will attend.

Financial Services Regulatory Authority of Ontario (FSRA)

FSRA is the independent regulatory agency that regulates part of the insurance industry. FSRA does not regulate OTs, however, information can come to them when OTs interact with the insurance industry through their work with patients involved in this sector. The College and FSRA have now signed a Memorandum of Understanding agreeing to share information about OT registrants in a way that will mutually benefit both groups. This is the first of its kind amongst healthcare regulatory bodies.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

The federal funding proposal of \$4.5M to update and improve the Substantial Equivalency Assessment System (SEAS) program was unfortunately, unsuccessful. There were many applications with only 16 organizations receiving approval. ACOTRO will regroup and reassess its priority projects.

Human Rights Training

A training session for staff on Human Rights was held this morning by Erica Richler of Steinecke Maciura Leblanc. The session was very well received.

Unconscious Bias Training

Planning is underway for training on unconscious bias in December 2023 and January 2024 for staff, Board Directors, and Committee Appointees.

Third Party Evaluation of the Board

A measure on the The College Performance Measurement Framework (CPMF) is the evaluation of Board effectiveness by a third party. This is meant to occur every three years. The Governance Committee is working with consultant, Deanna Williams, on this; she will observe how the Board functions at the meeting on October 26. She has prepared a short Board survey which will be circulated in November. She will prepare a report with feedback on what is working well, and where there are opportunities for improvement.

Health Profession Regulatory Organizations (HPRO)

HPRO has just completed a strategic plan and has included increasing their Executive Director to a full time position. HPRO hopes to work more collaboratively and will be proposing an increase in fees to support this. To note, fees for HPRO have not increased for a very long time.

8.2 Risk Management Report

The Chair called for a motion to move *in camera*. Seema Singh-Roy joined the meeting for the *in camera* portion, and Andjelina Stanier left the meeting.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the Executive Committee move in camera.

CARRIED

MOVED BY: Allan Freedman
SECONDED BY: Heather MacFarlane

***THAT** the in camera minutes remain in camera.*

CARRIED

MOVED BY: Vincent Samuel
SECONDED BY: Allan Freedman

***THAT** the Executive Committee move out of camera.*

CARRIED

Andjelina Stanier returned to the meeting. Elinor reported that two new risks were identified as high or critical and have been added to the report to the Board. The first one on the availability of health care personnel has been identified by governments across the country as a priority. The second is the proposed registration fee increase which will go before the Board for approval later this month.

MOVED BY: Vincent Samuel
SECONDED BY: Heather McFarlane

***THAT** the Executive Committee recommend the Board receive the Risk Management Report.*

CARRIED

9.0 Business Arising

9.1 Committee Work Plan

The committee reviewed the work plan and updated it.

9.2 Committee Effectiveness Survey Results

The committee reviewed the results of the Committee Effectiveness Survey and noted the positive feedback.

9.3 Strategic Planning Session Update

Carolyn Everson joined the meeting. The group discussed the format for the Strategic Planning Session on October 25, 2023 and reviewed Carolyn's presentation slides. A large portion of the day will include group work and discussion guided by Carolyn. Given this format, it was decided the meeting would be held in person only. Materials for review will be circulated well in advance of the meeting with an emphasis on the importance of setting aside enough time to read through all of it. At the Board Meeting the following day, the Board will appoint a working group which, along with staff and Carolyn, will meet prior to the January Board meeting to draft the objectives for the 2024-2027 Strategic Plan.

9.4 Annual Report

Elinor asked for feedback on the 2023 Annual Report. Members expressed their satisfaction with the layout and information presented. A wording change was recommended for clarity which will be incorporated.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** the Executive Committee recommend the Annual Report for the 2022-2023 fiscal year be put forth to the Board for approval.*

CARRIED

9.5 Privacy Legislation and Occupational Therapy Practice

Sandra Carter and Kim Woodland joined the meeting for this item. The committee expressed their utmost satisfaction with the draft document, *Privacy Legislation and Occupational Therapy Practice*, and no changes were recommended.

MOVED BY: Allan Freedman

SECONDED BY: Vincent Samuel

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

CARRIED

9.6 Draft Board Minutes – June 22, 2023

Executive reviewed the draft Board Minutes with no changes recommended.

9.7 Board Meeting Evaluation Feedback – June 22, 2023

Executive reviewed feedback from the June 22, 2023 Board Meeting and noted the overall very positive results.

9.8 Draft Board Meeting Agenda – October 26, 2023

Executive finalized the Board meeting agenda for October 26, 2023.

10.0 Next Meeting

Wednesday, January 10, 2024, 1:00 p.m. – 4:00 p.m.

11.0 Adjournment

There being no further business, the meeting was adjourned at 3:33 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.

GOVERNANCE COMMITTEE MINUTES

DATE: Friday, November 10, 2023 **TIME:** 9:00 a.m. – 12:00 p.m. *via Zoom*

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*
Tim Mbugua, *Policy Analyst*
Andjelina Stanier, *Executive Assistant, Scribe*

GUESTS:

Deanna Williams, *Dundee Consulting Group (Item 8.0)*

REGRETS:

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 9:06 a.m.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement

The Chair invited the committee to silently read and reflect on the Land Acknowledgement Statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for conflicts of interest related to the agenda. None were declared.

5.0 Approval of Agenda

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

MOVED BY: Sabrina Shaw

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as presented.

CARRIED

6.0 Governance Committee Terms of Reference

The Chair stated that the committee terms of reference are included in all meeting packages as a resource, and she encouraged members to review them prior to meetings.

7.0 Approval of Draft Minutes of August 31, 2023

The Chair called for edits or other changes to the draft minutes of August 31, 2023. None were reported.

MOVED BY: Stephanie Schurr

SECONDED BY: Sarah Milton

***THAT** the draft Governance Committee minutes of August 31, 2023, be approved as presented.*

CARRIED

8.0 Third-Party Board Effectiveness – Progress Update

Consultant Deanna Williams joined the meeting and updated the committee on her work to date to evaluate Board effectiveness. She reported that she has reviewed: 1) Several previous Board packages, 2) 2019 report by Don McCreesh on recommendations for governance modernization, 3) Summary of related initiatives undertaken by the College, and 4) Feedback from the 2024-2027 strategic planning survey. She attended and observed the October 26, 2023, Board meeting and is currently conducting a survey questionnaire for Directors and senior leadership. She will provide a written summary and report back to the committee in January.

9.0 Updated Draft Governance Policies – Code of Conduct, Conflict of Interest, Confidentiality

Tim Mbugua explained that a comprehensive review of the existing Governance Policies is underway in an effort to align new terminology and incorporate diversity, equity, and inclusion. Some policies may be retired, and new policies created, as necessary. Policies will come before the committee for review when ready. Proposed revisions to the Code of Conduct, Conflict of Interest, and Confidentiality policies were brought forward today for review. Plain language expertise will follow, and final Board approval is required. Several recommendations provided today by the committee will be incorporated.

MOVED BY: Stephanie Schurr

SECONDED BY: Sarah Milton

***THAT** the Governance Committee recommend the Code of Conduct, Conflict of Interest and Confidentiality policies, including today's changes, be sent to a plain language editor and then forwarded to the Board for approval.*

CARRIED

10.0 Consent Agenda Policy

Tim presented the new Consent Agenda Policy and explained that this proposed policy is meant to enhance and streamline Board meetings to ensure efficient use of meeting time. Plain language expertise review will follow, and final Board approval is required.

MOVED BY: Stephanie Schurr

SECONDED BY: Sabrina Shaw

***THAT** the Governance Committee recommend the Consent Agenda Policy be sent to a plain language editor and then forwarded to the Board for approval.*

CARRIED

11.0 Equity Impact Assessment Policy

Tim presented the proposed Equity Impact Assessment policy and explained that the proposed policy is meant to support and guide Board and staff in ensuring that College programs, policies and processes are assessed for diversity, equity and inclusion. Plain language expertise review will follow, and final Board approval is required. Several recommendations provided today by the committee will be incorporated.

MOVED BY: Vincent Samuel

SECONDED BY: Sabrina Shaw

***THAT** the Governance Committee recommend the Equity Impact Assessment Policy, including today's changes, be sent to a plain language editor and then forwarded to the Board for approval.*

CARRIED

12.0 Governance Manual – Status Update

This item is for information only. Stamatis Kefalianos stated that he will update the committee at each meeting on the progress of the review of the Governance Policies. Policies will be brought to the committee for review as they are ready. The committee reviewed the reporting table and expressed satisfaction with the format.

13.0 Committee Orientation Module

Stamatis asked for feedback on the new orientation module developed for committee and community appointees who apply to serve on a committee. It was developed based on the current module that is used for candidates for election to the Board. The committee expressed satisfaction with the module and suggested that the College obtain qualitative feedback from those who complete it.

14.0 Environmental Scan

The Chair invited members to share general interest items related to governance.

15.0 Next Meeting

Next meeting will be held in early January 2024. Doodle Poll will be circulated.

16.0 Adjournment

There being no further business, the meeting was adjourned at 10:30 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: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
November 10, 2023	<i>THAT</i> the Governance Committee recommend the Equity Impact Assessment Policy, including today's changes, be sent to a plain language editor and then forwarded to the Board for approval.	Ongoing
November 10, 2023	<i>THAT</i> the Governance Committee recommend the Consent Agenda Policy be sent to a plain language editor and then forwarded to the Board for approval.	Ongoing
November 10, 2023	<i>THAT</i> the Governance Committee recommend the Code of Conduct, Conflict of Interest and Confidentiality policies, including today's changes, be sent to a plain language editor and then forwarded to the Board for approval.	Ongoing
August 31, 2023	<i>THAT</i> the Governance Committee approves the statement of work as proposed by the third-party consultant	Complete
August 31, 2023	<i>THAT</i> the Governance Committee recommends that the amended bylaws in s. 5.02 be forwarded to the Board for final approval	October 2023 Board Meeting
September 9, 2021	<i>THAT</i> the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending

GOVERNANCE COMMITTEE MINUTES

DATE: Thursday, August 31, 2023 **TIME:** 9:00 a.m. – 12:00 p.m. *via Zoom*

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 9:01 a.m. Brief discussion was held regarding how motions will be put forward. Decision was reached for the Chair to read the motion then ask for a mover and seconder.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement

The Chair invited the committee to silently read and reflect on the Land Acknowledgement Statement (Appendix 1).

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

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

MOVED BY: Sabrina Shaw

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as presented.

CARRIED

6.0 Governance Committee Terms of Reference

The Chair encouraged members to review the committee terms of reference in preparation for meetings.

7.0 Approval of Minutes

7.1 Draft Minutes of June 15, 2023

The Chair called for edits or other changes to the draft minutes of June 15, 2023. None were reported.

MOVED BY: Vincent Samuel

SECONDED BY: Stephanie Schurr

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

CARRIED

8.0 Reduction of Board Size - Next Steps

Stamatis explained that as part of governance modernization initiatives previously approved by the Board to redistribute the electoral districts to three from six and reduce the number of elected Directors to six from nine, an operational plan to reduce Board size is proposed today. Bylaw changes will be required. The committee reviewed the plan and held a discussion. Final Board approval is required.

MOVED BY: Sarah Milton

SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee recommends that the amended bylaws in s. 5.02 be forwarded to the Board for final approval.*

CARRIED

9.0 Third-Party Assessment

Elinor explained that the College Performance Measurement Framework (CPMF) requires boards to regularly assess their effectiveness by a third party and take measures to address recommendations for improvement. The previous such independent review of the Board was conducted in 2018. Board assessments are recommended on a three-year basis. Elinor previously reached out to a consultant who provided a statement of work and is included for discussion today. The committee generally agreed it would assist the Board to know whether effectiveness can be improved, and the quoted cost was deemed reasonable. The timeliness of the assessment would align with the new strategic plan and additional governance modernization initiatives.

MOVED BY: Vincent Samuel

SECONDED BY: Sarah Milton

***THAT** the Governance Committee approves the statement of work as proposed by the third-party consultant.*

CARRIED

10.0 Governance Policies

This item is for discussion only. Stamatis explained that given all the governance changes over the last five years, a complete overhaul of the governance policies is timely and necessary in order to align with current legislation and bylaws, new governance practices, and to meet system partner expectations. The committee reviewed the proposed table of contents and held a discussion. The plan would be to bring a number of revised and/or new policies and guidelines to the Governance Committee at each meeting, and following plain language consultation, these would then be brought to the Board for final approval. The target is to update the entire Governance Policies document by end of 2024.

11.0 Environmental Scan

The Chair invited members to share general interest items related to governance.

12.0 Next Meeting

Next meeting will be held in early November. Doodle will follow.

13.0 Adjournment

There being no further business, the meeting was adjourned at 10:15 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: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
August 31, 2023	THAT the Governance Committee approves the statement of work as proposed by the third-party consultant	Complete
August 31, 2023	THAT the Governance Committee recommends that the amended bylaws in s. 5.02 be forwarded to the Board for final approval	October 2023 Board Meeting
June 15, 2023	THAT the Governance Committee recommends the Board appoint Greg Clark, Jennifer Henderson, and Peter Shenfield to the Nominations Committee effective July 1, 2023 for a three-year term.	Complete
September 9, 2021	THAT the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: Tuesday, September 26, 2023 **TIME:** 9:30 a.m. – 11:30 a.m. via video conference

In Attendance:

MEMBERS:

Allan Freedman, *Chair*

Neelam Bal

Christine Funk

GUESTS:

Blair MacKenzie, Hilborn LLP

Usman Paracha, Hilborn LLP

OBSERVERS:

None

REGRETS:

Lucy Kloosterhuis

STAFF:

Elinor Larney, Registrar and CEO

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

Grace Jacob, Accounting and Payroll Specialist, *Scribe*

1.0 Call to Order

The Chair, Allan Freedman, welcomed everyone and called the meeting to order at 9:37 a.m.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement*

The Chair invited members to read and to consider the Land Acknowledgement Statement.

4.0 Declaration of Conflict of Interest

The Chair asked if there were any members who had a conflict of interest to declare. None were reported.

5.0 Terms of Reference

The Chair emphasized the importance of ensuring that all Committee members are familiar with the Finance and Audit terms of reference, along with the tasks essential for the Committee's fulfillment.

6.0 Approval of Agenda

6.1 September 26, 2023

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

MOVED BY: Neelam Bal

SECONDED BY: Christine Funk

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes – August 23, 2023

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

MOVED BY: Neelam Bal

SECONDED BY: Allan Freedman

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

CARRIED

8.0 Verbal Report

Seema provided the verbal report to the FA Committee, with a brief update on what's happening at the College. Seema informed attendees that the auditors will be attending the meeting to review the audited financial statements and answer any questions. No changes or adjustments were made to the statements which were presented to the Committee in August. The next phase of the ES project is the new application form which is anticipated to go live sometime in the fall. Elinor notified the members that they are preparing for the Strategic Planning session scheduled in the October Board meeting. Feedback is being received from our Registrants and the public on the Strategic Planning survey.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Work Plan

Seema reminded the Committee that this is a non-statutory Committee, and its main mandate is to assist the board in fulfilling its obligation and its oversight in financial planning and reporting, internal controls, investments, and policies as per the committee's work plan that is included in the package. The meeting today will focus on reviewing the audited financial statements, Q1 FY23/24 financial results, 5-year forecast, Q1 FY23/24 investments and the proposed 2% Registration fee increase.

10.0 Audited Financial Statements

10.1 FY22/23 Audited Financial Statements by Blair Mackenzie, Auditor, Hilborn LLP

Seema welcomed and introduced the auditors Blair Mackenzie and Usman Paracha to the FA Committee. Blair proceeded to communicate that the audit team remained independent throughout the audit process and that the results of the audit satisfied the Canadian Accounting Standard for not-for-profit organizations. He also emphasized that it was a clean audit, and no issues were identified. Usman reviewed the Statement of Financial Position and the Statement of Operations and its key components and drivers. The auditors invited Committee members to ask questions and they responded to all inquiries.

10.2 In-Camera with Auditor

The Committee members met in-camera with the auditors in a breakout room.

10.3 Auditor Evaluation with Management

The Chair asked Elinor and Seema if there were any concerns regarding the auditing firm, Hilborn LLP. No concerns were raised. Seema informed the members that the auditors were knowledgeable and performed their duties effectively and met our deadlines.

MOVED BY: Neelam Bal

SECONDED BY: Christine Funk

***THAT** the Committee recommends to the Board approval of the Audited Financial statements for the fiscal year ending May 31, 2023, as presented.*

CARRIED

11.0 Finance Update

11.1 FY23/24 Q1 Financial Summary Report

Seema provided an overview of the Q1 Financial summary report, noting that our current standing closely mirrors that of the previous year, and we are on track with the budget. All statutory remittances are current. Seema then addressed any inquiries from Committee members.

MOVED BY: Christine Funk

SECONDED BY: Neelam Bal

***THAT** the Committee recommends to the Board approval of the FY23/24 Q1 Financial Report, as presented.*

CARRIED

11.2 FY23/24 Q1 Investment Report

Seema presented a summary of the Q1 investment report to the Committee. Ongoing monitoring of investments and their reinvestment upon maturity remains a consistent practice.

12.0 Financial Forecast

12.1 5-year Financial Forecast

Seema presented a summary of the 5-year Financial Forecast to the FA Committee. She conveyed that within this forecast lies a recommendation for a 2% Registration fee increase, a matter slated for thorough discussion during today's meeting under agenda item 13.1. The forecast anticipates a deficit for the College each year until FY28/29. Seema and Elinor then addressed queries from Committee members.

13.0 Registration Fees

13.1 Registration Fee Increase

Seema outlined the rationale for the proposed 2% Registration fee increase to the FA Committee. She emphasized that according to the 5-year forecast, the College is entering a sustained period of deficit, which will result in depleting our reserves. In the January 2023 Board meeting, a 1% to 2% increase in Registration fees for up to 5 years was approved, pending a required bylaw consultation on the matter. The College is now recommending a 2% Registration fee increase for the upcoming 2024/2025 annual renewal period. Seema also provided a comparative analysis of Registration fee increases in other colleges over the past few years. She noted that the bylaw changes and amendments edited by the Policy department have been reviewed by legal and are included in the package. The proposed bylaw amendments will be brought forward to the Board in October.

MOVED BY: Neelam Bal
SECONDED BY: Christine Funk

THAT the Committee recommends to the Board approval of the proposed 2% increase to Registration fees for the upcoming annual renewal 2024/2025.

CARRIED

14.0 New Business

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

15.0 Next Meeting

The next Finance and Audit Committee meeting is scheduled for January 11, 2024.

16.0 Adjournment

There being no further business, the meeting was adjourned at 10:52 a.m.

MOVED BY: Neelam Bal

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement**

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

Q2 2023-2024 Quarterly Performance Report

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

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

General Legend:

Health Professions Appeal and Review Board (HPARB).

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

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

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

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

Executive

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2023/2024	Possible RHPA and or Governance model changes
	Board Orientation, Education, and Policy Review
	Oversight of Risk Management and Registrar
	2023 Elections of Board Members
	Exam and Accreditation (high level oversight monitoring)
	Review of College Performance Measurement Framework (CPMF)

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

Q2	Committee Activities: September 6-7, 2023 electronic vote held to appoint Chair to Nominations Committee. October 11, 2023 meeting held to review risk management report, finalized 2024-2027 strategic planning session and made recommendation to the Board to appoint a working group for follow up after the session, review 2022 annual report, review new document: <i>Privacy Legislation and Occupational Therapy Practice, 2023</i> , review results of committee effectiveness survey.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Ratification of appointment of Chair to Nominations Committee, risk management report, 2023 annual report, <i>Privacy Legislation and Occupational Therapy Practice, 2023</i> , appointment of 2024-2027 strategic planning working group.

Governance

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, System Impact

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

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

Q2	<p>Committee Activities: There was one meeting in Q2. November 10, 2023 – The Committee met with the external third-party consultant who updated committee on work to date on evaluating board effectiveness. The consultant observed the October 26 Board meeting and is currently conducting a survey questionnaire for Directors and Senior Leadership team. The consultant will provide a written summary and report back to the committee at its next meeting. The final report and next steps will be shared with the Board in January 2024. With all the governance changes occurring over the past three years, staff have been working on updating and revising the College’s governance manual. Some existing policies may be retired, and new policies created. The following policies have been updated and brought forward for committee review: Code of Conduct, Conflict of interest and Confidentiality. The Committee also reviewed two new proposed policies –</p>
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	Consent Agenda and the Equity Impact Assessment. Several recommendations provided by the Committee will be incorporated and all policies will go for plain language expertise. When all the governance policies are finalized, they will be brought forward to the Board for final approval.
	Decisions Requiring Board Approval: N/A

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2023/2024	Review quarterly financial reports and annual projected budget for recommendation to the Board
	Review draft audited financial statements for recommendation to the Board
	Review updated five-year financial forecast
	Review internal controls matrix
	Review investment portfolio to determine if policy changes are warranted
	Review and update policies governing financial and investment matters
	Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency
	Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board

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

Q2	Committee Activities: Meeting held: September 26, 2023 , the Committee reviewed the committee mandate and annual work plan and the draft finance and audit minutes of August 23, 2023. The auditors Blair Mackenzie and Usman Paracha attended the meeting and reviewed the FY22/23 Audited Financial Statements with the committee in the presence of management. The auditors answered all 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 approval of the Audited Financial Statements for the fiscal year ended May 31, 2023, as presented. The Committee deferred a discussion about the auditor until all components of the audit were completed. The Committee reviewed the FY23/24 Q1 Financial Report and recommended it to the Board for approval. The Committee reviewed the Q1 Investment Report and the 5-year Financial Forecast. The proposed Registration fee increase of 2% was discussed by the committee and recommended for Board approval.
	Finance Report: The FY22/23 Audited Financial Statement were reviewed and recommended for Board approval. The FY23/24 Q1 Financial Summary Report was reviewed and recommended for Board approval. The 5-year forecast and Q1 investment report was reviewed.
	Decisions Requiring Board Approval: FY22/23 Audited Financial Statement, FY23/24 Q1 Financial Summary Report, Proposed 2% increase in Registration Fees.

Registration

Chair: Sarah Milton

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

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

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

Q2	Metrics										
	7087 Registrants				Application Processing Time 23.2 (Avg in Days)			Practicing without a Certificate	Expired Certificates		
	306 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary	
	CAN	IE	Returning								
	243	10	53	45	18.7 (Shortest – 2 Longest – 152)	82.6 (Shortest – 27 Longest – 156)	28.4 (Shortest – 5 Longest – 249)	0	2	1	
	Commentary:										
	Registration Committee Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated		
	Type			New	Resolved						Avg Case Time
	Currency				1	47 days	3	100% (3/3)	0	0/15* *Reviewed suggested changes but not yet updated	
	Education										
Examination*			1	1							
Language											
Second Provisional Certificate			2	2							
Suitability to Practice											
<table border="0"> <tr> <td style="width: 15%;">Outcomes</td> <td> <ol style="list-style-type: none"> Currency case: 150-hour refresher ruling upheld. Examination case: fourth attempt permitted. Provisional cases: second provisional certificates granted. <p>*Note that the examination case was also one of the second provisional request cases, same applicant but 2 issues reviewed</p> </td> </tr> </table>										Outcomes	<ol style="list-style-type: none"> Currency case: 150-hour refresher ruling upheld. Examination case: fourth attempt permitted. Provisional cases: second provisional certificates granted. <p>*Note that the examination case was also one of the second provisional request cases, same applicant but 2 issues reviewed</p>
Outcomes	<ol style="list-style-type: none"> Currency case: 150-hour refresher ruling upheld. Examination case: fourth attempt permitted. Provisional cases: second provisional certificates granted. <p>*Note that the examination case was also one of the second provisional request cases, same applicant but 2 issues reviewed</p>										
<p>Committee Activities: Approved a new refresher program to be implemented at a future date. Reviewed and discussed race-based data collection. Reviewed suggested changes to registration policies and approved them to be sent for legal/plain language review and editing, along with any amendments the Committee may make.</p>											
<p>Decisions Requiring Board Approval: N/A</p>											

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Neelam Bal

Strategic Priorities: Public Confidence, Quality Practice

Investigations and Resolutions Legend:

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

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

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

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

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

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

Q2	Cases			Meetings Held	HPARB Appeals
	Type	New	Resolved		
	Registrar's Report Investigations	2	5	377* 293**	Panel A = 1 Panel B = 0 All ICRC = 2 0
	Complaints	2	2	440.5***	
	Inquiries	1	1	95	
	Outcomes	Registrar Report Investigations: Advice & Guidance x1, Undertaking x1, s.58 referral x2, Take no action x1 Complaints: Take no Action x1, TBD Inquiries: Undertaking x1 Registrar Action (no ICRC involvement): 5 reports received – Closures x4, Appointment of Investigator x1			
	Commentary: *Avg Case Time for the Registrar's Report was larger due to one case which was over 2 years due to waiting for the criminal proceeding **Avg Case time is based on the 4 investigations, and not including investigation regarding criminal charges ***These two cases involved greater complexity or delays due to the party's participation				
	Committee Activities: Group training on September 29 on health inquiries and incapacity.				
	Decisions Requiring Board Approval: N/A				

Quality Assurance (QAC)

Chair: Elizabeth Gartner

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:

Quality Assurance Committee (QAC): Statutory committee.

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

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

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

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

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

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

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

% Total CA Completed: Percent of completed assessments.

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

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

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

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

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

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

Q2	Metrics								
	Competency Assessment								
	Risk-Based Selection		Competency Assessment (CA) Completed Q2		CA in Progress		% Total Annual CA Completed		Additional Q1 Directed CAs
	Cohort 1 total = 64 Deferred/NA = 20 Accommodation = 0 Remainder = 45		45 <i>(Assessment period Sept 18th – Nov 17th, 2023)</i>		0		45		0
	Annual Requirement								
	eLearning Module (due: Oct 31 (Nov 30 th), 2023)		99% completed (n=25 not complete)		Annual Learning Plan (due Oct 31 (Nov 30), 2023)			99% completed (N=22 not complete)	
	Committee								
	QAC Cases / Decisions								
	Type	Deliberated	Learning Needs Identified	Outcomes (to date)	SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Revise
	Competency Assessment	N/A	0=11 1=16 2=10 3=3 4=2 5=2 6=1 Total = 45	% 11 Successful Completion % 26 Successful Completion with a Recommendation % TBA: Specified Continuing Education or Remediation Program (SCERP) %TBA: Other <i>*deliberations for 5 registrants (with 4+ learning needs identified on Dec 12th)</i>	0	0	TBA	1	Yes
Non-Compliance with annual requirements (1 or both)	40								
Registrant Experience Survey: Several (n=3) registrants have completed this new survey. All rated their "overall experience with the									

	<p><i>competency assessment</i>” as “good” or “very good”. All reported “<i>valuable insights or “take aways” by participating in the competency assessment process</i>”. All “<i>made change in (their) your practice because of the assessment</i>”. All agreed that “<i>the process reflects the program principles (i.e., quality practice, fair, transparent, just right, responsive, reciprocal)</i>”. They noted the process can be a stressful experience.</p>
	<p>Commentary: Compliance: The two annual requirements (eLearning Module and Learning Plan) were due October 31st and the QA team fielded inquiries to support registrants in their access and completion of these activities. Final due date was November 30th, after which time letters are sent to registrants notifying them of noncompliance and offering an opportunity to send a written response for QAC review. The QAC meets in January to review these registrants for decision. The revised Competency Assessment process and tools was implemented successfully this quarter. This new 2 step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. The interviews were conducted September 18 – November 17th. Data is being compiled for analysis. Preparations are underway for the next cohort (2) early in 2024. Resources: The 2024 eLearning module on Record Keeping is drafted and will be reviewed by QAC at the next meeting. Staffing: The QA Associate (maternity leave) role is currently vacant and recruitment underway.</p>
	<p>QAC Activities: Met once (November 7th) to review the and adapt the policy and considered updates to the QAC program and competency assessment. Upcoming meetings scheduled for December 12th and January (TBA). QAS Activities: Met twice (September 28th & November 13th) to continue the final content development for the 2024 Annual eLearning Module. Peer Assessors: Met once (October 18th) to provide feedback on the competency assessment process to date. There are 13 peer assessors that perform the competency assessments, and their wisdom and experience will help with final revisions of the tool in January.</p>
	<p>Decisions Requiring Board Approval: N/A</p>

Discipline

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

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

	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
Q2		1	0				
Commentary: None							
Committee Activities: None							
Decisions Requiring Board Approval: N/A							

Patient Relations

Chair: Sabrina Shaw

Strategic Priorities: Quality Practice, Public Confidence

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

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

Q2	Funding Applications: 0 new applications
	Commentary: There are two cases where the sexual abuse fund is being accessed
	Committee Activities: No meetings held in Q2. Virtual meeting scheduled for Q3
	Decisions Not Requiring Board Approval: N/A
Decisions Requiring Board Approval: N/A	

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

Workplan 2023/2024	N/A
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Q1	There were no Fitness to Practise matters
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Q2	There were no Fitness to Practise matters
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Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

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

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

Q2	334 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	265	8	61	97%	<ul style="list-style-type: none"> ● Record Keeping ● Consent ● Conflict of Interest 	<ul style="list-style-type: none"> ● Record Keeping ● Psychotherapy ● Private Practice 	N/A
	<p>Commentary:</p> <p>Practice Data: This quarter, the practice resource service received inquiries about record keeping, consent and conflict of interest. Clients continue to travel. OTs are asking about virtual services across jurisdictions and clients are asking if an OT from another province can provide services in Ontario. There is a rise in employers seeking the assistance of the College to assist to fill vacant OT positions.</p> <p>Outreach: The Practice team participated in several speaking engagements in the second quarter. Outreach included a presentation at Homewood Health, University of Toronto, Western University, University of Ottawa, Queen's University, Humber College and Lakeridge Health.</p> <p>Collaboration with System Partners: In collaboration with the College of Kinesiologists, the practice team facilitated the Health Professions Regulators of Ontario (HPRO) practice advisors' meetings in November 2023 via Zoom. This was an opportunity to keep abreast of legislative changes and projects undertaken by other Colleges. Practice also met with both professional associations CAOT and OSOT to discuss trending concerns for the profession and the public. The topics discussed include remote practice across jurisdictions, Psychotherapy, and working with OTAs.</p> <p>Committee Activities: The Practice Subcommittee met on September 18th, 2023, in person. Several practice documents were reviewed and discussed. Subcommittee also welcomed an occupational therapist guest speaker, to discuss psychotherapy practice providing insight for the review of the Psychotherapy Q & A resource. Subcommittee reviewed the committee's mandate and current composition and put forth recommendations to be carried forward to the Nominations committee as they review candidates for the two professional vacancies.</p> <p>Decisions Requiring Board Approval (Through Executive Committee): Board approved the guidance document Privacy Legislation in Occupational Therapy Practice.</p>						

Nominations

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence

Workplan 2023/2024	Selection and Recommendation of Candidates for Committee Appointment
	Oversight of Executive Officer Nominations Process
	Oversight of Committee Chair Appointment Process

Q1	Committee Activities: <u>August 30, 2023</u> : Committee Orientation and appointment of committee Chair.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Ratification of appointment of Chair to Nominations Committee

Q2	Committee Activities: <u>October 5, 2023</u> : Review Board and Committee Competencies, Eligibility and Disqualification Requirements, and discuss reduction of overlap of Board and committees, and determine Practice Subcommittee Recruitment Plan. Approve Board & Committee Competency Profile Data Collection Policy, <u>November 21, 2023</u> : Discuss candidate applications and finalize the operationalization of interview process.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Board & Committee Competency Profile Data Collection Policy

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receive the Risk Management Report.

Issue:

The Board, in its policy RL12, requires that information on risks, to aid the Board in discharging its risk management oversight role, shall be complete and appropriate. The Board has delegated the oversight of the Risk Management Program to the Executive Committee. The Executive has reviewed the risks so that the Board can be assured that risks to the college are being appropriately monitored and managed.

Link to Strategic Plan:

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

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

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

Discussion & Update:

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

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

Risk Category	STRATEGIC
Risk:	<p>Health Human Resources</p> <p>In the current environment, the availability of health care personnel has reached a crisis level for governments across the country. This includes Ontario. The Ontario government has tried to remediate this risk by focusing on the registration processes for health care practitioners. Initiatives by the Ontario government have included:</p> <ul style="list-style-type: none"> • Mandating that each college develop an emergency registration regulation. This is now in force but has not been needed yet. • Mandating the language tests that we must use. The impact is that we must perform assessments on these tests to determine the benchmark that we can accept. (This is time and money) • Introducing ‘as of right’ legislation which allows applicants from another province to start a job without being fully registered. The impact is not to occupational therapy yet but is a risk that could arise. The risk is that individuals with a conduct or competency issue may start working without appropriate input via the regulatory system. • The Fairness Commission is now becoming involved in HHR issues through its reporting mechanism. • Removal of Canadian experience requirements. No impact for occupational therapy. <p>In addition, there is increasing scrutiny on the roles of professionals within the system. We may need to be prepared to support exploration of changing roles or scope of practice for the profession.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Establishing and sustaining positive government relationships. 3. Standard processing times for applications for registration.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. HPRO meetings and working group participation. 2. Ministry updates, response to Ministry consultation 3. College networking updates 4. Monitoring government processes put in place for other professions.

BOARD MEETING BRIEFING NOTE

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

Risk Category	STRATEGIC
<p>Risk:</p>	<p>Proposed Fee Increase</p> <p>The College, through the Finance and Audit Committee, in its regular review of its finances, has determined a fee increase is necessary. While our current reserve funds are at a reasonably healthy level right now, there is a projected operational budget deficit each year, for the foreseeable future. Any deficit is funded through unrestricted reserve funds, thereby depleting these reserves. In addition, the only way to replenish reserve funds is from a surplus. So, in order to maintain healthy finances that ensure the college can continue to operate to meet its mandate, a 2% fee increase has been proposed for the next annual renewal cycle. In addition, the bylaws propose possible fee increases up to 2% for the next five years as determined each year by the Board.</p> <p>The Bylaws have been circulated to Registrants and key partners for comment. The College received a very modest response which will be presented to the Board at their meeting in January 2024.</p>
<p>Control Procedure(s)</p>	<ol style="list-style-type: none"> 1. A communications plan is underway to assist with understanding the rationale. 2. The Finance and Audit Committee has thoroughly reviewed the details of the proposal.
<p>Action Plan & Monitoring Process</p>	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Feedback through consultation process <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Based on decision at the Board meeting, move forward with the fee increase for the 2024 annual renewal cycle. 2. Continue to implement the communications plan during renewal.

BOARD MEETING BRIEFING NOTE

Risk Category	OPERATIONAL
Risk:	<p>Enterprise System project</p> <p>Updates on our system work:</p> <ul style="list-style-type: none"> • Work on data migration planned for January with full transition to new data base in February 2024. • Annual renewal planned with new system. • Application process tested and functional, however will be fully deployed once all data is migrated and public register linked to new data base.
Control Procedure(s)	<ol style="list-style-type: none"> 1. Dedicated resources for IT operations 2. Continued use of current data base as contingency plan. 3. Leadership closely monitoring project progression and developing contingency plans. 4. Project manager closely monitoring and facilitating the progression of the work. 5. A recent consultation on work done so far from a similar organization with a similar system is confirms the college plan is appropriate.
Action Plan & Monitoring Process	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Enterprise-wide System Phase 3, implementation, continues. 2. Project manager to continue. 3. Ongoing financial reserves to be monitored for development and maintenance of this critical College infrastructure. 4. The Board will be kept informed as this project progresses. 5. Additional development resources have been contracted for a short term to assist with data migration.

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Finance and Audit Committee
Subject: Q2 FY 2023/2024 Financial Summary Report

Recommendation:

THAT the Board receive the Q2 FY2023/2024 Financial Report, as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2023/2024 and advise the Board of any issues.

Link to Strategic Plan:

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

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

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

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

Background:

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of Statutory Remittances and Filings
3. Financial Statements:
 - Statement of Financial Position as at November 30, 2023
 - Statement of Operations for the period June 1, 2023, to November 30, 2023
 - Statement of Reserve Funds as at November 30, 2023

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at November 30, 2023)

BOARD MEETING BRIEFING NOTE

Q2 FY 2023/2024 Financial Summary Report

Page 2 of 9

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

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

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

- The deferred registration fees recorded in the Statement of Financial Position, as at November 30, 2023 represent the portion of the annual renewal fees collected for fiscal year 2023/2024. These funds will be moved out of the Statement of Financial Position quarterly and recognized in the Statement of Operations as Registration fees. Annual renewal funds collected on or after June 1, 2023 are automatically recorded directly under Registration fees on the Statement of Operations for the current fiscal year.

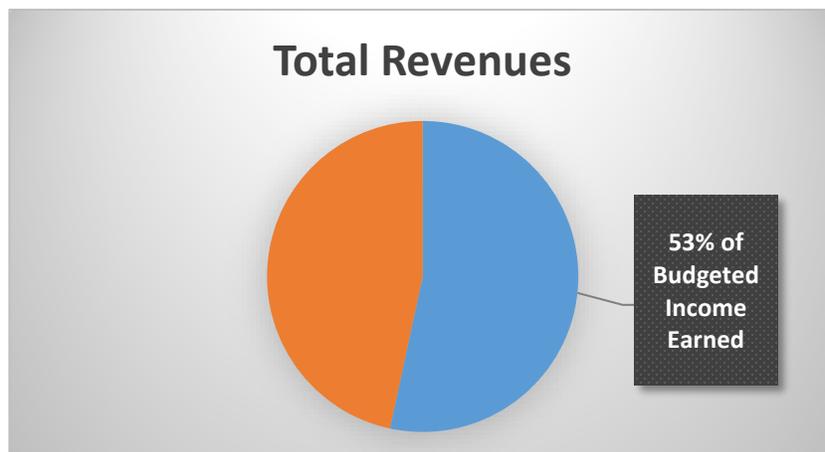
The Net Assets section on the Statement of Financial Position reflects the following:

- During this quarter, the College added \$65,130 in fixed assets through the purchase of computer hardware, before depreciation, leading to a rise in invested in Fixed Assets.
- The excess of revenues over expenses for the period is due primarily to lower expenditure, due to delayed timing in various areas.

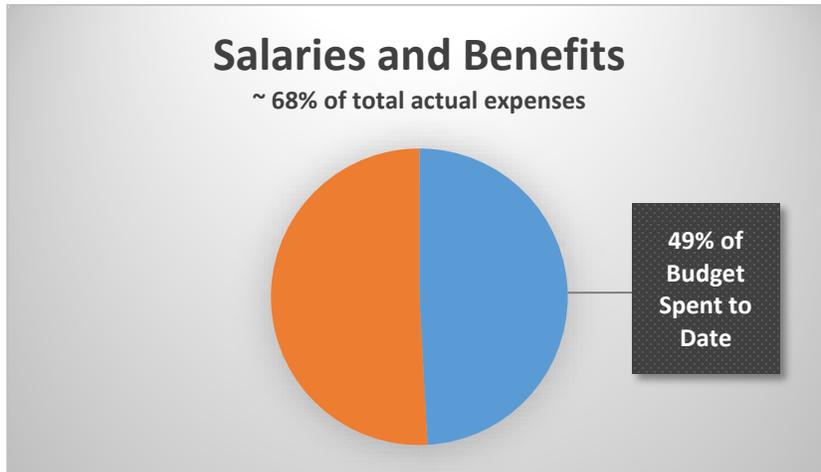
Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2023, to November 30, 2023).

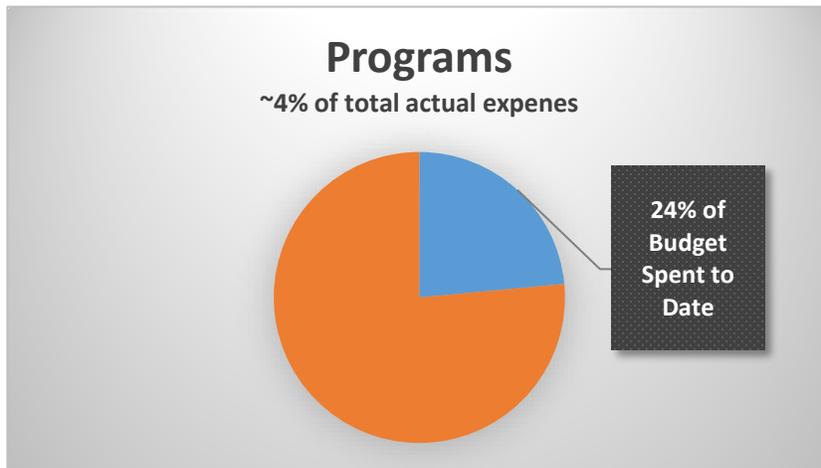
The excess of revenues over expenses for the period June 1, 2023, to November 30, 2023, is \$251,057 once the Enterprise System costs are removed. The College is in a surplus position and the below charts provide some additional detail for each category.



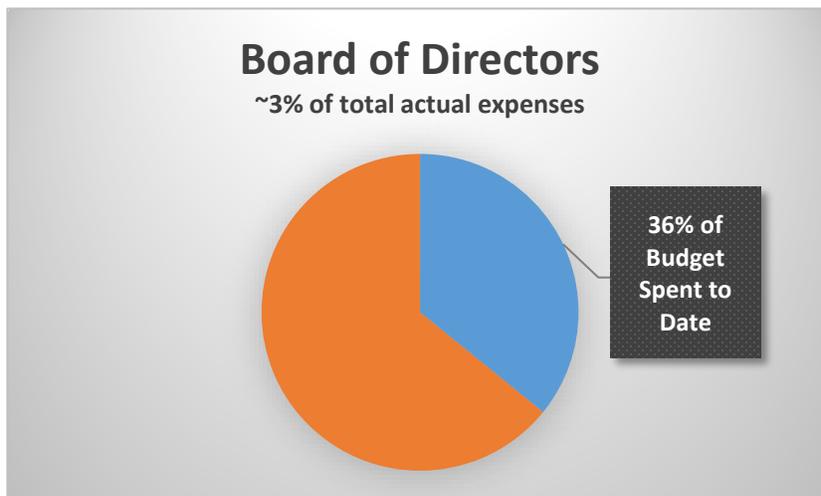
- Status: Favourable to budget
- Revenue is composed primarily of returning and new registrant fees, and application fees.
- Actual revenue earned to date is 53% due primarily to increased interest income.



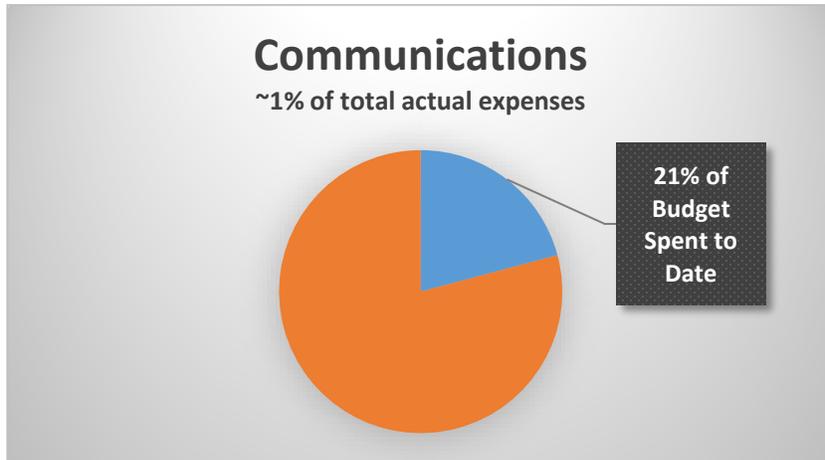
- Status: On target



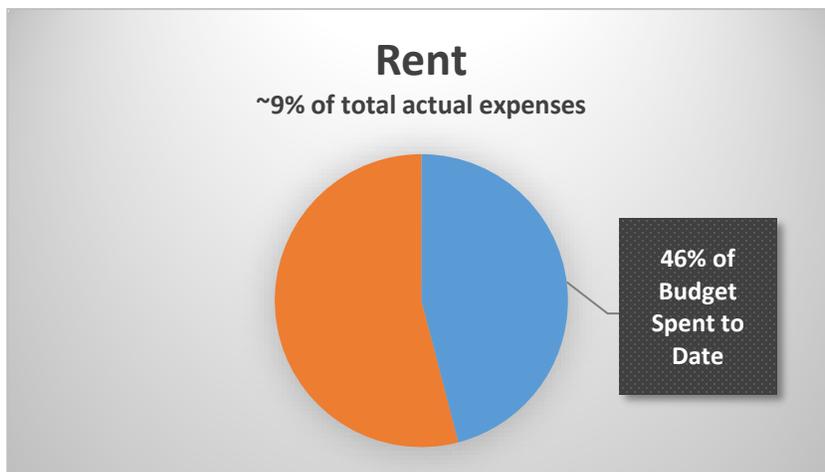
- Status: Favourable to budget
- Program expenses are underbudget primarily due to the timing of College activities. Registration payment processing fees not anticipated till Q4.



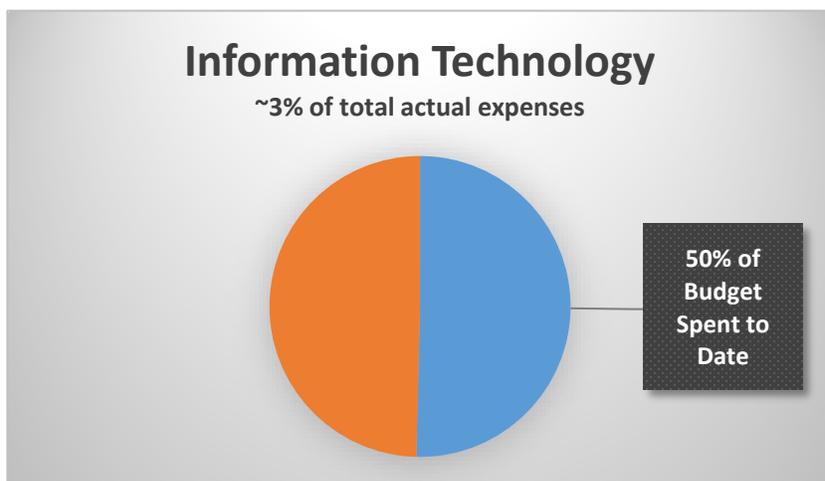
- Status: Favourable to budget
- Board of Director expenses are underbudget due to timing. Anticipate more in-person meetings in the next quarter.



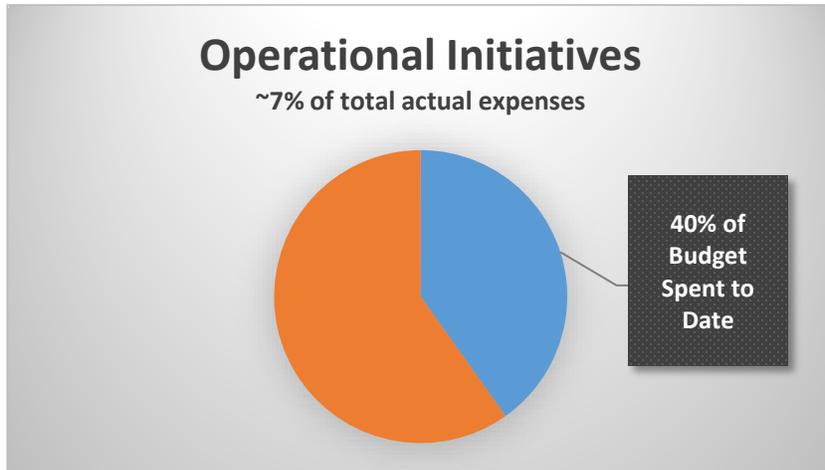
- Status: Favourable to budget
- Communications costs are underbudget due to the timing of invoicing from vendors. The bulk of the expenses are anticipated in Q3 and Q4.



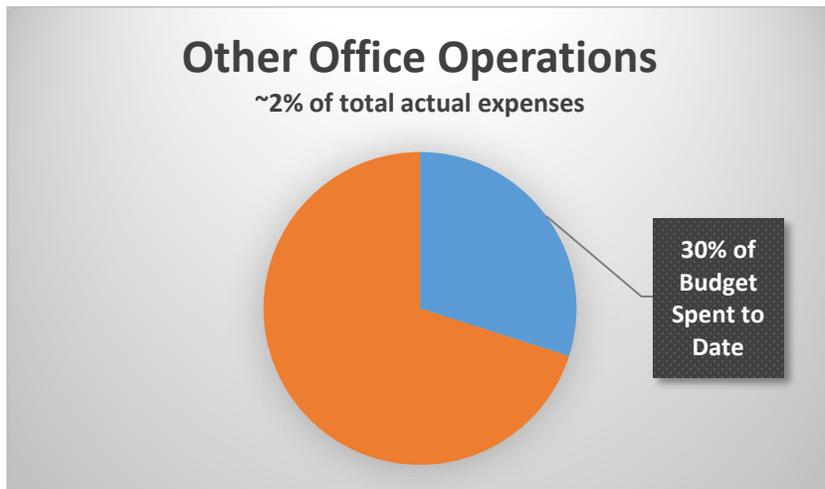
- Status: On target
- Included here are rent and insurance premiums and leases for large equipment.



- Status: On Target



- Status: Favourable to budget
- Operational initiatives are underbudget at 40% spent to date once the Enterprise System costs are removed. This is due to the timing of activities and invoices.



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

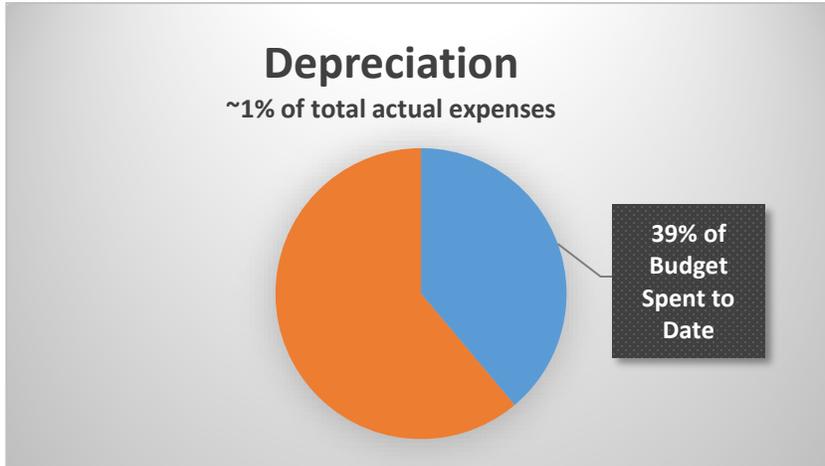


- Status: Unfavourable to budget
- Professional Fees are overbudget primarily due to legal expenditures being higher than anticipated.

BOARD MEETING BRIEFING NOTE

Q2 FY 2023/2024 Financial Summary Report

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- Status: Favourable to budget
- Depreciation is underbudget as further additions anticipated in Q3 and Q4.

BOARD MEETING BRIEFING NOTE

Q2 FY 2023/2024 Financial Summary Report

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Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at November 30, 2023)

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

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

- \$130,844 for the Enterprise-wide IT System fund, which has been incurred for work completed towards the deployment of the College's new Enterprise-wide IT system.
- \$40,294 has been allocated to the Invested in Fixed Assets Fund amount and is reflective of additions of computer hardware purchases and the accumulated depreciation.

Statutory Remittances and Filings:

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

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Council per diems	Monthly	Up to date
Remittance of Employer Health Tax	Payroll over \$1,000,000 will have EHT applied at 1.95% during the calendar year.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Monthly Upcoming Filing Due Dates: January 31, 2024 February 29, 2024 March 31, 2024	Up to date
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2023.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2023.	Up to date

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at November 30, 2023

	30-Nov-23	30-Nov-22
ASSETS		
Current assets		
Cash	2,548,039	2,609,285
Accounts receivable and prepaid expenses	64,420	20,240
Total current assets	2,612,459	2,629,525
Investments	3,565,719	3,461,114
Property and equipment, net of accumulated amortization	263,354	218,705
TOTAL ASSETS	6,441,532	6,309,344
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	314,992	128,198
HST payable	-	425
Deferred registration fees	2,214,966	2,127,862
Total current liabilities	2,529,958	2,255,635
Total liabilities	2,529,958	2,255,635
NET ASSETS		
Reserve funds	1,235,276	1,516,181
Invested in fixed assets	263,354	218,705
Unrestricted	2,292,731	2,011,930
Excess of revenues over expenses for the period	120,213	306,893
Total net assets	3,911,574	4,053,709
TOTAL LIABILITIES AND NET ASSETS	6,441,532	6,309,344

BOARD MEETING BRIEFING NOTE

Q2 FY 2023/2024 Financial Summary Report

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

	6 Months Actuals ended November 2023 \$	12-Month Budget FY23/24 \$	Percentage of Spend to Budget %
REVENUES			
Registration fees	2,439,853	4,667,399	52%
Application fees	67,634	105,860	64%
Interest & other income	76,829	68,689	112%
TOTAL REVENUES	2,584,316	4,841,948	53%
EXPENSES			
Salaries and benefits	1,665,137	3,389,446	49%
Programs	100,441	427,120	24%
Communications	18,586	89,151	21%
Board of Directors	75,436	210,383	36%
Rent	215,332	468,616	46%
Information technology	80,338	159,416	50%
Other office operations	53,082	177,298	30%
Operational initiatives	179,045	120,000	149%
Professional fees	53,849	85,138	63%
Depreciation	22,857	58,780	39%
TOTAL EXPENSES	2,464,103	5,185,348	48%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	120,213	(343,400)	
<i>Funded by Enterprise Wide System Reserve Fund</i>	<i>130,844</i>		
ADJUSTED EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	251,057		

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2023 \$	Spent to Date/Change \$	Closing Balance November 30, 2023 \$
Hearings and independent medical exam fund	400,000	-	400,000
Sexual abuse therapy fund	25,000	-	25,000
Premises fund	800,000	-	800,000
Enterprise wide systems	141,120	(130,844)	10,276
Invested in fixed assets	223,060	40,294	263,354
Unrestricted	2,202,181	90,550	2,292,731
Excess of revenues over expenses for the period	-	120,213	120,213
TOTAL RESERVES	3,791,361	120,213	3,911,574

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Governance Committee
Subject: Third-Party Governance Assessment Report

Recommendation:

THAT the Board receive the report prepared by the third-party consultant.

Issue:

The Board is asked to review and consider the report from the third-party consultant on Board effectiveness.

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:

Regular assessment and evaluation of Board and Committee performance and effectiveness promotes the public interest by ensuring a high-performing and competent Board and College committees. Having the report go to the Board in a public format is important to enhance public confidence through this transparency, in the regulatory system.

Diversity, Equity, and Inclusion Considerations:

Diversity, equity, and inclusion (DEI) need to be embedded with any proposed changes to College governance. The Board should consider whether the report raises any concerns from a diversity, equity, and inclusion perspective.

Background:

The College Performance Measurement Framework (CPMF) requires that Boards regularly assess their effectiveness and address identified opportunities for improvement through ongoing education. The CPMF specifically requires colleges to adopt a framework that evaluates Board meetings and Board effectiveness which includes a third-party assessment every three years. Deanna Williams of Dundee Consulting Group was contracted in the spring of 2023, to conduct this third-party assessment. She has now completed her assessment and has provided recommendations. Her methodology is outlined in her report.

BOARD MEETING BRIEFING NOTE

Third-Party Governance Assessment Report

Page 2 of 2

Discussion:

Deanna has prepared a report with her assessment findings which is attached for the review of the Governance Committee. The Board should review the report and discuss possible next steps.

Implications:

The Board, if the report is accepted, should consider tasking the Governance, or some other College committee, to contemplate implementing any changes.

Attachments:

1. Assessment Report from Dundee Consulting Group. (Deanna Williams)



An External Assessment of COTO Board's
Effectiveness

Final Report

Deanna L. Williams
Dundee Consulting Ltd.
December 2023

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1. Introductory Comments

The College of Occupational Therapists of ON (“COTO”) contracted this external assessment of its effectiveness to fulfill expectations set out under Measure 1.2.b of the College Performance Measurement Framework (‘the CPMF’)¹. The CPMF was established by the Ontario government’s Ministry of Health in 2020 and is the first such system- wide regulatory reporting tool of its kind in Canada. All Ontario health regulatory Colleges are required to annually provide evidence as to how they meet, partially meet, or do not (yet) meet set expectations across various domains and must include their proposed plans to meet any unmet expectations going forward.

The overarching aim, as noted in the introduction to the CPMF Reporting Tool, is to help answer the following key question: *“How well are Colleges executing their mandate which is to act in the public interest?”*; in regard to the CPMF requirement to engage in an external assessment of Council effectiveness at least every three years, this question implies that a clear and compelling link exists between a Council’s focus and commitment to the public interest and its overall effectiveness as a regulatory governing board.

The CPMF sets out the expectation that *“the framework includes a third-party assessment of Council’s [the Board’s] effectiveness at a minimum of every three years”*, and yet what constitutes ‘effectiveness’ of a Council has been left largely open to interpretation. My approach in this assessment process reflects my personal understanding that the expected third-party assessments are not meant to constitute full blown governance reviews but should be more appropriately focused on assessing how the regulatory Board demonstrates regulatory effectiveness at meetings, and on identifying areas where opportunities for improvement may exist.

This is an assessment of the COTO Board, and the criteria against which its effectiveness was assessed² were adapted, with permission, from Harry Cayton’s ‘Checklist for Regulatory Boards’.

In addition to my personal observation of just one Board meeting, on October 2023, my findings from this assessment were informed through my review of previous Board meeting materials provided to me, and my analysis of results from confidential surveys that were voluntarily completed by 13 members of the COTO Board of Directors, and 4 members of the College’s senior staff team.

My assessment finds that overall, the Board of the College of Occupational Therapists of Ontario does demonstrate a high level of effectiveness in meeting the College’s mandate to regulate the profession of occupational therapy in the public interest. Feedback from surveys completed by members of the Board and the senior staff confirmed my observation that the Board works effectively together to ensure its set goals are met in a collegial and respectful way. The different roles and responsibilities assigned to the Board (governance and oversight)

¹ https://health.gov.on.ca/en/pro/programs/hwrob/CPMF_summary_report.aspx

² See Appendix 1

and to the Staff (operations) are widely seen to be clear and respected. The Board pays attention to risk and references to the Board's need to consider the public interest in all decisions and actions are frequently articulated; potential areas for improvement in these two areas, however, were identified and are discussed further in the report.

Although this Board follows a model of Policy Governance™, it has, over recent years adopted a more flexible approach that better enables the Board to spend more time and resources on matters related to public interest and protection and less on more onerous processes related to policy reviews and monitoring.

I offer my thanks to all who took time out of their busy schedules to complete the surveys and share your valuable perspectives- your collective contributions to this assessment process are both acknowledged and appreciated. I also must acknowledge the guidance and leadership provided to me by COTO's Board Chair, Teri Shackleton, and the College's Registrar/CEO Elinor Larney, and her staff- your willingness to provide me with clarification and answers to questions that arose during my analysis of information during this assessment was unwavering and again, much appreciated.

Deanna L. Williams

2. Findings and Analysis

A. Working together for greater effectiveness

What contributes to the Board's effectiveness now?

A clear majority of respondents cited the positive and collegial relationships that exist amongst Board members and between the Board and College staff, as a key factor contributing to the COTO Board's effectiveness. In addition, excellent communication between members of the Board and to and from the senior staff team and Board was noted, and several individuals expressed appreciation for the dedication and commitment demonstrated by their Board peers who come to each meeting clearly prepared and ready to engage in good discussion. By all accounts, the strong and capable leadership provided to the Board by the Registrar and her staff team and by the current Chair- are also seen to significantly contribute to the Board's effectiveness. This feedback was evident and confirmed during my personal observation of the Board meeting on October 26th, 2023.

The Registrar/CEO appears very comfortable 'jumping in' and/or asking one of her staff team to do so to provide information, guidance or advice to the Board when considered necessary or appropriate. And in return, the Board was observed to be very amenable in welcoming the Registrar's/staff's input which would reflect the respectful, beneficial partnership that exists between the Board and Registrar/staff.

Several individuals described the Board as one that generally understands its role and does not get involved in operations, with a few attributing the clarity in role to a good understanding of good governance principles that help ensure clear(er) separation between governance and operations. Materials provided to the Board in advance of meetings are widely seen to be comprehensive and well organized; and the meeting agendas are also seen as organized and appropriately concise.

The staff leadership team's efforts to ensure Board members are well prepared for their meetings through the information provided, and their willingness to respond to any questions promptly and knowledgeably, lays the groundwork in supporting Board effectiveness.

As previously noted, the College has recently adopted a more flexible approach to the Policy Governance™ model that has been in place for some time, and further to a consultant's governance review conducted in 2019, the Board has begun to move towards governance modernization to align with identified best regulatory governance practices and recent trends- this is viewed by some individuals as a positive move. One individual suggested the Board's effectiveness could be further improved as it continues the movement away from the Policy Governance™ to allow for clearer governance practices that facilitate the Board in its oversight role in a simpler way to allow the Board to greater flexibility and nimbleness in responding to changing environments.

It is my experience that Boards who more rigidly follow the Policy Governance™ model commit the majority of their time to policy reviews and monitoring; however, at the October 26th COTO Board meeting, I observed that less of the Board's time was spent on monitoring policies,

thus allowing more time for matters related to supporting the College in effectively regulating the OT profession in the public interest. At the October meeting there was considerable discussion respecting the need to assure future financial sustainability of the College through a proposed schedule of registrant fee increases-the discussion around this proposal was considerable and it gave rise to some observations that I have set out in more detail below.

What could make the Board even more effective?

One respondent offered that at times, the Board discussion can revolve around the registrants and their interests and that, depending on the matter, the Board's obligation to focus on public interest first can be forgotten. An example was observed in the proposal that would enable incremental registrant fee increases over the coming years to ensure future financial sustainability of the College, where concerns were expressed about the anticipated reactions and impact that fee increases would have on registrants, and in particular, the negative impact such a move could have on the profession's 'already poor' perception of the College.

At least one informant suggested that the Board could be more effective if its members asked more questions to generate more fulsome discussion on agenda items. Several others indicated there is a need for the Board to continue to follow through on its commitment to governance modernization- particularly as it relates to separating the membership of the Board from its committees. Making this happen, but in a way that will still allow the Board to stay abreast of the committees' work, is something that some respondents believe will contribute to greater effectiveness of the Board going forward.

All Boards rely on defined and accountable reporting processes to keep them up to date on implementation of the strategic directions they have set. Most Boards fulfil this oversight role through the receipt of regular written or verbal reports to the Board from the Registrar at every Board meeting. Reported progress is generally tied to the strategic directions set by the Board, with explanations provided where specific targets needed to be delayed or timelines adjusted. As the Board continues to evolve its governance practices, a shift to simpler but still accountable reports to the Board from the Registrar using regular written or verbal reports that focus on what has been achieved or completed in the last quarter, should be considered.

Finally, Board education sessions are widely viewed as efficient and effective, but there was a suggestion that using results from the evaluation of existing expertise/competencies on the Board to inform future topics for Board education that address identified knowledge or skills gaps would also help assure the Board has the desired blend of skills and competencies that it needs.

B. Demonstrating a clear and unrelenting focus on the public interest

The Board is frequently reminded of the need to consider the public interest as it contemplates reports and proposals brought before it and a dedicated paragraph entitled "Why is this in the Public Interest?" is included in every briefing note. Feedback received from the surveys shows that most respondents strongly believe that 'public protection', 'public focus' and 'public interest' are at the forefront of all matters considered by the Board.

The 'public interest' question included in all briefing notes, and the Chair's reminders to the Board to maintain its public protection/interest focus- at the start of the meeting and throughout discussions if things tend to 'veer' away from the public interest- are all excellent ways to help keep the Board's focus on the public interest and are practices aligned with identified best contemporary regulatory practices internationally.

I found, however, that the discussion during the October 26th meeting regarding a proposed by-law change that would enable (but not mandate) incremental registrant fee increases each year for the next 5 years, presented an opportunity for the Board to do a deeper dive into the posed question "Why is this in the Public Interest?". Considerable time was spent on this item with the primary focus of discussion revolving around the potentially negative impacts that the proposed fee increase was anticipated to have on the profession and on its perceptions of the College. In the end, successful attempts were made to re-focus discussion on how the current and future financial needs of the College justify the means for a fee increase and the by-law proposal was unanimously approved. In my view, this discussion represented a missed opportunity for the Board to consider how ensuring financial sustainability of the COTO best serves both the profession's interest (maintaining pride in being registered with its own regulatory body that is both effective and sustainable) as well as *the public's interest* (maintaining public confidence that the College is and will continue to be there to ensure, through effective regulation, that all OTs who it registers are qualified to provide safe and quality care).

Many regulatory Board decisions impact the professionals who are regulated by the College, but intentionally re-visiting the public interest question when discussions become focused on professional interests can help the Board consider the impact(s) of a decision on the public as well as the profession. Public and professional interests often can, and do, intersect and in this case, deeper discussion could have revealed that ensuring future financial sustainability of the College truly serves both the public and the profession's interests going forward.

The Board could also consider following the practices of health regulators in the UK, where, particularly where difficult or contentious matters are discussed, the Board (or committees) include a rationale in the meeting minutes that set out the factors that the Board considered when making its decision and how/why the Board believes its respective decision best serves the public interest.

C. Assuring skills and competencies on the Board

The current legislative and regulatory provisions in Ontario require elections of professional members and government appointments of public members onto health regulatory Boards in Ontario and most respondents consider that the College lacks any control in 'assuring skills and competence' on the Board.

The College has taken steps, however, to articulate a desired competency framework for Board members and this is circulated along with the 'call for nominations' for elections to the Board, with a view to ensuring that candidates who seek election onto the COTO Board read and understand the competencies and skills that the Board considers desirable to contribute to its overall effectiveness. One informant noted that applications from professional candidates

practicing in different settings and areas of practice and are applying to fill vacancies on the Board are both encouraged and welcomed.

The Board undertook its first competency evaluation in late 2021, with an excellent response rate of 94%; this gave rise to a competency inventory of current Board members. In this evaluation process, individual Board members were asked to self-assess their own skills/competencies across 8 competency/skill domains based on the level of expertise they believe they possess in each area. The competency domains include:

- Leadership
- Board & governance experience
- Regulatory understanding
- Knowledge of occupational therapy
- Stakeholder relations/communications
- Financial literacy
- Technological competence
- Risk management

and each Board member assessed their individual levels of capability in each domain as either *entry; foundational; or advanced*. Results have helped the Board identify areas where gaps in competencies exist and have also helped to inform Board education and training.

Going forward, the Board could consider further strengthening its election eligibility criteria for professional members to include a defined and accountable competency-based process for recruiting, and screening interested candidates before they are deemed eligible to run for an elected position. Other health Colleges have implemented such processes to better assure a desired blend of skills, competencies and diversity of elected Board members and would surely be willing to share their experiences and processes.

D. A sound process for identifying and reviewing risk(s)

The College has implemented what most respondents describe as a comprehensive risk register as a means for the Board to ensure they fulfil their oversight role as it relates to risk. The identified risk(s) or potential risk(s) are categorized as Strategic, Operational, Compliance, System partners and Quality and the Board has delegated oversight of risk management to the Executive Committee who regularly reviews the risk register and assures the Board, through its reporting process on risk, that oversight of risk is being appropriately carried out.

Risk Management is a standing agenda item at all Board meetings, where the Board receives a report categorizing risks considered by the Executive Committee on its behalf since its last meeting, and providing any updates as needed on risks that are being monitored on an ongoing basis.

While considerable attention is committed to identifying and reviewing categorized risks, I found little mention of risks related to actual or potential harm to the public/clients of OTs in my review of Board materials, or in my observation of the meeting on October 26th. The Risk Management Report that is included in the Board materials at each meeting sets out a rationale as to why risk management is in the public interest, as noted below:

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.

This rationale mentions the importance of the College understanding the risks it faces, but it does not mention that a key reason professional regulators exist is to identify and mitigate potential risks of harm to the clients who seek/use the services of their regulated profession(s).

The Quarterly Performance Report, which is included on the Board agenda at each meeting, contains considerable information and reporting on activities undertaken by certain statutory committees during the past quarter. A considerable amount of data arises from the activities of the Registration, Quality Assurance and the Inquiries, Complaints and Reports program areas and this information surely provides insights into new/emerging /potential risks of harm to clients. These three committees make decisions largely aimed at protecting the public from potential harms; yet such risks of harm are not specifically noted in these reports. The current Quarterly Performance Report focuses on provision of evidence and statistics, but as the College continues its move to a more flexible model the Executive Committee, and the Board may be better enabled to consider how collected data or statistics can inform new or existing areas of risk- giving rise to proposed new standards or policies that would address newly identified or potential risks of harm.

E. The Board striving to improve its own effectiveness

The Board completes a Meeting Evaluation survey after each meeting, as well as an Annual Board Evaluation Feedback Survey which is annually conducted after its January board meeting. Results of the annual board evaluation survey are discussed with the Board at its following meeting in March, and the results of each quarterly Board Meeting Evaluations are discussed with the Board at their next meeting.

After each meeting, the Board Meeting Evaluation survey asks Board members to provide their scores in 10 areas, using the scoring options 'yes': 'most of the time' or 'no'. Respondents identify themselves but names are not included in the summary report that goes to the Board at the next meeting; comments are not mandatory, but respondents are invited to provide comments to support their answers, as appropriate. The 10 evaluation topics include:

- Declaration of conflicts at start of meeting.
- Clear and timely information provided in advance.
- Board time and focus- public interest, safety, outcomes, not means.
- Deliberations fair, open and on point.
- Adequate opportunity for all to participate.
- Information and discussions support effective decision-making.
- Diversity of views welcome.
- Decision-making free of undue influence; all speak with one voice.
- Behaviors are courteous, dignified, and fair.
- Board adheres to a semblance of order in the meeting.

The Board meeting results for the March 2023 and June 2023 COTO Board meetings were reviewed. For both meetings, response rates were almost 100% which would demonstrate a high level of collective engagement within the Board. It was noted that in both surveys, all respondents scored 'yes' in all the areas, suggesting that the Board unanimously believes it collectively adheres to all the expectations that have been set, all the time.

Each year following its January Board meeting, the Board completes its Annual Board Evaluation Survey, and each respondent is asked to answer 'yes'; 'needs improvement'; or 'no' in 15 categories under the headings below:

- Adherence to Governance processes
- Prioritization of the Public Interest
- Governing Style
 - Assumes responsibility for excellence in governance.
 - Group vs individual responsibility for decision-making.
 - Focus is on outcomes not means.
 - Diversity and participation encouraged.
 - Clear distinction in Board and staff roles.
 - Board performance monitored and discussed at each meeting.
- Board's Role
 - Set priorities are highlighted in strategic plan (SP).
 - Regular monitoring reports set out progress in achieving SP.
 - Board kept informed through environmental scanning.
 - Board monitors adherence to Executive Limitation policies.
 - Monitoring reports received are effective.
 - Board respects the role and accountability of Registrar.
 - Registrar performance measured against accomplishment of SP and operating within boundaries of the limitations policies.

A review of the January 2023 annual Board evaluation results summary provided to the COTO Board at its meeting in March showed that 13 of the possible 16 Board members completed the survey and overall that results showed that the Board believes itself to be collectively proactive and engaged in its work; that the Board is highly satisfied with their functioning; and that the Board knows and respects the lines between operations and governance, and feels supported in its work by the staff.

This assessment finds that the current evaluation processes are comprehensive, and that survey results are appropriately used to help inform Board education and training for the coming year. As the COTO Board continues to evolve to a more flexible governance model, there is an opportunity for the Board to consider shifting its evaluation away from the Board's adherence to or monitoring of policies to focus more on those competencies and skills that the Board has identified as desirable to contribute to its overall effectiveness.

One option is that such an evaluation framework could include Board member self-assessments of how everyone believes they perform/demonstrate their competency or skills in certain areas as well and an assessment of how they each believe the Board collectively demonstrates good

performance, competency, or skills in the same areas. The results from such an evaluation would yield comparative and meaningful results back to the Board, individually and collectively. (for example, how I rated myself and how this compares to how the entire Board believes we collectively perform together in the same areas)

The Board education sessions are widely viewed as efficient and effective, and some believe that continuing to let results from the evaluation of existing expertise/competencies on the Board inform future topics for Board education that address identified knowledge or skills gaps would also contribute to greater effectiveness of the Board going forward.

The results of this 2023 annual survey also suggested that continued education on governance, finances and the use of technology would be helpful and gave rise to a recommendation of the Executive Committee that the Board orientation in June be focused on governance as well as a finance review.

3. Identified Opportunities for Improvement

1. The Board should continue moving towards governance modernization and a model that further enables the Board to focus less on monitoring of/adherence to policies while still effectively fulfilling its governance and oversight role through a simpler, defined, and accountable reporting process; an example has been provided on page 6.
2. The Board should continue its commendable practices aimed at keeping the public interest and public protection at the forefront of its decisions and actions. Going forward, particularly when discussion tends toward the profession's interests, the Chair should encourage the Board to dive deeper into considering how a particular matter is expected to impact the public or what the impact on the public would be, should a decision go forward or not.
3. The Board should consider the practice seen in health regulators in the UK where a list of factors the Board considered before making its decision and a rationale as to why the Board believes its decision supports the public interest, are included in the meeting minutes. This can prove most helpful where discussions on a particular matter have been difficult or challenging.
4. The Board has identified the skills, competencies, and diversity that will contribute to its effectiveness and should consider further strengthening its election eligibility criteria for professional members to include a defined, competency-based process for recruiting, and screening interested candidates before they are deemed eligible to run for an elected position. Other health Colleges who have implemented such processes could be approached to share their processes and experiences with the Board.
5. As the Board moves towards better assuring a desired blend of competencies and skills on the Board, there is an opportunity for the Board to consider placing a lesser focus on the Board's adherence to or monitoring of policies in favor of a greater focus on how Board members, individually and collectively, demonstrate the competencies and skills that the Board has identified as desirable to contribute to overall effectiveness.

4. Concluding Remarks

This assessment finds that the Board of the College of Occupational Therapists of Ontario demonstrates a high level of effectiveness in assuring that the College effectively executes its mandate to act in the public interest. Roles and responsibilities associated with operations and governance/oversight are observed to be clear and respected by all. The Board's obligations to keep public interest and protection at the forefront of discussions are made clear through written reminders in all briefing notes ("Why is this in the Public Interest?") as well as through verbal reminders offered, from time to time, by the Board Chair or the Registrar when considered appropriate. Observation from the October 26th meeting revealed an identified opportunity for the Board Chair to help the Board do a bit of a deeper dive into how, and why, the particular matter under discussion would serve or impact the public and its interests.

This Board has articulated a competency framework that is currently used to better educate and inform potential new Board members before they seek an elected seat on the COTO Board. There is an opportunity to use these Board-identified competencies and skills as a basis for an enhanced competency-based eligibility process for elections and for more of a competency and skills-based Board evaluation framework, going forward.

It has been a pleasure to work with the Board of the College of Occupational Therapists of Ontario on this external assessment of the Board's effectiveness. My thanks to all who took the time to complete the survey prepared for this assessment-these responses in addition to my review of documents and materials and my personal observation of the one Board meeting in October, gave rise to invaluable information and insights that were both helpful and appreciated.

My sincere thanks to the College staff, in particular Elinor, Stamatis and Andjelina for your tremendous support to me throughout this assessment. I so appreciated your timeliness in responding to my many questions or requests for additional information or evidence as they arose. Your assistance and support to me throughout this review is acknowledged and much appreciated.

Deanna Williams

Criteria that guided this assessment

1. Working well together to support Board effectiveness.
2. Demonstrating a clear focus on the public and public interest.
3. Assuring a skilled and competent Board
4. A sound process for identifying and reviewing risk(s)
5. Striving to improve the Board's own effectiveness.

About the Reviewer

Deanna Williams BScPhm, R. Ph, CAE, C. Dir is known for her work in professional and occupational regulation. She held leadership positions within the Ontario College of Pharmacists, Canada's largest pharmacy regulatory authority, for almost two decades, retiring as its Registrar in 2011. The Minister of Health and Long-Term Care appointed Deanna as Supervisor to the College of Denturists of Ontario during the loss of its regulatory privileges in 2012 and 2013 and she also served as inaugural Risk Officer, for the Retirement Homes Regulatory Authority (RHRA), from 2014 through 2018.

Since 2011, Deanna has provided consulting services in areas relating to professional and occupational regulation in Canada, the USA and abroad through Dundee Consulting Group Ltd. From 2017-2018 Deanna served as Expert Technical Advisor to Ontario's Minister of Health and Long-Term Care, providing advice on best regulatory practices across professions and international jurisdictions, with a particular focus on processes for complaints, investigations and discipline related to the sexual abuse of patients by regulated health care practitioners.

Deanna has conducted external regulatory performance and governance reviews for both health and non-health regulators, independently and in collaboration with Harry Cayton.

Deanna was recognized by the international regulatory community in 2010 in receiving the CLEAR International Award for Regulatory Excellence, and again in 2019, when she received the CLEAR Award for Lifetime Achievement. Deanna holds her designation as a Certified Association Executive (CAE) from the Canadian Society of Association Executives (CSAE) and her Corporate Director (C. Dir.) designation from the Chartered Director program, at DeGroot School of Business, McMaster University. She has served on the Finance and Audit Committee of the University of St Michael's College, University of Toronto and in 2019 completed a nine-year term on the Board of Directors of Haldimand War Memorial Hospital, where she also served as the Board Chair from 2014-17. Deanna currently serves as a director on the Board of the Vistana Spas Condominium Association, in Orlando, Florida. She was appointed to the Board of Directors at Joseph Brant Hospital, in Burlington, Ontario, in 2021 and since 2022, has served as the Chair of the JBH Board's Quality Committee. She and her husband reside in Burlington.

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Nominations Committee
Subject: Appointments to Practice Subcommittee

Recommendation:

THAT the Board appoint Lori Desjardine and Anuradha Banavalikar as professional committee appointees to the Practice Subcommittee, each for a three-year term, commencing on January 26, 2024.

Issue:

The Board is asked to consider two candidates for appointment to the Practice Subcommittee as recommended by the Nominations Committee.

Link to Strategic Plan:

This aligns under Public Confidence and Quality Practice:

- 1.3 College governance is responsive, effective, competency-based, and accountable.
- 1.4 College decision-making processes are open, transparent, and accountable.
- 3.3 College engages occupational therapists to advance quality, ethical practice.

Why this is in the Public Interest:

In order to carry out its public interest mandate, it is necessary for the Board to retain a sufficient number of individuals to sit on College committees. In addition, the Board should be satisfied that individuals who are selected meet approved competencies and will act in the public interest in carrying out their role. 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 composition of the Practice Subcommittee is a broad representation of occupational therapists from across the province. Members are selected on their diversity of experiences and perspectives.

Background:

The Practice Subcommittee is a non-statutory committee whose primary function is to explore, debate and provide recommendations on current occupational therapy practice issues relevant to the mandate of the College. The main responsibilities of the Practice Subcommittee include:

- Conduct an environmental scan on practice issues which effect professional regulations;

BOARD MEETING BRIEFING NOTE

Appointments to Practice Subcommittee

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- Identify current practice issues for consideration;
- Acts as an advisory committee on OT practice;
- Make recommendations for action on specific practice issues; and
- Develop, review and revise College resources related to practice.

Discussion:

On October 20th, the College conducted an open competitive process and invited interested parties to apply through the College website and social media channels. The application deadline was November 10, 2023, and by the deadline the College received 6 applications.

College staff handled the recruitment process. This included answering questions and enquiries, collecting application forms with supporting documentation, and confirming that each candidate meets the College's eligibility requirements for appointments. The Nominations Committee was tasked with reviewing applications, conducting the interviews, and ultimately recommending to the Board both Anuradha Banavalikar and Lori Desjardine for appointment to the Practice Subcommittee.

Implications:

None

Attachments:

1. Résumé – Anuradha Banavalikar (*Omitted from public facing material for privacy reasons*)
2. Résumé – Lori Desjardine (*Omitted from public facing material for privacy reasons*)

Résumé for Anuradha Banavalikar omitted from public facing material for privacy reasons

Résumé for Anuradha Banavalikar omitted from public facing material for privacy reasons

Résumé for Lori Desjardine omitted from public facing material for privacy reasons

Résumé for Lori Desjardine omitted from public facing material for privacy reasons

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Quality Assurance Committee
Subject: Reappointment to Quality Assurance Subcommittee

Recommendation:

THAT the Board reappoint Candice Silver as a professional committee appointee to the Quality Assurance Subcommittee, for a second three-year term, commencing on April 1, 2024.

Issue:

The first term of the member finishes on March 31, 2024, and she has expressed an interest in reappointment for another term, requiring Board approval.

Link to Strategic Plan:

Quality practice by occupational therapists

3.1 Occupational therapists are competent, safe, effective, and accountable

3.3 The College engages occupational therapists to advance quality, ethical practice

Why this is in the Public Interest:

This subcommittee is composed of occupational therapists working in diverse practice settings across the province. The work of the Quality Assurance Subcommittee contributes to the development of continuing competence activities designed to support safe and ethical occupational therapy practice.

Diversity, Equity, and Inclusion Considerations:

The Quality Assurance Subcommittee prioritizes diversity, equity and inclusion perspectives in its work and composition.

Background:

The Quality Assurance Subcommittee is a non-statutory committee that provides recommendations to the Quality Assurance Committee about the ongoing development, implementation, and evaluation of the components of the Quality Assurance Program. This includes supporting the development of the annual eLearning module including topic selection, identification of learning objectives, case scenario development, content review, reflective practice exercise development, and online testing as possible. Candice served as chair during her first term. She has expressed interest to continue to serve on the Quality Assurance Subcommittee.

BOARD MEETING BRIEFING NOTE

Reappointment to Quality Assurance Subcommittee

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Candice has been working as an OT for over 25 years. She continues to work as an OT in both a clinical and non-clinical role. Within her clinical role, she works with clients of all ages, as a sole practitioner in hand therapy and on a contract basis to provide home care services to adults and paediatrics in the community for home safety/equipment/ADP and other therapy goals. She has worked in many health care settings; hospital, clinic, 3rd-party (MVA, WSIB), homecare and as a sole practitioner. In her non-clinical role, she has enjoyed being a part of the College Quality Assurance Subcommittee, as well as piloting new Quality Assurance platforms and chairing the Quality Assurance Subcommittee. She further works as a Professional Practice Leader (PPL) and educator for rehab at VHA since summer 2022.

Discussion:

During her first term, Candice provided valuable insights from her practice experience to the work of the Quality Assurance Subcommittee. Reappointing Candice will enable continuity with the current work underway and support the overall effectiveness of the Subcommittee.

Implications:

Quality Assurance Subcommittee will have a have full complement of appointees as per the Terms of Reference.

Attachments: N/A

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Strategic Planning Working Group
Subject: Strategic Priorities and Values

Recommendation:

THAT the Strategic Priorities and the updated Values be approved by the Board.

Issue:

The Strategic Planning Working Group has developed the Strategic Priorities for the College following the Strategic Planning workshop in October 2023. In addition, the Mission, Vision and Values of the College were reviewed, and the values have been updated. The Board is asked to review the documents and approve them for publication.

Link to Strategic Plan:

This will be the strategic plan titled, 2024-2027 COTO Strategic Priorities.

Why this is in the Public Interest:

Ensuring that the college is appropriately preparing for the future will ensure that work to protect the public is thoughtful and well planned. Having a high-level plan on the website is transparent and accountable.

Diversity, Equity, and Inclusion Considerations:

The priorities and values contain objectives that pertain to diversity, equity and inclusion which will emphasize the importance of this in our future work.

Background:

The Board underwent a strategic planning process in October 2023, which included reviewing an extensive environmental scan and key informant consultation. The day included much discussion and brainstorming and resulted in a multitude of thoughts and ideas. These thoughts and ideas were recorded on paper on the day and staff were tasked with distilling them down to a manageable draft plan. The draft was then presented to the Strategic Planning Working Group who had discussions about it. In addition, the Working Group reviewed the Mission, Vision and Values of the College to determine if a change was required in light of the new strategic priorities.

BOARD MEETING BRIEFING NOTE

Strategic Priorities and Values

Page 2 of 2

Discussion:

A lot of work was done to ensure a succinct, but clear plan by grouping the ideas from the planning day and then aligning the thoughts with each group. Then the work was rolled up to a higher level to encapsulate each group appropriately. This has resulted in a Strategic Priorities document that the Working Group feels confident will position the College well in the next three years.

In addition, the working group was tasked with reviewing and possibly revising the Mission, Vision and Values. After much discussion, the working group determined that the Mission and the Vision continue to work well and accurately and clearly convey an appropriate message. However, some suggestions were made to the values to further align this message with the College's intentions. Notably, the working group wanted to highlight the importance of the work on Anti-racism and Diversity, Equity and Inclusion, by reordering and changing the text in the values.

Implications:

If the Board approves the two documents, they will be formatted and posted on the College's website. In addition, staff will then work on the operational plan for 2024-2027 that will start to be implemented in June 2024.

Attachments:

1. Draft 2024-2027 Strategic Priorities
2. Draft Mission, Vision and Values 2024 version

2024-2027 Strategic Priorities *DRAFT*

January 25, 2024

Meaningful Engagement

The College builds trust in its role and value through purposeful and meaningful engagement and collaboration.

- *Provides clear information about what to expect when working with occupational therapists.*
- *Builds opportunities for public and professional collaboration and participation with the College.*
- *Engages new registrants to build understanding of professional obligations, College programs and services.*
- *Integrates the practices of diversity, equity, and inclusion throughout the College and profession.*

Quality Practice

The College embraces leading regulatory practices to protect the public.

- *Takes an evidence-informed, risk-based approach to ensuring occupational therapists are competent, safe, effective, and accountable.*
- *Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.*

System Impact

The College collaborates for access to the profession and consistent quality practice.

- *Supports efforts to increase the number of licensed occupational therapists in Ontario to address the health human resources crisis.*
- *Ensures OT scope of practice is optimized in Ontario.*
- *Collaborates with national partners to further regulatory excellence.*

Performance and Accountability

The College maintains strong corporate and governance structures and fosters a culture of continuous improvement.

- *Ensures College governance is proactive, effective, competency-based, and accountable.*
- *Maintains the expertise and resources to address evolving demands caused by changes in the regulatory or practice environment.*
- *Leverages data to drive performance internally and externally to enhance service delivery.*

Mission, Vision, Values – DRAFT

January 25, 2024

College Mission

The College of Occupational Therapists of Ontario protects the public through effective regulation and instills confidence and trust by ensuring that occupational therapists are competent, ethical and accountable.

College Vision:

Excellence in Regulatory Leadership

Revised College Values and Commitments:

Treating everyone with dignity and respect

We consider the uniqueness of each situation. We are respectful of all voices, conscious of bias, open-minded, and dedicated to learning. We are committed to integrating Equity, Diversity, and Inclusion (EDI) practices throughout our organization and the occupational therapy profession to protect the public interest.

Maintaining trust and confidence

We are fair, open and responsive. We are proactive. We hold ourselves accountable for our decisions and actions.

Partnering for quality

We listen. We work together to ensure quality occupational therapy services across the province.

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Finance and Audit Committee
Subject: Registration Fee Increase – Bylaw Consultation Summary

Recommendation:

THAT the Board approve the proposed amendments to Part 18 of the College bylaws related to fees.

Issue:

The Board is asked to review the results of the 60-day public consultation regarding proposed amendments to Part 18 (re: fees) of the College of Occupational Therapists bylaws and to make a final decision about the bylaws.

Link to Strategic Plan:

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

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

Why this is in the Public Interest:

The *Regulated Health Professions Act, 1991* requires all health regulatory colleges to ensure they have the financial resources to fulfill their mandate to protect the public. The new proposed fee ensures adequate funds to support mandated college activities and approved strategic priorities. Adequate funding allows COTO to fulfil its public protection mandate and ensure safe, effective occupational therapy services.

Diversity, Equity, and Inclusion Considerations:

This proposal would be applied over the years, rather than at once, to ensure registrants have time to prepare. No other concerns, beyond a gradual introduction to limit financial barriers, have been identified from a diversity, equity, and inclusion perspective.

Background:

At the October 2023 Board meeting, the Board approved, in principle, the recommendation from the Finance and Audit Committee to increase fees. This resulted in a motion, which was passed, to circulate proposed amendments to the bylaws Part 18: Fees for 60 days. The proposed amendments were sent to registrants in a dedicated eblast on November 1, 2023. Notice of consultation was also shared on our social media channels including Facebook, Instagram, Twitter, and LinkedIn and posted on the College website. A reminder of the open consultation was included in the College e-newsletter in November and December. The survey closed on December 31, 2023.

BOARD MEETING BRIEFING NOTE

Registration Fee Increase – Bylaw Consultation Summary

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Discussion:

At its meeting on October 26, 2023, the Board of Directors of the College of Occupational Therapists of Ontario passed a motion to circulate proposed amendments to the bylaws Part 18: Fees.

The Board previously approved a year-over-year registration fee increase of up to 2% for a period of no more than five years during the January 11, 2023, Board meeting. A 2% increase for the 2024 registration cycle would result in a \$15 fee increase. The bylaws enacting this increase were circulated for consultation.

The College received 404 responses to the consultation. This represents less than 6% of all registrants. Of the respondents, 47 (which represents 0.6% of total registrant base) supported the proposed fee increase and 357 (which represents 4.7% of total registrant base) did not. The Finance and Audit Committee has read every response. 94% of registrants did not respond to the consultation survey. Summarized results and themed examples appear below.

Survey Comment Highlights and College Responses

1. Support and understanding

Example Comments

- *“I feel this is fair given rising costs nationally. It’s important COTO has the necessary budget to carry out its mandate in my opinion. I do support this.”*
- *“I have been a member since 2010 and while my salary has increased significantly since that time, my registration fees have not. I think COTO has done a good job keeping fees steady and that a minor increase such as that proposed is only fair with rising inflation, demands for increased salaries, and regulatory demands.”*
- *“If you need to increase fees that’s understandable everything is going up except wages but please can you give the options to pay monthly, quarterly etc. I don’t have the fees readily available for 1 payment. A monthly option would be easier to arrange.”*

College Response
The College works with individuals as needed to assist them to manage payments if that is challenging for them. Payments may be made across the two-month renewal period or as a lump sum. The College invites registrants to contact registration with questions at renewal. Some registrants acknowledged the balanced approach taken by the College and the long period of time (17 years) since the last increase.

2. Fees high or highest compared to other regulated health professionals

Example Comments

BOARD MEETING BRIEFING NOTE

Registration Fee Increase – Bylaw Consultation Summary

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- *“Can you please let us know how we compare to other professions with regards to rates and fees? Please include reasons why the rates or fees are different. I have heard for many years that we pay a lot more than teachers, physiotherapists, dentists and doctors plus SLP's.”*
- *“Our registration fee is already sky high; standing alone or compared to other health care professionals. This fee doesn't even include our professional liability insurance, which we can only get by also adhering to OSOT or CAOT. This puts OTs well over \$1000/year just to practice in accordance to requirements. Has a comparative market analysis been done? Cut overhead costs and get creative to figure out ways to NOT increase our fees. Just because they haven't been raised since 2007 is not a good reason to raise them. They were outrageous back then and still are.”*
- *“Fees are already very high compared to similar professions (eg. MSW/RSW) with pay bands very similar to OT. I would like to have seen if the breakdown of how 2022-2023 fees were thoroughly reviewed for areas where costs might have been cut before raising fees for OTs.”*

College Response

COTO's registration renewal fees are in the lower third for health professions in Ontario. Some Colleges will have lower or higher fees depending on how many registrants they have, the profession's scope of practice, the number of complaints being submitted, and several other factors. For example, current fees for the College of Audiologists and Speech Language Pathologists sit at \$780.00, the College of Physiotherapists \$648.00, the College of Massage Therapists \$915.00, the College of Midwives \$2756.00, and the College of Nurses \$340.00 (with more than 190,000 registrants). With more than 7000 registrants, COTO must ensure sufficient fees to carry out its legally mandated roles.

3. OT fees and salaries have been frozen so additional financial impact will be felt.

Example Comments

- *“I work in an industry that has not raised hourly rates for OT services and the government body is ignoring the requests to update the fee schedules ... this will be extra expenses see on my business that has seen an increase in expenses with no increase in income and a severe loss of income resulting in loans during COVID.”*
- *“I appreciate the need for the increase based on the documents however what is being proposed will amount to 10% increase over 5 years and I can assure your that my salary has not increased by 10% since 2017. I am concerned that OTs are put in a position that they are no longer able to support the professional bodies, who support the profession, due to the cost of COTO. I would ask you to ensure that all other avenues of cost savings have been reviewed including accommodations.”*

College Response
<p>The College has recommended a very small and incremental change to fees to mitigate the impact on registrants. Following the analysis, a 2% increase (\$15) was deemed the lowest increase required to minimize any risk to the College’s financial stability for the first year. In addition, anything lower will not be in line with our governance guidelines and will compromise the College’s ability to deliver its public protection mandate. The Board will annually assess the fiscal picture to determine the appropriate adjustment for the next 5 years, with increases not exceeding 2% per year.</p>

4. Concerns and requests for justification of COTO’s rent/office space/office location

Example Comments

- *“It is important to look at the cost for the college that can be changed to reduce the fees for registrants. We also have not gotten raises for many years. Consider looking at decreasing overhead costs such as lease expenses for locations in downtown Toronto. Other colleges including the physical therapy college have moved to cheaper locations to show that they are making an effort to also reduce costs. I do not agree with the increase as this puts the pressure on OTs to potentially charge the end user more money for services.”*
- *“The fees are far too high as the currently stand and should have been reduced now that most operations of the college operate and occur online. Headquarters in the most expensive street in Toronto are also unnecessary. These fees cause hardship for OTs who receive average salary unlike lawyers and physicians.*
- *“I remember the fees being increased in 2007. As with my recommendations back then, I wonder whether you could find cheaper rent outside of being right within the downtown core. Consider a move to Richmond Hill or Newmarket. Also, given the shift to working from home since the pandemic, I imagine you would not require the same amount of square footage.”*

College Response
<p>Pre-pandemic and prior to lease renewal in 2019, an exploration of options was conducted. A move was deemed cost-prohibitive (the cost to move would be much more than a renovation and continuation of the current lease). To maintain operations, the College space was renovated to accommodate additional staff in a hybrid model versus a move to a larger space to accommodate all staff.</p> <p>The Toronto office is close to other regulatory colleges, government, and health care system partners, and accessible by transit for people who must travel to the College for meetings. Board meetings are held in person in the office as are training sessions, hearings, and other regulatory matters.</p>

The College has maintained the same amount of space since 2001, despite the needed staffing increases to manage more than 7,000 registrants.

5. Requests for detailed breakdown of cost-cutting measures taken by the College and other financial information. Requests for increased transparency of finances, decision-making.

Example Comments

- *“An increase in fees ought to be justified by a financial statement that can demonstrate ‘budgetary pressures’ claimed. After reviewing the 2022 financial statement it is difficult to identify where these pressures exist. Thank you.”*
- *“My preference would be to actively look for ways to reduce fees. For example, stop doing things that are not absolutely necessary. (I like our slick learning modules but not if they cost a lot. I am happy to be frugal to reduce fees.) Be tougher with vendors and services that are used. Find a less expensive lease. All that said, I am really not an expert in this area. Nonetheless, it would be nice to see the College actively pursuing a goal of reducing fees. I know you have enough to do already, but please at least put this on your list of objectives. Thank you for listening.”*
- *“I feel that we pay more than enough already for our college fees and COTO may need to look at other cost cutting measures. I would ask that they look at how the College of Physiotherapy is running their operations and see if there are ways to streamline. The college of Physiotherapy is asking for more than \$100 less for their college. College fees for PTS in Ontario - \$635 College fees for OTS in Ontario - \$743 I cannot understand how it can be justified that we need to pay more than what we currently do. In my current role in management, I do not have to retain my COTO registration but, I have remained with COTO as I respect the field of Occupational Therapy. Raising the fees will greatly impact my decision. You are also putting this hardship right in the midst of people just coming back from the pandemic. I am wondering if COTO has fully reviewed all measures in regards to their budget. Do you need to be right downtown Toronto with its high rent fees. Why not relocate to a more reasonable and less expensive location. Have you considered remote work for your staff so that a larger work space is not needed etc. Laying the burden of higher costs to the registrants is not a fair course of action. The college should lay out all the cost cutting measures that you have taken to the registrants to be transparent. Also, when fees were raised in 2007, it was an extremely large hike. I do not feel that that a rise in fees can be discussed until a transparent overview of what cost cutting has been explored/implemented and shared first.”*

College Response
The College’s financials are posted on the College’s website, with the audited financial statements presented as part of the Annual Report. This audit is conducted by an independent audit firm. The College has managed to keep fees stable since 2007 due to ongoing stewardship of funds. The College has and will continue to take steps to ensure that its operations are efficient and cost-

BOARD MEETING BRIEFING NOTE

effective. Board meeting packages include Budget and Forecasting projections, while details on how registration fees are allocated by program area are available on the College website.

6. Concern over future increases and requests to keep the increase to 1%.

Example Comment

- *“I think that a nominal fee increase is reasonable and that a maximum of 2% for the next yearly period is reasonable. I think that providing COTO the ability to increase fees up to 2%, based on what they feel is reasonable for 5 years is too long. A lot can happen economically and financially in 5 years and I would be more comfortable with saying that COTO can increase fees by up to 2% per year, for a maximum of 3 years, at which point it should be re-negotiated. Within those 3 years, fees may increase with no need to request feedback from registrants, only notifying them of a fee increase as per the amended by-law. While I appreciate that our fees have not increased since 2007, it is my understanding that our fees are also one of the highest among regulated health professionals, so fees have always felt a bit on the “expensive” side. Again, I do appreciate the need to increase fees by a restricted percentage at this point.”*

College Response

The fee increase was carefully considered by the Finance and Audit Committee, and the Board of Directors. Following the analysis, a 2% increase (\$15) was deemed the lowest increase required to minimize any risk to the College’s financial stability for the first year. In addition, anything lower will not be in line with our governance guidelines and will compromise the College’s ability to deliver its public protection mandate.

7. Increased cost of living due to inflation is causing hardship for some OTs.

Example Comment

- *“The main take away is that OT's have barley received an increase in pay and we cannot keep up with inflation. There are many OTs leaving the profession to pursue more schooling and other jobs because they can't make a living on this salary anymore. I fear that once registration costs near \$1000/per year it just won't be worth being an OT anymore and I personally have been considering going back to school to do something different. So I just want to make sure your aware of what's going on in the front lines because we have significant OT shortages in hospitals and I fear that increasing college costs is not going to help. I know several of my colleagues have recently sent emails to the college to request a reduction in college fees so it's disheartening to see that your decision is to increase as opposed to decrease. Please exhaust all possible alternative solutions prior to charging the OT group more to cover your costs.”*

BOARD MEETING BRIEFING NOTE

Registration Fee Increase – Bylaw Consultation Summary

Page 7 of 7

College Response

The College last approved a registrant fee increase in 2007. Since then, efforts have been focused on cost control and streamlining operations to accommodate the expanding registrant base. The College only considers raising fees when absolutely necessary. With inflationary pressures, new technology needs, and heightened government reporting obligations, the College is facing year-over-year deficits. Consequently, there's a pressing need to increase revenues to maintain operations to fulfill the College's public protection mandate. Despite taking precautions to avoid fee increases, circumstances now necessitate this action.

Summary

The College appreciates all the input and responses from registrants.

The College has a legal responsibility to meet its public protection mandate to deliver safe, competent, ethical occupational therapy services. Without a fee increase, the College risks depleting its reserves annually. The fee adjustment aims solely to stabilize our financial standing both presently and in the long term. Ensuring adequate resources is critical for delivering our programs and meeting our public interest mandate, executing operational initiatives, and fulfilling regular operating duties effectively. Our reserve funds must align with the College's obligations as per governance guidelines, maintaining both restricted funds for specific purposes and unrestricted reserves as advised by auditors.

Following Canada Revenue Agency (CRA) guidelines for non-profits, maintaining up to 6 months' worth of operating expenses, potentially extended to 9-12 months post-pandemic, is imperative for certainty and financial prudence in our operations. With 98% of our revenue stemming from Registration fees, a decision against a 2% increase would severely impact the College's operational efficiency.

Implications:

If the Board approves the proposed fee amendments in the bylaws-Part 18, implementation of the registration fee increase will be initiated for the 2024/2025 annual renewal period.

Attachments:

1. Bylaws – Part 18: Proposal Fees

Part 18: Fees

~~18.01—Application Fee~~

~~18.01.1—There shall be a non-refundable application fee of \$200.00 plus applicable taxes. No further application fee will be required if the applicant reapplies to the College or pursues further evaluation from the College within one year of payment of the application fee in question.~~

~~18.01.2—Despite bylaw 18.01.1, the reinstatement fee for an applicant who previously resigned their general practicing certificate of registration with the College and whose application does not involve a referral to the Registration Committee is \$40 plus applicable taxes.~~

~~18.02—Fees Waiver~~

~~18.02.1—The Registrar may waive all or part of a fee, penalty or amount in exceptional circumstances. The Registrar shall document the reasons for the waiver.~~

~~18.03—Registration Fee~~

~~18.03.1—The Registration Fee is an amount equal to the Annual Fee.~~

~~18.03.2—The College registration year is from June 1 to May 31. Registration Fees are pro-rated on a quarterly basis for new Registrants. Pro-rated fees for registration between the following dates are as follows:~~

- ~~a.—between June 1 and August 31, \$657.55 plus applicable taxes;~~
- ~~b.—between September 1 and November 30, \$493.17 plus applicable taxes;~~
- ~~c.—between December 1 and February 28, \$328.78 plus applicable taxes;~~
- ~~d.—between March 1 and May 31, \$164.39 plus applicable taxes.~~

~~18.03.3—The Registrar shall rebate a Registrant who resigns between June 1 and August 31, \$328.78 plus applicable taxes.~~

~~18.04—Annual Fee~~

~~18.04.1—Every Registrant shall pay an Annual Fee in accordance with this section for each registration year.~~

~~18.04.2—A registration year begins on June 1 in one year and ends on May 31 in the following year.~~

~~18.04.3—The Annual Fee for a registration year must be paid on or before June 1 in the registration year. Effective May 31, 2018 the Annual Fee for a registration year must be paid on or before May 31 in the registration year.~~

~~18.04.4—The Annual Fee payable by a Registrant for a registration year is:~~

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

~~practising certificate or a provisional practising certificate; and
b. \$65.76 plus applicable taxes for a Registrant holding a temporary certificate.~~

~~**18.04.5**—A Registrant shall not pay an Annual Fee for the registration year in which the Registrant is issued a certificate of registration and has paid the Registration Fee.~~

~~**18.04.6**—On or before April 1 of any registration year, the Registrar shall notify each Registrant of the amount of their Annual Fee and of the fact that effective May 31, 2018 it is due on May 31.~~

~~**18.04.7**—If a person is first issued a certificate of registration between April 1 and June 1 of any registration year, the Registrar shall make reasonable efforts to notify the Registrant as soon as possible of the amount of their Annual Fee and of the fact that effective May 31, 2018 it is due on May 31.~~

~~**18.04.8**—The Registrar shall rebate a Registrant holding a general practicing certificate or a provisional practicing certificate who resigns between June 1 and August 31, \$328.78 plus applicable taxes.~~

~~**18.05—Late Fee**~~

~~A Registrant who fails to pay an Annual Fee on or before the day on which it is due shall pay a penalty of \$100.00 plus applicable taxes, in addition to the Annual Fee.~~

~~**18.06—Fee for Returned Cheques**~~

~~**18.06.1**—The fee for the first cheque submitted to the College and returned as non-cashable is \$25.00 plus applicable taxes.~~

~~**18.06.2**—Where a cheque has been returned, re-payment of the amount due, as well as the fee outlined in s. 18.06.1, shall be paid by money order or certified cheque.~~

~~**18.06.3**—When a returned cheque is tendered in relation to the Annual Fee and it is not remedied by the deadline for the payment of the Annual Fee, then in addition to the fee for returned cheques, the late fee is applicable.~~

~~**18.07—Fee for Replacement Documents**~~

~~**18.07.1**—The fee for a replacement certificate of registration is \$25.00 plus applicable taxes.~~

~~**18.08—Fees Set by the Registrar**~~

~~**18.08.1**—A person shall pay for anything that the Registrar or a committee is required or authorized to do by statute, regulation or bylaw:~~

~~a. if a fee is specified, the specified fee; or~~

~~b. if no fee is specified and if the Registrar has set a fee, the fee set by~~

the Registrar.

~~18.09 Fees for Letters, Confirmations of Certified Documents~~

~~18.09.1~~—The fee for follow-up letters to a Registrant who has not complied with a request to which the Registrant must comply, such as a request to make available the Registrant's self-evaluation report to the Quality Assurance Committee is \$25.00 plus applicable taxes per letter.

~~18.09.2~~—The fee for confirming documents or information for the purposes of administering the Labour Mobility Support Agreement, including a certified copy of proof of graduation, transcripts of studies, examination results, registration status or standing with the College, is \$40.00 plus applicable taxes per request. A request can include confirmation of multiple items of information.

~~18.10 Fees for Professional Corporations~~

~~18.10.1~~—The fee for the issuance of a certificate of authorization, including any reinstatement of a certificate of authorization, for a professional corporation is \$500.00 plus applicable taxes.

~~18.10.2~~—The fee for the annual renewal of a certificate of authorization is \$250.00 plus applicable taxes.

~~18.10.3~~—A professional corporation of a Registrant listed in the College's records as a shareholder of a professional corporation shall pay an administrative fee of \$25.00 plus applicable taxes for each notice sent by the Registrar to the corporation or Registrant for failure of the corporation to renew its certificate of authorization on time. The fee is due within 30 days of the notice being sent.

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

Proposed Fees in bylaw

Part 18: Fees

18.01 Schedule of Fees

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

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

18.02 Registration Year

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

18.03 Application Fee

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

18.04 Registration Fee

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

18.05 Renewal Fee

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

18.06 Fee Waiver

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

18.07 Outstanding Amounts

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

18.08 Fee adjustments

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

Schedule 2 TO THE BYLAWS

Fee Schedule

Fees relating to applications for Certificate of Registration in any Class

Fee Item	Fee	HST 13%	Total Fee*
Application Fee	\$200.00	\$26.00	\$226.00
Returning Applicant	\$40.00	\$5.20	\$45.00

Fees relating to ~~initial~~ Registration [for General, Provisional, or Emergency Class](#)

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

Fees relating to Renewal [for General, Provisional, or Emergency Class](#)

Fee Item	Fee	HST 13%	Total Fee*
Renewal (Full Year June 1 – May 31)	\$671.00	\$87.23	\$758.00
Late Payment	\$100.00	\$13.00N/A	\$11300.00

Fees relating to Temporary Class

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

Fees relating to Professional Corporations and Certificates of Authorization

Fee Item	Fee	HST 13%	Total Fee*
Application	\$500.00	\$65.00	\$565.00
Annual Renewal	\$250.00	\$32.50	\$283.00
Late Payment	\$25.00	\$3.25N/A	\$285.00

Other Fees

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

* Fees are rounded up to the nearest dollar.

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Finance and Audit Committee
Subject: Policy Review - Allowable Expenses & Honoraria

Recommendation:

THAT the Board approve the amendments to the Allowable Expenses Policy.

Issue:

The Allowable expenses and Honoraria policies are reviewed every year. The Finance, Audit and Risk Committee is asked to review these policies and make a decision about the revised content.

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

Diversity, Equity, and Inclusion Considerations:

Upon review no diversity, equity and inclusion considerations were apparent.

Background:

The attached policies are to be reviewed yearly. The honoraria policy has no recommended changes this year, however some updates are included in the allowable expenses policy.

Discussion:

The following changes have been made to the below allowable expense policy:

1. Rates have been updated to reflect Canada Revenue Agency (CRA) guidelines.

Implications:

If the Board approves the allowable expenses policy changes, changes will inform the budgeting process and will take effect June 1, 2024.

Attachments:

1. Draft Allowable Expenses Policy
2. Honoraria Policy



ALLOWABLE EXPENSES

Guidelines for Board Directors or Committee Appointees

A Board Director or Committee Appointee 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: ~~0.64/km~~ \$0.70/

- 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

Revised: January 2016, March 2018, January 2019, January 2020, January 2022, January 2023,
Rates Revised: January 2020, January 2023, [January 2024](#)



HONORARIA

Guidelines for Elected Board Directors and Committee Appointees

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. Attendance and preparation per diems are payable per scheduled meeting with exception of meetings less than one hour 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 three fixed rates available:

- a. One-hour rate of \$60.00: Equal to or less than one hour (1 hour)
- b. Half-day rate: Equal to or less than three hours and thirty minutes (3.5 hours) but more than one hour
- c. 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)

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 a 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 one hour but goes over the scheduled length of time, the College will pay Board Directors or Committee Appointees 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 two hours of preparation time for Board, Executive, Subcommittee and working group meetings.

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 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 Committee Appointees \$250.00
- Chairperson (Board or Chair of Statutory or Standing Committee) \$325.00
- Vice-Chair \$275.00

Half-rate Attendance:

- Standard rate: Board and Committee Appointees \$125.00
- Chairperson (Board or Chair of Statutory or Standing Committee) \$162.50
- Vice-Chair \$137.50

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 or Committee Appointees who are scheduled to attend and who request 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 one hour will be paid the half-day per diem. Preparation time is included in the attendance rate for meetings of less than 1 hour. When the duration of a meeting is one hour 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 expense 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, [January 2024](#)
Revised: January 2016, March 2018, January 2019, January 2020, January 2021, January 2022, June 2023
Rates Revised: January 2016 (per diems), January 2019 (Preparation time rate), June 2023 (added 1-hour rate)

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Executive Committee
Subject: Advisory Committees – Terms of Reference

Recommendation:

THAT the Board approve the Terms of Reference for the Equity Perspectives and Indigenous Insights Advisory Committees.

Issue:

The Executive Committee recommends that the Equity Perspectives and Indigenous Insights Panels be formalized as two advisory committees, each with their own terms of reference.

Link to Strategic Plan:

This aligns under Public Confidence:

1.1 The public trusts occupational therapy regulation.

This aligns under Quality Practice:

3.1 Occupational Therapists are competent, safe effectively and accountable.

This aligns under System Impact:

4.2 Collaboration supports the College’s effectiveness and impact as a regulator.

4.3 Collaboration promotes systems alignment to support quality practice by Occupational Therapists.

This aligns with College Values:

Treating everyone with dignity and respect.

We listen. We consider the uniqueness of each situation. We respond respectfully and sensitively. We respect and support equity, diversity and inclusion.

Diversity, Equity, and Inclusion Considerations: The purpose of this recommendation is to both advance and integrate the Colleges values and commitment to Equity, Diversity and Inclusion.

Why this is in the Public Interest:

The public we serve is diverse, each bringing their own culture, experience, and uniqueness to their interaction with occupational therapists. Occupational therapists need to serve the public in a way that is fair and equitable while ensuring that all people are respected and treated with dignity. This is essential for occupational therapists to practice safely, competently, and ethically.

Background:

Equity Perspectives and Indigenous Insights Panels:

In 2021, COTO convened two panels of registrants (OTs), the Equity Perspectives and the Indigenous Insights panels whose preliminary mandate was to explore, discuss and provide recommendations for incorporating the principles of culture, equity, and justice into resources created for use by COTO registrants for registration, practice, and quality assurance.

In 2023-24, the Director, Programs is undertaking work to implement changes to how COTO engages with the panels as part of COTO EDI Project plan 2023-24. Target Completion: May 31, 2024

In summer 2023, the Equity Perspectives and Indigenous Insights Panel members were interviewed individually by the Director, Programs. Panelists made recommendations with regards to their experience as panel members, and the perspectives/insights that could inform the next COTO strategic plan.

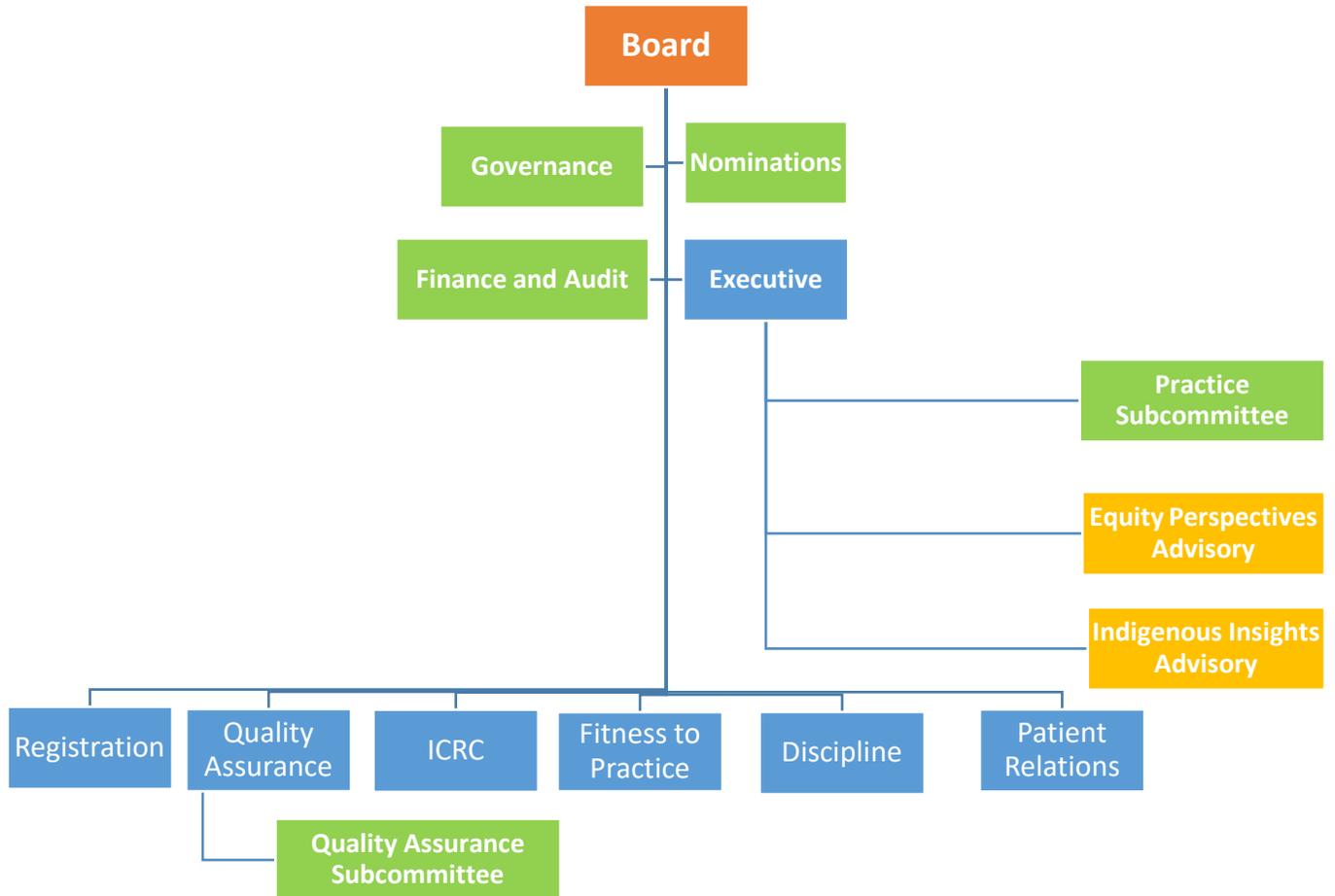
Panelists made the following recommendations:

1. Panels be transitioned to committees within COTO structure and be resourced.
2. Dedicated staff be assigned and convene a schedule of regular meetings to develop working relationships.
3. A role be developed for a committee chair, like that used with other COTO committees.
4. COTO provide joint training of staff/committees about how to engage in trauma informed approaches.
5. Panelists could advise on OT practice and did not necessarily have expertise that an EDI expert or a leader from an indigenous community might have about COTO Practice resources and Quality Assurance Tools. It was recommended that COTO invite key advisors to provide input about COTO resources in addition to the panelists.
6. The panels have such specific and possibly differing perspectives that separate meetings will be most efficient for committee work.
7. That the new committee TOR considers stronger working relationships with the Patient Relations Committee and the Practice Subcommittee.

Implications:

- Similar to the Practice Subcommittee, the Advisory Committees is non-statutory and will be accountable to the Executive Committee in its role of monitoring proper operations of the College in cooperation with the Registrar.
- Any other statutory or non-statutory committee can either seek out advice and/or receive recommendations from the Advisory Committees in the execution of their Duties and Responsibilities as described in the Terms of Reference.
- See diagram below with regards to how these Advisory Committees will fit into the formal structure of the College
- If the Board accepts the recommendation and approves the Terms of Reference, the College will proceed with the transition of the panels to Advisory Committees for the 2024-25 year.

BOARD MEETING BRIEFING NOTE



Statutory



Non-Statutory



Proposed New Non-Statutory Advisory Committees

BOARD MEETING BRIEFING NOTE

Advisory Committees – Terms of Reference

Page 4 of 4

Attachments:

1. Draft Terms of Reference - Equity Perspectives Advisory Committee
2. Draft Terms of Reference – Indigenous Insights Advisory Committee

Policy Type: Governance Process
Policy Title: Terms of Reference – Equity Perspectives Advisory Committee - *DRAFT*
Reference:
Date Prepared: January 2024
Date Revised:
Date Reviewed:

Committee Category

Non-Statutory

Mandate

The Equity Perspectives Advisory Committee (the “Committee”) primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Equity, Diversity, and Inclusion (EDI)

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- To conduct a regular environmental scan on OT practices & EDI:
 - Influence social, structural, political, and ecological determinants of health.
 - Impact on identity and privilege in OT.
 - influence OT understanding of human diversity.
 - support culturally safer relationships and anti-racist, ethical spaces.
- To identify current practice issues & EDI for consideration and possible action by the Executive Committee.
- To act as an advisory committee on EDI to other statutory and non-statutory committees.
- To make recommendations for action on specific practice issues related to EDI.
- To develop, review and revise College resources related to practice & EDI as directed by Board.
- To make recommendations for action on specific patient relations issues related to EDI.

Composition of Committee

The Committee shall be composed of at least:

- a. Four to six Professional Committee Appointees, representing a cross section of current OT practice with either lived experience or practice experience related to EDI.
- b. One to a maximum of 6 community appointees with expertise in EDI.

Composition Matrix

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

- **Ability**
Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance, thoughtful decisions that protect the public.
- **Lived Health Care Experience**
Significant personal experience or experience caring for someone with health challenges or maneuvering through the health care system.
- **Standards and Scope of Practice**
Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.
- **Systems Perspective**
Knowledge of the health care system, as well as practice and industry specific understanding. For example, models of care, scope of OT practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health care employers and various practice roles.
- **Writing/Editing**
Experience in professional and academic writing and editing.

Term of Office

The term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee. The term of office for Committee members shall begin immediately after their appointment.

Meetings

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



Quorum

Pursuant to section 14.06.1 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

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

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

Voting

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

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

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

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

Reporting

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

Conflict of Interest

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

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

Committee Records

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

Resources

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

Confidentiality

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

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

Evaluation

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

DRAFT

Policy Type: Governance Process
Policy Title: Terms of Reference – Indigenous Insights Advisory Committee - *DRAFT*
Reference:
Date Prepared: January 2024
Date Revised:
Date Reviewed:

Committee Category

Non-Statutory

Mandate

The Indigenous Insights Advisory Committee (the “Committee”) primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Indigenous Peoples.

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

- The Committee shall be responsible for the following activities:
- To conduct a regular environmental scan on OT practices which:
- Address the distinct health needs of the Métis, Inuit, and off-reserve Indigenous peoples.
- Influence health outcomes and indicators identified in the Truth and Reconciliation Commission of Canada-Calls to Action (2015) for Health
- Impact on health-care rights of indigenous people identified by treaties and laws.
- Recognize the value of Indigenous healing practices and create practice guidance for OTs in the treatment of Indigenous patients in collaboration with Indigenous Healers and Elders.
- Support culturally safer relationships and anti-racist, ethical spaces.
- Encourage the education, recruitment, and retention of Indigenous OTs to serve indigenous communities and provide culturally competent mentorship for other OTs.
- To identify current practice and practice issues & Indigenous Peoples for consideration and possible action by the Executive Committee.
- To act as an advisory committee on OT practice & Indigenous peoples to other committees
- To make recommendations for action on specific practice issues related to Indigenous Peoples; and,

- To develop, review and revise College resources related to practice & Indigenous Peoples as directed by Board.
- To make recommendations for action on specific patient relations issues related to Indigenous Peoples.

Composition of Committee

The Committee shall be composed of at least:

Four to six Professional Committee Appointees, representing a cross section of current OT practice with either lived experience or practice experience related to Indigenous Peoples.

One to a maximum of six community advisors.

Composition Matrix

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

- **Ability**
Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance, thoughtful decisions that protect the public.
- **Lived Health Care experience.**
Significant personal experience or experience caring for someone with health challenges or maneuvering through the health care system.
- **Standards and Scope of Practice**
Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.
- **Systems Perspective**
Knowledge of the health care system, as well as practice and industry specific understanding. For example, models of care, scope of OT practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health care employers and various practice roles.
- **Writing/Editing**
Experience in professional and academic writing and editing.

Term of Office

The term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee. The term of office for Committee members shall begin immediately after their appointment.

Meetings

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

Quorum

Pursuant to section 14.06.1 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Indigenous Insights Advisory Committee is to be appointed annually by the Board.

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

Voting

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

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

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

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

Reporting

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

Conflict of Interest

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

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

Committee Records

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

Resources

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

Confidentiality

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

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

Evaluation

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

BOARD MEETING BRIEFING NOTE

Date: January 25, 2024
From: Governance Committee
Subject: Governance Policies

Recommendation:

THAT the Board approve the following new and current policies:

- *Board Governance Role*
- *Role of Individual Board Directors and Committee Appointees*
- *Social Media*
- *Consent Agenda*
- *Equity Impact Assessment*
- *Virtual Meeting*
- *In Camera Sessions*
- *Code of Conduct*
- *Confidentiality and Disclosure of College Information*
- *Conflict of Interest*

Issue:

The Board is asked to review the:

1. *Board Governance Role* policy that is meant to ensure the Board has a shared understanding of its role and accountabilities in governing the College.
2. *Role of Individual Board Directors and Committee Appointees* policy that establishes the role and responsibilities of individual Board Directors and Committee Appointees.
3. *Social Media* policy that will provide guidance to the Board on responsible conduct on social media.
4. *Consent Agenda* policy which establishes the consent agenda policy which is expected to guide Board meetings and further strengthen governance practices while safeguarding the integrity of the College
5. *Equity Impact Assessment* policy which outlines the equity impact assessment as it relates to College work and provides guidance to Directors and Committee Appointees with respect to their duties of ensuring all College policies, programs, or processes are fair and non-discriminatory.
6. Updated governance policies that will ensure the College maintains best governance practices: *Virtual Meeting, In Camera Sessions, Code of Conduct, Confidentiality and Disclosure of College Information, and Conflict of Interest*

Link to Strategic Plan:

This aligns under Public Confidence:

- 1.1 The public trusts occupational therapy regulation
- 1.3 College governance is responsive, effective, competency-based, and accountable.
- 1.4 College decision-making processes are open, transparent, and accountable.

Why this is in the Public Interest:

The Board is responsible for managing and supervising the activities and affairs of the College in the public interest. It is therefore important for individual Board Directors and Committee Appointees to have a clear understanding of their role and accountabilities in order to successfully fulfil their public protection mandate.

The Social Media policy is aimed at protecting the College online reputation.

The updated existing policies ensure that the negative language from the old policy governance model is minimized, and the language is consistent throughout. This will further strengthen public protection and enhance public confidence in our regulatory system.

Diversity, Equity, and Inclusion Considerations:

With a clear understanding of their roles, Board Directors and Committee Appointees can more effectively champion important issues, including those that would enhance diversity, equity and inclusion.

When used appropriately, social media can be a powerful agent for change. Appropriate Social media use by Board Directors and Committee appointees will support diversity, equity and inclusion initiatives that the College is undertaking.

The Equity Impact Assessment policy can assist in integrating equity considerations into new initiatives and more detailed planning. This may support the achievement of the long-term strategic priority of responding to the needs of diverse communities.

Background:

As part of the strategic activities this fiscal year, the College is embarking on a comprehensive review of all the Governance policies. This will ensure all the policies are up to date and, where necessary, new ones developed. Any proposed changes or new policies will be approved by the Board.

Discussion:

As part of the comprehensive review of the Governance Manual, we are developing the *Board Governance Role* policy to provide a shared understanding of the Board role and accountabilities in governing the College. Being the highest decision-making authority within the College, the Board is responsible for managing and supervising the activities and affairs of the College. It also governs and oversees the Registrar and CEO who has the responsibility to manage the business and affairs of the College. It is therefore important for Board Directors to have a clear understanding of their role and

BOARD MEETING BRIEFING NOTE

responsibilities in ensuring the College meets its primary mandate of public protection. The policy highlights the key responsibilities and roles that the Board plays in various College activities and functions including:

- Strategy and Mission
- Financial Oversight
- Performance Management and Monitoring
- Risk Management
- Accountability and System Partners
- Board Governance

The *Role of Individual Board Directors and Committee Appointees* policy aims to provide a shared understanding of the Board's role and accountabilities in governing the College. Board Directors make important decisions that enable the College to meet its obligations. This policy will further ensure that Directors and Committee Appointees are well prepared and ready to fulfill their obligations.

The *Social Media* policy will provide guidance on responsible conduct on social media. The policy advises Board Directors and Committee Appointees to be aware of what not to post on public accounts to avoid risk of exposing it to legal issues.

The *Consent Agenda* policy will ensure that Items that do not require discussion come forward as part of the consent agenda. Consent agenda increases efficiency and supports the Board Directors in making more productive use of their meeting time.

The *Equity Impact Assessment* policy outlines the equity impact assessment as it relates to College work and provides guidance to Directors and Committee Appointees with respect to their duties of ensuring all College policies, programs, or processes are fair and non-discriminatory.

Over the last few years, the regulatory sector has seen a lot of changes aimed at enhancing the primary mandate of public protection. Additionally, the College has embarked on regulatory modernization which has introduced new terms and changes in the way the College is governed. Updating existing governance policies comprehensively will incorporate those changes and, where necessary, eliminate or develop new governance policies.

Attachments:

1. Draft Board Governance Role Policy
2. Draft Role of Individual Board Directors and Committee Appointees Policy
3. Draft Social Media Policy
4. Draft Consent Agenda Policy
5. Draft Equity Impact Assessment Policy
6. Draft Virtual Meeting Policy
7. Draft In-Camera Sessions Policy
8. Draft Code of Conduct Policy
9. Draft Confidentiality and Disclosure of College Information Policy
10. Draft Conflict of Interest Policy

BOARD GOVERNANCE ROLE

GP 4

Policy Type:	Governance Process
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	October 2016, October 2019, January 2024

Purpose:

To ensure that the Board has a shared understanding of its role and accountabilities in governing the College.

Why this Policy is in the Public Interest:

The Board Directors need to fully understand the role of the Board to be able to fulfil their mandate in the public interest.

Application:

This policy applies to all Board Directors.

Policy:

The Board of the College of Occupational Therapists of Ontario is responsible for managing and supervising the activities and affairs of the College, and as such, is the highest decision-making authority within the College. This responsibility of the Board consists primarily of the duty to govern and oversee the Registrar, who has the responsibility to manage the business and affairs of the College.

The role of the Board is to govern the College to ensure fulfillment of the mandate set out in the *Regulated Health Professions Act*, the *Occupational Therapy Act*, and College bylaws respectively.

Key responsibilities of the Board are as follows:

Strategy and Mission

- Approve the College's mission, vision and values, and its strategic plan.
- Monitor the College's progress towards achieving its strategic goals.
- Setting priorities, initiating, and establishing policy.

Financial Oversight

- Monitor financial performance.
- Approve financial policies and internal controls and monitor compliance with them.

- Ensure the College has sufficient revenue and staff resources to fulfill its mandate and meet its statutory obligations.

Performance Management and Monitoring

- Ensures there are policies, programs, and controls in place such that the College carries out its statutory obligations appropriately and effectively.
- Ensure that the College has processes in place for measuring and reporting on performance.
- Appoint and support the Registrar and Chief Executive Officer (CEO) to whom the responsibility for administration of the College is delegated.
- Evaluate the effectiveness of the Board and the Registrar & CEO in a timely manner and through formal evaluation processes.

Risk Management

- Be knowledgeable about risks inherent in College operations and ensure there are measures in place to protect the College against risk.

Accountability to System Partners

- Ensure the College communicates appropriately and effectively with system partners and maintains effective relationships with them.

Board Governance

- Oversee the quality of its own governance and establish expectations, practices, and policies to develop and maintain good governance.

ROLE OF INDIVIDUAL BOARD DIRECTORS AND COMMITTEE APPOINTEES POLICY

GP 8

Policy Type: Governance Process
Date Prepared: January 2024
Date Revised:
Date Reviewed:

Purpose:

To establish and articulate the role and responsibilities of individual Board Directors and Committee Appointees.

Why this Policy is in the Public Interest

Board Directors and Committee Appointees must have a clear understanding of their role and responsibilities to ensure their decisions and actions are in the public interest.

Application:

This policy applies to all Directors of the Board, whether elected or appointed by the Lieutenant Governor in Council and all Committee Appointees.

Policy:

Board Directors are the individuals behind Board decisions. By participating fully in governance, they ensure that the College operates effectively in fulfillment of its public protection mandate. Committee appointees are appointed by the Board of Directors and assist the Board in carrying out the duties of their committee.

A Board Director / Committee Appointee is expected to:

- Act honestly and in good faith with a view to the best interests of the College and to act in accordance with the College's governing legislation, bylaws, and governance policies including complying with the Code of Conduct.
- Acquire and apply a working knowledge of the statutory requirements, mandate, policies, and rules that apply to the Committee.
- Demonstrate accountability to the public through decision making that is grounded in the public interest.
- Regularly attend all Board or Committee meetings, being on time, and engaging constructively in discussions.

- Prepare for all meetings by reading the material to be well informed and able to participate effectively.
- Work effectively with other Board Directors, Committee Appointees and College staff to ensure productive outcomes of all meetings.
- Behave in an ethical and exemplary manner, and always personally modelling the College's values.
- Always respect the authority of the Chair.
- Understand and respect the distinction in the roles of the Board, Committees, and College staff.
- Be respectful of others' opinions, views, and cultural and linguistic diversity.
- Acknowledge that the Board (or their Committee) speaks with a unified voice. Members who abstain or vote against a motion must adhere to and support the decision of the majority.
- Participate fully in Board or Committee evaluations.
- Participate in required orientation and education activities.

SOCIAL MEDIA POLICY

RL15

Policy Type: Governance Process
Date Prepared: January 2024
Date Revised:
Date Reviewed:

Purpose:

This policy provides guidance on responsible conduct on social media. This will protect the College's online reputation while encouraging Board Directors and Committee Appointees to share about the College on their online networks, when appropriate.

Why this Policy is in the Public Interest:

Board Directors and Committee Appointees who conduct themselves responsibly on the social media will protect the College online reputation in the public interest.

Application:

The policy applies to all Board Directors and Committee Appointees.

Policy:

The College uses social media platforms to raise awareness of the College's mandate and role in public protection. In addition, they provide opportunities to engage and inform College audiences. The College expects Directors and Committee Appointees to maintain a professional image online to avoid tarnishing the College's reputation and avoid unnecessary risks to the College. They should be aware of what not to post on public accounts to avoid embarrassing the College or exposing it to legal issues. Board Directors and Committee Appointees need to be aware:

1. That they are free to follow, like and share content of College social media platforms. The College uses Facebook, Instagram, X (formerly known as Twitter) under the handle @CollegeofOTs. The College can also be found on LinkedIn and YouTube under 'College of Occupational Therapists of Ontario.'
2. About the College Social Media Terms of Use. See appendix A. This includes community guidelines, disclaimers, and agreements.
3. About, and if not sure, confirm with the College, appropriate content to share on social media that relates to the College. Communications is the administrator for all College social media platforms. This means that all appropriate content, management, and activity on these platforms is coordinated through Communications.

4. That only college Communications may respond to external comments on College social media channels.
5. That they should use a personal email address, not a work email address as their primary means of identification on social media.
6. That they need to be careful about what they do online to avoid attracting negative attention or posts that may embarrass the College. Avoid posting controversial or polarizing opinions online, for example politics.
7. That their comments could be mistakenly associated with the position of the College, even when they identify themselves as the author and solely responsible for their words/posting.
8. That all communication remains in cyberspace and should avoid writing anything they can't say in public.
9. That inappropriate activity on College social media platforms should be reported to the Registrar and CEO..

DRAFT

Appendix A

Social Media Terms of Use

The College of Occupational Therapists of Ontario (“the College” or “COTO”) uses social media (including but not limited to [Facebook](#), [LinkedIn](#), [Twitter](#), [Instagram](#), and [YouTube](#)) to share information about the College and to communicate with practitioners, members of the public, and other interested parties.

Please also keep in mind that while we strive to reply to messages, [please call or email the College for any urgent matters](#).

Community Guidelines

- COTO welcomes user participation and engagement with our content. However, we reserve the right to edit or delete our posts for clarification, or to remove comments at our discretion.
- Users may have their content deleted or hidden, and/ or may be removed or banned from COTO’s social media account(s) if the content they post:
 - is abusive, obscene, or uses profane or offensive language;
 - is aggressive, malicious, or threatening;
 - is misleading or false;
 - discusses an ongoing investigation;
 - includes hateful, defamatory, discriminatory, or harassing remarks;
 - constitutes spam, advertises services or products, is off-topic;
 - includes personal or confidential information;
 - relates to a specific individual;
 - breaches a law, statute, regulation, order, code, standard, or rule;
 - is posted without the necessary rights or licenses;
 - encourages conduct that may or would constitute a criminal offence or give rise to civil liability, and/ or are contrary to the principles of the *Canadian Charter of Rights and Freedoms*.
- The submitter of comments and content is fully responsible for the comments and content posted.
- COTO is not responsible for such comments and content, nor for any information, references, links, opinions, claims, or advice in such comments and content, nor to collect, review, use, update, edit, retain, return, dispose of, share, circulate, act on, consider, or respond to, any such comments and content.

Please notify the College’s [Communications Team](#) if you see a comment, content, or user that you think does not comply with our Community Guidelines.

Disclaimers and Agreements

- The information COTO posts on its social media channels should not be considered official College policies or guidance. Users can access official College policies and guidelines on [the College website](#).
- By using any of COTO's social media sites (including without limitation by posting any comment or content), each user agrees:
 - not to facilitate or to encourage any violations of our Terms of Use.
 - by posting comments and content, you are giving COTO permission to use and distribute those comments and content.
 - to indemnify the College and to hold the College harmless from any liability, loss, damage or expense, including without limitation professional and other fees and expenses, arising out of such user's use of any of the College's social media site(s), and any comments or content posted.
- Use of COTO's social media sites and their content is at each user's own risk. All platforms and content are provided "as is."
 - Users must not rely on any content published on or linked from our social media sites without first making their own enquiries to verify it is accurate, current, and complete.
 - External link sources may include, but are not limited to:
 - Government ministries, departments, commissions, boards, services, and agencies;
 - Offices of the Legislature;
 - Hospitals and other health institutions and organizations;
 - Universities and Colleges;
 - News and media outlets and publications;
 - Community groups and organizations;
 - Professional associations and individual occupational therapists.
- COTO follows and engages with other social media accounts, including various organizations, interested parties, members of the media, and practitioners.
 - COTO's decision to like, comment, follow, or share content and/ or links from a particular user or organization should not be interpreted as endorsement of that user or organization, content of the post or website, or of any organization(s) linked to, or mentioned by the post. These do not necessarily reflect the views and values upheld by COTO.

CONSENT AGENDA POLICY

GP20

Policy Type: Governance Process

Date Prepared: January 2024

Date Revised:

Date Reviewed:

Purpose:

This policy establishes the consent agenda policy which is expected to guide Board meetings and further strengthen governance practices while safeguarding the integrity of the College

Why this Policy is in the Public Interest:

Consent agenda leads to efficient use of time during Board meetings. The agenda will support Board Directors and strengthen governance practices in the public interest.

Application:

The policy applies to and supports all Board Directors as they fulfil their roles.

Definition:

A consent agenda groups together routine meeting items into a single agenda that encompasses all the items that the Board would normally approve of with little comment. The grouped items can then be approved once, instead of filling multiple motions.

Policy:

Items that do not require discussion may come forward as part of the consent agenda. The Board uses a consent agenda to increase efficiency and support the Board Directors in making more productive use of their meeting time.

1. When developing the Board meeting agenda, the Board Chair and the Registrar and CEO determines the items to be added on the agenda.
2. The consent agenda should be part of the meeting agenda which means all the supporting materials are included in the Board meeting package.
3. Items that require discussion and/or decision should not be included in the consent agenda but should be brought forward in the regular agenda with a briefing note.
4. The Board should collectively agree on the items that can routinely be addressed through the consent agenda which may include but not limited to:

- Registrar and CEO Reports
 - Committee Reports
 - Correspondence that require no action, provided for information only e.g. a new bill in legislature
 - Formal approval of items that had thoroughly been discussed previously
5. The following process is to be followed for approval of consent agenda:
- At the beginning of the meeting, when seeking approval of the agenda, the Board Chair asks whether any of the consent agenda items should be moved to the regular discussion items.
 - When the consent agenda is before the Board, and before asking for a motion to approve the consent agenda in its entirety, the Board Chair asks if there are any identified corrections that need to be made on any of the components and whether there are any questions for clarification - either of which may give rise to a request by a Board Director to move a component out of the consent agenda. The remaining components of the consent agenda can then be approved.
 - If a Director asks that a component be moved, it must be moved. Any reason is sufficient to move a component. A Director may wish to move a component to discuss it more fully, to further query the item, or to vote against it.
 - Once the component has been removed from the consent agenda, the Chair may decide to take up the matter immediately or move it to a matter for discussion at some point in the meeting.

EQUITY IMPACT ASSESSMENT

GP19

Policy Type: Governance Process

Date Prepared: January 2024

Date Revised:

Date Reviewed:

Purpose:

This policy outlines the equity impact assessment as it relates to College work and provides guidance to Directors and Committee Appointees with respect to their duties of ensuring all College policies, programs, or processes are fair and non-discriminatory.

Why this Policy is in the Public Interest:

This policy will support the Board Directors and Committee Appointees in ensuring that College policies, programs or processes are fair and non-discriminatory.

Application:

The policy is meant to support all Directors and Committee Appointees as they fulfil their roles.

Definition:

Equity Impact Assessment (EIA) is a process used in decision-making to guide users through the steps of identifying and addressing potential unintended impacts (positive or negative) of a policy, program, or initiative on certain populations, particularly equity-deserving groups. This means the tool can assist in integrating equity considerations into new initiatives and more detailed planning. The tool therefore supports the achievement of the long-term strategic priority of responding to the needs of diverse communities.

Policy:

Organizations and governments have recognized the need to eliminate racial and other discriminatory barriers in the workplace. In 2021, the Ministry of Health's College Performance Measurement Framework (CPMF) required all health regulatory colleges to use an Equity Impact Assessment tool to demonstrate that their policies, programs, or processes are fair and non-discriminatory. For the College to achieve this goal, the Board must ensure:

1. Equity Impact Assessment is reflected in the strategic planning activities and appropriately resourced within the organization to support relevant operational activities.
2. That equity is embedded across the College decision-making process, so that it becomes a core value and one criterion to be weighed in all decisions.

3. Evaluation of the potential impacts of any policy, program or process on registrants and clients from different demographic groups based on characteristics such as gender, sexual orientation, place of origin, ethnicity and Indigenous identity.
4. Recommendations are developed aimed at mitigating negative impacts as well as maximizing positive impacts on equity-deserving groups.
5. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, program or process is not discriminatory.
6. The Equity Impact Assessment tool supports the achievement of the long-term strategic priority of responding to the needs of diverse communities in Ontario.

DRAFT

VIRTUAL MEETINGS POLICY

RL14

Policy Type: Governance Process
Date Prepared: December 2020
Date Revised: January 2024
Date Reviewed:

Purpose:

This policy gives guidance on conducting virtual meetings. The policy will ensure such meetings are have enabled ongoing business operations during this pandemic, and as these can be convenient, cost-effective, and efficient, they are likely to continue. It is important that all participants in virtual meetings have a clear understanding of the College's expectations for appropriate etiquette and professional online behaviour, especially for public meetings, such as meetings of the Council Board.

Why this Policy is in the Public Interest

When circumstances allow, some meetings may be conducted virtually. Such meetings are effective and efficient and save cost in the public interest. This policy gives guidance on how such meetings should be conducted.

Application:

The policy applies to all Board Directors and Committee Appointees.

Policy:

The Rules of Order apply to all virtual meetings but recognize that Council (Board) meetings are held in a public forum and thus professionalism and adherence to these protocols is even more important. The expectations for all committee appointees and board directorsmembers are outlined below.

Pre-Meeting

- Prepare for the meeting by reviewing the meeting materials.
- Arrive a few minutes early to the meeting and complete a sound check.
- Arrange your viewing options to allow you to see both the materials and the virtual platform (second screen or split screen).
- Ensure you are fully visible by the camera and that you have adequate lighting to be seen.
- Reduce external distractions as much as possible and ensure that for committee meetings you are in a private space that ensures confidentiality of meeting activities and materials.
- Dress as you would to attend in-person.

- All attendees (except observers and non-senior staff during ~~Council~~(Board) meetings) are asked to have their cameras on, except if they are experiencing a poor internet connection or are only on the phone due to technical arrangements. If on the phone, identify yourself to staff.

Meeting Navigation

- As with in-person meetings, these are to start on time. Frequent lateness is disruptive and will be addressed directly by the Chair with the director or committee appointee~~member~~.
- Only the person speaking should have their microphone on. When done speaking signal this by turning the microphone off. The Chair should then be the next to speak. Limit your speaking to pertinent and relevant points as you would in-person. 1-2 minutes per point is preferred.
- The Chair identifies who will speak next by viewing those with their hand up.
- Reference page numbers when referring to documents in your package, to help others navigate to the same place.

Voting

- To vote in favour of a motion, raise your hand and keep it raised until the Chair asks those in favour to lower their hands; or, if not on camera say your name and say “in favour”.
- To oppose a motion, raise your hand when asked for “all opposed”, keep it raised until the Chair asks those opposed to lower their hands; or if not on camera say your name and say “opposed”.
- Alternatively, the voting buttons on the virtual application may be used.

Use of Chat Function

- The Chat function is to be used for emergency purposes only (i.e., leaving meeting quickly, technology issues).
- All comments in the chat function are recorded including comments directed to “everyone” and to specific individuals. All comments are to be professional and limited.
- Any comments in the chat will be monitored and managed by College staff and brought forward to the Chair as appropriate.

Breaks

- Cameras and microphones are to be turned off during breaks. It is preferred that participants NOT disconnect from the meeting to avoid delays when the meeting reconvenes.
- All participants are asked to return from breaks at the time indicated by the Chair.
- For public ~~Council~~(Board) meetings, please refrain from eating on camera.

Post-Meeting

- All participants are required to safely and securely dispose of any confidential College materials.
- Delete any electronic materials from your devices and empty the deleted folder.

- Securely shred all hard copy materials. If secure shredding is unavailable to you, please return the meeting materials to the College office for safe shredding.

DRAFT

IN-CAMERA SESSIONS OF BOARDCOUNCIL POLICY

RL13

Policy Type: Governance Process
Date Prepared: January 2024
Date Revised: June 2020, January 2024
Date Reviewed: October 2000, October 2011, March 2017

Purpose:

~~In accordance with section 7(2) of the Health Professions Procedural Code, which is Schedule 2 to the Regulated Health Professions Act, Council may exclude the public from any meeting or part of a meeting for reasons as follows:~~

~~This document establishes circumstances under which the Board may exclude the public from any meeting or part of a meeting. This must be done in accordance with section 7(2) of the Health Professions Procedural Code, being schedule 2 to the Regulated Health Professions Act, 1991.~~

Why this Policy is in the Public Interest:

In certain circumstances, the public may need to be excluded from a Board meeting or part of the meeting. The policy articulated why it is in the public interest to hold a meeting or part of it in-camera.

Application:

The policy applies to all Board Directors and Committee Appointees.

~~Definition~~Policy:

~~The in-camera session occurs when the Board excludes the public from any meeting or part of a meeting for the following reasons:~~

- Matters involving public security may be disclosed;
- Financial or personal matters or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle of having meetings open to the public;
- Where a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- Personnel matters or property acquisitions will be discussed;
- Where instructions or opinions are to be received from the solicitors for the College; or

- Where the Council Board will deliberate whether to exclude the public or to prevent publication of matters disclosed.
- Where a portion of a meeting is conducted *in camera*, the discussion and decision(s) will not be recorded in the minutes, unless explicitly directed so by the Council Board.

Procedure:

1. The Chair of the Council Board shall indicate to those present at the meeting that an *in camera* session is to take place, and the reason, as stipulated in the Act, that it is being conducted in camera.
 2. All guests and staff members shall leave the Council Board chambers meeting room at the time indicated.
 3. The Registrar may remain in the session if directed to do so by the Chair.
 4. Discussion and any decisions will be recorded by the Vice-President Chair. While *in camera*, Council Board will vote on whether or not the *in camera* discussion should be minuted as part of the regular minutes, or as separate confidential minutes.
 5. When Council Board is to reconvene, the Chair will give notice, and provide opportunity for guests and staff to return to the Council Board chambers meeting room. Where in the public interest, a verbal report will be provided as to any decisions made while in camera.
 6. The Vice-President Chair will advise the recording secretary as to the format for minutes as agreed to during the *in camera* session.
 7. Where the Council Board has directed that minutes remain confidential, minutes will be stored confidentially in the College filing system, with a copy of the regular minutes. The regular minutes will note only the reason for the *in camera* session.
- 7-8. In-camera sessions are strictly confidential unless the Board agrees to a policy or statement about the release of specific information.

CODE OF CONDUCT FOR DIRECTORS AND COMMITTEE ~~MEMBERS~~APPOINTEES

GP7

Policy Type:	Governance Process
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, October 2019, March 2021, <u>January 2024</u>
Date Reviewed:	October 2016

Purpose:

This [policy document](#) establishes the Code of Conduct (Code) for Directors and Committee ~~Members~~Appointees as they ~~work~~ to meet their public protection mandate, support strong governance practices, and safeguard the integrity of the College.

Why this Policy is in Public Interest:

This policy establishes how Board Directors and Committee Appointees should conduct themselves while serving the board in the interest.

Application:

This policy applies to:

- All Board Directors, who are expected to read and understand the Code of Conduct and sign an undertaking of acknowledgement and agreement to adhere to the Code.
- The Governance Committee, who are expected to consider the concerns and possible breach of the Code and initiate an investigation.
- The Board Chair and the Registrar & CEO, who will oversee investigations and sanctions process

Policy:

As leaders of the College, Directors and Committee ~~Members~~Appointees must always earn and preserve the confidence of the public by demonstrating a high standard of ethical and professional conduct. All Directors and Committee ~~Members~~Appointees shall conduct themselves ethically, respectfully and lawfully, and act in a manner that is consistent with the College's statutory mandate to regulate occupational therapy in the public interest.

The Code ~~applies to all Directors and Committee Members and~~ is broken down into four core values and the principles that exemplify them.

1. Fiduciary Duties

Directors and Committee ~~Members~~Appointees stand in a fiduciary relationship to the College and they must:

- 1.1 Act honestly, in good faith, and in the best interest of the College consistent with its mandate to protect the public. ~~and~~ This duty supersedes any loyalties to other organizations,

associations, persons, or personal or professional interests.

- 1.2 Uphold the decisions made by a majority of the Board and Committees, regardless of the level of prior disagreement.
- 1.3 Adhere to the College's established governance model.

2. Accountability and Competence

Directors and Committee ~~Members~~Appointees are accountable to the public for their decisions and actions and they must:

- 2.1 Exercise all powers and discharge all responsibilities in good faith and in the best interests of the College consistent with its mandate to protect the public.
- 2.2 At all times conduct themselves in a way that protects the College's reputation, and in particular, act with fairness, honesty, and integrity.
- 2.3 Be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991* ("RHPA") and its regulations and the Code, the *Occupational Therapy Act 1991* and its regulations, and the bylaws and policies of the College.
- 2.4 Participate in all required orientation and training sessions.
- 2.5 Regularly and punctually attend all Board or Committee meetings. ~~Participate in part~~ by reviewing all materials in advance, ~~being on time and~~ engaging constructively and respectfully in discussions ~~in a respectful and courteous manner~~, recognizing the diverse background, skills and experience of all other Directors, Committee ~~Members~~Appointees and staff.

3. Integrity

Directors and Committee ~~Members~~Appointees are committed to maintaining the highest standards of professional and personal conduct and they must:

- 3.1 Conduct themselves in a manner that respects the integrity of the College by striving to be fair, impartial and unbiased in their decision making.
- 3.2 Avoid ~~or and, where that is not possible,~~ declare any appearance of or actual conflicts of interest and comply with College bylaws and policies relating to conflict of interest.
- 3.3 Preserve confidentiality of all information before the Board or Committee unless disclosure has been authorized by the Board or is otherwise permitted under the RHPA.
- 3.4 Maintain appropriate decorum during all Board and Committee meetings by adhering to the rules of order adopted by the Board.
- 3.5 Refrain from speaking, or appearing to speak, on behalf of the College, unless explicitly

authorized to do so by the Chair or Registrar.

- 3.6 Refrain from engaging in any discussions with other Directors or Committee ~~MembersAppointees that take place~~ outside the formal Board or Committee decision making process that are intended to influence the decisions that the Board or a Committee makes on matters that come before it.
- 3.7 Respect the boundaries of staff whose role is not to report to or work for individual Director or Committee ~~MembersAppointees. Avoid including not~~ contacting staff members directly except on matters where the staff member has been assigned to provide administrative support to the Board or Committee or where otherwise appropriate.
- ~~3.8~~ Maintain appropriate boundaries with all ~~other~~ Directors, Committee ~~MembersAppointees~~ and staff, ~~including R~~refraining from behaviour that may reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment.
- ~~3.8.9~~ ~~and i~~ntervene ~~ing as appropriate,~~ when observing ~~such discriminatory~~ behaviour ~~or verbal, physical or sexual abuse or harassment~~ by others.

4. Diversity and Inclusion

Directors and Committee ~~MembersAppointees~~ lead by example. ~~T~~o support and respect the individuality and personal values of their colleagues and staff, they must:

- 4.1 Promote a culturally safe environment, recognizing [the diverse background, skills and experiences](#) and supporting inclusiveness and diversity of all people.
- 4.2 Be respectful of different viewpoints that may be expressed, in good faith, by other Directors and Committee ~~MembersAppointees~~ during Board or Committee deliberations.
- 4.3 Support an environment for Directors, Committee ~~MembersAppointees~~, staff, registrants and stakeholders that is free from bullying, harassment, sexual or otherwise, or physical contact, psychological, verbal or physical abuse, threats or violence.

Code of Conduct for Directors and Committee MembersAppointees

Acknowledgement and Agreement

I, _____, acknowledge that I have read and understood policy GP7 “Code of Conduct for Directors and Committee MembersAppointees”

I agree to abide by these policies and the implied Code of Conduct.

I further acknowledge and agree that my obligations under the Code of Conduct continue beyond the expiration of my tenure as a Board or Committee member of the College.

Signature: _____ Witness: _____

Date: _____

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CONFIDENTIALITY AND DISCLOSURE OF COLLEGE INFORMATION

GP13

Policy Type: Governance Process
Date Prepared: December 2009
Date Revised: March 2010, January 2024
Date Reviewed: October 2016, October 2019

Purpose:

This policy outlines the expectations of all Board Directors and Committee Appointees to adhere to the confidentiality requirements set out in section 36 of the Regulated Health Professions Act, 1991 (RHPA) and section 83 of the Health Professions Procedural Code. Those provisions require them to treat as confidential and safeguard all sensitive information obtained or available as a result of their appointment/election to the College.

~~All Council members and non-Council members of committees (“members”) will adhere to the confidentiality provisions as set out in the Regulated Health Professions Act * and treat as confidential all sensitive information obtained or available as a result of their appointment/election to the College. All members will take all reasonable precautions to safeguard the confidentiality of such information.~~

Why this Policy is in Public Interest:

Board Directors and Committee Appointees are expected maintain confidentiality while serving the Board as provided for in legislation. The public should have assurance that the information the College holds is kept in strict confidence.

Application:

This policy applies to:

- All Board Directors and Committee Appointees, who are expected to read and understand the Confidentiality and Disclosure of College Information policy and sign an undertaking of acknowledgement and agreement to adhere to the policy.
- The Governance Committee who are expected to consider the concerns and possible breach of the Confidentiality and Disclosure of College Information policy and initiate an investigation.
- The Board Chair and the Registrar & CEO, who will oversee the investigations and sanctions process, if necessary.

Policy:

Accordingly,

- Directors and Committee Appointees ~~Members~~ will sign a Statement of Confidentiality upon commencement of their term and annually thereafter.

2. All records (defined as any tangible information in any form i.e. document, recording, tape etc.) obtained as a member will remain the exclusive property of the College.
3. Directors and Committee Appointees ~~Members~~ will not, during their term or at any time thereafter, disclose the private affairs or the confidential information of the College to any person unless the disclosure is necessary to carry out the business of the College.
- ~~3.4.~~ Directors and Committee Appointees and the public are free to discuss matters discussed in open Board meetings. Directors and Committee Appointees are not permitted to discuss items addressed during an in-camera session held in accordance with the RHPA. In-camera sessions are strictly confidential unless the Board agrees to a policy or statement about the release of specific information.
- 4.5. ~~Only when, other than in the course of~~ completing documented duties, should Directors and Committee Appointees ~~no member will~~ remove any books, records, documents or property belonging to the College, from the office. Any such property issued to a member in the course of their duties will be returned to the College upon completion of the Directors and Committee Appointee's ~~member's~~ term.

Note: The law also imposes fiduciary duties on Board/Council members that include the obligation to keep matters confidential.

STATEMENT OF CONFIDENTIALITY

I acknowledge that I have read and understood the College’s Confidentiality provisions of the Regulated Health Professions Act.

Confidential and/or personal information refers to personal information related to registrants, employees, and volunteers; College information not yet made public, and strategic / business / operating plans.

I understand that:

- All confidential and/or personal information that I have access to or learn through my employment or affiliation with the College is confidential.
- As a condition of my employment or affiliation with the College (which includes ~~appointment~~ **membership** on any committee), I must comply with the privacy policy and related procedures.
- My failure to comply may result in the termination of my employment or affiliation with the College and may also result in legal action being taken against me by the College and others.

I agree that I will not access, use or disclose any confidential and/or personal information that I learn of or possess because of my employment or affiliation with the College, unless it is necessary for me to do so in order to perform my responsibilities. I also understand that under no circumstances may confidential and/or personal information be communicated either within or outside of the College except to other persons who are authorized by the College to receive such information.

I agree that I will not alter, destroy, copy or interfere with this information, except with prior authorization and in accordance with the applicable College policies and procedures.

I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical and electronic access devices (for example, keys, badges, and storage devices) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the Registrar.

In the event that I have questions or concerns about any matter covered by this statement or if I have concerns about confidentiality or security matters concerning the College, I will promptly contact the Registrar.

Name (please print)

Signature

Date

Witness (please print)

Signature

Date

CONFLICT OF INTEREST

GP12

Policy Type:	Governance Process
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2015, January 2019, October 2021, <u>January 2024</u>
Date Reviewed:	October 2016

Purpose:

This [policy document](#) defines conflict of interest as it relates to College work and provides guidance to Directors and Committee ~~Appointees~~Members with respect to their duties.

~~Board members and Committee Appointees must disclose to the Chair or the Registrar in writing or verbally, all real, apparent or potential conflicts of interest the fact of which will be recorded in the minutes.~~

Why this Policy is in Public Interest:

The Board Directors and Committee Appointee need to understand when and how to avoid or manage a conflict of interest, to effectively serve in the public interest.

Application:

This policy applies to:

- All Board Directors and Committee Appointees, who are expected to read and understand this policy and sign the conflict of interest questionnaire.
- The Governance Committee, who are expected to consider what action is required when the conflict of interest is not disclosed.
- The Board Chair and the Registrar & CEO, who will oversee investigations and sanctions process, if necessary.

Definition:

- A conflict of interest exists where a reasonable member of the public would conclude that a Director or Committee ~~Member~~Appointee's personal, professional or financial interest, relationship or affiliation may affect their judgement 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 purposes of this policy, a family or close personal relationship could be a spouse, partner, family member or anyone with whom they have a direct financial relationship such as a business partner, employer or employee.

3. Directors and Committee ~~Members~~Appointees must disclose all involvements with other organizations, vendors, or associations that might give rise to, or might reasonably be seen as giving rise to, a conflict of interest.
4. The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts of interest generally arise in the following situations:
 - a. **Director or Committee ~~Member~~Appointee self-interest** – when a Director or Committee ~~Member~~Appointee enters into any business arrangements either directly or indirectly with the College, or has a significant interest in a transaction or contract with the College;
 - b. **Interest of a close personal relationship or association** – when a Director or Committee ~~Member~~Appointee's family member or practice/business partner(s) enter into any business arrangement with the College;
 - c. **Gifts** – when a Director or Committee ~~Member~~Appointee or a family or close personal relationship or any other person, company or organization chosen by the Director or Committee ~~Member~~Appointee, accepts gifts, credits, payments services or anything else of more than a token or nominal value (\$50 or less) from a party with whom the College may enter into a business arrangement (including a supplier of goods or services).
 - d. **Competing Interests** – when a Director or Committee ~~Member~~Appointee owes obligations (including fiduciary obligations) to another organization that are competing or inconsistent with those of the College and its duty to act in the public interest.
 - e. **Failure to Disclose Information** – when a Director or Committee ~~Member~~Appointee fails to disclose information that is relevant to the affairs of the College.

Policy:

1. All Directors and Committee ~~Members~~Appointees 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 by~~ and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board and College committees.
2. ~~Directors and Committee Appointees~~To this end, they must avoid or resolve conflicts of interest while performing their duties for the College. Even if there is no actual conflict of interest, they must make best efforts to avoid situations that a member of the public or a registrant might consider or perceive as a conflict of interest.
3. Directors and Committee ~~Members~~Appointees recognize that a conflict of interest or an appearance of a conflict of interest by a Director or a Committee Member:
 - a. Could bring discredit to the College;
 - b. Could amount to a breach of the fiduciary obligation of the person to the College; or
 - c. Could create liability for either the College and/or the person involved.
4. Both prior to serving on the Board or Committee, and annually during a Director or Committee Member's term of office, each Director or Committee ~~Appointee~~Member shall disclose in writing to the Registrar any professional, business or personal interests. ~~They should also, and aside from this, are required to~~ notify the Registrar as soon as possible of any changes to this information.

Interests that Require Declaration

5. Each Director and Committee ~~Member~~Appointee should declare any of the following interests that relate to them or a family or close personal relationship:
 - a. Any paid or unpaid employment or professional practice;
 - b. Ownership of any company, business or consultancy;
 - c. Appointments, offices and memberships of other professional bodies or associations, voluntary or otherwise;
 - d. Any close personal ties with other College Directors, Committee ~~Members~~Appointees or College employees; and
 - e. Any other interest which may be relevant and not covered above.

Process for Resolution of Conflicts of Interest

6. As a standard agenda item, all Directors and Committee ~~Members~~Appointees will be invited to declare at the beginning of each meeting any conflict of interests they have in relation to items on the agenda. The declared interests will be recorded in the Board's/Committee's minutes.
7. Where a Director or Committee ~~Member~~Appointee believes that they have a conflict of interest in a particular matter, they shall:
 - a. Prior to any consideration of the matter, declare to the Board or the Committee that they have a conflict of interest that prevents them from participating;
 - b. Not take part in the discussion of or vote on any question in respect of the matter;
 - c. Leave the room (or if held virtually, log out) for the portion of the meeting relating to the matter even when the meeting is open to the public; and
 - d. Not attempt in any way to influence the voting or do anything which might reasonably be perceived as an attempt to influence other Directors or Committee ~~Members~~Appointees or the decision relating to the matter.
8. Where a Director or Committee ~~Member~~Appointee is in doubt as to whether they have a conflict of interest, they shall consult with an appropriate person, such as the Board Chair, the relevant Committee Chair, the Registrar, a designated member of staff, or independent legal counsel in a hearing.
9. Where a Director or Committee ~~Member~~Appointee believes ~~that~~ another Director or Committee ~~Member~~Appointee has a conflict of interest that has not been formally declared, the first Director or Committee ~~Member~~Appointee shall advise an appropriate person, such as the Board Chair, the relevant Committee Chair, the Registrar, a designated member of staff, or independent legal counsel in a hearing. The person who is suggested as having a conflict of interest is entitled to address the matter before any decision is made by the Board or relevant Committee, as appropriate.
10. Where the Board or Committee concludes that one of its ~~members~~Director or Committee Appointee has a conflict of interest that has not been declared, it can direct ~~that~~ the Director or Committee ~~Member~~Appointee not participate in the discussion or decision, leave the room (or if held virtual log out) for the portion of the meeting, and not try to otherwise exert influence in the matter.

11. Every declaration or finding of conflict of interest, as well as any consequent action, shall be recorded in the minutes of the meeting.

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Conflict of Interest Questionnaire

Name:

Role within the College: Director Committee Appointee

Instructions:

Answer all questions.

Your response should indicate whether you are disclosing a conflict of interest for you or a family member.

For the purposes of this policy:

Family Relationship includes immediate and extended family members. Immediate family members could be spouses, same-sex partners, children, stepchildren or parents. Extended family members could include aunts, uncles, cousins, nieces, or nephews.

Close personal relationships could include close friendships, romantic relationships, or close business or financial relationships.

If any answers to questions below should change after the questionnaire has been completed, you must immediately notify the College.

Complete the questionnaire, date, and sign the affirmation at the end of the document.

1. Please list all paid employment, including full and part time work, consultancies, contract, and paid directorships.

2. To the best of your knowledge, do you or does any family or close personal relationship have a direct or indirect ownership or other financial interest in any corporation, company, or other business related to occupational therapy? YES NO

If yes, please provide details.

3. Do you maintain membership in other professional bodies, associations, voluntary or otherwise? (Individuals are free to maintain membership in professional organizations. A declaration of these memberships gives assurance that there is no conflict with the College's mandate.) YES NO

If yes, please provide details.

4. To the best of your knowledge, do you or does any family or close personal relationship hold a position of responsibility such as director, owner, board member, officer or employee of another organization where their duties may reasonably be seen as influencing their judgement in matters under consideration by the Board or its committees?

YES NO

If yes, please provide details.

5. To the best of your knowledge, do you or does any family or close personal relationship have any close personal ties with other College directors, committee members, or College staff?

YES NO

If yes, please provide details.

I understand that upon appointment or election, and annually thereafter, every director and committee member shall fully complete a conflict of interest questionnaire.

I certify the above information is true and correct to the best of my knowledge. If any matter that gives rise to, or may be perceived to rise to, a conflict of interest during my participation on the Board of Directors or any College committee, I will promptly notify the responsible staff, and provide an updated questionnaire.

I confirm I have read, considered, and understood the Conflict of Interest policy and agree to abide by its provisions.

Full Name

Signature

Date