

## 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 April 4, 2024**, the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy and no conflicts were declared.

Stacey Anderson

Neelam Bal

Nick Dzudz

Mary Egan

Allan Freedman

Christine Funk

Elizabeth Gartner

Lucy Kloosterhuis

Heather McFarlane

Sarah Milton

Julie Reinhart (*New Director begins after the Board Meeting, starting with Election of Officers*)

Vincent Samuel

Stephanie Schurr

Teri Shackleton

Sabrina Shaw

Tina Siemens (*New Director begins after the Board Meeting, starting with Election of Officers*)

## BOARD MEETING AGENDA

**DATE:** Thursday, April 4, 2024 **TIME:** 9:00 a.m. to 3:30 p.m. *Election of Officers to immediately follow.*

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

Agenda Item	Objective	Attach	Time (approx.)
<b>1.0 Welcome and Call to Order</b>			
<b>2.0 Public Protection Mandate</b>			
<b>3.0 Land Acknowledgement*</b>			
<b>4.0 Declaration of Conflict of Interest</b>			
<b>5.0 Approval of Agenda – April 4, 2024</b>	Decision	✓	
<i>THAT the agenda be approved as presented.</i>			
<b>6.0 Consent Agenda</b>			
1. Registrar’s Written Report of April 4, 2024 2. Draft Board Minutes of January 25, 2024 3. Draft Board Minutes (Electronic Motion) of March 25, 2024 4. Executive Minutes of January 10, 2024 5. Governance Minutes of January 11, 2024 6. Finance & Audit Minutes of January 11, 2024	Decision	✓	15
<i>THAT the Board adopt the consent agenda items as listed:</i>			
<b>7.0 Registrar’s Report</b>			
<b>7.1 Presentation: Q3 FY2023-2024 Operational Projects Status Report</b> , by Elinor Larney, Registrar & CEO	Information		10
<b>7.2 Q3 FY2023-2024 Quarterly Performance Report</b>	Decision	✓	10
<i>THAT the Board receive the Quarterly Performance Report for Q3 FY2023-2024.</i>			
<b>7.3 Risk Management Report</b>	Decision	✓	10
<i>THAT the Board receive the Risk Management Report.</i>			
<b>8.0 Finance</b>			
<b>8.1 Q3 FY2023-2024 Financial Report</b>	Decision	✓	10
<i>THAT the Board receive the Q3 FY2023-2024 Financial Report, as presented.</i>			

Agenda Item		Objective	Attach	Time (approx.)
8.2	<b>Investment Portfolio as at January 31, 2024</b>	Decision	✓	10
<i>THAT the Board receive the investment portfolio report.</i>				
<b>9.0 New Business</b>				
9.1	<b>2023 College Performance Measurement Framework</b>	Decision	✓	
<i>THAT the Board ratify its unanimous decision executed by electronic motion on March 25, 2024, to approve the 2023 College Performance Measurement Framework for submission to the Ministry of Health.</i>				
9.2	<b>Third Party Governance Assessment – Action Items</b>	Decision	✓	
<i>THAT the Board approve the proposed Governance Action Plan.</i>				
9.3	<b>Governance Policies – New &amp; Revised</b>	Decision	✓	
<i>THAT the Board approve the following new and revised policies:</i>				
<ul style="list-style-type: none"> <li>• <i>Mission, Vision, and Values</i></li> <li>• <i>Role of Board Chair</i></li> <li>• <i>Role of Board Vice-Chair</i></li> <li>• <i>Role of Committee Chair</i></li> <li>• <i>Role of College Committees</i></li> <li>• <i>Rules of Order</i></li> </ul>				
9.4	<b>Terms of Reference Revisions - All Committees</b>	Decision	✓	
<i>THAT the Board approve the updated terms of reference for all College committees</i>				
9.5	<b>Bylaws Amendments</b>	Decision	✓	
<i>THAT the Board approve the amended bylaws as presented.</i>				
<b>10.0 Governance</b>				
10.1	<b>Election Update – District 3</b>	Information	✓	
10.2	<b>Reappointment to Patient Relations Committee</b>	Decision	✓	
<i>THAT the Board reappoint Melissa Aldoroty to the Patient Relations Committee for a second 3-year term commencing on March 31, 2024.</i>				
10.3	<b>Reappointment to Quality Assurance Committee</b>	Decision	✓	
<i>THAT the Board reappoint Michael Ivany to the Quality Assurance Committee, for a second three-year term, commencing on June 17, 2024.</i>				
<b>11.0 Environmental Scan</b>				
<b>Lunch Break 12:00 -1:00 p.m.</b>				
<b>12.0 Farewell (1:00 p.m.)</b>				

Agenda Item		Objective	Attach	Time (approx.)
<b>13.0</b>	<b>Other Business</b>			
	13.1 Board Meeting Evaluation for April 4, 2024	To Complete	<i>Link to follow</i>	
<b>14.0</b>	<b>Next Meetings</b>			
	Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m., at the College			
<b>15.0</b>	<b>Adjournment and move to Election of Officers</b>			

**\* Land Acknowledgement**

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

## REPORT of the Registrar and CEO Board Meeting of April 4, 2024

### Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, there are no specific policy groupings that are meant to be reviewed at the April meeting. However, the Governance Committee has been busy with changes related to the upcoming separation of the Board membership from Statutory Committees. There are both policies and bylaws on the agenda related to this.

### Registrar Limitation Policies

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

Policies that guided decisions during this period:

- GP17 - Elections and Appointments for Professional Members, guided the process for the election of a District 3 professional member to the Board.
- GP 21 - Board and Committee Competency Profile Data Collection, guided the process for collection of data about committee members to inform the nominations committee's decision for future members of committees.
- RL2 – Treatment of Registrants, guided the response to concerns about the topic of an external education session.
- RL7 – Investments, guided the presentation of the investment report at the Finance and Audit committee.

### For Your Information:

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

#### **2023-2024 Operational Plan**

The third 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. In addition to completing objectives for this fiscal year, College staff are also working on the operational plan for the upcoming 2024-25 year along with a three-year operational plan stemming from the Leadership Objectives approved at the January 2024, Board Meeting. An operational planning day is scheduled for April 8 and the outcome of this will be presented at the June 2024 Board Meeting.

#### **Governance**

- The newly operational **Nominations Committee** is pleased to present their recommendations for appointments to the committees for the 2024-2025 year. In addition, they steered the preparatory processes for the elections for the Executive Committee.

- **New this year**, right at the April 4 Board Meeting, we will try to finalize the entire committee slate to be approved directly after the elections for the Executive Committee spots. To accomplish this, we will have a draft committee composition for all the Professional Committee Appointees and recommendations for chairs of each committee ready on the Board meeting day. After the election process, we will take a 15-minute break while we finalize the positions impacted by the election. We will then reconvene to review and approve the full committee composition. This way, we won't have to have a Board meeting again in April and the committees can begin their work right away.
- We are planning committee chair training in April for all committee chairs, given that there may be people appointed as chairs who are not also Board members.
- In addition, we are hoping to change the decision-making processes in committees to eliminate the need for formal motions. Instead, we will ensure there is a clear decision with a discussion leading to a consensus. We will continue to use the more formal process utilizing motions at Board meetings, which are larger and public.

### Staffing Update

Since the last Board Meeting:

- There have been no staffing changes to note since the last Board meeting in January.
- In this fiscal year, we completed a review of our technology systems and support, and it was determined that we were understaffed in this area. To address this issue, we contracted with a firm to provide helpdesk support and additional security measures to free up our manager to provide the other work he must do to support all our systems.
- 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

By the time of our meeting, annual renewal in the new system will have launched and we are probably in the midst of working through whatever 'bugs' we have discovered. As noted on the Risk Report, the data migration was successful, and the portal and the public register are operational. We still have more work to do to get the Quality Assurance tools to where we want them and to develop the Investigations and Resolutions processes and work flows in the new system.

### Communications

- The team supported the current Board nomination/election process for Districts 2 and 3, as well as the recruitment efforts for Professional Committee Appointees. Material was shared in the College newsletter, across social media channels, and on the College website.
- The team will support the roll out of annual renewal in the new 'portal' of the enterprise system project.

## **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.
- The Registration program is also looking at the processes for re-entry to practice along with ACOTRO. The goal is to develop a process that can be used across the country, if possible, to promote consistency and improve the quality of decisions. Applicants to the College need to do some type of re-entry to practice program if they have been away from OT practice for a length of time. That is, they don't meet the currency requirement when they apply for a certificate of registration. The College needs to ensure that individuals in this situation can practice safely and ethically and that their competencies have not deteriorated while they have been away from practice. Therefore, some type of assessment is required along with a consistent outcome to ensure safe and ethical practice.

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

### **Quality Assurance Program**

- A new selection of registrants is in the middle of their competency assessment process. The program is on track to have completed 103 assessments by the end of May 2024.
- Work on the yearly eLearning module is on track. Record Keeping is the topic for the spring/summer release.
- The QA team is already planning the next eLearning module, which we are planning to be another national endeavour. The topic is related to culturally safe(r) OT practice.

### **Investigations and Resolutions Program**

- The team continues to work through complaints and report matters as they arise.
- The team plans to re-activate a user survey with people who have made complaints.

### **Practice Resource Program**

- Several organizations have contacted the College to request presentations about a variety of topics, such as privacy, psychotherapy, consent, and record keeping. The practice team presents to organizations in the form of one-hour sessions via webinar. 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.
- The Practice Team participates with a Health Profession Regulators of Ontario (HPRO) mental health collaborative group that is discussing consistency and effectiveness related to mental health interventions by practitioners. In addition, another group is looking at the topic of AI.

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

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

- I continue as President of ACOTRO. We held a Board Meeting in February 2024. The Board continues to value collaborative projects. Reports were received on the progression of the re-entry program planning, a possible national code of ethics, a possible national e-eLearning module for 2025, and the collection of race-based data. Representatives from the Canadian Institute for Health Information (CIHI) were present to discuss the possibility of implementing improvements to national data collection about occupational therapists. This will impact each college as it is costly to change collection of information in ten different data bases (i.e. each province). There may be funding available in the future and ACOTRO will stay connected with CIHI to monitor for funding opportunities with CIHI.
- ACOTRO will embark on a strategic planning exercise in September 2024
- A further discussion was held about the Labour Mobility Support Agreement and the document was re-signed by all ten provinces.
- 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. 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.
- Canadian Network of Agencies for Regulation (CNAR) – I presented, on behalf of ACOTRO, at the CNAR webinar held in January to outline the work that ACOTRO has completed about the remote practice MOU developed. This was an example of responding to advancements in practice processes, and innovations developed to promote access to service while still ensuring public protection.
- 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. We have reached out to connect with the new CEO of the amalgamated college that includes occupational therapy. ACOTRO would like to facilitate a smooth transition with respect to national agreements for our Labour Mobility Support Agreement (LMSA) and the Substantial Equivalency Assessment Service (SEAS), as priorities.
- 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. The National Exam will officially convert to the use of the new competencies in September 2026.

- 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 has converted one of its positions to a full-time, from a part-time position, to assist the program to operate more efficiently.

### **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.

- Through HPRO, we are working with Rubicon Strategy, a government relations firm. Rubicon will be providing strategic advice related to our 2024 government relations objectives. They will help identify collective priorities across our 26 colleges for HPRO to present to the government.
- HPRO is exploring the possibility of assuming leadership for the Citizen Advisory Group (CAG)
- HPRO is again offering workshops related to discipline training, reasons writing, and governance this spring.

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

- I attended a meeting with representatives from the Ministry of Health to discuss some early thoughts related to health human resource planning and occupational therapists. While the MOH has not yet initiated any projects related to the rehabilitation sector, they indicated that it is on their agenda for this year. I will follow up as appropriate to look for opportunities to inform and support needed activities.
- And, of course, staff with Stamatis' leadership have worked hard to complete the College Performance Measurement Framework for the 2023 year and are proud that we met 50/50 requirements. Thanks to the Board for your review and support of this work.

See you at the meeting! Elinor

## BOARD MEETING MINUTES - DRAFT

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

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### 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:

Deanna Williams, *Dundee Consulting Ltd.*  
Carolyn Everson, *The Everson Group*

#### OBSERVERS:

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

#### STAFF:

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

The Board Education Session on *Unconscious Bias*, facilitated by consultant Mona Ghiami, was held from 9:00 a.m. to 11:00 a.m.

### 1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 11:00 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 any declarations of conflict of interest. Heather McFarlane declared a conflict for item 9.3. No other conflicts were declared.

## 5.0 Approval of Agenda

### 5.1 Board Agenda of January 25, 2024

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

MOVED BY: Nick Dzudz

SECONDED BY: Elizabeth Gartner

***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 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

MOVED BY: Neelam Bal

SECONDED BY: Stacey Anderson

***THAT** the Board adopt the Consent Agenda items as presented.*

**CARRIED**

## 7.0 Registrar's Report

### 7.1 Presentation: Q2 FY2023-2024 Operational Projects Status Report

The Registrar reported on the status of Q2 FY2023-2024 operational projects and responded to questions.

### 7.2 Q2 FY2023-2024 Quarterly Performance Report

The Quarterly Performance Report reflects committee activities for Q2 of FY2023-2024 related to the 2020-2024 Strategic Plan. The Board held a brief discussion.

MOVED BY: Vincent Samuel

SECONDED BY: Stephanie Schurr

***THAT** the Board receive the Quarterly Performance Report for Q2 FY2023-2024.*

**CARRIED**

### 7.3 Risk Management Report

Heather McFarlane stated that two critical risks, Human Health Resources, and Proposed Fee Increase, were added to the risk report in addition to the risk related to the Enterprise System Project. The College is closely monitoring these risks in the interest of public protection. A discussion was held, and the Registrar responded to questions.

MOVED BY: Heather McFarlane

SECONDED BY: Elizabeth Gartner

*THAT the Board receive the Risk Management Report.*

**CARRIED**

**7.4 Presentation by Kim Woodland, Program Director: Canadian Institute for Health Information (CIHI) – Data from 2022 on Occupational Therapists in Ontario and Canada**

## **8.0 Finance**

### **8.1 Q2 FY2023-2024 Financial Report**

Allan Freedman reported that the College is on track with budget. There is a surplus to date of \$251,057 once the Enterprise System project expenses are removed which are funded by the reserve fund. On the Statement of Financial Position, items are aligned to last year, or if not, it is due to timing. There is \$2.2M in deferred registration fees remaining to be recognized as revenue over the remainder of the fiscal year. On the Statement of Operations, all items are aligned with budget or reasons have been provided where not, most due to timing of invoices and expenses expected later in the year. All statutory remittances and filings are up to date.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

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

**CARRIED**

## **9.0 Governance**

### **9.1 Third Party Governance Assessment Report**

Deanna Williams joined the meeting for this item. The College Performance Measurement Framework (CPMF) requires that Boards regularly assess their effectiveness by a third-party. Deanna was contracted to conduct this third-party assessment. Deanna reported that the Board demonstrates a high level of effectiveness in the interest of public protection. A brief discussion was held, and the Board agreed that the Governance Committee proceed to develop an action plan to address the report's recommendations for improvement and members were invited to share their ideas and suggestions with the Governance Committee.

MOVED BY: Vincent Samuel

SECONDED BY: Neelam Bal

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

**CARRIED**

### **9.2 Appointments to Practice Subcommittee**

The Board was asked to consider the appointments of Lori Desjardine and Anuradha Banavalikar as committee appointees to fill two vacancies on the Practice Subcommittee. These were the first candidates to be interviewed and assessed under the expanded role of the Nominations Committee.

MOVED BY: Heather McFarlane

SECONDED BY: Lucy Kloosterhuis

*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.*

**CARRIED**

**9.3 Reappointment to Quality Assurance Subcommittee**

Heather McFarlane left the meeting having earlier declared a conflict of interest for this item. The Board was asked to consider the reappointment of Candice Silver as a committee appointee to the Quality Assurance Subcommittee for a second three-year term. Heather McFarlane returned to the meeting at the conclusion of this item.

MOVED BY: Elizabeth Gartner  
SECONDED BY: Neelam Bal

*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.*

**CARRIED**

**9.4 Nominations Committee Update**

Stamatis reported that following the Board decision to expand the role of the Nominations Committee to include the recruitment and selection process of committee appointees, the committee proceeded to develop and implement a process and tools to this effect. The committee has completed its first recruitment of two candidates to the Practice Subcommittee. The recruitment process and tools were further refined and will be used in the future to recruit approximately 12 new candidates to fill vacancies on various committees created by the separation of Board and committee membership. The Nominations Committee also oversees the executive officer nominations process, and selection of committee chairs for recommendation to the Board, both processes currently underway.

**9.5 Committee Chair Interest Survey**

This item was briefly addressed under item 9.4.

**10.0 New Business**

**10.1 Draft 2024-2027 Strategic Plan, Strategic Priorities and Updated Values**

Carolyn Everson joined the meeting for this item. Over the past several months, Consultant Carolyn Everson worked with the Strategic Planning Working Group to prepare the draft 2024-2027 Strategic Plan, for implementation June 1, 2024, and to update the College values, effective immediately if approved today. The Board held a discussion and provided several recommendations which will be incorporated.

MOVED BY: Vincent Samuel  
SECONDED BY: Sabrina Shaw

*THAT the Strategic Priorities and updated Values be approved by the Board, including today's recommended changes.*

**CARRIED**

## 10.2 Registration Fee Bylaw Changes

Allan explained that in 2023, the Board approved a year-over-year registration fee increase of up to 2% for a period of no more than five years. To this effect, stakeholder consultations to amend the bylaws to reflect this increase were required. The 60-day consultation was conducted in November and December 2023, and 404 responses (representing less than 0.6% of the total registrant base) were received. In preparation for this meeting, the Finance and Audit Committee read every response and a summary of the results and themed examples were prepared for Board consideration today. Should these amendments be approved, implementation of the registration fee increase would be in effect for the 2024-2025 annual renewal period.

MOVED BY: Allan Freedman

SECONDED BY: Stephanie Schurr

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

**CARRIED Unanimously**

## 10.3 Policy Review – Allowable Expenses & Honoraria

Allan explained that the Allowable Expenses and Honoraria policies are reviewed on an annual basis. A minimal change to the Allowable Expenses policy is recommended to reflect Canada Revenue Agency (CRA) rates on kilometer reimbursements. This is the only change recommended at this time.

MOVED BY: Allan Freedman

SECONDED BY: Stacey Anderson

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

**CARRIED**

## 10.4 Advisory Committees – Terms of Reference

The Board reviewed the terms of reference put forward for approval today for the two advisory panels which were initially convened in 2021, the Equity Perspectives and Indigenous Insights panels. The College has undertaken to implement changes as to how it engages with the panels related to the College Equity, Diversity, and Inclusion project plan. The Board held a discussion and provided several recommendations which will be incorporated.

MOVED BY: Heather McFarlane

SECONDED BY: Christine Funk

*THAT the Board approve the Terms of Reference for the Equity Perspectives and Indigenous Insights Advisory committees, as presented and including today's recommended changes.*

**CARRIED**

## 10.5 Governance Policies

The following new and current amended governance policies were brought forward for consideration today. The Board provided several recommendations which will be incorporated.

GP4 Board Governance Role  
GP8 Role of Individual Board Directors and Committee Appointees  
RL15 Social Media  
GP20 Consent Agenda  
GP19 Equity Impact Assessment  
RL14 Virtual Meeting  
RL13 In Camera Sessions  
GP7 Code of Conduct  
GP13 Confidentiality and Disclosure of College Information  
GP12 Conflict of Interest

MOVED BY: Vincent Samuel  
SECONDED BY: Sarah Milton

***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, including today's recommended changes.*

**CARRIED**

#### **11.0 Environmental Scan**

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

#### **12.0 Other Business**

##### **12.1 Board Meeting Evaluation for January 25, 2024**

The Chair reminded members to complete the electronic Board Meeting Evaluation for today's meeting and to provide recommendations for future improvements.

##### **12.2 Annual Board Evaluation for 2023-2024**

The Chair reminded members to complete the Annual Board Evaluation and to provide recommendations for future improvements.

##### **12.3 Annual Board Member Self-Evaluation for 2023-2024**

The Chair reminded members to complete the Annual Board Member Self-Evaluation and to provide suggestions to address learning needs.

#### **13.0 Next Meetings**

- 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

#### **14.0 Adjournment**

There being no further business, the meeting was adjourned at 3:22 p.m.

MOVED BY: Allan Freedman

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

**CARRIED**

**APPENDIX 1: \* Land Acknowledgement**

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

DRAFT

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

<b>Board Meeting Date</b>	<b>Decisions</b>	<b>Current Status</b>
January 25, 2024	<b>THAT</b> 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, including today's recommended changes.	Complete
January 25, 2024	<b>THAT</b> the Board approve the Terms of Reference for the Equity Perspectives and Indigenous Insights Advisory committees, as presented and including today's recommended changes.	Complete
January 25, 2024	<b>THAT</b> the Board approve the amendments to the Allowable Expenses Policy.	Complete
January 25, 2024	<b>THAT</b> the Board approve the proposed amendments to Part 18 of the College bylaws related to fees.	Complete
January 25, 2024	<b>THAT</b> the Strategic Priorities and updated Values be approved by the Board, including today's recommended changes.	Complete
January 25, 2024	<b>THAT</b> the Board reappoint Candice Silver as a professional committee appointee to the Quality Assurance Subcommittee for a three-year term, commencing April 1, 2024.	Complete
January 25, 2024	<b>THAT</b> 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.	Complete
January 25, 2024	<b>THAT</b> the Board receive the report prepared by the third-party consultant.	Complete
January 26, 2023	<b>THAT</b> the Board restructure the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method.	Ongoing

## BOARD MEETING MINUTES - DRAFT

### *Electronic Motion*

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**DATE:** March 18-25, 2024

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**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

**STAFF:**

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

**REGRETS:**

**1.0 2023 College Performance Measurement Framework (CPMF)**

The Board of Directors will meet next on April 4, 2024. An electronic motion to approve the 2023 CPMF is necessary in order to meet the ministry's March 31, 2024, submission deadline.

MOVED BY: Teri Shackleton

SECONDED BY: Heather McFarlane

***THAT*** the College Performance Measurement Framework for 2023 be approved for submission to the Ministry of Health and posting on the College's website

**CARRIED**

## EXECUTIVE COMMITTEE MINUTES

---

**DATE:** Wednesday, January 10, 2024 **TIME:** 1:00 – 4:00 p.m. via zoom

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### In Attendance:

#### MEMBERS:

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

#### GUESTS:

#### STAFF:

Elinor Larney, *Registrar & CEO*  
Sandra Carter, *Manager, Practice (item 9.2)*  
Cara Moroney, *Manager, Investigations & Resolutions (item 9.3)*  
Andjelina Stanier, *Executive Assistant, Scribe*  
Kim Woodland, *Program Director (item 9.2)*

#### REGRETS:

### 1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 12:58 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 January 10, 2024

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

MOVED BY: Heather McFarlane  
SECONDED BY: Vincent Samuel

*THAT the Executive Committee Agenda for January 10, 2024, be approved as presented.*

**CARRIED**

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

The committee terms of reference are included as a resource.

## **7.0 Approval of Minutes**

### **7.1 Draft Minutes of October 11, 2023**

The Chair called for edits to the draft minutes of October 11, 2023. One was reported: Add Teri Shackleton's name under item 8.1, CNAR.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** the Executive Committee Minutes of October 11, 2023, be approved as amended.*

**CARRIED**

## **8.0 Registrar's Report**

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

#### Canadian Association of Occupational Therapists (CAOT)

The 2024 CAOT Conference will be held in Halifax in May and ACOTRO will present on complaints: How to avoid them, and what complaints look like across the country. There will also likely be a presentation at the Professional Issues Forum on Human Health Resources and Scope of Practice across the country. The ACOTRO Board will meet two days prior to the conference. The College has received fewer complaints over the past year, likely due to changes in coverage in the auto sector.

#### Health Profession Regulatory Organizations (HPRO)

HPRO has hired a full-time Executive Director, which necessitated an increase in membership fees across the colleges.

#### Ministry of Health of Ontario (MOH)

Staff is working on completing the 2023 College Performance Measurement Framework (CPMF). The Ministry made no changes to the form from last year.

A new government-regulated authority for Personal Support Workers (PSW) called the Health and Supportive Care Providers Oversight Authority (HSCPOA) will begin on February 1, 2024. It will be governed by an advisory committee composed of public appointees. Registration will not be mandatory to practice in the province, however the government will strongly encourage employers to require it. The government indicated that it would support PSWs by paying membership fees for the first couple of years.

#### Canadian Institute for Health Information (CIHI)

The Human Health Resource Annual Data Provider meeting was held last October. CIHI has a new data set that they would like OT colleges to implement. They plan to roll this out with several professions and when it is our turn, there will be some support from them to do this. This would also include the collection of race-based data. Kim Woodland will provide stats on OTs at

the January Board meeting. Demand for OTs is significant with currently no capacity to fill the need. The College will meet with the ministry over the next few weeks to discuss the issue.

#### University of Toronto Accreditation

Elinor has been invited to participate in the accreditation process of the OT program at the University of Toronto which will take place in April 2024.

#### Unconscious Bias Training

The College held a session on Unconscious Bias Training for staff last December which was well received. A session is also for committee/community appointees for January 17, 2024, as well as for the Board on January 25, 2024.

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

The ACOTRO Board last met in late November 2023, and will meet again in February. The Remote Practice Memorandum of Understanding, which was adopted by the College several years ago, has now been signed by most of the other provinces. It was agreed that practice occurs where the OT lives and therefore that is the province in which the OT must be registered. ACOTRO is working to develop a national re-entry to practice program. ACOTRO is also looking at the feasibility to create a national Code of Ethics. The Substantial Equivalency Assessment System (SEAS) has seen a considerable increase in applications over the past few years. Recruitment is underway to fill the new SEAS Program Coordinator role.

#### Occupational Therapy Ontario Collaborative

This group of provincial university OT program directors, OT association and the College met on November 14, 2023. The primary focus of discussion was on finding ways to increase OTs in Ontario.

#### Internal

- Implementation of the recommendations for improvement gleaned from the Employee Engagement Survey conducted last summer will soon begin.
- The new Quality Assurance Associate (contract), Amita Batth has begun in her role.
- Database specialist, Rizwan Gill, was hired on contract to assist with data migration.

#### Nominations Committee

The new Nominations Committee comprised of Jennifer Henderson, Greg Clarke, and Peter Shenfield has completed a pilot recruitment of the first two candidates to recommend to the Board for appointment to the Practice Subcommittee. The committee will be very busy over the next several months, recruiting to fill all the committee positions that will open with the separation of the Board and committees starting in April 2024. This committee is also tasked with overseeing the Executive Officer Nominations process, and Committee Chair Appointment process.

Executive held a discussion related to a risk issue.

## **8.2 Risk Management Report**

Elinor reported on two risks that are identified as high or critical and are included in the Board report. The first one on Human Health Resources, identified as a priority by governments across the country, will be a primary focus on the 2024-2027 Strategic Plan. The second is the Registration Fee Increase. A discussion was held about the addition of patient risks to the overall risk register, based on the feedback received via the governance report. Staff will consider how this is currently done and recommend next steps.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***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 it was updated.

### **9.2 Equity Perspectives and Indigenous Insights Advisory Committees, Terms of Reference**

Sandra Carter and Kim Woodland joined the meeting for this item. The group reviewed the two sets of terms of reference and held a discussion. Recommendations will be incorporated, and final drafts brought forward for approval at the next Board meeting.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** Executive Committee recommend the Board approve the Terms of Reference for the Equity Perspectives and Indigenous Insights Advisory Committees, including today's changes.*

**CARRIED**

### **9.3 Re-posting of Discipline Decisions**

Cara Moroney, Manager of Investigations and Resolutions joined the meeting. Cara explained that there are currently six discipline decisions rendered before June 4, 2009, that are not currently posted on the public register. Executive reviewed the legal opinion as to whether to re-post them and what, if anything, to communicate to those registrants. A discussion was held, and decision made to follow the advice of counsel. The motion was amended to remove the word "active".

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive Committee approve the re-posting of discipline decisions rendered prior to June 4, 2009, about registrants in which the penalty included terms more than a reprimand and a fine.*

**CARRIED (MOTION AMENDED)**

**9.4 Draft Board Minutes – June 22, 2023**

Executive reviewed the draft Board Minutes.

**9.5 Board Meeting Evaluation Feedback – October 26, 2023**

Executive reviewed feedback from the October 26, 2023, Board Meeting and noted the positive comments about the effectiveness of the Chair, ability to come to a consensus as a group, and overall good discussions.

**9.6 Draft Board Meeting Agenda**

Executive finalized the Board meeting agenda for January 25, 2024.

**10.0 Next Meeting**

Wednesday, March 13, 2024, 1:00 p.m. to 4:00 p.m.

**11.0 Adjournment**

There being no further business, the meeting was adjourned at 3:50 p.m.

MOVED BY: Allan Freedman

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

**CARRIED**

## **APPENDIX 1**

### **\* Land Acknowledgement**

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

## GOVERNANCE COMMITTEE MINUTES

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**DATE:** Thursday, January 11, 2024    **TIME:** 1:30 p.m. to 4:30 p.m. *via Zoom*

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### In Attendance:

#### MEMBERS:

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

#### STAFF:

Elinor Larney, *Registrar & CEO*  
Tim Mbugua, *Policy Analyst*  
Andjelina Stanier, *Executive Assistant, Scribe*

#### GUESTS:

Deanna Williams, *Dundee Consulting Group*

#### REGRETS:

### 1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 1:32 p.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 and protection.

### 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: Stephanie Schurr

SECONDED BY: Vincent Samuel

*THAT the agenda be approved as presented.*

**CARRIED**

### 6.0 Governance Committee Terms of Reference

The committee terms of reference are included for information.

### **7.0 Approval of Draft Minutes**

The Chair called for edits or other changes to the draft minutes of November 10, 2023. The following correction was reported under items 10.0 and 11.0: Delete Milton and insert Shaw.

MOVED BY: Stephanie Schurr

SECONDED BY: Vincent Samuel

***THAT the draft Governance Committee minutes of November 10, 2023, be approved as amended.***

**CARRIED**

### **8.0 Third-Party Board Assessment Report by Deanna Williams**

Consultant Deanna Williams joined the meeting and provided a verbal overview of her report on Board effectiveness. Overall, Deanna concluded that the Board functions with an extremely high level of effectiveness and clear focus on public interest. The report also included some opportunities for improvement, for example as related to the annual Board Member Self -Evaluation. The committee agreed to have Deanna present the results to the Board at the January meeting.

MOVED BY: Sabrina Shaw

SECONDED BY: Sarah Milton

***THAT the draft Governance Committee recommend that the report prepared by the third-party consultant be forwarded to the Board for their review.***

**CARRIED**

### **9.0 Governance Policies**

Tim Mbugua provided an overview and rationale for the following new and current revised policies brought forward today for consideration: *Board Governance Role, Role of Individual Board Directors and Committee Appointees, Social Media, Virtual Meeting, In Camera Sessions, Role of Board Chair, Role of Board Vice-Chair*. Additional recommendations will be incorporated. Final Board approval is required.

MOVED BY: Sarah Milton

SECONDED BY: Stephanie Schurr

***THAT the Governance Committee recommend the following new and current policies be sent to the Board for approval, including today's changes:***

- *Board Governance Role*
- *Role of Individual Board Directors and Committee Appointees*
- *Social Media*
- *Virtual Meeting*
- *In Camera Sessions*
- *Role of Board Chair*
- *Role of Board Vice-Chair*

**CARRIED**

### **10.0 Governance Policies Manual – Status Update**

This document is provided at every meeting for information only as an update on the progress of the project to update the Governance Policies.

**11.0 Committee Effectiveness Survey Results**

The committee reviewed the results of the survey. The results show that members expressed a high degree of satisfaction with the committee functioning as a whole. A discussion was held about the Annual Board Evaluation and Annual Board Member Self-Evaluation with a plan for the Chair to encourage participation at the next Board meeting. The committee agreed to work on developing new Board and self-evaluations for January 2025 which will be based on the new strategic plan and revised governance policies. Also at the next Board meeting, the Chair will speak briefly on the Committee Chair appointment process.

**12.0 Environmental Scan**

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

**13.0 Next Meeting**

Wednesday, March 6, 2024, 10:00 a.m. to 12:30 p.m.

**14.0 Adjournment**

There being no further business, the meeting was adjourned at 3:19 p.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
January 11, 2024	<b>THAT</b> the Governance Committee recommend the following new and current policies be sent to the Board for approval: Board Governance Role, Role of Individual Board Directors and Committee Appointees, Social Media, Virtual Meeting, In Camera Sessions, Role of Board Chair, Role of Board Vice-Chair	Ongoing
January 11, 2024	<b>THAT</b> the Governance Committee recommend that the report prepared by the third-party consultant be forwarded to the Board for their review.	Ongoing
November 10, 2023	<b>THAT</b> 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	<b>THAT</b> the Governance Committee recommend the Consent Agenda Policy be sent to a plain language editor and then forwarded to the Board for approval.	Ongoing
August 31, 2023	<b>THAT</b> the Governance Committee recommend that the amended bylaws in s. 5.02 be forwarded to the Board for final approval	October 2023 Board Meeting
September 9, 2021	<b>THAT</b> the Governance Committee approve the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending

## FINANCE AND AUDIT COMMITTEE MINUTES

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**DATE:** Thursday, January 11, 2024 **TIME:** 9:30 a.m. – 11:30 a.m. via video conference

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### In Attendance:

#### MEMBERS:

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

#### GUESTS:

None

#### OBSERVERS:

None

#### REGRETS:

None

#### 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 9:32 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 January 11, 2024

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 – September 26, 2023**

The Chair asked if members of the Committee had any additions or changes to the draft minutes from September 26, 2023. No additions or changes were required.

MOVED BY: Christine Funk

SECONDED BY: Neelam Bal

***THAT*** the draft Finance and Audit Committee minutes of September 26, 2023, be approved as presented.

**CARRIED**

## **8.0 Verbal Report**

Seema presented a verbal report to the FA Committee, offering a brief overview of current developments at the College. She conveyed that the Enterprise System is progressing smoothly, with data migration into the new system underway, aided by the third-party vendor BDO. Emphasis was placed on this crucial phase to avoid overlooking key elements. The objective is to complete the data migration by the end of January, allowing the Registration team to thoroughly test annual renewal before its April launch. Additionally, the College has initiated a Culture Committee team, actively addressing feedback from a prior staff survey and devising action plans for implementation. Unconscious Bias training was provided to all College staff in December 2023, and a session is scheduled for committee and Board members in January 2024.

## **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, audit, and policies as per the committee's work plan that is included in the package. The meeting today will focus on the Q2 FY23/24 financial results, Q2 FY23/24

investments, overview of insurance coverage, proposed amendments to the Allowable Expense Policy and Registration Fee Increase – Bylaw Consultation Summary.

## **10.0 Finance Update**

### **10.1 FY23/24 Q2 Financial Summary Report**

Seema provided an overview of the Q2 Financial summary report highlighting that our current statement of financial position is aligned with last year, with any disparities attributed to timing. All statutory remittances are up-to-date, and we are on track with the budget. Seema proceeded to address any queries from Committee members.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Neelam Bal

***THAT** the Committee recommends to the Board approval of the FY23/24 Q2 Financial Report, as presented.*

**CARRIED**

### **10.2 Investment Report as at November 30, 2023**

Seema presented a summary of the Q2 investment report to the Committee. Ongoing monitoring of investments and their reinvestment upon maturity remains a consistent practice.

### **10.3 Overview of Insurance Coverage**

Seema conveyed that the briefing note offers a concise overview of our existing insurance, outlining specifics for each type of coverage, total coverage, and premium terms. She informed the members that we reached out to HIROC insurance to ensure the alignment of our coverage conforms to similar organizations. A response from our insurance provider is pending.

### **10.4 Allowable Expenses – Policy Amendment and Review of Honoraria Policy**

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

MOVED BY: Neelam Bal

SECONDED BY: Christine Funk

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

**CARRIED**

**11.0 Finance & Audit Committee Effectiveness Survey**

**11.1 Results from the Finance & Audit Committee Effectiveness Survey**

Seema shared the outcomes of the Finance and Audit Effectiveness Survey with the committee members. To accommodate everyone on the committee, there was a discussion about the possibility of scheduling all future Finance and Audit committee meetings to commence at 8:00 a.m.

**12.0 Consultation on Proposed Amendments to Bylaw – Part 18**

**12.1 Registration Fee Increase – Bylaw Consultation Summary**

Elinor presented the findings of the bylaw consultation survey to the committee members and responded to several comments from registrants. A comprehensive discussion proceeded among all committee members, resulting in recommendations for additional details to be incorporated into the briefing note for the Board. Some of these recommendations involve including the specific dollar amount of the registrant fee increase alongside the mentioned 2% increment and quantifying the actual costs associated with breaking the current lease and moving expenses for relocating to a new location.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Neelam Bal

***THAT** the Finance and Audit Committee recommends that the Board approves the proposed fee amendments to Part 18 of the College bylaws.*

**CARRIED**

**13.0 New Business**

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

**14.0 Next Meeting**

The next Finance and Audit Committee meeting is scheduled for March 19, 2024.

**15.0 Adjournment**

There being no further business, the meeting was adjourned at 10:26 a.m.

MOVED BY: Christine Funk

**THAT** the meeting be adjourned.

**CARRIED**

**APPENDIX 1**

**\* Land Acknowledgement**

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

## Q3 2023-2024 Quarterly Performance Report

---

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2020-2024 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	Strategic Plan
	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	<b>Committee Activities:</b> Meeting held on <b>August 9, 2023</b> : 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.
	<b>Decisions Not Requiring Board Approval:</b> N/A
	<b>Decisions Requiring Board Approval:</b> N/A

Q2	<b>Committee Activities:</b> <b>September 6-7, 2023</b> electronic vote held to appoint Chair to Nominations Committee. <b>October 11, 2023</b> 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.
	<b>Decisions Not Requiring Board Approval:</b> N/A
	<b>Decisions Requiring Board Approval:</b> 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.

<b>Q3</b>	<b>Committee Activities: <u>January 10, 2024</u>:</b> reviewed risk management report, approved terms of reference for the Equity Perspectives and Indigenous Insights advisory panels, approved the reposting of discipline decisions, and finalized the Jan 25 Board meeting agenda.
	<b>Decisions Not Requiring Board Approval:</b> reposting of discipline decisions
	<b>Decisions Requiring Board Approval:</b> risk management report, terms of reference for the Equity Perspectives and Indigenous Insights advisory panels

**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 <sup>rd</sup> party
	Replace governance policies with a new Governance Manual

Q1	<p><b>Committee Activities:</b> There were two meetings in Q1. <b>June 15, 2023</b> – 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. <b>August 31, 2023</b> – 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><b>Decisions Requiring Board Approval:</b> 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>

<b>Q2</b>	<p><b>Committee Activities:</b> There was one meeting in Q2. <b><u>November 10, 2023</u></b> – 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 – 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.</p>
	<p><b>Decisions Requiring Board Approval:</b> N/A</p>
<b>Q3</b>	<p><b>Committee Activities:</b> There was one meeting in Q3. <b><u>January 11, 2024</u></b> – The Committee met with the external third-party consultant who provided a verbal overview of the report on Board effectiveness. The consultant’s report concluded that the COTO Board functions with an extremely high level of effectiveness and clear focus on the public interest. The report also included some opportunities for improvement. The final report was shared with the Board at the January 2024 meeting. With all the governance changes occurring over the past three years, staff have been working on updating, creating new, or retiring a number the College’s governance policies, which have been reviewed by the Committee and will be brought forward to the Board for final approval.</p>
	<p><b>Decisions Requiring Board Approval:</b> Third-Party Governance Assessment Report; Approval of Updated Policies: Board Governance Role, Role of Individual Board Directors and Committee Appointees, Social Media, Virtual Meeting, and In-Camera Sessions.</p>

## Finance and Audit Committee

**Chair:** Allan Freedman

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

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

Q1	<b>Committee Activities:</b> Meeting held: <b>August 23, 2023</b> , 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.
	<b>Finance Report:</b> 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.
	<b>Decisions Requiring Board Approval:</b> N/A

Q2	<b>Committee Activities:</b> Meeting held: <b>September 26, 2023</b> , 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.
	<b>Finance Report:</b> 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.
	<b>Decisions Requiring Board Approval:</b> FY22/23 Audited Financial Statement, FY23/24 Q1 Financial Summary Report, Proposed 2% increase in Registration Fees.

<b>Q3</b>	<p><b>Committee Activities:</b> Meeting held: <b>January 11, 2024</b>, the committee reviewed the committee mandate and annual work plan and the draft FAC minutes of September 26, 2023. The session included a thorough review of the FY23/24 Q2 Financial Report, Q2 Investment Report, and a comprehensive discussion on the current insurance coverage of the College. Additionally, the committee deliberated on proposed amendments to the Allowable Expense Policy and Honoraria Policy, seeking approval. They also reviewed the outcomes of the Finance and Audit Committee Effectiveness Survey. Furthermore, the committee members discussed the results of the Registration Fee Increase Bylaw – Part 18 Consultation Survey and recommended its approval to the Board.</p>
	<p><b>Finance Report:</b>          The FY23/24 Q2 Financial Summary Report underwent review and was subsequently recommended for Board approval. Additionally, the Q2 Investment Report and an overview of insurance coverage were presented to the committee members for informational purposes.</p>
	<p><b>Decisions Requiring Board Approval:</b> FY23/24 Q2 Financial Summary Report, Allowable Expenses-Policy Amendment and review of Honoraria Policy, Consultation of proposed Registration fee increase amendments to bylaw-Part 18.</p>

## 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
<b>Commentary:</b>													
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												
<b>Committee Activities:</b> The Emergency Class regulation amendments were finalized with the province.													
<b>Decisions Requiring Board Approval:</b> N/A													

<b>Q2</b>	<b>Metrics</b>									
	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
	<b>Commentary:</b>									
	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										
Outcomes	<ol style="list-style-type: none"> <li>1. Currency case: 150-hour refresher ruling upheld.</li> <li>2. Examination case: fourth attempt permitted.</li> <li>3. Provisional cases: second provisional certificates granted.</li> </ol>									
	*Note that the examination case was also one of the second provisional request cases, same applicant but 2 issues reviewed									
<b>Committee Activities:</b> 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.										
<b>Decisions Requiring Board Approval:</b> N/A										

<b>Q3</b>	<b>Metrics</b>									
	7180 Registrants*			Application Processing Time 0 (Avg in Days) <i>--Due to the change in system, the times for this quarter cannot accurately be calculated--</i>				Practicing without a Certificate	Expired Certificates	
	112 Certificates Issued*			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	100	12	35	16	0 (Shortest – 0 Longest – 0)	0 (Shortest – 0 Longest – 0)	0 (Shortest – 0 Longest – 0)	0	0	0
	<b>Commentary:</b>									
	Registration Committee Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated	
	Type		New	Resolved	Avg Case Time					
	Currency		6	6	13 days**	1	100% (3/3)	0	0/15* *Reviewed suggested changes but not yet updated	
	Education									
Examination										
Language										
Second Provisional Certificate										
Suitability to Practice										
Outcomes	All 6 the cases the committee approved a temporary certificate be issued to enable applicants to complete their refresher requirements.									
<b>Committee Activities:</b> Approved a temporary process to handle refresher candidates after a recent change in employment legislation.										
<b>Decisions Requiring Board Approval:</b> N/A										

\* As of 19 March 2024

\*\* The cases are all part of the temporary process regarding the refresher program for applicants that do not meet currency. As a result of the cases all being very similar, we do have a very short average case time.

**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	Avg Case Time		
	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	<b>Registrar Report Investigations:</b> Take No Action x2 <b>Complaints:</b> SCERP and s.58 inquiry (1 case) <b>Inquiries:</b> N/A				
	<b>Commentary:</b> 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					
	<b>Committee Activities:</b> 1 group training on June 2, 2023.					
	<b>Decisions Requiring Board Approval:</b> 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
	Complaints	2	2	440.5***	
	Inquiries	1	1	95	
	Outcomes	<b>Registrar Report Investigations:</b> Advice & Guidance x1, Undertaking x1, s.58 referral x2, Take no action x1 <b>Complaints:</b> Take no Action x1, TBD <b>Inquiries:</b> Undertaking x1 <b>Registrar Action (no ICRC involvement):</b> 5 reports received – Closures x4, Appointment of Investigator x1			
	<b>Commentary:</b> *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 parties participation				
	<b>Committee Activities:</b> Group training on September 29 on health inquiries and incapacity.				
	<b>Decisions Requiring Board Approval:</b> N/A				

Q3	Cases				Meetings Held	HPARB Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	0	4*	272	Panel A = 1 Panel B = 2 All ICRC = 0	1
	Complaints	4	3	280***		
Inquiries	0	0**	N/A			
Outcomes	<p><b>Registrar Report Investigations:</b> 2x Take No Action, 1x Advice &amp; Guidance + Undertaking, 1 x referral to discipline  <b>Complaints:</b> 2x Advice and Guidance, 1 x Take No Action  <b>Inquiries:</b> 1 x Ordered Independent Medical Examination (IME)  <b>Registrar Action (no ICRC involvement):</b> 7 reports received – 2x closed with no action, 1x close with advice &amp; guidance, 1x closed as same incident investigated as a complaint from client, 1x Undertaking/mentorship, 2x pending</p>					
<p><b>Commentary:</b> *2 RRs involved 1 registrant and the same conduct – the second investigation had a wider scope and was referred to discipline – the first was a take no action, since it was encapsulated in the second investigation  ** The ICRC ordered an IME, however, this is not a final outcome and therefore this is reported as a 0 still  *** 1 file was over 400 days – was a joint investigation with another College and was quite complicated, however, 1 file was complete in 156 days</p>						
<b>Committee Activities:</b>						
<b>Decisions Requiring Board Approval:</b>						

**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 18<sup>th</sup> – Nov 17<sup>th</sup>, 2023)</i>	49	0	0
	Annual Requirement				
	eLearning Module (due Oct 31, 2023)	N/A % completed	Annual Learning Plan		N/A% completed

					(due Oct 31, 2023)				
<b>Committee</b>									
<b>QAC Cases / Decisions</b>				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								
<b>Registrant Experience Survey:</b> Value (% satisfaction), Principles (% satisfaction), Support (% satisfaction)									
<b>Commentary:</b> The 2 annual requirements (eLearning Module and Learning Plan) were launched in the new database portal in June. Both are due October 31 <sup>st</sup> and the QA team is fielding inquiries to support registrants in their access and completion of these activities. The 2024 eLearning module is currently in development with QAS. The Competency Assessment process and tools have undergone a major revision to reflect the new Competencies for Occupational Therapists in Canada and the new Standards for Practice. This new 2 step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. The interviews are being conducted September 18 – November 17 <sup>th</sup> . The QA Team welcomed Laura Burrows in the role of QA Associate (maternity leave).									
<b>QAC Activities:</b> None in Q1. Upcoming meetings scheduled for November 7 <sup>th</sup> and December 12 <sup>th</sup> . <b>QAS Activities:</b> The subcommittee met 2 times (July 17 <sup>th</sup> and August 21 <sup>st</sup> ) 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. <b>Peer Assessors:</b> There are 13 peer assessors that perform the competency assessments. Two in depth training days have been held (June 27 <sup>th</sup> and 14 <sup>th</sup> ) to prepare for the new competency assessment. Assessment notification emails were sent out August 22 <sup>nd</sup> and peer assessors have contacted the registrants assigned to them and are coordinating the peer interviews which begin September 18 <sup>th</sup> .									
<b>Decisions Requiring Board Approval:</b> N/A									

<b>Q2</b>	<b>Metrics</b>								
	<b>Competency Assessment</b>								
	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 18<sup>th</sup> – Nov 17<sup>th</sup>, 2023)</i>		0		45		0
	<b>Annual Requirement</b>								
	eLearning Module (due: Oct 31 (Nov 30 <sup>th</sup> ), 2023)		99% completed (n=25 not complete)		Annual Learning Plan (due Oct 31 (Nov 30), 2023)			99% completed (N=22 not complete)	
	<b>Committee</b>								
	<b>QAC Cases / Decisions</b>								
	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 12<sup>th</sup>)</i>	0	0	TBA	1	Yes
Non-Compliance with annual requirements (1 or both)	40								

	<p><b>Registrant Experience Survey:</b> Several (n=3) registrants have completed this new survey. All rated their “overall experience with the competency assessment” as “good” or “very good”. All reported “valuable insights or “take aways” by participating in the competency assessment process”. All “made change in (their) your practice because of the assessment”. All agreed that “the process reflect the program principles (i.e., quality practice, fair, transparent, just right, responsive, reciprocal). They noted the process can be a stressful experience.</p> <p><b>Commentary: Compliance:</b> The two annual requirements (eLearning Module and Learning Plan) were due October 31<sup>st</sup> and the QA team fielded inquiries to support registrants in their access and completion of these activities. Final due date was November 30<sup>th</sup>, after which time letters are sent to registrants notifying them of non compliance 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 <b>Competency Assessment</b> 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 17<sup>th</sup>. Data is being compiled for analysis. Preparations are underway for the next cohort (2) early in 2024. <b>Resources:</b> The 2024 eLearning module on Record Keeping is drafted and will be reviewed by QAC at the next meeting. <b>Staffing:</b> The QA Associate (maternity leave) role is currently vacant and recruitment underway.</p>
	<p><b>QAC Activities:</b> Met once (<b>November 7<sup>th</sup></b>) to review the and adapt the policy and considered updates to the QAC program and competency assessment. Upcoming meetings scheduled for December 12<sup>th</sup> and January (TBA).</p> <p><b>QAS Activities:</b> Met twice (<b>September 28<sup>th</sup> &amp; November 13<sup>th</sup></b>) to continue the final content development for the 2024 Annual eLearning Module.</p> <p><b>Peer Assessors:</b> Met once (<b>October 18<sup>th</sup></b>) 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><b>Decisions Requiring Board Approval:</b> N/A</p>

<b>Q3</b>	<b>Metrics</b>				
	<b>Competency Assessment</b>				
	Risk-Based Selection	Competency Assessment (CA) Completed Q3	CA in Progress	% Total Annual CA Completed	Additional Q1 Directed CAs
	Cohort 2 total = 76 Deferred/NA = 18 Accommodation = 0 Remainder = 58	0  <i>(Assessment period (Jan 31<sup>st</sup>-May 13<sup>th</sup> 2024)</i>	58	45	0
	<b>Annual Requirements</b>				
	Annual eLearning Module (due: Oct 31 (Dec 1), 2023)	4 registrants non complete	reviewed by QAC in Q3. Outcome: to complete by new date or competency assessment		
Annual Learning Plan (due Oct 31 (Dec 1st), 2023)	3 registrants non complete	reviewed by QAC in Q3. Outcome: to complete by new date or competency assessment			

Both (eModule & Plan)		4 registrants- both requirements non complete	reviewed by QAC in Q3. Outcome: to complete by new date or competency assessment					
<b>Committee</b>								
<b>QAC Cases / Decisions</b>				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Revise
Type	Deliberated	# Learning Needs Identified	Outcomes (to date)					
Competency Assessment	N/A	In progress: data not available until Q4	In progress: data not available until Q4	1	0	50 days <i>(Date=Peer Interview until the final letter)</i>	2	Yes
Non-Compliance with annual requirements (1 or both)	N/A	11 registrants	All non-completion (n=11) registrants have completed the activities (no competency assessment needed)					
<p><b>Commentary: Annual Requirements (Non-Completion):</b> The two annual requirements (eLearning Module and Learning Plan) were due October 31<sup>st</sup>, 2023, and with the 30-day extension, the final due date was December 1<sup>st</sup> 2023. After Dec 1<sup>st</sup> non completion letters were sent to 38 registrants with the opportunity to send a written response for QAC review. By the January 2024 QAC meeting, only 11 registrants had outstanding requirement(s). The QAC issued a new date for completion. Failure to complete would result in a competency assessment. All 11 registrants have now completed the requirements, and none will require follow up with a competency assessment. <b>Resources:</b> The content of the 2024 eLearning module on Record Keeping was approved by QAC in December. QAC approved the topic for the 2025 module to be focused on creating a culturally safer practice. This module will be developed as a national module with ACOTRO participation.</p> <p>On January 31<sup>st</sup> the QA program initiated the <b>Competency Assessment</b> process for the next group (cohort 2). The assessment period extends until May 13<sup>th</sup>, 2024, and includes 58 registrants. This 2-step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. Several questions around privacy of health information were strengthened in the revised peer interview tool. Data for the previous group (cohort 1) is currently being analysed by a psychometrician and results will soon be presented to QAC.</p>								
<p><b>QAC Activities:</b> Met twice (Dec 12<sup>th</sup> &amp; January 16<sup>th</sup>) to review and adapt the policy. Deliberated on 1) registrants that did not complete the annual requirements and 2) registrants with 4+ learning needs identified on the competence assessment.</p> <p><b>QAS Activities:</b> Did not meet as content development is finalized for <i>2024 eLearning module on Record Keeping: More than just a note</i>, which will be launched in June 2024.</p>								

	<p><b>Peer Assessors:</b> The group of peer assessors met once (Jan 23<sup>rd</sup>) for a full day of input and training for the competency assessment. They provided input on the competency assessment process and tools. Training was provided by COTO staff on the Standards for Psychotherapy and the Privacy Legislation and Occupational Therapy Practice.</p>
	<p><b>Decisions Requiring Board Approval:</b> Reappointment of Candice Silver to QAS</p>

**Discipline**

**Chair:** Stephanie Schurr

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

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

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

Q3	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
		1	0				
<b>Commentary:</b> None							
<b>Committee Activities:</b> None							
<b>Decisions Requiring Board Approval:</b> 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	<b>Funding Applications:</b> 0 new applications received
	<b>Commentary:</b> There are two cases where the College Sexual Abuse Funding Program is being accessed
	<b>Committee Activities:</b> Meeting held on <b>June 13, 2023</b> <ul style="list-style-type: none"> <li>• Sexual abuse case study for staff, board, and registrant education finalized</li> <li>• Committee made aware New PR committee member term to begin</li> <li>• A review of the Patient Relations Committee Logic Model resulted in a transition from leadership by I&amp;R to leadership by Manager, Practice</li> <li>• A review of the Patient Relations Committee Logic Model resulted in an invitation to COTO COMMS team to support the committee</li> </ul>
	<b>Decisions Not Requiring Board Approval:</b> Patient Relations Committee Work Plan
	<b>Decisions Requiring Board Approval:</b> N/A

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

<b>Q3</b>	<b>Funding Applications:</b> 0 new applications
	<b>Commentary:</b> There is one case where the sexual abuse fund is being accessed
	<b>Committee Activities:</b> Committee met virtually on December 7, 2023. This meeting included a review of the Patient Relations logic model and workplan. Committee discussed the purpose and utility of the Patient Bill of Rights, in particular, distribution, DEI lens and communication opportunities. Committee reviewed the Privacy Legislation in Occupational Therapy guidance document and determined an accompanying plain language resource and video is supported to educate the public.
	<b>Decisions Not Requiring Board Approval:</b> N/A
	<b>Decisions Requiring Board Approval:</b> N/A

**Fitness to Practise**

**Chair:** Vincent Samuel

**Strategic Priorities:** Quality Practice

Workplan 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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Q2	There were no Fitness to Practise matters
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Q3	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"> <li>Record Keeping</li> <li>Scope of Practice</li> <li>Conflict of Interest</li> <li>Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Scope of Practice</li> <li>Jurisdiction</li> <li>Consent</li> <li>Use of Title</li> </ul>	Privacy Legislation in Occupational Therapy
<p><b>Commentary:</b></p> <p><b>Practice Data:</b> 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><b>Outreach:</b> 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 &amp; 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><b>Collaboration with System Partners:</b> 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><b>Committee Activities:</b> The practice subcommittee met on <b>June 7th, 2023</b>, via Zoom. The Subcommittee reviewed and provided feedback on several practice resources: Culture, equity and justice case study, Standards of Practice webinar Q &amp; 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><b>Decisions Requiring Board Approval (Through Executive Committee):</b> 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"> <li>● Consent</li> <li>● Record Keeping</li> <li>● Conflict of Interest</li> </ul>	<ul style="list-style-type: none"> <li>● Record Keeping</li> <li>● Psychotherapy</li> <li>● Private Practice</li> </ul>	N/A
	<p><b>Commentary:</b></p> <p><b>Practice Data:</b> 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><b>Outreach:</b> 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><b>Collaboration with System Partners:</b> 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><b>Committee Activities:</b> The Practice Subcommittee met on <b>September 18th, 2023</b>, 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 &amp; 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><b>Decisions Requiring Board Approval (Through Executive Committee):</b> Board approved the guidance document Privacy Legislation in Occupational Therapy Practice.</p>						

Q3	371 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	275	38	58	97%	<ul style="list-style-type: none"> <li>• Consent</li> <li>• Record Keeping</li> <li>• Other</li> <li>• OTA</li> </ul>	<ul style="list-style-type: none"> <li>• Consent</li> <li>• Other</li> <li>• OT Assessment</li> </ul>	N/A
<p><b>Commentary:</b></p> <p><b>Practice Data:</b> This quarter, the practice resource service received inquiries about utilizing occupational therapy assistants and psychotherapy. The questions are more complex requiring consultation with other system partners, i.e. PGT, professional associations. Consent, Record keeping, and jurisdiction are ongoing themes.</p> <p><b>Outreach:</b> The Practice team participated in several speaking engagements in the third quarter. Outreach included a presentation at VHA, University of Toronto, and Queen’s University.</p> <p><b>Collaboration with System Partners:</b> 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><b>Committee Activities:</b> The Practice Subcommittee met on <b>February, 23 2024</b>, virtually. Subcommittee welcomed two new professional members. Subcommittee finalized the document Working with third party payers and provided suggested edits to the virtual/remote services resource. Subcommittee recommended themes to be included in the development of a collaborative care resource. Subcommittee engaged in a fulsome discussion about the wording of occupational therapy scope of practice. Subcommittee offered suggestions about terms that are commonly recognized and in plain language to assist the public and system partners understand what occupational therapists do. An environmental scan of practice trends was undertaken, no recommendations to develop additional resources were indicated.</p> <p><b>Decisions Requiring Board Approval (Through Executive Committee):</b> N/A</p>							

**Nominations Committee**

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

Q2	<b>Committee Activities:</b> <u>October 5, 2023</u> : Reviewed Board and Committee Competencies, Eligibility and Disqualification Requirements, and discussed reduction of overlap of Board and committees, and determined Practice Subcommittee Recruitment Plan. Approved Board & Committee Competency Profile Data Collection Policy, <u>November 21, 2023</u> : Discussed candidate applications and finalized the operationalization of interview process.
	<b>Decisions Not Requiring Board Approval:</b> N/A
	<b>Decisions Requiring Board Approval:</b> Board & Committee Competency Profile Data Collection Policy

Q3	<b>Committee Activities:</b> <u>December 22, 2023</u> : Discussed outcome of five interviews and selected two candidates to fill vacancies on the Practice Subcommittee; Reviewed and refined the interview process, scheduling, and materials for next recruitment of approximately 12 candidates to replace Board members on committees. <u>January 9, 2024</u> : Discussed and approved executive officer nominations and committee chair appointment processes. Confirmed and finalized timelines for recruitment.
	<b>Decisions Not Requiring Board Approval:</b> N/A
	<b>Decisions Requiring Board Approval:</b> Two candidate appointments to the Practice Subcommittee

## **BOARD MEETING BRIEFING NOTE**

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**Date:** April 4, 2024  
**From:** Executive Committee  
**Subject:** Risk Management Report

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**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 meeting on May 31, 2023. This overall review of the risk register occurs once per year; however, the register can be reviewed at any time.

## BOARD MEETING BRIEFING NOTE

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### Risk Management Report

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Page 2 of 6

The evaluation report of Board effectiveness, that was presented at the January 2024 board meeting included a suggestion to outline practice risks to the public more clearly. Staff have identified a methodology to do this and will work over the next few months to document risks, mitigation strategies and residual risks. It is anticipated that this will come back to the Executive Committee for review prior to the June board meeting.

<b>Risk Category</b>	<b>STRATEGIC</b>
<b>Risk:</b>	<p><b>Health Human Resources</b></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"> <li>• Mandating that each college develop an emergency registration regulation. This is now in force but has not been needed yet.</li> <li>• 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. (Resources involved include time and money)</li> <li>• 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.</li> <li>• The Fairness Commission is now becoming involved in HHR issues through its reporting mechanism.</li> <li>• Removal of Canadian experience requirements. No impact for occupational therapy.</li> </ul> <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>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Membership with Health Profession Regulators of Ontario (HPRO)</li> <li>2. Establishing and sustaining positive government relationships.</li> <li>3. Standard processing times for applications for registration.</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. HPRO meetings and working group participation.</li> <li>2. Ministry updates, response to Ministry consultation</li> <li>3. College networking updates</li> <li>4. Monitoring government processes put in place for other professions.</li> </ol>

**BOARD MEETING BRIEFING NOTE**

Risk Category	STRATEGIC
	<p><b>Action Plan:</b></p> <ol style="list-style-type: none"><li data-bbox="516 453 1390 516">1. Working with the SEAS program to support their timely assessment of international applicants.</li><li data-bbox="516 537 1390 600">2. Anticipating our new system for registration and database to maximize efficiency and reporting.</li><li data-bbox="516 621 1409 684">3. Maintaining open communication with the provincial OT association and government re: any relevant initiatives.</li><li data-bbox="516 705 1344 737">4. Discussion with Ministry of Health Representatives as appropriate.</li></ol>

**BOARD MEETING BRIEFING NOTE**

<b>Risk Category</b>	<b>STRATEGIC</b>
<b>Risk:</b>	<b>Fee Increase</b> A fee increase is slated to be implemented for the upcoming renewal which starts on April 1, 2024. This increase is a 2% increase or just under \$15 per registrant.
<b>Control Procedure(s)</b>	A communications plan is underway to assist with any further issues or concerns that arise once annual renewal begins.
<b>Action Plan &amp; Monitoring Process</b>	<b>Monitor through:</b> 1. Feedback.  <b>Action Plan:</b> 1. Continue to implement the communications plan during renewal.

**BOARD MEETING BRIEFING NOTE**

<b>Risk Category</b>	<b>OPERATIONAL</b>
<b>Risk:</b>	<b>Enterprise System project</b> Updates on our system work: <ul style="list-style-type: none"><li>• Our system is now live.</li><li>• Annual renewal will occur with new system.</li><li>• New individuals can apply using the new system.</li><li>• Data is migrated and the public register is live.</li><li>• Our old data base will be decommissioned as of March 31, 2024</li></ul>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"><li>1. Dedicated resources for IT operations</li><li>2. Back ups of old current data base as repository of old information.</li><li>3. Leadership closely monitoring project progression and developing contingency plans.</li><li>4. Project manager closely monitoring and facilitating the progression of the work.</li><li>5. Additional development resources are available if needed to be contracted for a short term to speed up deployment.</li></ol>
<b>Action Plan &amp; Monitoring Process</b>	<b>Action Plan:</b> <ol style="list-style-type: none"><li>1. Next steps for the project will be to advance the deployment of the QA tools, and the system for use with Investigations and Resolutions.</li><li>2. Ongoing financial reserves to be monitored for development and maintenance of this critical College infrastructure.</li><li>3. The Board will be kept informed as this project progresses.</li></ol>

## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Finance and Audit Committee  
**Subject:** Q3 FY 2023-2024 Financial Report

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**Recommendation:**

*THAT the Board receive the Q3 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 February 29, 2024
  - Statement of Operations for the period June 1, 2023, to February 29, 2024
  - Statement of Reserve Funds as at February 29, 2024

**Discussion:**

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at February 29, 2024)

## BOARD MEETING BRIEFING NOTE

Q3 FY 2023-2024 Financial Report

Page 2 of 9

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

- The balance in the investments will not align with the monthly BMO Investment Reports for interim financial reporting as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end. Variances to prior year reflect changes in the investment portfolio, including investments matured and reinvested, recognizing the interest reinvested in the balance.
- The increase in property and equipment from the previous year stems from the addition of new computer hardware worth \$65,130, along with depreciation related to leasehold improvements, furniture, and the server.

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

- The deferred registration fees recorded in the Statement of Financial Position, as at February 29, 2024, 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 the last quarter, the College acquired \$65,130 worth of fixed assets in the form of computer hardware, resulting in an increase in the investment 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.

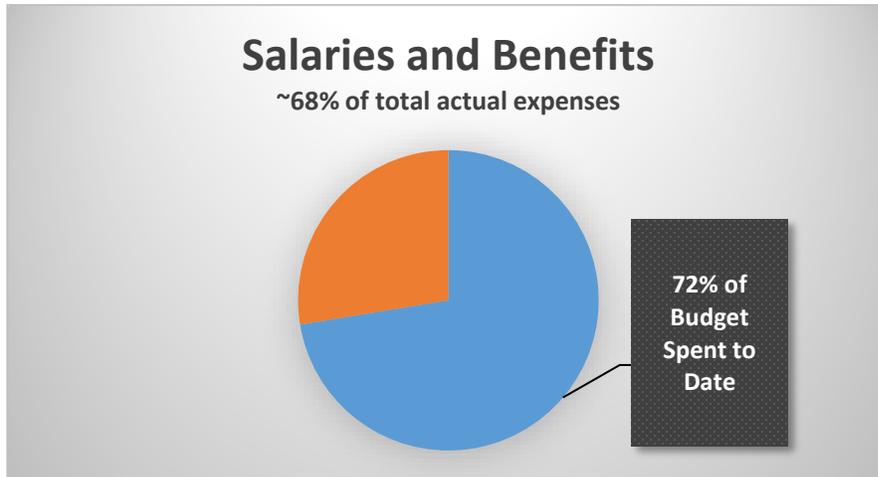
### Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2023, to February 29, 2024).

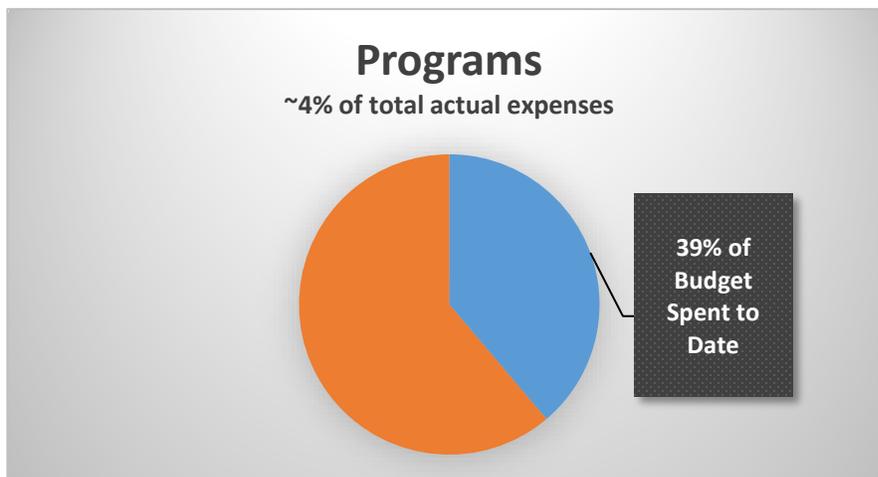
The excess of revenues over expenses for the period June 1, 2023, to February 29, 2024, is \$223,476 once the Enterprise System costs are removed. The College is in a surplus position and the below charts provide some additional detail for each category.



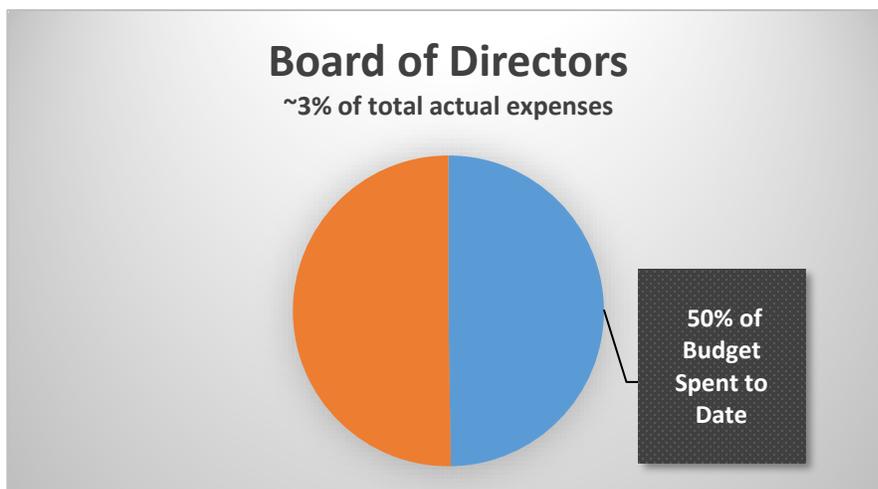
- Status: Favourable to budget
- Revenue is composed primarily of returning and new registrant fees, and application fees.
- Actual revenue earned to date is 78% due primarily to increased interest income.



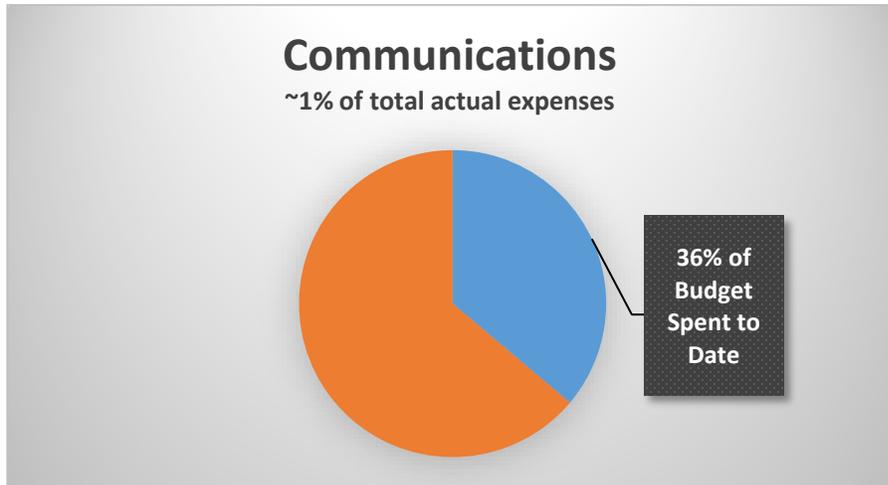
- Status: On target



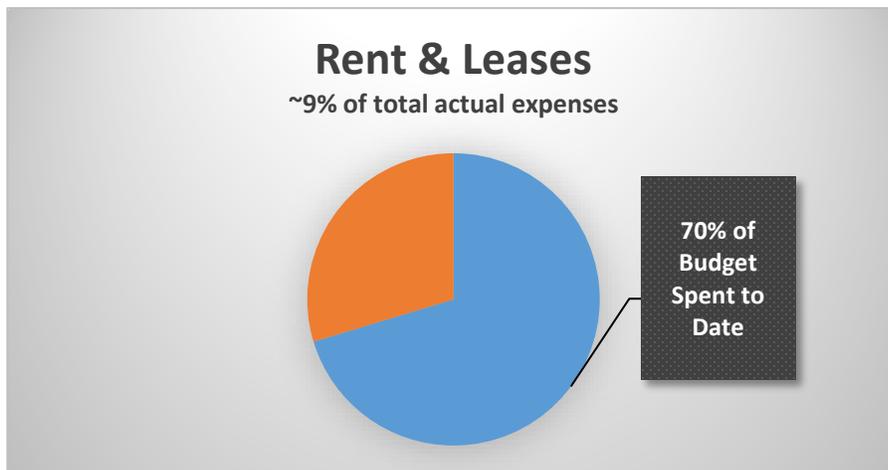
- Status: Favourable to budget
- Program expenses are under budget primarily due to the timing of College activities. Registration payment processing fees not anticipated until Q4.



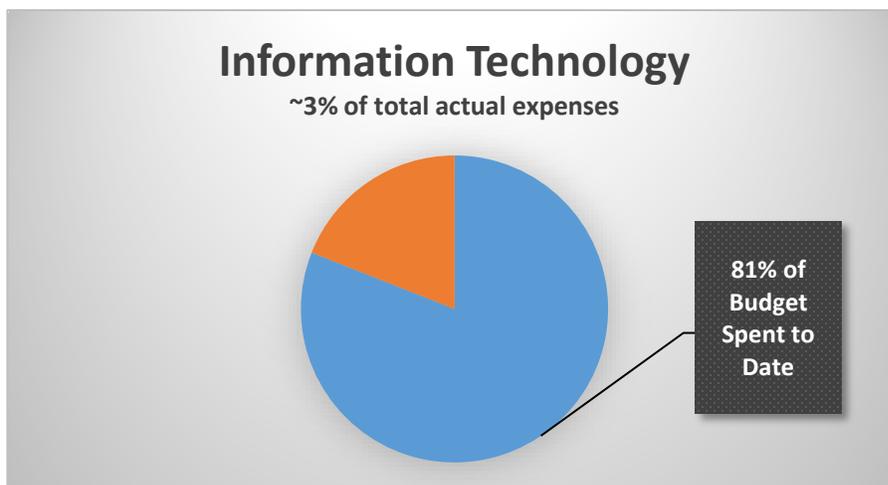
- Status: Favourable to budget
- Board of Director expenses are under budget. We attribute this to the timing of expense report submission.



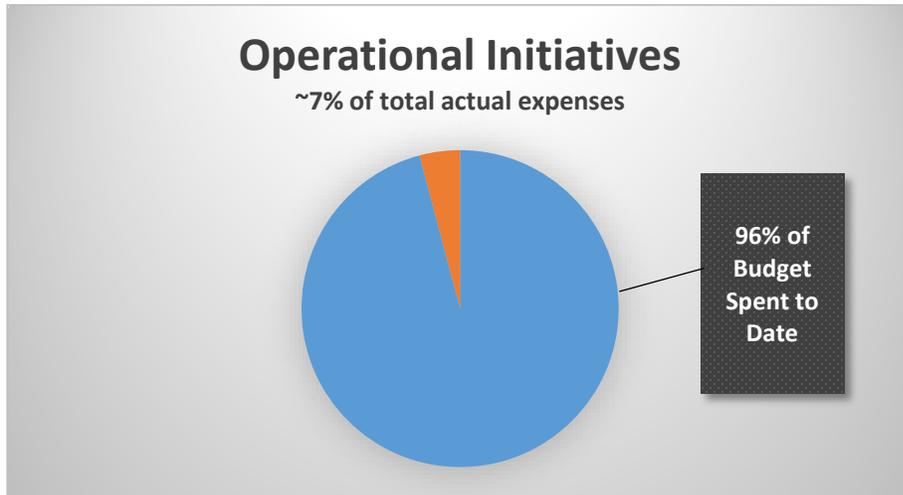
- Status: Favourable to budget
- Communications costs are under budget due to the timing of invoicing from vendors. The bulk of the expenses are anticipated in Q4.



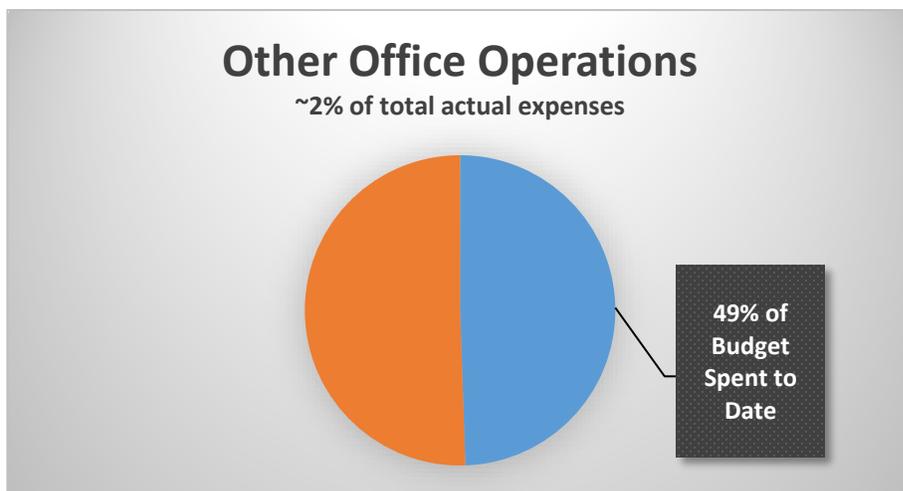
- Status: On target
- Included here are rent and insurance premiums and leases for large equipment.



- Status: Unfavorable to Budget
- IT costs are slightly unfavorable to budget due to outsourced IT system support with Horn IT Solutions. This was a recommended action item from our external Technology Review.



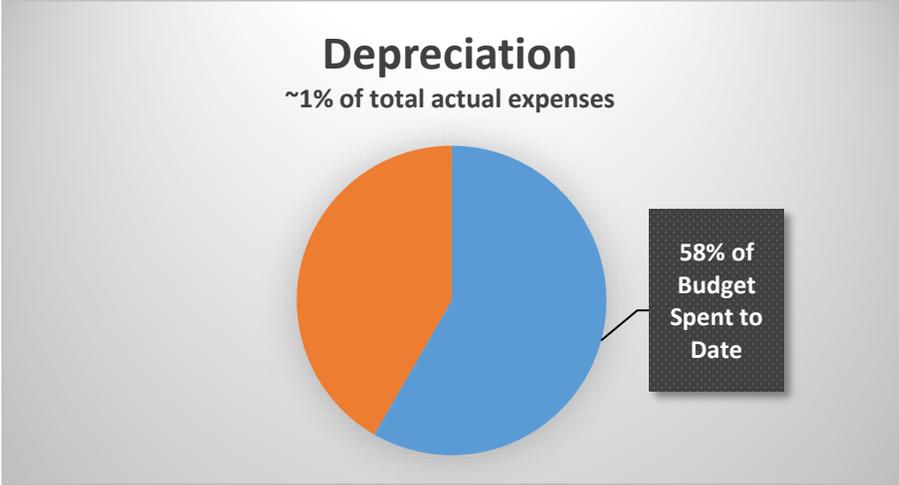
- Status: Unfavourable to budget
- Operational initiatives are at 96% spent to date once the Enterprise System costs are removed.



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



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



- Status: Favourable to budget
- Depreciation is under budget as further additions anticipated in Q4.

## BOARD MEETING BRIEFING NOTE

Q3 FY 2023-2024 Financial Report

Page 7 of 9

### Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at February 29, 2024)

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

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

- \$176,326 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. \$141,120 of this total has been allocated to the reserve fund.
- \$28,865 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: March 31, 2024 April 30, 2024 May 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, 2024.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2024.	Up to date

**College of Occupational Therapists of Ontario**  
**STATEMENT OF FINANCIAL POSITION**  
As at February 29, 2024

	29-Feb-24	28-Feb-23
<b>ASSETS</b>		
Current assets		
Cash	1,324,313	1,497,514
Accounts receivable and prepaid expenses	46,772	53,548
Total current assets	1,371,085	1,551,062
Investments	3,565,719	3,461,113
Property and equipment, net of accumulated amortization	251,925	212,127
<b>TOTAL ASSETS</b>	<b>5,188,729</b>	<b>5,224,302</b>
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable and accrued liabilities	227,615	271,412
HST payable	(20,086)	-
Deferred registration fees	1,107,483	1,063,938
Total current liabilities	1,315,012	1,335,350
Total liabilities	1,315,012	1,335,350
<b>NET ASSETS</b>		
Reserve funds	1,225,000	1,407,241
Invested in fixed assets	251,925	212,127
Unrestricted	2,314,436	2,127,449
Excess of revenues over expenses for the period	82,356	142,135
Total net assets	3,873,717	3,888,952
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>5,188,729</b>	<b>5,224,302</b>

**BOARD MEETING BRIEFING NOTE**

Q3 FY 2023-2024 Financial Report

Page 9 of 9

**College of Occupational Therapists of Ontario  
STATEMENT OF OPERATIONS  
June 2023 to February 2024**

	<b>9 Months Actuals ended Feb 2024 \$</b>	<b>12-Month Budget FY23/24 \$</b>	<b>Percentage of Spend to Budget %</b>
<b>REVENUES</b>			
Registration fees	3,576,715	4,667,399	77%
Application fees	80,454	105,860	76%
Interest & other income	98,699	68,689	144%
<b>TOTAL REVENUES</b>	<b>3,755,868</b>	<b>4,841,948</b>	<b>78%</b>
<b>EXPENSES</b>			
Salaries and benefits	2,454,242	3,389,446	72%
Programs	165,766	427,120	39%
Communications	32,239	89,151	36%
Board of Directors	104,666	210,383	50%
Rent and Leases	330,232	468,616	70%
Information technology	129,104	159,416	81%
Other office operations	87,688	177,298	49%
Operational initiatives	256,185	120,000	213%
Professional fees	79,105	85,138	93%
Depreciation	34,285	58,780	58%
<b>TOTAL EXPENSES</b>	<b>3,673,512</b>	<b>5,185,348</b>	<b>71%</b>
<b>EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD</b>	<b>82,356</b>	<b>(343,400)</b>	
<i>Funded by Enterprise Wide System Reserve Fund</i>	<i>141,120</i>		
<b>ADJUSTED EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD</b>	<b>223,476</b>		

<b>STATEMENT OF RESERVE FUNDS</b>			
	<b>Opening Balance June 1, 2023 \$</b>	<b>Spent to Date/Change \$</b>	<b>Closing Balance February 29, 2024 \$</b>
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	(141,120)	-
Invested in fixed assets	223,060	28,865	251,925
Unrestricted	2,202,181	112,255	2,314,436
Excess of revenues over expenses for the period	-	82,356	82,356
<b>TOTAL RESERVES</b>	<b>3,791,361</b>	<b>82,356</b>	<b>3,873,717</b>

## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Finance and Audit Committee  
**Subject:** Investment Portfolio as at January 31, 2024

---

**Recommendation:**

*THAT the Board receive the investment portfolio report.*

**Issue:**

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

**Link to Strategic Plan:**

1.5.1 College operations are optimized through collaboration and 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.

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

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

**Background:**

This report summarizes the College's investment portfolio as at January 31, 2024, and is based on the BMO Nesbitt Burns statement as at that date. There are two categories of investments:

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

## BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2024

Page 2 of 4

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

Description	Market Value \$	Maturity Date
<b>Short-Term Investments</b>		Investments are considered short-term if they are cashable or are due to mature within 12 months.
Cash	253,858	
BMO CAD Hisa Series	29,000	
Ville de Coaticook	179,597	
Bank of Montreal Mortgage Corp	100,000	
Haventree Bank GIC	100,000	
ICICI Bank GIC	100,000	
President's Choice Bank GIC	100,000	
RFA Bank of Canada GIC	100,000	
Shinhan Bank Canada GIC	100,000	
<b>Total Short-term Investments</b>	<b>1,062,455</b>	
<b>Long-term (ladder) Investments</b>		
Duo Bank GIC	100,000	Apr-25
Equitable Bank GIC	60,000	Apr-25
Manulife Bank of CDA GIC	100,000	Apr-25
Bank of Montreal GIC	100,000	Apr-26
SBI Canada Bank GIC	100,000	Apr-27
Fairstone Bank GIC Annual	100,000	Jul-26
HomeEquity Bank GIC Annual	100,000	Jul-26
Peoples Trust GIC Annual	100,000	Jul-26
Canadian Western Bank GIC Annual	100,000	Jul-27
Effort Trust GIC	60,000	Sep-25
HSBC Bank GIC	100,000	Sep-26
National Bank of CDA GIC	100,000	Sep-27
Royal Bank of CDA GIC	100,000	Sep-27
Vancity GIC	100,000	Sep-27
Canadian Tire Bank GIC	100,000	Jan-28

April 4, 2024

## BOARD MEETING BRIEFING NOTE

Investment Portfolio as at January 31, 2024

Page 3 of 4

Description	Market Value \$	Maturity Date
Laurentian Bank GIC Annual	100,000	Jan-27
Coast Capital Savings GIC Annual	100,000	Jan-28
Home Trust Company GIC Annual	100,000	Jan-28
Mcan Mortgage GIC Annual	100,000	Jan-28
Concentra Bank GIC Annual	100,000	Jan-29
General Bank of CDA GIC Annual	100,000	Jan-29
CPN Province of Ontario	282,674	Jun-25
City of Montreal	97,742	Sep-25
Province of New Brunswick	48,258	Aug-26
Province of Newfoundland	97,038	June-29
<b>Total Long-term Investments</b>	<b>2,545,712</b>	
<b>Total Market Value of Investments</b>	<b>3,608,167</b>	

### College Investment Portfolio – Historical Trends



### Prior Reporting

	Dec 2021	Dec 2022	Dec 2023	Jan 2024
Ladder Investments	1,286,821	2,651,099	1,848,860	2,545,712
Short-term Investments	2,167,912	808,898	1,749,604	1,062,455

April 4, 2024

## BOARD MEETING BRIEFING NOTE

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Investment Portfolio as at January 31, 2024

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Page 4 of 4

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

### **Discussion:**

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

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

### **Implications:**

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

**Attachments:** N/A

## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Executive Committee  
**Subject:** 2023 College Performance Measurement Framework

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### **Recommendation:**

*THAT the Board ratify its unanimous decision executed by electronic motion on March 25, 2024, to approve the 2023 College Performance Measurement Framework for submission to the Ministry of Health.*

### **Issue:**

The Board was asked prior to today's Board meeting to review the College's CPMF submission and recommend any changes prior to it being sent to the Ministry. An electronic motion was held from March 18-25, 2024, and the College's CPMF submission was unanimously approved.

### **Link to Strategic Plan:**

This aligns under Public Confidence:

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

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

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

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

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

### **Background:**

The Ministry of Health has released its College Performance Measurement Framework (CPMF) for the 2023 reporting year setting out expectations and reporting requirements for all health regulatory colleges. Launched in 2021, the Ministry requires all health regulatory Colleges to complete the CPMF report on an annual basis with the aim of assessing how well Colleges are executing their mandate to act in the public

## BOARD MEETING BRIEFING NOTE

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2023 College Performance Measurement Framework

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Page 2 of 2

interest. For the 2023 reporting year, Colleges are required to post their completed CPMF reports on their respective websites and share them with the Ministry by March 31, 2024.

### **Discussion:**

There were no updates or changes to the 2023 CPMF report template from 2022. As in previous iterations, Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF standards and/or how well they are performing in adhering to their mandate. Rather, the tool will continue to focus on areas of improvement in the health regulatory system and identify commendable practices to improve consistency across colleges. Overall, there are a total of 50 standards against which health regulatory colleges are measured, with COTO satisfying all 50.

### **Implications:**

The College will submit the CPMF to the Ministry prior to the March 31, 2024, deadline, and will post the report on the College website.

### **Attachments:**

1. 2023 CPMF submission

# College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

December – 2023

# Table of Contents

Introduction.....	4
The College Performance Measurement Framework (CPMF) .....	4
CPMF Model.....	5
The CPMF Reporting Tool.....	7
Completing the CPMF Reporting Tool.....	7
Part 1: Measurement Domains.....	8
DOMAIN 1: GOVERNANCE .....	8
DOMAIN 2: RESOURCES .....	26
DOMAIN 3: SYSTEM PARTNER .....	30
DOMAIN 4: INFORMATION MANAGEMENT.....	32
DOMAIN 5: REGULATORY POLICIES .....	34
DOMAIN 6: SUITABILITY TO PRACTICE .....	37
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT .....	50
Part 2: Context Measures.....	54
Table 1 – Context Measure 1 .....	54
Table 2 – Context Measures 2 and 3.....	56
Table 3 – Context Measure 4 .....	57
Table 4 – Context Measure 5 .....	58
Table 5 – Context Measures 6, 7, 8 and 9.....	60
Table 6 – Context Measure 10 .....	62

Table 7 – Context Measure 11 .....	64
Table 8 – Context Measure 12 .....	65
Table 9 – Context Measure 13 .....	66
Table 10 – Context Measure 14 .....	68
Glossary .....	69

# Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

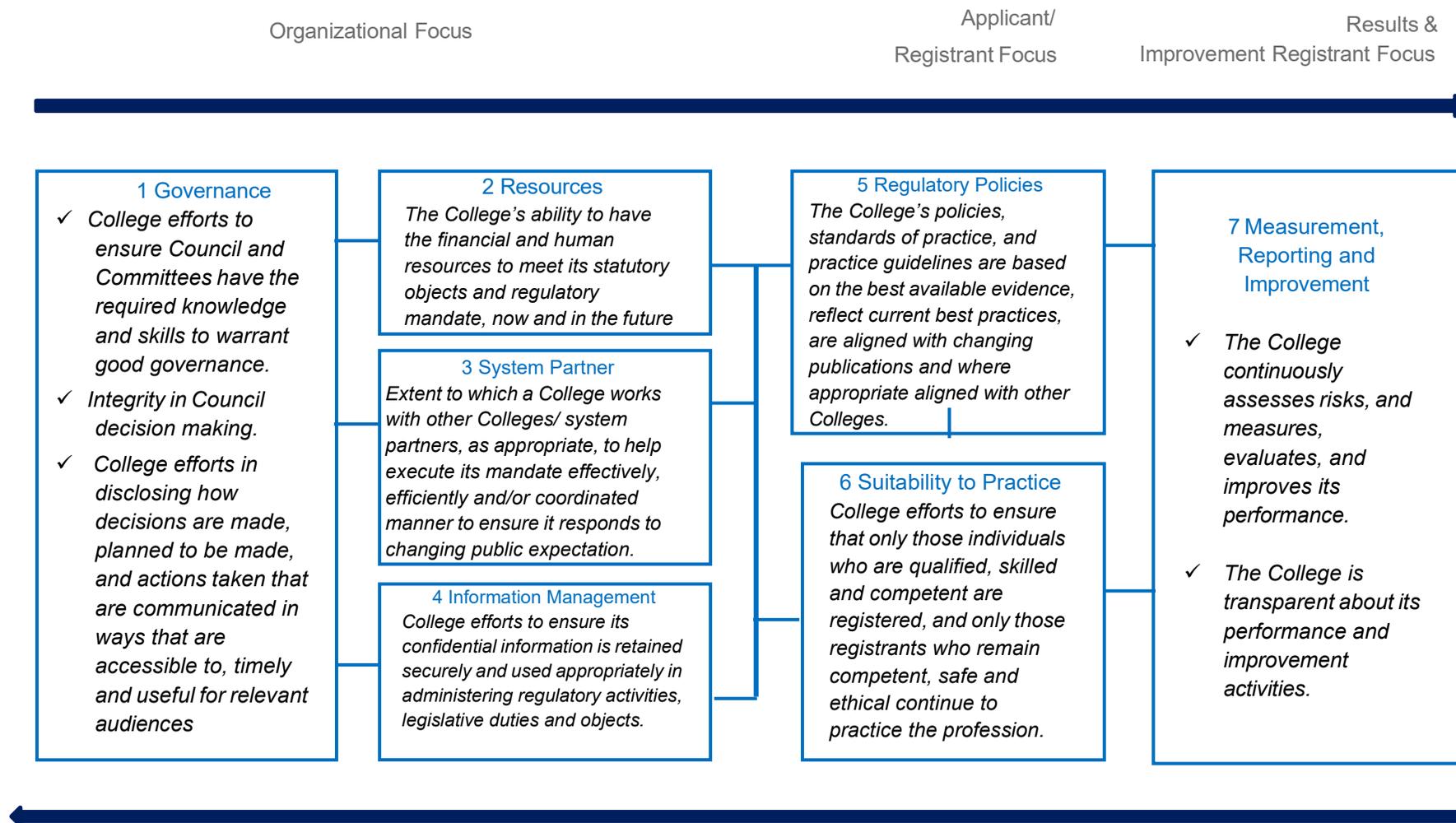
**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2: CPMF Domains and Standards**

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

## The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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

## Completing the CPMF Reporting Tool

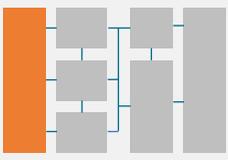
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

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

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

## Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>

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

			<i>Additional comments for clarification (optional):</i>	
		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: Yes</li> <li>• <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The Board approved the <a href="#">Committee Competency Framework</a> for all statutory and non-statutory committees in June 2021.</p> <p>Suitability criteria for Committee candidates can be found in College <a href="#">bylaws</a> under Section 12.01.1 for Professional Committee Appointees, and under Section 12.02.1 for Community Appointees.</p>	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2196 570">The College fulfills this requirement:</td> <td data-bbox="2196 516 2612 570">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 570 2612 1445"> <ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b>Duration of orientation training:</b> As part of their eligibility, all candidates for an appointment to any College Committee must complete the College’s interactive <a href="#">orientation module</a>, which takes approximately 45 mins to an hour to complete. The College’s orientation module provides interesting candidates the essential information about the College, its mandate, and the roles and responsibilities of Committee members.</p> <p>Each new Professional or Community Appointee also attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day.</p> <p><b>Format of orientation training:</b> Committee orientation is done in-person and in a virtual platform, facilitated by College staff and/or Legal Counsel.</p> <p><b>List of orientation training topics:</b>  Individual statutory (and if non-statutory committees) program requirements. This includes program requirements, legislative and regulation requirements, terms of references and powers of the Committee, as well as a review of individual program policies and procedures.  Public Interest  Fiduciary Duties  Code of Conduct  Conflict of Interest  Confidentiality  Equity, diversity, and inclusion  Human Rights and the Ontario Human Rights Code  Accommodations  Unconscious bias  Decision writing  Current issues and risks facing each Committee</p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b>Duration of orientation training:</b> As part of their eligibility, all candidates for an appointment to any College Committee must complete the College’s interactive <a href="#">orientation module</a>, which takes approximately 45 mins to an hour to complete. The College’s orientation module provides interesting candidates the essential information about the College, its mandate, and the roles and responsibilities of Committee members.</p> <p>Each new Professional or Community Appointee also attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day.</p> <p><b>Format of orientation training:</b> Committee orientation is done in-person and in a virtual platform, facilitated by College staff and/or Legal Counsel.</p> <p><b>List of orientation training topics:</b>  Individual statutory (and if non-statutory committees) program requirements. This includes program requirements, legislative and regulation requirements, terms of references and powers of the Committee, as well as a review of individual program policies and procedures.  Public Interest  Fiduciary Duties  Code of Conduct  Conflict of Interest  Confidentiality  Equity, diversity, and inclusion  Human Rights and the Ontario Human Rights Code  Accommodations  Unconscious bias  Decision writing  Current issues and risks facing each Committee</p>	
The College fulfills this requirement:	Yes						
<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p><b>Duration of orientation training:</b> As part of their eligibility, all candidates for an appointment to any College Committee must complete the College’s interactive <a href="#">orientation module</a>, which takes approximately 45 mins to an hour to complete. The College’s orientation module provides interesting candidates the essential information about the College, its mandate, and the roles and responsibilities of Committee members.</p> <p>Each new Professional or Community Appointee also attends an orientation session prior to their first meeting. In addition, full Committee orientation training occurs annually for a half-day.</p> <p><b>Format of orientation training:</b> Committee orientation is done in-person and in a virtual platform, facilitated by College staff and/or Legal Counsel.</p> <p><b>List of orientation training topics:</b>  Individual statutory (and if non-statutory committees) program requirements. This includes program requirements, legislative and regulation requirements, terms of references and powers of the Committee, as well as a review of individual program policies and procedures.  Public Interest  Fiduciary Duties  Code of Conduct  Conflict of Interest  Confidentiality  Equity, diversity, and inclusion  Human Rights and the Ontario Human Rights Code  Accommodations  Unconscious bias  Decision writing  Current issues and risks facing each Committee</p>							

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

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p><b>Duration of orientation training:</b> New Public Directors must complete the College’s interactive pre-election module, which takes approximately 45 mins to an hour to complete. The module provides essential information about the College, its mandate, and the roles and responsibilities of Board Directors. Click <a href="#">here</a> to access the module.</p> <p>In addition, newly appointed Directors undergo a half-day training session prior to their first Board meeting with the College Registrar and Board Chair. The Board undergoes a half-day training session annually, in addition, a portion of each Board meeting includes education or additional training sessions that the Board identifies as learning priorities. They also attend annual orientation prior to the attendance at any committee level. In addition, as the Ministry has now instituted a governance training course for Public Directors, there will be an expectation that all public appointments maintain currency of training.</p> <p><b>Format of orientation training:</b> Orientation for Public Directors is done in-person or in a virtual platform, facilitated by the College Registrar and Board Chair.</p> <p><b>List of orientation training topics:</b>  Introduction to regulatory framework  Public Interest  Roles and Structures  Role of the Board  Role of Individual Board Directors  Rules of Order  Fiduciary Duties  Code of Conduct  Conflict of Interest  Human Rights and the Ontario Human Rights Code  Unconscious Bias  Equity, Diversity, and Inclusion  Risk Management  Finance (how to read financial statements)  Current issues facing the College  Strategic Plan</p> <p>In addition, new Public Directors appointed to the Discipline Committee must complete Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2022, continues to meet in 2023</p>
			<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>
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Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.				
Required Evidence	College Response			
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Met in 2022, continues to meet in 2023</td> </tr> </table>			Met in 2022, continues to meet in 2023
		Met in 2022, continues to meet in 2023		
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>Yes</b></li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p><b>Year framework was last updated:</b> 2021</p> <p><b>Insert a link to Framework OR link to Council Board meetings where framework is found and was approved:</b> <a href="#">January 2022 Board meeting</a> (p.147).</p> <p><b>Evaluation and assessment results are discussed at public Council meeting:</b> <a href="#">March 2023 Board meeting</a> (p.174).</p>			
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.		
<p><i>Additional comments for clarification (optional)</i></p>				

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>• <i>If yes, how often do they occur?</i> Every three years</li> <li>• <b>Please indicate the year of last third-party evaluation.</b> 2023</li> </ul> <p>The College underwent a full governance review in 2019 and has undertaken extensive work since then to implement all recommendations from that review. In the fall of 2023, the Governance Committee solicited the assistance of another governance expert, to focus the assessment on how the College’s Board demonstrates effectiveness at its meetings, and on identifying areas where opportunities for improvement may exist. The assessment was done by Deanna L. Williams of Dundee Consulting and was completed in December 2023. The final report was provided to the Board at its <a href="#">January 2024 Board meeting</a> (p. 70).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>As part of the annual Director and Committee member self-evaluation there is an opportunity for Directors and Committee members to identify their own individual development and education interests. For the Board evaluation, the feedback is collated and shared with the Executive Committee who decides on the education/training needs for the upcoming College Board year. Ongoing training is also identified by emerging trends. <a href="#">March 2023 Board meeting</a> (p. 174).</p> <p>Additional training and education the Board received in 2023 includes Board education on Financial Matters by College Director of Finance, People and Corporate Services (June 2023).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>The Board underwent a strategic planning process in October 2023, which included reviewing an extensive environmental scan as well as surveying the public and registrants. To better understand the evolving public expectations and key issues identified in the surveys, interviews were also held with key senior leaders in the Ministry, OT associations, and other regulatory colleges. These interviews helped challenge, validate, or refine the draft themes that emerged from the environmental scan and the results were shared on our <a href="#">website</a>.</p> <p>In addition, the College receives regular feedback from system partners on evolving practice trends and changing public expectations in the practice environment. In 2023 this type of feedback informed information that was provided to the Practice Subcommittee for its consideration on issues such as <i>Privacy Legislation and Occupational Therapy Practice</i>. <a href="#">October 2023 Board meeting</a> (p. 114).</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure:		
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
Required Evidence	College Response	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</li> <li>Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</li> </ul> <p><b>Year when the Code of Conduct and Conflict of Interest policy was last evaluated/updated:</b> 2021</p> <p>Given public expectations the College’s <a href="#">Code of Conduct</a> for Board and Committee members now consists of a set of four values and the principles that apply to them. One of the new values that was added in the current version includes diversity and inclusion. The <a href="#">Conflict of Interest</a> policy was updated to include which types of relationships potentially represent conflict of interest and thus need to be disclosed. In addition, all Board Directors must attest in writing that they do not have a conflict of interest to declare prior to each meeting and that written attestation is included in all Board meeting materials.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
	<p><i>Additional comments for clarification (optional)</i></p>	<p>Choose an item.</p>

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>Links to the <a href="#">Code of Conduct</a> and <a href="#">Conflict of Interest</a> policy.</p>	Met in 2022, continues to meet in 2023
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the College define the cooling off period? <ul style="list-style-type: none"> <li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p><b>Year that the cooling off period was developed or last evaluated/updated:</b> 2021</p> <p><b>Length of the cooling off period:</b> three years</p> <p>The College defines the cooling off period in College <a href="#">bylaws</a>. Section 5.03 (p.14) subsection 5.03.1(i) states that a registrant is eligible for election if:</p> <p>"... not at present nor has been at any time within the three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association."</p>	Met in 2022, continues to meet in 2023

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the _____ completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>Yes</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <p><b>Year conflict of interest questionnaire was implemented or last evaluated/updated: 2021</b></p> <p>A focus on Director expectations regarding conflict of interest is part of the annual orientation and includes information on regulatory requirements and various scenarios to support Director’s understanding of these expectations. All Board Directors are asked to review and complete the conflict of interest questionnaire on an annual basis. In addition, prior to and before the start of every Board meeting, the Board Chair will ask Directors to declare any conflicts of interest based on agenda items and any conflicts are recorded in the minutes and managed accordingly. <a href="#">January 2023 Board meeting</a> (p. 4).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
			<ul style="list-style-type: none"> <li>• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul> <p>All briefing materials include a rationale to explain why the matter for discussion is in the public interest. The content of each briefing reinforces the connections of the matter to the College’s mandate and Board’s role. This includes providing the necessary context and background to support the Board’s decision-making and understanding of any key considerations that must be included to demonstrate the item as a matter of public interest. <a href="#">October 2023 Board meeting</a> (p. 101).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <p>The College’s Risk Management program was officially launched in 2018. Since then, it has been reviewed and occasionally changed with respect to processes and oversight. Any new risks are evaluated and added to the risk register and integrated into the development of our annual operating initiatives if needed. In 2022, it was further clarified in each College committee’s term of reference, that each committee reviews risk related to the mandate of their committees and take the necessary steps to ensure they are managed.</p> <p>The Executive Committee oversees the Risk Management Program and ensures the Board is informed about evolving risks. Any risks identified as high or critical in each quarter are brought forward to the Board. <a href="#">June 2023 Board meeting</a> (p. 73).</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

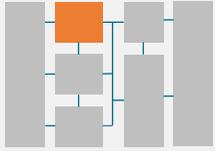
Measure:	
3.1 Council decisions are transparent.	
Required Evidence	College Response
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Council minutes are posted.</li> <li>• Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Link to <a href="#">College website</a> where Board minutes are posted.</p> <p>Status updates on the implementation of all Board decisions are provided in the Board meeting materials. <a href="#">October 2023 Board meeting</a>, (p. 14).</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>
	<p>Met in 2022, continues to meet in 2023</p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:</p>	Yes
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul>	
			<p>Each Board meeting package includes the minutes of Executive Committee as well as minutes from all Board committees (Governance, Nominations and Finance and Audit). <a href="#">October 2023 Board meeting</a>, (p. 15).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
<p><i>Additional comments for clarification (optional)</i></p>				

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> Click <a href="#">here</a> to access past Board meeting packages.		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> Click <a href="#">here</a> to access the College's Notice of Discipline Hearings.		

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> <b>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</b></p>			
<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>		
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>		Yes
	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul> <p>As outlined in the <a href="#">2022 CPMF report</a> (p. 16), the College continues its commitment to further embed equity, diversity, and inclusion (EDI), and into all aspects of the College. The Board received the College’s EDI plan which sets out how the College will address EDI both as an employer and as a regulator. <a href="#">January 2023, Board meeting</a>, (p. 165).</p> <p>The Centre for Global inclusion’s “<i>Global Diversity, Equity, and Inclusion Benchmarks: Standards for Organizations Around the World</i>” will serve as a guide to inform strategic and operational plans. Minutes from the January 2023 Board meeting can be found <a href="#">here</a>, (p. 8).</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>		

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>At the <a href="#">October 2022 Board meeting</a> (p.82), the Board approved the adoption of the Ministry of Health’s Health Equity Impact Assessment tool to assist the College in integrating equity considerations into new initiatives and more detailed planning. All board and committee briefing materials include a section on diversity, equity, and inclusion considerations to assist the Board and Committee members to better inform decision-making. <a href="#">January 2023 Board meeting</a>. (p. 74).</p> <p>The College has also worked in collaboration with HPRO partners to build the capacity of health colleges by developing tools for a consistent framework to advance, embed and sustain equity, diversity, and inclusion in our regulatory functions. These tools were piloted in 2023 which included a self-assessment benchmarking tool, progress indicators, tips, and resources.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		



Measure:

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

At the [March 2022 Board meeting](#) (p.201), the Board approved an extension of the strategic priorities for another year, ending 2023-24. Each year, following reaffirmation of the strategic priorities defined in the Leadership Outcomes, budget allocations are made based on projected work for the year in every area of the College. The operational plan priorities for the following year are presented to the Board. These planned priorities outline the College's annual commitment towards the Leadership Outcomes, which form the foundation for the development of the budget, which is then followed by budget approval.

A link to the [June 2023 Board meeting](#), (p.78) includes a discussion about the activities or projects to support the strategic priorities that include the 2023-24 annual operating budget that is brought forward by the Finance and Audit Committee to the Board for final approval. The budget outlines the associated costs of each of the College's programs and activities to support the College's strategic priorities.

Click [here](#) to access the Leadership Outcomes for 2023.

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

Choose an item.

*Additional comments for clarification (optional)*

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? <b>Yes</b></li> </ul> <p>The College’s Finance and Audit Committee has the oversight responsibilities relating to financial planning and reporting. Several financial planning and budgeting policies were updated and brought forward to the Board for approval including Establishing and Maintaining Reserve funds. <a href="#">June 2023 Board meeting</a>, (p. 84).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

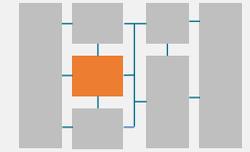
		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The Board considers the annual operating budget developed by staff and recommended by the Finance and Audit Committee which is tied to the strategic priorities and the human resources required to support the delivery of strategic outcomes. This includes budgeting for all current and projected staffing needs and assessed by the Finance and Audit Committee. Additionally, the College has a practice of completing organizational reviews periodically, as the environment changes. In 2023, several financial budgeting policies were updated and brought forward to the Board for approval. This includes the Financial Planning and Budgeting policy which outlines the requirements for the budget submitted to the Board, and includes language related to planning for an appropriate balance between human and financial resources in meeting the College’s strategic objectives. <a href="#">June 2023 Board meeting</a>, (p. 84).</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

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		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The College's data and technology plan was presented at the <a href="#">March 2020 Board meeting</a>, (p. 47). The College's enterprise system project development and implementation is currently underway and until the project is completed it is included on the College's Risk Management report. <a href="#">October 2023 Board meeting</a>, (p. 87).</p> <p>The new enterprise system will allow for increased digitization, by facilitating the use of paperless files for registrants as well as improved work flows to increase efficiencies for the College and therefore improve service to applicants/registrants and the public. The College regularly trains staff on cybersecurity measures and has completed penetration testing, for example, as one preventative measure.</p> <p>There was a comprehensive technology plan that was delivered to the College in 2023 via assistance from an external vendor, to assist the College in determining strategic IT priorities for the next few years. College staff have prioritized items and are operationalizing the recommendations. The plan covered topics such as:</p> <ul style="list-style-type: none"> <li>•IT department structure</li> <li>•Information security assessments</li> <li>•Backups and disaster recovery</li> <li>•IT policies and procedures</li> <li>•Future system integrations/optimizations</li> <li>•Data/document management strategy</li> </ul>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>Active engagement with other health regulatory colleges and system partners are central to the work carried out by the College in 2023. System Impact is one of the four elements of the College's strategic priorities, and this includes the College being a collaborative, effective regulatory leader. To achieve a positive system impact, the College will continue to develop open and collaborative relationships that promotes system alignment, collaboration and share best practices.</p> <p>The following highlights some of the various strategies employed by the College during the current reporting period to engage with system partners and the results of those engagements.</p> <p><b>Responding to evolving practice: Occupational Therapy Behavioural Approaches</b></p> <p>In preparation for the regulation of applied behavioural analysis (ABA) in Ontario, COTO worked collaboratively with the following regulatory colleges:</p> <ul style="list-style-type: none"> <li>• College of Registered Psychotherapists of Ontario (CRPO),</li> </ul>

- College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO),
- College of Psychologists (CPO),
- College of Early Childhood Educators (ECE) and
- Ontario College of Social Workers and Social Service Workers (OCSWSSW).

The regulators formed an ad hoc working group to develop clear and consistent communication to registrants who use ABA in their practice, and who may be affected by the decision to create a protected title for ABA practitioners.

The group developed a brief, clear language summary of the requirements set by regulation and the impact the new legislation will have on ABA practitioners registered with a college other than the College of Psychologists of Ontario (CPO). Each college adopted versions of this summary, along with a survey, and disseminated this material to their registrants. The survey was intended to assist the colleges in developing an understanding of the makeup and needs of registrants practising in ABA.

More than 1,250 regulated professionals responded to the survey. The working group reviewed the results together and used them to inform their respective Boards/Councils about the scope of anticipated impacts to their registrants, and to develop shared communication. The group developed a ‘frequently asked questions’ document, which will be shared with all the Colleges’ registrants in English and French in early 2024. The goal of the communication is to support regulated professionals in understanding how the regulation of ABA practitioners will impact them.

Outcomes:

- A standardized communication document was created for dissemination across six provincial regulatory bodies (COTO, CPO, CRPO, CASLPO, ECE, OCSWSSW), which includes [Frequently Asked Questions](#).
- The standardized information will increase clarity for registrants related to existing and emerging regulatory obligations, promoting confidence in professional regulation.
- The working group and communication documents are examples of effective collaboration with relevant system partners, contributing to removing barriers for qualified practitioners and supporting access to appropriate mental health services.

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

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

- **Substantial Equivalency Assessment System** - This a national system to assess competencies of internationally educated occupational therapists. This program is closely monitored and supported by each province. COTO supports this system by working on the national oversight committee, managing the human resources of the program, and providing space for program staff. This year we worked together to implement a new gap filling program for internationally educated OTs (IEOTs)

in partnership with the University of Alberta occupational therapy program. This program was developed, pilot tested and delivered for IEOTs within this calendar year. The work on this program ensures a consistent, high-quality assessment for IEOTs with appropriate follow up supports as necessary. This is critical to support health human resources to increase the numbers of competent occupational therapists in Canada, and Ontario.

- **National E-Learning Modules** - New national competencies for occupational therapy practice were developed and released in December 2021. Through ACOTRO and in partnership with all provinces, an e-learning module was developed and implemented in English and French for all OTs across the country. In 2023, COTO continued to provide staffing leadership and resources to enable ACOTRO members to implement the National e-learning module. All OTs in Canada have access to the same competencies, and this promotes consistent high-quality service for the public. COTO partnered with universities to develop curriculum and the exam provider to begin to update the National Certification Exam for OTs. Together with ACOTRO, COTO began planning for the next National E-Learning Module regarding the competencies: *Domain C. Culture, Equity and Justice*, to be implemented in 2025.
- **Remote practice memorandum of understanding** – In 2023, COTO signed a memorandum of understanding with ACOTRO to support Remote OT practice that uses Remote (Virtual) means to deliver service. This promotes appropriate services that are still accountable through regulation, without requiring registration in multiple jurisdictions. COTO allows OTs registered in other Canadian jurisdictions to practice remotely with clients in Ontario without needing to also register in Ontario. A national agreement was finalized with all Canadian jurisdictions in late fall, 2023.
- **Language Assessment Changes** – Due to government requirements to use specific federal language tests for registration decisions, the College worked with ACOTRO and the profession of Physiotherapy to implement use of a language assessment process intended to reduce barriers for those needing an assessment of their language skills to work safely in Canada. The new test was implemented in partnership with ACOTRO in early 2023.
- **Re-Entry to Practice:** Work began in partnership with ACOTRO, to develop a common pathway for Re-entry to Occupational Therapy Practice. In 2023, a Framework for previously registered individuals to return to the profession was developed with a plan to develop a common Competency Assessment for Re-Entry to Practice in 2024.
- **Quality Assurance:** In partnership with ACOTRO, COTO is leading a Competency, Quality and Practice Working group. The Working Group’s Task is to discuss and implement opportunities for joint implementation of the Competencies for Occupational Therapists in Canada in regulatory competency, quality, and practice programs for registered OTs across the country. The overarching principle is to promote ease of both labour mobility and consistent approaches where possible across the country.

#### **Health Profession Regulators of Ontario (HPRO)**

The College collaborates frequently with other health regulatory colleges through HPRO, which is a group of health regulatory colleges across the province. Over the past year we have been a contributor through their regular meetings as well as through various working groups that addressed common issues such Governance, Practice Advice, complaints and discipline processes and Diversity, Equity, and Inclusion. Where possible, opportunities to leverage existing efforts underway are explored and the College often shares resources and practices with and learning from other Colleges to achieve consistency in our regulatory function. COTO supports this HPRO through participation on the management committee and at the Board level.

<p>COTO participates with an HPRO Equity, Diversity, and Inclusion (EDI) Network that is a collaborative forum for regulators investing in diversity equity and inclusion initiatives. In 2023, the HPRO EDI Network developed HPROs EDI Organization Self-Assessment and Action Guide tools, including an Equity Impact Assessment. COTO has implemented the tool to guide our operations in 2023 and 2024.</p>
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**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

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

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

**Developing Standards of Practice for Occupational Therapists in Ontario; responding to evolving practice.**

In 2023, the College finalized and implemented the Standards of Practice for Occupational Therapists in Ontario which was developed through Engagement with system partners including Registrants, the Public, the Ontario Society of Occupational Therapists (OSOT). The standards clarify the minimum expectations for the evolving practice of occupational therapists in Ontario and for the public, occupational therapists, and other interested parties. As a result of the implementation COTO has been engaging with System partners including OSOT, and the Canadian Association of Occupational Therapists (CAOT) to create common messages and understanding for both the Public and OTs about both safe and effective OT service.

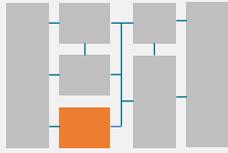
One item that has come to light in 2023, through these collaboration efforts, is that the Scope of Practice for Occupational Therapists (“The Scope”) is outdated and does not clearly outline the role of occupational therapy for clients with mental health concerns. Interested parties including the Canadian regulators (ACOTRO), OT University Programs in Ontario, OSOT, and CAOT have committed to updating the Scope. Most OTs provide some form of mental health and wellbeing services in all Health Sectors in Ontario and 20% of Ontario’s registered OTs working within the formal Mental Health service system.

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

- **Citizen's Advisory Group** - Any policies that relate to the public receive input from this group. In 2023 the College invited the Citizen’s Advisory Group to participate in our Strategic Planning consultation for Strategic Plan 2024-27.
- **HPRO** - as noted in standard 5, the College engages with HPRO as a strategy to form and maintain relationships with other colleges and stakeholders such as the Office of the Fairness Commissioner (OFC), and the Ministry of Health who can use HPRO as a central conduit for sharing information.
- **Financial Services Regulatory Authority of Ontario (FSRA)** - In 2023, COTO developed a Memorandum of Understanding with FSRA to share information about cases where we have mutual interests.
- **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**

In addition to the information added in Standard 5, the College registrar is the President of this organization which assists the college to contribute to and maintain this valuable partnership. This year, the college implemented a language assessment used by the federal government for immigration purposes for use for language assessment for IEOTS in partnership with ACOTRO. In partnership with ACOTRO, COTO is involved and often leads national working groups that work on regulatory processes such as the national certification exam for occupational therapists as well as accreditation of occupational therapy university programs.

- **Canadian Institute for Health Information (CIHI) - Work Force Data:** COTO has contributed data, along with our ACOTRO partners in each province to the CIHI database. In 2023, COTO stepped up efforts to analyze the supply and demand data for Registered Occupational Therapists in Canada with a goal of understanding how the supply of Registered Occupational Therapists in Ontario influences the current Health Human Resources available to the health system. A collaborative plan is underway, to address systemic shortages in key provinces including Ontario whose OTs per capita rate is significantly lower than other provinces and other rehabilitation professions in Ontario.
- **Canadian Association of Occupational Therapists (CAOT)-** The College engages with CAOT as they are the third party who delivers the entry to practice exam and accreditation of university programs. We participate in the Exam Oversight Committee to ensure exam policies are fair and clear, as well as work together to ensure the agreements are up to date and adhered to. This year COTO consulted with CAOT regarding matters related to Scope of Practice and Mental Health; Culturally Safer OT practice including services provided to Indigenous Peoples and the provision of Psychotherapy and Psychotherapeutic Approaches by Occupational Therapists across the country.
- **Indigenous and Equity Panels** - This year the college consulted with our two panels of registrants about the QA Annual E-Learning Module, the COTO EDI Plan and Strategic Plan 2024-27. As a result, of the Strategic Planning consultation, two new non-statutory advisory committees have been recommended for approval in January 2024, with the panel membership to be appointed to the committees for the 2024-25 year. The Indigenous Insights Advisory Committee’s primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Indigenous Peoples. The Equity Perspectives Advisory Committee’s primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Equity, Diversity, and Inclusion (EDI).
- **Ontario Association and University Programs** - The College maintains good working relationships with the provincial association for occupational therapists - the Ontario Society of Occupational Therapists, through regular dialogues and scheduled meetings. In addition, the College has regular meetings with the university programs for occupational therapists in Ontario. This year, topics included:
  - Integration of Competencies for Occupational Therapists in Canada (2021) into University Curriculum
  - Supervision of Students, Provisionally Registered OTs (New Graduates) and Re-Entry to Practice placements.
  - Scope of Practice and Mental Health
  - Understanding workforce supply and demand for OTs in Ontario
  - Supervision of Occupational Therapy Assistants



Measure:

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

DOMAIN 4: INFORMATION  
MANAGEMENT

STANDARD 7

Required Evidence

College Response

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

The College fulfills this requirement:

Yes

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

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

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

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

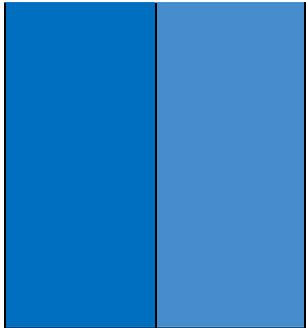
The Registration and Quality Assurance program also use a secure document sharing platform to share confidential documents with registrants and others and have processes for maintaining confidentiality of information.

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

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

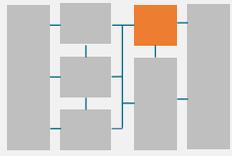
*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.



*Additional comments for clarification (optional)*

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>The College is monitored 24x7 for system failure, ransomware detection and cyber-attacks employing several security tools and is only accessible through a virtual private network. Confidential and sensitive information is received and shared through secure channels.</p> <p>The College has an internal privacy policy with steps for managing a breach of privacy, including a log of breaches, a report outlining the events, and copies of documents sent to involved individuals. Managers have all been trained on managing breaches in their programs. Staff have all been trained to detect malicious requests and links.</p> <p>The College has a document retention policy.</p> <p>All Board and Committee packages include information about virtual meeting conduct, including proper destruction of meeting materials.</p> <p>The College's Program Director is the designated Privacy Officer.</p>	<p>Yes</p>
<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				



Measure:

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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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

*Benchmarked Evidence*

College Response

The College fulfills this requirement:

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

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

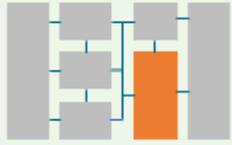
Met in 2022, continues to meet in 2023

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

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>All College policies, standards and guidelines are regularly reviewed and updated to ensure they are current. The College aims to initiate the review process every 3-5 years with adjustments given changing priorities or areas of risk.</p> <p>The process typically involves an environmental scan of other Colleges' information along with an analysis of available data from complaints, investigations, quality assurance, practice inquiries and website analytics. There is also a literature review of available data and relevant publications.</p> <p>The results of the environmental scan initiate changes which are brought in draft form back to Committee or the Board. An external consultation is conducted giving all system partners, occupational therapists, and members of the public, including the involvement of the Citizens Advisory Group, an opportunity to provide feedback and inform the process. Revisions may be made in response to the feedback which is brought back to the Board for final approval.</p> <p>All documents are then translated into French and posted online. Any new or revised publication is communicated to registrants and all system partners.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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O	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>The Board underwent a new strategic planning process in October 2023, which included reviewing an extensive environmental scan and key informant consultation which resulted in revising the College Values and Commitments which will form part of the new Strategic Priorities beginning in June 2024. The revised College Values and Commitments reflects our commitment to treating everyone with dignity and respect and committed to integrating Equity, Diversity, and Inclusion practices throughout our organization and the occupational therapy profession to protect the public interest.</p> <p>Some examples of College documents in 2023 where EDI are embedded include:</p> <ul style="list-style-type: none"> <li>• At the <a href="#">January 2023 Board meeting</a> (p.165), the Board approved the College's Equity, Diversity, and Inclusion Plan, which sets out how the College is addressing this both as an employer and as a regulator. The College began using the Centre for Global Inclusion's Global Diversity, Equity, and Inclusion Benchmarks: Standards for Organizations Around the World as a guide to inform the strategic and operational plans.</li> <li>• Implemented several training initiatives to ensure staff can foster a diverse, equitable and inclusive environment. This training is ongoing and has covered topics such as unconscious bias. Similar training to occur for Board Directors and Committee members in 2024.</li> <li>• Several competencies and performance indicators included in the updated <a href="#">Competencies for Occupational Therapists in Canada</a> (p. 14) address matters related to Culture, Equity, and Justice.</li> <li>• With an EDI lens, guidance or practice resources developed or under review were carefully screened with particular attention to the language and terminology used. For example, the newly developed <a href="#">Privacy Legislation and Occupational Therapy Practice</a> uses appropriate language when registrants are working with First Nations People. New or revised policy/ standard/guidance is brought forward to the College's Indigenous and Equity seeking panels to seek their input and insights. Language recommended by the panels was incorporated in our updated Standards of Practice Document and our Annual E-Learning Module developed in 2022 for implementation in 2023. Examples of improvements included incorporating appropriate language and a glossary of terms for the language, for example, direction on when to use the word client and replacement of words such as stakeholders. Building on this work, Practice Guidance Documents and Quality Assurance Policies are being improved.</li> <li>• Updated the briefing note templates to include a dedicated section on diversity, equity, and inclusion considerations to ensure a DEI lens is applied to all board and committee decisions.</li> </ul>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure:  
 9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE  STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)<sup>1</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>Please insert a link and indicate the page number <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul> <p>The College establishes and maintains the requirements for registration with the College. In 2023, COTO has developed policies to:</p> <ul style="list-style-type: none"> <li>Help applicants better understand the registration process and what to expect.</li> <li>Be transparent about the decision-making process, assessment criteria, and possible outcomes.</li> <li>Provide rationale for why certain requirements are in place.</li> <li>Ensure integrity and validity of required documentation.</li> <li>Ensure registration processes are conducted in a way that is transparent, objective, and fair.</li> </ul> <p>All registration policies are available on the College <a href="#">website</a>.</p> <p>Detailed information about the registration processes for each category of applicant is also available on the College website.</p> <ul style="list-style-type: none"> <li><a href="#">Canadian educated</a></li> <li><a href="#">Internationally educated</a></li> <li><a href="#">Registered in another province</a></li> <li><a href="#">Former registrants</a></li> </ul> <p>Applicants must complete an application and submit documentation to demonstrate they meet the requirements as prescribed in <a href="#">regulation</a> under the <i>Occupational Therapy Act, 1991</i>. Applications are processed by staff in accordance with College <a href="#">policies</a>. If an applicant does not meet the requirement, the Registrar refers the application to the Registration Committee for decision.</p>	

<sup>1</sup>This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The College maintains relationships with system partners to identify best practices including the Canadian Network of Agencies for Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR), and the Ontario Regulators for Access Consortium (ORAC). By attending and presenting at conferences organized by these organizations, College staff keep abreast of best practices and developments in registration and assessment of entry of practice.</p> <p>Registration policies are routinely reviewed to ensure their continued relevance and necessity. Several approaches are taken to ensure best practice in assessment of whether an applicant meets the registration requirements through the policy development and review process.</p> <ul style="list-style-type: none"> <li>• Environmental scanning and benchmarking of other regulators in Ontario and occupational therapy regulators across Canada</li> <li>• Harmonizing of occupational therapy regulatory requirements across Canada where possible (e.g. language requirements)</li> <li>• Review and input from external consultants to gather data and/or provide expert knowledge</li> <li>• Consideration of Ontario Fairness Commissioner exemplary practices.</li> </ul> <p>All registration policies were reviewed in 2023 and updates were made to ensure they are clear and easy to understand. In April 2023, the Board approved amendments to the <a href="#">General Regulation</a> under the <i>Occupational Therapy Act, 1991</i>, setting out a new Emergency Class. The regulation took effect in August 2023 and grants the Board the power to determine when emergency circumstances exist, taking into consideration whether it is in the public interest to make the class of registration available. The new Emergency class mirrors approaches in existing classes (e.g. general, provisional) setting out minimum requirements that must be met. With this new class of registration, the Registration Committee also ensured that it is included in all relevant registration policies. The draft policies are currently out for plain language review and will be brought forward to the Board for approval in 2024.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul>	Yes
	<p><b>Currency</b></p> <p>Recent practice is one of the ways that occupational therapists show they possess the current knowledge, skills, and judgement to provide safe, effective, and ethical care. The currency requirement is established in law by regulation under the Occupational Therapy Act, 1991. The <a href="#">Currency policy</a> for applicants and the <a href="#">Currency Requirement for Annual Renewal</a>, which operationalizes the currency requirement was last updated in 2021.</p> <p>At annual renewal, registrants must declare whether they meet the currency requirement. The currency requirement is 600 hours of practice within the scope of the profession in the past three years, or successful completion of a College-approved refresher program in the past 18-months. Self-declarations are reviewed against date of registration, registrant employment history, and last completed refresher program (as applicable). Occupational therapists who do not meet the currency requirement must undergo a review. If a registrant does not meet the currency requirement, they may be required to complete a refresher program. This policy was last updated in 2021.</p> <p><b>Suitability to Practise</b></p> <p>The <a href="#">suitability to practise</a> requirements for registrants are established in regulation and in College bylaws. The policy was last updated in 2022. The College broadly defines suitability to practise. It includes a registrant's conduct and character, such as previous findings of professional misconduct, or being found guilty of a criminal offence. Suitability to practise also includes determining whether a registrant has a physical or mental condition or disorder that could affect their ability to practise safely. Suitability to practise is an ongoing expectation of registrants. Once registered, registrants are required to provide information about the following during the annual renewal process (and/or within 30 days of an issue occurring).</p> <ul style="list-style-type: none"> <li>• details about registration, membership, or licensure with any other regulatory body in any jurisdiction;</li> <li>• details about misconduct, incompetence, or incapacity proceedings against the registrant, whether completed or ongoing, by a regulatory body in any jurisdiction;</li> <li>• details about conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority;</li> <li>• details about any charges laid against the registrant in respect of a federal, provincial, or any other offence, in any jurisdiction;</li> </ul>	

- details about any findings of guilt by a court or other lawful authority of an offence;
- details about any findings of professional negligence or malpractice; and
- information of an event or circumstance that would provide reasonable grounds for the belief that the registrant will not or is not able to practise occupational therapy in a safe and professional manner.

In addition to the requirement to provide this information within 30 days and during the annual renewal process, registrants of the College must submit a Vulnerable Sector (VS) check when requested by the College. The College recognizes that the results of criminal record screening may not guarantee good character or predict future conduct. However, the College endorses criminal record screening as an important tool for helping to ensure public safety.

With the regulation change to introduce an emergency class of registrants the Registration Committee will review and update all registration policies as required. It is anticipated that the Board will approve the updated registration policies in 2024.

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

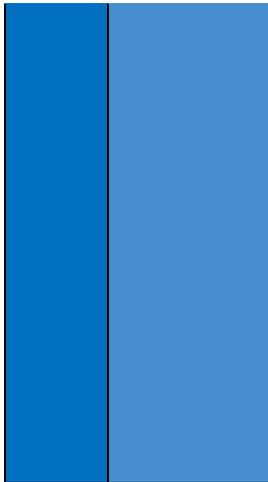
Choose an item.

*Additional comments for clarification (optional)*

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

Measure:																
9.3 Registration practices are transparent, objective, impartial, and fair.																
		<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">           a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).         </td> <td style="width: 20%;">           The College fulfills this requirement:         </td> <td style="width: 10%; text-align: center;">           Met in 2022, continues to meet in 2023         </td> </tr> <tr> <td></td> <td> <ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul> </td> <td></td> </tr> <tr> <td></td> <td>           Link to the most recent OFC <a href="#">assessment report</a> (2022)         </td> <td></td> </tr> <tr> <td></td> <td> <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td style="width: 30%; text-align: center;">Choose an item.</td> </tr> </table> </td> <td></td> </tr> </table>	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023		<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul>			Link to the most recent OFC <a href="#">assessment report</a> (2022)			<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td style="width: 30%; text-align: center;">Choose an item.</td> </tr> </table>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
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	Additional comments for clarification (if needed)															

Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
Required Evidence	College Response	
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>Does the College always provide this level of support: <b>Yes</b> <i>If not, please provide a brief explanation:</i></li> </ul> <p>In 2023 the Board approved the updated Standards of Practice. The Standards are principle-based, streamlined, in plain language, integrate the new occupational therapy competencies, and attend to diversity, inclusion, equity. <a href="#">January 2023 Board meeting</a>, (p. 95).</p> <p>The intent of the updated Standards of Practice was to:</p> <ul style="list-style-type: none"> <li>Protect the public from harm;</li> <li>Be easy to read and understand;</li> <li>Maintain relevance and stability over a reasonable timeframe;</li> <li>Accommodate emerging practice areas; and</li> <li>Flexible for varying practice areas.</li> </ul> <p>Following Board approval, a soft launch of the Standards of Practice was posted on the website where occupational therapists and the public could view and familiarize themselves with the Standards before they came into effect on June 1, 2023. The Standards were published in English and French. The College’s Practice team provided a live webinar on the Standards on May 12, 2023, where over 600 registrants registered to participate. The <a href="#">webinar</a> was available for viewing on social media platforms.</p> <p>The College polled registrants in its <a href="#">August 2023 newsletter</a>, asking registrants if the Standards were flexible enough to support practice. Of the 111 responses, 88% said yes. Ongoing social media campaigns were also part of the educational outreach, notifying the public, registrants and other interested parties that the <a href="#">College's Practice consultants could answer</a> any questions about the updated Standards.</p> <p>Questions posed during the webinar were collated and posted as a Q&amp;A to clarify registrant questions. Through data collection of email and phone inquiries, the Practice team monitored themes of questions about the updated Standards, resulting in the creation of an additional resource specific to Psychotherapy and published under Practice resources to align with the Standard for Psychotherapy <a href="https://www.coto.org/standards-and-resources/resources/standard-for-psychotherapy-2023">https://www.coto.org/standards-and-resources/resources/standard-for-psychotherapy-2023</a></p>	<p>Met in 2022, continues to meet in 2023</p>



In addition, <a href="#">case studies</a> , questions, <a href="#">and answers</a> are available to support further registrants' understanding and application of all standards and guidance documents for practice.	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>3</sup> .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: <b>Yes</b></li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul>	Met in 2022, continues to meet in 2023
	<p>A comprehensive <a href="#">Quality Assurance policy</a> outlines all main aspects of the program. The policy details the annual requirements, competency assessment and possible outcomes that the Quality Assurance Committee can take associated with non-compliance and gaps in learning. The policy is current and is reviewed by the committee annually.</p> <p>Occupational therapists are selected on an ongoing basis to take part in a competency assessment. The assessment consists of the a) <a href="#">risk-based selection process</a>, b) professional reflection on record keeping, and c) a behavioral based peer interview. This is based on a profile of 18 indicators that may be associated with an increased risk in occupational therapy practice.</p> <p>A revised 2023 competency assessment was developed to reflect the new 2021 Competencies for Occupational Therapists in Canada. Registrants participated in the initial development through a survey on Risk in Occupational Therapy Practice. Over 250 respondents ranked the activities that present the most risk to the public if not performed with competence. These sources formed the foundation of the new 2023 competency assessment to identify key areas of practice to be evaluated within the process. Peer assessors and equity/inclusion experts contributed to the development of questions for the behavioral based peer interview tool used to identify strengths and learning needs to foster professional growth.</p> <p>Based on these insights the revised competency assessment now has an activity dedicated solely to record keeping practices. To reflect the changing environment, it also incorporates a set of questions focusing on the new domain of the competencies related to Culture, Equity, and Justice.</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p>	

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

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i> Yes</li> <li>- <i>Employers</i> Yes</li> <li>- <i>Registrants</i> Yes</li> <li>- <i>other stakeholders</i> Yes</li> </ul> </li> </ul> <p>The College’s QA program continues to use the right-touch risk-based selection process to determine which registrants will participate in the competency assessment process. This was first developed in 2020, applied to the selection of registrants required to participate in 2023 and continues to be used in the program as the primary means of selecting registrants.</p> <p>The principles of right touch regulation are embedded throughout the QA program. This assures the public that all processes, communications, and tools reflect this consistent approach to quality assurance.</p> <p>The QA program takes a multifaceted approach to identify possible areas of risk in occupational therapy practice. First, registrants are selected using the risk-based selection algorithm indicators that may indicate an elevated risk in practice. Quality Assurance also utilizes College data from Investigations and Resolutions and Practice programs to identify challenging areas of practice to include in the assessment tools. Data from these programs have identified aspects of occupational therapy such as consent, record keeping, professional boundaries, and communication as domains to include in Quality Assurance assessment tools to support continued competence. Data is currently being collected and analyzed to confirm these indicators.</p>	<p>Met in 2022, continues to meet in 2023</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				

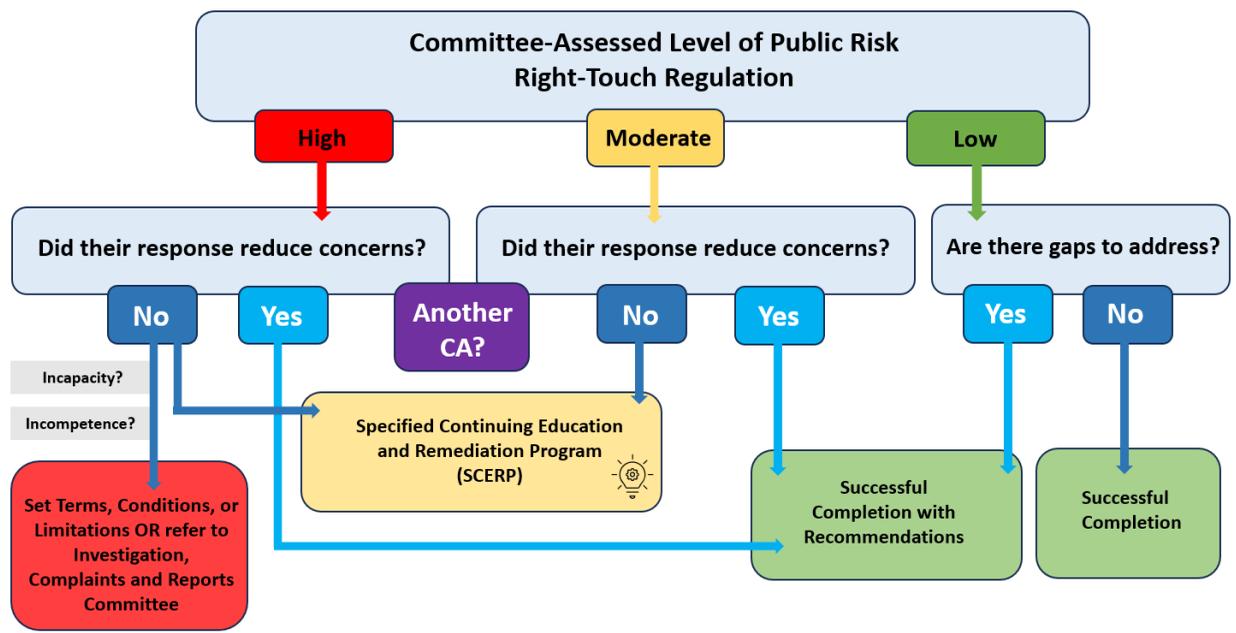
iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria.  
 The QA program uses a decision criteria and risk analysis approach to make decisions about remediation activities required of a registrant following non-compliance with a QA requirement, or after a Peer Assessment. Historical information is considered, along with a registrant’s response and demonstration of insight and change following the assessment. A decision-making tool, that uses a risk framework, is used to facilitate consistent decisions for each registrant. Remedial activities are consistent based on the tool, and consideration for individual practice circumstances.

### QAC Decision Making Framework



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

Choose an item.

			<i>Additional comments for clarification (optional)</i>
<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>The QA program implements processes to monitor the status and quality of completion of ongoing remediation activities and the program manager provides a status update as part of a standing agenda items at each committee meeting. Missed deadlines or incomplete remediation participation is reviewed by the Quality Assurance Committee.</p> <p>Depending on the remediation activity, registrants are either required to complete any outstanding continuing competence tool (e.g. self-assessment, professional development plan or the learning module) and submit evidence of the same, write a reflection paper that is submitted and approved, participate in practice monitoring with a learning plan, or have another competency assessment after the remediation activities are complete to confirm that the registrant can now demonstrate the required knowledge, skill and judgement. At the highest risk, registrants may have terms, conditions, and limitations imposed on their certificate of registration or may be referred to the Inquiries, Complaints, and Reports Committee for determination of non-compliance with the QA program.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (if needed)</i>		

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

College Response

a. The different stages of the complaints process and all relevant supports available to complainants are:

i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;

ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

1. [Concerns or Complaints about an Occupational Therapist](#)
2. [Investigating Complaints - Inquiries, Complaints and Reports Committee](#)
3. [How to Report Concerns or File a Complaint About an Occupational Therapist](#)
4. [Concerns and Complaints: Frequently Asked Questions](#)
5. [Information About Sexual Abuse](#)
6. [Sexual Abuse Prevention](#)

All complainants also receive an acknowledgment and information that explains the investigations process and possible ICRC outcomes. In 2023, the College developed a 1-page document that briefly outlines the complaints process, which is intended to be more accessible, readable, and visual. This is provided to any potential complainants upon request and will be incorporated into the website in the coming year.

The intake and complaints process are well documented, and procedures are in place for gathering information and evidence and obtaining responses during the investigation. One of the requirements is that investigations and resolutions staff review all information and documentation when received during the investigation of any case assigned to ensure the information is complete and to ascertain if clarification or any additional information should be requested. The College also has templates for emails and other written correspondence that provides information about the complaint process for complainants (and potential complainants) and registrants who are the subject of a complaint. Frequently enclosed with these templates are relevant sections of the Health Professions Procedural Code. Templates were revised in 2023 to contain clearer and more sensitive language.

As noted above, the College has a lot of information available on its website for the public including possible outcomes of a matter.

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>				

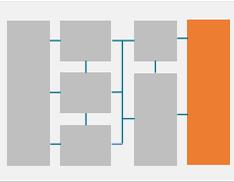
		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>A review of website content and other communication is conducted regularly, and feedback received from members of the public and complainants is considered when making any revisions. Additionally, in 2024 the College will launch a complaints process feedback survey to registrants and complainants to collect data and feedback once a matter is resolved in order to evaluate whether the information provided about the College’s complaints process was clear and useful.</p>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>In 2023, the College received 23 inquiries and the College’s response rate was 100% within 5 days</p>	<p>Met in 2022, continues to meet in 2023</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please list supports available for the public during the complaints process.</li> <li>Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>Supports available to the public during the complaints process includes:</p> <ul style="list-style-type: none"> <li>All information and details of the complaints process are available on the College website, including how to make a complaint, what to expect, contact information, and frequently asked questions. A 1-pager description of the complaints process was created in 2023 and provided to all complainants. Template language was revised to contain more plain language.</li> <li>All complaints and reports can be completed online on the College website, additionally they can be sent by fax, email or mail.</li> <li>Language translation services are available either through a translation service or by sending documents out for translation.</li> <li>Accommodations to access the complaint process are available, for example, if someone is unable to write or type a complaint, staff will assist complainants in recording their concerns in alternative means and any other accommodations required for the complainant to meaningfully participate in the process.</li> <li>Additional information and supports for those reporting sexual abuse. This includes providing information on how to access the sexual abuse fund. The College also offers a support person to any alleged victim at no cost.</li> </ul> <p>During all telephone and email contact, staff invite complainants to contact them if they have any questions or concerns about the information provided or in the investigation process. When a complaint is received, staff assigned to the complaint conduct an introductory call with the complainant within five days of receipt of the complaint to introduce themselves to the complainant as the person who will be conducting the investigation and with whom the complainant will be interacting throughout the course of the investigation. Staff will also explain the various steps in the complaints process, and this includes providing digital information sheets that explains the College's complaint process. This is to further assist the complainant in understanding the process and make complainants aware of all supports available to them including accommodations. Staff are trained on how to offer empathy while also remaining neutral and informative.</p>	<p>Met in 2022, continues to meet in 2023</p>
<p><b>Measure:</b> 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p>a. Provide details about how the</p>		<p><i>Additional comments for clarification (optional)</i></p>	<p>Yes</p>

		<p>College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>The following are links outlining how complainants can contact the College during the complaints process:</p> <p><a href="https://www.coto.org/clientsandthepublic/questions-concerns-complaints">https://www.coto.org/clientsandthepublic/questions-concerns-complaints</a></p> <p><a href="https://www.coto.org/clientsandthepublic/questions-concerns-complaints/report-concerns-or-file-a-complaint">https://www.coto.org/clientsandthepublic/questions-concerns-complaints/report-concerns-or-file-a-complaint</a></p> <p><a href="https://www.coto.org/members/professional-conduct/mandatory-reports">https://www.coto.org/members/professional-conduct/mandatory-reports</a></p> <p><a href="https://www.coto.org/clientsandthepublic/questions-concerns-complaints/information-about-sexual-abuse">https://www.coto.org/clientsandthepublic/questions-concerns-complaints/information-about-sexual-abuse</a></p> <p>Complainants can contact staff via phone or email and will receive a response within 24-48 hours. Template letters outline typical communication intervals and outline that complainants can contact staff at any time. Where appropriate, based on information collected during the investigation, a complainant may be contacted to provide further information.</p> <p>If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time. The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of. Staff tailor these letters to provide relevant information to the complainant about where in the process their complaint is at.</p> <p>The complainant is also sent a copy of the ICRC decision immediately upon release.</p> <p>Once a matter is referred to discipline, complainants subsequently receive updates from the College and/or prosecutor representing the College in a discipline matter, either directly through legal counsel or representative. The College maintains regular contact with witnesses to assist with hearings and to provide direct support to those testifying at a hearing. College staff will follow up with witnesses regarding the outcome and decisions of the Discipline Panel, provide updates and involve witnesses in penalty hearings.</p>	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
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			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<b>Measure:</b> <b>12.1 The College addresses complaints in a right touch manner.</b>			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <table border="1" data-bbox="2064 535 2575 589"> <tr> <td data-bbox="2064 535 2198 589"></td> <td data-bbox="2198 535 2575 589">Met in 2022, continues to meet in 2023</td> </tr> </table>		Met in 2022, continues to meet in 2023
			Met in 2022, continues to meet in 2023		
			<ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>The College’s website provides information about the risk assessment, what types of questions/factors are considered, and how the level of risk relates to the decision in the investigation. <a href="#">Concerns about Occupational Therapists – How the College makes decisions</a>.</p> <p>All complaints are reviewed by College staff to assess risk using a standard risk classification process, including any potential need for an interim order. In accordance with right touch principles, moderate and high-risk cases are prioritized.</p> <p>The Inquiries, Complaints, and Reports Committee utilizes two different types of risk assessment tools: A Risk Assessment Framework to determine the level of risk and a decision tree that ensures all its decisions are consistent and fair. The Risk Assessment Framework is used to frame the ICRC’s deliberation and ensures the Committee looks at all the information and refers to it in making their decisions are fair and consistent.</p> <p><b>Year the Risk Assessment Framework was last reviewed/updated: 2020</b></p>		
			<table border="1" data-bbox="758 992 2575 1045"> <tr> <td data-bbox="758 992 2198 1045"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2198 992 2575 1045">Choose an item.</td> </tr> </table>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				
	<i>Additional comments for clarification (optional)</i>				

<p><b>Measure:</b></p> <p><b>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</b></p>			
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
	<ul style="list-style-type: none"> <li>• Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul> <p>The College has adopted, in principle, the sharing protocol developed by HPRO.</p> <p>In addition, COTO routinely shares information with other occupational therapy regulators as requested through Letters of Professional Standing that includes registration and professional conduct information. When any concerns are received that impact another Ontario health regulator, College staff share all known information about the concerns to any other regulatory body. The College considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities, police, and employers). The College has shared information about a registrant’s prior history and whether they are subject of any ongoing investigations with other regulators in Canada that the registrant is applying for registration with. The College will proactively share discipline information with other OT regulators across Canada especially if the registrant may provide services in another jurisdiction.</p> <p>The College also developed and signed a Memorandum of Understanding with the Financial Services Regulatory Authority in 2023 which outlines how and when information may be shared between the two regulators.</p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>		

		<b>Measure:</b> <b>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</b>		
		<b>Required Evidence</b>	<b>College Response</b>	
<b>DOMAIN 7: MEASUREMENT, REPORTING &amp; IMPROVEMENT</b>	<b>STANDARD 14</b>	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" data-bbox="2091 505 2553 548"> <tr> <td>Met in 2022, continues to meet in 2023</td> </tr> </table> <ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. The report includes KPIs per program and committee and the information collected and reported on is related to the strategic priorities. <a href="#">January 2023 Board meeting</a>, (p. 27).</p> <p>In addition, the College also tracks key KPI’s related to the CPMF on its website, link <a href="#">here</a>.</p>	Met in 2022, continues to meet in 2023
		Met in 2022, continues to meet in 2023		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.			

			Additional comments for clarification (if needed)
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2022, continues to meet in 2023</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</li> </ul> <p>Click <a href="#">here</a> to access the presentation of the June 2023 Board meeting where the College reported on the 2022-23 Leadership Outcomes.</p> <p>In addition, at each quarterly Board meeting the Registrar provides a written report and makes a presentation on the outcomes and progress of the College work against the stated objectives. Click <a href="#">here</a> to access the report (p. 5); meeting minutes (p. 10); and the risk management report (p. 73).</p> <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p> <p>Choose an item.</p> <p>Additional comments for clarification (if needed)</p>

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.			
a. Council uses performance and risk review findings to identify where improvement activities are needed.  <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul> <p>Click <a href="#">here</a> to access the Risk Management Report and action plan and monitoring process for all high or critical risks identified. (p. 83)</p>		
	<i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		
Measure: 14.3 The College regularly reports publicly on its performance.			
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's dashboard or relevant section of the College's website.</li> </ul> <p>All Board materials are posted on the College website. In these, all information about the strategic priorities and performance are posted. Click <a href="#">here</a> to access the presentation of the June 2023 Board meeting where the College reported on the 2022-23 Leadership Outcomes.</p>		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (if needed)</i>		

## Part 2: Context Measures

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

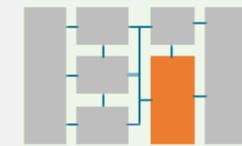
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b> If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
Type of QA/QI activity or assessment:	#	
i. Risk-based Selection Algorithm	150 registrants selected for upcoming competency assessments	
ii. Competency Assessment	63	
iii. Annual Learning Plan	6746	
iv. Annual eLearning Module (Topic: Building a Sound Foundation for Occupational Therapy Practice)	6768	
v. <Insert QA activity or assessment>		
vi. - <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		

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

[NR](#)

*Additional comments for clarification (if needed)*

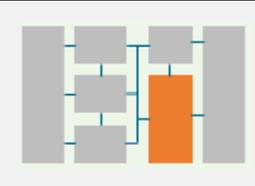
The College's QA program utilizes a range of quality improvement and quality assurance activities used to both enhance and confirm continued competence. There are QA requirements that apply to all registrants (annual requirements) and some for a targeted risk-based group (competency assessment). Addressing risk is a theme woven into all aspects of the QA program including the selection of registrants for competency assessment and peer interview.

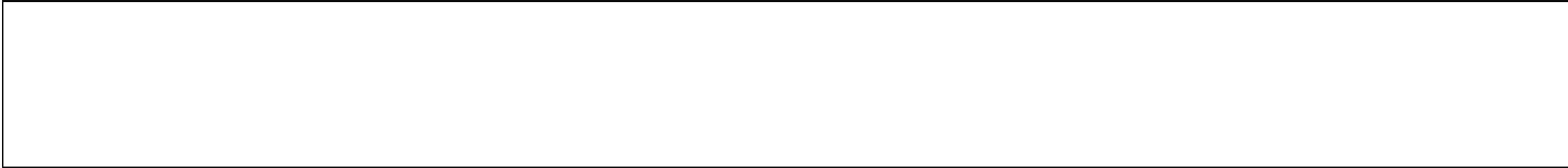
There are two annual requirements all registrants complete to support professional growth and continued competence: the Annual Learning Plan and the Annual eLearning Module.

The new 2023 **Annual Learning Plan** (self-assessment, goals, and impact) was revised to reflect the new 2022 *Competencies for Occupational Therapists in Canada*. Among changes that streamline this tool, are the broadened scope of professional development activities and an emphasis on how professional development impacts changes to practice with the public and other system partners. The deadlines for all QA tools have been synchronized for ease of completion. This tool was launched in June 2023 for use by all registrants.

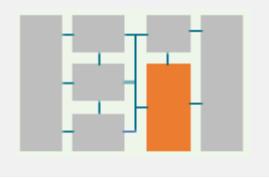
In 2023, content for the new **Annual eLearning Module** was developed in collaboration with OT's from across the province and represent the spectrum of settings where OTs work. This module released in 2023 is entitled Building a Sound Foundation for Occupational Therapy Practice and focuses on key OT issues i.e., record keeping, sensitivity to client experiences, diversity, and inclusion, managing risk, virtual assessment, and conflict of interest. This is an interactive module where participants input insights about learning to their practice.

**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2023	6768 (annual requirements) 63 (competency assessment)	99.5%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	8/63	13%	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.
<a href="#">NR</a>			
The information provided here shows the proportion of registrants who underwent a Quality Improvement activity or Quality Assurance assessment as part of the QA program as well as those registrants reviewed by Quality Assurance Committee (QAC) for an outcome.			
Almost all registrants participated in the QA program. Exceptions would include new COTO registrants and those who were granted an exemption for the 2023 requirements.			
An additional 11 registrants were referred to QAC for non-completion of the annual QA requirements.			
Of the registrants that participated in a competency assessment, 13% had 4 or more learning needs identified resulting in QAC review and 63% of those resulted in a remedial activity (SCERP/TCL).			



**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2023:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	3/5	60%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	2/5	40%	
<p><a href="#">NR</a></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<p>While all registrants who participate in the competency assessment are required to submit a written response to demonstrate acquired competence, some registrants require additional remedial activities.</p> <p>To date, all registrants required to do a remedial activity (SCERP) have completed this well by addressing learning needs with related knowledge, skill, and judgment. They have described this professional learning by applying specific resources and the reflective assessment to their practice. Changes to practice were identified which confirm learning and safe practice for the public.</p> <p>Several registrants are still within the time period for completion. Completion status is monitored closely by program staff and efforts are made to communicate with these registrants to clarify their understanding of the remedial activities, process and support them in their continuing competency development.</p> <p>There are processes in place for those any registrant who does not demonstrate adequate knowledge, skill, and judgment from the initial remedial activity.</p>			

**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	0	0	0	0
III. Communication	9	60%	NR	NR
IV. Competence / Patient Care	NR	NR	0	0
V. Intent to Mislead including Fraud	0	0	0	0
VI. Professional Conduct & Behaviour	5	30%	8	73%
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	0	0	NR	NR
IX. Harassment / Boundary Violations	NR	NR	NR	NR
X. Unauthorized Practice	0	0	0	0
XI. Other <please specify>				
<b>Total number of formal complaints and Registrar’s Investigations**</b>		<b>100%</b>		<b>100%</b>

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

[Formal Complaints](#)

[NR](#)

[Registrar's Investigation](#)

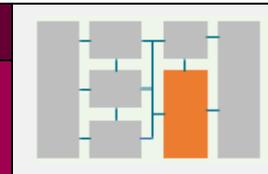
*\*\*The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.*

1 investigation/case (both complaints and Registrar's Investigations) will most often have more than one concern listed which can then touch on more than one "theme". Therefore, of the 9 cases where communication was identified as a theme, these cases included other concerns/themes, such as record keeping or competence or boundary issues.

For Registrar Investigations – the remaining NRs would equal 100%

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2023	10	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	12		
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	11		
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0
II. Formal complaints that were resolved through ADR	0		0
III. Formal complaints that were disposed of by ICRC	8		67%
IV. Formal complaints that proceeded to ICRC and are still pending	0	0	
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	8%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	2	17%	



<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>1</p>	<p>8%</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i>  <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023		20					
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	NR	0	0	0	0	0	0
III. Communication	5	NR	0	NR	NR	0	0
IV. Competence / Patient Care	0	0	0	NR	NR	0	0
V. Intent to Mislead Including Fraud	NR	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	0	0	NR	0	0
VII. Record Keeping	NR	0	0	NR	NR	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	NR	0	0	0	0	0	0

X.	Unauthorized Practice	0	0	0	0	0	0	0
XI.	Failure to self-report	NR	0	0	NR	0	NR	0

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023.  
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

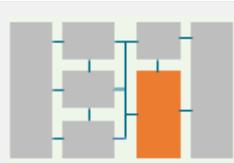
[NR](#)

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

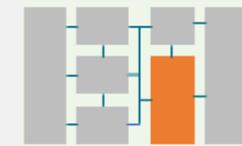
*Additional comments for clarification (if needed)*

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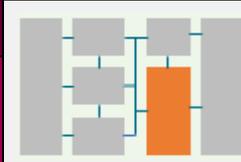
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b></p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
<b>Context Measure (CM)</b>		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	<b>Days</b>	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2023	271	
II. A Registrar’s investigation in working days in CY 2023	334	
<p><a href="#">Disposal</a></p> <p><i>Additional comments for clarification (if needed)</i></p> <p style="text-align: center;">-</p>		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2023	0	
II. A contested discipline hearing in working days in CY 2023	0	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  -		

**Table 9 – Context Measure 13**

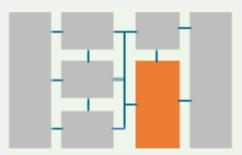
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b>  <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline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

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

[NR](#)

*Additional comments for clarification (if needed)*

**Table 10 – Context Measure 14**

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

## Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Governance Committee  
**Subject:** Third Party Governance Assessment Report – Action Plan

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**Recommendation:**

*THAT the Board approve the proposed Governance Action Plan.*

**Issue:**

The Board is asked to review the action plan that addresses the recommendations from the governance report.

**Link to Strategic Plan:**

This aligns under Public Confidence:

- 1.3 College governance is responsive, effective, competency-based, and accountable.
- 1.4 College decision-making processes are open, transparent, and accountable.
- 1.5 College operations are transparent, effective, and efficient in serving and protecting the public interest.

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

Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system. The proposed action plan from the third-party report will allow the College and its Board to move towards best practices with the goal of strengthening the ability of the Board to provide oversight that is aligned with the mandate of the College to protect the public interest.

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

The Board should consider whether the proposed action plan raise any concerns from a diversity, equity, and inclusion perspective.

**Background:**

On January 25, 2024, governance consultant Deanna Williams presented her report to the Board which measured the Board's effectiveness in meeting the College mandate to regulate the occupational therapy profession in the public interest. The main driver for this report was the College Performance Measurement Framework and its requirement for Boards to regularly assess their effectiveness and performance by a third-party at least every three years. The criteria against which the COTO Board effectiveness was assessed was adopted, with permission, from Harry Cayton's "Checklist for Regulatory Boards".

## BOARD MEETING BRIEFING NOTE

Overall, the consultant's report showed the COTO Board demonstrated a high level of effectiveness in meeting the College's mandate to regulate the profession of occupational therapy in the public interest.

Following the consultant's presentation on the findings of the report, a brief discussion was held, and the Board agreed that the Governance Committee should proceed to develop an action plan to address the report's recommendations for improvement. While all Board Directors were invited to share their ideas and suggestions with the Governance Committee, no other comments were received.

### Discussion:

The consultant's report identified five opportunities for improvement and the action plan is listed below. The overarching objective of the action plan is to further strengthen COTO governance effectiveness, in support of the College's mandate to protect the public interest.

Recommendations	COTO Action Plan
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.	<ul style="list-style-type: none"><li>Continue with the College's modernization governance efforts. This was built into the strategic plan 2020-2024. A few remaining pieces remain.</li></ul> <p><b>Timeline:</b></p> <ul style="list-style-type: none"><li>Separation of elected directors from statutory committee to occur in April 2024.</li><li>Updated Governance manual in progress, to be completed in 2025.</li><li>Board Evaluation process will be updated in 2025.</li></ul>
2. The Board should continue its commendable practices aimed at keeping the public interest and public protection at the forefront of its decision and actions.	<ul style="list-style-type: none"><li>All briefing notes currently include the public interest rationale.</li><li>Board Chair will continue to encourage the Board to consider how a matter is expected to impact the public interest or what the impact is to the public.</li></ul> <p><b>Timeline:</b> June 2024</p>
3. The Board considers listing of factors the Board considered before making its decision and a rationale why the Board believes its decision supports the public interest.	<ul style="list-style-type: none"><li>All Board meeting minutes will reiterate the public interest rationale moving forward.</li></ul> <p><b>Timeline:</b> June 2024</p>
4. Further strengthen election eligibility requirements for registrants to include a	<ul style="list-style-type: none"><li>Bylaws will be updated to reflect that prior to a registrant being deemed eligible to run for</li></ul>

**BOARD MEETING BRIEFING NOTE**

Recommendations	COTO Action Plan
<p>defined, competency-based process for recruitment, and screening candidates before they are deemed eligible to run for an elected position.</p>	<p>election they will be first screened by the Nomination Committee to ensure they meet the eligibility and desired competencies prior to running. The Committee decision will be final.</p> <ul style="list-style-type: none"> <li>The College will also look to update the election forms to reflect this new requirement.</li> </ul> <p><b><u>Timeline:</u></b></p> <ul style="list-style-type: none"> <li>Bylaws changes will be implemented in April 2024.</li> <li>New election process with having the Nomination Committee vet candidates prior to election will be in place for the 2025 Board election.</li> </ul>
<p>5. Focus on how Board directors, individually and collectively, demonstrate the competencies and skills that the Board identified as desirable to contribute to overall effectiveness.</p>	<ul style="list-style-type: none"> <li>The Board Competency Framework was established in 2021.</li> <li>The Skills Matrix Tool used to assess the overall composition of the skills and competencies of the Board done in 2021.</li> </ul> <p><b><u>Timeline:</u></b></p> <ul style="list-style-type: none"> <li>The Board Competency Framework will be reviewed to ensure currency and relevance. Any changes will be brought forward for the Board’s approval end of 2024 or early 2025.</li> <li>The Skills Matrix tool will be also updated and rolled out to Board Directors in 2025. Any identified gaps will be part of future Board education.</li> </ul>

**Implications:**

Should the proposed action plan be approved by the Board, College staff will work with the Governance Committee to implement all changes within the 2024-2025 College year.

**Attachments:**

1. An External Assessment of COTO’s Board Effectiveness



An External Assessment of COTO Board's  
Effectiveness

# Final Report

Deanna L. Williams  
Dundee Consulting Ltd.  
December 2023

# Table of Contents

	<u>Page</u>
<b>1. Introductory Comments</b>	3
<b>2. Findings Across Assessment Themes:</b>	
a. Working together for greater effectiveness	5
b. Demonstrating a clear and unremitting focus on the public interest	6
c. Assuring skills and competencies on the Board	7
d. A sound process for identifying and reviewing risk(s)	8
e. The Board striving to improve its own effectiveness	9
<b>3. Identified Opportunities for Improvement</b>	12
<b>4. Concluding Remarks</b>	13
<b>5. Appendices</b>	
1. Assessment criteria that guided the review	14
2. About the reviewer	15

# 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’)<sup>1</sup>. 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 assessed<sup>2</sup> 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)

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<sup>1</sup> [https://health.gov.on.ca/en/pro/programs/hwrob/CPMF\\_summary\\_report.aspx](https://health.gov.on.ca/en/pro/programs/hwrob/CPMF_summary_report.aspx)

<sup>2</sup> 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

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**Date:** April 4, 2024  
**From:** Governance Committee  
**Subject:** Governance Policies – New & Revised

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### **Recommendation:**

*THAT the Board approve the following new and revised policies:*

- *Mission, Vision, and Values*
- *Role of Board Chair*
- *Role of Board Vice-Chair*
- *Role of Committee Chair*
- *Role of College Committees*
- *Rules of Order*

### **Issue:**

The Board is asked to review and approve the policies listed above. These policies are part of the revision process for the Governance Manual.

### **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 oversight of the activities and affairs of the College in the public interest. Equally important is an understanding of expectations for how individuals behave towards one another as they fulfill the governance roles and how individually and collectively, Directors can build and maintain the relationships that will inspire the confidence and trust of the public, government, and registrants. Clear and transparent policies are an important element of good governance.

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

The Board should consider whether the proposed policies raise any concerns from a diversity, equity, and inclusion perspective.

## BOARD MEETING BRIEFING NOTE

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Governance Policies – New & Revised

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Page 2 of 2

### **Background:**

As part of the strategic activities this fiscal year, the College is embarking on a comprehensive review of all the Governance policies. The current Governance Policies are comprehensive however use the previous “policy governance” model. Updating the Governance Policies will provide an up to date, understandable set of rules upon which to base decisions.

### **Discussion:**

As part of the comprehensive review of the Governance Policies Manual, the Board Governance Role policies were revised to provide a shared understanding of the Board roles and accountabilities in governing the College. It is important for Board Directors to have a clear understanding of their role and responsibilities in ensuring the College meets its primary mandate of public protection.

For the purposes of this meeting the following policies have been revised:

- *Mission, Vision, and Values:* The policy has been updated to reflect the new strategic priorities approved by the Board at the January 2024 Board meeting.
- *Role of Board Chair; Board Vice-Chair and Committee Chair:* Each of these policies has been revised to establish and articulate the role and key responsibilities of each position.
- *Role of College Committees:* With the separation of Board Directors from statutory committees coming into effect in April 2024, this new policy is established to set out the different type of College committees as well as set out the committee’s role.
- *Rules of Order:* This policy updates the rules of order to reflect current practice. The proposed rules of order build from the existing one and is broken down into four subcategories.

### **Implications:**

If approved, the policies will update the existing Governance Policies.

### **Attachments:**

1. Mission, Vision and Values
2. Role of Board Chair
3. Role of Board Vice-Chair
4. Role of Committee Chair
5. Role of College Committees
6. Rules of Order



**Policy Type:** Mission/Vision/Values  
**Policy Title:** Leadership Outcomes  
**Reference:** E1  
**Date Prepared:** January 2020  
**Date Revised:** March 2024  
**Date Reviewed:**

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***We are always guided by our Vision, Mission, and Values***

***Vision:*** *Excellence in regulatory leadership*

***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 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*

## **Our Leadership Outcomes:**

### **1. Meaningful Engagement**

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

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

### **2. 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.*

### **3. 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 resource crisis.*
- *Ensures occupational therapy scope of practice is optimized in Ontario*
- *Collaborates with national partners to further regulatory excellence.*

### **4. Performance and Accountability**

The College 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.*

*Within the annual budgeting process, allocation of resources will reflect a balanced approach to achieving these leadership outcomes, with consideration of available resources, priorities, and established Board financial policies.*

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Role of Board Chair
<b>Reference:</b>	GP5
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, March 2024
<b>Date Reviewed:</b>	October 2016, October 2019

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### **Purpose**

To establish and articulate the role and responsibilities of the Board Chair.

### **Application**

The policy applies to all Board Chair.

### **Policy**

The Board Chair provides leadership to the Board and is responsible for ensuring good governance practices are adhered to. The Board elects the Board Chair who helps set the tone of Board meetings and keeps Board Directors engaged while building a safe, cohesive, and collaborative forum in which discussions can take place and clear decisions can be made.

Specifically, the Board Chair:

- Serves as the Chair of the Executive Committee and participates on other Committees as the Board directs.
- Is a champion for good governance and ensures that the Board fulfills its governing role effectively and strives to achieve high standards and follows best governance practices.
- Working in partnership with the Registrar and CEO towards:
  - Identifying issues, objectives, and priorities for Board consideration.
  - Providing strategic leadership to establish and promote the College's strategic planning process and priorities.
  - Acting as spokesperson for the College.
  - Orientation and training of all new directors.
  - Ongoing training and development opportunities for all directors.
  - Facilitating chair succession planning for the Board.
- Manages circumstances where the Director, or Board/Committee function is less than optimum, including introducing strategies to resolve conflicts which may arise.
- Oversee the Board's evaluation processes to ensure high levels of performance.
- Following input and discussion with the Executive Committee, conducts annual performance appraisal of the Registrar and CEO.

- The Chair is accountable to the Board for the assigned functions, and as such has no authority to individually direct or supervise the Registrar/CEO, nor make independent policy decisions.
- The Board Chair is elected/acclaimed at the first meeting of the Board following elections. There is no maximum set for the number of times a Board Director can be elected/acclaimed.
- The role and responsibilities of the Board Chair may be delegated to others; however, the Board Chair remains accountable for the activities within their role.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Role of Board Vice-Chair
<b>Reference:</b>	GP6
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2014, March 2024
<b>Date Reviewed:</b>	October 2016, October 2019

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### **Purpose**

To establish and articulate the role and responsibilities of the Board Vice-Chair.

### **Application**

The policy applies to the Board Vice-Chair.

### **Policy**

The Board Vice-Chair assists the Board Chair in providing leadership to the Board and College. The Board elects the Vice-Chair who discharges the Chair's duties if the Chair is unavailable.

Specifically, the Board Vice-Chair:

- Serves on the Executive Committee and participates on other Committees as the Board directs.
- Performs the Chair's duties if the Board Chair is unavailable or has a conflict of interest.
- Understands the Board Chair's role and responsibilities and the key policy, regulatory, and operational issues the College is facing.
- Collaborates with the Chair and the Registrar and CEO to assist in identifying issues, objectives, and priorities for Board consideration.
- Provides assistance and counsel to the Board Chair.
- If necessary and at the direction of the Board Chair or the Board, assumes appropriate leadership roles and responsibilities.
- The Board Vice-Chair is elected/acclaimed at the first meeting of the Board following elections. There is no maximum set for the number of times a Board Director can be elected/acclaimed.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Role of Committee Chair
<b>Reference:</b>	GP9
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, April 2024
<b>Date Reviewed:</b>	October 2016, October 2019

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### **Purpose**

To articulate the role and responsibilities of a Committee Chair.

### **Application**

The policy applies to all Committee Chairs.

### **Policy**

Committee Chairs provide leadership and direction to their committee to ensure it fulfills its statutory and Board mandate. The Committee Chair is accountable to the Board for the committee's activities and progress. The Committee Chair collaborates with a designated college staff person to facilitate the ongoing management of the committee's work.

The role of Committee Chair includes the following responsibilities:

- Conducts meetings in a timely manner. Facilitates meetings and committee processes such that all members have an opportunity to participate and contribute meaningfully.
- Facilitates broad, respectful, and constructive dialogue during meetings. Supports independent thinking and diversity of views while encouraging alignment on decisions and outcomes.
- Controls dominant members and manage conflicts and other circumstances in which the committee is not functioning effectively. If necessary, bring matters to the attention of Board Chair or the Registrar and CEO.
- Conducts regular evaluation of committee performance. Implements improvements to committee effectiveness.
- Ensures new committee members understand the role of the committee and receive appropriate orientation. Recommends opportunities or requirements for ongoing education or training for the committee.
- Committee Chairs are recommended by the Nominations Committee and appointed annually by the Board. The number of times a member may serve as a Chair to any committee is three years, whether served consecutively or not.
- Should the Committee Chair be unable to preside at a meeting, other committee members may select amongst themselves a replacement Chair.



**Policy Type:** Governance Process  
**Policy Title:** Role of the Committees of the College  
**Reference:** GP10  
**Date Prepared:** March 2024  
**Date Revised:**  
**Date Reviewed:**

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### Purpose

To establish and articulate the role and responsibilities of the College's Committees.

### Application

The policy applies to:

- Statutory Committee of the College.
- Non-Statutory Committee of the College.
- Advisory Committee of the College.

### Policy

While the Board leads the College in developing and monitoring strategic plans and by making major policy decisions, College committees conduct much of the work of the College. There are three types of ongoing committees the College utilizes: statutory, non-statutory, and advisory committees. Most committee members are composed of board directors, and professional/community appointees. Except for Executive, all committee members are recommended by the Nominations Committee and are established by the Board to help fulfill its role and carry out its responsibilities.

Accordingly:

- a) A Statutory Committee is established pursuant to the Health Professions Procedural Code, which is Scheduled II of the *Regulated Health Professions Act* and are as follows:
  1. Discipline Committee
  2. Executive Committee
  3. Fitness to Practise Committee
  4. Inquiries, Complaints, and Reports Committee
  5. Patient Relations Committee
  6. Quality Assurance Committee
  7. Registration Committee
- b) A Non-Statutory Committee supports the work of the Board to help carry out its responsibilities and include the following:
  1. Finance and Audit Committee
  2. Governance Committee
  3. Nomination Committee
  4. Practice Subcommittee
  5. Quality Assurance Subcommittee

- c) An Advisory Committee is a task-specific committee of the Board established to undertake specific tasks and include the following:
1. Equity Perspectives Advisory Committee
  2. Indigenous Insights Advisory Committee
1. The Board holds the ultimate responsibility for governing the organization. College committees, unless otherwise specified by the Board, do not have any independent authority to act on behalf of the Board.
  2. The Board will establish terms of reference for committees that will usually include the following:
    - a. The mandate of the committee;
    - b. The accountability and authority of the committee;
    - c. The duties and responsibilities of the committee;
    - d. Skills and expertise required of members of the committee;
    - e. Term and term limits of the committee; and
    - f. Voting and reporting requirements of the committee.
  3. The Registrar will be notified of all committee meetings and invited to attend in a non-voting capacity, but their attendance is not counted for the purpose of committee quorum requirements.
  4. If committees are established, they:
    - a. Do not speak or act for the Board except when formally given such authority for specific or time-limited purposes. Such authority will be stated through terms of reference or Board minutes.
    - b. Are to assist the Board in doing its job by recommending, analyzing, deciding and/or acting as directed by the Board.
    - c. Cannot exercise authority over staff and operations and must work within the College's mission and policy framework.
    - d. Will receive their terms of reference, specific tasks, staffing, reporting process, timelines, from the Board.
  5. Committee briefing notes that are presented to the Board on matters requiring decisions or actions will generally contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.
  6. Timelines for completion of tasks and submission of reports are to be consistent with the Board's direction or mandate.



**Policy Type:** Governance Process  
**Policy Title:** Rules of Order  
**Reference:**  
**Date Prepared:** June 2017  
**Date Revised:** January 2019, April 2024  
**Date Reviewed:**

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### **Purpose**

The purpose of these Rules of Order is to ensure that the meetings of the Board are purposeful, efficient, and carried out with fairness, reasonableness, and good faith towards all who participate.

### **Application**

The policy applies to:

- The Board Chair
- All Board Directors
- Any observers or invited guests in attendance at Board meetings

### **Policy**

#### **General Procedures**

1. These rules of order are subject to review periodically.
2. These rules shall apply, with necessary modifications, to meetings conducted by any electronic means permitted by these bylaws, including audio or video conferencing.
3. The above rules may be relaxed by the Board Chair if it appears that greater informality is beneficial in the particular circumstances, unless the Board requires strict adherence.

#### **Motions**

4. Motions require a mover and seconder.
5. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Board meeting or to refer the motion to a committee.
6. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
7. When it appears to the Board Chair that the debate on a matter has concluded, when the Board has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the Board Chair shall put the motion to a vote.
8. No Board Director shall be present in the room, participate in debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Board Director so interested shall be disallowed.

9. When a matter is being voted on, no Board Director shall enter or leave the Board room, and no further debate is permitted.
10. Any motion decided by the Board shall not be re-introduced during the same meeting except by a two-thirds vote of the Board present.
11. In the event of a tie vote, the Board Chair will cast the deciding vote.
12. A Board Director should exercise caution when considering an abstention. In accordance with College bylaws, Board decisions are made by majority vote of Directors present. It should be noted that, if a Board Director is present and abstains, this is equivalent to a “No” vote. Abstentions will not be noted by name in the minutes.

#### **Amendments and Other Subordinate Motions**

13. A motion that has been moved and seconded may be amended by a motion to amend. The Board Chair shall rule a motion to amend out of order if it is irrelevant to the main motion or defeats the basic effect of the main motion.
14. When a motion has been moved and seconded, no other motion may be made except a motion to amend the motion, to refer the motion to a Committee, to postpone the motion, either indefinitely or to a specific meeting, to call the question, to adjourn the debate, or to adjourn the meeting.
15. When a motion to refer a motion to a Committee has been made, it shall be decided before any amendment is decided and, if it is passed, no further debate or discussion is permitted.
16. A motion to amend the motion shall be disposed of before the main motion is decided. Only one motion to amend a motion can be made at a time.

#### **Preserving Order**

17. The Board Chair shall preserve order and decorum and shall rule on any question of order or procedure. A Director may appeal the Chair’s ruling to the Board.
18. Whenever the Board Chair is of the opinion that a motion offered to the Board is contrary to these rules or the bylaws, they shall immediately inform the Board of their opinion, rule the motion out of order and explain why.
19. The Board Chair shall manage the speaking order or may delegate management of the speaking order.
20. When called upon, the Board Director shall address the Board Chair and confine discussion to the matter under debate.
21. The Board Chair may limit the number of times a Board Director may speak, limit the length of speeches, and impose other restrictions reasonably necessary to finish the agenda of a meeting.
22. If a Board Director believes that another Director has behaved improperly other than the Board has broken the bylaws or these rules, the Director may state a point of order. The Board Chair shall promptly rule on the point of order, which is subject to an appeal to the Board.

23. Staff persons and consultants with expertise in a matter may be permitted to answer specific questions. In addition, the Registrar may provide information relevant to a matter on their own initiative, subject to the direction of the Board Chair.
24. Observers at a Board meeting are not allowed to speak to a matter that is under debate and Board Directors shall not discuss a matter with observers while it is being debated.
25. Board Directors are to be silent while others are speaking.
26. At all meetings, Board Directors are expected to limit the use of cellular telephones, and access personal email to regularly scheduled breaks. Electronic devices shall only be used during Board meetings to review materials related to the matter under debate and to make personal notes of the debate.

## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Governance Committee  
**Subject:** Terms of Reference Revisions – All Committees

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**Recommendation:**

*THAT the Board approve the updated terms of reference for all College committees.*

**Issue:**

The Board is asked to review and approve the updated terms of reference to ensure the College maintains best governance practices.

**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 goal of these changes is to continuously enhance public protection. The updated Terms of Reference are aligned with the new governance structure applied throughout the revised Governance Manual. This will further strengthen public interest and enhance public confidence in our regulatory system.

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

Part of the work the College is undertaking to update the Governance Manual, will include clear and consistent language that will incorporate equity, diversity, and inclusion. There are specific Terms of Reference that outline the Equity Perspectives and Indigenous Insights Advisory Committees.

**Background:**

As one of the strategic interventions this financial 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 follow the same structure.

**Discussion:**

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 the terms of reference will incorporate the new structure being used for all the policies.

## BOARD MEETING BRIEFING NOTE

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Terms of Reference Revisions – All Committees

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Page 2 of 2

### Attachments:

1. Terms of Reference - Inquiries, Complaints and Reports Committee (ICRC)
2. Terms of Reference - Discipline Committee
3. Terms of Reference - Registration Committee
4. Terms of Reference - Executive Committee
5. Terms of Reference - Fitness to Practise Committee
6. Terms of Reference - Quality Assurance Committee
7. Terms of Reference - Patient Relations Committee
8. Terms of Reference - Quality Assurance Subcommittee
9. Terms of Reference - Practice Subcommittee
10. Terms of Reference - Nomination Committee
11. Terms of Reference - Governance Committee
12. Terms of Reference - Finance and Audit Committee
13. Terms of Reference - Equity Perspectives Advisory Committee
14. Terms of Reference - Indigenous Insights Advisory Committee

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Inquiries, Complaints and Reports Committee
<b>Reference:</b>	GP10a
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2012, June 2014, June 2017, June 2020, March 2022, March 2023, <b>March 2024</b>
<b>Date Reviewed:</b>	

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### **Committee Category**

Statutory

### **Mandate**

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

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

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

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

### **Composition of Committee**

The Committee shall be composed of at least:

~~Two Elected Directors/Academic Appointee;~~

- a. ~~At least t~~Two Public Directors;
- b. Four or more Professional Committee Appointees and;
- c. At the discretion of the Board, one or more Community Appointee(s).

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

### **Composition Matrix**

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

#### Ability

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

#### Standards and Professional Ethics

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

#### Health care terminology

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

### **Term of Office**

The terms of Committee members who are also members of the Board is one year.

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. When sitting in panels, three (3) members of a panel constitute a quorum.

### **Selection of the Chair**

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

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

### **Voting**

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

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

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

The Committee 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 Investigations and Resolutions. Other staff members provide support to the Committee.

### **Confidentiality**

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

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Discipline Committee
<b>Reference:</b>	GP10b
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2012, October 2014, June 2017, June 2020, March 2022, March 2023, <b>March 2024</b>
<b>Date Reviewed:</b>	

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### **Committee Category**

Statutory

### **Mandate**

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

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- To review and update all policies and documents of the College with regard to the Disciplinary process;
- To hold hearings, by way of panels, on specified allegations of a registrant’s professional misconduct and/or incompetence referred by the ICRC, in accordance with the requirements of the legislation;
- To hold hearings, by way of panels, on a registrant’s application for reinstatement of a certificate of registration, if the certificate was revoked on the grounds of professional misconduct or incompetence;
- To consider applications from persons who are not parties to the hearing, to participate in the hearing according to the circumstances defined in section 41.1 of the Code and to determine the extent of the participation;

- To make orders excluding the public from a hearing or a part of a hearing in accordance with the circumstances defined in section 45 of the Code;
- To make orders preventing public disclosure of matters discussed at the hearing in accordance with section 45 of the Code;
- To, upon request of a witness in a sexual abuse case, make an order that no person shall publish the identity of the witness in accordance with section 47 of the Code;
- To, when a registrant has been found to have committed an act of professional misconduct or to be incompetent, make an order(s) for penalty or costs in accordance with section 51, 52, 53 and 53.1 of the Code;
- To have written decisions and reasons and ensure that the findings of a hearing are made public;
- To review and approve the Rules of Procedures of the Committee; and,
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. ~~Two Elected Directors/ Academic Appointee~~ All Elected Directors;
- b. ~~Two~~ All Public Directors;
- c. One or more Professional Committee Appointee(s); and
- d. At the discretion of the Board, one or more Community Appointee(s).

### **Panels**

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

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

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

### **Composition Matrix**

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

Ability

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

#### Standards and Professional Ethics

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

#### Adjudication and hearing

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

#### Writing/Editing

- Experience in professional and academic writing and editing.

#### **Term of Office**

The terms of Committee members who are also members of the Board is one year.

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

#### **Selection of the Chair**

The Chair of the Discipline Committee is to 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 otherwise under the Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

The Committee 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 Investigations and Resolutions. Other staff members provide support to the Committee.

### **Confidentiality**

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

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Registration Committee
<b>Reference:</b>	GP10c
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, March 2024
<b>Date Reviewed:</b>	

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### **Committee Category**

Statutory

### **Mandate**

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

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

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

### **Composition of Committee**

The Committee shall be composed of at least:

~~Two Elected Directors/ Academic Appointees;~~

- a. ~~At least t~~Two Public Directors;
- b. One or more Professional Committee Appointee(s); and,
- c. At the discretion of the Board, one or more Community Appointee(s).

### **Composition Matrix**

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

#### Ability

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

#### Occupational Therapy Practice

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

#### Education/Examinations

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

#### Registration Processes/Requirements

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

#### International Health Professional/Graduate

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

#### **Term of Office**

The terms of Committee members who are also members of the Board is one year.

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 Registration 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 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 Registration and Director of Programs. Other staff members provide support to the Committee.

### **Confidentiality**

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

**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Executive Committee  
**Reference:** GP10d  
**Date Prepared:** December 2009  
**Date Revised:** March 2010, October 2012, June 2015, June 2017, March 2020,  
June 2020, January 2021, March 2022, March 2023, **March 2024**  
**Date Reviewed:**

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### **Committee Category**

Statutory

### **Mandate**

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

### **Accountability and Authority**

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

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

#### Risk Management

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

### Other Duties and Responsibilities

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

### **Composition of Committee**

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

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

### **Composition Matrix**

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

#### Ability

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

#### Governance expertise

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

#### **Term of Office**

The Committee shall be elected annually by the Board.

#### **Meetings**

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

#### **Quorum**

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

#### **Selection of the Chair**

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

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

#### **Voting**

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

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

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

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

#### **Reporting**

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

#### **Conflict of Interest**

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

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

### **Committee Records**

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

### **Confidentiality**

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

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Fitness to Practise Committee
<b>Reference:</b>	GP10e
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, <b>March 2024</b>
<b>Date Reviewed:</b>	

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### **Committee Category**

Statutory

### **Mandate**

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

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

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

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

### **Composition of Committee**

The Committee shall be composed of at least:

- a. ~~Two Elected Directors/Academic Appointees~~ All Elected Directors;
- b. ~~Two~~ All Public Directors;
- c. One or more Professional Committee Appointee(s); and,
- d. At the discretion of the Board, one or more Community Appointee(s).

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

### **Panels**

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

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

### **Composition Matrix**

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

#### Ability

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

#### Standards and Professional Ethics

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

#### Adjudication and hearing

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

#### Writing/Editing

- Experience in professional and academic writing and editing.

### **Term of Office**

The terms of Committee members who are also members of the Board is one year.

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. When sitting in panels, pursuant to the requirements of the Code, a minimum of three members of a panel constitute a quorum.

### **Selection of the Chair**

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

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

### **Voting**

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

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

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

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

### **Committee Records**

The Committee 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 Investigations and Resolutions. Other staff members provide support to the Committee.

### **Confidentiality**

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

**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Quality Assurance Committee  
**Reference:** GP10f  
**Date Prepared:** December 2009  
**Date Revised:** March 2010, October 2012, June 2014, June 2017, June 2020, March 2022, March 2023, **March 2024**  
**Date Reviewed:**

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### **Committee Category**

Statutory

### **Mandate**

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

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Develop and modify/refine a Quality Assurance Program (the “Program”) that includes, but is not limited to:
  - Continuing education or professional development;
  - Self, peer and practice assessments; and
  - A mechanism for the College to monitor registrants’ participation in and compliance with the Program.
- Monitor registrants’ participation in the Program which includes:
  - Facilitating registrant participation;
  - Ensuring registrants have participated adequately; and
  - Following up on registrants whose participation is found to be unsatisfactory.
- Establish such policies and procedures necessary to administer the Program;

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

### Composition of Committee

The Committee *shall* be composed of at least:

~~Two Elected Directors/ Academic Appointee;~~

- a. ~~At least one Two~~ Public Directors;
- b. ~~Four or more One~~ Professional Committee Appointee(s); and,
- c. At the discretion of the Board, one or more Community Appointee.

### Panels

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

### Composition Matrix

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

#### Ability

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

#### Quality Improvement

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

#### Research and Analytical Skills

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

#### Standards and Scope of Practice

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

#### Writing/Editing

- Experience in professional and academic writing and editing.

#### Term of Office

The terms of Committee members who are also members of the Board is one year.

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. When sitting on panels, three (3) members of a panel constitute a quorum.

#### Selection of the Chair

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

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

#### Voting

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

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

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

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

#### Reporting

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

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the *public*. As such, they must not engage in any activities or in decision-making

concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

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

### **Committee Records**

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

### **Confidentiality**

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

**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Patient Relations Committee  
**Reference:** GP10g  
**Date Prepared:** December 2009  
**Date Revised:** March 2010, October 2014, June 2017, June 2020, January 2021, March 2022, March 2023, **March 2024**  
**Date Reviewed:**

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### **Committee Category**

Statutory

### **Mandate**

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

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

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

### **Composition of Committee**

The Committee shall be composed of at least:

~~Two Elected Directors/ Academic Appointee;~~

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

### **Composition Matrix**

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

#### Ability

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

#### Standards and Professional Ethics

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

#### Lived healthcare experience

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

### **Term of Office**

The terms of Committee members who are also members of the Board is one year.

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 Patient Relations 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 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 ~~Director of Programs~~ Manager, Practice. 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.

**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Quality Assurance Subcommittee  
**Reference:** GP10h  
**Date Prepared:** January 2004  
**Date Revised:** June 2004, January 2019, June 2020, March 2022, March 2023, **March 2024**  
**Date Reviewed:**

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### **Committee Category**

Non-Statutory

### **Mandate**

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- To provide recommendations on the QA program components as directed by the Quality Assurance Committee;
- To assist in the development of processes and activities within the QA program, which may include:
  - Competency Assessment
  - Annual Learning Plan
  - Annual eLearning Module
- To support development of the Annual eLearning Module including identification of learning objectives, case scenario development, content review, reflective practice exercise development and online testing as possible;
- To make recommendations on the development and implementation of additional tools to assess occupational therapists' performance related to the competencies and standards of practice, as required.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. ~~Four or more~~ ~~Six (6) to eight (8)~~ Professional Committee Appointees ~~from a cross-section of current OT practice including geographical representation of the province; and,~~

- ~~b.—At the discretion of the Board, one or more Community Appointee(s) least four members should have five (5) or more years of practice experience; and,~~  
~~c.b. At least one member should be in a non-clinical practice role;~~

### **Composition Matrix**

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

#### Ability

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

#### Quality Improvement

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

#### Research and Analytical Skills

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

#### Standards and Scope of Practice

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

#### Writing/Editing

- Experience in professional and academic writing and editing.

#### Additional attributes:

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

### **Term of Office**

The term of 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 Quality Assurance Subcommittee 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 College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

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

### **Confidentiality**

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



**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Practice Subcommittee  
**Reference:** GP10i  
**Date Prepared:**  
**Date Revised:** June 2017, June 2020, March 2022, March 2023, **March 2024**  
**Date Reviewed:**

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### **Committee Category**

Non-Statutory

### **Mandate**

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

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

### **Composition of Committee**

The Committee shall be composed of at least:

- ~~One member of the Executive Committee;~~
- One Elected Director/~~Academic Appointee; and,~~
- ~~Four to more six~~ Professional Committee Appointees, ~~representing a cross section of current OT practice and,~~
- ~~and at the discretion of the Board, one or more Community Appointee(s).~~

### **Composition Matrix**

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

#### Standards and Scope of Practice

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

#### Systems Perspective

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

#### Writing/Editing

- Experience in professional and academic writing and editing.

### **Term of Office**

The terms of Committee members who are also members of the Board is one year.

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 Practice Subcommittee 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.

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Nomination Committee
<b>Reference:</b>	GP10j
<b>Date Prepared:</b>	June 2002
<b>Date Revised:</b>	March 2010, January 2018, June 2020, March 2022, March 2023, <b>March 2024</b>
<b>Date Reviewed:</b>	June 2017

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### **Committee Category**

Non-statutory

### **Mandate**

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Collaborating with the Board and College staff to determine the competencies and skills that Committee members consider necessary to possess.
- Implement a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees.
- Recommending to the Board candidates for appointment and re-appointment to Committees and Committee Chairs; and
- Supporting the Board to the election of officers for the Executive Committee. This includes the following activities:
  - Calling for nominations;
  - Reviewing the Board member nomination forms;
  - Ensuring there are candidate(s) for each officer position;
  - Ensuring the consent of nominated members to stand for election;
  - Requesting a candidate statement from each individual standing for election;
  - Communicating the completed slate to College staff for distribution at the elections meeting; and,

- Ensuring College staff make the slate and statements of candidacy available to Board members by electronic mail prior to the commencement of the election.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. Two or more Community Appointees;
- b. And at the discretion of the Board, one Professional Community Appointee.

### **Composition Matrix**

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

#### Ability

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

#### Governance expertise

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

#### Human Resources

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

#### Cross-Cultural Experience

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

### **Term of Office**

The term of Committee members 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 is 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 Nominations committee is to be appointed annually by the Board.

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

### **Voting**

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

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

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

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

### **Confidentiality**

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

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Governance Committee
<b>Reference:</b>	GP10k
<b>Date Prepared:</b>	March 2020
<b>Date Revised:</b>	June 2020, January 2021, March 2022, March 2023, <b>March 2024</b>
<b>Date Reviewed:</b>	

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### **Committee Category**

Non-statutory

### **Mandate**

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

### **Accountability and Authority**

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

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Collaborating with the Board and College staff to determine the competencies and skills that Committee members consider necessary to possess.
- Implement a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees.
- Recommending to the Board candidates for appointment and re-appointment to Committees and Committee Chairs; and
- Supporting the Board to the election of officers for the Executive Committee. This includes the following activities:
  - Calling for nominations;
  - Reviewing the Board member nomination forms;
  - Ensuring there are candidate(s) for each officer position;
  - Ensuring the consent of nominated members to stand for election;
  - Requesting a candidate statement from each individual standing for election;
  - Communicating the completed slate to College staff for distribution at the elections meeting; and,
  - Ensuring College staff make the slate and statements of candidacy available to Board members by electronic mail prior to the commencement of the election.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. Three Elected Directors;
- b. One Public Director
- ~~a. Two or more Community Appointees;~~
- b-c. And at the discretion of the Board, one or more Professional Community Appointee(s).

### **Composition Matrix**

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

#### Ability

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

#### Governance expertise

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

#### Human Resources

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

#### Cross-Cultural Experience

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

### **Term of Office**

The term of Committee members 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 is 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 Nominations committee is to be appointed annually by the Board.

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

### **Voting**

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

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

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

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

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this

Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the 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.



**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Finance and Audit Committee  
**Reference:** GP10I  
**Date Prepared:** January 2021  
**Date Revised:** March 2022, March 2023, **March 2024**  
**Date Reviewed:**

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### **Committee Category**

Non-statutory

### **Mandate**

The Finance and Audit Committee (the “Committee”) is responsible to assist the Board of the College of Occupational Therapists of Ontario (the “Board”) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and policies.

### **Accountability and Authority**

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

The Board grants the Committee the authority to fulfill the Duties and Responsibilities as outlined below, in order to achieve its mandate. The Committee shall have access to personnel, documents, records, and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee’s scope of responsibilities and is empowered to retain reasonable legal, accounting, or other consultants to advise the Committee.

### **Limitations**

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

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

#### Financial Planning and Reporting

The Committee:

- a. Analyses each financial plan and annual budget submitted by the Registrar/ Chief Executive Officer;
- b. Reviews all financial statements and reports prepared for the College and advises the Board on any issues with any of the following:
  - Financial plans and annual budget submitted by the Registrar /Chief Executive Officer for recommendation to the Board;
  - The appropriateness and validity of any material assumptions and estimates used in preparation of financial plans or annual budget;

- Any significant assumptions, forecasts, or targets used by Senior Leadership in preparation of the financial plans and/or annual budgets;
- c. Ensures the Registrar /Chief Executive Officer provides the Board on a timely basis meaningful financial information regarding the College's financial status, including forecasts to make decisions; and
- d. Reviews and recommends to the Board approval of the:
  - Unaudited financial statements and reports; and
  - Management discussion and analysis, if any, that accompanies the audited financial statements
- e. Considers and makes recommendations for changes to the College's fee schedule.

#### External Audit

The Committee:

- a. Recommends to the Board the appointment of the External Auditor and approves engagement fees;
- b. Determines whether the performance of the External Auditor is satisfactory, effective and meets the requirements of the College on an annual basis;
- c. Confirms the independence of the External Auditor, including a review of all relationships and engagements between the External Auditor and the College for non-audit services that may reasonably be thought to bear on the independence of the External Auditor;
- d. Holds annual discussion with the External Auditor prior to the presentation of the draft audited financial statements to the Board regarding the result of their audit and any issues, findings or concerns that they wish to raise relating to the College staff, accounting records, accounting practices and systems of internal control;
- e. Reviews and recommends to the Board approval of the annual audited financial statements.
- f. Holds periodic in-camera meetings with the External Auditor, if necessary, to inform them of any matters that may be relevant.

#### Internal Controls

The Committee:

- a. Ensures there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations, standards of ethical conduct, with respect to the College's financial affairs;
- b. Through discussion with the Registrar /Chief Executive Officer, Senior Leadership, and the External Auditor, obtains reasonable assurances that the College has implemented appropriate systems of internal control which are effective and operating continuously:
  - 1. Over financial reporting and information technology; and
  - 2. To ensure compliance with its policies and procedures and that these systems are operating effectively.
- c. Requires reporting of all fraudulent and illegal acts, whether actual or alleged, to the Committee along with Registrar's response to them.
- d. Reviews and oversees Senior Leadership's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate these risks.

### Investments

The Committee:

- a. Reviews and recommends to the Board policies with respect to the College's investments;
- b. Monitors the College's investments at least quarterly, to review compliance with policies.

### Policy Review

The Committee:

- a. Makes recommendation to the Board on major policies governing financial, investment and risk management matters;
- b. Oversees, reviews, and makes recommendations to the Board relating to discretionary expenditures, travel and expense accounts, credit cards and other benefits including per diem policies; and
- c. Upon the Board's request, reports on any review, investigation, process, policy, or other matters relating to the financial, investment or risk management affairs of the College.

### Risk Management

The Committee:

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

### **Composition of Committee**

The Finance and Audit Committee shall be composed of four Board Directors, one of whom must be a member of the Executive Committee and is constituted by at least:

- a. ~~Three~~ Elected Directors ~~/ Academic Appointee~~;
- b. ~~Two~~ One Public Directors; and,
- c. At the discretion of the Board, one or more Community Appointee(s).

### **Composition Matrix**

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

#### **Financial Literacy and Expertise**

- Knowledge and understanding of financial processes, accounting and reporting and internal control principles. Membership includes at least 1 CPA or equivalent financial expertise.

#### **Business Experience**

- Knowledge and experience of business management practices.

#### **Term of Office**

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

The Board approves appointments to the committee.

### **Meetings**

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

### **Quorum**

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

### **Selection of the Chair**

The Chair of the Finance and Audit Committee is appointed annually by the Board.

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

### **Voting**

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

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

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

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

### **Reporting**

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

### **Conflict of Interest**

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

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

### **Committee Records**

The Committee 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 Director of Finance, People and Corporate Services. Other staff members provide support to the Committee.

### **Confidentiality**

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

<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Equity Perspective Advisory Committee
<b>Reference:</b>	GP10m
<b>Date Prepared:</b>	January 2024
<b>Date Revised:</b>	March 2024
<b>Date Reviewed:</b>	

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### **Committee Category**

Advisory

### **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 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 & 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:

Lived experience of physical, mental or cognitive health limitations

Lived experience of an impairment or functional limitation that reduces full involvement in society because of barriers faced. Lived experience of these barriers can enhance thoughtful decisions that protect the public. (Accessible Canada Act, 2019)

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.

**Policy Type:** Governance Process  
**Policy Title:** Terms of Reference – Indigenous Insights Advisory Committee  
**Reference:** GP10n  
**Date Prepared:** January 2024  
**Date Revised:** March 2024  
**Date Reviewed:**

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### **Committee Category**

Advisory

### **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 all 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:

#### Lived experience of physical, mental, or cognitive health limitations

Lived experience of an impairment or functional limitation that reduces full involvement in society because of barriers faced. Lived experience of these barriers can enhance thoughtful decisions that protect the public. (Accessible Canada Act, 2019)

#### 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 record.

### **Resources**

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

### **Confidentiality**

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

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

### **Evaluation**

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

## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Governance Committee  
**Subject:** Bylaw Amendments

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**Recommendation:**

*THAT the Board approve the amended bylaws as presented.*

**Issue:**

The Board is asked to review the proposed changes to bylaws considering the recent governance modernization changes.

**Link to Strategic Plan:**

This aligns under Public Confidence:

- 1.3 College governance is responsive, effective, competency-based and accountable.
- 1.4 College decision-making processes are open, transparent and accountable.
- 1.5 College operations are transparent, effective and efficient in serving and protecting the public interest.

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

Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system. The proposed changes to the bylaws will allow the College and its Board to move towards best practices with the goal of strengthening the ability of the Board to provide oversight that is aligned with the mandate of the College to protect the public interest.

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

The Board should consider whether the proposed bylaw amendments raise any concerns from a diversity, equity, and inclusion perspective.

**Background:**

Each year the College conducts a review of its bylaws and where necessary its associated policies to ensure these reflect current governance best practices.

The steps taken for this year's bylaw review include the following:

- Benchmarking the college bylaws against the College Performance Measurement Framework (CPMF).
- Conducting an environmental scan of the bylaws of other regulatory colleges and analyzing the results against the College's bylaws.

## BOARD MEETING BRIEFING NOTE

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### Bylaw Amendments

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Page 2 of 2

- Undertaking an internal review to identify issues with the bylaws that have been problematic from an internal perspective; and
- Legal review by Julie Maciura, College Legal Counsel.

#### **Discussion:**

The proposed bylaw revisions incorporate the decisions from the Board on establishing a Nominations Committee and reducing the overlap of Board and statutory committees' membership. It also builds on the recommendations from the recent third-party governance assessment report on having the nominations committee screen interested candidates before they are deemed eligible to run for elections or be appointed to a college committee.

Amendments have also been proposed to Part 5 (Election of Board Members); 7 (Officers); 8 (Board); 9 (Registrar and Interim Registrar); 11 (Meetings of the Board); 12 (Professional Committee and Community Appointees); 13 (Committees); and 14 (Provisions applicable to all Committees).

Additional highlights of the proposed amendments include:

- Removing duplicative or unnecessary sections/subsection throughout the bylaws.
- Establishing the processes related to elections and appointments of the Nomination Committee.
- Additional provisions have been added that may lead to the eligibility of Board and Committee members.

#### **Implications:**

Should the proposed bylaw changes be forwarded to the Board for approval, they do not require circulation to registrants and other system partners. Once approved by the Board they will take effect immediately.

#### **Attachments:**

1. Proposed bylaw amendments.

**Amended January 2024**  
Originally Issued September 1994

# Bylaws



## Contents Summary

Part 1: Definitions and Application	8
Part 2: Head Office	10
Part 3: Financial Matters	10
Part 4: Indemnity	13
Part 5: Election of Board Members	13
Part 6: Academic Appointments to the Board	19
Part 7: Officers	19
Part 8: Board	21
Part 9: Registrar and Interim Registrar	25
Part 10: Communications	26
Part 11: Meetings of the Board	26
Part 12: Professional Committee and Community Appointees	27
Part 13: Committees	30
Part 14: Provisions Applicable to All Committees	34
Part 15: Conflict of Interest	36
Part 16: Information to Be Provided by Registrants	38
Part 17: Public Register	39
Part 18: Fees	42
Part 19: Professional Liability Insurance	43
Part 20: Therapy and Counselling for Sexual Abuse	44
Part 21: Code of Ethics	44
Part 22: Affiliations	44
Part 23: Miscellaneous Provisions	45
Schedule "A" Code of Ethics	45
Schedule "B" Fee Schedule	48

## Index

<b>Part 1: Definitions and Application</b> .....	<b>8</b>
1.01 Definitions.....	8
1.02 Changes of Number.....	10
1.03 Headings for Reference Only.....	10
<b>Part 2: Head Office</b> .....	<b>10</b>
<b>Part 3: Financial Matters</b> .....	<b>10</b>
3.01 Fiscal Year.....	10
3.02 Signing Authorities.....	10
3.03 Banking .....	10
3.04 Investment Funds .....	11
3.05 Execution of Deeds, Mortgages and Real Property Leases .....	11
3.06 Retain Valuable Documents.....	12
3.07 Accounts.....	12
3.08 Financial Records .....	12
3.09 Auditor.....	12
3.10 Borrowing Funds.....	12
<b>Part 4: Indemnity</b> .....	<b>13</b>
4.01 Indemnity.....	13
<b>Part 5: Election of Board Members</b> .....	<b>13</b>
5.01 Electoral Districts .....	13
5.02 Year of Elections .....	14
5.03 Eligibility for Election .....	14
5.04 Terms of Office .....	15
5.05 Nominations .....	16
5.06 Acclamation.....	16
5.07 Additional Calls for Nominations.....	16
5.08 Voting Procedure.....	17
5.09 Voting .....	17
5.10 Exceptional Circumstances.....	17
5.11 Administration.....	17
5.12 Tie Vote .....	18
5.13 Results .....	18

Bylaws 2024

5.14	Recounts .....	18
5.15	Referral of Disputes to Governance Committee.....	19
5.16	Report and Recommendation of Governance Committee .....	19
5.17	Options Available to the Board.....	19
5.18	Minor Irregularities Not Fatal .....	19
<b>Part 6: Academic Appointments to the Board.....</b>		<b>19</b>
6.01	Academic Appointments .....	19
6.02	Term of Office of Academic Appointment .....	19
<b>Part 7: Officers .....</b>		<b>20</b>
7.01	Election of Officers .....	20
7.02	Chair .....	20
7.03	Vice-Chair.....	21
7.04	Appointment of Committee Chairs.....	21
<b>Part 8: Board .....</b>		<b>22</b>
8.01	Duties of Directors .....	22
8.02	Disqualification of Directors.....	23
8.03	Vacancies on the Board .....	24
8.04	Employment of Agents.....	24
8.05	Appoint Members to Committees .....	24
8.06	Minutes.....	25
8.07	Compensation .....	25
8.08	Making, Amending and Revoking Bylaws .....	25
<b>Part 9: Registrar and Interim Registrar.....</b>		<b>26</b>
9.01	Registrar.....	26
9.02	Interim Registrar .....	26
9.03	Notwithstanding section 9.02, the Registrar may appoint an interim Registrar from among the senior leadership team to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar will be absent or unable to act or a short period of time. ....	26
<b>Part 10: Communications.....</b>		<b>26</b>
<b>Part 11: Meetings of the Board.....</b>		<b>26</b>
11.01	Regular Meetings .....	26
11.02	Special Meetings .....	27
11.03	Convening of Meetings.....	27
11.04	Notice of Meeting .....	27
11.05	Parliamentary Procedure .....	27

Bylaws 2024

11.06	Chairperson .....	27
11.07	Majority Vote .....	27
11.08	Tie Vote .....	28
11.09	Written Resolutions .....	28
11.10	Adjournment.....	28
11.11	Electronic Communication.....	28
11.12	Quorum.....	28
<b>Part 12:</b>	<b>Professional Committee and Community Appointees .....</b>	<b>28</b>
12.01	Professional Committee Appointees .....	28
12.02	Community Appointees.....	28
12.03	Appointment to Committee .....	29
12.04	Terms of Office.....	29
12.05	Disqualification of Committee Members.....	29
12.09	Temporary Suspension .....	31
<b>Part 13:</b>	<b>Committees .....</b>	<b>31</b>
13.01	Executive Committee .....	31
13.02	Registration Committee.....	31
13.03	Inquiries, Complaints and Reports Committee.....	31
13.04	Discipline Committee.....	32
13.05	Fitness to Practise Committee.....	32
13.06	Hearings Core Group .....	32
13.07	Quality Assurance Committee.....	32
13.08	Patient Relations Committee .....	32
13.09	Governance Committee .....	32
13.10	Finance, and Audit Committee .....	33
13.13	Nominations Committee .....	33
13.14	Appointment of Committee Members .....	33
13.15	Executive Committee.....	33
13.16	Registration Committee.....	33
13.17	Inquiries, Complaints and Reports Committee .....	34
13.18	Discipline Committee .....	34
13.19	Fitness to Practise Committee .....	34
13.20	Quality Assurance Committee.....	34
13.21	Patient Relations Committee .....	34

13.22	Governance Committee .....	35
13.23	Finance and Audit Committee .....	35
13.26	Nominations Committee .....	35
13.27	Appointment of Committee Members.....	35
<b>Part 14:</b>	<b>Provisions Applicable to All Committees .....</b>	<b>36</b>
14.01	Committee Procedures.....	36
14.02	Location and Frequency of Meetings .....	36
14.03	Manner of Meeting.....	36
14.04	Chair .....	36
14.05	Minutes .....	36
14.06	Simple Majority.....	36
14.07	Chair Vote .....	37
14.08	Tie Votes.....	37
<b>Part 15:</b>	<b>Conflict of Interest.....</b>	<b>38</b>
15.01	Conflict of Interest – General .....	38
15.02	Conflict of Interest from an Involvement in a College Process.....	39
<b>Part 16:</b>	<b>Information to Be Provided by Registrants.....</b>	<b>40</b>
16.01	Information to Be Provided by Registrants .....	40
<b>Part 17:</b>	<b>Public Register .....</b>	<b>41</b>
17.01	Public Register .....	41
17.02	Providing Information to the Public.....	43
17.03	Fees.....	43
17.04	Non-Disclosure .....	43
<b>Part 18:</b>	<b>Fees.....</b>	<b>44</b>
18.01	Schedule of Fees .....	44
18.02	Registration Year .....	44
18.03	Application Fee .....	44
18.04	Registration Fee.....	44
18.05	Renewal Fee.....	44
18.06	Fee Waiver.....	44
18.07	Outstanding Amounts.....	44
18.08	Fee Adjustments .....	44
<b>Part 19:</b>	<b>Professional Liability Insurance.....</b>	<b>45</b>
19.01	Professional Liability Insurance .....	45

Bylaws 2024

19.02	Sexual Abuse Therapy and Counselling Fund Endorsement .....	45
<b>Part 20:</b>	<b>Therapy and Counselling for Sexual Abuse .....</b>	<b>45</b>
<b>Part 21:</b>	<b>Code of Ethics .....</b>	<b>45</b>
<b>Part 22:</b>	<b>Affiliations .....</b>	<b>45</b>
22.01	Health Profession Regulators of Ontario .....	45
22.02	Association of Canadian Occupational Therapy Regulatory Organizations.....	45
22.03	Other Organizations .....	45
<b>Part 23:</b>	<b>Miscellaneous Provisions.....</b>	<b>46</b>
23.01	Severable.....	46
<b>Schedule “A”</b>	<b>Code of Ethics .....</b>	<b>47</b>
<b>Schedule “B”</b>	<b>Fee Schedule .....</b>	<b>50</b>

# Official Bylaws of the College of Occupational Therapists of Ontario

Revised June 27, 2018

All previous bylaws relating to the administration of the affairs of the College are hereby repealed and replaced with this bylaw.

## Part 1: Definitions and Application

### 1.01 Definitions

The following definitions shall apply to all parts of these bylaws unless otherwise defined or required by the context:

**Annual Fee**

Means the fee payable for the annual renewal of a certificate of registration of any class.

**Act**

Means the *Occupational Therapy Act* (1991, S.O. 1991) and the regulations thereunder.

**Board or Board of Directors**

Means the Council of the College within the meaning of section 1(1) of the Code and section 5 of the Act.

**Bylaws**

Means the bylaws of the College.

**Chair**

Means the Chair of the Board of Directors of the College.

**CLEAR**

Means Council on Licensure, Enforcement and Regulation

**Code**

Means the *Health Professions Procedural Code* being Schedule 2 to the RHPA.

**College**

Means the College of Occupational Therapists of Ontario.

**Committee**

Means a committee of the College and includes statutory committees established under section 10 of the Code, standing committees, task forces, a Panel of a Committee and any other committee established by the Board under these bylaws.

**Community Appointee**

Means an individual appointed to serve as a member of a Committee who is neither a Director nor a Registrant.

**Director**

Means an individual elected or appointed to be a member of the Board of Directors of the College.

**Elected Director**

Means a registrant elected to the Board in accordance with the bylaws and includes a Registrant elected in a by-election or appointed to fill a vacancy.

**Informal Disposition or Resolution**

Means a negotiated or imposed conclusion to a concern about a Registrant that involves either one or both of the following:

- a. an obligation to complete measures for enhancement (e.g., an acknowledgement and undertaking, requirement to participate in a remediation program) or
- b. educational action (e.g., a caution, an admonishment, an opportunity to correct any deficiencies and to enhance their knowledge, skills and judgment)

For greater clarity, an informal disposition or resolution does not include a simple reminder, guidance or advice.

**Professional Committee Appointee**

Means a Registrant of the College who is not a member of the Board, who has been appointed to a Committee

**Public Director**

Means a person appointed by the Lieutenant Governor in Council as described in section 5(1)(b) of the Act;

**Register**

Means the person appointed by the Board as Registrar or Interim Registrar of the College, in the case of the absence or inability of the Registrar or Interim Registrar, the Deputy Registrar.

**Registrant**

Means a member of the College.

**Registrar**

Means the person appointed by the Board as Registrar or Interim Registrar of the College.

**Registration Fee**

Means the fee for the issuance of a certificate of registration of any class.

**RHPA**

Means the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

**Regulations**

Means the regulations made under the Act.

**Schedule I Banks**

Under the *Canadian Bank Act*, Schedule I are banks that are not a subsidiary of a foreign bank, i.e., domestic banks, even if they have foreign shareholders. They are authorized under the *Bank Act* to accept deposits, which may be eligible for deposit insurance provided by the Canadian Deposit Insurance Corporation.

**Schedule II Banks**

These are foreign bank subsidiaries authorized under the *Bank Act* to accept deposits, which may be eligible for deposit insurance provided by the Canada Deposit and Insurance Corporation. Foreign bank subsidiaries are controlled by eligible foreign institutions.

**Vice-Chair**

Means the Vice-Chair of the Board of Directors of the College.

**1.02 Changes of Number**

These bylaws are to be read with all changes of number required by the context.

**1.03 Headings for Reference Only**

The headings in these bylaws are for ease of reference only and shall not affect in any way the meaning or interpretation of these bylaws.

**Part 2: Head Office**

Repealed - effective October 28, 2021

**Part 3: Financial Matters**

**3.01 Fiscal Year**

**3.01.1** The fiscal year of the College shall be from June 1st to May 31st in the next calendar year.

**3.02 Signing Authorities**

The College shall have at least three persons authorized annually by the Board to sign contracts, documents, cheques or any instruments in writing requiring the signature of authorized officers of the College. Two of the three authorized signing authorities will be the Chair and the Registrar.

**3.03 Banking**

**3.03.1** All money belonging to the College shall be deposited in the name of the College with one or more banks (which shall be a Schedule 1 or Schedule 2 bank under the *Bank Act*).

**3.03.2** The Registrar may endorse any cheque or other negotiable instrument for collection on the College's account through the bank or for deposit to the credit of the College with the bank, in accordance with any applicable policy of the College.

**3.04 Investment Funds**

All monies belonging to the College may only be deposited or invested according to the Investments policy, and in one or more of the following:

- 3.04.1** A bank or trust company or brokerage house.
- 3.04.2** Securities of the Government of Canada, the Government of any Province of Canada, or any municipal corporation in any Province of Canada.
- 3.04.3** Securities, the payment of principal and interest of which is guaranteed by the Government of Canada, or the Government of a Province of Canada.

**3.05 Execution of Deeds, Mortgages and Real Property Leases**

**3.05.1** Deeds, mortgages and real property leases requiring the signature of the College shall be signed by the Chair or the Vice-Chair together with the Registrar and shall be binding upon the College without any further authorization or formality. The Board may by resolution appoint any officer or officers or any person or persons on behalf of the College either to sign deeds, mortgages and real property leases.

**3.05.1.1** Subject to section 3.05.1, all cheques and contracts may be signed by the Registrar alone in compliance with policies approved by the Board from time to time.

- 3.05.2** Except where otherwise provided by law, the Registrar may sign summonses, notices and orders on behalf of any committee of the College.
- 3.05.3** The seal of the College shall, when required, be affixed to contracts, documents, or instruments in writing, signed as aforesaid, or by any other person or persons appointed as authorized to sign on behalf of the Board.

The seal of the College is the seal depicted below.



**3.05.4** The Registrar, or such other officer or officers or person or persons as may, from time to time be authorized by resolution of the Board, are authorized to sell, assign, transfer, charge, convert, or convey any and all shares, bonds, debentures, rights, warrants, or other securities owned by or registered in the name of the College and to sign and execute all assignments, transfers, conveyances, powers of attorney and other instruments that may be necessary for the foregoing purposes in compliance with policies approved by the Board from time to time.

**3.06 Retain Valuable Documents**

**3.06.1** The Registrar shall at all times keep and maintain for the benefit of the College copies of all contracts, agreements, certificates, approvals and all other documents to which the College is a party or which are otherwise pertinent to the administrative and domestic affairs of the College.

**3.07 Accounts**

The Board shall cause proper books of account to be kept in respect of all sums of money received and expended by the College which shall, unless the Board otherwise decides, be the responsibility of the Registrar.

**3.08 Financial Records**

Financial statements for the College shall be prepared promptly at the close of each fiscal year. The audited financial statements of the College, together with a signed and certified copy of the Auditor's report, shall be:

- a. reviewed by the Finance, and Audit Committee;
- b. presented annually to the Board;
- c. provided to the Minister of Health; and
- d. made available to the public in the College's annual report.

**3.09 Auditor**

The Board shall appoint a licensed public accountant as auditor of the College at least every fifth year for a term not exceeding five years.

**3.09.1 Audit**

The auditor shall make such examinations as will enable them to report to the Board as required by law and under these bylaws. Without limiting the generality of the foregoing, the auditor shall report to the Finance, and Audit Committee before the Board meeting at which the financial statements of the College are to be submitted. The auditor of the College shall report in writing to the Board at the meeting at which the financial statements of the College are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the College and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.

**3.10 Borrowing Funds**

The Chair or Vice-Chair, together with the Registrar and such other officer or person as may be authorized by resolution of the Board may:

- a. borrow money upon the credit of the College;
- b. issue, sell, or pledge debt obligations of the College, including without limitation bonds, debentures, notes, or similar obligations of the College, whether secured or unsecured; and
- c. charge, mortgage, hypothecate, or pledge all or any currently owned or subsequently acquired real or personal, movable or immovable property of the College, including book debts, rights, powers, franchises and undertakings, to secure any such debt obligations or any money borrowed, or other debt or liability of the College.

## Part 4: Indemnity

### 4.01 Indemnity

Every Director, Committee member, officer, employee or appointee of the College, including assessors, investigators and inspectors, and each of their heirs, executors, administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the College from and against:

- (i) all costs, charges, expenses, awards and damages whatsoever that they sustain or incur in any action, suit or proceeding that is brought, commenced or prosecuted against them in respect of any act, deed, matter or thing whatsoever made, done or permitted by them in or about the execution of the duties of their office; and
- (ii) all other reasonable costs, charges, expenses, awards and damages that they sustain or incur in or about or in relation to the affairs of the College; except such costs, charges, expenses, awards and damages as are occasioned by their own willful neglect or default. Where the person is a commercial service provider (e.g., a private investigator hired to conduct an investigation), the College has discretion as to whether or not to provide indemnity.

## Part 5: Election of Board Members

### 5.01 Electoral Districts

- 5.01.1** Prior to March 30, 2023, the following electoral districts were established for the purpose of the election of members to the Board:
- a. Electoral district 1 (Central East) composed of the Municipality of Toronto, the counties of Haliburton, Northumberland, Peterborough, Simcoe and Kawartha Lakes, and the regional municipalities of Durham, Peel and York.
  - b. Electoral district 2 (Central West) composed of the counties of Brant, Dufferin and Wellington, and the regional municipalities of Haldimand, Norfolk, Halton, Hamilton, Niagara and Waterloo.
  - c. Electoral district 3 (South West) composed of the counties of Essex, Bruce, Grey, Chatham- Kent, Lambton, Elgin, Middlesex, Oxford, Huron and Perth.
  - d. Electoral district 4 (Eastern) composed of the united counties of Prescott and Russell, Stormont, Dundas & Glengarry, Lennox & Addington, Leeds & Grenville, the Municipality of Ottawa, the counties of Hastings, Prince Edward, Frontenac, Renfrew and Lanark.
  - e. Electoral district 5 (North East) composed of the districts of Sudbury, Parry Sound, Timiskaming, Nipissing, Algoma, Cochrane and Manitoulin and Muskoka.
  - f. Electoral district 6 (North West) composed of the territorial districts of Kenora, Rainy River and Thunder Bay.
- 5.01.2** As of March 30, 2023, the following electoral districts are established for the purpose of the election of members to the Board:
- a. Electoral district 1 (Central District) composed of Toronto and Peel;
  - b. Electoral district 2 (Central West District) composed of Bruce, Grey Elgin,

Essex, Huron, Chatham-Kent, Lambton, Middlesex, Oxford, Perth, Brant, Wellington, Dufferin, Haldimand, Norfolk, Hamilton, Halton, Niagara and Waterloo, and the Territorial Districts of Rainy River, Thunder Bay, Kenora, Algoma, Sudbury and Manitoulin;

- c. Electoral district 3 (Central East District) composed of York, Durham, Ottawa, Simcoe, Northumberland, Peterborough, Prince Edward, Kawartha Lakes, Haliburton, Stormont, Dundas and Glengarry, Prescott and Russell, Renfrew, Hastings, Frontenac, Lennox and Addington, Lanark, and Leeds and Grenville, and the Territorial Districts of Cochrane, Muskoka, Parry Sound, Nipissing and Timiskaming.

- 5.01.3** After the elimination of one or more districts set out in 5.01.1 any affected incumbent Elected Board Director shall retain their seat on the Board until the earlier of:
  - a. The date the Elected Board Director resigns;
  - b. The original date of expiry of the term that the Elected Board Director was serving at the time the district was eliminated; or
  - c. The Elected Board Director is nominated to run for election in the new district to which they are assigned, at which point they shall be deemed to have resigned from the district to which they were first elected.
- 5.01.4** The electoral district in which a Registrant is eligible to vote is the district in which, on the date of the election, the Registrant principally practises, or if the Registrant is not engaged in the practise of occupational therapy, is the district in which, on that day, the Registrant principally resides.
- 5.01.5** Subject to 5.01.2, a Registrant is entitled to vote in an election if the Registrant holds a valid general practising or provisional practising certificate of registration.
- 5.01.6** The number of Registrants to be elected in an electoral district is as follows:
  - a. Electoral district 1 2 Registrants
  - b. Electoral district 2 2 Registrants
  - c. Electoral district 3, 2 Registrant per district

## 5.02 Year of Elections

- 5.02.1** An election of Directors to the Board shall be held in 2026 and in every third year after that for electoral district 2.
- 5.02.2** An election of Directors to the Board and shall be held in 2024 and in every third year after that for electoral district 3.
- 5.02.3** An election of Directors to the Board shall be held in 2025 and in every third year after that for electoral district 1.

## 5.03 Eligibility for Election

- 5.03.1** A Registrant is eligible for election to the Board in an electoral district if, on the date of the deadline for nomination:

- a. they are entitled to vote in an election in accordance with Bylaw 5.01.4 and 5.01.5;
- b. they are not in default of payment of any fees required under these bylaws;
- c. they have completed the College's pre-election orientation program within three months preceding the deadline for the receipt of nominations orientation program;
- d. the registrant has been determined by the Nomination Committee to meet the pre-election competencies as may be established by the Board from time to time;
- e. they are not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside Ontario;
- f. their certificate of registration has not been revoked or suspended, inside or outside of Ontario in the six years preceding the date of nomination as a result of a professional misconduct, incompetence or incapacity proceeding;
- g. their certificate of registration is not subject to any order, direction, or term, condition, or limitation imposed by a panel of the Discipline Committee, Fitness to Practise Committee or Quality Assurance Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;
- h. a period of at least six years has elapsed since they complied with all aspects of any order imposed by a Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;
- i. they have not been disqualified from the Board or a Committee in accordance with the bylaws in the six years preceding the date of nomination;
- j. they have are not at present nor have been at any time within the three years preceding the date of nomination, a director, owner, board member, officer, or employee of any national or provincial professional association or organization that advances the interests of occupational therapists;
- k. they have not resigned from the Board in the three years preceding the date of nomination;
- l. they do not have a conflict of interest to serve as a Board Director or has agreed to remove any such conflicts of interest before taking office.
- m. a court or other lawful authority (unless it has been reversed on appeal or judicial review) has not made a finding of guilt against them in respect of:
  - i. a criminal offence;
  - ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
  - iii. any offence relevant to the Registrant's suitability to practise occupational therapy;
- n. they are not subject to any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority that relate to or otherwise impact the Registrant's practice;
- o. they have not initiated, joined, continued, or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and,
- p. they have not been an employee or paid consultant of the College in the six years preceding the date of nomination.

**Commented [SK1]:** Adding recommendation from 3rd-party review about having election candidates vetted by the Nomination Committee prior to election.

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**Commented [SK2]:** Strengthening cooling off period to reflect organizations that advance interest of OTs.

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5.04 Terms of Office

- 5.04.1 The term of office of an Elected Director to the Board is three years, commencing with the Board meeting where the election of officers takes place.
- 5.04.2 An Elected Director who has served on Board for more than nine consecutive years is not eligible for election until at least three years have passed since the Director last served on the Board.

## 5.05 Nominations

- 5.05.1 The Registrar shall supervise the nomination of candidates including determining the eligibility for election of a nominated candidate.
- 5.05.2 No later than 60 days before the date of an election, the Registrar shall notify every Registrant who is eligible to vote, of the date, time, and place of the election and of the nomination procedure.
- 5.05.3 The nomination of a candidate for election as a Director of the Board shall be in writing and shall be submitted by the candidate to the Registrar at least 30 days before the election.

~~5.05.4~~ A candidate for election as a Director of the Board shall be nominated by at least three Registrants who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.

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5.05.5 A candidate shall sign the nominations form accepting the nomination, and complete and return the confirmation of eligibility, conflict of interest questionnaire, and proof of completion of the pre-election orientation program in the form provided by the Registrar and by the deadline set by the Registrar.

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5.05.6 The Registrar shall review the nomination form and other information submitted by the candidate. All candidates who are deemed by the Registrar to meet the eligibility criteria set out in 5.03, other than 5.03(d), shall be required to participate in an interview conducted by the Nomination Committee. The interview may be conducted in person, by telephone, or by other electronic means.

Commented [SK3]: Clarifying the new process for elections nominations as well as incorporating the Nomination Committee's role.

~~5.05-45.05.7~~ The decisions as to whether a candidate meets the pre-election competencies with the meaning of 5.03(d) is within the sole discretion of the Nomination Committee. The Nomination Committee's decision is final and not subject to challenge.

~~5.05-55.05.8~~ A candidate may withdraw their nomination for election to the Board by notifying the Registrar in writing at least 20 days before the election.

## 5.06 Acclamation

- 5.06.1 If the number of candidates nominated in an electoral district is less than or equal to the number of Registrants to be elected in the electoral district, the Registrar shall declare the candidates to be elected by acclamation.

## 5.07 Additional Calls for Nominations

- 5.07.1 If there are no candidates or an insufficient number of candidates in an electoral district who are eligible for election, there shall be additional calls for nominations,

as required, throughout the nomination period.

**5.07.2** If additional calls for nominations during the nomination period do not secure a sufficient number of eligible candidates, the ~~Nominations Governance~~ Committee may recommend one or more Registrants who are eligible for election to the Board for approval.

**5.07.3** A person who consents to a nomination or recommendation by the ~~Nomination Governance~~ Committee shall be deemed to be a validly nominated candidate when the nomination or recommendation is received by the Registrar.

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## 5.08 Voting Procedure

**5.08.1** Except for an election in which the Registrar has declared a candidate elected to the Board by acclamation, the Registrar shall, at least 15 days before the date of an election, send every Registrant entitled to vote in an electoral district in which an election is to take place:

- a. a list of eligible candidates;
- b. the means to cast a vote;
- c. instructions for voting; and
- d. biographical information about each candidate.

## 5.09 Voting

**5.09.1** A Registrant may cast as many votes in an election of Directors of the Board as there are Directors to be elected to the Board from the electoral district in which the Registrant is eligible to vote.

**5.09.2** A Registrant shall not cast more than one vote for any one candidate.

**5.09.3** Votes must be received in the manner specified at or before the date and time specified for the election in order to be counted.

## 5.10 Exceptional Circumstances

**5.10.1** In exceptional circumstances, the Registrar may modify any time period respecting elections as the Registrar considers necessary to compensate for the exceptional circumstances.

## 5.11 Administration

**5.11.1** The Registrar shall be the Chief Returning Officer and shall supervise and administer the election of candidates and, for the purpose of carrying out that duty the Registrar may, subject to these bylaws:

- a. appoint returning officers and scrutineers;
- b. establish procedures and any necessary deadlines including procedures and deadlines relating to the receiving of nominations, biographies and personal statements and for the receiving of votes;
- c. establish procedures for the tabulation of votes;
- d. provide for the notification of all candidates and Registrants of the results of

- the election;
- e. provide for the destruction of voting information following an election; and
- f. do anything else that the Registrar deems necessary and appropriate to ensure that the election is fair and effective.

**5.11.2** If a returning officer or scrutineer refuses to act or to continue to act or is impaired in the opinion of the Registrar, the Registrar shall appoint another person as a returning officer or scrutineer.

**5.11.3** The returning officers and scrutineers shall honestly and accurately report the vote count in each election, record the results of each count and thereby determine the result of each election.

**5.11.4** Subject to these bylaws, all questions arising in the tabulation of votes, the recording of results or the determination of the result shall be decided by a majority of the returning officers or scrutineers as appropriate.

## **5.12 Tie Vote**

**5.12.1** If two or more candidates receive the same number of votes in an election, the Registrar shall break the tie by lot.

## **5.13 Results**

**5.13.1** As soon as practicable after the votes have been tabulated, the Registrar shall:

- a. advise each eligible candidate of the results of the election, the number of votes they received and the candidate's right to request a recount in accordance with article 5.14; and
- b. advise the Registrants and the Board of the results of the election.

## **5.14 Recounts**

**5.14.1** A candidate may require a recount by giving a written request to the Registrar no more than 15 days after the date of the election and paying the fee of \$300.00 to the College seven days prior to the recount. This fee will be refunded if the recount changes the outcome of the election.

**5.14.2** The Registrar shall hold the recount no more than 15 days after receiving the request and the recount shall be conducted in as transparent a manner as the voting system reasonably permits.

**5.14.3** If a candidate requests a recount, the Registrar shall preside over the recount, and shall:

- a. appoint scrutineers;
- b. arrange for the recount within 15 days from the receipt of the request;
- c. notify all candidates in the election of the fact and date of the recount;
- d. if two candidates receive an equal number of votes, the Registrar shall break the tie by lot; and
- e. declare the candidate who received the most votes to be elected to the Board for the pertinent electoral district.

#### **5.15 Referral of Disputes to Governance Committee**

- 5.15.1** If the Governance Committee is of the opinion that there are reasonable grounds to doubt or dispute the validity of the election of any member of the Board it shall initiate an inquiry.

#### **5.16 Report and Recommendation of Governance Committee**

- 5.16.1** Where the Governance Committee initiates an inquiry under article 5.15 into the validity of the election of the Board of Director in question and, following the inquiry, shall make a report and recommendation to the Board.

#### **5.17 Options Available to the Board**

- 5.17.1** The Board may, after reviewing the report and recommendation of the Governance Committee and subject to article 5.14, do one of the following:
- i. declare the election result in question to be valid; or
  - ii. declare the election result in question to be invalid; and either
    - a. declare another candidate to have been elected; or
    - b. direct that another election be held.

#### **5.18 Minor Irregularities Not Fatal**

- 5.18.1** The Board shall not declare an election result to be invalid solely on the basis of a minor irregularity regarding the requirements of these bylaws or a procedure established by the Registrar.

### **Part 6: Academic Appointments to the Board**

#### **6.01 Academic Appointments**

- 6.01.1** One or two Academic appointee(s), at least one of whom will hold a full-time faculty appointment, shall be appointed by the Board to sit on the Board as an academic appointment.
- 6.01.2** The Registrar shall consult with and obtain recommendations from the Program Directors or Chairs of approved Ontario universities that offer occupational therapy programs, no later than 90 days before the date the appointment takes effect.
- 6.01.3** The Nominations Committee shall receive all recommendations and make such enquiries as it deems appropriate, before making a recommendation to the Board.
- 6.01.4** For the purposes of clause 5(1) (c) of the *Act*, a Registrant is eligible for an Academic appointment to the Board if, on the date of the appointment they meet the requirements in clauses (c) through (o) of Bylaw 5.03.1 and:
- a they have a faculty appointment in an occupational therapy program in Ontario approved by the College of Occupational Therapists of Ontario;

#### **6.02 Term of Office of Academic Appointment**

- 6.02.1 The term of office for an Academic appointment shall be three years.
- 6.02.2 An appointee who has served on the Board for more than nine consecutive years is not eligible for re-appointment until at least three years have passed since the Registrant has last served on the Board.

## Part 7: Officers

### 7.01 Election of Officers

- 7.01.1 The Registrar or their designate shall conduct the election of Officers at the first meeting of a new Board.
- 7.01.2 The election of the Chair, Vice-Chair, and remaining Executive Committee positions shall be by secret ballot.
- 7.01.3 The Registrar or their designate shall, with the concurrence of the Board, appoint three scrutineers to count the ballots and report the results to the Board.
- 7.01.4 If there are more than two candidates in an election, successive ballots shall be conducted until one candidate receives a majority of the votes cast. The candidate or candidates who receive the fewest votes in a ballot shall be dropped in the next ballot.
- 7.01.5 In the case of a tie, one scrutineer will be directed to cast a deciding vote by lot.
- 7.01.6 At the conclusion of the full election of officers the newly elected Chair will preside over the remainder of the meeting.
- 7.01.7 The term of office for the officers shall be one year.
- 7.01.8 The Chair or Vice-Chair may be removed from office by a two-thirds vote of the Board and the Board shall elect a new Chair from its members to hold office for the remainder of the year.
- 7.01.9 In the event an officer resigns, dies, or otherwise ceases to act, the Board shall elect a new officer from among its members to hold office for the remainder of the year.

### 7.02 Chair of the Board

- 7.02.1 The Chair of the College shall perform all duties and responsibilities which include the responsibilities set by policy and such other duties that the Board of Directors from time-to-time assigns. provide leadership for the Board to ensure that strategic plans, objectives and policies are developed and implemented in accordance with the mandate of the College. The Chair is the chief spokesperson for the Board.

#### 7.02.1

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**7.02.2** The duties of the Chair include:

- a. convening and chairing all meetings of the Board and the Executive Committee;
- b. receiving and reviewing all matters directed to the attention of the Board;
- c. receiving, reviewing and bringing to the attention of the Governance Committee matters related to College governance;
- d. conducting evaluation of each Board meeting; in conjunction with the Board, leading an annual evaluation of the Board's goals and activities for the purpose of future planning;
- e. facilitating communication of issues and concerns raised by Committee Chairs to the Governance Committee and the Board;
- f. collaborating with the Registrar in:
  - i. identification of issues for the Board's consideration;
  - ii. development of objectives and long-range plans for the Board;
  - iii. establishment of priorities for deliberation by the Board;
  - iv. development of a suitable public relations strategy for the College.
- g. representing the College at official liaison functions as required;
- h. contributing to College publications and annual report;
- i. annual review of the credit card expenses of the Registrar;
- j. conducting an annual performance appraisal of the Registrar, following discussion with the Executive Committee; and
- k. representing the Executive Committee in negotiation of the Registrar's contract.

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**7.03** Vice-Chair of the Board

**7.03.1** The primary function of the Vice-Chair of the Board will act and has all the powers and duties of the Chair of the Board if the Chair of the Board is absent or is unable or refuses to act, and will perform the responsibilities set by policy and such other duties that the Board of Directors from time to time assigns, is to collaborate with the Chair on the activities of the Board and College. The Vice-Chair assumes the responsibilities of the Chair in their absence.

**7.03.1**

**7.03.2** The duties of the Vice-Chair include:

- a. chairing the Board and the Executive Committee in the absence of the Chair.
- b. receiving, reviewing and bringing to the attention of the Governance Committee matters related to College governance;
- c. identifying issues of particular concern to the Board members and bringing them to the attention of the Chair;
- d. coordination and monitoring of Board evaluation; and
- e. representing the College at official liaison functions, as required.

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**7.04** Appointment of Committee Chairs

**7.04.1** The Nominations Committee shall recommend to the Board for approval Committee Chairs annually, at their first meeting after the election of officers.-

**7.04.2** The terms of office for thea statutory committee Chairs is one year. TheA maximum

amount of time a person can chair a committee is three years, whether served consecutively or not.

- 7.04.3** In the event a statutory committee Chair resigns, dies or otherwise ceases to act, the Board shall appoint a new statutory committee Chair to hold office for the remainder of the term.

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## Part 8: Board

### 8.01 Duties of Directors

- 8.01.1** The primary function of Directors is to make decisions in the public interest, balancing this responsibility with an understanding of the occupational therapy profession and the environments in which it is practised. Directors establish the goals and policies of the College in accordance with the relevant legislation.

- 8.01.2** The duties of Directors include:

- a. serving on the Board and at least one statutory committee to which they are appointed;
- b. serving on additional committees, task forces, standing committees or advisory groups from time to time;
- c. reviewing all material sent in advance for the Board and committee meetings;
- d. developing and maintaining a knowledge of Board functions and issues facing the Board;
- e. contributing constructively to Board and committee discussions, and understanding and respecting the rules of order as prescribed by the Board;
- f. identifying relevant expertise or contacts as resources;
- g. acquiring a working knowledge of policies and procedures relating to their specific statutory committee(s);
- h. communicating with Registrants, and other interested parties in a manner consistent with confidentiality requirements and Board policy; and
- i. identifying issues to be added to the Board or committee agenda in advance of any meeting.

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- 8.01.3** Directors must also:

- a. demonstrate accountability to the public through decision-making in the public interest;
- b. abide by the code of conduct;
- c. identify and address conflict of interest situations as set out in the bylaws, including understanding and identifying cases in which prior knowledge may affect the ability to function on committee;
- d. recognize and respect confidential information learned in the course of College activities;
- e. understand the role of staff as resources to committees;
- f. resolve any concerns with the committee Chairperson, Board Chair or Vice-Chair;
- g. maintain good public relations with membership, the public, health care organizations, educational groups, and government bodies in their regions; and
- h. attend Board and committee meetings regularly.

## 8.02 Disqualification of Directors

- 8.02.1** An Elected Director or an Academic Appointee shall be automatically disqualified from the Board if they:
- a. resign from the Board;
  - b. no longer meet the requirements for appointment;
  - c. are in default of any fees prescribed by these bylaws for a period of more than 30 days;
  - d. are found by a panel of the Discipline Committee to have committed an act of professional misconduct or are found to be incompetent;
  - e. are found by a panel of the Fitness to Practise Committee to be incapacitated;
  - f. are found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:
    - i. a criminal offence;
    - ii. any offence relating to the prescribing, compounding, dispensing, selling, or
    - iii. administering of drugs; or
    - iv. any offence relevant to their suitability to practise occupational therapy;
  - g. become a director, owner, board member, officer, or employee of any professional association;
  - h. become a member of a Board of any other college regulated under the RHPA.
  - i. cease to hold a certificate of registration;
  - j. remain, thirty days after notice, in default of providing any information required by the College; or
  - k. initiate, join, materially contribute or continue a legal proceeding against the College or any committee or representative of the College.
- 8.02.2** The Board may disqualify an Elected Director or an Academic Appointee from the Board if they:
- a. are found by two-thirds majority of Directors to have breached the Code of Conduct;
  - b. fail to attend two consecutive meetings of the Board or of a Committee, of which they are a member, without reasonable cause in the opinion of the Board;
  - c. fail to attend a hearing or proceeding, or part thereof, of a panel on which they sit;
  - d. fail to attend, without cause, Director education hosted by the College annually;
  - e. breach section 36 of the RHPA, in a manner that in the opinion of the Board, warrants disqualification;
  - f. breach the conflict of interest provision(s) of these bylaws in a manner that in the opinion of the Board warrants disqualification;
  - g. advocate or make a public statement (other than at a Board meeting) against a position taken by the College; or
  - h. fail, in the opinion of the Board, to discharge properly or honestly any office to which they have been elected or appointed.
- 8.02.3** If the Registrar receives information which suggests that a Director meets one or more of the criteria for disqualification set out in section 8.02.1, the Registrar shall follow the procedure set out in section 8.02.5. Where the Registrar has reasonable and probable grounds to believe that a Director meets the criteria for disqualification and no one has made a complaint in writing, the Registrar shall

make a complaint in writing.

**8.02.4** The following procedure shall be followed in the event that a Director is alleged to have contravened the duties of a Director and is alleged to meet the criteria for disqualification set out in section 8.02.2.

**8.02.5** Temporary ~~Suspension~~Exclusion

- (1) A Director who becomes the subject of a complaint, mandatory report, disciplinary or incapacity proceeding, shall not serve on the Board or on any Committee until a final decision (including any appeal) has been rendered.
- (2) A Director who fails to pay any fees owing to the College or fails to provide any information required by the College shall not serve on the Board or any Committee until the failure is remedied unless the failure resulted in their disqualification.

**8.02.6** An Elected Director or Academic Appointee who is disqualified from sitting on the Board ceases to be a Director.

### **8.03 Vacancies on the Board**

**8.03.1** If the seat of an Elected Director becomes vacant the Board may:

- a. appoint as an Elected Director, the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of Directors for that electoral district or if there was no other candidate in the last election of Directors for that electoral district, a member of the profession who is recommended by the ~~Governance-Nomination Committee~~; or
- b. direct the Registrar to hold an election in accordance with these bylaws for that electoral district.

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**8.03.2** If the number of remaining Elected Directors is less than the minimum number required by law, the Board shall take action under clauses 8.03.1 (a) or (b) so that the number of Elected Directors is not less than the minimum required by law.

**8.03.3** The term of a member appointed under clause 8.03.1 (a) or elected under an election under clause 8.03.1 (b) shall continue until the time the former Elected Director's term would have expired.

### **8.04 Employment of Agents**

The Registrar may employ for and on behalf of the College, any agents or employees as the Registrar thinks fit in connection with the control, management and administration of the College, and in that respect may authorize those persons to assist the Board in exercising the powers of and carrying out the duties of the College.

**8.04.1** In addition to any other qualification for a position of employment with the College that the Board may deem appropriate, it shall be a qualification that the employee not be a Director, or if a member of the Board, that they resign as a Director prior to applying for employment with the College.

### **8.05 Appoint Members to Committees**

- 8.05.1** The Nominations Committee shall recommend to the Board, appointments to all the committees.
- 8.05.2** Subject to the *Act*, Regulations and bylaws, the Chair of the Board may attend and participate in meetings of all committees. The Chair of the Board does not have a vote at committee meetings.

#### **8.06 Minutes**

The Board shall cause minutes to be kept of its proceedings and meetings to form a record of all motions and decisions, which shall be kept at the College office unless the Board otherwise decides.

The written record of the proceedings of a Board meeting when confirmed at a subsequent Board meeting, subject to any corrections made at such subsequent meeting, is conclusive proof of the accuracy of the contents of every such record.

#### **8.07 Compensation**

Elected Directors of the Board when attending Board or committee meetings or otherwise conducting the business of the Board or any of the committees, shall be paid a stipend at a daily rate and travelling and maintenance expenses necessarily incurred, in accordance with policies approved by the Board.

#### **8.08 Making, Amending and Revoking Bylaws**

- 8.08.1** The bylaws of the College or any section thereof may be enacted, amended, or revoked by a two thirds majority affirmative vote of Board Directors present and voting at a meeting of the Board called for that purpose.
  - 8.08.1.2** The repeal of any bylaw in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such bylaw prior to such repeal. All Directors and other persons acting under any bylaw so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of these bylaws.
- 8.08.2** Every bylaw and every amendment and revocation thereof shall be maintained in the College's records.
- 8.08.3** Notice of any proposed addition, amendment, or revocation of a bylaw shall be provided to Directors at least one week prior to the date of the Board meeting at which these will be considered, unless such notice is waived by unanimous vote of all the Board Directors.
- 8.08.4** A bylaw that is required under the Code to be circulated to the profession must be circulated to every Registrant at least 60 days before it is approved by the Board.

## Part 9: Registrar and Interim Registrar

### 9.01 Registrar

9.01.1 The Board shall appoint one of its employees as a Registrar.

9.01.2 The Registrar shall:

- a. be responsible for the daily operations of the College including the management of all resources;
- b. keep the register in the form required by these bylaws and the Code;
- c. carry out such duties as authorized or required by the Code, including the appointment of investigators authorized under s. 75;
- d. give all notices required to be given by the Act, regulations or bylaws;
- e. be the custodian of the seal of the College and of all books, papers, records, contracts and other documents belonging to the College;
- f. supervise the nomination and election of Directors and appointment of Professional Committee Appointees as described in these bylaws;
- g. represent the College and its positions to interested parties ;
- h. provide leadership to the Board and staff, related to College operations, Board directives and emerging issues in the practice and regulation of occupational therapy provincially, nationally and internationally; and
- i. perform such other duties as may be determined from time to time, by the Board.

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### 9.02 Interim Registrar

The Board may appoint an interim Registrar from among the senior leadership team to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar is absent for an extended period or is unable to act or when there is a vacancy in the office of the Registrar.

9.03 Notwithstanding section 9.02, the Registrar may appoint an interim Registrar from among the senior leadership team to exercise the powers and to perform the duties, powers and functions of the Registrar when the Registrar will be absent or unable to act for a short period of time.

## Part 10: Communications

Repealed - effective October 28, 2021

## Part 11: Meetings of the Board

### 11.01 Regular Meetings

11.01.1 The Board of Directors shall have at least four regular meetings during the college year. Board of Directors meetings shall be held at the office of the College or at any other place as may be determined by the Registrar or the Board of Directors from time to time. A regular meeting of the Board shall be called by the Chair.

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11.01.2 A regular Board meeting may only consider or transact:

- a. matters brought by the Executive Committee;
- b. recommendations and reports by committees;
- ~~b-c.~~ such other matters, not included in the agenda, that at least two-thirds of the Directors in attendance determine to be of urgent nature; and
- ~~e-d.~~ routine and procedural matters in accordance with the rules of order.

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## 11.02 Special Meetings

**11.02.1** A special meeting of the Board may be called by the Board Chair or the majority of Directors, who submit to the Registrar a written request for the meeting containing the matter or matters for decision at the meeting.

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**11.02.2** A Notice of Special Meeting shall state the business for which the meeting is called and contain sufficient information to permit the Director to form a reasoned judgement on the decision to be taken. No subject shall be considered at the meeting unless specifically mentioned in the notice.

### ~~11.03~~ Convening of Meetings

~~The Chair may at any time, or the Vice-Chair shall at the request of the majority of Directors, convene a meeting of the Board.~~

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### 11.04 11.03 Notice of Meeting

~~11.04.111.03.1~~ A Notice of a Regular Meeting shall be given in writing to all Directors at least 14 days prior to the proposed date and, where possible, sent by mail, electronic mail, or similar method.

~~11.04.211.03.2~~ A Notice of a Special Meeting shall be given in writing to all Directors at least five days prior to the proposed date, and where possible, sent by mail, electronic mail, or similar method.

~~11.04.311.03.3~~ No regular or special meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. Any Director may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.

### 11.05 11.04 Parliamentary Procedure

The Board shall be entitled to adopt, from time to time, such rules of order as it deems appropriate to govern the conduct of each Board meeting; provided that, in the event of a conflict between such rules of order and one or more provisions of the RHPA, the Act or these bylaws, the provisions of the RHPA, the Act, or the bylaws shall prevail.

### 11.06 11.05 Chairperson

The Chair of the Board and in the Chair's absence the Vice-Chair of the Board shall act as Chairperson of the meeting of the Board. In the absence of both the Chair and the Vice-Chair, a Chairperson shall be elected at the commencement of the meeting.

### 11.07 11.06 Majority Vote

Unless otherwise specified in these bylaws, matters considered at any meeting of the Board shall be decided by a majority vote cast upon each matter by the Directors

present. Voting by proxy is not permitted at meetings of the Board.

~~44.08~~**11.07 Tie Vote**

In cases of an equality of votes, the Board Chair shall have a deciding vote to break the tie.

~~44.09~~**11.08 Written Resolutions**

A resolution in writing, signed by all persons entitled to vote on that resolution at a meeting of the Board or a committee of the College, is as valid as if it had been voted on at a meeting except where the Act requires a meeting or a hearing.

**11.10 Adjournment**

Any meeting of the Board may be adjourned at any time in order to later complete the business of that adjourned meeting.

**11.11 Electronic Communication**

Meetings of the Board may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.

**11.12 Quorum**

Pursuant to section 6 of the Code, a majority of Directors constitute a quorum.

**Part 12: Professional Committee and Community Appointees**

**12.01 Professional Committee Appointees**

**12.01.1** A Professional Committee appointee is eligible for appointment to a committee of the College as a Professional Committee appointee or, subject to Bylaw 12.04.2, is eligible for re- appointment if, on the date of the appointment or re-appointment they meet the requirements of clauses (c) through (ep) of Bylaw 5.03.1:

- a. They practise occupational therapy in Ontario or reside in Ontario;  
~~They have completed the required orientation program.~~
- b. ~~They have been determined by the Nomination Committee to meet the pre- appointment competencies as may be established by the Board from time to time.~~

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**12.02 Community Appointees**

**12.02.1** An individual is eligible for appointment to a committee of the College as a Community Appointee or, subject to Bylaw 12.04.2 is eligible for re-appointment if, on the date of the appointment or re-appointment they meet the requirements of **clauses (c) through (ep) of** Bylaw 5.03.1 and:

- a. they reside in Ontario; and
- b. they have never been a registrant; and
- c. they have no direct or indirect ownership interest in an occupational therapy clinic or practice; and  
~~they have completed the College orientation program.~~
- d. ~~They have been determined by the Nomination Committee to meet the pre-~~

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appointment competencies as may be established by the Board from time to time.

### 12.03 Appointment to Committee

**12.03.1** A general call for individuals interested in appointments to committees will be made from time to time as determined by the Nominations Committee in order to create a pool of eligible candidates. Specific requests will be made when Professional Committee and/or Community Appointees are required for specific committees.

**12.03.2** In making an appointment, the Board shall take into consideration the location of practice or residence, competencies, experience, expertise, availability and other qualifications and characteristics of the candidate for appointment, in order to complement the attributes of the other Committee members.

### 12.04 Terms of Office

**12.04.1** The term of office of a member of a committee of the College who is a Professional Committee or Community Appointee is three years from the date of appointment or re-appointment to the committee.

**12.04.2** No Professional Committee or Community Appointee may be a member of the same committee of the College for more than six consecutive years.

**12.04.3** A person who has served as a Professional Committee or Community Appointee for more than six consecutive years is not eligible for appointment as a Professional Committee or Community Appointee until at least one year has passed since the person last served as a Professional Committee or Community Appointee.

### 12.05 Disqualification of Committee Members

- 12.05.1** A Professional Committee Appointee or Community Appointee is automatically disqualified from being on a Committee if they:
- a. Resigns from a committee;
  - b. are in default of any fees prescribed by these bylaws for a period of more than 30 days;
  - c. are found by a panel of the Discipline Committee to have committed an act of professional misconduct or to be incompetent;
  - d. are found by a panel of the Fitness to Practise Committee to be incapacitated;
  - e. are found by two-thirds majority of Board members to have breached the Code of Conduct;
  - f. are found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial appeal) in respect of:
    - i. a criminal offence;
    - ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
    - iii. any offence relevant to the Registrant's suitability to practise occupational therapy;
  - g. become a director, owner, board member, officer or employee of any

- professional association.
- h. become a member of a Board of any other College regulated under the RHPA
- i. cease to hold a certificate of registration;
- j. remain thirty days after notice, in default of providing any information required by the College;
- k. initiate, join, materially contribute or continue a legal proceeding against the College or any Committee or representative of the College or
- l. no longer meets the eligibility requirements.

**12.06** The Board may disqualify a Professional Committee Appointee or Community Appointee if it is alleged that they contravened the duties of a Committee member or it is alleged that they:

- a. Failed to attend a hearing, or proceeding, or part thereof, of a panel on which they sit
- b. Failed without reasonable cause, to attend two consecutive meetings of a committee or a subcommittee of which they are a member;
- c. Failed to attend, without cause, Committee education hosted by the College from time to time;
- d. Breached section 36 of the RHPA, in a manner that in the opinion of the Board warrants disqualification;
- e. Breached the conflict of interest provisions of these bylaws in a manner that in the opinion of the Board warrants disqualification;
- f. Advocated or made a public statement (other than at a Board meeting) against a position taken by the College; or
- g. Failed to discharge properly and honestly any office to which they have been appointed.

**12.07** The following procedure shall be followed in the event that a Professional Committee Appointee or Community Appointee is alleged to have contravened the duties of a Committee member or is alleged to meet one of the criteria for disqualification set out in section 12.

- i. A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Board, a Professional Committee Appointee, a Community Appointee or the Registrar. If a member of the Board or a Committee receives such a complaint, they shall immediately file it with the Registrar.
- ii. The Registrar shall report the complaint to the Chair or the Vice-Chair who shall bring the complaint to the Governance Committee if the Registrar believes that the complaint may warrant formal action. If the Governance Committee is unable to address the complaint it may appoint another Committee to fulfill its duties under this section.
- iii. If the Governance Committee or any Committee appointed by the Governance Committee, after any investigation it deems appropriate, believes that the complaint may warrant formal action, it shall call a meeting of the Board. The Board shall determine whether there has been a breach of duties or whether the criteria for disqualification have been met and, if so, impose the appropriate sanction.

The appropriate sanction can include one or more of the following:

- a. censure of the Committee orally or in writing,
- b. removal of the Committee Member from any Committee on which they serve,
- c. disqualification of the Committee Member from serving on any committee.
- iv. A decision finding that there has been a breach of duties or that a Committee Member meets the criteria for disqualification, and a decision to impose a particular sanction must be approved by a two-thirds majority affirmative vote of Directors present and voting.
- v. The Committee Member whose conduct is the subject of concern shall not take part in the deliberation of the Board, however, they shall be given a reasonable opportunity to

respond to the allegation.

**12.08** A Committee Member who is disqualified under the bylaws from sitting on a committee of the College, ceases to be a member of the committee, and the Board shall appoint a successor as soon after the disqualification as feasible.

**12.08.1** The term of office of a person who is appointed as a successor to a disqualified Committee member shall be three years.

**12.09 Temporary ~~Exclusion~~Suspension**

- (1) A Professional Committee Appointee who becomes the subject of a complaint, mandatory report, disciplinary or incapacity proceeding, shall not serve on any Committee until a final decision (including any appeal) has been rendered.
- (2) A Professional Committee Appointee who fails to pay any fees owing to the College or fails to provide any information required by the College shall not serve on the Board or any Committee until the failure is remedied unless the failure resulted in their disqualification.

## Part 13: Committees

~~Prior to March 30, 2024, the College will consist of the following Committees:~~

**Commented [SK9]:** Previous college committee composition has been deleted.

~~**13.01 Executive Committee**~~

~~**13.01.1** The Executive Committee shall be composed of:~~

- ~~a. the Chair, the Vice Chair, and two additional Directors;~~
- ~~b. the Executive Committee includes two Elected Directors of the Board and two Public Directors.~~

~~**13.01.2** The Chair of the Board shall be the Chair of the Executive Committee.~~

~~**13.01.3** Executive shall report to the Board at each Board meeting. All recommendations and decisions are to be reported and/or approved by the Board.~~

~~**13.02 Registration Committee**~~

~~**13.02.1** The Registration Committee shall be composed of at least:~~

- ~~a. two Elected Directors;~~
- ~~b. two Public Directors;~~
- ~~c. one or more Professional Committee Appointee(s); and~~
- ~~d. at the discretion of the Board, one or more Community Appointee(s).~~

~~**13.03 Inquiries, Complaints and Reports Committee**~~

~~**13.03.1** The Inquiries, Complaints and Reports Committee shall be composed of at least:~~

- ~~a. two Elected Directors;~~
- ~~b. two Public Directors;~~
- ~~c. four or more Professional Committee Appointees; and~~
- ~~d. at the discretion of the Board, one or more Community Appointee(s).~~

**13.04 — Discipline Committee**

~~13.04.1 — The Discipline Committee shall be composed of at least:~~

- ~~a. — two Elected Directors;~~
- ~~b. — two Public Directors;~~
- ~~c. — one or more Professional Committee Appointee(s); and~~
- ~~d. — at the discretion of the Board, one or more Community Appointee(s).~~

**13.05 — Fitness to Practise Committee**

~~13.05.1 — The Fitness to Practise Committee shall be composed of at least:~~

- ~~a. — two Elected Directors;~~
- ~~b. — two Public Directors;~~
- ~~c. — one or more Professional Committee Appointee(s); and~~
- ~~d. — at the discretion of the Board, one or more Community Appointee(s).~~

**13.06 — Hearings Core Group**

~~The Board may establish a Hearings Core Group of members of the Discipline Committee and Fitness to Practise Committees who may do the following:~~

- ~~a. — oversee administrative rules of procedure for the Discipline and Fitness to Practise Committees (Hearings Committees) and ensure that they are current and publicly available;~~
- ~~b. — are available for frequent selection for hearing panels by the chair of the respective Hearings Committees.~~

**13.07 — Quality Assurance Committee**

~~13.07.1 — The Quality Assurance Committee shall be composed of at least:~~

- ~~a. — two Elected Directors;~~
- ~~b. — two Public Directors;~~
- ~~c. — one or more Professional Committee Appointee(s); and~~
- ~~d. — at the discretion of the Board, one or more Community Appointee(s).~~

**13.08 — Patient Relations Committee**

~~13.08.1 — The Patient Relations Committee shall be composed of at least:~~

- ~~a. — two Elected Directors;~~
- ~~b. — two Public Directors;~~
- ~~c. — one or more Professional Committee Appointee(s); and~~
- ~~d. — at the discretion of the Board, one or more Community Appointee(s).~~

**13.09 — Governance Committee**

~~13.09.1 — The Governance Committee shall be composed of at least:~~

- ~~a. — two Elected Directors;~~
- ~~b. — two Public Directors;~~
- ~~c. — and at the discretion of the Board, one or more Community Appointee(s).~~

**13.10 — Finance, and Audit Committee**

~~13.10.1 — The Finance and Audit Committee shall be composed of at least:~~

- ~~a. — two Elected Directors;~~
- ~~b. — two Public Directors;~~
- ~~c. — and at the discretion of the Board, one or more Community Appointee(s).~~

**13.11 — Practice Subcommittee**

~~13.11.1 — The Practice Subcommittee shall be composed of at least:~~

- ~~a. — one member of the Executive Committee;~~
- ~~b. — One Elected Director; and~~
- ~~c. — four or more Professional Committee Appointees;~~

**13.12 — Quality Assurance Subcommittee**

~~13.12.1 — The Quality Assurance Subcommittee shall be composed of: at least:~~

- ~~a. — Six to eight Professional Committee Appointees;~~

**13.13 — Nominations Committee**

~~13.13.1 — The Nominations Committee shall be composed of at least:~~

- ~~a. — two or more Community Appointees(s);~~
- ~~b. — and at the discretion of the Board, one Professional Committee Appointee.~~

**13.14 — Appointment of Committee Members**

~~Unless anywhere else stated in the bylaws, every Committee member shall be appointed by the Board with the exception of Executive Committee, whose members shall be elected to office.~~

**As of March 30, 2024, the College will consist of the following Committees:**

**13.15.13.01 Executive Committee**

~~13.15.13.01.1~~ The Executive Committee shall be composed of:

- a. the Chair, the Vice- Chair, and two additional Directors;
- b. the Executive Committee includes two Elected Directors of the Board and two Public Directors.

~~13.15.213.01.2~~ The Chair of the Board shall be the Chair of the Executive Committee.

~~13.15.313.01.3~~ Executive shall report to the Board at each Board meeting. All recommendations and decisions are to be reported and/or approved by the Board.

**13.1613.02 Registration Committee**

~~13.16.113.02.1~~ The Registration Committee shall be composed of:

- a. at least two Public Directors;

- b. one or more Professional Committee Appointee(s); and
- c. at the discretion of the Board, one or more Community Appointee(s).

#### **13.1713.03** **Inquiries, Complaints and Reports Committee**

~~13.17.13.03.1~~ The Inquiries, Complaints and Reports Committee shall be composed of:

- a. at least two Public Directors;
- b. four or more Professional Committee Appointees; and
- c. at the discretion of the Board, one or more Community Appointee(s).

#### **13.1813.04** **Discipline Committee**

~~13.18.13.04.1~~ The Discipline Committee shall be composed of:

- a. All Elected Directors;
- b. All Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

#### **13.1913.05** **Fitness to Practise Committee**

~~13.19.13.05.1~~ The Fitness to Practise Committee shall be composed of:

- a. All Elected Directors;
- b. All Public Directors;
- c. one or more Professional Committee Appointee(s); and
- d. at the discretion of the Board, one or more Community Appointee(s).

#### **13.2013.06** **Hearings Core Group**

The Board may establish a Hearings Core Group of members of the Discipline Committee and Fitness to Practise Committees who may do the following:

- a. oversee administrative rules of procedure for the Discipline and Fitness to Practise Committees (Hearings Committee) and ensure that they are current and publicly available;
- b. are available for frequent selection for hearing panels by the chair of the respective Hearings Committee

~~a.~~

#### **13.2113.07** **Quality Assurance Committee**

~~13.21.13.07.1~~ The Quality Assurance Committee shall be composed of:

- a. at least one Public Director;
- b. four or more Professional Committee Appointee(s); and
- c. at the discretion of the Board, one or more Community Appointee(s).

#### **13.2213.08** **Patient Relations Committee**

~~13.22.13.08.1~~ The Patient Relations Committee shall be composed of:

- a. two Public Directors;
- b. one or more Professional Committee Appointee(s); and
- c. at the discretion of the Board, may include one or more Community

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Appointee(s).

**13.09 Governance Committee**

**13.09.1** The Governance Committee shall be composed of:

- a. three Elected Directors;
- b. one Public Director;
- c. and at the discretion of the Board, one or more Community Appointee(s).

**13.10 Finance and Audit Committee**

**13.10.1** The Finance and Audit Committee shall be composed of:

- a. three Elected Directors;
- b. one Public Director;
- c. and at the discretion of the Board, one or more Community Appointee(s).

**13.11 Practice Subcommittee**

**13.11.1** The Practice Subcommittee shall be composed of:

- a. one Elected Director;
- b. four or more Professional Committee Appointees;
- c. and at the discretion of the Board, one or more Community Appointee(s).

**13.12 Quality Assurance Subcommittee**

**13.12.1** The Quality Assurance Subcommittee shall be composed of:

- a. Four or more Professional Committee Appointees;
- b. and at the discretion of the Board, one or more Community Appointee(s).

**13.13 Nomination Committee**

**13.13.1** The Nomination Committee shall be composed of:

- a. two or more Community Appointees(s);
- b. and at the discretion of the Board, one Professional Committee Appointee.

**Commented [SK10]:** Adding our two new advisory committees and its composition into bylaw: equity perspectives and indigenous insights

**13.14 Equity Perspectives Advisory Committee**

**13.14.1** The Equity Perspectives Advisory Committee shall be composed of:

- a. four or more Professional Committee Appointees representing a cross-section of OT practice with either lived experience or practice experience related to equity, diversity, and inclusion,
- b. and at the discretion of the Board, one or more Community Appointee(s) with expertise related to equity, diversity, and inclusion.

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**13.15 Indigenous Insights Advisory Committee**

**13.15.1** The Indigenous Insights Advisory Committee shall be composed of:

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a. four or more Professional Committee Appointees representing a cross section of OT practice with either lived experience or practice experience related to Indigenous people.

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b. And at the discretion of the Board, one or more Community Appointee(s).

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#### **13.2813.16 Appointment of Committee Members**

Unless anywhere else stated in the bylaws, every Committee member shall be appointed by the Board, on the recommendation of the Nominations Committee with the exception of Executive Committee, whose members shall be elected to office by the Board.

### **Part 14: Provisions Applicable to All Committees**

#### **14.01 Committee Procedures**

**14.01.1** Unless otherwise prescribed in these bylaws, the Nominations Committee shall recommend to the Board for approval a Chairperson for each committee.

**14.01.2** Every appointment to a committee with the exception of Professional Committee and Community appointments automatically expires at the meeting held in conjunction with the annual election of officers.

#### **14.02 Location and Frequency of Meetings**

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

#### **14.03 Manner of Meeting**

**14.03.1** Any meetings of a Committee may be conducted by teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio and video conferencing), and persons participating in the meeting by such means are deemed to be present at the meeting.

#### **14.04 Chair**

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

#### **14.05 Minutes**

**14.05.1** The Chair of each Committee shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

#### **14.06 Quorum**

**14.06.1 Any three members of a panel or committee constitute a quorum.**

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**14.06 14.07 Simple Majority**

**14.06.1 14.07.1** Unless specifically provided for otherwise under the Code or the bylaws, every motion which properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

**14.07 14.08 Chair Vote**

**14.07.1 14.08.1** If the Chair is a member of the Committee, the Chair may vote.

**14.08 14.09 Tie Votes**

**14.08.1 14.09.1** In the event of a tie vote, the motion is defeated.

## Part 15: Conflict of Interest

### 15.01 Conflict of Interest – General

**15.01.1** Every Board Director shall act in the best interests of the public, and no Director by reason of their appointment shall conduct themselves as a representative of any professional, socioeconomic, cultural or geographic group or other constituency.

**15.01.1.1** It is expected that all Directors will speak with a united voice after a decision has been made or a policy has been set.

**15.01.2** For the purposes of these bylaws and all matters of Board conduct, a conflict of interest is defined to include real, apparent and potential conflicts.

**15.01.3** Real, apparent and potential conflicts exist where a private or personal interest may be sufficient to influence the objective discharge of a person's official duties.

**15.01.4** A real conflict exists when (1) the Director has a private interest, (2) the Director knows of the private interest, and (3) there is sufficient connection between the private interest and the Director's public responsibilities to influence the performance of them.

**15.01.5** An apparent conflict exists when there is a reasonable apprehension, which reasonably well-informed persons could properly have, that a conflict of interest exists.

**15.01.6** A potential conflict exists as soon as a real conflict is foreseeable.

**15.01.7** Financial conflicts include:

- a. interests in contracts which the College is considering entering into; and
- b. accepting benefits where the individual is exchanging the benefit for the individual's promise to influence College decision making.

**15.01.8** The misuse of information is considered a conflict where information acquired in the course of performing College duties, is used for personal gain or for the personal gain or for the benefit of someone else.

**15.01.9** Any member of the Board or any Professional Committee or Community Appointee who recognizes that they are in a direct or indirect conflict of interest situation will declare a conflict in the following manner:

- a. If the conflict relates to the member's overall role, the member will notify the Chair or the Registrar as soon as possible.
- b. If the conflict relates to the member's role in the matter of a specific item on the Board agenda, the member will notify the Chair or the Registrar at the meeting(s) at which the item will be discussed or if the member is not present at such meeting, then at the first meeting held thereafter.
- c. If the conflict relates to the member's role on a committee, the member will notify the Chair of the committee, prior to any meeting or hearing related to the matter.

**15.01.10** The disposition of a conflict as reported above, will be done in the following manner:

- a. if the conflict affects the member's overall role:
  - i. the Chair will cause an investigation of the alleged conflict to be conducted through the Governance Committee; the Board will be informed;
  - ii. the Governance Committee's findings will be presented to the Board for resolution;
  - iii. the decision of the Board will be considered final.
- b. If a conflict relates to a member's role pertaining to an item on the Board agenda, the member will declare the conflict and will be permitted to provide a brief explanation to the Board. The member shall leave the meeting room during discussion of the agenda item giving rise to the conflict.
- c. If the conflict relates to a member's role pertaining to a panel of any committee, the Chair will appoint another member to the panel, if required.

**15.01.11** Any member who believes that another member has a conflict which has apparently not been declared, will, if possible, discuss the matter with the member. If the matter is not resolved to the satisfaction of the member who perceives the conflict, they will discuss it with the Chair.

- a. The Chair will cause an investigation of the alleged conflict to be conducted through the Governance Committee; the Board will be informed;
- b. The Governance Committee's findings will be presented to the Board for resolution;
- c. The decision of the Board will be considered final.

**15.01.12** Where the Board decides to disqualify an Elected Director based on the findings of an investigation related to conflict of interest, the Chair will request their resignation.

**15.01.13** Where the Board decides to disqualify a Public Director based on the findings of an investigation related to conflict of interest, the Chair will request the resignation of the Public Director through the Public Appointments Secretariat.

## **15.02 Conflict of Interest from an Involvement in a College Process**

**15.02.1** A member of the Board or a committee also has a conflict of interest where they are the subject of a complaint, investigation or inquiry which has been referred to the Discipline committee or to a Board of Inquiry.

**15.02.2** Where a member of the Board or a committee has a conflict of interest described ins. 15.02.1, they shall automatically and immediately cease all activities at or on behalf of the Board, a committee or the College itself until the matter has been concluded. Where there is no finding against the member, they will return to all activities.

**15.02.3** Where a member of the Board or a committee is required to cease an activity under s. 15.02.2, the College shall proceed expeditiously to facilitate the conclusion of the process.

**15.02.4** Nothing in this section prevents the use of other remedies for a conflict of interest

by a member of the Board or a committee including disqualification from the Board or committee under these bylaws.

## Part 16: Information to Be Provided by Registrants

### 16.01 Information to Be Provided by Registrants

**16.01.1** When requested, a Registrant shall promptly provide the College with the information required to be kept on the register pursuant to section 23 of the *Health Professions Procedural Code* and pursuant to section 17.01.1 of these bylaws and the following information in the manner determined by the Registrar:

- a. name(s), including previous name(s) and name(s) used professionally;
- b. home address including postal code;
- c. home telephone number;
- d. home facsimile number (optional);
- e. the Registrant's preferred unique electronic mail address for communications with the College;
- f. birth date;
- g. information regarding legal authorization to work in Canada;
- h. gender;
- i. professional examinations written or intending to write;
- j. educational designations received;
- k. currency hours;
- l. business facsimile number(s);
- m. employment status;
- n. employment profile information;
- o. information required for provincial and federal or College health human resource planning;
- p. information on language fluency if any language other than the language with which they met the fluency requirement at initial registration is or could be used by the Registrant in their location(s) of practice;
- q. proof of participation in a professional liability insurance policy acceptable to the College;
- r. information regarding the Registrant's participation in the College's Quality Assurance Program; and
- s. information of an event or circumstance that would provide reasonable grounds for the belief that the Registrant will not or is not able to practise occupational therapy in a safe and professional manner.

**16.01.2** In addition to providing the information when requested, a Registrant shall also inform the College in writing of a change in any of the following information within thirty (30) days of the change occurring:

- a. name, home address, business address, business phone number;
- b. preferred unique electronic mail address for communications with the College;
- c. employer, employment status or employment profile information;
- d. change in professional liability coverage;
- e. details about registration, membership or licensure with any other regulatory body in any jurisdiction;
- f. details about misconduct, incompetence or incapacity proceedings against the

- Registrant, whether completed or ongoing, by a regulatory body in any jurisdiction;
- g. details about conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority;
  - h. information of an event or circumstance that would provide reasonable grounds for the belief that the Registrant will not or is not able to practise occupational therapy in a safe and professional manner; and
  - i. details about any charges laid against the Registrant in respect of a federal, provincial, or any other offence, in any jurisdiction.

## Part 17: Public Register

### 17.01 Public Register

- 17.01.1** In addition to the information set out in section 23 of the *Code*, the following information about each Registrant shall be included in the public register:
- a. Registrant's full name, nicknames and abbreviations that the Registrant uses in any location of practice;
  - b. any changes in the Registrant's name since the beginning of her/his occupational therapy education;
  - c. the Registrant's registration number;
  - d. the current class of certificate of registration held by the Registrant and the date on which the certificate was first issued;
  - e. the date and reason if a Registrant ceases to be registered;
  - f. the business addresses of all places of practice of the Registrant including postal code and business telephone numbers;
  - g. information from the Registrant's employer profile, except employment status category and hours;
  - h. languages spoken by the Registrant;
  - i. in addition to the name, business address and business telephone number of every OT health corporation of which the Registrant is a shareholder, if available, the business address, business telephone number, business electronic mail address, if there is one, and any operating names of the health profession corporation;
  - j. any information agreed to be placed on the public register by the College and the Registrant;
  - k. on or after January 1, 2016, a notation of the Registrant's registration, membership or licensure with any other regulatory body inside or outside of Ontario, if known by the College;
  - l. Repealed - effective June 26, 2018
  - m. if an allegation of incapacity against the Registrant has been referred to the Fitness to Practise Committee and not yet decided, an indication of the referral, and the date of referral;
  - n. details of a finding of professional misconduct or incompetence or similar finding that has been made in or outside of Ontario by any other regulatory body on or after January 1, 2016 that has not been reversed on appeal or judicial review, if known by the College;
  - o. details of a finding of incapacity or similar finding made in or outside of Ontario by any other regulatory body on or after January 1, 2016 that has not been reversed on appeal or judicial review, if known by the College;

- p. where a decision referred to in paragraph (n) or (o) is not available to the public in the originating jurisdiction, the information referred to in paragraph (n) or (o) may be removed from the register upon the written request of the Registrant if the Registrar believes there is no public interest served in maintaining the information on the register;
- q. details of any finding of guilt made by a court or other lawful authority (unless it has been reversed on appeal or judicial review) made on or after January 1, 2016, in respect of:
  - i. a criminal offence;
  - ii. any offence relating to the prescribing, compounding, dispensing, selling, or administering of drugs; or
  - iii. any offence relevant to the Registrant's suitability to practise occupational therapy.
- r. details of any existing conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority, except if the publication of such information would violate any publication ban known to the College;
- s. details of any pending reinstatement applications/hearings;
- t. Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, or for any decision made by the Inquiries, Complaints and Reports Committee on or after May 30, 2017, in respect of a complaint filed or report received, a panel of the Inquiries, Complaints and Reports Committee requires a Registrant to appear before a panel of the Committee to be cautioned in person, as authorized by paragraph 26(1)3 of the Code;
  - iv. a notation of that fact;
  - v. a summary of the caution-in-person;
  - vi. the date of the panel's decision;
  - vii. the date upon which the caution-in-person was administered by the Committee panel; and
  - viii. if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.
- u. Where, for a complaint filed on or after January 1, 2017 or for a report received on or after January 1, 2017 for which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code, or for any decision made by the Inquiries, Complaints and Reports Committee on or after May 30, 2017, in respect of a complaint filed or report received, a panel of the Inquiries, Complaints and Reports Committee requires a registrant to complete a specified continuing education or remedial program, as authorized by paragraph 26(1)4 of the Code;
  - ix. a notation of that fact;
  - x. a summary of the specified continuing education or remedial program;
  - xi. the date of the panel's decision;
  - xii. the date that the specified continuing education or remedial program is successfully completed; and

- xiii. if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review and any reconsideration by the Committee is finally disposed of.
- v. Notwithstanding paragraphs (t) and (u) above, and subsection 23(2)(11) of the Code, where after a review by the Health Professions Appeal and Review Board or a judicial review by an appellate court of the decision and reasons of the ICRC, the ICRC has been required to remove or vary a caution-in-person, a specified continuing education or remedial program, or an acknowledgment and undertaking in relation to matters involving allegations of professional misconduct or incompetence, the notation and summary may be removed once the ICRC makes a new decision. Where the original requirement to appear for a caution-in-person, to complete a specified continuing education or remedial program or an acknowledgment and undertaking has been varied, the Registrar may enter on the public register a summary of the process leading up to and the results of the variation.
- w. A summary of any currently existing charges against a Registrant, commenced on or after November 1, 2017, of which the College is aware, in respect of any criminal offence or any offence relevant to the Registrant's suitability to practise occupational therapy, in any jurisdiction, except if the publication of such information would violate any publication ban known to the College.

Any such summary shall be removed upon the written request of the Registrant, if the Registrant is acquitted, the charge is withdrawn or, the charge has been superseded by a finding.

- 17.01.2 The Registrar may give a direction under subsection 23 (2) of the *Code* before or after the initial entry of the Registrant's name in the register.

## 17.02 Providing Information to the Public

- 17.02.1 The Registrar shall give any information contained in the register which is designated as public to any person in printed, oral or electronic form unless the information shall not be disclosed by virtue of section 23 of the Code.

## 17.03 Fees

- 17.03.1 The Registrar may set and charge a fee for obtaining such information.

## 17.04 Non-Disclosure

- 17.04.1 The Registrar may refuse to disclose by virtue of section 23(7) of the Code information that is available to the public under these bylaws if the Registrar has reasonable grounds to believe that disclosure may jeopardize the safety of an individual or the information is subject to a publication ban or in the opinion of the Registrar the information is obsolete and no longer relevant to the member's suitability to practise.

## Part 18: Fees

### 18.01 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.

## Part 19: Professional Liability Insurance

### 19.01 Professional Liability Insurance

A Registrant must have professional liability insurance coverage and provide proof of such coverage to the Registrar, in the manner required by the Registrar, which meets the following requirements:

- a. a liability limit of at least \$5 million per incident;
- b. a minimum coverage of \$5 million for the annual policy period;
- c. no deductible to the coverage;
- d. at least five years of extension of the coverage for claims made when on an extended leave or after retirement or otherwise ceasing practice;
- e. no additional terms, conditions or exclusion, other than those standard to the insurance industry.

### 19.02 Sexual Abuse Therapy and Counselling Fund Endorsement

The professional coverage must include proof of a sexual abuse therapy and counselling fund endorsement that,

- a. provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the Code; and
- b. provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the *Regulated Health Professions Act, 1991*, for therapy and counselling as a result of sexual abuse by the Registrant.

## Part 20: Therapy and Counselling for Sexual Abuse

Repealed - effective June 26, 2018

## Part 21: Code of Ethics

The *Code of Ethics* of the College is attached as Schedule "A" and forms part of these bylaws.

## Part 22: Affiliations

### 22.01 Health Profession Regulators of Ontario

The College shall maintain membership in the Health Profession Regulators of Ontario and actively participate in activities as appropriate.

### 22.02 Association of Canadian Occupational Therapy Regulatory Organizations

The College shall maintain membership in the Association of Canadian Occupational Therapy Regulatory Organizations and actively participate in Association activities as appropriate.

### 22.03 Other Organizations

Bylaws 2024

The College may maintain membership in additional organizations consistent with its objects as may seem appropriate to the Board from time to time.

## **Part 23: Miscellaneous Provisions**

### **23.01 Severable**

The provisions of these bylaws hereof shall be deemed independent and severable and the invalidity in whole or in any part of these bylaws does not affect the validity of the remainder of these bylaws which shall continue in full force and effect as if such invalid portion had never been included here

## Schedule “A” Code of Ethics

This Code of Ethics provides registrants with information about the College of Occupational Therapists of Ontario’s (the College’s) expectations for ethical practice. It outlines a set of values and principles and is intended for use in all contexts and domains of occupational therapy practice, and in all levels of decision making. It further describes the values occupational therapists embody as members of a self-regulating profession and it can be used to help clients, colleagues and members of the public understand our ethical commitments. As a critical component of the College’s Complaints, Discipline and Quality Assurance Programs, the Code of Ethics provides information that is crucial to all registrants.

### **Ethical practice defines what is good – and thus, what is right.**

The College expects all practitioners to commit to *good* practice. This commitment requires occupational therapists to consciously consider what is *right* in furthering the interests of clients and in protecting the public interest.

The **Code of Ethics** forms the foundation for occupational therapist’s ethical obligations. It is the framework for the professional and personal conduct expectations outlined in laws, regulations, College standards and guidelines that govern the practice of occupational therapy. The Code of Ethics articulates the fundamental reference points that guide ethical practice and to which the profession aspires.

## Fundamental Values of Occupational Therapists

Values are the ethical building blocks of human behaviour and interaction. They are at the heart of our everyday exchanges, and shape how we relate to and treat others.

Occupational therapists are in a position of duty and authority. They have a duty to the individuals who rely on their knowledge, skill and judgement. They are in a position of authority because they have access to personal and sensitive information and provide services to people who are vulnerable. Consequently, they have a professional responsibility to uphold the professions’ fundamental values.

While practice can adopt many forms and take place in a variety of contexts, occupational therapists must always aim for the same common goal – to enable clients to engage in meaningful ways with their world.

## Respect and Trust

### **Occupational therapists are guided by two fundamental values: RESPECT and TRUST.**

These core values are as important as the laws, regulations, and College standards and guidelines under which occupational therapists are governed.

Our values relate to the obligations occupational therapists have as self-regulated professionals in whom the public places respect and trust. These values give rise to the ***principles of practice*** that underpin occupational therapy services.

## Respect

An occupational therapist promotes respect by applying the principles of:

### Client-centred practice

- Determine what has meaning and purpose for the client;
- Recognize that clients are diverse and that each client is an individual;

### Respect for autonomy

- Recognize each client's right to make choices for themselves;
- Honour the dignity and worth of each individual;

### Collaboration and communication

- Practise as a team member with clients and other professionals.

## Trust

An occupational therapist promotes trust by applying the principles of:

### Honesty

- Truthfulness is a cornerstone of trust;

### Fairness

- Practise justice in dealings with others and within the scope of your work by striving to ensure diversity, equity and inclusion in the provision of occupational therapy services.

### Accountability

- Take responsibility for decisions, actions, professional competence and judgement;
- Actions taken by occupational therapists should serve the client's best interest, by working in a transparent, honest manner and while striving to do no harm.

### Transparency

- Full disclosure ensures integrity in relationships with clients, other professionals and society.

### Professional Boundaries

- In keeping with the standards of practice, set and manage boundaries relating to personal dignity, self-control, professional relationships, privacy, and confidentiality to ensure that the trust a client has placed in the occupational therapist is maintained.

### Conflict of Interest

- Proactively recognize, disclose, prevent, and where that is not possible, take measures to effectively manage any conflicts of interest that arise while providing professional services.

The above principles are neither definitive nor exhaustive. Additional principles may be needed in specific situations such as a pandemic or other emergency.

## Regulating Practice

The Code of Ethics helps inform the College's decisions about a registrant's conduct if a complaint or complaints are made about the practice of an occupational therapist.

The College also considers the laws, regulations and its standards and guidelines to define the expectations of occupational therapists. In a situation in which these documents do not explicitly address a concern or complaint, the College would turn to the fundamental values and principles of practice for guidance on how to respond.

## Reflecting on Practice

Unexpected ethical issues can arise at any time. Therefore, it is imperative that all occupational therapists be aware of the core values and uphold them by applying the principles of practice in their everyday work. When an ethical issue is difficult to resolve, an occupational therapist should consult with colleagues and relevant resources, such as the College, managers or leaders.

**Occupational therapists need to reflect on what these ethical expectations mean day-to-day, and their commitment to good practice. Reflective practice is essential to ensuring occupational therapists preserve and promote the respect and trust required to achieve the common goal of enabling individuals to engage in meaningful ways in their lives.**

## Glossary

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**Client**            The client (also referred to as the patient in the RHPA) is the individual (or group of individuals) whose occupational performance issue(s) have resulted in a request for occupational therapy service. It is the client to whom the OT has a primary duty to apply the principles of practice.

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**Practice**            This term refers to the overall organizational and specific goal-directed tasks related to the provision of occupational therapy, including direct client care, research, consultation, education or administration.

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**Registrant**        A member of the College of Occupational Therapists of Ontario.

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## Schedule “B” Fee Schedule

### Fees relating to applications for Certificate of Registration in any Class

a. 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 Registration for General, Provisional, or Emergency Class

Fee Item	Fee	HST 13%	Total Fee*
Full Year (June 1 – 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

Fee Item	Fee	HST 13%	Total Fee*
Renewal (Full Year June 1 – May 31)	\$671.00	\$87.23	\$758.00
Late Payment	\$100.00	\$13.00	\$113.00

### 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	\$3.25	\$28.00

### 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.

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## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Elinor Larney, Registrar & CEO  
**Subject:** Election Update – District 3

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**Recommendation:**

For information only.

**Issue:**

The College held an election in District 3 (Eastern) this year and this is a report of the outcome.

**Link to Strategic Plan:**

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

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

As outlined in the OT Act, the College is required to hold elections for positions on the Board, to ensure that the Board can perform its duties to protect the public.

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

The College encourages candidates of diverse backgrounds to stand for election, including diversity of practice area, experience and lived experiences.

**Background:**

There were 2 open positions on the Board starting April 4, 2024. A two-year position for District 2, and a three-year position for District 3 (reminder to the Board that the electoral districts have changed and there are now three districts down from a previous six districts). The nominations process was followed for both these districts. Only one candidate put forth their nomination for District 2 and was subsequently acclaimed to the Board. The College received three nominations for District 3. A subsequent election was held in District 3. Julie Reinhart was acclaimed from District 2 and Tina Siemens was elected in District 3.

**Discussion:**

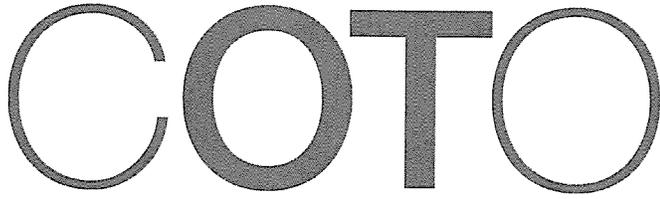
The voting process went smoothly and there were no concerns. There were numerous email reminders to encourage voter participation. Voting was promoted through direct email, on Facebook, LinkedIn, and Twitter.

**Voter Turnout:**

Voter turnout was 12% (277 voters). We don't have a comparable group as this is the first election for this newly amalgamated district. The last election in the Ottawa/Kingston area resulted in a 15% turnout (163 voters). However, that was a smaller pool of registrants, so the numbers are not really comparable.

**Attachments:**

1. Official Poll Results



**Poll Result**

**2024 College of Occupational Therapists of Ontario Board Elections**

Report date: Wednesday 06 March 2024 14:02 EST

**College of Occupational Therapists of Ontario District 3 Board of Directors Elections**

**College of Occupational Therapists of Ontario District 3 (Central East) - Board Elections**

Poll ID: 184180

As at Poll close: Wednesday 06 March 2024 14:00 EST

Number of voters: 277 · Group size: 2290 · Percentage voted: 12.10

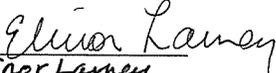
Vote counting method: V1 FPTP (first-past-the-post)

Ranked by votes

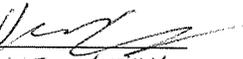
Rank	Candidate ID	Candidate	Votes	%
1	16217234	Tina Siemens	102	36.82
2	16217236	Emily Stairs	93	33.57
3	16217237	Kim Lamont	82	29.60

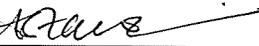
Total votes: 277

Returning Officer

Signature:   
 Name: Elinor Lamey  
 Date: March 6, 2024

Scrutineers

Signature:   
 Name: YVONNE LOUNG  
 Date: MARCH 6, 2024

Signature:   
 Name: ANDJELINA STANIER  
 Date: MARCH 6, 2024

Results generated by BigPulse Online Voting

## BOARD MEETING BRIEFING NOTE

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**Date:** April 4, 2024  
**From:** Patient Relations Committee  
**Subject:** Reappointment to Patient Relations Committee

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### **Recommendation:**

*THAT the Board reappoint Melissa Aldoroty to the Patient Relations Committee for a second 3-year term commencing on March 31, 2024.*

### **Issue:**

The member's first term ended on March 31, 2024, and she has expressed an interest in reappointment for another term.

### **Link to Strategic Plan:**

- 1.3 Increase awareness of the role of occupational therapists, their scope of practice, what services are available and what to expect from your visit.
- 2.2 Promote how the College exists to serve the public interest and what types of support for OTs contribute to that goal.

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

The Patient Relations Committee's primary function is to develop and oversee the Patient Relations Program. The core elements of the program include development and recommendations to the Board about measures for preventing and dealing with the sexual abuse of patients, educational requirements for registrants, guidelines for the conduct of registrants and their patients, training for the College's staff. In addition, this statutory committee is responsible for the provision of information to the public, development of resources and measures to promote professional and accountable patient-therapist relationships, including the administration of the Sexual Abuse Funding Program with recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks related to patient relations.

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

The Patient Relations Committee prioritizes diversity, equity and inclusion perspectives in its work and composition.

### **Background:**

The Patient Relations Committee is a statutory committee of the College and is accountable directly to the Board. Its primary function is to develop and oversee the Patient Relations Program.

## **BOARD MEETING BRIEFING NOTE**

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Reappointment to Patient Relations Committee

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Page 2 of 2

Melissa Aldoroty has been an occupational therapist for 25 years and is currently in a management position within community health in neurology. In her role, she works in a non-clinical position and brings valuable insights from client service management.

### **Discussion:**

During her first term, Melissa contributed her expertise and shared her knowledge and practice experience with the Patient Relations Committee. Reappointing Melissa will support the overall effectiveness of the committee and further the public interests.

### **Implications:**

The Patient Relations Committee will have a full complement of appointees as per the Terms of Reference. (Respecting the Committee Composition Process unfolding at today's meeting)

**Attachments:** N/A

## **BOARD MEETING BRIEFING NOTE**

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**Date:** April 4, 2024  
**From:** Quality Assurance Committee  
**Subject:** Reappointment to Quality Assurance Committee

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### **Recommendation:**

*THAT the Board reappoint Michael Ivany to the Quality Assurance Committee, for a second three-year term, commencing on June 17, 2024.*

### **Issue:**

The member's first term will come to an end on June 17, 2024.

### **Link to Strategic Plan:**

Quality practice by occupational therapists

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

3.1 Occupational therapists are competent, safe, effective and accountable

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

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

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

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

### **Diversity, Equity, and Inclusion Considerations**

For fair and unbiased decisions, it is important that members of the committee represent a diversity of experiences and perspectives.

### **Background:**

Starting in forensic mental health practice in 2007, Michael continues to focus on providing OT services in this area as well as supervising multiple students annually. His experience registering with the OT Board of New Zealand and practicing in orthopedics, general physical medicine, palliative care and neurology helped Michael to strengthen his clinical skills and his respect for the role of regulatory organizations in supporting practice. With ACOTRO work focused on the accreditation process for internationally educated OTs, novel site-specific initiatives, and research that he has been involved with, Michael has been able to highlight and celebrate the role of OT and garner respect for the profession.

## **BOARD MEETING BRIEFING NOTE**

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Reappointment to Quality Assurance Committee

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Page 2 of 2

During his first term, Micheal provided valuable insights from his practice experience to the work of the QAC. Reappointing Michael will enable continuity with the current work underway and support the overall effectiveness of the committee.

### **Discussion:**

The Board is asked to approve the reappointment of Micheal Ivany for a second, three-year term.

### **Implications:**

With this appointment, the Quality Assurance Committee will have a full complement of appointees as per the Terms of Reference (respecting the Committee Composition process unfolding in today's Board meeting).

**Attachments: N/A**