

Declaration of Conflict of Interest

All Directors have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board. To this end, they must avoid or resolve conflicts of interests while performing their duties for the College and to recuse themselves from any consideration of the matter at issue.

A conflict of interest exists where a reasonable member of the public would conclude that a Director's personal, professional or financial interest, relationship or affiliation may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

For the **Board Meeting of January 30, 2025**, the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy and no conflicts were declared.

Neelam Bal
Mary Egan
Elizabeth Gartner
Sarah Milton
Julie Reinhart
Lucy Kloosterhuis
Adrian Malcolm

BOARD MEETING AGENDA

DATE: Thursday, January 30, 2025 **TIME:** 9:00 a.m. to 3:30 p.m.

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

Agenda Item	Objective	Attach	Time (approx.)
1.0 Welcome, Call to Order, and Introductions			
2.0 Public Protection Mandate			
3.0 Territorial Acknowledgement*			
4.0 Declaration of Conflict of Interest			
5.0 Approval of Agenda – January 30, 2025	Decision	✓	
<i>THAT the agenda be approved as presented.</i>			
6.0 Consent Agenda			
1. Registrar’s Written Report of January 30, 2025 2. Draft Board Minutes of October 24, 2024 3. Executive Minutes of October 2, 2024 4. Governance Minutes of October 3, 2024 5. Finance & Audit Minutes of September 24, 2024	Decision	✓	5
<i>THAT the Board adopt the consent agenda items as listed:</i>			
7.0 Registrar’s Report / FY 2024-2025 Q2 Operational Projects Status Update			
7.1 Quarterly Performance Report	Decision	✓	10
<i>THAT the Board receive the Q2 FY 2024/2025 Quarterly Performance Report.</i> (Lucy Kloosterhuis)			
7.2 Risk Management Report	Decision	✓	10
<i>THAT the Board receive the Risk Management Report.</i> (Stacey Anderson)			
7.3 Presentation: Website Review By Nancy Stevenson, Director of Communications			10
7.4 Presentation: Annual Statistical Report from CIHI By Kimberly Woodland, Director of Programs			15
8.0 Finance			
8.1 Fiscal Year 2024/2025 Q2 Financial Summary Report	Decision	✓	10
<i>THAT the Board receive the Q2 FY 2024/2025 Financial Report, as presented.</i> (Allan Freedman)			

Agenda Item		Objective	Attach	Time (approx.)
8.2	Registration Fee Increase	Decision	✓	10
<i>THAT the Board approve the proposed 2% increase to Registration fees for the upcoming 2025/2026 annual renewal period.</i> (Allan Freedman)				
8.3	Honoraria & Allowable Expenses Policies	Decision	✓	10
<i>THAT the Board review the Honoraria Policy and approve the amendments to the Allowable Expenses Policy.</i> (Lucy Kloosterhuis)				
Lunch 12:00 – 1:00 p.m.				
9.0	Investigations & Resolutions Program			
9.1	Discipline Tribunal (1pm) Presentation by Cara Moroney, Manager I & R	Decision	✓	20
<i>THAT the Board approve the College join the Health Professions Discipline Tribunal for a term ending in December 2025.</i> (Allan Freedman)				
10.0	Quality Assurance Program			
10.1	Quality Assurance Competency Assessment Process	Decision	✓	10
<i>THAT the Board approve the tools and processes of the Quality Assurance (QA) Competency Assessment.</i> (Stacey Anderson)				
10.2	Presentation: Quality Assurance Tools By Lesley Krempulec, Manager, Quality Program			15
10.3	College of OTs of Nova Scotia License and Services Agreement	Decision	✓	10
<i>THAT the Board approve COTO enter into an agreement for the purpose of supplying Peer Assessment Services and License for use of COTO Competency Assessment tools to the College of Occupational Therapists of Nova Scotia (COTNS).</i> (Stacey Anderson)				
11.0	Registration Program			
11.1	Emergency Class of Registration Policy (Reg. Policy)	Decision	✓	10
<i>THAT the Board approve the Emergency Class of Registration policy.</i> (Nick Dzudz)				
11.2	Currency Requirements for Applicants (Reg. Policy)	Decision	✓	10
<i>THAT the Board approve the Currency Requirements for Applicants policy.</i> (Nick Dzudz)				
11.3	Collection of Sociodemographic Data (Reg. Policy)	Decision	✓	10

	Agenda Item	Objective	Attach	Time (approx.)
	<p><i>THAT the Board approve the collection and use of sociodemographic data related to Indigenous and Race Identity.</i> (Allan Freedman)</p>			
12.0	Governance			
	12.1 Principles of Good Governance (Gov. Policy)	Decision	✓	15
	<p><i>THAT the Board approve the Principles of Good Governance policy and that it be included as part of the Governance Manual.</i> (Mary Egan)</p>			
	12.2 Board Competency Framework	Decision	✓	15
	<p><i>THAT the Board approve the revised Board Competency Framework.</i> (Elizabeth Gartner)</p>			
	12.3 Board Assessment and Evaluation (Gov. Policy)	Decision	✓	15
	<p><i>THAT the Board approve the Board Assessment and Evaluation policy as presented.</i> (Sarah Milton)</p>			
	12.4 Committee Appointments	Decision	✓	5
	<p><i>THAT the Board appoint Lauren Noronha to the Quality Assurance Committee and Anna Vehter to the Practice Subcommittee, each for a three-year term, commencing January 31, 2025.</i> (Julie Reinhart)</p>			
	12.5 Committee Reappointments	Decision	✓	2
	<p><i>THAT the Board reappoint Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a 3-year term, effective April 1, 2025, and Sophie Stasyna to the Practice Subcommittee for a three-year term, effective February 15, 2025.</i> (Vincent Samuel)</p>			
13.0	Environmental Scan			
14.0	Other Business			
	14.1 Board Meeting Evaluation for January 30, 2025	to complete	Link to follow	
	14.2 Annual Board Evaluation	to complete	Link to follow	
	14.3 Annual Board Member Self-Evaluation	to complete	Link to follow	
	14.4 Officer Nominations & Committee Assignment Process	Information	Links to follow	5
15.0	Next Meetings			
	<p>Board Meeting & Officer Elections: March 27, 2025, 9:00 a.m. – 4:00 p.m., COTO Boardroom Board Meeting: June 19, 2025, 9:00 a.m. – 3:30 p.m., COTO Boardroom</p>			

	Agenda Item	Objective	Attach	Time (approx.)
16.0	Adjournment			

*** Territorial Acknowledgement**

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization’s staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO’s work takes place on traditional Indigenous territories across the province we now call Ontario. COTO’s office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

REPORT of the Registrar and CEO

Board Meeting of January 30, 2025

Focus of the Board Meeting Today

The second quarter of the fiscal year and of the new strategic plan has ended. At the meeting I will be presenting a summary of accomplishments from this period.

For Your Information:

LEADERSHIP PRIORITY #1: MEANINGFUL ENGAGEMENT

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

Communications

- The Communications team has been hard at work getting the new website up and running, as an upgrade to our website technology was required. Nancy Stevenson, Director of Communications will do a brief orientation to the new site at the meeting.
- An updated and enhanced digital version of the College's Welcome Guide for new registrants is now available on our website at <https://www.coto.org/resources/welcome-guide/>. The digital Welcome Guide gives users a more engaging and accessible experience, while staff can be more responsive and flexible when making changes compared to previous print versions. The French version of the Guide will be available shortly.
- The College is also attending to some discourse about the use of social media, given the controls removed related to fact checking and other concerns. We will continue to monitor the situation and take action as necessary.

LEADERSHIP PRIORITY #2: QUALITY PRACTICE

The College embraces leading regulatory practices to protect the public.

Registration Program

- The Registration program has been pilot testing the new processes for re-entry based on the discussions with the Association of Canadian Occupational Therapy Regulatory Organization (ACOTRO) partners. The policies related to this program are on the agenda today for approval.
- The Registration team is preparing for annual renewal for the second year using our new portal. This year, the plan is to start collecting race-based data, as noted in the policy for Board approval today.

Quality Assurance Program

- The work on the national learning module on cultural safety is underway and the Citizen Advisory Group has been engaged to provide feedback and input. In addition, the College advisory

committees have also been consulted for this work. (Indigenous Insights and Equity Perspectives)

- The College is currently hosting an occupational therapy student from Queens University who is working on the data for the annual learning plan for the QA program.

Investigations and Resolutions

- The processes for participation in the Health Professions Discipline Tribunal have been reviewed and are for discussion at the Board meeting today.

Practice

- The College has received another coroner's report with a request to provide more information to OTs about MAiD. The College is connecting with other colleges who have received the same request to coordinate key messages for registrants.
- We have had a request from the College of Physiotherapy to use our resource related to the safe use of transfer poles (approved by the Board in October 2024)
- The practice team is developing additional resources to assist OTs who work with occupational therapist assistants (OTAs). We continue to receive requests to provide input to schools teaching OTAs.

LEADERSHIP PRIORITY #3: SYSTEM IMPACT

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

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We held a short Board Meeting in November 2024 to review the operational planning that came about from the strategic planning session of September 2024. The Board continues to value collaborative projects. Reports were received on the progression of the re-entry program planning, a national code of ethics, a national e-Learning module for 2025, and the collection of race-based data.
- The College has received funding from the Canadian Institute for Health Information (CIHI) that will assist the College to implement improvements to the data that is submitted. This will include the collection and submission to CIHI of race-based data. We will do this work in concert with other OT regulators in Canada through ACOTRO. On the agenda today is the policies that will ensure this work is completed appropriately.
- 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 National Exam will officially convert to the use of the new competencies in September 2026. In addition, I have started a new group, called the OT Competency Editorial Committee that will involve all three partners, ACOTRO, the Association of Canadian Occupational Therapy University Programs (ACOTUP), and the Canadian Association of Occupational Therapists (CAOT), that have discussed some changes needed to the

competencies. For this round, changes to the French version to incorporate inclusive language will be made.

- 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 are just awaiting the final approval to release the funds to ACOTRO. However, if funding is not obtained, we will proceed anyway, but the pace will be slower.
- In addition, ACOTRO is working to secure funding for needed improvements and updates to our assessment systems. We are awaiting word from the Federal Government on the outcome of our request.
- Finally, ACOTRO was approached by a different branch of the Federal Government to submit a proposal from the OT profession for supports for Internationally Educated Occupational Therapists. We are partnering with the Canadian Association of Occupational Therapists to submit this proposal.

Health Profession Regulators of Ontario (HPRO)

- I will continue to serve on the Management Committee as past chair until June 2025. Being part of the Management Committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- HPRO had a Board meeting in January 2025 where topics of governance best practices were discussed, as well as other needs of regulatory colleges.

Ministry of Health (MOH)

- I have met with Ministry staff who are working on the Health Human Resources issues affecting Ontario. So far, there are no concrete measures in place to address this for occupational therapy. However, the Ministry staff remain aware of and engaged with the issue.

LEADERSHIP PRIORITY #4: PERFORMANCE AND ACCOUNTABILITY

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

College Elections

- The nominations process for district one, is underway. Of note, the webinar delivered by the Registrar, recorded in December 2024 about elections and governance at the College, is up on the College website and has apparently gotten 1,125 views.
- Reminder that the College now has three electoral districts, down from six. In addition, this election will reduce the membership of the Board to 14, our minimum under the *OT Act*, and the last change to the reductions in the size of the Board for our new governance model.

- The deadline for nominations was January 29, 2025. Elections will run from February 28, 2025 to March 5, 2025. Results will be available end of day March 5, as the process continues to be completely electronic.

Staffing Update

Since the last Board Meeting:

- We welcomed Alex Kunovac, as our new Manager, Registration.
- We have two staff who are still on a leave, Sara Karas and Leah Thiffault. We expect them both back sometime in 2025.

Governance

- We were pleased to receive notice about the appointment of Mr. Pathik Shukla to our Board in January 2025 for a three-year term. The Nominations Committee will contemplate his committee appointments for now and with the upcoming committee appointment processes at the end of March. We continue to monitor the status of public appointments as this is a topic of high risk for the College.
- As we are now working within the new system of governance that separates the Board membership from statutory committee membership, processes to ensure that the Board is appropriately briefed on committee activities are needed. The Board may notice that the agenda is organized in a slightly different fashion for this meeting. This was done to organize and highlight the work of the programs that will now come to the Board for approval as opposed to being approved at the committee level.

See you at the meeting! Elinor

BOARD MEETING MINUTES - DRAFT

DATE: Thursday, October 24, 2024 **TIME:** 9:00 a.m. – 3:30 p.m.

In Attendance:

DIRECTORS:

Neelam Bal, *Chair*
Stacey Anderson
Nick Dzudz
Mary Egan
Allan Freedman
Christine Funk
Elizabeth Gartner
Lucy Kloosterhuis
Adrian Malcolm
Sarah Milton
Julie Reinhart
Vincent Samuel
Tina Siemens

GUESTS:

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

OBSERVERS:

Marnie Lofsky, *OSOT*

STAFF:

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

REGRETS:

1.0 Welcome and Call to Order

Chair Neelam Bal called the meeting to order at 9:00 a.m. She welcomed everyone and introduced new public member, Adrian Malcolm. She invited members to introduce themselves. Elizabeth Gartner acknowledged and expressed appreciation on behalf of the Board to outgoing public member, Sabrina Shaw, for her many contributions to the Board and committees which she served.

2.0 Public Protection Mandate

The Chair stated that the role of the Board is to come together to make honourable and ethical decisions in the best interest of the public.

3.0 Land Acknowledgement*

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

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. Adrian Malcolm declared a conflict of interest with item 10.3.2 Appointment of Public Director. No other conflicts were raised.

5.0 Approval of Agenda

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

MOVED BY: Nick Dzudz

SECONDED BY: Stacey Anderson

THAT the agenda be approved as presented.

CARRIED

6.0 Consent Agenda

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

1. Registrar's Written Report of October 24, 2024
2. Draft Board Minutes of June 20, 2024
3. Executive Minutes of May 27, 2024
4. Executive Minutes of August 8, 2024
5. Governance Minutes of June 5, 2024
6. Finance & Audit Minutes of August 20, 2024
7. Finance & Audit Minutes of May 21, 2024

MOVED BY: Vincent Samuel

SECONDED BY: Elizabeth Gartner

THAT the Board adopt the Consent Agenda items as listed.

CARRIED

7.0 Registrar's Report

7.1 Audited Financial Statements

Auditors Blair MacKenzie and Usman Paracha of Hilborn LLP joined the meeting and provided an Independent Audit Report for the 2023-2024 fiscal year. They explained that Hilborn LLP is an independent external auditor, and the purpose of the audit is to ensure that there are no material misstatements in the financial statements and that all accounting standards are followed. Prior to the audit, the auditors identified and prepared procedures to test risks and staff were informed of the process. The auditors reported that the audit process proceeded normally with no disagreements with management. The financial statements as provided today, in all material respects, present fairly the financial position of the College on May 31, 2024. The

results of its operations and cash flows for the year ended are in accordance with Canadian accounting standards for not-for-profit organizations.

MOVED BY: Neelam Bal
SECONDED BY: Allan Freedman

THAT the Board approve the Audited Financial Statements for the fiscal year ended May 31, 2024, as presented.

CARRIED

7.2 Draft Annual Report

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

MOVED BY: Stacey Anderson
SECONDED BY: Mary Egan

THAT the Board approve the Annual Report for the 2023-2024 fiscal year for distribution.

CARRIED

8.0 Registrar's Report

8.1 Presentation: 2024-2025 Q1 Status of Operational Objectives

The Registrar presented on the status of the operational objectives for Q1 FY 2024-2025 related to the 2024-2027 strategic plan and responded to questions.

8.2 Q1 FY 2024-2025 Quarterly Performance Report

Lucy Kloosterhuis stated that the current Quarterly Performance Report reflects committee activities for Q1 FY2024-2025.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Allan Freedman

THAT the Board receive the Quarterly Performance Report for Q1 FY 2024-2025.

CARRIED

8.3 Risk Management Report

The Registrar reported that there are no new risks nor changes in status from the previous quarter for three of the four risks listed. The one change that is recommended relates to the Enterprise System. The Executive Committee recommends the Enterprise System be downgraded from high or critical to the moderate level and be removed from the report to the Board. The system was deployed and is functioning with additional adjustments being made as needed. The Executive Committee will continue to monitor the Enterprise System as part of their oversight of the full Risk Register. An additional motion to remove the Enterprise System from the report to the Board was put forward.

MOVED BY: Allan Freedman
SECONDED BY: Stacey Anderson

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

CARRIED

MOVED BY: Vincent Samuel
SECONDED BY: Christine Funk

***THAT** the Board approve the downgrading and removal of the Enterprise System risk from the report to the Board.*

CARRIED

(Abstention: Adrian Malcolm)

8.4 Presentation on Practice Risks

Kimberly Woodland presented on Practice Risks and responded to questions.

8.5 Risk Register and Practice Risks

In response to the third party assessment of Board effectiveness and subsequent recommendation to identify and monitor risks to the public through the practice of occupational therapy, a practice risks register was created. Kim Woodland reviewed the report and responded to questions.

MOVED BY: Allan Freedman
SECONDED BY: Elizabeth Gartner

***THAT** the Board receive the portion of the Risk Register about Practice Risks.*

CARRIED

9.0 Finance

9.1 Financial Report

Allan Freedman introduced the financial report and stated that the College is on track with the budget with a \$523,912 surplus to date. The Statement of Financial Position and Statement of Operations align overall to the previous year, and if not, it is due to timing. There is \$3.5M of deferred registration fees remaining to be recognized as revenue over the remainder of the fiscal year. The College is on target to be in line with budget and continues to look for ways to minimize the projected deficit for the year, including delaying some projects. All statutory remittances and filings are up to date.

MOVED BY: Allan Freedman
SECONDED BY: Lucy Kloosterhuis

***THAT** the Board receive the FY 2024-2025 Q1 Financial Report, as presented*

CARRIED

10.0 New Business

10.1 College Involvement in New Discipline Tribunal Process

Cara Moroney presented and explained the pilot Discipline Tribunal that has been in place for a few colleges over the past year. This process includes an adjudicator on each Discipline panel and Fitness to Practise Committee. She explained the rationale behind having an adjudicator participate on the Discipline Committee as a pilot and primary step before bringing the issue of joining the Health Professions Discipline Tribunal Pilot to the Board in 2025. Changes to the bylaws and Discipline Committee Terms of Reference are required in order to appoint an adjudicator to the committee. The Board held a discussion.

MOVED BY: Stacey Anderson
SECONDED BY: Tina Siemens

THAT the Board amend the bylaws, including today's changes, to add an adjudicator to the composition of the Discipline and Fitness to Practise committees and other changes needed to enact this.

and

THAT the Board approve changes to the terms of reference including today's changes, for the Discipline and Fitness to Practise committees to add an adjudicator to the committee composition.

CARRIED

MOVED BY: Stacey Anderson
SECONDED BY: Sarah Milton

THAT the Board appoint Mr. David Wright to the Discipline and Fitness to Practise committees for a three-year term, effective immediately.

CARRIED

MOVED BY: Stacey Anderson
SECONDED BY: Elizabeth Gartner

THAT the Board recommend the College continue to review the process of participating in the Health Professions Discipline Pilot Tribunal (HPDPT) and to bring this forward to the Board for approval at a later date.

CARRIED

10.2 Additional Demographic Data Collection

Tim Mbugua explained that the College has a plan to expand demographic self-identification data collection from registrants to better understand the diversity of OTs in Ontario and to

have information available that can help to address any inequities in OT care. The plan is to use the data set established by the Canadian Institute for Health Information (CIHI) on the collection of race-based data. Providing additional data will be voluntary. The Board held a discussion.

MOVED BY: Allan Freedman
SECONDED BY: Tina Siemens

THAT the Board approve the collection of additional demographic data related to Indigenous and race identity.

CARRIED

10.3 Nominations Committee Policies and Appointment

10.3.1 (i) Screening, Selection and Appointment of Professional and Community Appointees, and (ii) Screening of Board Candidates and Academic Appointees

Elizabeth Gartner explained that as part of the governance modernization initiative to update all the Governance Policies, the Nominations Committee has developed two new policies which would replace existing policy, *GP17 Elections and Appointments of Professional Members*. The Board provided an additional recommendation for the policy on *Screening of Board Candidates and Academic Appointees*.

MOVED BY: Elizabeth Gartner
SECONDED BY: Lucy Kloosterhuis

THAT the Board approve the following policies including today's changes:

- (i) Screening, Selection and Appointment of Professional and Community Appointees,*
- (ii) Screening of Board Candidates and Academic Appointees.*

CARRIED

10.3.2 Appointment (to Committees) of New Public Director

Adrian Malcolm, having earlier declared a conflict of interest, left the meeting for this item. Adrian Malcolm was recently appointed by the Ministry of Health to the Board as a Public Director. The Nominations Committee recommends that the Board appoint Adrian to serve on the Patient Relations and Quality Assurance committees, replacing departing public Director Sabrina Shaw.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Stacey Anderson

THAT the Board appoint new public Director, Adrian Malcolm, to the Patient Relations and Quality Assurance committees, effective immediately.

CARRIED

10.4 Governance Policies

10.4.1 (i) Risk Management, and (ii) Strategic Planning

Vincent Samuel explained that as part of the governance modernization initiative to update all the Governance Policies, the Governance Committee reviewed existing policies *RL12 – Risk Management* and *GP15 – Commitment to Strategic Planning* and created two new policies which replace them.

MOVED BY: Vincent Samuel

SECONDED BY: Julie Reinhart

THAT the Board approve the following policies:

(i) *Risk Management*

(ii) *Strategic Planning*

CARRIED

10.4.2 Role of Registrar & CEO and Bylaws

Sarah Milton and Stamatis Kefalianos explained that as part of the governance modernization initiative to update all the Governance Policies, the current policies related to the role of the registrar: *CRL1 – Global Council Registrar Linkage*, *CRL2 – Unity of Control*, *CRL3 – Accountability of the Registrar*, and *CRL4 – Delegation to the Registrar* have been reviewed, revised and rolled into one new policy. The *CRL1-CRL4* policies will be retired. Bylaw amendments are required.

MOVED BY: Sarah Milton

SECONDED BY: Elizabeth Gartner

THAT the Board approve the *Role of Registrar & CEO* policy and associated bylaw amendments.

CARRIED

10.4.3 (i) Board's Relationship with Registrar and College Staff, and (ii) Succession Plan for the Position of Registrar and Chief Executive Officer

Mary Egan and Stamatis explained that as part of the governance modernization initiative to update all the Governance Policies, the Governance Committee developed two new policies: *Board's Relationship with Registrar and College Staff*, and *Succession Plan for the Position of Registrar & Chief Executive Officer*, replacing existing policies: *GP18-Registrar Replacement*, and *RL9-Emergency Registrar Replacement*.

MOVED BY: Mary Egan

SECONDED BY: Stacey Anderson

THAT the Board approve the following governance policies:

- (i) Board's Relationship with Registrar and College Staff*
- (ii) Succession Plan for the Position of Registrar and Chief Executive Officer*

CARRIED

10.5 Artificial Intelligence (AI) Practice Resource Document

Stacey Anderson and Sandra Carter explained that a need was identified to provide guidance to OTs on the use of Artificial Intelligence (AI) in their practice and equally, to help the public understand what they can expect from OTs who use AI in practice. The Board provided additional recommendations.

MOVED BY: Stacey Anderson
SECONDED BY: Julie Reinhart

THAT the Board approve the practice resource document about the use of artificial intelligence (AI) in occupational therapy practice, for publication, including today's changes.

CARRIED

10.6 Response to Coroner's Report

Stacey and Sandra explained that the College received a written request from the Chief Coroner's Office of Ontario to respond to a recommendation from the Geriatric and Long-Term Care Review Committee's (GLTCRC) report regarding the safety of certain specified equipment. The request to the College was to provide education to OTs about the potential dangers of transfer polls for patients with or without dementia. A response to the Coroner is expected by November 2024. The Board held a discussion.

MOVED BY: Stacey Anderson
SECONDED BY: Elizabeth Gartner

THAT the Board approve the proposed practice resource about the safe use of transfer poles.

CARRIED

11.0 Education Day Debrief

The Board discussed the education day that was held on October 23, 2024 that related to two topics, governance and artificial intelligence. Members of the Board stated that the session was informative and would assist with their board work over the next year. The Board agreed that such educational activities are valuable, and they would like to continue with these opportunities.

12.0 Environmental Scan

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

13.0 Other Business

13.1 Board Meeting Evaluation for October 24, 2024

The Chair reminded members to complete the electronic Board Meeting Evaluation for today's meeting and to provide recommendations for future improvements. A survey link will be sent following the meeting.

14.0 Next Meetings

Board Meeting: January 30, 2025, 9:00 a.m. – 3:30 p.m., COTO Boardroom

Board Meeting: March 27, 2025, 9:00 a.m. – 4:00 p.m., COTO Boardroom

Board Meeting: June 19, 2025, 9:00 a.m. – 3:30 p.m., COTO Boardroom

15.0 Adjournment

There being no further business, the meeting was adjourned at 2:08p.m.

MOVED BY: Sarah Milton

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

Board Meeting Date	Decisions	Current Status
October 24, 2024	THAT the Board approve the proposed practice resource about the safe use of transfer poles.	Complete
October 24, 2024	THAT the Board approve the practice resource document about the use of artificial intelligence (AI) in occupational therapy practice, for publication.	Complete
October 24, 2024	THAT the Board approve the following governance policies: (i) Board's Relationship with the Registrar and College Staff (ii) Succession Plan for the Position of Registrar and CEO	Complete
October 24, 2024	THAT the Board approve the following policies: (i) Risk Management (ii) Strategic Planning	Complete
October 24, 2024	THAT the Board appoint new public Director, Adrian Malcolm, to the Patient Relations and Quality Assurance committees, effective immediately.	Complete
October 24, 2024	THAT the Board approve the following policies: (i) Screening, Selection and Appointment of Professional and Community Appointees, (ii) Screening of Board Candidates and Academic Appointees	Complete
October 24, 2024	THAT the Board approve the collection of additional demographic data related to Indigenous and race identity.	Complete
October 24, 2024	THAT the Board recommend the College continue to review the process of participating in the Health Professions Discipline Pilot Tribunal (HPDPT) and to bring this forward to the Board for approval at a later date.	Complete
October 24, 2024	THAT the Board appoint Mr. David Wright to the Discipline and Fitness to Practise committees for a three-year term, effective immediately.	Complete

Board Meeting Date	Decisions	Current Status
October 24, 2024	<p>THAT the Board amend the bylaws, including today's changes, to add an adjudicator to the composition of the Discipline and Fitness to Practise committees and other changes needed to enact this.</p> <p>and</p> <p>THAT the Board approve changes to the terms of reference including today's recommendations, for the Discipline and Fitness to Practise committees to add an adjudicator to the committee composition.</p>	Complete
October 24, 2024	<p>THAT the Board receive the portion of the Risk Register about Practice Risks.</p>	Complete
October 24, 2024	<p>THAT the Board approve the downgrading and removal of the Enterprise System from the report to the Board.</p>	Complete
October 24, 2024	<p>THAT the Board approve the Annual Report for the 2023-2024 fiscal year for distribution.</p>	Complete
October 24, 2024	<p>THAT the Board approve the Audited Financial Statements for the fiscal year ended May 31, 2024, as presented.</p>	Complete
June 20, 2024	<p>THAT the Board approve the updated terms of reference for the Governance and the Finance and Audit committees.</p>	Complete
June 20, 2024	<p>THAT the Board approve the new draft policy, Role of College Committees as presented.</p>	Complete
June 20, 2024	<p>THAT the Board approve the new draft policy, Supporting Positive Relationships, as presented.</p>	Complete
June 20, 2024	<p>THAT the Board approve the FY2024-2025 Annual Operating Budget, as presented.</p>	Complete
June 20, 2024	<p>THAT the Board approve the updated financial policies as listed:</p> <ul style="list-style-type: none"> • RL4 – Financial Planning & Budgeting • RL5 – Financial Conditions & Activities • RL6 – Asset Protection • RL7 – Investments 	Complete

Board Meeting Date	Decisions	Current Status
	<ul style="list-style-type: none">• <i>RL8 – External Audit</i>• <i>Establishing and Maintaining Reserve Funds</i>• <i>Honoraria</i>• <i>Education Session Costs</i>• <i>Board Reference Material – Guide to Review of Financial Information</i>	

DRAFT

EXECUTIVE COMMITTEE MINUTES

DATE: Wednesday, October 2, 2024 **TIME:** 1:00 – 4:00 p.m. via zoom

In Attendance:

MEMBERS:

Neelam Bal, *Chair*
Stacey Anderson
Allan Freedman
Lucy Kloosterhuis

GUESTS:

STAFF:

Elinor Larney, *Registrar & CEO*
Sandra Carter, *Manager, Practice* (items 9.5 – 9.8)
Cara Moroney, *Manager, Investigations & Resolutions* (item 9.11)
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

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

2.0 Public Protection Mandate

The Chair stated that the role of the committee is to make honourable and ethical decisions in the best interest of the public.

3.0 Land Acknowledgement*

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

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

The Chair called for additions or other changes to the agenda. Two changes were reported: 1) Switch motions for items 9.9 and 9.10, and 2) Make 8.3 and 8.5 items with decisions.

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

THAT the Executive Committee Agenda for October 2, 2024, be approved as amended.

CARRIED

6.0 Executive Committee Terms of Reference

The committee terms of reference are included in meeting material as a resource.

7.0 Approval of Draft Minutes

7.1 Draft Executive Minutes of August 8, 2024

The Chair called for edits to the draft minutes of August 8, 2024. None were reported.

MOVED BY: Stacey Anderson

SECONDED BY: Allan Freedman

THAT the Executive Minutes of August 8, 2024, be approved as presented.

CARRIED

7.2 Draft Executive Minutes of July 3, 2024

The Chair called for edits to the draft minutes of July 3, 2024. None were reported.

MOVED BY: Stacey Anderson

SECONDED BY: Lucy Kloosterhuis

THAT the Executive Minutes of July 3, 2024, be approved as presented.

CARRIED

7.3 Draft Executive Minutes of May 27, 2024

The Chair called for edits to the draft minutes of August 8, 2024. None were reported.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Stacey Anderson

THAT the Executive Minutes of May 27, 2024, be approved as presented.

CARRIED

8.0 Registrar's Report

8.1 Registrar's Verbal Report

Annual Report

The Registrar thanked members for reviewing the draft annual report in advance of the meeting today and stated that their recommendations will be incorporated into the final draft version for Board approval. This is on today's agenda.

Collection of Race-Based Data

In June 2024, The College received a grant of \$15,000 from the Canadian Institute for Health Information (CIHI) which collects data across multiple professions across Canada. CIHI is working to modernize the data it collects (including race-based data) and this funding will recover some of the costs to upgrade the College's data collection systems. This will go before the Board at the October meeting.

Public Members Update

The College was notified several days ago of a new public member appointment, Adrian Malcolm. His appointment will ensure that the Board remains constituted while we await the news from the ministry by October 13, 2024, on the reappointment of Sabrina Shaw. Executive will discuss recommendations for Adrian's committee appointments in today's meeting. This will be brought forward to the Board for approval at the October meeting.

WHO - World Health Organization Report on Best Practices for Health Regulation

The World Health Organization has just released a report on best practices for health regulation, *Health Practitioner Regulation: Design, Reform and Implementation Guide*. Once Elinor has had a chance to read the report, she will report back to the committee.

ACOTRO - Association of Canadian Occupational Therapy Regulatory Organizations

The ACOTRO board meeting and strategic planning session took place recently. ACOTRO continues to develop the re-entry to practice program and joint national code of ethics. The regulator for Nova Scotia has expressed interest in using the College's QA Program for their registrants. Elinor is exploring the possibilities and will report back as discussions progress. The new representative for the Quebec regulator, Yannick Chartrand attended the meetings as did the representative for the new amalgamated regulator in British Columbia.

8.2 Risk Management Report

Elinor reported that no new risks were identified as high or critical this past quarter. She recommended that the risk related to the Enterprise System be downgraded and removed for the report to the Board. The system is deployed and functioning and is no longer considered high risk. The committee held a discussion and agreed to remove the Enterprise System from the report to the Board. It will remain on the Risk Register. Elinor will include an update in her Registrar's Report on the risk involved in the website redesign project.

MOVED BY: Stacey Anderson

SECONDED BY: Lucy Kloosterhuis

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

CARRIED

8.3 Practice Risks

Elinor stated that recommendations from the evaluation report of Board effectiveness presented in January 2024 by the third party consultant to outline practice risks more clearly have now been implemented. Staff have worked to document risks, mitigation strategies and residual risks. None are considered high or critical at this time. A discussion was held, and an update will be provided to the Board at the next meeting.

MOVED BY: Stacey Anderson

SECONDED BY: Allan Freedman

***THAT** the Executive Committee recommend the Board receive the Risk Management Report including information about Practice risks.*

CARRIED

9.0 Business Arising

9.1 Committee Work Plan

The committee reviewed the work plan and held a short discussion.

9.2 Draft Annual Report

The Chair invited members to provide feedback on the draft annual report. Everyone expressed their satisfaction with the content and appearance. Recommendations received earlier in the week will be incorporated and the report will be brought to the Board for final approval.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Stacey Anderson

***THAT** the Executive Committee recommend the Annual Report for the 2023-2024 fiscal year be put forth to the Board for approval.*

CARRIED

9.3 Board Education Day Agenda

This is for information only. Elinor provided an update on the speakers who will present at the Education Session.

9.4 District 1 Election Timeline

This is for information only. Elinor explained that the 2025 election for professional Directors of the Board will be held in district 1 (Toronto area and Peel). Three current Directors' terms are ending with only two positions to fill under the new redistricting system. The committee reviewed the timeline and Elinor responded to questions. The Nominations Committee (NC) will play an important role as we move to competency-based elections. The NC will conduct an interview with potential candidates to determine if they are eligible to stand for election and ensure they understand the College mandate of public protection.

9.5 Development of Managing Risk Guidance Document

Sandra Carter explained that the Practice resource service and Investigations and Resolutions program have received questions and concerns which highlight various client and professional risk situations that have been posing challenges for OTs. The Practice Subcommittee identified a need to develop a practice guidance document on *Managing Risk*. A discussion was held.

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

***THAT** Executive recommend the Practice Subcommittee develop a practice guidance document for occupational therapists to understand how to manage common risks in practice.*

CARRIED

9.6 AI Guidance Document

Sandra stated that the Practice Subcommittee has developed a resource document for occupational therapists on Artificial Intelligence (AI) to address this emerging issue from a regulatory perspective. As AI is an ever evolving tool, this document is expected to change over time.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Allan Freedman

***THAT** Executive recommend the Board approve the practice resource document about the use of artificial intelligence (AI) in occupational therapy practice.*

CARRIED

9.7 Response to Coroner’s Report

Sandra stated that the College received a written request from the Chief Coroner’s Office of Ontario to respond to a recommendation from the Geriatric and Long-Term Care Review Committee’s (GLTCRC) report regarding the safety of certain specified equipment. The request to the College was to provide education to OTs about the potential dangers of transfer polls for patients with or without dementia. A response to the Coroner is expected by November 2024. Executive reviewed the draft response and practice resource and held a discussion.

MOVED BY: Stacey Anderson
SECONDED BY: Allan Freedman

***THAT** Executive recommend the proposed resource related to safety and transfer poles, developed to address the Coroner’s request, be forwarded to the Board for final approval.*

CARRIED

9.8 Advisory Committees Activities

Sandra updated Executive on the current and future planned activities of the Equity Perspectives and Indigenous Insights Advisory committees.

MOVED BY: Stacey Anderson
SECONDED BY: Allan Freedman

***THAT** Executive receive information and approve the proposed activities for the Indigenous Insights and Equity Perspectives Advisory committees.*

CARRIED

9.9 Governance Policies and Bylaws – Role of the Registrar & CEO

Elinor explained that as part of the review of the governance policies manual, the current policies related to the role of the registrar: CRL1 – *Global Council Registrar Linkage*, CRL2 – *Unity of Control*, CRL3 – *Accountability of the Registrar*, and CRL4 – *Delegation to the*

Registrar have been reviewed, revised and rolled into one policy presented today for consideration. If approved by the Board, policies CRL1-CRL4 would be retired. Bylaw changes are required and also presented today. Executive provided additional recommendations for both.

MOVED BY: Stacey Anderson
SECONDED BY: Allan Freedman

THAT Executive recommend the Role of Registrar & CEO policy and associated bylaw amendments be brought forward to the Board for approval, including today's changes.

CARRIED

9.10 Job Description – Registrar & CEO

Elinor explained that the Registrar & CEO job description was updated by staff as it has not been reviewed for a few years. As the overseeing body over the Registrar role, Executive was asked to review and approve the changes.

MOVED BY: Allan Freedman
SECONDED BY: Lucy Kloosterhuis

THAT the amended job description for the Registrar & CEO be approved.

CARRIED

9.11 Participation in Discipline Tribunal

Cara Moroney explained the pilot discipline tribunal that has been in place for a few colleges over the past year. This process includes an adjudicator on each discipline panel. Cara explained the rationale behind having an adjudicator sit on the Discipline Committee as a trial and primary step before bringing the issue of joining the Health Professions Discipline Tribunal Pilot to the Board in 2025. Changes to the Discipline Committee Terms of Reference and bylaws are required in order to appoint an adjudicator to the committee.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Stacey Anderson

THAT Executive recommend the Board approve the changes to the terms of reference for the Discipline Committee to add an adjudicator to the committee composition who can be appointed by the Registrar & CEO.

CARRIED

and

MOVED BY: Stacey Anderson
SECONDED BY: Allan Freedman

THAT Executive recommend the Board amend the bylaws to add an adjudicator to the composition of the Discipline Committee.

CARRIED

9.12 Draft Board Minutes – June 20, 2024

Executive reviewed the draft Board Minutes and recommended no changes.

9.13 Board Meeting Evaluation Feedback

Executive reviewed the feedback from the June 20, 2024, Board meeting. Overall, the results were very positive with no action items for follow up.

9.14 Draft Board Meeting Agenda

Executive held a discussion and finalized the October 24, 2024, Board Meeting agenda.

10.0 Next Meetings

1. January 15, 2025, 1:00 p.m. – 4:00 p.m. (virtual)
2. March 5, 2025, 1:00 p.m. – 4:00 p.m. (virtual). (Following the meeting, the date was changed to March 12, 2025, 1:00 – 4:00 p.m.)

11.0 Adjournment

There being no further business, the meeting was adjourned at 3:20 p.m.

MOVED BY: Allan Freedman

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement**

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

GOVERNANCE COMMITTEE MINUTES

DATE: Thursday, October 3, 2024 **TIME:** 1:30 p.m. to 4:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Neelam Bal, *Chair*
Mary Egan
Elizabeth Gartner
Sarah Milton
Julie Reinhart
Vincent Samuel
Sabrina Shaw

STAFF:

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

GUESTS:

REGRETS:

1.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 1:32 p.m.

2.0 Public Protection Mandate

The Chair stated that the purpose of the committee is to make honourable and ethical decisions in the best interest of the public.

3.0 Land Acknowledgement

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

4.0 Declaration of Conflict of Interest

The Chair 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. No changes were recommended.

MOVED BY: Sabrin Shaw

SECONDED BY: Vincent Samuel

THAT the agenda be approved as presented.

CARRIED

6.0 Governance Committee Terms of Reference

For information only. The committee terms of reference are included as a resource in every meeting package.

7.0 Approval of Draft Minutes

The Chair called for edits or other changes to the draft minutes of June 5, 2024. None were reported.

MOVED BY: Mary Egan

SECONDED BY: Elizabeth Gartner

***THAT** the draft Governance Committee minutes of June 5, 2024, be approved as presented.*

CARRIED

8.0 Governance Policies: Risk Management Policy, Strategic Planning Policy

Tim explained that as part of the comprehensive review of the Governance policies, the *Risk Management, and Strategic Planning policies*, were developed and if approved by the Board, will replace the current RL12 and GP15 policies. For information only, a draft was presented of the new definition and application resource which is currently being developed. The committee provided several recommendations for each item.

MOVED BY: Elizabeth Gartner

SECONDED BY: Sarah Milton

***THAT** the Governance Committee recommend the following revised and new policies, including today's changes, be forwarded to the Board for final approval: Risk Management Policy, Strategic Planning Policy.*

CARRIED

9.0 Governance Manual Definitions and Applications

For Information only. As noted under item 8.0

10.0 Governance Policies: Board's Relationship with the Registrar and College Staff, and Succession Plan for the Position of Registrar and CEO Policy and Procedures

Stamatis explained that two new policies were developed as part of the governance modernization and review process. The committee held a discussion and provided several recommendations. If approved by the Board, these new policies would replace the current GP18 (Registrar Replacement) and RL9 (Emergency Registrar Replacement) policies.

MOVED BY: Julie Reinhart

SECONDED BY: Sabrina Shaw

***THAT** the Governance Committee recommend the Board's Relationship with the Registrar and College Staff policy; and the Succession Plan for the Position of Registrar and CEO Policy and Procedures, including today's changes, be forwarded to the Board for final approval.*

CARRIED

11.0 Governance Policies Manual – Status Update

Stamatis explained that this is a standing item for information only to keep the committee updated on the progress of the comprehensive review of the Governance Policies. The work is on target to be completed by the end of the fiscal year, in May 2025. At the end stage, a plain language expert will be engaged to review all the policies.

12.0 Environmental Scan

Stamatis provided information on the external review of the College of Physiotherapists of Ontario.

13.0 Next Meeting

Monday, January 13, 2025, 1:00 p.m.- 4:00 p.m.

Tuesday, March 4, 2025, 1:30 p.m. – 4:00 p.m.

14.0 Adjournment

There being no further business, the meeting was adjourned at 2:48 p.m.

MOVED BY: Elizabeth Gartner

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
October 3, 2024	THAT the Governance Committee recommend the Board’s Relationship with the Registrar and College Staff policy; and the Succession Plan for the Position of Registrar and CEO Policy and Procedures, including today’s changes, be forwarded to the Board for final approval.	Ongoing
October 3, 2024	THAT the Governance Committee recommend the following revised and new policies, including today’s changes, be forwarded to the Board for final approval: Risk Management Policy, Strategic Planning Policy.	Ongoing
June 5, 2024	THAT the Governance Committee recommend the Role of Registrar & CEO policy be brought forward to the Executive Committee for consideration.	Complete
June 5, 2024	THAT the Governance Committee recommend the Role of College Committees policy be brought forward to the Board for approval.	Complete
June 5, 2024	THAT the Governance Committee recommend the Supporting Positive Relationships policy be brought forward to the Board for approval.	Complete
June 5, 2024	THAT the draft Governance Committee recommend the updated Terms of Reference for the Governance, and Finance and Audit committees, including today’s changes, be brought forward to the Board for approval.	Complete

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: September 24, 2024 **TIME:** 8:00 a.m. to 10:00 a.m. via video conference

In Attendance:

DIRECTORS:

Allan Freedman, *Chair*
Lucy Kloosterhuis
Tina Siemens
Christine Funk

GUESTS:

Blair Mackenzie, Hilborn LLP
Usman Paracha, Hilborn LLP

OBSERVERS:

REGRETS:

STAFF:

Elinor Larney, Registrar & 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 8:02 a.m.

2.0 Public Protection Mandate

The 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 members had a conflict of interest to declare. None were reported.

5.0 Terms of Reference

The Chair stressed the significance of ensuring that all Committee members are familiar with the Finance and Audit terms of reference, as well as the essential tasks required for the Committee's fulfillment.

6.0 Approval of Agenda

6.1 September 24, 2024

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

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Christine Funk

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

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes - August 20, 2024

The Chair asked if members of the Committee had any additions or changes to the draft minutes of August 20, 2024.

MOVED BY: Christine Funk

SECONDED BY: Tina Siemens

***THAT** the draft Finance and Audit Committee minutes of August 20, 2024, be approved as presented.*

CARRIED

8.0 Verbal Report

Seema informed the members that the auditors would be joining today's meeting to review the results of the FY23/24 audit and encouraged members to ask questions. She further informed the members that the College would soon be recruiting for the Registration Manager position. It was also noted that since the College is projecting a significant deficit this year, the College is adjusting project timelines to limit and reduce costs, while also ensuring to fulfil its mandate.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Work Plan

Seema reminded the Committee that this is a non-statutory Committee, and its main mandate is to assist the board in fulfilling its obligation and its oversight in financial planning and reporting, internal controls, investments, and policies as per the committee's work plan. The meeting today will focus on reviewing the FY23/24 audited financial statements, Q1 FY24/25 financial results, Q1 FY24/25 investments and review the analysis conducted on annual renewal payment installments.

10.0 Audited Financial Statements

10.1 FY23/24 Audited Financial Statement by Blair Mackenzie, Auditor, Hilborn LLP

Seema welcomed and introduced the auditors Blair Mackenzie and Usman Paracha to the Finance and Audit Committee. Blair stated that the audit team remained independent throughout the audit process and that the results of the audit satisfied the Canadian Accounting Standard for not-for-profit organizations. He also emphasized that there was no deterioration to either the sufficiency or the quality of the audit evidence the auditors obtained and no disagreements with management. There were no audited adjusting entries in the current year; those that the auditors proposed to management were classification entries for financial statement presentation only. Usman reviewed the Statement of Financial Position and the Statement of Operations noting its key components and drivers. The auditors invited Committee members to ask questions, and they responded to all inquiries.

10.2 In-Camera with Auditor

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

10.3 Auditor Evaluation with Management

The Chair asked Elinor and Seema if there were any concerns regarding the auditing firm, Hilborn LLP. No concerns were raised. Seema informed the members that the auditors demonstrated a thorough understanding of financial regulations, remained objective during the audit, and provided clear, actionable recommendations to improve internal controls.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Christine Funk

***THAT** the Committee recommends to the Board approval of the Audited Financial statements for the fiscal year ended May 31, 2024, as presented.*

11.0 Finance Update

11.1 FY24/25 Q1 Financial Summary Report

Seema provided an overview of the Q1 financial summary report to the committee, noting that we are on track with the budget and all statutory remittances are current.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Christine Funk

***THAT** the Committee recommends to the Board approval of FY24/25 Q1 Financial Report, as presented.*

CARRIED

11.2 FY24/25 Q1 Investment Report

Seema presented a summary of the Q1 investment report to the Committee.

12.0 New Business

12.1 Analysis on Annual Renewal Payment Installments

Seema presented the results of a financial analysis on the annual renewal payment installment options. This analysis was completed as per the Board's request earlier in the year.

The analysis considered scenarios where $\frac{1}{4}$ of registrants either paid their annual renewal fees in two installments or in four installments. The findings showed that offering a two-installment payment option would cost the College \$33,000 per year, while offering a four-installment plan would cost \$66,000 per year. To manage the increased workload, additional staffing would be necessary, adding further financial strain on the College. As a result, the committee members made the decision to continue with its current payment schedule during the annual renewal period. However, for registrants facing extreme financial difficulties, the College would continue to offer some flexibility on a case-by-case basis upon request.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Christine Funk

***THAT** based on the financial review conducted, the College continue with its current payment schedule for annual renewal.*

CARRIED

13.0 Next Meeting

The next Finance and Audit Committee meeting is scheduled for January 16, 2025.

14.0 Adjournment

There being no further business, the meeting was adjourned at 9:13 a.m.

MOVED BY: Lucy Kloosterhuis

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

CARRIED

APPENDIX 1

*** Land Acknowledgement**

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

Q2 2024-2025 Quarterly Performance Report

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2024-2027 identified strategic priorities. Some metrics have been included for information purposes and anomalies will be explained.

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.

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: Neelam Bal

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2024/2025	Strategic Plan
	Possible RHPA and or Governance model changes
	Board Orientation, Education, and Policy Review
	Oversight of Risk Management and Registrar
	2025 Elections of Board Directors
	Exam and Accreditation (high level oversight monitoring)
	Review of College Performance Measurement Framework (CPMF)

Q1	Committee Activities: 1) <u>July 3, 2024</u> : <i>In camera</i> meeting to discuss a confidential matter, 2) <u>August 7, 2024</u> : <i>In camera</i> meeting for the annual registrar performance review, 3) <u>August 8, 2024</u> : Meeting to discuss the 2024-2025 budget related to the website redesign, as well as an <i>in-camera</i> discussion on a confidential matter.
	Decisions Not Requiring Board Approval: 2024-2025 budget related to website redesign
	Decisions Requiring Board Approval: N/A

Q2	Committee Activities: <u>October 2, 2024 meeting</u> : To discuss and approve risk register and new practice risk register, draft annual report, new AI guidance document, development of new practice resource on managing risk, College response to Coroner request, new policy and bylaw amendments for the role of the registrar & CEO, amended job description for the role of registrar & CEO, participation in Discipline Tribunal and associated amended bylaws; To finalize details for the Board education day, review 2025 election timeline for district 1, and receive update on the activities of the advisory committees.
	Decisions Not Requiring Board Approval: Development of new practice resource on managing risk, amended job description for the role of Registrar & CEO
	Decisions Requiring Board Approval: Risk register and new practice risk register, draft annual report, new AI guidance document, College response to Coroner request, role of Registrar & CEO policy and bylaws amendments, participation in Discipline Tribunal and bylaw amendments.

Governance

Chair: Neelam Bal

Strategic Priorities: Public Confidence, System Impact

Workplan 2024/2025	Operationalize the remaining pieces of the governance workplan – reducing the board size
	Implement the remaining third-party report action items
	Update the Board and Committee meeting evaluation tools
	Finalize the Governance Manual

Q1	Committee Activities: One meeting was held in Q1 on <u>June 5, 2024</u> . Committee orientation was conducted by staff. Committee reviewed revisions to the Governance and Finance and Audit Committee terms of references. Committee also reviewed two new governance policies - Supporting Positive Relationships and the Role of the College Committees. Finally, the Committee reviewed the Role of the Registrar policy and provided some feedback. It will be forwarded to the Executive Committee for review prior to the policy being forwarded to the Board for final approval.
	Decisions Requiring Board Approval: Term of Reference policies (Governance and Finance and Audit); Supporting Positive Relationships policy; Role of College Committees policy.

Q2	Committee Activities: One meeting was held in Q1 on October 3, 2024. Committee reviewed three revised governance policies – Risk Management, Strategic Planning and the Succession Plan for the Position of Registrar and CEO. Also, a new governance policy was shared on the Board’s Relationship with the Registrar and College Staff. The Committee held a discussion, provided several recommendations to the policies, and recommended they be forwarded to the Board for final approval.
	Decisions Requiring Board Approval: Risk Management policy; Strategic Planning Policy; Role of Registrar policy; Board’s Relationship with Registrar & College Staff policy; Succession Plan for the Position of Registrar & CEO.

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2024/2025	Review quarterly financial reports and annual projected budget for recommendation to the Board
	Review draft audited financial statements for recommendation to the Board
	Review updated five-year financial forecast
	Review internal controls matrix
	Review investment portfolio to determine if policy changes are warranted
	Review and update policies governing financial and investment matters
	Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency
	Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board

Q1	Committee Activities: A meeting was held on <u>August 20, 2024</u> , during which the committee reviewed its mandate and work plan, along with the draft minutes from the Finance and Audit meeting held on May 21, 2024. The committee also reviewed and discussed the draft audited financial statements for FY23/24 prepared by Hilborn auditors, the FY23/24 Q4 Financial Summary Report, the FY23/24 Q4 Investment Report, and the Internal Control Matrix.
	Finance Report: FY23/24 draft audited financial statements prepared by Hilborn auditors, FY23/24 Q4 Financial summary report, FY23/24 Q4 Investment Report, and the Internal Control Matrix were presented and reviewed by the Finance and Audit Committee for informational purposes only.
	Decisions Requiring Board Approval: N/A

Q2	Committee Activities: Meeting held: A meeting was held on September 24, 2024 , the Committee reviewed the committee mandate, annual work plan, draft finance and audit minutes from August 20, 2024 and the FY24/25 Q1 Investment report. Auditors Blair Mackenzie and Usman Paracha attended the meeting to review the FY23/24 Audited Financial Statements with the Committee, alongside management, and addressed all questions posed by Committee members. The Committee then held an in-camera session with the auditors, excluding management. The Committee agreed to recommend the Audited Financial Statements for the fiscal year ended May 31, 2024 for Board approval. The Committee deferred a discussion about the auditor’s performance evaluation until all components of the audit were completed. The Committee also reviewed the FY24/25 Q1 Financial Report and recommended them for Board approval. They also examined an analysis conducted by the finance team on Annual Renewal Payment Installments and agreed to retain the current payment schedule.
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	<p>Finance Report: The FY23/24 Audited Financial Statements were reviewed and recommended for Board approval. The FY24/25 Q1 Financial Summary Report was reviewed and recommended for Board approval. The FY24/25 Q1 Investment report was reviewed by the committee for information purposes. Analysis conducted on Annual Renewal Payment Installments was reviewed by the Committee and decision was made to retain the current payment schedule.</p>
	<p>Decisions Requiring Board Approval: FY23/24 Audited Financial Statement, FY24/25 Q1 Financial Summary Report</p>

Registration

Chair: Christine Farrell

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

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

Workplan 2024/2025	Receive quarterly Registration Performance reports and make recommendations with regards to policy
	Provide quarterly registration and application rulings per registration policies
	Recommend Diversity, Equity and Inclusion Data Collection policy for approval by the board by end of Q3
	Recommend new Re-Entry to Practice Policy for approval by the board by end of Q4

Q1	Metrics									
	7027 Registrants				Application Processing Time 52.4* Avg in Weekdays *shortest 3 days, longest 519 days			Practicing without a Certificate	Expired Certificates	
	53 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	10	6	37	35	36 *shortest 3 days, longest 123 days	38.1 *shortest 12 days, longest 81 days	59.2 *shortest 3 days, longest 519 days for re-entry application	0	0	1 (OT switched over to full general registration)
	Commentary:									
	Registration Committee Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Reviewed	
	Type		New	Resolved	Avg Case Time					
	Currency		6	6	59.2	1	6	0	2/15	
	Education		0	0						
Examination		0	0							
Language		0	0							
Second Provisional Certificate		0	0							
Suitability to Practice		0	0							
Outcomes	6 Temporary Certificates were issued for practice under supervision until completion of Re-Entry to Practice Program (Currency)									

Committee Activities: Review of Re-Entry to Practice Policy; Review and recommend Emergency Class of Registration Policy; Received information and recommended collection of additional demographic data based for Race-Based and Indigenous Identity; Received information with regards to Q1 Registration Data Processing Report for Ontario Health
Decisions Requiring Board Approval: Emergency Class of Registration Policy; and Collection of Additional Demographic Data Related to Indigenous and Race Identity

Q2	Metrics									
	7328 Registrants				Application Processing Time 27* Avg in Weekdays *shortest 1 day, longest 573 days			Practicing without a Certificate	Expired Certificates	
	311 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	246	11	54	50	20* *shortest 1 day, longest 573 days	83* *shortest 6 days, longest 234 days	51* *shortest 1 day, longest 274 days	0	2	0
	Commentary:									
	Registration Committee Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated	
	Type		New	Resolved	Avg Case Time					
	Currency		5	5	11 days	2	100%	0	3/15	
	Education		0	0						
Examination		0	0							
Language		0	0							
Second Provisional Certificate		1	1							
Suitability to Practice		0	0							
Outcomes	Committee approved 5 Temporary Certificates for applicants to complete a period of supervised practice to re-enter the profession; and approved a second Provisional Certificate for a registrant who failed the National Occupational Therapy Certification Exam (NOTCE) a second time.									
Committee Activities: September 18, 2024, Meeting: Emergency Registration Policy Update; Collection of Race Based Data Collection Policy; Approval of 4 Re-Entry to Practice Temporary Certificates; Review of Q1 College of Occupational Therapists of Ontario Registration Data Collection.										

November 27, 2024, Meeting: Collection of Additional Demographic Data Policy Draft; September National Occupational Therapy Certification Exam Results; Case R2403 -Request for Second Provisional Certificate, Cases R2404,R2405,R2406-Approval of Temporary Certificates; CAOT Accreditation-University of Toronto; Report and Consultation on Currency policy for re-entry to practice candidates; Canadian Institute for Health Information Data-Ontario Registration Data Review

Decisions Requiring Board Approval: Emergency Registration Policy; Collection of Sociodemographic Data Policy; Currency Requirements for Applicants Policy

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Stephanie Schurr

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 2024/2025	By way of the panels, take action in accordance with the requirements of the Code and the RHPA including rulings about complaints, investigations and reports
	Consider feedback provided, where available, from the Health Professions Appeal and Review Board (HPARB) as related to complaint decisions of the ICRC
	Inquire into whether a registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code
	Advise the Board on the development and maintenance of policies and procedures governing the inquiries, complaints, and reports processes

Q1	Cases			Meetings Held	HPARB Appeals
	Type	New	Resolved		
	Registrar's Report Investigations	1	3	Cases: 230 days	Panel A = 2 Panel B = 1 All ICRC = 0 1 x RR – Divisional Court 1 x C - HPARB
	Complaints	10	2	Reports: 444 days	
	Inquiries	0	1		
	Outcomes	Registrar Report Investigations: 2 x Undertakings, 1 x SCERP (appeal pending) Complaints: 1 x Take No Action, 1 x Advice and Guidance Inquiries: 1 x referral to Fitness to Practise Registrar Action (no ICRC involvement): 5 reports received – 2x closed with no action, 1x closed with advice and guidance, 1x Appointed an Investigator, 1x pending			
	Commentary: The health inquiry referral to Fitness to Practise represents the College's first ever referral to this committee. An interim order was also ordered by the ICRC in this matter for terms, limitations and conditions to be placed on the registrant's certificate.				
	Committee Activities: N/A				
	Decisions Requiring Board Approval: N/A				
	Notes: N/A				

Q2	Cases			Meetings Held	Appeals
	Type	New	Resolved		
	Registrar's Report Investigations	1	3	225	Panel A = 1 Panel B = 1 All ICRC = 0
	Complaints	11	3	280	
	Inquiries	0	0		
	Outcomes	ICRC: 1xUnderTaking, 1xSCERP + Verbal Caution, 1xSCERP, 1xAdvice and Guidance 2x Take No action Registrar Action (no ICRC involvement): 3 reports received – 2x closed with no action, 1x Appointed an Investigator			
	Commentary: The College currently has 21 complaints – which is 4 more than we confirmed in the previous fiscal year				
	Committee Activities: N/A				
	Decisions Requiring Board Approval: N/A				

Quality Assurance (QAC)

Chair: Heather McFarlane

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:

Dashboard: Quality Assurance Program Performance Metrics which will continue to evolve as COTO integrate the data from QA activities into the COTO Portal

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 including Professional

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.

Workplan 2024/2025	Quality Practice: Recommend approval of 2026 annual eLearning module topic Q2
	Quality Practice: Develop national e-Learning module (ACOTRO) - Cultural humility and culturally safer OT practice Q4+
	Quality Practice: Recommend approval of Competency Assessment process and tools (assessment, decision frameworks, threshold for QAC review and risk-based selection) Q3
	Quality Practice: Administer and complete 100-110 competency assessments annually
	Quality Practice: Continuous data driven quality improvement of QA activities on a quarterly basis
	Quality Practice: Development of mini assessment to be used with clinical and non-clinical OTs Q4+
	Performance & Accountability: Continuous data driven quality improvement (data from registrants, peer assessors, public etc.)
	Performance & Accountability: Recommend approval of QA policy Q2/Q3

Metrics								
Q1 Competency Assessment								
Risk-Based Selection (cohort 3)	Competency Assessment (CA) Completed Q1			CA in Progress	% Total Annual CA Completed	Additional Q1 Directed CA's		
Selected = 65 deferred= 15 accommodation: 0 in progress=50	Assessment period in progress (Aug 20- Nov 7 th)			50	In progress	1		
Annual Requirement								
eLearning Module (due Oct 31, 2024)	2173/7075 completed (as of Oct 2 nd)			Annual Learning Plan (due Oct 31, 2024)	3,686/7,262 completed (as of Oct 2 nd)			
Committee								
QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policies Review
Type	Deliberated	Learning needs identified	Outcomes					
Competency Assessment	N/A	0= 1= 2= 3= 4= 5+= <i>Data available after Nov 7th</i>	%_ Successful Completion %_ Successful Completion with a Recommendation %_ Specified Continuing Education or Remediation Program (SCERP) %_ other <i>Data available after Nov 7th</i>	0	0	N/A	2	N/A
Non-Compliance with annual requirements	N/A	N/A	Data available in Q3 after QAC decision					

Registrant Experience Survey: value (% satisfaction), principles (% satisfaction), support (% satisfaction)
Knowledge Exchange: 1 student placement, 2 resources in development, 3 communications to registrants in newsletter, 3 surveys administered (registrants, peer assessors, citizen advisory group)
Commentary: N/A
QAC Activities: QAC met on <u>June 3, 2024</u> and <u>June 19, 2024</u> for deliberations, developed two decision making frameworks and discussed next steps regarding a non-clinical assessment.
QAS Activities: QAS did not meet during Q1
Peer Assessors: Met once for training on revised assessment
Decisions Requiring Board Approval: N/A

Q2	Metrics										
	Competency Assessment										
	Risk-Based Selection (cohort 3)	Competency Assessment (CA) Completed Q2					CA in Progress	% Total Annual CA Completed	Q2 Directed CA's		
	Selected = 65 Deferred= 15 accommodation: 0	51					0	51	1		
	Annual Requirement										
	eLearning Module (due Oct 31, 2024)	96% completion (Oct 31st)					Annual Learning Plan (due Oct 31, 2024)	97% completion (Oct 31 st)			
Committee											
QAC Cases / Decisions						SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Review	
Type	Deliberated	Learning needs identified	Outcomes								

Competency Assessment	5	0=6 1= 13 2= 12 3= 10 4= 7 5=1 6=2	1= Successful Completion 1= Successful Completion with a Recommendation 3= Specified Continuing Education or Remediation Program (SCERP)	0	0		1	yes
Non-Compliance with annual requirements	19		5= Successful completion (late) 14= Complete requirements within 30 days otherwise directed to a competency assessment					
<p>Registrant Experience Survey: Competency Assessment Registrant Experience survey (cohort 3):</p> <ul style="list-style-type: none"> • 87% of respondents said their experience was either: good, very good, or excellent • 100% Have made a change in their practice because of the assessment? • 92% process aligns with program principles 								
<p>Knowledge Exchange: Joint presentation on Risk Based Quality Assurance at the Canadian Network of Agencies for Regulation (“CNAR”) in October. Well received and collaboration with other regulators as a result.</p>								
<p>Commentary: QA program provided a placement for an OT student working on the topic of power imbalance in OT</p>								
<p>QAC Activities: Met in person in September to attend presentation with John Wickett (Psychometrician) on risk-based selection and data from the competency assessment. QAC decided on the threshold for QAC review. QAC confirmed the decision-making frameworks for non-completion of annual requirements and the competency assessment. Bias training discussion and application to committee work.</p> <p>QAS Activities: none (next meeting being scheduled for March 2025)</p> <p>Peer Assessors: Peer assessor training and update meeting</p>								
<p>Decisions Requiring Board Approval: Yes – competency assessment</p>								

Discipline

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2024/2025	Process cases going through Discipline Exploring and making a recommendation on whether or not to participate in the Health Professionals Discipline Pilot Tribunal (HPDPT)
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Q1	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	2	0	Not tracked		N/A	N/A
Commentary: The pending matters are set for uncontested hearings on October 16 and November 21, 2024.							
Committee Activities: N/A							
Decisions Requiring Board Approval: None							

Q2	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	2	Not tracked	Findings of Professional Misconduct	N/A	N/A
Commentary: 2 x uncontested hearings were held – both cases had findings of professional misconduct. Case heard on November 21, included David Wright as trained adjudicator and panel chair.							
Committee Activities: 2 panels convened for 2 uncontested hearings							
Decisions Requiring Board Approval: NA							

Patient Relations

Chair: Sabrina Shaw (Q1) / TBD (Q2)

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2024/2025	Meaningful Engagement The College builds trust in its role and value through purposeful and meaningful engagement and collaboration. 1.1 Provides clear information about what to expect when working with occupational therapists. 1.2 Builds opportunities for public and professional collaboration and participation with the College 1.4 Integrates the practices of diversity, equity, and inclusion throughout the College and profession
	Oversight of the Sexual Abuse Counselling Fund
	Develop and review patient relations documents and communications available to the public

Q1	Funding Applications: 0 new applications received
	Commentary: 0 clients accessing the sexual abuse counselling fund
	Committee Activities: The patient relations committee met <u>June 6, 2024</u> . Committee received the annual orientation. Committee members attended the unconscious bias training on June 7, 2024.
	Public Education: <ul style="list-style-type: none"> Document development: Understanding Privacy Legislation for Patients/Public
	Registrant Education: <ul style="list-style-type: none"> Document development in progress: Sexual Abuse Mandatory reporting requirements.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Q2	Funding Applications: 0 new applications
	Commentary: 0 clients accessing the sexual abuse counselling fund
	Committee Activities: <ul style="list-style-type: none"> The Patient Relations committee did not meet in Q2 The Chair role remained vacant in this quarter A new Board member appointed to the committee; committee orientation provided Committee received the Committee Effectiveness survey

	Public Education: <ul style="list-style-type: none">• Document development: N/A
	Registrant Education: <ul style="list-style-type: none">• Document development in progress: Sexual Abuse Mandatory reporting requirements.
	Decisions Requiring Board Approval: N/A

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

Workplan 2024/2025	Process cases going through Fitness to Practise Conduct an orientation session with the entire committee
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Q1	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	1	0	0	Not tracked		N/A	N/A
Commentary: The 1 matter is the first for Fitness to Practise. No hearing has been scheduled as the College hopes to resolve this without the need for a hearing on the merits.							
Committee Activities: N/A							
Decisions Requiring Board Approval: None							

Q2	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	1	0	Not tracked		N/A	N/A
Commentary: A new undertaking is in draft and pending final resolution; this will result in an indefinite motion for adjournment – no hearing, unless the Registrant breaches Undertaking.							
Committee Activities: None							

Practice Subcommittee

Chair: Stacey Anderson

Strategic Priorities: Quality Practice, System Impact

Workplan 2024/2025	Update all practice guidance documents
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Q1	402 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Complexity of Inquiries
	OT	Public	Other				
	304	35	63	98%	<ol style="list-style-type: none"> Record Keeping Consent Duty to Warn 	<ol style="list-style-type: none"> Use of Title Other OT Assessment/ Intervention 	<ol style="list-style-type: none"> 76% Straightforward 24% Complex +/- Consultation >1% Escalation
Program Activities:							
Strategic Objectives: Meaningful Engagement							
Outreach:							
<ul style="list-style-type: none"> McMaster University outreach to second-year OT students on the complexities of entering practice. 							
Collaboration with System Partners:							
<ul style="list-style-type: none"> Infection Prevention and Control (IPAC) Regulatory College Working Group Canadian Association of Occupational Therapists - discussions on mental health and psychotherapy 							
Committee Activities:							
<p>The Practice Subcommittee did not have a meeting this quarter</p> <ul style="list-style-type: none"> Subcommittee members attended the College sponsored unconscious bias training on June 7, 2024. 							
Documents in Progress:							
<ul style="list-style-type: none"> Artificial Intelligence Guidance (draft) Managing Risks in Occupational Therapy Practice Ongoing review and updating of practice guidance documents to align with Standards of Practice and Competencies. 							
Decisions Requiring Board Approval (Through Executive Committee):							
<ul style="list-style-type: none"> College response to the Chief Coroner of Ontario's request concerning an entrapment death from a recommended transfer pole Artificial Intelligence Guidance for occupational therapy practice 							

Q2	422 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Complexity of Inquiries
	OT	Public	Other				
	324	41	57	98%	1. Record Keeping 2. Jurisdiction 3. Psychotherapy/ Mental Health	1. Other 2. Record Keeping 3. Scope of Practice	4. 80% Straightforward 5. 20% Complex +/- Consultation 6. >1% Escalation
<p>Program Activities:</p> <p>Strategic Objectives: Meaningful Engagement</p> <p>Outreach:</p> <ul style="list-style-type: none"> • St. Joseph’s Health Centre – Psychotherapy presentation to practicing OTs • University of Toronto – Intro to COTO to first year students • University of Ottawa – Intro to COTO to first year students • Ontario Health at Home – Record Keeping, Consent, Assessment, and Intervention to practicing OTs • McMaster University – Professionalism and Professional Boundaries to first year students <p>Collaboration with System Partners:</p> <ul style="list-style-type: none"> • OSOT – presentation on the AI guidance at the annual conference; quarterly meeting • CAOT – Psychotherapy working group consultation 							
<p>Committee Activities:</p> <ul style="list-style-type: none"> • The Practice Subcommittee met in person on September 21st. 2024; • Finalized response to coroner’s request; • Provided feedback on a draft Q & A resource for the public on how OTs protect privacy; • Consensus to develop guidance around risks in practice, and discussed future resource development for OTAs, employers and new registrants; • Committee received the Committee Effectiveness survey 							
<p>Documents in Progress:</p> <ul style="list-style-type: none"> • Ongoing review and updating of current practice guidance documents to align with Standards of Practice and Competencies • Managing Risks in Occupational Therapy practice 							
<p>Decisions Requiring Board Approval (Through Executive Committee):</p> <ul style="list-style-type: none"> • College response to the Chief Coroner of Ontario’s request concerning an entrapment death from a recommended transfer pole – Board approved in Q2 • Artificial Intelligence Guidance for occupational therapy practice – Board approved in Q2 							

Nominations Committee

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence

Workplan 2024/2025	Selection and Recommendation of Candidates for Committee Appointments
	Board Elections
	Oversight of Executive Officer Nominations Process
	Oversight of Committee Chair Appointment Process

Q1	Committee Activities: 1) <u>June 9, 2024</u> : Meeting to debrief on the recruitment campaign including the candidate selection and interview process. A discussion was also held to update and improve the scoring sheets and interview questions. The committee reviewed new draft Screening, Selection and Appointment of Professional and Community Appointees Policy.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Screening, Selection and Appointment of Professional and Community Appointees Policy

Q2	Committee Activities: <u>September 30, 2024 and November 13, 2024</u> : Meetings to discuss and approve two new policies, 1) <i>Screening, Selection and Appointment of Professional Committee and Community Appointees</i> , and 2) <i>Screening of Board Candidates and Academic Appointees</i> ; new public member committee appointment; review 2025 district 1 election timeline and receive update on professional committee appointees' terms and appointments and the call for resumes/interviews, recommend for appointment to committees two professional candidates who applied during the last round.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: <i>Screening, Selection and Appointment of Professional Committee and Community Appointees; Screening of Board Candidates and Academic Appointees</i> ; new public member committee appointment, appointment of two professional candidates to committees

Indigenous Insights Advisory Committee

Chair: Ian Connolly

Strategic Priorities: Meaningful Engagement, Quality Practice

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.

Workplan 2024/2025	To conduct a regular environmental scan on OT practices in relation to the health needs of all Indigenous Peoples
	To identify current practice issues impacting 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
	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

Q1	Commentary: N/A
	Committee Activities: The committee met on <u>July 18, 2024</u> . Committee members attended the College sponsored unconscious bias training on June 7 th , 2024.
	Decisions Requiring Board Approval: N/A

Q2	Commentary: The committee provided advice on the following: 1) Demographic Data Collection draft policy, 2) Improving the COTO webpage about Supporting Indigenous Peoples, 3) Code of Ethics updated template, and providing input about developing a Q & A resource for occupational therapist who will provide service to Indigenous Peoples.
	Committee Activities: The committee met on November 15, 2024, via Zoom
	Decisions Requiring Board Approval: N/A

Equity Perspectives Advisory Committee

Chair: Adebimpe Egbeyemi

Strategic Priorities: Meaningful Engagement, Quality Practice

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).

Workplan 2024/2025	To conduct a regular environmental scan on OT practices & EDI
	To identify current practice issues impacting 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

Q1	Commentary: N/A
	Committee Activities: The Equity Perspectives Advisory Committee did not have a meeting this quarter Committee members attended the College sponsored unconscious bias training on June 7 th , 2024.
	Decisions Requiring Board Approval: N/A

Q2	Commentary: The committee provided advice on the following: 1) Demographic Data Collection draft policy and 2) the Code of Ethics template
	Committee Activities: The Equity Perspectives Advisory Committee met on November 21, 2024, via Zoom
	Decisions Requiring Board Approval: N/A

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receive the Risk Management Report.

Issue:

The Board has oversight of risk management for the College. These oversight responsibilities include continuously reviewing the planning and outcomes of: identifying, assessing and to the extent possible, mitigating College risks, and ensuring they receive complete and appropriate information or reports on risks to aid the Board in its risk management oversight responsibilities. The Board has delegated close review of the Risk Management Program to the Executive Committee.

To aid them in their work, the entire risk register was presented to the Executive Committee in May 2024 so that they could review all the risks anticipated by the staff, review the treatment of each risk and affirm that the risk levels are appropriate. In addition, at their meeting in January 2025, the high and critical risks have been identified which have been brought to the Board for their review.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

4.1 Ensures College governance is proactive, effective, competency-based and accountable.

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.

BOARD MEETING BRIEFING NOTE

Risk Management Report

Page 2 of 4

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.

Risk Category	STRATEGIC
Risk:	Health Human Resources In the current environment, the availability of health care personnel has reached a crisis level for governments across the country. This includes Ontario. Government will be looking for data, ideas and support to implement HHR strategies. There is a risk that the strategies may not align or will cause negative unforeseen consequences. e.g. registration of incompetent individuals.
Control Procedure(s)	<ol style="list-style-type: none">1. Membership with Health Profession Regulators of Ontario (HPRO)2. Establishing and sustaining positive government relationships.3. Standard processing times for applications for registration.
Action Plan & Monitoring Process	Monitor through: <ol style="list-style-type: none">1. HPRO meetings and working group participation.2. Ministry updates, response to Ministry consultation3. College networking updates4. Monitoring government processes put in place for other professions. Action Plan: <ol style="list-style-type: none">1. Working with the SEAS program to support their timely assessment of international applicants.2. Leveraging our data.3. Maintaining open communication with the provincial OT association and government re: any relevant initiatives.4. Discussion with Ministry of Health Representatives as appropriate.

BOARD MEETING BRIEFING NOTE

Risk Category	STRATEGIC
<p>Risk:</p>	<p>Finances</p> <p>The College has reviewed its financial health to ensure it can operate effectively now and into the future. Budget deficits were planned for fiscal year 2023/24 and for the 2024/25 year, resulting in decreased reserves as the reserves fund the deficit. A 2% fee increase was implemented for the 2024 annual renewal cycle, and the bylaws allow for fee increases of up to 2% for the next four years as determined each year by the Board. Based on the budget for this year, it is recommended that a further 2% increase be implemented for the next renewal period as well. The risk is further negative reactions from registrants if further increases are implemented but financial strain to COTO if they are not implemented.</p>
<p>Control Procedure(s)</p>	<ol style="list-style-type: none"> 1. The Finance and Audit Committee have carefully reviewed the budget to ensure their understanding of college finances. 2. A communications plan is underway to assist with any further issues or concerns that arise once annual renewal begins. 3. Bylaws are in place to support up to 2% increases for the next 4 years if necessary.
<p>Action Plan & Monitoring Process</p>	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Careful attention to budget and spending. <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Continue to implement the communications plan during renewal.

BOARD MEETING BRIEFING NOTE

Risk Category	STRATEGIC
Risk:	Public Member Complement <p>There is a risk that the Board could become unconstituted due to lack of public appointments. The Board now has 6 of 7 appointments filled, with the addition of a new public member appointed in January 2025. However, there are terms of public members coming due and close monitoring is required.</p>
Control Procedure(s)	<p>Bylaws are in place to support actions by the Executive Committee as necessary. That is, if the Board were to become unconstituted, the Executive Committee would act in place of the Board for general decisions. We have no way to control for needed Discipline committee members.</p>
Action Plan & Monitoring Process	Monitor through: <ol style="list-style-type: none">1. Monitor Board appointments and term end dates.2. Liaise with the public appointments' office on a regular basis to confirm needs. Action Plan: <ol style="list-style-type: none">1. Proactive communications with government.

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Finance and Audit Committee
Subject: Fiscal Year 2024/2025 Q2 Financial Summary Report

Recommendation:

THAT the Board receive the FY24/25 Q2 Financial Report, as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2024/2025 and advise the Board of any issues.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

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

Background:

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of Statutory Remittances and Filings
3. Financial Statements:
 - Statement of Financial Position as at November 30, 2024
 - Statement of Operations for the period June 1, 2024, to November 30, 2024
 - Statement of Reserve Funds as at November 30, 2024

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at November 30, 2024).

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

BOARD MEETING BRIEFING NOTE

Fiscal Year 2024/2025 Q2 Financial Summary Report

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- The balance in the investments will not align with the monthly BMO Investment Reports for interim financial reporting as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end. Variances to prior year reflect changes in the investment portfolio, including investments matured and reinvested, recognizing the interest reinvested in the balance.
- The decrease in property and equipment year-over-year is due to depreciation from the leasehold improvements, furniture, and the server. No additions or disposals have taken place this fiscal year.

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

- The deferred registration fees recorded in the Statement of Financial Position, as at November 30, 2024, represent the portion of the annual renewal fees collected for fiscal year 2024/2025. 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, 2024, are automatically recorded directly under Registration fees on the Statement of Operations for the current fiscal year.

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

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

Highlights of Statement of Operations:

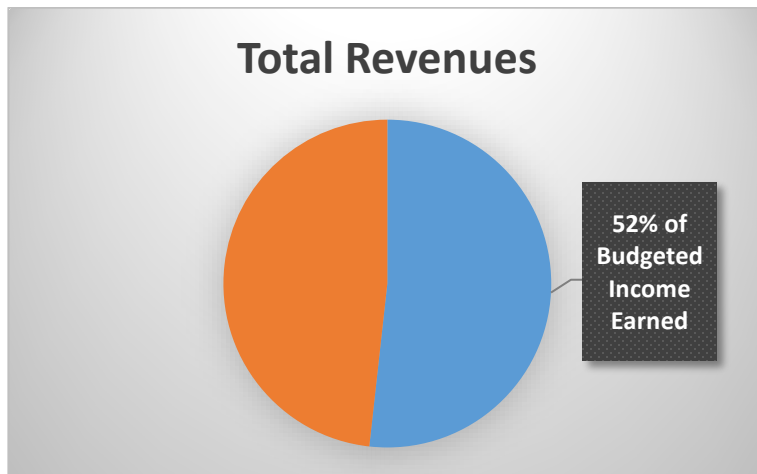
(Please refer to the attached Statement of Operations for the period of June 1, 2024, to November 30, 2024).

The excess of revenues over expenses for the period June 1, 2024, to November 30, 2024, is \$453,877. The College is in a surplus position and the below charts provide some additional detail for each category.

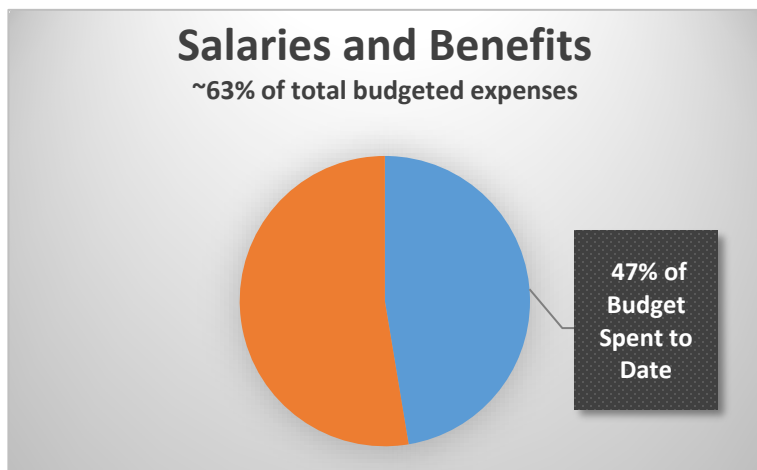
BOARD MEETING BRIEFING NOTE

Fiscal Year 2024/2025 Q2 Financial Summary Report

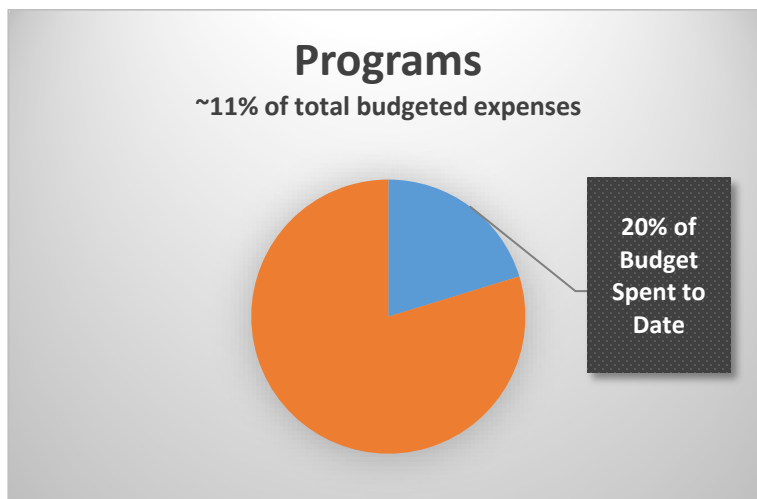
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- Status: Favourable to budget
- Revenue is composed primarily of returning and new registrant fees, and application fees.



- Status: Favourable to budget
- Salaries and benefits are slightly under budget due to vacancies.

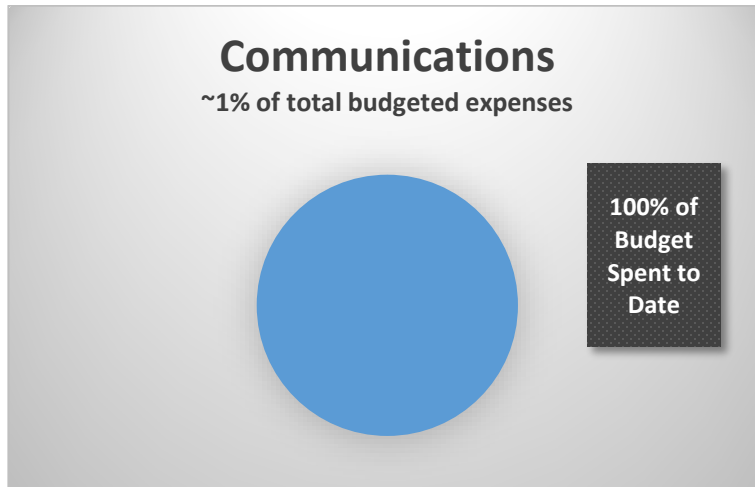


- Status: Favourable to budget
- Program expenses are underbudget primarily due to timing of College activities.
- Variance to the statement of operations as there we have included the reversal of an I&R year-end accrual.

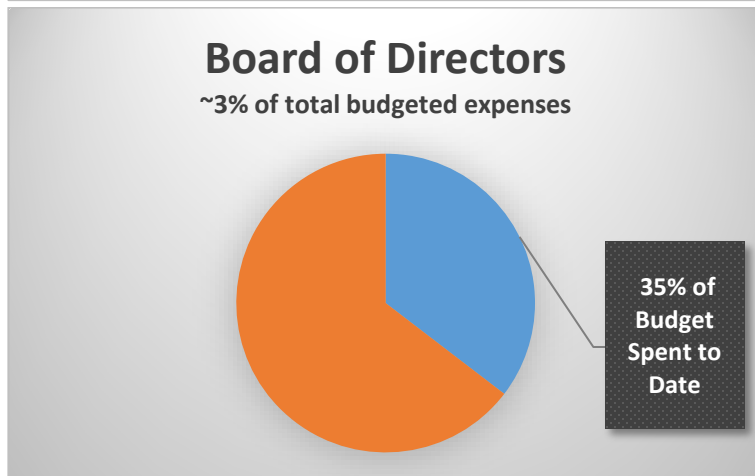
BOARD MEETING BRIEFING NOTE

Fiscal Year 2024/2025 Q2 Financial Summary Report

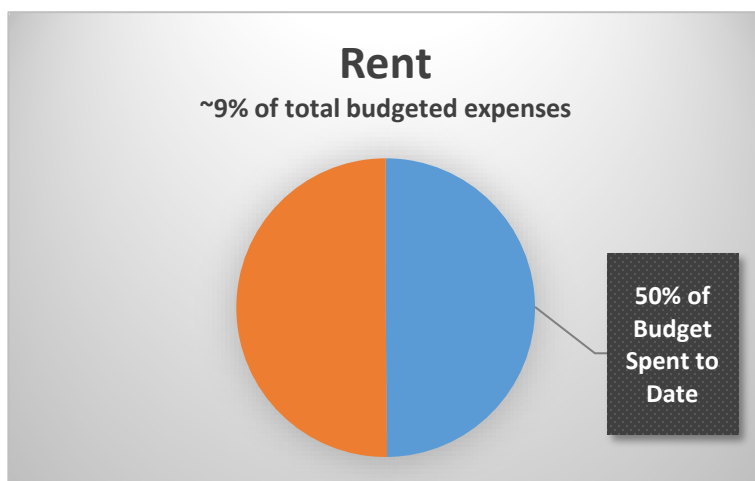
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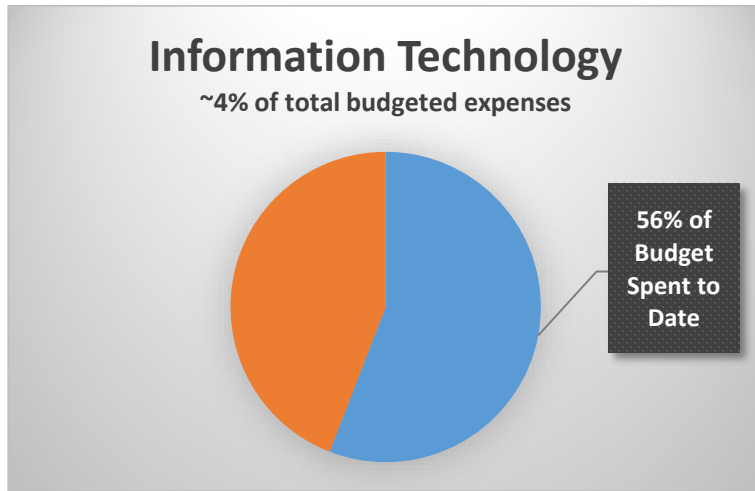
- Status: Unfavourable to budget
- Communications costs are over budget due to the unplanned website update project. This was approved by the Executive Committee.



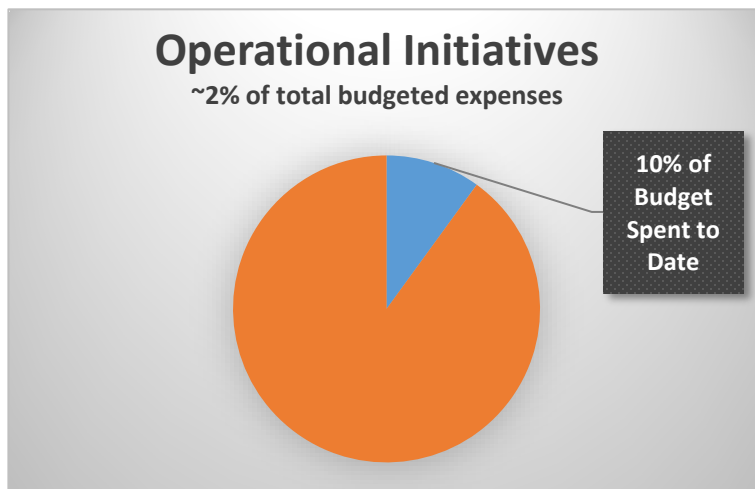
- Status: Favourable to budget
- Board of Director expenses are under budget due to timing.



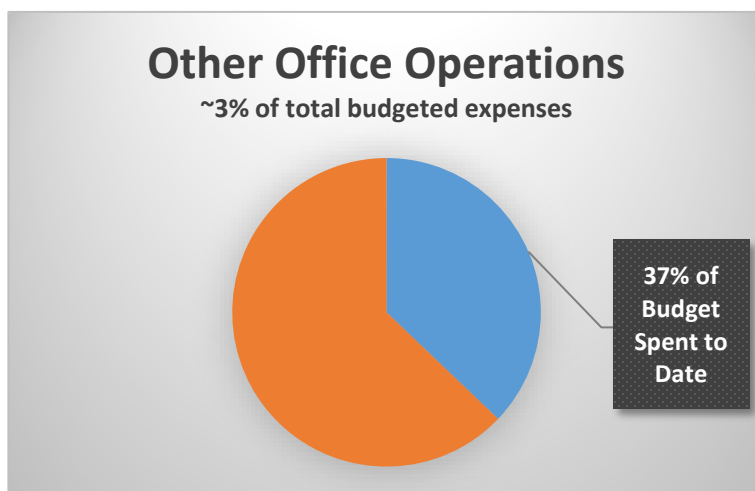
- Status: On Target
- Included here are rent and insurance premiums and leases for large equipment.



- Status: Unfavourable to Budget
- Information Technology is slightly over budget primarily due to the contract extension with R. Gill Solutions. Contractor is assisting with the ES project tasks and CIHI project.



- Status: Favourable to budget
- Operational initiatives are under budget with only 10% of budget spent to date. This is due to the timing of activities and invoices. Document Management Project has been delayed to reduce our deficit for the year.

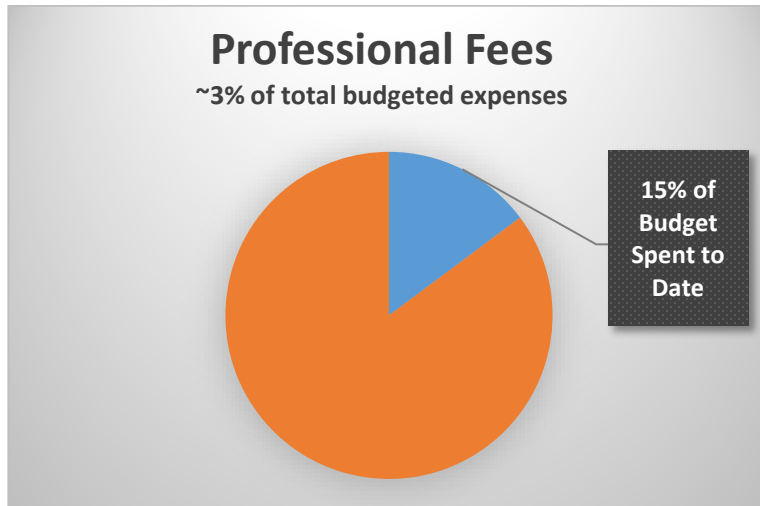


- Status: Favourable to budget
- Other Office Operations are under budget due to delayed timing of invoices and costs.

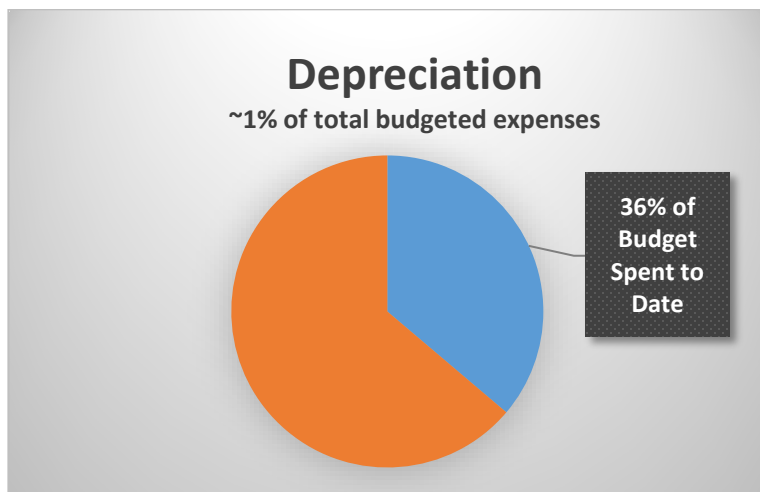
BOARD MEETING BRIEFING NOTE

Fiscal Year 2024/2025 Q2 Financial Summary Report

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- Status: Favourable to budget
- Professional Fees are under budget due to delayed timing of invoices and costs.



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

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at November 30, 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 Board Guidelines for Establishing and Maintaining Reserve Funds.

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

- \$23,107 has been allocated to the Invested in Fixed Assets Fund amount and is reflective of the accumulated depreciation.

BOARD MEETING BRIEFING NOTE

Fiscal Year 2024/2025 Q2 Financial Summary Report

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Statutory Remittances and Filings:

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

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on 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 (Monthly)	Monthly Upcoming Filing Due Dates: January 31, 2025 February 29, 2025 March 31, 2025 April 30, 2025 May 31, 2025	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, 2025.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2025.	Up to date

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at November 30, 2024

	30-Nov-24	30-Nov-23
ASSETS		
Current assets		
Cash	2,465,308	2,548,039
Accounts receivable and prepaid expenses	44,215	64,420
Total current assets	2,509,523	2,612,459
Investments	3,698,575	3,565,719
Property and equipment, net of accumulated amortization	217,390	263,354
TOTAL ASSETS	6,425,488	6,441,532
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	219,196	314,992
HST payable	-	-
Deferred registration fees	2,322,970	2,214,966
Total current liabilities	2,542,166	2,529,958
Total liabilities	2,542,166	2,529,958
NET ASSETS		
Reserve funds	1,325,000	1,235,276
Invested in fixed assets	217,390	263,354
Unrestricted	1,887,055	2,292,731
Excess of revenues over expenses for the period	453,877	120,213
Total net assets	3,883,322	3,911,574
TOTAL LIABILITIES AND NET ASSETS	6,425,488	6,441,532

BOARD MEETING BRIEFING NOTE

Fiscal Year 2024/2025 Q2 Financial Summary Report

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

	6 Months Actuals ended November 2024 \$	12-Month Budget FY24/25 \$	Percentage of Spend to Budget %
REVENUES			
Registration fees	2,575,338	4,918,860	52%
Application fees	68,420	108,213	63%
Interest & other income	72,878	174,497	42%
TOTAL REVENUES	2,716,636	5,201,570	52%
EXPENSES			
Salaries and benefits	1,659,721	3,503,119	47%
Programs	15,138	596,224	3%
Communications	64,865	62,878	103%
Board of Directors	58,680	165,775	35%
Rent & Leases	237,248	475,924	50%
Information technology	114,544	204,965	56%
Other office operations	57,068	153,678	37%
Operational initiatives	11,100	111,000	10%
Professional fees	21,288	143,813	15%
Depreciation	23,107	63,847	36%
TOTAL EXPENSES	2,262,759	5,481,223	41%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	453,877	(279,653)	

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2024 \$	Spent to Date/Change \$	Closing Balance Nov 30, 2024 \$
Hearings and independent medical exam fund	\$ 400,000	-	400,000
Sexual abuse therapy fund	\$ 25,000	-	25,000
Premises fund	\$ 800,000	-	800,000
IT Technology Fund	\$ 100,000	\$ -	100,000
Invested in fixed assets	\$ 240,497	\$ (23,107)	\$ 217,390
Unrestricted	\$ 1,863,948	\$ 23,107	1,887,055
Excess of revenues over expenses for the period	\$ -	453,877	453,877
TOTAL RESERVES	3,429,445	453,877	3,883,322

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Finance and Audit Committee
Subject: Registration Fee Increase for 2025/2026 Annual Renewal

Recommendation:

THAT the Board approve the proposed 2% increase to Registration fees for the upcoming 2025/2026 annual renewal period.

Issue:

Due to an expanding registrant base, rising inflation and increased Investigations and Resolution discipline cases, the College's budget and ability to effectively fulfill its mandate have been under pressure. Based on a 5-year forecast, a 2% registration fee increase is being proposed for the 2025/2026 annual renewal period to maintain healthy reserves and meet the Registrar's obligations and Canada Revenue Agency (CRA) guidelines.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

When preparing this proposal, all elements of diversity, equity and inclusion were considered. The increase in registration fees would be reviewed on a yearly basis to determine if an increase was necessary and applied over 5 years, rather than at once.

Background:

At the January 25, 2024, Board meeting, the Board approved the proposed amendments to Part 18 of the College bylaws related to fees. In the bylaws, section 18.08 "Fee adjustments" reflects that effective June 1, 2024, and for the subsequent 5 years:

BOARD MEETING BRIEFING NOTE

- the Board shall annually review the renewal fee, and where they deem it appropriate, may increase the fee by not more than 2% each year.

As a result, the Board approved a 2% increase for the 2024/2025 registration cycle which equated to a \$15 fee increase.

Discussion:

To sustain operations the College is proposing a 2% increase in the annual renewal registration fee for fiscal year 2025/2026.

Here’s an overview of the key contributors supporting the proposal to increase fees:

Key Contributors to Proposed Registration Fee Increase	Supporting Factors	Implications
Growth of Registrant Base	Since 2007, a 75% increase in the registrant base (from 4,000 to 7,304 in 2024).	Additional staffing and resources required across operational areas, leading to higher operational costs.
Inflationary Pressures	College has absorbed inflation annually since 2007. Current annual rate is approximately 2.77.	Inflation increases operational costs, including salaries, office expenses, and service contracts, necessitating increased revenue.
Technological Advancements	Ongoing advancements require investment in new systems and tools.	Investments needed to stay effective and compliant, ensuring updated technology and infrastructure across programs.
Increased Demand Across Program Areas	Higher volume of applications and inquiries handled by the Registration team. Increased cases and referrals managed by the Investigations team, resulting in higher legal fees. Increased volume of calls and outreach efforts in the Practice team.	Program areas experience increased responsibilities and costs due to the growing registrant base and expanded work scope. Discipline cases involve complex legal considerations, adding financial pressure on the College.
Enhanced Reporting and EDI Requirements	Increased government reporting requirements (e.g., Health Professions Database, College Performance Measurement Framework, new quarterly report to the MOH). Additional EDI-related initiatives.	Resources needed to meet reporting requirements and invest in EDI initiatives, critical for compliance and public protection.

BOARD MEETING BRIEFING NOTE

Key Contributors to Proposed Registration Fee Increase	Supporting Factors	Implications
Reserve Funds	Currently maintains approximately 5 months of reserves, aiming for 6-9 months.	To build sufficient reserve funds and enhance financial preparedness, a surplus from registration fees is required to gradually increase reserves.

Throughout the years, the College has operated with a high level of care and diligence to fulfill its mandate. However, this has placed significant strain on resources, making a fee increase essential to maintain the same standards moving forward. The College is currently projecting ongoing deficits, which limit its ability to retain staff in a competitive market, pursue operational initiatives, and meet its routine responsibilities effectively and efficiently.

Below is an analysis which highlights the impact to Registrants of a 1%, 1.5% and 2% annual Registration Fee increase for this upcoming fiscal year 2025/2026.

	FY2024/25*	FY2025/26
Increase of 1.0%		
Registrant Fee	670.80	677.51
HST	87.20	88.08
Total Cost	758.00	765.59
<i>YOY Total Cost Change</i>		<i>7.59</i>
Increase of 1.5%		
Registrant Fee	670.80	680.86
HST	87.20	88.51
Total Cost	758.00	769.37
<i>YOY Total Cost Change</i>		<i>11.37</i>
Increase of 2.0%		
Registrant Fee	670.80	684.22
HST	87.20	88.95
Total Cost	758.00	773.17
<i>YOY Total Cost Change</i>		<i>15.17</i>

* Current costs

BOARD MEETING BRIEFING NOTE

Registration Fee Increase for 2025/2026 Annual Renewal

Below is an analysis which highlights the impact to the College's 5-Year Surplus/Deficit position based on a 1%, 1.5% and 2% Registration Fee increase for this upcoming fiscal year 2025/2026.

5-Year Surplus/Deficit Comparisons

1.0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29	FY29/30
Income	5,201,570	5,423,244	5,591,385	5,806,996	6,032,615	6,209,022
Expenses	5,481,223	5,621,176	5,768,551	5,985,218	6,205,053	6,429,359
Surplus/Deficit	(279,653)	(197,932)	(177,166)	(178,222)	(172,438)	(220,337)
Percent % of Revenue	-5%	-4%	-3%	-3%	-3%	-4%

1.5% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29	FY29/30
Income	5,201,570	5,447,727	5,642,433	5,886,822	6,143,574	6,323,309
Expenses	5,481,223	5,621,910	5,770,083	5,987,612	6,208,382	6,432,787
Surplus/Deficit	(279,653)	(174,183)	(127,650)	(100,790)	(64,808)	(109,478)
Percent % of Revenue	-5%	-3%	-2%	-2%	-1%	-2%

2.0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29	FY29/30
Income	5,201,570	5,472,211	5,693,726	5,967,416	6,256,136	6,439,249
Expenses	5,481,223	5,622,645	5,771,621	5,990,032	6,211,759	6,436,264
Surplus/Deficit	(279,653)	(150,434)	(77,895)	(22,616)	44,377	2,985
Percent % of Revenue	-5%	-3%	-1%	0%	1%	0%

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

0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29	FY29/30
Income	5,201,570	5,374,277	5,490,024	5,649,632	5,815,449	5,985,341
Expenses	5,481,223	5,619,706	5,765,510	5,980,497	6,198,538	6,422,648
Surplus/Deficit	(279,653)	(245,429)	(275,486)	(330,865)	(383,089)	(437,307)
Percent % of Revenue	-5%	-5%	-5%	-6%	-7%	-7%

BOARD MEETING BRIEFING NOTE

Registration Fee Increase for 2025/2026 Annual Renewal

Page 5 of 5

Given this analysis, a 2% increase to Registration Fees is being proposed for fiscal year 2025/2026.

Implications:

If the Board approves the proposed 2% increase in registration fees, it will take effect during the 2025/2026 annual renewal period. The Bylaws Part 18 "Schedule 2 to the Bylaws" will also be updated to reflect the increased fees.

Attachments:

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

ESTABLISHING AND MAINTAINING RESERVE FUNDS

Guidelines for Board Directors

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

1. Reserve Funds will be established for:
 - a. Hearings and Independent Medical Exam Reserve Fund

The Hearings and Independent Medical Exam Reserve Fund is designated to cover costs, including legal costs, for conducting discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeal hearings, other hearings that may arise related to regulating the profession, and independent medical exams. The amount to be maintained in this fund is \$400,000 or such other amount as may be determined by the Board.
 - b. Sexual Abuse Therapy and Counselling Reserve Fund

The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is \$25,000 or such other amount as may be determined by the Board.
 - c. The Premises Fund

The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of \$500,000 or such other amount as may be determined by the Board.
 - d. Technology Fund

The Technology Fund is designated to provide for the cost of any technological improvements that will support the delivery of the statutory College mandate in an efficient and effective manner. The minimum amount to be maintained in this fund is \$100,000 and maximum amount to be maintained in this fund is \$500,000 or such other amount as may be determined by the Board.
2. Appropriations from the annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar and CEO.

Created: February 1997

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

Revised: October 2017, June 2019, March 2020, June 2022, June 2024

I Part 18: Fees

18.01 Schedule of Fees

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

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

18.02 Registration Year

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

18.03 Application Fee

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

18.04 Registration Fee

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

18.05 Renewal Fee

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

18.06 Fee Waiver

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

18.07 Outstanding Amounts

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

18.08 Fee Adjustments

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

Schedule 2 TO THE BYLAWS

Fee Schedule

Fees relating to applications for Certificate of Registration in any Class

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

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

Fee Item	Fee	HST 13%	Total Fee*
Full Year (June 1 – May 31)	\$671.684	\$87.2388.95	\$758.00773.00
Second Quarter (September 1 – November 30)	\$503.513	\$65.3966.71	\$568.00580.00
Third Quarter (December 1 – February 28)	\$335.342	\$43.5544.50	\$379.00387.00
Fourth Quarter (March 1 – May 31)	\$168.171	\$21.8422.24	\$190.00193.00

Fees relating to Renewal

Fee Item	Fee	HST 13%	Total Fee*
Renewal (Full Year June 1 – May 31)	\$671.00684	\$87.2388.95	\$758.00773.00
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.

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Finance and Audit Committee
Subject: Honoraria and Allowable Expenses Policies

Recommendation:

THAT the Board review the Honoraria Policy and approve the amendments to the Allowable Expenses Policy.

Issue:

The Allowable expenses and Honoraria policies are reviewed every year. The Board is asked to review and approve the proposed amendments.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

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

Background:

The attached policies are to be reviewed yearly. The Honoraria policy has no recommended changes this year, however some updates are included in the Allowable Expenses policy.

Discussion:

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

1. Meals: Daily maximum rate increased to \$100.00 from \$90.00 to address rising costs caused by inflation and align with current staff meal allowance.

Implications:

If the Board approves the proposed amendments to the allowable expenses policy, changes will inform the budgeting process and will take effect June 1, 2025.

BOARD MEETING BRIEFING NOTE

Honoraria and Allowable Expenses Policies

Page 2 of 2

Attachments:

1. Honoraria Policy – Guidelines for Elected Board Directors and Committee Appointees
2. Draft Allowable Expenses Policy – Guidelines for Board Directors or Committee Appointees

HONORARIA

Guidelines for Elected Board Directors and Committee Appointees

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

Definition

Per Diems:

The College offers up to three types of per diems:

- Attendance,
- Preparation, and
- Travel.

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

Attendance:

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

There are three fixed rates available:

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

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

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

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

Travel:

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

Preparation Time:

All preparation time is based on a fixed hourly rate.

Board, Executive, Subcommittee and Working Group Meetings:

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

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

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

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

Rates:

Full-rate Attendance:

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

Half-rate Attendance:

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

Preparation time: \$45 per hour.

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

Procedure

1. Board members or Committee Appointees shall submit their honoraria and reimbursement claims using the third-party online vendor platform, provided by the College.
2. Honoraria may be claimed for attendance, and preparation time. Preparation time will be paid when Board Directors or Committee Appointees are required to review materials that are

distributed by the College in advance of the meeting.

3. Travel per diems shall only be claimed when travel meets the following two conditions:
 - a. Travel must occur on the date prior to the scheduled meeting date.
 - b. The distance travelled in one direction must be equal to or greater than 250 km one way.
4. The per diem amount of Chair or Vice-Chair is payable only when acting in the capacity of Chair or Vice-Chair of the Board, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Board. All other participation will be remunerated at the standard rate.
5. If a full day meeting is cancelled by the College without 48 hours of notice, Board Directors or Committee Appointees will be entitled to be reimbursed at half of the applicable Attendance rate. Full-day meetings that are cancelled will be reimbursed at half of the full-day Attendance rate; and half-day meetings will be reimbursed at half of the half-day rate. Only Board Directors or Committee Appointees who are scheduled to attend and who request reimbursement shall receive it. Board Directors or Committee Appointees are permitted to submit a reimbursement claim for preparation time as per the limits set out in this policy for their meeting.
6. Onsite meetings or remote meetings that are scheduled for less than one hour will be paid the half-day per diem. Preparation time is included in the attendance rate for meetings of less than 1 hour. When the duration of a meeting is one hour or more, preparation time may be claimed in addition to the per diem.
7. Per diem rates and policy will be reviewed annually by the Finance and Audit Committee. All changes to the per diem rates will be approved by the Board before coming into effect the following fiscal year, to allow for appropriate budgeting.
8. Board Directors or Committee Appointees can claim both a preparation per diem and travel per diem on the same date.
9. All expense claims must be submitted prior to the end of the fiscal year applicable. Board Directors or Committee Appointees are encouraged to submit their expenses as soon as possible to assist the College with providing Board Directors and Committee Appointees with accurate tax records (e.g.: T4 and T4A).

Created: May 1994

Reviewed: January 1997, June 1999, October 2000, March 2002, June 2002, March 2008, June 2008, July 2010, January 2013, January 2024, June 2024

Revised: January 2016, March 2018, January 2019, January 2020, January 2021, January 2022, June 2023

Rates Revised: January 2016 (per diems), January 2019 (Preparation time rate), June 2023 (Added 1-hour rate)

ALLOWABLE EXPENSES

Guidelines for Board Directors or Committee Appointees

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

Definition

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

Claim Procedure

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

Travel

Rate: 0.70/km

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

Accommodations

1. Hotel arrangements can be made at College approved hotels to ensure that the College receives the benefit of the corporate rate. However, if a more economical alternative is found, that is acceptable also.

2. Except for Board and Executive Committee meetings, members are to make arrangements for their own accommodations as per provided policy.
3. Private accommodation may be used in lieu of the approved hotel where a member can stay with friends or relatives. A maximum of \$40.00 per night may be claimed.
4. No reimbursement shall be made where the member resides within fifty (50) kilometers of the meeting venue unless the member is required to attend on two or more consecutive days. Only 1 night will be reimbursed between meeting days.
5. Charges of a personal nature made at a hotel, such as laundry, in-house movies, or personal phone calls will not be reimbursed.
6. Internet charges will be reimbursed in the event they are not included in the cost of the accommodations.

Meals

Rate: The daily maximum rate is \$~~99.00~~100.00, which includes breakfast, lunch and dinner.

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

Internet Charges

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

Dependent Care

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

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

Created: May 1994

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

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

Rates Revised: January 2020, January 2023, January 2024 (/km travel rate), January 2025 (/day meal rate)

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Executive Committee
Subject: Discipline Tribunal

Recommendation:

THAT the Board approve the College join the Health Professions Discipline Tribunal for a term ending in December 2025.

Issue:

The College has had a trial run of using the discipline tribunal process for one discipline hearing with one Fitness to Practise matter pending. In the discipline hearing, this entailed having an experienced adjudicator, David Wright, chair the panel and write the decision and reasons without the need of Independent Legal Counsel being present for the panel. Based on these experiences, discussions with other colleges and the tribunal staff, it is recommended that the College now formally join the Health Professions Discipline Tribunal (HPDT). Approval is sought from the Board to enter into this relationship.

Link to Strategic Plan:

Quality Practice

The College embraces leading regulatory practices to protect the public.

Performance and Accountability

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

Why this is in the Public Interest:

Discipline hearings and the Decision and Reasons from the Discipline Committee are open to the public. The discipline process is also one of the most important and visible ways in which the College protects the public. Panels that include an experienced adjudicator will possess greater expertise in the complex legal issues that can arise and will build public confidence in this very important function. In addition, utilizing this model brings a greater degree of separation between the adjudicative process and the investigative and prosecutorial processes which the College undertakes.

Diversity, Equity, and Inclusion Considerations:

The HPDT also operates with DEI at the forefront. One of the ways this is most prominent is in the recruitment of a diverse complement of adjudicators. In addition, having policies, procedures, and the final decisions written in more accessible plain language aids in supporting accessibility.

Background:

In 2021, the College of Physicians and Surgeons of Ontario (CPSO) renamed its Discipline Committee to the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and appointed experienced adjudicators. The purpose of this change was to emphasize the tribunal function of the Discipline Committee and advance the public and registrant confidence in the independence of the tribunal from CPSO.

The Board was provided with extensive details about the Discipline Tribunal at their meeting in October 2024. At that time, the College planned to 'pilot the pilot' to see how it worked and to give the Discipline Committee a chance to work within this new arrangement. Feedback from members of the Discipline Committee that were involved with the discipline hearing was very positive, as follows:

- The process was smooth and a huge improvement over the earlier hearing.
- The previous process was fine, but this was exceptional.
- Having an expert member allowed us to spend less time in breakout sessions, making it easier for both parties.
- Excellent support from David and the tribunal staff.
- Meaningful participation in the process – very much so.
- This hearing seemed to be less stressful with the participation of the tribunal and Mr. Wright. It proceeded flawlessly and while it was uncontested, issues can arise, but none did. I absolutely and unequivocally support the use of the Tribunal on such matters.

In addition, the colleges that were involved with the pilot have only positive comments about the processes and the costs have been reported to be cost neutral.

The goals of joining the tribunal would be to enhance Discipline Committee independence from the College, improve effectiveness of the processes, improve efficiency, and maintain or improve cost structures.

Discussion:

Based on these positive experiences, it is recommended that the College officially join the tribunal. There are a few details that need to be put into place in order for the tribunal to officially get started.

Implications:

If the Board agrees to join the tribunal, the following will occur:

1. The **Bylaws** need to be amended to change the name of the Discipline Committee to the Ontario Occupational Therapists Discipline Tribunal, (OOTDT), and to change the committee composition. We will call this the OT Discipline Tribunal for ease.
2. The College will adopt the **Rules of Procedure** used by the HPDT. This will be a decision made by the College's current Discipline Committee.
3. The College will enter into a Memorandum of Agreement with the CPSO, (as the legal entity) and will commit to the following until December 31, 2025:

BOARD MEETING BRIEFING NOTE

Discipline Tribunal

Page 3 of 4

- a. To change the name of the Discipline Committee to the OOTDT
 - b. To amend the Bylaws to permit the Health Professions Discipline Tribunal chair to be the chair of the OOTDT and the Fitness to Practise Committee.
 - c. To appoint the following experienced adjudicators to the OOTDT until December 31, 2025:
 - i. Raj Anand
 - ii. Shayne Kert
 - iii. Sherry Liang
 - iv. Sophie Martel
 - v. Jennifer Scott
 - vi. Jay Sengupta
 - d. To appoint David A Wright as a member and as chair of the OOTDT and Fitness to Practise Committee until December 31, 2025
4. The Terms of Reference for both the Discipline Committee and the Fitness to Practise Committee will be amended to reflect the new chair arrangements.
 5. The Board of Directors will need to appoint a Board Director as Vice Chair of the OOTDT and the Fitness to Practise Committee.
 6. To pay the fees and expenses based on the number of cases we will have in a cost sharing arrangement. Generally, the College will be responsible for \$750 per month as a base fee, and then \$350 per hour for the adjudicator's time. The HPDT has noted that they are not-for-profit and so each year will be evaluated to determine if the funds received were appropriate and if any adjustments are needed.
 7. To ensure that the College holds the requisite insurance that would cover ours and the members of the tribunal for the matters (we do).

In turn, the HPDT will:

1. Carry out the administrative work of any discipline or fitness to practise matter, including setting up electronic meetings/hearings.
2. Use common templates for all OOTDT matters.
3. Convene education sessions as needed for OOTDT members.
4. Manage all hearings and documentation resulting from referrals, including decision writing.
5. Chair all discipline and fitness to practise hearings of the College.
6. Be the chair of the OOTDT and the Fitness to Practise Committee.

Decisions

If the Board agrees that the College should join the HPDT, the following decisions will need to be made at the Board meeting:

1. **THAT** the Board approve the changes to the Bylaws to enact the tribunal processes and to change the name of the Discipline Committee to the Ontario Occupational Therapist Discipline Tribunal (OOTDT).
2. **THAT** the Board appoint David A Wright to be Chair of the OOTDT (OT Discipline Tribunal) and the Fitness to Practise Committee
3. **THAT** the Board appoint Teri Shackleton to be the Vice Chair of the OOTDT until March 31, 2025.
4. **THAT** the Board appoint Vincent Samuel to be the Vice Chair of the Fitness to Practise Committee until March 31, 2025.
5. **THAT** the Board appoint to the OOTDT the following individuals, who will act as adjudicators:
 - i. Raj Anand
 - ii. Shayne Kert
 - iii. Sherry Liang
 - iv. Sophie Martel
 - v. Jennifer Scott
 - vi. Jay Sengupta
6. **THAT** the Board approve the changes to the Terms of Reference for both the Discipline Committee and the Fitness to Practise Committee.

To note, the College must signify by October 2025 if it wishes to continue to be part of the tribunal.

Attachments:

1. Draft Bylaw amendments
(Please see: Bylaw sections - 1.01 Definitions, 8.05, 12.05-.07, 13.04 Discipline Committee, 13.05 Fitness to Practise Committee, 14.06 Panel Quorum)
2. Revised Terms of Reference - Discipline Committee
3. Revised Terms of Reference - Fitness to Practise Committee
4. Biographical information about the Adjudicators

Amended October 2024
Originally Issued September 1994

Bylaws

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DRAFT

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.

Adjudicator Appointees

Means an individual with expertise in conducting formal regulatory hearings who is appointed by the Board to serve on the Discipline and Fitness to Practise Committee.

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 register required to be kept pursuant to the Code.

Registrant

Means a member of the College.

Registrar

Means the person appointed by the Board as Registrar and Chief Executive Officer 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 ;
 - d. the registrant has been determined by the Nominations 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 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 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

- p. College; and,
- p. they have not been an employee or paid consultant of the College in the six years preceding the date of nomination.

5.04 Terms of Office

- 5.04.1** The term of office of an Elected Director to the Board is three years, commencing with the Board meeting where the election of officers takes place.
- 5.04.2** An Elected Director who has served on Board for more than nine consecutive years is not eligible for election until at least three years have passed since the Director last served on the Board.

5.05 Nomination

- 5.05.1** The Registrar shall supervise the nomination of candidates including determining the eligibility for election of a nominated candidate.
- 5.05.2** No later than 60 days before the date of an election, the Registrar shall notify every Registrant who is eligible to vote, of the date, time, and place of the election and of the nomination procedure.
- 5.05.3** The nomination of a candidate for election as a Director of the Board shall be in writing and shall be submitted by the candidate to the Registrar at least 30 days before the election.
- 5.05.4** A candidate for election as a Director of the Board shall be nominated by at least three Registrants who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.
- 5.05.5** A candidate 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.
- 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 5.03.1, other than 5.03.1(d), shall be required to participate in an interview conducted by the Nominations Committee. The interview may be conducted in person, by telephone, or by other electronic means.
- 5.05.7** The decision as to whether a candidate meets the pre-election competencies with the meaning of 5.03.1(d) is within the sole discretion of the Nominations Committee. The Nominations Committee's decision is final and not subject to challenge.
- 5.05.8** 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 Committee may recommend one or more Registrants who are eligible for election to the Board.
- 5.07.3** A person who consents to a nomination or recommendation by the Nominations Committee shall be deemed to be a validly nominated candidate when the nomination or recommendation is received by the Registrar.

5.08 Voting Procedure

- 5.08.1** Except for an election in which the Registrar has declared a candidate elected to the Board by acclamation, the Registrar shall, at least 15 days before the date of an election, send every Registrant entitled to vote in an electoral district in which an election is to take place:
- a. a list of eligible candidates;
 - b. the means to cast a vote;
 - c. instructions for voting; and
 - d. biographical information about each candidate.

5.09 Voting

- 5.09.1** A Registrant may cast as many votes in an election of Directors of the Board as there are Directors to be elected to the Board from the electoral district in which the Registrant is eligible to vote.
- 5.09.2** A Registrant shall not cast more than one vote for any one candidate.
- 5.09.3** Votes must be received in the manner specified at or before the date and time specified for the election in order to be counted.

5.10 Exceptional Circumstances

- 5.10.1** In exceptional circumstances, the Registrar may modify any time period respecting elections as the Registrar considers necessary to compensate for the exceptional circumstances.

5.11 Administration

- 5.11.1** The Registrar shall be the Chief Returning Officer and shall supervise and

administer the election of candidates and, for the purpose of carrying out that duty the Registrar may, subject to these bylaws:

- a. appoint returning officers and scrutineers;
- b. establish procedures and any necessary deadlines including procedures and deadlines relating to the receiving of nominations, biographies and personal statements and for the receiving of votes;
- c. establish procedures for the tabulation of votes;
- d. provide for the notification of all candidates and Registrants of the results of the election;
- 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 Board 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.

7.03 Vice-Chair of the Board

7.03.1 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.

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 term of office for a statutory committee Chair is one year. The 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.

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 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 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.

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 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 Nominations Committee; or
- b. direct the Registrar to hold an election in accordance with these bylaws for that electoral district.

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, with the exception of Adjudicator Appointees who shall be appointed to the Discipline and Fitness to Practise Committee by the Board.

- 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 a Registrar who is the Chief Executive Officer of the College and shall have such duties and responsibilities as conferred by the Act, the RHPA, the bylaws, and the policies of the College as well as such duties and responsibilities assigned to the position by the Board of Directors.

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.

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.

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;
- 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
- d. routine and procedural matters in accordance with the rules of order.

11.02 Special Meetings

11.02.1 A special meeting of the Board may be called by the 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.

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 Notice of Meeting

11.03.1 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.

11.03.2 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.

11.03.3 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.

11.04 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.

11.05 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.

11.06 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.

11.07 Tie Vote

In cases of an equality of votes, the Board Chair shall have a deciding vote to break the tie.

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: Committee 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 (p) of Bylaw 5.03.1 and:

- a. They practise occupational therapy in Ontario or reside in Ontario.

12.02 Community Appointees and Adjudicator 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 (p) 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.

12.02.2 An individual is eligible for appointment or re-appointment to the Discipline or Fitness to Practise Committees of the College as an Adjudicator Appointee, if on the date of the appointment or re-appointment they meet the requirements of clauses (e) through (p) of Bylaw 5.03.1 and:

- a. they reside in Ontario;
- b. they have never been a registrant; and
- c. they have no direct or indirect ownership interest in an occupational therapy clinic or practice.

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.
- 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.
- 12.04.4** The term of office of an Adjudicator Appointee is three years from the date of appointment or re-appointment to the committee.
- 12.04.5** There is no limit to the number of terms an Adjudicator Appointee may serve on the Discipline and Fitness to Practise Committee.

12.05 Disqualification of Committee Members

- 12.05.1** A Committee Appointee or Adjudicator Appointee is automatically disqualified from being on a Committee if they:
- a. Resign 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 Committee Appointee or Adjudicator 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 Committee Appointee or Adjudicator 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 any person, including 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 Member 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

- (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

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:

- 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).

13.03 Inquiries, Complaints and Reports Committee

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).

13.04 Discipline Committee

13.04.1 The Discipline Committee shall be known as the Ontario Occupational Therapists Discipline Tribunal in English and Tribunal de discipline des ergothérapeutes de l'Ontario in French, and each reference to the Ontario Occupational Therapists Tribunal or Tribunal de discipline des ergothérapeutes de l'Ontario, whether orally or in writing, shall be deemed to be a reference to the Discipline Committee of the College as specified in the Code and any other legislation or policy where the context requires.

13.04.1~~13.04.2~~ The Discipline Committee shall be composed of:

- a. All Elected Directors;
- b. All Public Directors;
- c. one or more Professional Committee Appointee(s);
- d. at the discretion of the Board, one or more Community Appointee(s); and,
- e. One or more Adjudicator Appointee(s) who shall be appointed to chair panels of the committee, one of whom shall be appointed as Chair of the Discipline Committee.

13.05 Fitness to Practise Committee

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);
- d. at the discretion of the Board, one or more Community Appointee(s); and,
- e. One or more Adjudicator Appointee(s) who shall be appointed to chair panels of the committee, one of whom shall be appointed as Chair of the Fitness to Practise Committee.

13.06 Quality Assurance Committee

13.06.1 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).

13.07 Patient Relations Committee

13.07.1 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 Appointee(s).

13.08 Governance Committee

- 13.08.1** 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).

13.09 Finance and Audit Committee

- 13.09.1** 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).

13.10 Practice Subcommittee

- 13.10.1** The Practice Subcommittee shall be composed of:
- a. one Elected Director;
 - b. four or more Professional Committee Appointees;
 - c. and at the discretion of the Board, one or more Community Appointee(s).

13.11 Quality Assurance Subcommittee

- 13.11.1** The Quality Assurance Subcommittee shall be composed of:
- a. four or more Professional Committee Appointees;
 - b. and at the discretion of the Board, one or more Community Appointee(s).

13.12 Nominations Committee

- 13.12.1** The Nominations Committee shall be composed of:
- a. two or more Community Appointees(s);
 - b. and at the discretion of the Board, one Professional Committee Appointee.

13.13 Equity Perspectives Advisory Committee

- 13.13.1** 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.

13.14 Indigenous Insights Advisory Committee

- 13.14.1** The Indigenous Insights 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

Indigenous people.

- b. and at the discretion of the Board, one or more Community Appointee(s).

13.15 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 of a Board Director to a committee 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 Panel Quorum

- 14.06.1 Unless otherwise provided for in the Code, Any three members of a panel or committee constitute a quorum.

14.07 Simple Majority

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.

14.08 Chair Vote

14.08.1 If the Chair is a member of the Committee, the Chair may vote.

14.09 Tie Votes

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:
- interests in contracts which the College is considering entering into; and
 - 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:
- If the conflict relates to the member's overall role, the member will notify the Chair or the Registrar as soon as possible.
 - 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.
 - 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

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

Client The client (also referred to as the patient in the RHPA) is the individual (or group of individuals) whose occupational performance issue(s) have resulted in a request for occupational therapy service. It is the client to whom the OT has a primary duty to apply the principles of practice.

Practice This term refers to the overall organizational and specific goal-directed tasks related to the provision of occupational therapy, including direct client care, research, consultation, education or administration.

Registrant A member of the College of Occupational Therapists of Ontario.

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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Policy Type: Governance Process
Policy Title: Terms of Reference – Discipline Committee
Reference: GP10b
Date Prepared: December 2009
Date Revised: March 2010, October 2012, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, [January 2025](#)
Date Reviewed:

Committee Category

Statutory

Mandate

The Discipline Committee (the “Committee”) is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for a discipline hearing by the Inquiries, Complaints and Reports Committee (the “ICRC”). The Discipline Committee shall be known as the Ontario Occupational Therapists Discipline Tribunal in English and Tribunal de discipline des ergothérapeutes de l’Ontario in French, and each reference to the Ontario Occupational Therapists Tribunal or Tribunal de discipline des ergothérapeutes de l’Ontario, whether orally or in writing, shall be deemed to be a reference to the Discipline Committee of the College as specified in the Code and any other legislation or policy where the context requires

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 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:

- 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:

- a. All Elected Directors/ Academic Appointee;
- b. All Public Directors;
- c. One or more Professional Committee Appointee(s); ~~and~~
- d. One or more Community Appointee(s), at the discretion of the Board; and.
- d.e. One or more Adjudicator Appointee(s) who have been specifically appointed to chair panels of the committee and one of whom has been specifically appointed to chair the Committee.

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 an Elected/Academic 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 Discipline 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, with the exception of Adjudicator Appointees for whom there is no limit to the number of terms they may serve.

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 14.067.1 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.

Policy Type:	Governance Process
Policy Title:	Terms of Reference – Fitness to Practise Committee
Reference:	GP10e
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025
Date Reviewed:	

Committee Category

Statutory

Mandate

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

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

Accountability and Authority

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

- 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:

- a. All Elected Directors/Academic Appointee;
- b. All Public Directors;
- c. One or more Professional Committee Appointee(s); ~~and,~~
- d. One or more Community Appointee(s), at the discretion of the Board; and,--
- e. One or more Adjudicator Appointee(s) who have been specifically appointed to chair panels of the Committee and one of whom has been specifically appointed to be the Chair of the Committee.

~~d.~~

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. with the exception of Adjudicator Appointees for whom there is no limit to the number of terms they may serve.

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 14.067.1 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.

Biographies of Each Adjudicator to be appointed to the OOTDT

Mr. Raj Anand

Experienced Adjudicator

Raj Anand has been a member of the Ontario Physicians and Surgeons Discipline Tribunal since 2021. He began work with his own firm on January 1, 2024, focusing on adjudication, mediation, investigation, and policy development and review. Since his call to the Bar in 1980, his practice has included administrative, human rights, constitutional, regulatory and employment law, and civil litigation, and he taught administrative law at the Masters level for about 20 years. Mr. Anand was elected as Chair of the Board of Governors of the Law Commission of Ontario in 2020, and he previously served as Chief Commissioner of the Ontario Human Rights Commission and founding Chair of the Ontario Human Rights Legal Support Centre. Over the last 30 years he has served as an adjudicator with about ten Ontario or federal tribunals, including the Hearing and Appeal Divisions of the Law Society Tribunal, four health regulatory tribunals, the Discipline Committee of the College of Patent Agents and Trademark Agents, the University of Toronto Tribunal, the Boards of Inquiry under the Police Services Act and the Ontario Human Rights Code, and the Canadian Human Rights Tribunal. In 1997, he was the first recipient of the Advocates' Society Award of Justice. Since then, Mr. Anand has received several other awards, including the Law Society Medal, the SOAR Medal, and awards for lifetime achievement from the South Asian Bar Association, the Federation of Asian Canadian Lawyers and the Ontario Bar Association.

Ms. Sherry Liang

Experienced Adjudicator

Sherry Liang has been a member of the Ontario Physicians and Surgeons Discipline Tribunal and its predecessor since 2021. Before that, she was Assistant Commissioner with the Information and Privacy Commissioner (IPC) of Ontario, overseeing the investigation and resolution of health and public sector privacy complaints and access to information appeals. Ms. Liang's tenure as Assistant Commissioner was marked by greater transparency and significant developments in the IPC's health privacy jurisprudence. She has also contributed to the development of human rights and labour relations law through her appointments as Vice-Chair with the Human Rights Tribunal of Ontario, the Ontario Labour Relations Board and the Ontario Grievance Settlement Board, and served as Co-Chair of the University of Toronto Tribunal. Ms. Liang was one of three Expert Advisors to Professor Harry Arthurs on the Federal Labour Standards Review Commission. She has spoken at conferences on labour, human rights and administrative law, and privacy and access to information rights. Before becoming an adjudicator, she practiced labour law and employment law. Ms. Liang completed a B.A. (Arts) at Queen's University, and a LL.B. and LL.M. (Administrative Law) at the Faculty of Law, University of Toronto.

[Ms. Sophie Martel](#)

Experienced Adjudicator

Ms. Martel has been a member of the Ontario Physicians and Surgeons Discipline Tribunal and its predecessor since June 2021. She is an adjudicator at the Law Society Tribunal and also previously served as a Vice-Chair at the Workplace Safety and Insurance Appeals Tribunal and the Human Rights Tribunal of Ontario. Fluently bilingual, Ms. Martel hears matters in both French and English. She completed a B. Com. Hons. at the University of Ottawa and her LL.B. at the University of Toronto. Ms. Martel is a frequent contributor to the Certificate in Adjudication for Administrative Agencies, a joint program of Osgoode Professional Development and the Society of Ontario Adjudicators and Regulators.

[Ms. Jennifer Scott](#)

Experienced Adjudicator

Ms. Jennifer Scott has been a member of the Ontario Physicians and Surgeons Discipline Tribunal and its predecessor since 2021. Previously, Ms. Scott was an adjudicator with Tribunals Ontario, serving as Vice-chair and Associate Chair of the Child and Family Services Review Board, Custody Review Board and the Ontario Special Education Tribunals. While in the role of Associate Chair, she created the Child and Youth Division, a division dedicated to cases involving children and youth. Ms. Scott was a member and Vice-chair of the Human Rights Tribunal of Ontario for many years. Ms. Scott completed her B.A.Sc. in Family Studies at the University of Guelph and her LL.B. at Western University. Prior to becoming an adjudicator, Ms. Scott practised administrative law under the firm name Scott & Oleskiw and before that, was the Director of Litigation with the Women's Legal Education and Action Fund (LEAF). She is a frequent contributor to continuing legal education programs for provincial bar associations, law schools, legal aid clinics, advocacy organizations and professional associations.

[Ms. Jay Sengupta](#)

Experienced Adjudicator

Jay Sengupta has been a member of the Ontario Physicians and Surgeons Discipline Tribunal since 2024. She is a mediator and adjudicator who has been a neutral for over 15 years. In addition to her private dispute resolution practice, she holds appointments with the Law Society Tribunal, the Public Service Grievance Board (PSGB), the Canada Industrial Relations Board (CIRB external adjudicator roster), the Canadian Human Rights Tribunal (CHRT), the NWT Human Rights Adjudication Panel (HRAP) and the inaugural discipline committee of the College of Patent Agents & Trademark Agents (CPATA). Prior to launching her private mediation and arbitration practice, Jay served as a full-time Vice-chair with the Human Rights Tribunal of Ontario (HRTO) for 10 years, where she was cross appointed to the Child and Family Services Review Board (CFSRB), the Custody Review Board (CRB) and the Special Education Tribunal (OSET). Jay began her career as a lawyer in Ontario's community legal clinic movement, where she represented people living in poverty, trained and mentored law students and contributed to community development and law reform initiatives to increase access to justice for marginalized and impoverished communities.

Mr. David Wright

Experienced Adjudicator

Mr. David A. Wright has been Chair of the Ontario Physicians and Surgeons Discipline Tribunal and its predecessor since 2020. He is also Chair or Co-Chair of the Discipline Committees of the Colleges of Audiologists and Speech-Language Pathologists, Massage Therapists and College of Registered Psychotherapists of Ontario as part of the Health Professions Discipline Tribunals Pilot. Previously, he was the founding Chair of the Law Society Tribunal, spearheading the reform of adjudicative processes at the Law Society of Ontario. He has also been an adjudicator at the Human Rights Tribunal of Ontario, serving as Vice-chair, Interim Chair and Associate Chair. He completed his B.A. in History at the University of Windsor and his LL.B. and B.C.L. at the Faculty of Law of McGill University. Mr. Wright articulated as a law clerk to Madame Justice Claire L'Heureux-Dubé of the Supreme Court of Canada and then completed his LL.M. at New York University. Prior to becoming an adjudicator, he practised labour and employment law. He speaks frequently at conferences, has taught at Osgoode Hall Law School as an adjunct professor and is the author of several law journal articles.

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Quality Assurance Committee
Subject: Quality Assurance Competency Assessment Process

Recommendation:

THAT the Board approve the tools and processes of the Quality Assurance (QA) Competency Assessment.

Issue:

In the interest of public protection, all regulatory Colleges are required to include assessment in the QA Program. The competency assessment (“assessment”) identifies both learning needs and areas of strength so occupational therapists (OTs) can continue to apply the [Competencies for Occupational Therapists in Canada](#) (“Competencies”) and the [Standards of Practice](#) (“Standards”) in their daily work. The Quality Assurance Committee (QAC) recommends the Board approves the tools and process for competency assessment.

The College has had a competency assessment process in place for many years. It has constantly evolved with changes in regulatory best practices and our own learning about effectiveness. The version that is before the Board today, (in the FYI package as it is confidential), is the result of extensive psychometric consultation and piloting by the peer assessors. In addition, the QAC has extensively reviewed these materials and processes and is confident that this next version will effectively and efficiently deliver on our mandate for safe and ethical practice.

Link to Strategic Plan:

To advance **Quality Practice**, the College embraces leading regulatory practices to protect the public by:

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

Why this is in the Public Interest:

The QA program, through its assessment of registrants, ensures continuing competence which supports safe, ethical, and effective occupational service with Ontarians.

BOARD MEETING BRIEFING NOTE

Quality Assurance Competency Assessment Process

Page 2 of 4

Diversity, Equity, and Inclusion Considerations:

The QAC prioritizes diversity, equity and inclusion perspectives in its work and composition and has included steps to confirm this project has been reviewed from this important perspective. The assessment includes questions directly related to Competencies of Domain C on Culture, Equity and Justice.

Background:

The QA Program has two main activities to support OTs' continuing competence:

1. Annual requirements: Learning Plan & eLearning Module (all registrants participate)
2. Competency assessment (selected registrants participate)

This briefing note describes the process of administering the competency assessment and the key tools and process that are used. The QA Policy is attached for reference to describe the program in its entirety.

Purpose

The purpose of the competency assessment is to support continuing competence. This is achieved by identifying and addressing gaps in an OT's knowledge, skill and/or judgement. As a result, registrants make changes to their practice to enhance client experiences and outcomes.

Administration

Competency assessments are conducted by a group of peer assessors in two cohorts each year. The Fall cohort takes place from Sept-December and the Winter cohort from January-June. There are between 100-110 assessments conducted each year. The second cohort for this year is currently in progress. Selection of registrants to participate in the competency assessment is through a risk-based selection process.

Additional assessments may be directed from COTO Statutory Committees e.g., Registration Committee or through the QAC due to an OT's non completion of their annual QAC requirements.

Principles

The QA program and committee utilize these principles when confirming continuing competence through the assessment process:

Quality Practice: Promote professional growth and continuing competence of occupational therapists

Fair: Create processes that are objective and effective

Transparent: Communicate expectations in ways that are easily understood

Just Right: Make decisions that match the level of risk

Responsive: Listen and adapt to changing environments

Reciprocal: Share insights so we learn and grow together

Respectful: Are collegial, timely, and sensitive

A meaningful and effective QA program is one that is dynamic. The program embraces a continuous quality improvement approach. The tools and processes for assessing competence will evolve with a changing health environment, registrants' expectations, and insights from the assessment data.

Competency Assessment

The assessment is based on the Competencies and Standards. Questions are designed to have OTs describe how they specifically apply these expectations in their practice.

The assessment consists of these main steps:

- Risk-based selection
- profile & professional reflection on record keeping
- 2-hour behavioral based peer interview
- written response from the registrant to address their learning needs
- QAC determined outcomes

Each of these are described in more detail below.

Risk-Based Selection: A risk-based selection process (stratified random selection) is used to identify OTs that will participate in the competency assessment. Selection is based on a profile of 16 indicators that may be associated with an increased risk in OT practice and some indicators that may mitigate risk. Collection and data analysis is completed after every cohort to confirm the meaning of these indicators as we gather more information. For a list of indicators please view COTO.org section on Competency Assessment [website](#).

Professional Reflection (attached): OTs complete a practice profile to identify high risk practice activities and to provide peer assessors with preliminary information about the registrant's practice, and a professional reflection activity on their record keeping practices. This is reviewed by the peer assessor at the introductory meeting.

Peer Interview (In the FYI package as it is confidential): This ~ 30-question interview is divided in two sections. The first section has competency-based practice questions relating to the continuum of occupational therapy service from initiation to discontinuation with one specific client in mind. The second section has competency-based questions that apply to the OT's overall practice. The process uses questions, coaching, and a review of relevant resources for individual feedback and teaching by a trained peer assessor. Please note the peer interview document (confidential assessment material) has the scoring cues used by assessors - the version registrants receive does not have this section included.

The assessment report is scored and sent back to the OT within one month with any learning needs identified. Registrants follow up with a written reflection to address any gaps, changes to practice and insights as a result of the assessment. This completes the assessment cycle, and most OTs are finished at this point. About five percent will have additional learning activities to complete once the QAC has reviewed their assessment results.

QAC review: QAC reviews registrant files that meet a certain threshold criteria using a decision-making framework. The policy outlines the criteria for review and the decision options utilized by QAC during case file deliberations. This facilitates consistent decision making by the committee.

BOARD MEETING BRIEFING NOTE

Quality Assurance Competency Assessment Process

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Once an OT completes the process, they are encouraged to share their feedback about their experience and the impact on their practice. The feedback about the process has been favorable, and more registrants have decided to provide their input in this way in each cohort.

Discussion:

The competency assessment advances the Colleges mission to “protect the public through effective regulation and instills confidence and trust by ensuring that occupational therapists are competent, ethical, and accountable. The Quality Assurance Committee (QAC) recommends approval of the tools and process for competency assessment.

Implications:

If approved by the Board, the Quality Assurance Program will move forward from a pilot process to standards operations with these tools as the competency assessment for the College.

Attachments:

1. QA Policy Documents
2. QA Professional Reflection Form 2025
3. QA Peer Interview Guide 2025 CONFIDENTIAL - *Suppressed in public meeting material*
4. QA Registrant Guide 2025
5. QA Competency Assessment Professional Reflection Evaluation

Quality Assurance Program Policy

Section 7

7-100

Section:	Quality Assurance
Applicable to:	Occupational Therapists
Approved by:	Quality Assurance Committee
Date Established:	May 30, 2023
Date Revised:	December 16 2024

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Introduction

The Quality Assurance (QA) program develops and administers mandatory activities to support professional growth of occupational therapists. Professional growth supports the continuing competence of the profession and the safe, effective and ethical delivery of occupational therapy services. Each activity has structured processes and deadlines for completion as well as outcomes for non-completion. These are described in this policy.

Principles

In consultation with occupational therapists, the following principles, which support COTO's [Mission, Vision, and Values](#), guide the development of the QA processes and activities:

<i>Quality Practice:</i>	Promote professional growth and continuing competence of occupational therapists
<i>Fair:</i>	Create processes that are objective and effective
<i>Transparent:</i>	Communicate expectations in ways that are easily understood
<i>Just Right:</i>	Make decisions that match the level of risk
<i>Responsive:</i>	Listen and adapt to changing environments
<i>Reciprocal:</i>	Share insights so we learn and grow together
<i>Respectful:</i>	Are collegial, timely, and sensitive

Annual Requirements

Purpose

This section describes the annual QA requirements, and the process followed when occupational therapists do not meet the expectations. See the appendix for related regulations (sections 24-28 of Ontario Regulation 226/96) made under the *Occupational Therapy Act, 1991*, which establishes the authority for the QA program.

Components of the annual requirements

1. **Learning Plan:** Each year occupational therapist self-assess their competencies and set goals for the year. The requirement is complete when the goals are finished, and the impact is recorded especially as it relates to clients and others within their practice.
2. **e-Learning Module:** Each year, occupational therapists are required to complete an educational eLearning module. The topic reflects the evolving health environment and changes that affect occupational therapy practice. The module provides examples from actual occupational therapy practice for the occupational therapist to apply the [Competencies](#), [Code of Ethics](#), and [Standard of Practice](#) to their practice setting.

Mandatory completion

All registrants are required to complete annual QA requirements by October 31st each year. This includes:

- any new or returning occupational therapists with a general certificate, specifically, those who have registered with the College effective on or before July 31st. This allows for a

minimum of three months to complete the annual requirements by the October 31 due date.

- those on a leave of absence or with extenuating circumstances, unless approval to defer has been obtained after submitting an exemption request form.

During the annual renewal process and when initially registering with the College, occupational therapists sign a declaration to complete their QA requirements on time.

Only those with a temporary or provisional registration are not required to participate.

Date due

Both annual requirements are **due by October 31** of each year. All occupational therapists receive multiple reminder messages in advance of this date. To allow some flexibility occupational therapists who do not complete the requirements by the due date are granted an automatic 30-day extension without penalty and are notified of this extension. After this time, those that have not completed one or both are reviewed by the Quality Assurance Committee (QAC).

Data collection and retention

The College records the status of completion of both annual activities and the content of the Learning Plan. This data is maintained by the College for a period of ten years.

The most recent eLearning Modules are available on the website and content is reviewed by the QA staff annually to ensure currency.

QAC considerations for non-completion of annual requirements

Occupational therapists who do not complete one or both of their annual QA requirements are referred to QAC. A notice of referral to QAC is sent to the occupational therapist who has an opportunity to provide a written response.

The QAC makes decisions based on the circumstances of each occupational therapist and applies the considerations listed below:

- Scope: Did they not complete one or both requirements?
- History: Is there a previous history of non-compliance with QAC and/or other College programs?
- Extenuating circumstances: Was a reasonable explanation provided?
- Just Right Regulation: What decision aligns with the level of risk posed?

Outcomes

The QAC can choose from the following outcomes (or combination) for registrants that have not completed requirements:

1. Successful Completion of requirement(s)

The occupational therapist is finished with this process and will not receive any additional requests from the QAC. The option of “(Late)Successful Completion” is applied if the requirement(s) were completed past the extended deadline.

- 2. Direct to complete the outstanding requirement(s)**
Require the occupational therapist to complete the outstanding requirement(s) by a new due date.
- 3. Order a Specified Continuing Education or Remediation Program (SCERP)**
Require additional training or education on specific competencies if QAC has concerns about gaps in the occupational therapist's knowledge, skills, or judgment.
- 4. Direct participation in competency assessment**
Require participation in a peer interview or component of the assessment process.
- 5. Refer the occupational therapist to the Inquiries, Complaints and Reports Committee (ICRC)**
Refer the name of the occupational therapist and allegations to the Inquiries, Complaints and Reports Committee if there are concerns of professional misconduct or incompetence.

Competency Assessment

Purpose

This section describes the College's competency assessment process with related legislation referenced in the Appendix. Occupational therapists participate in competency assessment to assess the level at which they are demonstrating the national competencies for practice.

Components of the competency assessment

During a competency assessment, occupational therapists describe how they incorporate the [Competencies](#), [Code of Ethics](#), and [Standards of Practice](#) into their daily practice. Strengths and areas for development are identified through the steps of this process:

Step 1: Selection to participate based on risk indicators

Step 2: Professional reflection activity

Step 3: Peer interview

Step 4: Written response to address learning needs

Step 5: Determination of outcome

Step 1: Selection

Occupational therapists are selected to participate in a competency assessment on an ongoing basis throughout the year. Selection is based on a [risk-based approach](#). Attempts are made to ensure the College selects occupational therapists who have not participated in the competency assessment process in the last 10 years. Occupational therapists with an active, or recent, investigation with the Investigations and Resolutions program are exempt from the current competency assessment selection and are given a "cooling off" period of at least one year.

Occupational therapists complete the competency assessment within the deadline set out in the notice. If an occupational therapist is not able to participate in the competency assessment, they will be automatically included in the next selection group. Please see the Request for Extension,

Exemption, or Accommodation section of this policy. QAC can direct specific actions and outcome options for selected occupational therapists who do not actively engage or effectively participate in the competency assessment.

Only those OTs who are currently and directly involved in the development and administration of the COTO competency assessment (QAC and peer assessors) are exempt from being selected for a competency assessment. All others, including Board directors and members of committees outside QAC, are required to participate.

Conflict of interest

To ensure objectivity, QAC members, peer assessors, and QA staff are required to declare any actual, potential, or perceived conflicts of interest with occupational therapists participating in a competency assessment. If a member of the QAC recognizes the identity of the occupational therapist, they will notify the Manager of the QA Program and may not be involved in the QAC discussion of that occupational therapist's file. Conflicts of interest are appropriately managed as the QAC member will not participate in the consideration of the matter or any decision made and will remove themselves from the meeting for that portion of the discussion.

Confidentiality

QAC members and peer assessors are required to keep information regarding occupational therapists and their practice strictly confidential as set out in legislation.

Step 2: Professional-Reflection

Occupational therapists selected for a competency assessment first complete a Profile and Professional Reflection Activity that includes information such as:

- A description of their practice(s) and identification of any controlled acts/delegations and other high-risk activities performed
- Activities that support optimal work performance
- A self-directed chart review and reflection of key learnings and changes to practice

Step 3: Peer Interview

The 2-hour peer interview is conducted virtually by a trained peer assessor. All peer assessors are occupational therapists. To ensure representation and ability to perform in the role of peer assessor, the QAC considers training, experience, and qualifications in their appointment of peer assessors. Every peer assessor meets the following requirements:

- (a) An occupational therapist in good standing with the College of Occupational Therapists of Ontario.
- (b) Five years' experience as an occupational therapist in the Province of Ontario.
- (c) At least two years' experience in one area of occupational therapy practice.
- (d) Recommended by their peers through references.
- (e) Not currently serving on the Board, Committees, or any other role in the College

Other considerations include: geographic diversity, lived experiences and perspectives, nature and setting of practice, communication and interpersonal skills, and ability to demonstrate COTO's vision, mission, and values.

Peer assessors administer the assessment as trained and use the template and scoring criteria provided. Each question is scored with either a “meets expectation”, “learning need identified” or “high risk response”. Peer assessors submit the assessment report to QA staff within approximately one week of the interview. Assessment reports identify and describe learning needs related to the Competencies or Standards for Practice that may indicate a risk to the public. Coaching on resources to support the occupational therapist’s practice are also discussed and included in the report. Upon receipt, the report is reviewed by the QA Lead for accuracy and consistency and then finalized. The final report is sent to the occupational therapist within approximately one month from the date of the assessment to review and provide a written response.

Step 4: Written Response

Occupational therapists are expected to provide a written response to the final report within 14 days of receipt. The response may address any learning needs identified or provide additional information for consideration. QAC takes the written response into consideration when deliberating on outcomes.

A lack of response will result in the QAC considering these learning needs to be outstanding.

Those that score satisfactorily on the assessment and have submitted an adequate written response are considered to have finished the process. They are sent a letter informing them of their successful completion of the competency assessment. Data on the results of assessments are reported to the Quality Assurance Committee. Feedback on the process is encouraged and actioned where appropriate.

Step 5: Determination of outcome

A small subset of occupational therapists will proceed to a review by the QAC if a certain threshold is met. This includes those that:

- Scored 3 “learning needs identified” and no written response submitted
- Scored 4 or more “learning needs identified” with an unsatisfactory written response
- Scored 5 or more “learning needs identified”
- Answer identified as “high risk”

QAC Review

In advance of a decision, QAC is provided with the following information regarding the occupational therapist:

- Profile summary: risk and practice profile, College history
- Professional reflection activity
- Peer interview and assessor report
- Written submission and scoring matrix

QAC reviews the above information and applies the competency assessment decision-making framework to determine the outcome. All the information on which the QAC bases its decision is called a “occupational therapist file” and the discussion is facilitated by a chair, assigned by the College. QAC may request additional information or legal advice regarding their deliberations or responsibilities.

Prior College History

When making decisions on competency assessment outcomes, the QAC considers any prior history the occupational therapist has with College programs:

- **Investigations and Resolutions:** Information about an occupational therapist's involvement with Discipline Committee, Fitness to Practice or Inquiries, Complaints, and Reports (ICRC) Committee. The committee does not review ICRC cases if there was no action taken.
- **Registration:** Information about an occupational therapist's Registration history, such as administrative issues with a registrant's registration/renewal including late renewal, insurance lapse, payment issues.
- **Quality Assurance:** information about an occupational therapist's QA history including any non-completion of annual requirements and/or a QA case resulting in an outcome of successful completion, successful completion with a recommendation, specified continuing education or remediation program remediation, or terms, conditions or limitations.

Panel

The QAC may form sub-groups ("Panels") composed of committee members to complete a given task, for example, deliberate on occupational therapist files, on behalf of the Committee. A Panel consists of QAC members in attendance and must include at least one public member and two professional members.

Decision Criteria

The QAC uses structured resources for deliberations and outcomes, including a risk-based decision-making framework. Deliberations are made to align with COTO's Mission, Vision, and Values and the QA principles.

Outcomes

The QAC considers each occupational therapist case and deliberates on the following options for outcomes:

1. Successful Completion

QAC has no concerns about the occupational therapist's practice and the process is concluded.

2. Successful Completion with a Recommendation

QAC has no concerns about the occupational therapist's practice but may identify an opportunity to strengthen knowledge by recommending a document(s) review. This recommendation is voluntary, and the competency assessment process is concluded.

3. Order a Specified Continuing Education or Remediation Program (SCERP)

QAC has concerns about gaps in the occupational therapist's knowledge, skills, or judgment and additional training or education on specific competencies is required. When the Committee intends to issue this decision, they send the occupational therapist a letter of intent within 30 days of forming that intention. The occupational therapist then has 14 days to respond to the Committee's intention. If no response is received, a final decision letter is issued on day 15. If a response is received, QAC will consider the occupational therapist's response before issuing their final decision at their next meeting. The response may be

deemed satisfactory by the QA Manager/staff. The occupational therapist is notified by letter, usually within 30 days following the Committee's decision. A SCERP issued by QAC will not be posted on the College's Public Register.

4. Require another Peer Interview

QAC may require the occupational therapist to participate in another peer interview if they need more information to make a decision, or to identify any gaps in knowledge, skill or judgment.

5. Impose Terms, Conditions or Limitations on an occupational therapist's practice

QAC has concerns that the occupational therapist's lack of knowledge, skills, or judgment could pose a risk to the public and can restrict the occupational therapist's practice if certain conditions are not met. The occupational therapist is sent a letter informing them of the intent of the committee and they have 14 days to respond to the committee's intention. If no response is received, a final decision letter is issued on day 15. If a response is received, QAC will consider the occupational therapist's response before issuing their final decision at their next meeting. The occupational therapist is notified by letter, usually within 30 days following the committee's decision. These restrictions are placed on the occupational therapist's certificate of registration and are posted on the College's Public Register.

6. Refer the occupational therapist to the Inquiries, Complaints, and Reports Committee (ICRC)

The QAC has concerns that the occupational therapist is engaged in professional misconduct or is incompetent and will refer the name of the occupational therapist and allegations to the Inquiries, Complaints, and Reports Committee.

Remediation Monitoring and Compliance

A QA staff person is appointed as liaison to the occupational therapist with respect to their compliance with the program and progress toward or achievement of learning objectives. Status updates are provided to QAC at all meetings.

Data Collection and Retention

The College maintains decision from competency assessments for the duration of an occupational therapist's registration plus ten years after resignation.

Request for Extension, Exemption or Accommodation

Purpose

This section describes the approach and process for extensions and exemptions from the annual requirements and/or competency assessment. For various reasons, occupational therapists may seek an extension of the time required to complete an element of the QA program or, in rare instances, may seek an exemption from completing an element of the QA program.

Extension

An extension is when the original deadline for completion of the QA annual requirement or competency assessment is delayed for a specific period (30 days, 60 days, or other).

Exemption

An exemption is when the completion of the QA annual requirement (s) is waived entirely and is not required for the year. An exemption only applies to the extension of a specific QA annual requirement. It does not apply to competency assessment.

Reason

Occupational therapists may request an extension of time or an exemption from a component of the QA program in the case of extenuating circumstances, such as illness, unexpected disruption to work obligations, or other unforeseen factors.

Accommodation

Occupational therapists may request accommodation to enable equitable participation in the competency assessment process. Additional documentation to enable the accommodation may be requested.

Process

Requests are submitted to the QA Program electronically and include the following:

- The QA component
- Type of request (extension or exemption)
- Length of extension (30 days, 60 days, or other)
- Reason for the request

The Manager of the Quality Assurance Program reviews each request and may approve based on the considerations below.

Considerations

The Manager of the Quality Assurance Program considers approvals for extensions or exemptions based on the circumstances of each occupational therapist and applies the considerations listed below:

- Extenuating circumstances: What are they and was a thorough explanation provided?
- Scope: Is the request for one activity of the program or multiple activities?
- Anticipated completion: When does the occupational therapist plan to complete the activity?
- Frequency: Have there been multiple requests for extensions or exemptions in the past?

- Risk-based selection status: Which if any of the risk indicators exist?
- Practice status: Are they currently providing occupational therapy services to clients or are they on leave?
- COTO history: Have they failed to meet a QA requirement in the last 3 years or are they currently under investigation or involved in a college conduct proceeding?
- Right Touch Regulation: What decision aligns with the level of risk posed?

Outcomes

Upon review, the Manager of the Quality Assurance Program, may:

- Contact the occupational therapist to request additional information.
- Grant the request, taking into account the decision considerations
- Deny the request, taking into account the decision considerations
- Consult with senior leadership
- Refer the matter to the Quality Assurance Committee

Approval

If the above consideration indicates that approval is appropriate, the occupational therapist is notified electronically within one week that the request has been granted. If an extension is granted, QA staff will monitor the completion of the annual requirements.

Appendix

Relevant Excerpts (sections 80.1 to 82) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*

Minimum requirements for quality assurance program

80.1 A quality assurance program prescribed under section 80 shall include,

- (a) continuing education or professional development designed to,
 - (i) promote continuing competence and continuing quality improvement among the members,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.

Powers of the Committee

80.2 (1) The Quality Assurance Committee may do only one or more of the following:

1. Require individual members whose knowledge, skill and judgment have been assessed under section 82 and found to be unsatisfactory to participate in specified continuing education or remediation programs.
2. Direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
 - i. whose knowledge, skill and judgment have been assessed or reassessed under section 82 and have been found to be unsatisfactory, or
 - ii. who has been directed to participate in specified continuing education or remediation programs as required by the Committee under paragraph 1 and has not completed those programs successfully.
3. Direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory.
4. Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated. 2007, c. 10, Sched. M, s. 58.

Notice

(2) No direction shall be given to the Registrar under paragraph 2 of subsection (1) unless the member has been given notice of the Quality Assurance Committee's intention to give direction, and at least 14 days to make written submissions to the Committee.

Assessors

81 The Quality Assurance Committee may appoint assessors for the purposes of a quality assurance program.

Co-operation with Committee and assessors

82 (1) Every member shall co-operate with the Quality Assurance Committee and with any assessor it appoints and in particular every member shall,

- (a) permit the assessor to enter and inspect the premises where the member practises;

- (b) permit the assessor to inspect the member's records of the care of patients;
- (c) give the Committee or the assessor the information in respect of the care of patients or in respect of the member's records of the care of patients the Committee or assessor requests in the form the Committee or assessor specifies;
- (d) confer with the Committee or the assessor if requested to do so by either of them; and
- (e) participate in a program designed to evaluate the knowledge, skill and judgment of the member, if requested to do so by the Committee.

Inspection of premises

(2) Every person who controls premises where a member practises, other than a private dwelling, shall allow an assessor to enter and inspect the premises.

Inspection of records

(3) Every person who controls records relating to a member's care of patients shall allow an assessor to inspect the records.

Exception

(4) Subsection (3) does not require a patient or his or her representative to allow an assessor to inspect records relating to the patient's care.

Conflict

(5) This section applies despite any provision in any Act relating to the confidentiality of health records.

(please click this link to read all sections that relate to the QA Program - [Regulated Health Professions Act \(RHPA\), 1991](#)):

Quality Assurance Regulation (O. Reg. 226/96 made under the *Occupational Therapy Act, 1991*)

PART VI QUALITY ASSURANCE General

24. In this Part,

“assessor” means an assessor appointed under section 81 of the Health Professions Procedural Code;

“Committee” means the Quality Assurance Committee;

“program” means the quality assurance program required under section 80 of the Health Professions Procedural Code;

“stratified random sampling” means a sampling where groups of members are,

- (a) removed from the pool of members to be sampled, or
- (b) weighted to increase or decrease the likelihood of their being selected.

25. (1) The Committee shall administer the program, which shall include the following components:

1. Professional development designed to,
 - i. promote continuing competence and continuing quality improvement among members,
 - ii. address changes in practice environments, and
 - iii. incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council.

2. Self-assessment.
3. Peer and practice assessments.

(2) Every member shall,

- (a) participate in the program; and
- (b) comply with the requirements of the program.

26. (1) A panel of the Committee may exercise any of the powers and duties of the Committee on behalf of the Committee.

(2) A panel shall be composed of at least three members of the Committee, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

Self-Assessment and Professional Development

27. (1) Every member shall carry out his or her self-assessment and professional development activities in the form and manner approved by the Committee.

(2) Every member shall keep records of his or her self-assessment and professional development, including records of the results of any learning modules or self-assessment tools that he or she is required to complete, in the form and manner specified by the Committee.

(3) A member shall retain the self-assessment and professional development records that the member is required to keep under subsection (2) for five years and, on request, shall make them available to the Committee for inspection within 30 days of receiving the request.

(4) The Committee may refer a member to a peer and practice assessment, where, in the opinion of the Committee,

- (a) the member's records that are required to be kept under subsection (2) are not complete or are inadequate; or
- (b) the results of any learning module or self-assessment tool are inadequate.

Peer and Practice Assessment

28. (1) Each year the College shall select the names of members required to undergo a peer and practice assessment.

(2) A member is required to undergo a peer and practice assessment to evaluate his or her knowledge, skill and judgment if,

- (a) the member's name is selected at random, including by stratified random sampling;
- (b) the member's name has been in the pool for random sampling for five or more years and has not been selected and the Committee determines that the member should be selected;
- (c) the member is referred for a peer and practice assessment under subsection 27 (4);
- (d) the member has been assessed previously and the Committee concludes that another peer and practice assessment should be conducted; or
- (e) the member is selected on the basis of criteria specified by the Committee and published on the College's website at least three months before the member is selected on the basis of the criteria.

(3) The peer and practice assessment may include, but is not limited to,

- (a) requiring the member to complete an evaluation tool in the form and manner as specified in the notice advising the member of the requirement;
- (b) inspecting the premises where the member practises and his or her records of patient care;
- (c) interviewing or surveying persons with whom the member works and the member's patients;

- (d) requiring the member to answer, orally or in writing, including through the means of the Internet, questions that relate to the member's practice;
 - (e) requiring the member to participate in one or more evaluations of the member's knowledge, skill and judgment, including evaluations such as simulated situations, case studies, peer assessment or practice setting reviews; or
 - (f) reviewing the member's self-assessment and professional development records.
- (4) Subject to subsection (5), an assessor shall carry out the peer and practice assessment.
- (5) Where a peer and practice assessment consists initially of the activities listed in clauses (3) (a) and (f), the Committee shall supervise the carrying out of the peer and practice assessment.
- (6) Where subsection (5) applies and the Committee, following the carrying out of the activities listed in clauses (3) (a) and (f), is of the opinion that the member's knowledge, skill or judgment cannot be adequately assessed without subjecting the member to a broader peer and practice assessment, the Committee shall appoint an assessor to carry out the rest of the peer and practice assessment.
- (7) The assessor shall prepare a written report of the results of the peer and practice assessment and submit the report to the Committee.
- (8) The Committee shall provide a copy of the assessor's report to the member.
- (9) If, after considering the report submitted under subsection (7), the Committee is of the opinion that the member's knowledge, skill or judgment are not satisfactory, the Committee shall provide notice to the member of its opinion together with notice of the member's right to make written submissions to the Committee within a specified time period that is not less than 14 days after receipt of the notice. O. Reg. 376/12, s. 1.
- (10) The member may, within the time period specified in the notice mentioned in subsection (9), make written submissions to the Committee.
- (11) If, after considering any written submissions made by the member, the Committee is still of the opinion that the member's knowledge, skill or judgment are not satisfactory, the Committee shall exercise any of the powers under section 80.2 of the Health Professions Procedural Code.

General Regulation – Ontario Regulation 226/96: General under the *Occupational Therapy Act, 1991, S.O. 1991, c. 33*

- 25 (2) Every member shall,
- (a) participate in the program; and
 - (b) comply with the requirements of the program. O. Reg. 376/12, s. 1.
27. (1) Every member shall carry out his or her self-assessment and professional development activities in the form and manner approved by the Committee. O.Reg. 376/12, s. 1.
28. (1) Each year the College shall select the names of members required to undergo a peer and practice assessment. O. Reg. 376/12, s. 1.



Competency Assessment

Part 1: Professional Reflection

Registrant Information

Name:

Registration Number:

Date:

Instructions

Please complete **Section A: Practice Profile** followed by **Section B: Professional Reflection on Record Keeping**.

These activities give you a chance to reflect on aspects of your practice and help the peer assessor learn about your area(s) of practice in preparation for the interview.

Please complete and save this fillable form and send it via our secure channel Titan file at least one week prior to your introductory meeting.

Section A: Practice Profile

Employment

Please describe your occupational therapy practice. Use additional boxes provided for multiple employments.

Number of years in occupational therapy practice

Number of current employers (including self employment)

Occupational Therapy Practice (Primary Employment)	
Name of Organization	
Program	

Occupational Therapy Practice (Primary Employment) – continued

Which best describes your role:	Choose one: Other:
How do you indicate your OT title/designation :	Type OT designation here:
Which type of service do you primarily provide (at least 50% of your practice):	Choose one: Other:
Which best describes your practice setting :	Choose one: Other:
Which best describes the nature of practice :	Choose one:
Client population (age):	Choose one:
Primary method of service delivery:	Choose one:
Do you currently supervise ? (Select all that apply)	
Sample invoice (if invoice clients directly)	<input type="checkbox"/> Upload a copy of a sample invoice to TitanFile

Occupational Therapy Practice (Additional Employment)

Which best describes your role:	Choose one: Other:
How do you indicate your OT title/designation :	Type OT designation here:
Which type of service do you primarily provide: (at least 50% of your practice):	Choose one: Other:
Which best describes your practice setting :	Choose one: Other:
Which best describes the nature of practice :	Choose one:
Client population (age):	Choose one:
Primary method of service delivery:	Choose one:
Do you currently supervise ? (Select all that apply)	
Sample invoice (if invoice clients directly)	<input type="checkbox"/> Upload a copy of a sample invoice to TitanFile

Current Overall Practice

1. Please indicate if you perform any of the following controlled acts or delegation:

Controlled acts

- Psychotherapy
- Acupuncture
- None of the above

Delegation

- Performing a procedure on tissue below the dermis
- Setting a cast or fracture
- Administering a substance by injection or inhalation
- Putting an instrument, hand or finger into a body opening
- Applying or ordering the application of a form of energy
- None of the above

2. Please indicate if you perform any of the following types of complex/high risk assessment or intervention:

- Wheelchair
- Swallowing
- Splinting
- Driving
- Capacity
- Cost of future care

- Other:
- None of the above

3. Please indicate which of the following professional activities you participated in within the last 12 months?

- Regularly scheduled peer consultation/meetings
- Peer consultation "as needed"
- Part of a working group/council
- Conference/peer network event
- Training/education
- Used or developed a learning resource

- Other:
- None

4. What top 3 factors help you perform best at work?

- Good communication
- Building working relationships
- Planning and prioritizing
- Growth opportunities
- Staying healthy
- Managing stress
- Acknowledging strengths and challenges

- Adopting a helpful attitude
- Positive reinforcements
- Continually building up skills
- Other:

Section B: Professional Reflection on Record Keeping

This is a self-directed reflection to explore areas of strengths and opportunities for improvement in record keeping in your practice.

You know your practice best and research supports the use of self-reflection as an essential part of professional development to promote skill development and a safe, effective, and ethical practice.

Client records are legal documents that capture the occupational therapy services provided. Records are a way to communicate health information about the services that you provide. They also enable interprofessional collaboration and continuity of care required in the [Standards for Practice](#) and [Competencies for Occupational Therapists in Canada \(2021\)](#).

Step 1: Record Keeping Review

Review the [Standard for Record Keeping](#) and complete the [Record Keeping Review Tool](#) for three (3) charts.

- Choose records from three recent clients whose service reflects the scope of your practice and any activities identified in Question 1 or 2. Record should be from clients that have been discharged from your service.
- If you work in more than one area, include records from each of the settings/areas you work.

You do not have to submit the completed Record Keeping Review Tool – just your answers to the reflection questions below.

Step 2: Professional Reflection Exercise

Answer the reflection questions using the form below.

Think about strengths and areas for improvement that align with the Standard for Record Keeping.

Please do not include any personal health information about any client.

Questions

1. What did you learn from this exercise? What are your main “takeaways”?
(Maximum 500 words)

2. Which performance indicator from the Standard for Record Keeping did you use for your main takeaway?

Performance indicator: _____ .

3. **How have (or will) you incorporate this learning into your practice?**
List several practical changes you will make. (Maximum 500 words)

4. Any other insights from this activity? (Maximum 250 words)



Registrant Competency Assessment Guide 2025



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Message to Registrants

Welcome to the competency assessment. Occupational therapists are selected on an ongoing basis to take part in a competency assessment. This is an opportunity to reflect on your practice and demonstrate how you incorporate the Competencies for Occupational Therapists in Canada (“Competencies”) and Standards of Practice (“Standards”) into your daily work. The purpose is to identify strengths and areas for professional growth and development. It is one way to ensure that occupational therapists are providing safe, ethical, and effective services.

Going through an assessment can be stressful. ***The Quality Assurance Committee (QAC) does not have the authority to take away an occupational therapist’s registration with the College.***

This guide offers instructions on what to expect, how to prepare, and who you can reach to with questions. We ask that you do not share with others this document, or other documents that are associated with the competency assessment. Thank you for your cooperation.

About the College of Occupational Therapists of Ontario

The College of Occupational Therapists of Ontario (COTO) is the regulator that oversees the practice of occupational therapists (OTs) in Ontario. Its role and powers are set out under the *Regulated Health Professions Act, 1991 and the Occupational Therapy Act, 1991*. It is responsible for protecting the public interest by setting standards for practice and having programs in place to see that OTs practice safely, effectively, and ethically.

About the Quality Assurance Program

The Quality Assurance (QA) program promotes continuing competency and quality improvement for occupational therapists.

The Quality Assurance program is made up of two main components: annual requirements and competency assessment. Registrants participate in the competency assessment through either a random selection process based on possible risk or by the direction of the QAC. For more information about the QA program, visit the [College website](#).

Legislation requires regulated health professional Colleges in Ontario to have a Quality Assurance program. The *Regulated Health Professions Act, 1991 (RHPA)* is the legislation that governs Ontario's regulated health professions Colleges. Professions also have their own profession-specific statutes, for example, the *Occupational Therapy Act, 1991*, which sets out the professional obligations to participate in the QA program, individual definitions, scopes of practice, and authorized acts.

About the Competency Assessment

Approach to assessment

The approach to QA is just as important as the processes and activities that are used. The QA program aspires to the following principles to confirm continuing competence:

Quality Practice	Promote professional growth and continuing competence
Fair	Create processes that are objective and effective
Transparent	Communicate expectations in ways that are easily understood
Just Right	Make decisions that match the level of risk
Responsive	Listen and adapt to changing environments
Reciprocal	Share insights so we learn and grow together
Respectful	Approaches that are collegial, timely, and sensitive

Acknowledgement statement

In keeping with the code of ethics which governs all OTs, this is an assessment process where trust and respect are central. In that respect:

- You agree that you will **not be assisted by others** during the assessment, for example, not get assistance from another person or use technology.
- You agree **not to make false statements**.
- You agree that you will **not record or share the details** of the competency assessment.

Activities

Two activities make up the competency assessment process:

1. Professional Reflection
2. Peer Interview

Both activities are assessed by a peer assessor. All peer assessors are experienced occupational therapists with training in conducting peer assessments. Your peer assessor will contact you about setting up an introductory meeting and interview time.

Conflict of interest

If you have a personal or professional relationship with a peer assessor, it may compromise the objectivity of the assessment. Both you and the peer assessor are required to disclose any conflicts and if these exist, contact QA staff for reassignment.

Important dates (2025)

January 20th	Notification letters sent
January 27th	Deadline to submit Quality Assurance Request Form for deferral requests
January 29th- February 5th	Peer assessors to contact registrants. Respond to your peer assessor within one week to book both the introductory meeting and peer interview after February 19th.
February 18th	Complete Professional Reflection Form on the Portal
February 19th	Peer Interviews begin
January 27th (12-1pm) Or February 13th (4-5pm)	Attend one required, virtual Q&A session
May 6th	Competency assessment ends

Part 1. Professional Reflection

Self-directed activity

The Professional Reflection is a self-directed activity with two sections:

- Section A: Practice Profile
- Section B: Professional Reflection on Record Keeping

Please complete your Professional Reflection Form on the portal by **February 18th, 2025**. These activities give you a chance to reflect on aspects of your practice and help the peer assessor learn about your role in preparation for the interview.

Introductory Meeting

The purpose of the 30-minute introductory meeting is to:

- Meet your peer assessor and ask any clarifying questions.
- Confirm the type of client to select for the peer interview.
- Review the Professional Reflection (submitted one week prior).

Use the checklist and tips in Appendix B of this guide to prepare for the virtual aspect of the assessment.

Part 2. Peer Interview

Behavioral-based peer interview

This interview is approximately 2 hours in duration with a short break part way through. We suggest you allow extra time in case it is needed. The interview is conducted by a peer assessor who will be asking about 30 scripted questions. This is a behavioral-based interview which means that the questions are phrased in a way that asks you to draw on specific examples from your practice for the response.

The first part of the interview focuses on the full continuum of your occupational therapy practice with examples from one of your clients. The second part of the interview asks you to draw on examples about overarching approaches to your practice.

First part

Choosing a client

Select a client prior to the peer interview. You will be describing situations as they apply to this particular client to demonstrate how you meet expectations set out in the [Competencies](#) and [Standards of Practice](#). Know the expectations and be prepared to describe examples that showcase how you apply the expectations in your practice. It is helpful to be familiar with the details of the client and the clinical record.

Choose one client for the interview that:

- has been discharged from your service
- a controlled act or delegation was performed
- included any of the following complex/high risk assessments or interventions:
 - Wheelchair
 - Swallowing
 - Splinting
 - Driving
 - Capacity assessment
 - Cost of future care
 - Other

Second part

For the second part of the interview, you can draw on examples that extend beyond one client and reflect the entirety of your career.

Scoring of the interview

Based on your response, the peer assessor will assign a score for each question. Response options are:

- Meets expectations
- Learning need identified
- High risk response

For each question, peer assessors also write several sentences that summarize your response. They will also comment on your overall strengths and areas for learning.

Coaching and sharing of resources

At the end of the peer interview, your peer assessor may offer brief coaching.

After the Competency Assessment

Receiving your assessment

Your peer assessor will not provide you with an immediate score. The final report is sent to you by the College within approximately **one month** from the date of the assessment. If you have a learning need identified, you will have an opportunity to provide a written response.

Written response

Registrants are required to provide a written response via **TitanFile** back to the College to address any learning needs identified in the report. You have **14 days** from the receipt of your report to provide a written response.

The response can include:

- insights and/or key learnings from participating in the assessment.
- planned or completed changes that you have made as a result of the assessment (related to learning needs identified or suggestions made by the peer assessor during coaching)
- any other reflections about the competency assessment experience

Most people are finished at this point. About five percent of registrants participating in the competency assessment will have additional learning activities to complete, as determined by the QAC.

Role of the Quality Assurance Committee

What is the role of the QAC?

The QAC directs the competency assessment process and outcomes. Based on the report and other relevant information about the registrant's practice, the QAC decides whether the registrant is practicing competently and meeting the [Competencies](#) and [Standards of Practice](#).

How does the QAC make decisions?

If a competency assessment report is referred to the QAC, the Committee will receive the following information:

- the registrant's College history
- the registrant's Professional Reflection
- the peer interview report
- written response provided by the registrant

Outcomes

The QAC will decide on one of the following outcomes:

1. Successful Completion

QAC has no concerns about the occupational therapist's practice and the process is concluded.

2. Successful Completion with a Recommendation

QAC has no concerns about the occupational therapist's practice but may identify an opportunity to strengthen knowledge by recommending a document(s) review. This recommendation is voluntary and the competency assessment process is concluded.

3. Order a Specified Continuing Education or Remediation Program (SCERP)

QAC has concerns about gaps in the occupational therapist's knowledge, skills, or judgment, and additional training or education on specific competencies is required.

Other outcomes available to QAC but rarely used are to:

- Require another peer interview.
- Impose terms, conditions, or limitations on a registrant's practice.
- Refer the registrant to the Inquiries, Complaints, and Reports Committee (ICRC).

A letter will be sent to the registrant indicating the outcome. All efforts are made to communicate the outcome in a timely manner.

How to Prepare

Preparation is key. Here are some of the ways to prepare for the competency assessment:

- Allot specific preparation time in your schedule
- Review the required resources below and consider how they apply to your practice
- Attend 1 required virtual question and answer session
- Contact the QA Lead if you have any questions (contact information below)

Required reading: College documents

- [Competencies for Occupational Therapists in Canada](#)
- [Standards of Practice](#)
- [Code of Ethics](#)
- [Privacy Legislation and Occupational Therapy Practice](#)
- [Culture, Equity and Justice in Occupational Therapy Practice](#)

Additional resources

- [Information and Privacy Commissioner of Ontario](#)
- [Practice Guidance \(as it relates to your practice\)](#)

Question and answer sessions

Staff from the QA program are hosting two virtual question and answer sessions that registrants can attend if they have been selected for the competency assessment. The invitation to these meetings can be found on the initial Titan file message. **It is required that you attend one of two sessions.** This is an opportunity to bring your questions and benefit from hearing answers to other registrants' questions. If you wish to remain anonymous, please turn off your camera and profile name during the session.

Contact Information

College staff are available to support registrants. To help direct inquiries, please see the table below:

<p>General Inquiries: Tel: 416-214-1177 Toll-free: 1-800-890-6570 Email: qaprogram@coto.org</p>		
<p>Administrative inquiries: Amita Rajan, Quality Assurance Associate Ext. 239 Email: arajan@coto.org</p>	<p>Competency assessment process and reports: Archana Bhuvitharan, Quality Assurance Lead Ext. 221 Email: abhuvitharan@coto.org</p>	<p>Concerns or questions: Lesley Krempulec, Quality Assurance Manager Ext. 227 Email: lkrempulec@coto.org</p>

Appendix A: Registrant Checklist of Activities

Preparation

- Notification email:** Review the email and the contents. Ensure that you have received and are able to open the attached professional reflection form and guide.
- Introduction email:** Ensure that you have received an introduction email from your peer assessor after one week of receiving the notification email. Contact QA staff at the College if you have not received this email or if there is any conflict of interest.
- Schedule meeting dates:** Coordinate a date and time for the competency assessment (introductory meeting and peer interview) with the peer assessor within one week of receiving the email from your peer assessor.

Note: Peer interviews take place **February 19th- May 6th, 2025.**
- Attend 1 required Question & Answer session:** The college will be offering two Q&A sessions to help answer any questions that you have about the competency assessment process. Invitations links are in the initial TitanFile message.
- Review resources** in preparation for the competency assessment.

Professional Reflection

- Complete Professional Reflection** – Complete the form on the **portal** by February 18th, 2025.

Peer interview

- Attend introductory meeting:** A chance to meet your assessor and review the professional reflection.
- Participate in Peer Interview:** Ensure that you have a quiet, private space and internet available for the day of the assessment for about two hours. Use the checklist for virtual assessments.
- Review and respond to your competency assessment report:** Provide a written response to any learning needs identified by the peer assessor or QAC.
- Complete the feedback survey** linked in the completion letter to conclude the process. Your experience is important to us.

Appendix B: Checklist for Virtual Assessments

This checklist is intended to support peer assessors and occupational therapists who are participating in a virtual competency assessment. Please review the checklist prior to your assessment.

Technology

- ✓ I have access to technology including a laptop with a camera and sound
- ✓ I have tested my technology – video, sound, and internet connection
- ✓ I have downloaded the required software (example: MS Teams) and tested it
- ✓ I have a plan in place if I have any issues with technology during the competency assessment i.e. I will use my phone to call in if my computer audio is not working or if I am disconnected

Confidentiality and privacy

- ✓ I am in a private room free of distractions
- ✓ We will inform each other if anyone else enters the room
- ✓ We both agree not to record the assessment unless otherwise instructed by the College

Appendix C: Frequently Asked Questions

Why do I have to participate in a competency assessment?

The Regulated Health Professions Act, 1991 requires each health regulatory College to conduct competency assessments as part of their Quality Assurance Program. The College is required by law to engage registrants in this in-depth assessment. For more information on how registrants are selected to participate see the College's website.

I'm feeling worried about the competency assessment process. What can I do?

We understand that you may be feeling worried about the competency assessment. The Quality Assurance Committee (QAC) does not have the authority to take away an occupational therapist's registration with the College. Please continue to review this document and visit our website for more information. You also contact the QA staff at the College for additional questions. We hope these resources will address many of your questions and concerns.

What if I am selected, but cannot participate?

You may request a deferral by submitting the [Quality Assurance Request Form](#), which can be found on the College website. Each request is considered on a case-by-case basis. Accommodation for the assessment can also be requested using the same form.

Who are peer assessors?

Peer assessors are experienced occupational therapists who work in various practice areas across the province. They represent a variety of roles and practice settings. They have been trained by the College to conduct competency assessments.

What happens if there is a conflict of interest with the peer assessor?

If you have a personal or professional relationship with an OT whom the College has contracted to be a peer assessor, it may compromise the objectivity of the assessment. Both you and the peer assessor are required to disclose any conflicts and if these exist, contact QA staff for re-assignment.

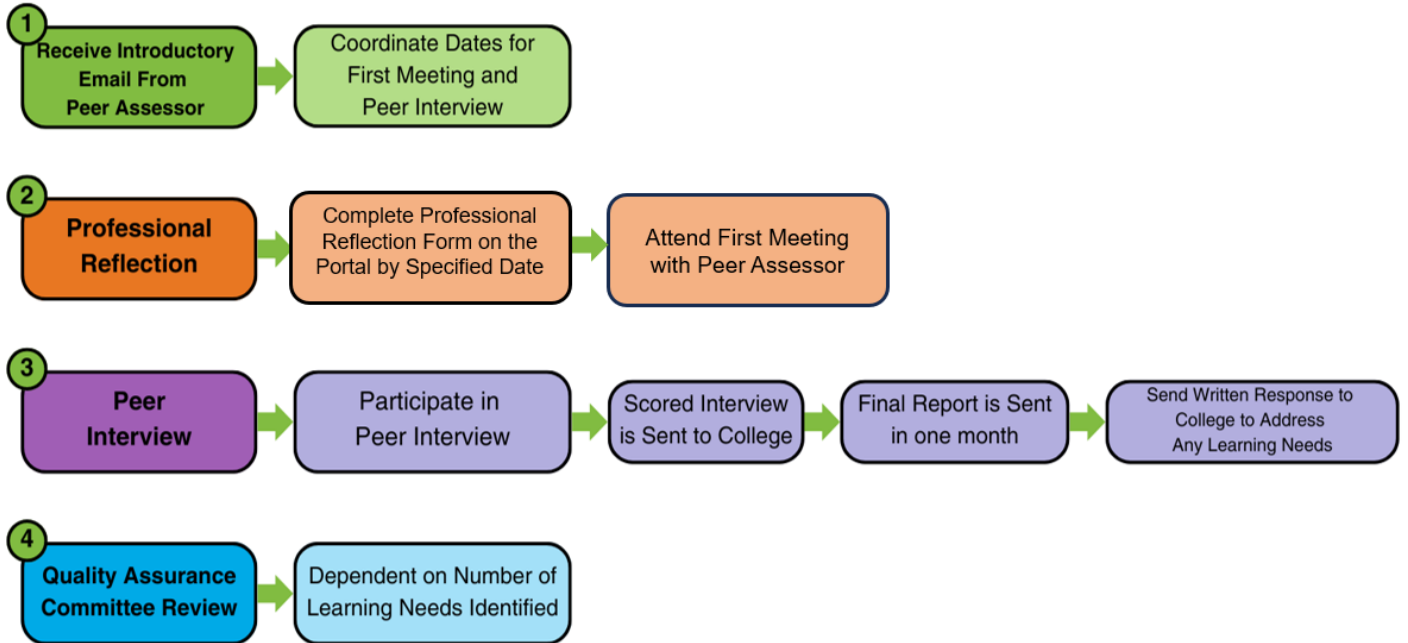
How is data used?

The College will use the data to analyze aggregately to identify trends in learning. No personal data is shared.

I have feedback about the competency assessment process. Where do I submit it?

We want to hear your feedback about this process. You will be provided with a link to a survey after the completion of the competency assessment to share your insight and comments about the process. You can also contact Lesley Krempulec, Quality Assurance Manager, with any questions or concerns.

Competency Assessment Process





Professional Reflection

Evaluation Form

Peer Assessor Information

Name:

Date:

Registrant Information

Name:

Registration Number:

Section 1: Practice Profile

1. Registrant uses proper OT designation as outlined in the Standard for Use of Title
 - Yes
 - No
2. Registrant's financial records (billing) comply with the Standard for Record Keeping
 - Yes
 - No
 - Not applicable

Section 2: Professional Reflection on Record Keeping

1. Registrant provides a response to all questions:
 - Yes
 - No
2. Registrant includes one learning/one change to practice:
 - Yes
 - No
3. Registrant's responses indicate a concern (For example: safety, security)
 - Yes
 - No
4. Registrant's professional reflection meets expectations:
 - Yes
 - No

Peer Assessor Comments:

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Executive Committee
Subject: College of Occupational Therapists of Nova Scotia Competency Assessment License and Services Agreement

Recommendation:

THAT the Board approve COTO to enter into an agreement for the purpose of supplying Peer Assessment Services and License for use of COTO Competency Assessment tools to the College of Occupational Therapists of Nova Scotia (COTNS).

Issue:

The Executive Committee is recommending the Board approve COTO to enter into an agreement to supply peer assessment services and license for use of competency assessment tools to the COTNS on a cost recovery basis.

Link to Strategic Plan:

System Impact

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

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

Performance and Accountability

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

- *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.*

Why this is in the Public Interest:

The College intends to share information and tools that promote consistency and equitable regulatory processes across the country. It is in the public interest to address these to further *advance quality practice and the delivery of safe, effective occupational therapy service* and address the health human resources in Ontario.

This initiative enhances public confidence and interests of system partners including government, that the College is focused on continuous quality improvement by developing a more risk based, modern, efficient, and measurable Quality Assurance Program that can be used nationally.

Equity, Diversity and Inclusion Considerations:

During the Competency Assessment tool development an equity impact assessment was completed including consultation which identified potential impacts to registrants that are selected to participate in the competency assessment by using a Risk Based Selection Algorithm (RBSA). We will support COTNS to:

- Review for potential impact specific to Nova Scotia.
- Analyze data to reduce impact on equity deserving groups.
- Consider reflective indicators of risk as well as mitigating/protective factors like practice support/mentorship that are available in Nova Scotia; and
- Support COTNS to have a plan in place for Francophones in Nova Scotia.

Background:

The College has implemented a new competency assessment tool and process, engaging a team of experienced OTs to provide peer assessments. The Quality Assurance Competency Assessment (QACA) tool and risk-based selection algorithm (RBSA) are based on College registration data and the Competencies for Occupational Therapists in Canada (2021).

The College has invested significant resources to develop the QACA tool; developed the process and trained the College peer assessment team to implement the competency assessment program. We are considering all opportunities to recover the costs of this investment.

Our progress has been shared with the Competency, Quality and Practice Working Group, “the Working Group” of the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) and at the 2024 Canadian Network of Agencies of Regulation (CNAR) conference. The Working Group has requested ongoing updates about our progress with a joint aim of creating consistency and equity related to Quality Assurance programs across the country. We are also receiving inquiries from members of the Health Profession Regulators of Ontario (HPRO).

COTNS has expressed an interest developing an agreement to use our QACA tool in Nova Scotia as well as use some of Ontario’s supply of Peer Assessors to implement the peer assessment process.

As a regulator of a small pool of registrants, Nova Scotia has identified risk related to their ability to recruit suitable peer assessors. Although they have the financial resources to invest, they do not have access to a supply of experienced registered Occupational Therapists who could implement a peer assessment process without encountering significant conflict of interest.

Discussion:

For the reasons stated above, we are currently entertaining discussions with Nova Scotia to collaborate with them to assist them to deliver a quality assurance program that would be based on the COTO model. That is, the College would:

- cost recover any expenses related to the delivery of the assessments in Nova Scotia
- secure monies from Nova Scotia towards the development costs of the College model itself through license to use our tools.

BOARD MEETING BRIEFING NOTE

College of Occupational Therapists of Nova Scotia Competency Assessment Licence and Services Agreement

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- advance toward our strategic objective of national regulatory excellence through partnership
- explore opportunities for data sharing related to the Risk Based Selection approach. Risks related to protection of information and data sharing will be managed through the development of a services agreement.

See below for DRAFT License and Service Agreement Deliverables and timeline:

Deliverables	Estimated Budget	Suggested Timing (For discussion)	Details
License for Competency Assessment Tool for use in Nova Scotia including Quality Assurance Decision Tools and cut scores	\$30,000	January 2025 to December 2027	-Assessor Guides, Registrant Guides, Scoring Cues- Integration of COTNS applicable Standards and Legislation - Committee guidance templates and documents - RBSA Collaboration and Potential Data Sharing (TBD)
Peer Assessor Recruitment and Training	\$5,000	January-March 2025	Ontario to provide 4 experienced assessors
Quality Assurance Team Consultation	\$12,000	Fee for Service as needed	Represents 30 hours of QA staff time
Legal Services includes data sharing agreement	\$4,000	Fee for Service as needed	Estimate
30 PPA Assessments (Peer Assessor costs and office/coordination)	\$18,000	Start in Winter 2025 Cohort ending by December 31, 2025	6 in "Winter" Cohort to pilot tools
Total	\$69,000		

Next Steps

1. If approved, the College will proceed with next steps to enter an agreement with COTNS.

Attachments: N/A

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Registration Committee
Subject: Emergency Class of Registration Policy

Recommendation:

THAT the Board approve the Emergency Class of Registration policy.

Issue:

The Board is asked to approve the draft *Emergency Class of Registration* policy which will support the Board when deciding to activate or resolve access to the College's Emergency Certificate of Registration.

Link to Strategic Plan:

Meaningful Engagement

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

1.3 Engages registrants to build understanding of professional obligations, College programs and services.

Quality Practice

2.1 takes an evidence-informed, risk-based approach to ensuring occupational therapists are competent, safe, effective and accountable

System Impact

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

3.1 Supports efforts to increase the number of licensed occupational therapists in Ontario to address the health human resource crisis.

3.2 Ensures occupational therapy scope of practice is optimized in Ontario.

Performance and Accountability

4.2 Maintains the expertise and resources to address evolving demands caused by changes in the regulatory or practice environment.

Why this is in the Public Interest:

The amended *Regulated Health Professions Act, 1991*, added a new emergency class of registration requirement. This will ensure that when emergency circumstances occur, a supply of qualified occupational therapists will be available to serve the public.

BOARD MEETING BRIEFING NOTE

It will be in the public interest for the College to issue certificates of registration in the general class to registrants who entered practice with an emergency certificate, sustaining the supply of qualified occupational therapists available to serve the public.

Equity, Diversity and Inclusion Considerations:

In an emergency circumstance, those who are not registered or are in the process of being registered, will be able to start working immediately upon meeting the emergency class requirements. This may be beneficial to internationally educated applicants who may have a challenge of meeting some of the general certificate registration requirements, for instance, currency requirements.

Background:

In April 2022, the Ontario Government passed the *Pandemic and Emergency Preparedness Act, 2022* that amended the *Regulated Health Professions Acts, 1991* (RHPA). This amendment requires health regulatory colleges to establish emergency classes of registration, based on the newly approved *Ontario Regulation 508/12, Registration Requirements*, which states that colleges must specify:

- Emergency circumstances that will cause the class to be open for issuance and renewal.
- Emergency class of certificates of registration expire no more than one year after they are issued but are renewable for the same period, with no limit on the number of times they may be renewed if the emergency circumstances persist.
- Circumstances in which a member of the emergency class may apply for another class of registration and must exempt the applicant from at least some registration requirements that would ordinarily apply to the applicant.

The regulation further states that the emergency classes of registration regulation that colleges were required to establish came into force on August 31, 2023.

Discussion:

Last year, the Board approved the amendment of Ontario Regulation 226/96, under the *Occupational Therapy Act, 1991*, to include the Emergency class of registration regulation. The regulation supports the College in ensuring when emergency circumstances occur, a supply of qualified occupational therapists will be available to serve the public.

This policy is expected to further support the College in determining criteria and circumstances the Board should consider in activating or resolving access to the Emergency Certificate of Registration.

Attachments:

1. Draft Emergency Class of Registration Policy

EMERGENCY CLASS OF REGISTRATION POLICY

8-220

Section:	Office of the Registrar
Applicable to:	Occupational Therapists holding an emergency class of registration
Approved by:	Registrar
Date Established:	September 2023
Date Revised:	January 30, 2025

Purpose:

This policy describes the criteria and circumstances that the Board will consider when deciding to activate or resolve access to the College's Emergency Certificate of Registration.

Principle(s):

In accordance with section 38.1(1) of Ontario Regulation 226/96, under the *Occupational Therapy Act, 1991*, the Minister of Health can request that the College issue emergency certificates of registration under this class.

Alternatively, the College Board may determine, circumstances exist that impact the ability to issue ordinary registration certificates and that it is in the public interest to issue emergency certificates of registration.

Policy:

The College has a responsibility to ensure Ontario has a supply of safe and competent occupational therapists to meet the current and future demand for their services.

Activating the Emergency Class:

When deciding whether to open the Emergency Class, the Board must be satisfied that the below criteria are met:

1. There is a significant interruption of the usual registration pathway leading to a lengthy registration delay. (e.g. a catastrophic impact, technology failures, and/or breach to exam);
2. It would be in the public interest to issue emergency certificates of registration;
3. Immediate action is required to remedy the emergency circumstances;
4. There is a healthcare system emergency for which:
 - There are insufficient occupational therapists to adequately service the needs of the public,
 - In the opinion of the Board, there is a need for the rapid registration of occupational therapists to meet an identified public need,

5. Whether all other possible solutions have been exhausted and issuing certificates of registration in the emergency class is the best solution under the circumstances.

If the Emergency Class is activated, the College must take appropriate measures to inform the public about the emergency circumstances.

Continuous Assessment

Once the Emergency Class is in force, the Registrar will monitor the situation and provide regular updates to the Board of Directors. The status of the emergency circumstances will be assessed at each Board meeting, while the Emergency Certificate of Registration is still active.

Resolving an Emergency

If the Board determines that the criteria set out above are no longer in effect, the Board will pass a motion directing the Registrar to cease issuing Emergency Certificates of Registration.

As stated in section 38.1(5), an Emergency Certificate of Registration expires three months after the date the Board of Directors determines that emergency circumstances no longer exist.

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Registration Committee
Subject: Currency Requirements for Applicants – Registration Policy

Recommendation:

THAT the Board approve the Currency Requirements for Applicants policy.

Issue:

In March last year, the Ontario government passed Bill 149, *Working for Workers Four Act, 2024* which amended the *Employment Standards Act, 2000* by prohibiting unpaid voluntary placements. As our re-entry program utilized elements of unpaid voluntary placement, a change was made to our re-entry program. This changed process which is outlined in the attached policy will ensure registrants and employers are complying with that law.

Link to Strategic Plan:

This aligns under:

Meaningful Engagement

- 1.1 Provides clear information about what to expect when working with occupational therapists
- 1.3 Engages registrants to build understanding of professional obligations, College programs and services.

Quality Practice

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

Performance and Accountability

- 4.1 Ensures College governance is proactive, effective, competency-based and accountable.
- 4.2 Maintains the expertise and resources to address evolving demands caused by changes in the regulatory or practice environment.

Why this is in the Public Interest:

The College's key role is to register qualified individuals who will provide the public with safe, ethical, and competent services. The Re-entry to practice process confirms competence and assures currency to that end without limiting access to human resources.

Diversity, Equity, and Inclusion Considerations:

Re-entry to practice applicants will be able to start working immediately upon meeting the temporary certificate requirements in order to gain currency. This is beneficial to applicants including those from a diverse background, who may have a challenge of meeting some of the general certificate registration requirements, for instance, currency requirements.

Background:

In March last year, the Ontario government passed Bill 149, *Working for Workers Four Act, 2024* which amended the *Employment Standards Act, 2000* to “include work performed during a trial period within the meaning of training for the purposes of the definition of “employee”. According to the ESA, among other definitions, employee means, “a person who receives training from a person who is an employer, if the skill in which the person is being trained is a skill used by the employer’s employees”. This in effect prohibits unpaid voluntary placements except in specific instances set out in 3(5) of the ESA or in one of the regulations under the ESA - students or professionals training to enter certain professions may also be exempted from the prohibition against unpaid work (these are listed in O. Reg 285/01). However, occupational therapists are not listed.

Occupational therapists who have been away from practice for a defined period of time do not meet the requirements for currency and therefore must participate in a re-entry program. (for refreshment of their competencies) Our re-entry program included for many individuals, a period of unpaid time practice time under the supervision of a registered occupational therapist. A process, now prohibited under the new law.

As a temporary measure to accommodate this change in employment legislation, the College started offering temporary certificates of registration for applicants re-entering practice who have met all the requirements of registration except for currency hours with individual approval of the Registration Committee for each application until such time as the Currency policy could be updated.

In addition, the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) is proceeding with a project to align registration competency assessment procedures and refresher program requirements to create pan-Canadian consistency for individuals seeking re-entry to the profession.

Key changes to the Currency policy include:

1. Issuing of temporary certificates of registration to eligible applicants in compliance with ESA, 2000.
2. Integration of Competencies for Occupational Therapists in Canada (2021) into the refresher program.
3. Introduction of the Registration Competency Assessment to identify learning needs for the currency ruling and competency to practice.
4. Update of refresher program requirements and timelines in alignment with ACOTRO.

BOARD MEETING BRIEFING NOTE

Currency Requirements for Applicants – Registration Policy

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Implications:

If this policy is approved by the Board, it will be immediately put into effect.

Attachments:

1. Currency Requirements for Applicants Policy

Applicable Regulations:

Currency Requirement:

Ontario Regulation 226/96: General, section 36 (1) 3:

3. Where the applicant completes the requirements in paragraphs 1[education] and 2 [fieldwork] more than 18 months before the date the application for a certificate is made, evidence of one of the following must be provided:
 - i. Completion of at least 600 hours of service within the scope of practice of the profession in the three years before the date of application, or
 - ii. Successful completion within the previous 18 months of a refresher program accepted by the Registration Committee.

Temporary certificate of registration: Waivable by the Committee

38. (1) The following are registration requirements for a temporary certificate of registration:

1. The applicant must hold a valid certificate of registration as an occupational therapist in another jurisdiction with education and clinical requirements equivalent to those of the College, as set out in subsections 36 (2) and 37 (2).
2. The applicant must have an offer of employment or appointment not exceeding four months.
3. A general practising member must have agreed to supervise the applicant and to be responsible for ensuring that the applicant provides appropriate care to clients.
4. The applicant must provide evidence satisfactory to the Registrar that he or she has either professional liability insurance or protection against professional liability, in accordance with the by-laws. O. Reg. 122/01, s. 1; O. Reg. 19/12, s. 5 (1).

(1.1) The following are additional conditions of a temporary certificate of registration:

1. The member must continue to be employed in the position referred to in paragraph 2 of subsection (1) or hold the appointment referred to in that paragraph.
2. The member may only practise occupational therapy under the supervision of the general practising member referred to in paragraph 3 of subsection (1).
3. The member must have either professional liability insurance or protection against professional liability, in accordance with the by-laws, and the member shall, upon request, provide evidence of such insurance or protection to the Registrar. O. Reg. 19/12, s. 5 (2).

(2) A temporary certificate of registration shall not be issued to a person for more than four months within a 12-month period. O. Reg. 122/01, s. 1.

Currency Requirements for Applicants

8-40

Section:	Registration
Applies to:	Applicants for general and provisional certificates of registration
Approved by:	Registration Committee
Date Established:	August 1998 as Registration Policy: Currency Requirements for Applicants
Date Revised:	July 2001, January 2002, March 2003, May 2003, November 2007, March 2011, October 2011, March 2012, March 2014, February 2016, September 2021, January 2025

Purpose

This policy explains how applicants to the College can meet the currency or Refresher program requirements.

Principles

The College requires applicants to have current knowledge, skills and judgement in occupational therapy practice to provide safe, effective and ethical care.

Policy

Currency

Applicants who have graduated from a College-approved occupational therapy program within the 18 months of applying for registration are deemed to meet the currency requirement.

If 18 months or more have elapsed since an applicant graduated from an approved occupational therapy program, they must prove to the College that:

1. They have completed at least 600 hours of service within the scope of practice of the profession within the last three years, or
2. They have successfully completed an approved refresher program within the previous 18 months.

Appendix 1 to this policy sets out the parameters of the approved refresher program based on the date of most recent practice or graduation.

Temporary Certificate to Meet Currency Requirement

With very limited exceptions, unpaid placements are prohibited by the Ontario *Employment Standards Act, 2000*. As such, applicants who have met all the requirements of registration

except for currency hours may register for a Temporary Certificate of Registration (to increase the likelihood of finding paid employment during their placement).

To be eligible for temporary registration to meet the currency requirement, applicants must:

- Meet the language fluency, examination, suitability to practise, professional liability and work eligibility requirements; and
- Have an occupational therapist who been a general registrant in Ontario for a least one year who agrees to supervise and be responsible for ensuring provision of appropriate care for clients

The requirement (in clause 38(1)1 of the registration regulation) to be registered as an Occupational Therapist in another jurisdiction will be exempted.

Registrants holding a temporary certificate in order to meet the currency requirement will be:

- Registered with the College and appear on its [public register](#) with a limitation which states they must practice under supervision.
- Entitled to use the title “occupational therapist” or “OT” and designation OT Reg. (Ont.).

The temporary certificate is time limited to the duration of the re-entry refresher program but is not to exceed more than 6 months in a 12-month period.

If the temporarily registered OT successfully completes the refresher program, they can apply for a General Certificate of registration and if granted, supervision is no longer required.

If an applicant meeting the currency requirement chooses not to obtain the temporary certificate, they are not an occupational therapist as they have not been issued a certificate of registration by the College and cannot use any of the protected titles.

Procedure:

Declaring currency and assessing competency

1. Applicants must declare in their application, and provide proof, as to whether they meet the currency requirement.
2. For applicants who have graduated within the last 18 months, proof would be an official transcript from their educational program. If the official transcript is not yet available, the College will accept a letter from the occupational therapy program. The letter must state the applicant has successfully completed the program and will graduate.
3. Applicants who graduated more than 18 months before applying for registration must submit proof they have completed an acceptable refresher course in the last 18 months or 600 hours of service within the scope of practice of occupational

therapy within the last three years. Proof could take the form of a letter from their employer or a record of employment.

4. Applicants who declare they do not meet the currency requirement will be asked to provide additional details of all their activities within the scope of practice of occupational therapy within the last ten years. The College will review the information provided by the applicant.

Calculating practice hours

What counts as practice hours

1. Practise as an occupational therapist while registered in another jurisdiction will generally count towards practice hours. Illegal practice as an occupational therapist (i.e., practising while not being registered in a jurisdiction where registration is required), will not count towards practice hours.
2. Practice hours may include clinical and/or non-clinical work as outlined in the Competencies for Occupational Therapists in Canada (2021).
3. The College will consider hours spent in other activities that support continuing competence and the delivery of safe, effective and ethical care. These unpaid professional activity hours (such as professional development or participation in other unpaid professional activities) cannot be more than 25% of the applicant's declared hours. Practice hours and unpaid professional activity hours will only be accepted if they were obtained while the applicant held a certificate of registration to practise as an occupational therapist.

Other requirements

There are other requirements in the registration process that applicants must complete. These include:

- language fluency in English or French
- meeting the education requirement
- meeting the suitability to practise requirement
- Successful completion of National Occupational Therapy Certification Examination

Currency Ruling

1. The College calculates currency based on the date the applicant submits their completed application form/materials and payment of their application fee with reference to the guide in Appendix 1. (The SEAS process generally takes one year to complete. To accommodate for this, the College will calculate the "date of application for registration" for the purposes of counting currency hours by subtracting up to 12 months (based on the length of time the applicant spent in SEAS) from the date the applicant submits their completed application form/material and pays their fee to the College.)
2. The College will inform the applicant within 15 days submitting their completed application whether they meet the currency requirement.

Registration Competency Assessment

Having established language fluency and suitability to practice, the applicant completes the Registration Competency Assessment and competency-based learning needs are identified for inclusion in a learning contract.

Supervised Practice

Supervised practice is one component of the refresher program. Supervised Practice involves practicing under the supervision of a registered Occupational Therapist pursuant to a learning contract that outlines specific learning needs.

Finding a supervisor and practice site:

The applicant is responsible for finding a practice site with a suitable supervisor in their chosen area of practice.

The supervisor shall:

- Hold a general certificate of registration with the College
- Have at least one year of practice experience
- Meet the requirements of the College's policy on Approval of Supervisors and Other Agents of the College.

A Learning Contract is developed by the applicant, in consultation with the practice supervisor, based on the learning needs identified in the Registration Competency Assessment and is submitted for approval within the first week of the practice period.

Completing a refresher program

Appendix 1 to this policy describes the activities that are College-approved for completing the requirement, based on the date of the applicant's most recent practice hours.

After completing the Re-Entry to Practice program

Applicants who complete their refresher program must submit proof of completion to the Registrar within the required time frame. Documents and required timeframes are set out in Appendix 1.

If the Registrar has any reason to believe that an applicant has not successfully completed the refresher program, they will be referred to the Registration Committee.

Related policies

[Approval of Supervisors and other agents of the College Determining Suitability to Practise at Registration \(8-72\)](#)

[Language Fluency - Requirement \(8-81\)](#)

[examination-requirement-8-60.pdf](#)

Legal Requirements

[Ontario Regulation 226/96: General, s. 36\(1\) and 37\(1\), under the Occupational Therapy Act, 1991](#)

[Employment Standards Act, 2000, S.O. 2000, c. 41 | ontario.ca](#) 2023, c. 9, Sched. 29, s. 11

Appendix 1

Note: The number of hours required to meet the currency requirement may be adjusted based on learning needs identified through the Registration Competency Assessment.

Occupational Therapy Practice Hours	Accepted Refresher Program
(At least 400 hours in the past 3 years)	<p>Annual E-Learning Modules: review and successfully complete all current College Prescribed Regulatory Education Program (PREP) Modules</p> <p>Standards Reflection: review all current College Standards and write a reflection paper detailing individual understanding of the how the Standards apply to one's own practice to the satisfaction of the Registrar</p> <p>NOTE: above requirements must be submitted to the Registrar within six months of being notified of the requirements</p>
Less than 400 hours but not 0 hours in the last 3 years	<p>Refresher Program: 150 hours of supervised practice within six months of being notified of the requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p> <p>Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case</p>
Some hours within the past 4 years	<p>Refresher Program: 225 hours of supervised practice within six months of being notified of the requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p> <p>Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case and submit to the College</p>
Some hours within the past 5 years	<p>Refresher Program: 300 hours of supervised practice within one year of being notified of the requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p> <p>Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case</p>
Some hours within the past 6-10 years	<p>Refresher Program: 300 hours of supervised practice within one year of being notified of the requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p>

Occupational Therapy Practice Hours	Accepted Refresher Program
	Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case
0 hours within the past 10 years	<p>Refresher Program: 300 hours of supervised practice within one year of being notified of the requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p> <p>Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case</p>
0 hours within the past 10 years <u>or more</u> (>10)	<p>Re-entry Program: 300 hours (the equivalent of 8 weeks full time) of supervised practice within one year of being notified of the requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p> <p>Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case</p> <p>National Occupational Therapy Certification Examination: When approved by the Registration Committee</p>
New Graduates	
0 hours less than 3 years out	<p>Refresher Program: 150 hours of supervised practice within six months of being notified of the re-entry requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current College Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p> <p>Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case</p>
0 hours less than 4 years out	<p>Refresher Program: 225 hours (the equivalent of 6 weeks full time) of supervised practice within six months of being notified of the re-entry requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current College Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration Competency Assessment</p> <p>Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case</p>
0 hours less than 5 years out	<p>Refresher Program: 300 hours (the equivalent of 8 weeks full time) of supervised practice within one year of being notified of the re-entry requirements</p> <p>Annual E-Learning Modules: review and successfully complete all current College Annual E-Learning Modules</p> <p>Learning Contract: Completion of a learning contract based on Registration</p>

Occupational Therapy Practice Hours	Accepted Refresher Program
	Competency Assessment Peer and Practice Competency Assessment: Complete a Competency Assessment based on a real case

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Registration Committee
Subject: Collection of Sociodemographic Data and Use Policy

Recommendation:

THAT the Board approve the collection and use of sociodemographic data related to Indigenous and Race Identity.

Issue:

The Board is asked to approve the College's plan to introduce sociodemographic self-identification data collection for registrants of the college.

Link to Strategic Plan:

Meaningful Engagement

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

1.2 Build opportunities for public and professional collaboration and participation with the College.

1.4 Integrates the practices of diversity, equity, and inclusion throughout the College and profession.

System Impact

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

3.3 Collaborates with national partners for further regulatory excellence.

Performance and Accountability

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

4.3 Leverages data to drive performance internally and externally to enhance service delivery.

Why this is in the Public Interest:

The College intends to collect sociodemographic data to better understand the diversity of its registrants. There is no other entity that currently collects this information for occupational therapists in Ontario, so to be able address any inequities, the College first needs to understand the current baseline data. It is in the public interest to address such inequities. The College plans to use the data set established by the Canadian Institute for Health Information (CIHI) on collecting race-based data.

Equity, Diversity and Inclusion Considerations:

One of the goals of collecting sociodemographic data is to provide insight into the degree to which the diversity of the Ontario public is reflected in College registration. In addition, the data will be used to identify, monitor and inform actions by the College to close the gaps in health inequalities facing equity-deserving groups. Ensuring a racially diverse and representative health workforce is a recognized strategy to help address inequities in health systems impacting both patients and providers.

Background:

The College has asked registrants to self-identify if they are of Indigenous descent, since 2020. This was in response to the Truth and Reconciliation Commission's (TRC) recommendation #23 to increase the number of Indigenous professionals working in the health care field.

At the January 2024 Board meeting, the Board approved the College's new 2024-2027 Strategic Plan with an increased emphasis on Equity, Diversity and Inclusion (EDI).

At the October 2024 Board meeting, the Board approved gathering sociodemographic information about Ontario's occupational therapists to promote the principles of EDI in the provision of health care. It will also aid us in improving the training we offer for professional development related to EDI and indigenous insights. By gathering this data, we can measure how our efforts are working and advancing over time.

The Registration Committee consulted with the Equity Perspectives Advisory Committee and the Indigenous Insights Advisory Committee in the creation of this policy which has also received legal review.

The policy considers:

- Canadian Institute for Health Information Minimum Health Human Resources Data Standard
- Regulated Health Professions Act, 1991 (RHPA), direction of health regulatory colleges to collect personal information from members, "as reasonably necessary for the purpose of health human resource planning or research".
- Ontario Human Rights Commission (OHRC) and Canada's human rights legislative framework supporting collection of such data on code grounds for a code-consistence purpose.
- Government of Ontario's Anti-Racism Data Standards (Standards) established to help identify and monitor systemic racism and racial disparities within the public sector.
- Guidance for the Collection and Use of Sociodemographic Data for Equity Analytics, Ontario Health, June 2024

CIHI Standards

To collect this data, the College plans to use the data set developed by the Canadian Institute for Health Information (CIHI). CIHI is a nationally respected organization that provides decision makers with key information for their decision-making process. System partners often use their broad range of health system databases, measurements and standards, together with their evidence-based reports and analyses.

CIHI has updated their standards for data collection. While the College provides data to CIHI, it is noted that the data standard has changed and now includes collection of sociodemographic data related to ethnicity and culture.

Discussion:

Collection of data about individual identity can be a sensitive issue, due to historic systemic racism, fear of self-identifying and the potential for stigma or discrimination. This policy aims to address those concerns by explaining:

- Why this data is needed,
- How it will be collected,
- How it will be protected and aggregated, and;
- How it will be stored

Most importantly there is an explanation of how the information will be used and for what purpose. The policy outlines how the College ensures:

- Information is provided voluntarily, that it is optional to provide this information, and a registrant can choose not to provide the information, without any repercussions. The questions are not mandatory on any application or renewal form
- Information is collected in ways that are safe, respectful, and do not cause harm (e.g. by providing resources on this topic and developing an FAQ).
- Appropriate and meaningful engagement with registrants about data collection.
- Transparency and accountability by providing information on how the data will be gathered, stored, used and managed.
- An explanation of the benefits and risks, if any, of collecting this information.

The policy describes uses for the data including:

- Comparison of aggregate data to Ontario public sociodemographic statistics. This will enable the College to better understand demographic trends and will inform efforts and strategies to promote equality and diversity in the profession.
- Develop programs and practice support that will assist registrants in better serving communities. This may include resources such as cultural competency and cultural humility training.
- Measurement of progress towards integrating EDI practices throughout the College and the occupational therapy profession.
- Tracking and reporting on disparities and systemic barriers that equity-deserving groups face in accessing health care services or joining the profession.
- Supporting evidence-based decision making aimed at reducing or eliminating discrimination in the profession of occupational therapy, including determining if equity-deserving groups are disadvantaged in the application process.

BOARD MEETING BRIEFING NOTE

Collection of Sociodemographic Data and Use Policy

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- Measurement of progress towards the Truth and Reconciliation calls to collect data so that progress can be measured especially on increasing indigenous health professionals, based on the belief that only what is measured can be effectively understood and improved.
- Provision of more robust data to CIHI, in turn allowing the organization to aggregate Canadian data regarding the profile of Canadian OTs.

Next step will be sharing the proposed data set and communication plan with registrants.

Implications:

If the Board approves the policy, changes will be implemented to registration and annual renewal data collected from applicants and registrants.

Attachments:

1. Draft Sociodemographic Data Collection and Use policy

Sociodemographic Data Collection and Use Policy

8-230

Section:	Registration
Applicable to:	All Staff
Approved by:	Board
Date Established:	January 2025
Date Revised:	

Purpose:

This policy describes the guidelines and procedures for the secure collection, storage, and management of sociodemographic data. The goal is to ensure that sociodemographic data is handled ethically, securely, and in compliance with applicable laws and regulations.

Scope:

This policy applies to the College and staff involved in the collection, management, and analysis of sociodemographic data including racialized group and ethnic identity collected at registration. It covers the processes of data collection, storage, protection, access control, and usage for regulatory and policy development purposes.

Definitions:

Sociodemographic Data: Information encompassing a broad array of characteristics, including but not limited to age, sex, gender, racialized group, ethnicity, and geographic location.

Data Security: Measures taken to protect data from unauthorized access, loss, or corruption.

Confidentiality: The obligation to protect personally identifiable information from unauthorized disclosure.

Race: Race is a social construct used to categorize people based on physical traits, such as skin colour, hair texture, and facial features which are often seen as inherent traits.

Racialized Group: Racialized group is used in this policy to describe those affected by racism. Racialized groups can encounter a range of racisms, which can overlap or intersect with other social, ethnic or cultural groupings.

Guiding Principle(s) of Data Governance:

Regulatory Duties and Sociodemographic Data: In compliance with the Regulated Health Professions Act, 1991 and the Occupational Therapy Act, 1991, the College has an accountability to collect certain personal information in the interests of the public.

Ownership: Registrants retain ownership of their sociodemographic data. They have the right to volunteer certain additional sociodemographic data and know how their data is collected, used, and shared.

Respect for Privacy: All sociodemographic data is collected and stored in a manner that respects individual privacy rights and complies with relevant data protection laws.

Transparency and Accountability: The data collection process is transparent. The College is accountable for how sociodemographic data is used to inform policies and practices.

Non-Discrimination: The data is not used to discriminate against individuals or groups based on racialized group or ethnic identity. It serves as a tool to identify and help reduce disparities in healthcare outcomes.

Data Minimization: Only the data necessary to achieve regulatory goals is collected, and personal data is kept no longer than necessary.

Recognition: The contributions of communities are acknowledged and valued.

Healthcare System Equity: By collecting sociodemographic data about racialized groups, ethnicity, gender identity and other social or cultural background of individuals, the College can better monitor system patterns of health outcomes, access to care, and quality of service across different racial and ethnic communities. Collection of this data enables the College to support and guide practices that reduce disparities, improve healthcare equity, and influence systemic improvements to ensure care is provided in a fair and culturally competent manner.

Systems Level Data Standard and Partner Engagement: The College uses the Canadian Institute for Health Information (CIHI) Health Human Resources Minimum Data Set (“HHR MDS”) data standard as a guide to collect the sociodemographic data. CIHI’s broad range of health system databases, measurements together with College reports and analysis are used to engage with system partners.

Accurate and Ethical Data Collection: The College is responsible to ensure that this data is collected accurately, ethically, and with respect for registrant privacy. Data collection processes comply with relevant laws and regulations, including those that protect individuals from discrimination and bias. Ongoing training and resources are provided to support the responsible, secure, and effective management of sociodemographic data.

Transparency and Public Trust: The College uses aggregated data to inform evidence-based decisions, guide policy development, and advance accountability in occupational therapy delivery at a system level.

Policy:

Data Types:

Regulatory Data: In compliance with the Regulated Health Professions Act, 1991 and the Occupational Therapy Act, 1991, the College has an accountability to collect certain personal information in the interests of the public.

Sociodemographic Data: Data related to racialized group, ethnicity, gender identity and cultural background does not appear on the public register.

Collected sociodemographic data is used to reduce or eliminate systemic inequity, marginalization and other health system barriers. The collection of sociodemographic data provides insight into the degree to which the diversity of the Ontario public is reflected in College registration. The College aims to promote transparency, health equity, and support evidence-based decision-making while safeguarding individual privacy and confidentiality.

Required Sociodemographic Data Collection:

The *Regulated Health Professions Act, 1991* and the College bylaws specify what information about each occupational therapist is to be kept and made available to the public. Find a description of what information is and is not available on the Public Register at <https://www.coto.org/clientsandthepublic/how-to-find-an-ot>.

Data Collection :

1. The College uses the Canadian Institute for Health Information (CIHI) Health Human Resources Minimum Data Set (“HHR MDS”) data standard as a guide to collect the sociodemographic data including Indigenous Identity data-see Appendix 1 for Indigenous Identity Data Standard and Appendix 2 for Racialized Group Data.

When collecting sociodemographic data, care will be taken to ensure:

2. The collection of sociodemographic data is integrated into existing and trusted workflows to minimize disruption and enhance efficiency. Data collection prompts are incorporated into the Data registration application and registration renewal forms and registration processes to facilitate systemic data capture.
3. Registrants know that provision of this information is optional, and each registrant can choose not to provide the information, without any repercussions.
4. Information is collected in ways that are safe, respectful, responsible and do not cause harm (e.g. by providing resources on this topic and developing an FAQ).
5. There is appropriate and meaningful engagement with registrants.

6. There is transparency and accountability by providing clear information on how the data will be gathered, stored, used and managed.
7. There is adequate explanation of the benefits and risks, if any, of collecting this information.
8. Each registrant can choose not to answer any of the sociodemographic questions and still continue to complete the renewal registration process.
9. No program, service or benefit will be withheld if registrants do not answer the questions.

Storage and Management

1. Data is stored in a secure system and access will be limited to a small number of College staff.
2. Data provided by each registrant will be kept confidential.
3. Each registrant can withdraw their consent about additional sociodemographic data and request that the College remove or stop using their information at any time.
4. Registrants will not be able to be identified by the data they choose to submit because the data will be reported aggregately.

Data Use

Data will be used to:

1. Provide a baseline measurement of the sociodemographic of occupational therapists to better understand sociodemographic trends and inform efforts and strategies to promote equality and diversity in the profession.
2. Develop programs and practice support that will assist registrants in better serving communities.
3. Help the College meet its current strategic plan objectives and values which commit to integrating equity, diversity and inclusion (“EDI”) practices throughout the organization and the occupational therapy profession.
4. Highlight and track disparities and systemic barriers that equity-deserving groups face in accessing health care services or joining the profession.
5. Support evidence-based decision making aimed at reducing or eliminating discrimination in the profession.
6. Heed the Truth and Reconciliation calls to collect data so that progress can be measured especially on increasing the number of indigenous health professionals, based on the belief that only what is measured can be effectively understood and improved.

7. Provide more robust data to the Canadian Institute for Health Information (CIHI), in turn allowing the organization to aggregate Canadian data regarding the profile of Canadian OTs.

Limited Use

Data will not be used:

1. In any way that could identify an individual registrant.
2. With the intention to impact, harm or discriminate against a registrant.
3. To deny registration or be checked against a registrant's safe practice registration requirement.
4. By the College in complaints or discipline processes.
5. To perpetuate stereotype of specific groups.

Responsibilities

The College:

- Ensures compliance with laws and ethical guidelines in all stages of data collection, storage, and management.
- Ensures clear guidance is provided to staff regarding the types of sociodemographic data to be collected, the appropriate data fields or forms to use, and the preferred methods for data entry.
- Provides staff with regular training on data security, privacy protection, and ethical use of sociodemographic data.
- Ensures that clear procedures are in place for data access, including who can access and modify data, and under what circumstances.
- Monitors the implementation of this policy to ensure data is being handled appropriately and securely.
- Ensures engagement of people with "lived reality" who are most affected through two-way or multi-directional communication
- Ensures the contributions of people and communities are acknowledged and valued.

Staff:

- Follow established procedures for collecting, storing, communicating about and managing sociodemographic data.

- Always maintain the confidentiality of sociodemographic data.
- Report any breaches of data security or potential risks to the Privacy Officer immediately.

Procedure:

Data Collection:

1. Sociodemographic data is collected at registration and annual registration through a secure application and renewal process.
2. The sociodemographic data collection repository includes at a minimum, the 30 core data elements identified in the CIHI HHR MDS Data Dictionary to enable the College to submit HHR data under agreements with CIHI and other government agencies-see Appendix 1 and 2.
3. Digital consent is obtained from individuals with clear language explaining how the data will be used.
4. Provision of sociodemographic data in the COTO Portal by registrants is voluntary through purpose-built applications providing for digital consent and use of non-mandatory fields.

Data Storage and Protection

Secure Storage:

1. All sociodemographic data is stored in secure, encrypted systems to prevent unauthorized access.
2. Physical storage devices (e.g., hard drives, backup tapes) containing sociodemographic data are kept in secure, access-controlled locations.
3. Electronic data is stored in secure databases that comply with the highest standards of cybersecurity.
4. Regular backups of all data are performed to ensure data integrity and recovery in case of system failure.
5. Data is aggregated and anonymized in reports to minimize the risk of identification of individuals.

Access Controls:

1. Data access is restricted to authorized personnel only.
2. Role-based access controls are implemented to ensure that only individuals with a legitimate need can access specific types of data.
3. All data access is logged and monitored to detect and respond to unauthorized access attempts.
4. Regular audits of access logs and security systems are performed to ensure compliance with security protocols.

Data Retention:

1. Sociodemographic data is retained to fulfill the regulatory or policy objectives with reference to the Document Retention and Destruction Policy.
2. Data is securely destroyed or anonymized to prevent unauthorized use.

Reporting, Accountability and Communication:

1. Individual sociodemographic data is reported on the Public Register as required by the Regulated Health Professions Act, 1991 and the Occupational Therapy Act, 1991.
2. Aggregate and anonymous data is provided in HHR data reports under agreements with CIHI and other government agencies.
3. As part of the strategic plan, the College:
 1. Shares aggregate data and analysis with registrants and system partners to impact both regulatory and healthcare system outcomes.
 2. Engages in multi-directional communications with people and registrants with “lived reality” including but not limited to: key community advisors; Citizens’ Advisory Group; the Equity Perspectives and Indigenous Insights Advisory Committees.
4. Contributions by people and communities are acknowledged and recognized as part of regular communications and processes including but not limited to meeting agendas, reports and newsletter items.
5. Questions or concerns from the public and registrants regarding the use of sociodemographic data are escalated to the Program Director and Privacy Officer.

Confidentiality and Privacy Protection

Confidentiality Agreements:

1. All staff members and third-party vendors with access to sociodemographic data sign confidentiality agreements to protect sensitive information.
2. Any breaches of confidentiality are immediately reported and addressed in accordance with established protocols with regards to Privacy.

Privacy Rights:

3. Individuals are informed of their right to access, correct, or withdraw their sociodemographic data at any time, in compliance with applicable data protection laws.

4. Individuals can request their data or file complaints about how their data is being handled by contacting the Program Director and Privacy Officer.

Data Breach Response

Incident Reporting:

1. In the event of a data breach or security incident, the Program Director and Privacy Officer is notified immediately.
2. Affected individuals are notified promptly in accordance with legal requirements and the Privacy Code.
3. Necessary remedial actions are taken to mitigate harm under the direction of the Program Director.

Corrective Actions:

1. Following any breach or failure in data management, the College will review and update policies and procedures to prevent similar incidents from occurring in the future.
2. Staff training is updated regularly to reinforce best practices in data security and confidentiality.

Compliance and Enforcement

1. The College conducts regular audits to ensure compliance with this policy and relevant data protection laws.
2. Any violations of the policy, including improper data handling or security breaches, are addressed promptly and may result in disciplinary action.

Policy Review and Updates

This policy will be reviewed and updated annually, or more frequently, if necessary, to account for changes in legal, technological, or ethical standards related to sociodemographic data collection, storage, and management.

Legal Requirement and Resources:

- Canadian Institute for Health Information Minimum Health Human Resources Data Standard [About the 2022 Health Human Resources Minimum Data Set Data Standard](#)
- The *Regulated Health Professions Act, 1991 (RHPA)*, allows health regulatory colleges to collect personal information from members, “as reasonably necessary for the purpose of health human resource planning or research”.

- The Ontario Human Rights Commission (OHRC) notes that Canada’s human rights legislative framework supports collection of such data on code grounds for a code-consistence purpose.
- Government of Ontario’s Ontario’s *Anti-Racism Data Standards* (Standards) established to help identify and monitor systemic racism and racial disparities within the public sector.
- Guidance for the Collection and Use of Sociodemographic Data for Equity Analytics, Ontario Health, June 2024

DRAFT

Appendix 1: CIHI Indigenous Identity Data StandardQuestion:

Do you identify as First Nations, Inuk/Inuit and/or Métis?

Response:

Categories (select all that apply):

- *Yes, First Nations*
- *Yes, Inuk/Inuit*
- *Yes, Métis*
- *No*
- *Do not know*
- *Prefer not to answer*

Optional Indigenous identifier questions

1. *If yes, First Nations Are you a Status Indian (Registered or Treaty Indian as defined by the Indian Act of Canada)?*

- *Yes, Status Indian (Registered or Treaty)*
- *No*

2. *If you identify yourself as a First Nations person, do you live on a reserve or off-reserve?*

- *On a reserve*
- *Off-reserve*

3. *Are you a member of a First Nation or Indian band?*

- *Yes, member of a First Nation or Indian band — Specify name of First Nation or Indian band: [open text]*
- *No*

4. *If yes, Inuk/Inuit Are you enrolled under, or a beneficiary of, an Inuit land claims agreement?*

- *Yes — Specify agreement: [open-text]*
- *No*

5. *If yes, Métis Are you a registered member of a Métis organization or Settlement?*

- *Yes — Specify organization or Settlement: [open-text]*
- *No*

Appendix 2: Racialized Group Data Standard (Based on CIHI HHR MDS, 2022 and Ontario Health Data Standard, 2024)

Question: A person’s racialized group may influence the way they are treated by individuals and institutions, and this may affect their health. Which racialized group best describes you? Check all that apply and/or indicate another category:

Examples

Response category

Black

African, African Canadian, Afro-Caribbean descent

East Asian

Chinese, Japanese, Korean, Taiwanese descent

Indigenous (First Nations, Inuk/Inuit, Métis)¹

First Nations, Inuk/Inuit, Métis descent

Latin American

Hispanic or Latin American descent

Middle Eastern

Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)

South Asian

South Asian descent (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)

Southeast Asian

Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent

White

European descent

Another racialized group category

Includes group not described above

Optional — please specify: [open text]

Do not know

Not applicable

Prefer not to answer

Not applicable

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Governance Committee
Subject: Principles of Good Governance (Governance Policy)

Recommendation:

THAT the Board approve the Principles of Good Governance policy and that it be included as part of the Governance Manual.

Issue:

The Board is asked to review proposed college's good governance principles.

Link to Strategic Plan:

Performance and Accountability

4.1 Ensures College governance is proactive, effective, competency-based and accountable.

Why this is in the Public Interest:

Including principles of good governance is crucial to help ensure that the actions of the College and its Board of Directors are transparent, accountable, effective and leading to greater public trust.

Diversity, Equity, and Inclusion Considerations

Inclusion is one of the six principles of good governance. There are no other concerns from a diversity, equity or inclusion standpoint.

Background:

The Board is responsible for the overall governance of the College of Occupational Therapists of Ontario. Good governance means that the Board meets its fiduciary responsibilities, succeeds in its public protection mandate, and achieves its strategic objectives.

Discussion:

The governance principles, along with the governance policies developed to date, provide the necessary framework of rules for appropriate Board governance. For the Board of Directors, the Registrar and College staff to function successfully, everyone within the College must clearly understand what good governance entails and should recognize the importance of strong governance principles in guiding the College to future success. The *Principles of Good Governance* include statements that inform and guide

GOVERNANCE COMMITTEE BRIEFING NOTE

Principles of Good Governance (Governance Policy)

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decision-making and strategic priorities at the College. They also set the tone for organizational behavior and are integral to creating a culture that will deliver good performance.

Implications:

If the principles of good governance are approved by the Board, they will be added to the governance manual.

Attachments:

1. Draft Principles of Good Governance

Principles of Good Governance

The Board of Directors at the College are guided by the following principles of good governance as we fulfill our mandate to serve the public by regulating occupational therapists:

Accountability

- We acknowledge our ultimate responsibility to the public and are committed to continuously earning and maintaining their trust.
- We ensure that all participants in our governance framework have a clear understanding of their roles and responsibilities.
- We recognize that the College is created by legislation, and our effectiveness in fulfilling our mandate is subject to oversight.

Transparency

- We make our information accessible and easy to understand, ensuring we serve the public interest.
- Our processes, decisions, and the reasons behind them are open and accessible to the public.
- We communicate in a way that allows the public to evaluate the effectiveness of our governance.

Leadership

- Our actions are driven by a strategic plan that reflects our public protection mandate.
- We plan strategically and practically to achieve realistic and measurable outcomes.
- We stay informed about evolving public expectations and societal needs, and we challenge ourselves to make a meaningful impact by focusing our efforts thoughtfully and effectively.
- We proactively identify and manage risks.

Integrity

- Our decisions and processes are consistently aligned with our commitment to transparency, objectivity, impartiality, and fairness.
- We actively and honestly engage in respectful dialogue with the public and other system partners.
- We consider a variety of perspectives and voices to foster a shared understanding upon which decisions are based.
- We acknowledge and manage both systemic and individual conflicts of interest.
- We take responsibility for improving our performance in areas where we may not have met expectations.

Competence

- We recognize the skills, experience, and knowledge necessary to perform our tasks effectively.
- We continuously strengthen our collective ability to make informed and consistent decisions.
- Both as individuals and teams, we engage in regular, purposeful reviews and development to improve governance effectiveness.

Financial Stewardship

- We are dedicated to the prudent and responsible management of COTO's financial resources.
- We ensure that our budget is aligned with our strategic objectives, prioritizing the efficient use of resources in serving and protecting the public interest.
- We demonstrate financial integrity by ensuring that our financial decisions are made in a manner that reflects our commitment to public trust, ensuring that resources are managed responsibly and with long-term sustainability in mind.

Inclusion

- Our diverse knowledge, skills, perspectives, and experiences reflect both the public we serve and the individuals we regulate.
- We embrace opportunities for meaningful and authentic collaboration.
- We work within a robust network of the public, government, other health regulatory colleges, registrants, and educators to maximize our positive impact on the common good.
- We learn from challenges faced by other organizations and communities to continually improve our effectiveness.

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Governance Committee
Subject: Board Competency Framework

Recommendation:

THAT the Board approve the revised Board Competency Framework.

Issue:

The Board is asked to review the revised Board Competency Framework.

Link to Strategic Plan:

Meaningful Engagement

1.4 Integrates the practices of diversity, equity, and inclusion throughout the College and profession.

Performance and Accountability

- 4.1 Ensures College governance is proactive, effective, competency-based and accountable.
- 4.2 Maintains the expertise and resources to address evolving demands caused by changes in the regulatory or practice environment.

Why this is in the Public Interest:

Individuals serving on the Board must possess the knowledge, skills and experience to discharge their duties effectively. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system.

Diversity, Equity, and Inclusion Considerations:

The revised Board Competency Framework incorporates diversity, equity, and inclusion considerations into the framework to better foster trust, emphasizes diverse viewpoints into decision-making, and addresses changing public expectations. It supports and facilitates the College's vision and mission and is aligned with the College's strategic plan.

Background:

The current Board Competency Framework was first approved by the Board at its January 2021 meeting. The Board has been working towards best practices in governance and defining the needed competencies for boards. It is also recognized by Ministry of Health as it is contained as a key requirement in the College Performance Measurement Framework. This requirement specifies health

BOARD MEETING BRIEFING NOTE

regulatory colleges to have a pre-defined set of skills and competencies for Board Directors, and a process for ensuring that registrants wishing to stand for election meet these pre-defined skills and competencies.

Since developing the Board Competency Framework, the College has taken several steps to enhance the competency-based composition of the Board and its committees. This includes:

- Defining the individual competencies and skills necessary for all College committees.
- Integrating the Board Competency Framework in the election and appointment process to the extent possible given our current nominations, elections and appointment process.
- Identifying and addressing competency gaps for individual Board and committee members and for the Board and committees' overall training and development; and
- Evaluating individual Board/committee membership and overall Board/committee performance.

The revised Board Competency Framework depicts the ideal composition of a fully functioning Board. It is not necessary for each Director to be proficient or an expert in all the listed competencies. Rather, each Director should bring skills and competencies that, when combined with other Board Directors, provide the Board with a comprehensive competency profile. What is important is that the Board have the collective expertise in the competencies that are necessary to provide oversight and strategic guidance to the College. Therefore, updating the Board Competency Framework ensures the competencies align with the evolving strategic and oversight needs of the College, and are still relevant, as the priorities and needs of the College change over time.

Discussion:

College staff conducted an environmental scan to explore Board attributes and competencies developed by several other colleges. The Governance Committee reviewed those findings and the following opportunities to improve the current Board Competency Framework have been identified:

- Revisions to the Framework to more clearly focus on diversity, equity, and inclusion.
- Addition or updating of new attributes and competencies.
- Elimination of potentially exclusionary or biased language and wording.

Attachment 1 is the revised Board Competency Framework. The first column shows the original Board Competency Framework approved by the Board. The second column lists the proposed changes in track changes, and the third column includes the rationale identified by the Governance Committee.

Attachment 2 includes a clean version of the proposed Board Competency Framework.

Implications:

Should the revised Board Competency Framework be approved, the changes will be communicated to our registrants and system partners. Work will also begin to update the framework and incorporate the changes in time for the upcoming committee recruitment and for the Board elections in 2026. The skills matrix tool will also be updated, and Board Directors will self-assess against the revised Board Competency Framework.

BOARD MEETING BRIEFING NOTE

Board Competency Framework

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Attachments:

1. Proposed revised Board Competency Framework in a chart.
2. Clean copy of the revised Board Competency Framework.

Attachment 1: Proposed Board Competency Framework

Current Attribute	Proposed Attribute for Consideration	Rationale
<p>Attributes every Director will have or attain:</p>	<p><i><u>Attributes needed by every Director to support strong decision-making in the public interest</u></i></p>	<p><u>Preamble is updated.</u></p>
<p>Accountability, Honesty and Integrity</p> <p>Act with integrity and speak the truth, be able and willing to take full responsibility for decisions and follow through on commitments.</p>	<p><u>Accountability and Integrity</u></p> <p><u>Demonstrates a commitment to honesty. Be able and willing to take full responsibility for decisions and follows through on commitments.</u></p>	<p><u>Updated definition for more clarity. Emphasizes transparency, ethical conduct, and the importance of taking responsibility for both decision and actions.</u></p>
<p>Collaborative, Open and Curious</p> <p>Recognize that, in a complex system, what can emerge as a result of meaningful engagement and dialogue will be stronger than what is created in isolation. Be open to new ideas, new perspectives, and new ways of doing things, always bringing a learning mindset to decision-making.</p>	<p><u>Collaborative and Inclusive</u></p> <p><u>Actively engages in respectful, diplomatic, and inclusive dialogue, fostering a culture that values diversity and welcomes differing perspectives, experiences and ideas.</u></p>	<p><u>Updated definition for more clarity while maintaining the focus on actively fostering an inclusive environment. This will be the second attribute.</u></p>
<p>Communicator</p> <p>Be able to effectively and actively listen with the ability to express ideas, opinions and positions clearly.</p>	<p><u>Communicator</u></p> <p><u>Demonstrates strong communication skills by actively listening and clearly articulating ideas, opinions, and positions while being open to feedback and diverse viewpoints.</u></p>	<p><u>The edit enhances clarity by emphasizing not just communication, but also openness to feedback and diversity of viewpoints.</u></p>
<p>Inclusivity</p> <p>Create an environment and culture that welcomes diverse</p>		<p><u>Removed and part of Collaborative and Inclusive attribute.</u></p>

Current Attribute	Proposed Attribute for Consideration	Rationale
perspectives, new partners, and ideas.		
<p>Objectivity</p> <p>Be able to self-reflect and make decisions based on evidence and reliable and valid information, to best fulfill the public mandate.</p>	<p><u>Objectivity</u></p> <p><u>Demonstrates objectivity by engaging in self-reflection and making decisions based on evidence, reliable data, and sound judgment, always striving to fulfill the public mandate effectively.</u></p>	<p><u>Updated definition to emphasize sound judgment and making the attribute clearer</u></p>
<p>Public Interest Focus</p> <p>Upholds the public’s right to safe, ethical care, demonstrated by an understanding and appreciation of, and commitments to, the public protection mandate and the time required to execute the role diligently. Recognizing that the public interest will always be prioritized over personal or professional interests.</p>	<p><u>Public Interest Focus</u></p> <p><u>Prioritizes the public’s right to safe, ethical care by fully understanding and committing to the public protection mandate. Balances personal and professional interest to always place the public interest first, with diligence and focus.</u></p>	<p><u>Updated definition for more clarity. Will be moved to the top of the attribute list.</u></p>
<p>Respectful</p> <p>Be able to work with others effectively and appreciate different perspectives and opinions regardless of their background, culture, or divergent opinions, while fostering and promoting, not impeding or stifling, robust dialogue.</p>	<p><u>Respectful</u></p> <p><u>Demonstrates respect by engaging effectively with others, appreciating diverse perspectives, and fostering an environment where open, respectful dialogue is encouraged, even amidst differing views.</u></p>	<p><u>Updated definition to be more concise.</u></p>
<p>Self-Awareness</p> <p>Have a clear understating of personal strengths, areas of development and potential biases, self-reflection, remaining open to</p>	<p><u>Visionary and Strategic Thinker</u></p> <p><u>Considers wider impact of decisions on the College and its ability to meet its strategic directions. Identifies risks and broader trends and considers</u></p>	<p><u>New Attribute</u></p> <p><u>Removed strategic planning as a competency and put as an attribute. This version strengthens the connection between</u></p>

Current Attribute	Proposed Attribute for Consideration	Rationale
feedback, continuous growth, and improvement.	<u>how decisions align with strategic objectives and long-term priorities.</u>	<u>long-term vision and strategic decision making, with an emphasis on sustainability.</u>
	<p><u>Committed and Prepared</u></p> <p><u>Demonstrates commitment by dedicating the necessary time and effort to prepare for, actively participate in, and contribute to Board meetings and activities, ensuring informed and thoughtful decision-making.</u></p>	<p><u>New Attribute</u></p> <p><u>Highlights the proactive nature of participation and reinforces the idea of contributing to decision-making.</u></p>

Current Competency	Proposed Competency for consideration	Rationale
<p><i>One or more Directors should have the following professional experience, knowledge and skills:</i></p>	<p><u><i>Experience, knowledge and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest</i></u></p>	<p><u>Preamble is updated.</u></p>
<p>Leadership</p> <p>Demonstrates confidence and good judgement in inspiring, motivating, and offering direction and leadership to others. Conveys knowledge and understanding of consensus-building and uses effective facilitation techniques. Fosters the values and commitments of COTO.</p>	<p><u>Leadership</u></p> <p><u>Demonstrates confidence, sound judgment, and the ability to inspire, motivate, and guide others. Skilled in consensus-building, facilitation, and fostering a collaborative leadership approach. Upholds and promotes the values and commitments of COTO.</u></p>	<p><u>Updated definition for more clarity.</u></p>
<p>Board and Governance Experience</p> <p>Has experience with, or can demonstrate knowledge or expertise in, board governance in the private, public, and/or non-profit sector, through prior board or committee service. Clearly understands the distinction between the roles of the Board versus the roles of management. Understanding the role of the regulator versus a professional association.</p>	<p><u>Board and Governance Experience</u></p> <p><u>Demonstrates experience or expertise in governance within the private, public, or non-profit sectors, gained through board or committee service. Understands the distinct roles of the Board and management, as well as the difference between regulatory bodies and professional associations.</u></p>	<p><u>Updated definition for more clarity.</u></p>
<p>Regulatory Understanding</p> <p>Knowledge and understanding of the regulatory environment required to meet legal, regulatory and governance requirements. Understands the public protection mandate of the College. Familiarity with the oversight of the occupational therapy profession in accordance with applicable legislation, regulations, bylaws, and policies.</p>		<p><u>Removed</u></p> <p><u>Merged with knowledge of occupational therapy</u></p>

Current Competency	Proposed Competency for consideration	Rationale
<p>Knowledge of Occupational Therapy</p> <p>Has knowledge and understanding of the occupational therapy profession including scope of practice and the standards of practice of the profession. Clearly understands key trends/developments in the profession and an understanding of legislation and regulation governing the profession.</p>	<p><u>Knowledge of Professional and Occupational Regulation</u></p> <p><u>Good understanding of the role and mandate of health regulatory Colleges in Ontario, with a focus on public protection. Understands the regulatory framework for various professions, including occupational therapy.</u></p>	<p><u>Updated definition and merged with regulatory understanding.</u> <u>Simplifies the language while keeping the focus on the regulatory framework and the public protection mandate.</u></p>
<p>Risk Management</p> <p>Experience with, or able to demonstrate knowledge and understanding of the risk management framework for identifying, measuring, and managing significant risks and events that may impact the College's objectives.</p>	<p><u>Risk Management</u></p> <p><u>Knowledge of risk management principles, with experience in identifying, assessing, and mitigating significant risks that could affect the College's objectives and operations.</u></p>	<p><u>Updated definition for clarity by emphasizing key elements of risk management and how they impact the College.</u></p>
<p>Stakeholder Relations</p> <p>An understanding of the concept of public interest and how decisions that are made in the public interest may be viewed by stakeholders. Board willing to see things from a variety of perspectives, and can listen, understand, and respond to others.</p>	<p><u>Community and Public Relations</u></p> <p><u>Recognizes the importance of the public interest in decision-making and is mindful of how decisions are perceived by diverse groups. Fosters inclusive dialogue and engages meaningfully with various communities to ensure decisions reflect diverse perspectives.</u> <u>Recognizes the impact of public perception on decision-making and works to build trust and credibility through open dialogue.</u></p>	<p><u>Removed the word "stakeholder" as it has negative colonial origins for Indigenous communities.</u> <u>Definition has been updated.</u></p>
<p>Strategic Planning</p> <p>Understands the importance of an organizational vision and the methods/processes for developing a collective vision. Ability to recognize the issues facing the</p>		<p><u>Removed as a competency and goes under as an attribute.</u></p>

Current Competency	Proposed Competency for consideration	Rationale
<p>College and set long term goals and identify a process for achieving long term objectives, ensures risks are assessed and monitored. Experience leading a team to articulate a vision, identify strategic priorities, and oversee organizational performance.</p>		
<p>Financial Literacy</p> <p>Experience with, or is able to demonstrate knowledge or expertise in, accounting or financial management. This may include analyzing and interpreting financial statements, evaluating organizational budgets, and/or understanding of finance and generally accepted accounting principles: can read, interpret, and ask questions about financial statements, applies a basic understanding of financial management to ensure the integrity of financial information received by the Board.</p>	<p><u>Financial Literacy</u></p> <p><u>Demonstrates knowledge of financial management, including analyzing financial statement, evaluating budgets, and understanding generally accepted accounting principles. Able to interpret financial data, ask insightful questions, and contribute to ensuring the integrity of financial information provided to the Board.</u></p>	<p><u>Edit simplifies the language and improves readability.</u></p>
<p>Technological Competence</p> <p>Be able to work electronically in order to uphold security, privacy and efficiency of the College's work.</p>	<p><u>Technological Competence</u></p> <p><u>Demonstrates proficiency with technology to support the College's operations while upholding standards of security, privacy, and efficiency.</u></p>	<p><u>Updated definition for clarity.</u></p>

Current diverse perspectives, backgrounds and experiences	Proposed diverse perspectives, backgrounds and experiences	Rationale
<p><i>One or more Directors should have the following diverse perspectives, backgrounds and experiences needed by the Board to support strong decision-making in the public interest:</i></p>	<p><u>Diverse experience, backgrounds, and perspectives that will support strong decision-making in the public interest.</u></p>	<p><u>Preamble is updated. This revised section uses more inclusive and general language, making them applicable to a variety of individuals, not just those in occupational therapy.</u></p>
<p>Professional Diversity</p> <p>Occupational therapy practices are diverse and public and private sector contexts. The perspective of the different practice settings and areas of practice and contexts need to be present on the Board.</p>	<p><u>Professional and Experiential Diversity</u></p> <p><u>Recognizes that professional practices and experiences vary across different sectors and contexts (public, private, and non-profit). It is essential for the Board to include perspectives from a range of professional backgrounds and fields, ensuring a broad understanding of different sectors and roles.</u></p>	
<p>Regional Diversity</p> <p>Occupational therapy services vary throughout the province and so does the experience of the public's interaction and expectations of the health care system. The perspectives of the various regions of the province on the Board is desirable.</p>	<p><u>Regional Diversity</u></p> <p><u>Acknowledges that public services and experiences differ across regions, with unique needs and expectations in each area. The Board benefits from having representatives who bring perspectives from various geographic regions, ensuring decisions reflect the diverse needs of different communities.</u></p>	
<p>Age Diversity</p> <p>The Board needs the perspective of various age groups from both elected and appointed members.</p>	<p><u>Age Diversity</u></p> <p><u>Ensures that the Board reflects a range of age groups, incorporating the perspectives and experiences of individuals at different ages. A diverse age representation fosters a more holistic approach to decision-making and enhances relevance across generations.</u></p>	
<p>Cultural Diversity</p>	<p><u>Cultural Diversity</u></p>	

Current diverse perspectives, backgrounds and experiences	Proposed diverse perspectives, backgrounds and experiences	Rationale
<p>Occupational therapy practices are significantly influenced by culture. It is critical to have diverse cultural perspectives of Indigenous and other ethnic or racialized groups typically underrepresented.</p>	<p><u>Recognizes that cultural factors influence practices and decision-making across sectors. It is essential to include diverse cultural perspectives, particularly from Indigenous and other historically underrepresented ethnic and racial groups, to ensure inclusive and equitable governance.</u></p>	
<p>Gender Diversity</p> <p>The Board needs the perspectives of all persons with different lived experiences based on gender identity and gender expression in decision-making.</p>	<p><u>Gender Diversity</u></p> <p><u>Promotes gender diversity by ensuring that the Board reflects individuals with diverse gender identities and expressions. This diversity enriches decision-making by incorporating a variety of lived experiences and perspectives related to gender.</u></p>	

PROPOSED BOARD COMPETENCY FRAMEWORK – Clean Version

<p>Attributes needed by every Director to support strong decision-making in the public interest:</p>	<p>Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:</p>	<p>Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:</p>
<p>Public Interest Focus</p> <p>Prioritizes the public’s right to safe, ethical care by fully understanding and committing to the public protection mandate. Balances personal and professional interest to always place the public interest first, with diligence and focus.</p>	<p>Leadership</p> <p>Demonstrates confidence, sound judgment, and the ability to inspire, motivate, and guide others. Skilled in consensus-building, facilitation, and fostering a collaborative leadership approach. Upholds and promotes the values and commitments of COTO.</p>	<p>Professional and Experiential Diversity</p> <p>Recognizes that professional practices and experiences vary across different sectors and contexts (public, private, and non-profit). It is essential for the Board to include perspectives from a range of professional backgrounds and fields, ensuring a broad understanding of different sectors and roles.</p>
<p>Collaborative and Inclusive</p> <p>Actively engages in respectful, diplomatic, and inclusive dialogue, fostering a culture that values diversity and welcomes differing perspectives, experiences and ideas.</p>	<p>Board and Governance Experience</p> <p>Demonstrates experience or expertise in governance within the private, public, or non-profit sectors, gained through board or committee service. Understands the distinct roles of the Board and management, as well as the difference between regulatory bodies and professional associations.</p>	<p>Regional Diversity</p> <p>Acknowledges that public services and experiences differ across regions, with unique needs and expectations in each area. The Board benefits from having representatives who bring perspectives from various geographic regions, ensuring decisions reflect the diverse needs of different communities.</p>
<p>Accountability and Integrity</p> <p>Demonstrates a commitment to honesty. Be able and willing to take full responsibility for decisions and follow through on commitments.</p>	<p>Knowledge of Professional and Occupational Regulation</p> <p>Good understanding of the role and mandate of health regulatory Colleges in Ontario, with a focus on public protection. Understands the regulatory framework for various professions, including occupational therapy.</p>	<p>Age Diversity</p> <p>Ensures that the Board reflects a range of age groups, incorporating the perspectives and experiences of individuals at different ages. A diverse age representation fosters a more holistic approach to decision-making and enhances relevance across generations.</p>

Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
<p>Communicator</p> <p>Demonstrates strong communication skills by actively listening and clearly articulating ideas, opinions, and positions while being open to feedback and diverse viewpoints.</p>	<p>Risk Management</p> <p>Knowledge of risk management principles, with experience in identifying, assessing, and mitigating significant risks that could affect the College's objectives and operations.</p>	<p>Cultural Diversity</p> <p>Recognizes that cultural factors influence practices and decision-making across sectors. It is essential to include diverse cultural perspectives, particularly from Indigenous and other historically underrepresented ethnic and racial groups, to ensure inclusive and equitable governance.</p>
<p>Objectivity</p> <p>Demonstrates objectivity by engaging in self-reflection and making decisions based on evidence, reliable data, and sound judgment, always striving to fulfill the public mandate effectively.</p>	<p>Community and Public Relations</p> <p>Recognizes the importance of the public interest in decision-making and is mindful of how decisions are perceived by diverse groups. Fosters inclusive dialogue and engages meaningfully with various communities to ensure decisions reflect diverse perspectives. Recognizes the impact of public perception on decision-making and works to build trust and credibility through open dialogue.</p>	<p>Gender Diversity</p> <p>Promotes gender diversity by ensuring that the Board reflects individuals with diverse gender identities and expressions. This diversity enriches decision-making by incorporating a variety of lived experiences and perspectives related to gender.</p>
<p>Respectful</p> <p>Demonstrates respect by engaging effectively with others, appreciating diverse perspectives, and fostering an environment where open, respectful dialogue is encouraged, even amidst differing views.</p>	<p>Financial Literacy</p> <p>Demonstrates knowledge of financial management, including analyzing financial statements, evaluating budgets, and understanding generally accepted accounting principles. Able to interpret financial data, ask insightful questions, and contribute to ensuring the integrity of financial information provided to the Board.</p>	

Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
Visionary and Strategic Thinker Considers wider impact of decisions on the College and its ability to meet its strategic directions. Identifies risks and broader trends and considers how decisions align with strategic objectives and long-term priorities.	Technological Competence Demonstrates proficiency with technology to support the College's operations while upholding standards of security, privacy, and efficiency.	
Committed and Prepared Demonstrates commitment by dedicating the necessary time and effort to prepare for, actively participate in, and contribute to Board meetings and activities, ensuring informed and thoughtful decision-making.		

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Governance Committee
Subject: Board Assessment and Evaluation (Governance Policy)

Recommendation:

THAT the Board approve the Board Assessment and Evaluation policy as presented.

Issue:

The Board is asked to review and approve the draft policy and corresponding evaluation forms.

Link to Strategic Plan:

This aligns under:

Performance and Accountability

4.1 Ensures College governance is proactive, effective, competency-based and accountable.

Why this is in the Public Interest:

Evaluation increases the Board's understanding of its own performance related to governance and deepens its commitment to good governance and adherence to its governance principles and policies. This means regularly evaluating governance performance is in the public interest.

Equity, Diversity and Inclusion Considerations:

Board Directors should ensure that the equity, diversity, and inclusion perspective is considered and enhanced as they evaluate the Board performance.

Background:

As part of the strategic activities this fiscal year, the College is embarking on a comprehensive review of all the Governance policies. This will ensure that all the policies are up to date and, where necessary, new ones developed. Any proposed changes or new policies will be approved by the Board. The Board evaluation has not been fully revised since the Board moved away from the strict policy governance model and its revision is contemplated as an appendix to this policy.

Discussion:

As part of the comprehensive review of the Governance Manual, the College is developing the *Board Assessment and Evaluation* policy which will replace the existing Council Evaluation, GP14 policy. This policy is meant to ensure the Board is governing effectively with an ongoing focus on continuous

BOARD MEETING BRIEFING NOTE

Board Assessment and Evaluation (Governance Policy)

Page 2 of 2

improvement. It reflects the College's commitment to an accountable, transparent and open process of engagement, evaluation and constructive dialogue.

Both the Board Meeting Evaluation (conducted after every Board meeting), and the Annual Board Evaluation are included in this policy.

Implications:

If this policy is approved by the Board, it will be part of the new Governance Manual replacing the older version, GP14.

Attachments:

1. GP14 – Current policy
2. Revised Board Assessment and Evaluation Policy
3. Board Meeting Evaluation - Revised
4. Annual Board Evaluation - Revised

Policy Type: Governance Process
Policy Title: Council Evaluation
Reference: GP14
Date Prepared: December 2009
Date Revised: March 2010
Date Reviewed: March 2017

Council will evaluate the effectiveness of Council as a whole, and the individual contribution of its members.

Accordingly,

1. At least every two years, Council will evaluate its own performance as a whole and the individual contribution that members make in relation to the responsibilities highlighted in our Governance Process Policies and Council-Registrar Linkage policies.
2. The Executive Committee will recommend an evaluation process to Council for their approval.



Policy Type:	Governance Process
Policy Title:	Board Assessment and Evaluation
Reference:	GP 14
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	March 2017, January 2025

Purpose

This policy provides guidance and direction to the Board regarding the effectiveness of Board meetings and the Board as a whole. Regular evaluations are essential for improving Board performance, ensuring that meetings are productive, and overall governance is enhanced. This process focuses on board accountability, fosters a culture of continuous improvement, and drives organizational success.

Application

This policy applies to all Board Directors.

Policy

The Board will regularly evaluate its governance performance. The Governance Committee recommends an evaluation process to the Board for their approval. The committee reviews the process every three years to ensure it still meets current expectations. The Executive Committee conducts the evaluation, reviews the results and recommends improvements to the Board.

Procedure

It is the obligation and responsibility of the Board to govern effectively, to ensure fulfillment of the College's public protection mandate and to work together in building a healthy and effective Board team. Evaluation increases the Board's understanding of its own governance and deepens its commitment to good governance and adhering to the principles of good governance.

It includes two types of evaluations:

- 1. Evaluation of Board meetings:** To gather feedback after each Board meeting on the effectiveness of the meeting itself.
- 2. Annual Board Evaluation:** To evaluate the Board's performance over the course of the year, including board dynamics, and alignment with good governance.

Evaluation of Board meetings

- The Board will conduct meeting evaluations after each Board meeting. A survey will be distributed to all Board Directors immediately following each meeting. The evaluation will include quantitative and qualitative questions. The Executive Committee will review the evaluation findings and propose any recommendations. The author of each survey will be identified to the Executive Committee only, and a summary of the key findings and areas for improvement will be shared with the Board.

2. Key evaluation areas may include:
 - a. Meeting organization
 - b. Preparation
 - c. Effectiveness of discussion
 - d. Decision-making process
 - e. Individual performance
 - f. General satisfaction, and
 - g. Continuous improvement

Annual Board Evaluation

1. The Governance committee will recommend the Board evaluation that will be conducted, each year, after the January Board meeting.
2. This evaluation may include a survey of all Board members, involving both quantitative and qualitative questions, and a self-assessment.
3. The process may also involve an external facilitator to ensure objectivity and provide a third-party perspective.
4. Key evaluation areas may include:
 - a. Board governance (*i.e. adherence to Principles of Good Governance*)
 - b. Oversight and decision-making (*i.e. does the Board get enough information to assist them to make evidence-based decisions*)
 - c. Organizational Alignment (*i.e. Alignment with Mission, Vision and Values*)
 - d. Financial performance and risk (*i.e. Does the Board get the right information, at the right time, are they comfortable with the risk management program*)
 - e. Board dynamics and collaboration – (*i.e. Collegial and cordial relationships*).
 - f. Individual Performance – (*Through a self-assessment*)
 - g. Board meetings and processes, (*i.e. an overall evaluation of the year*) and
 - h. Competency Alignment
5. The findings of the evaluation will be reviewed by the Executive Committee who will make any recommendations for improvement to the Board. The Evaluation and recommendations will be shared with the Board and an opportunity for discussion will be included in the agenda at the next Board meeting.

Review

The Governance Committee will review the process and format of the meeting and annual evaluation on a regular basis, at least every three years.

Appendix A – Board Meeting Evaluation

Appendix B – Annual Board Evaluation

Attachment 3

Board meeting Evaluation Template

Scale for Evaluation: Propose the use of a Likert scale (1-5), which provides for more nuance in the responses:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

Name:

Meeting Organization

1. The meeting materials were received with sufficient time to prepare.
2. This meeting was effective and efficient.

Preparation

3. Board members were given an opportunity to declare any conflict of interest before the meeting.
4. The meeting materials were clear, relevant and comprehensive for each agenda item to support discussions and decisions.

Effectiveness of Discussion

5. Board discussions and decision-making were focused primarily on policy and strategic directions and not on administrative or management responsibilities.
6. Board members were prepared for the meeting, there were sufficient opportunities for all members to participate and contribute to the discussion and decisions.
7. The Board adhered to a semblance of order in the meeting.

Decision making Process

8. The public interest was at the forefront of all discussions and decisions made.
9. Board members were respectful and considerate of each other and of staff in encouraging and considering diverse viewpoints.

Individual Performance

10. The contribution of each Board member was meaningful and valuable to the discussion. Deliberations were fair, open, timely, and kept to the point.

General Satisfaction

11. Overall, how would you rate the effectiveness of this meeting.

Continuous Improvement

Anything else about the meeting that you would like to share?

(open question)

Attachment 4

Annual Board Evaluation Template

Scale for Evaluation: Propose the use of a Likert scale (1-5), which provides for more nuance in the responses:

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

(For each section we allow board members to provide additional comments to elaborate on their ratings).

Name:

Board Governance

1. The Board follows a clear set of governance principles and consistently enforces them.
2. The Board sets clear governance policies (such as bylaws, code of conduct and conflict of interest) and ensure they are consistently followed.
3. The Chair fulfills their role, duties, and responsibilities in a professional and effective manner.

Oversight and Decision-Making

4. The Board actively contributes to the development, review, and monitoring of the College's strategic priorities and mandate.
5. The Board's time is spent on issues relating to the strategic direction and not to manage the operations of the College.
6. The Board is satisfied with the College's risk management framework and feels well-informed about the risks facing the College and their key mitigation strategies.

7. The decision-making process is transparent, collaborative, and aligned with the College's strategic objectives and legislative mandate.
8. The College's Board committees (Governance, Nominations, and Finance and Audit) are effective with clear mandates and roles.

Organizational Alignment

9. The Board ensures that all decisions related to its strategic objectives and regulatory processes are aligned with the College's Mission, Vision, and Values and advance the public interest.
10. The Board regularly monitors and evaluates progress toward strategic goals and performance through quarterly reporting mechanisms.

Financial Performance

11. The Board's financial oversight ensures transparency, proper allocation of resources and alignment with the College's strategic goals and mandate.
12. The Board ensures adequate oversight of controls, audits and compliance processes to ensure alignment with legal and ethical standards.

Board Dynamics

13. The Board is respectful and considerate of diverse viewpoints, encouraging constructive discussion and debate.
14. Board members feel comfortable speaking openly and appropriately at Board meetings.
15. There is a culture of mutual respect and understanding among Board members.

Individual Performance

16. The Board regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education and development.
17. Board members come prepared to each meeting and contribute effectively to discussions and decisions.

Board Meetings and Processes

18. The Board's meeting arrangements (e.g. frequency, timing, duration and format) enhance its effectiveness.
19. Board meeting packages are distributed in a timely manner, allowing for full and proper consideration of important issues prior to meetings.
20. The quality of Board materials is appropriate: concise, clear, and focused on key issues and priorities.

21. The Board allows sufficient time for discussion of substantive matters.

Competency Alignment

22. The Board is composed of individuals with the appropriate skills, expertise, and experience to fulfill its responsibilities effectively.

23. The Board regularly reviews its competencies and identifies areas for improvement or additional expertise.

General Satisfaction

24. Keeping your answers to all the previous questions in mind, how would you rate the overall effectiveness of the Board in protecting the public interest.

25. What do you believe the Board does well? (open question)

26. What areas could the Board improve upon in the coming year? (open question)

27. Is there any additional feedback or suggestions for enhancing Board governance or effectiveness. (open question)

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Nominations Committee
Subject: Committee Appointments

Recommendation:

THAT the Board appoint Lauren Noronha to the Quality Assurance Committee and Anna Velter to the Practice Subcommittee, each for a three-year term, commencing January 31, 2025.

Issue:

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

Link to Strategic Plan:

This aligns under:

Quality Practice:

2.2 Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

Performance and Accountability:

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

The selection of competent Professional Appointees will promote diversity, equity, and inclusion. The composition of both committees is a broad representation of occupational therapists from across the province. Members are selected on their diversity of experiences and perspectives.

Background:

In late 2024, the Nominations Committee was notified of the upcoming recruitment of Professional Appointees for both committees.

BOARD MEETING BRIEFING NOTE

Committee Appointments

Page 2 of 2

The main responsibilities of the Quality Assurance Committee include:

- 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;
- 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 to ensure the continued competence of the registrant.

The main responsibilities of the Practice Subcommittee include:

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

Discussion:

As part of last year’s committee recruitment drive, both candidates consented for the College to keep their application on file in case a committee opportunity opened. The Nominations Committee was notified of the upcoming openings for both committees and staff brought forward their application and resume for the committee’s consideration. Staff input from the respected program areas was also shared to assist the Nominations Committee in assessing the needs of the committees in terms of balancing the required range of expertise and skills as well as a diversity of practice, geographic location, gender, cultural, and age diversity is met.

Implications:

None

Attachments:

1. Résumé – Lauren Noronha - *suppressed in public meeting material for privacy reasons*
2. Résumé – Anna Vehter - *suppressed in public meeting material for privacy reasons*

BOARD MEETING BRIEFING NOTE

Date: January 30, 2025
From: Nominations Committee
Subject: Committee Reappointments

Recommendation:

THAT the Board reappoint Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a 3-year term, effective April 1, 2025, and Sophie Stasyna to the Practice Subcommittee, for a three-year term, effective February 15, 2025.

Issue:

The Board is asked to consider three reappointments, as recommended by the Nominations Committee.

Link to Strategic Plan:

This aligns under:

Quality Practice:

2.2 Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

Performance and Accountability:

4.1 Ensures College governance is proactive, effective, competency-based, and accountable.

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

The reappointment of competent Professional Appointees will promote diversity, equity, and inclusion. The composition of both committees is a broad representation of occupational therapists from across the province. Members are selected on their diversity of experiences and perspectives.

Background:

The Quality Assurance Subcommittee is a non-statutory committee that provides recommendations to the Quality Assurance Committee about the ongoing development, implementation, and evaluation of the components of the Quality Assurance program. This includes supporting the development of the annual

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Committee Reappointments

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e-learning module including topic selection, identification of learning objectives, case scenario development, content review, and online testing as possible.

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

Discussion:

The Nominations Committee was notified of the upcoming reappointments for both committees. Staff input from the respective program areas was also shared to assist the Nominations Committee in assessing the needs of the committees in terms of balancing the required range of expertise and skills as well as a diversity of practice, geographic location, gender, cultural, and age diversity is met. During each professional appointee's first term, they provided valuable insights from their practice experience to the work of their committees. Reappointing Erin, Tanya and Sophie will enable continuity with the current work underway and support the overall effectiveness of both subcommittees.

Implications:

If all reappointments are approved by the Board, both committees will have a full complement of Professional Appointees as per the Terms of Reference.

Attachments: None