

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 judgement or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

For the **Board Meeting of June 19, 2025**, the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy and no conflicts were declared:

This will be updated on Monday, June 16, 2025

BOARD MEETING AGENDA

DATE: Thursday, June 19, 2025 **TIME:** 9:00 a.m. to 3:00 p.m. (Lunch 12:00 – 1:00 p.m.)

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

Agenda Item		Objective	Attach	Time (approx.)
1.0	Call to Order			
2.0	Public Protection Mandate			
3.0	Territorial Acknowledgement* (page 5)			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda – June 19, 2025	Decision	✓	
	<i>THAT the agenda be approved as presented.</i>			
6.0	Orientation – Role of Statutory Committees By: Program Managers			160 min (approx.)
Break & Board Picture (10:30)				
7.0	Consent Agenda			
	1. Registrar's Written Report of June 19, 2025 2. Draft Board Minutes of March 27, 2025 3. Draft Board Elections Minutes of March 27, 2025 4. Executive Minutes of March 12, 2025 5. Executive Minutes of April 30, 2025 6. Finance & Audit Minutes of March 10, 2025 7. Governance Minutes of January 13, 2025	Decision	✓	5
	<i>THAT the Board adopt the consent agenda items as listed:</i>			
8.0	Registrar's Report			
	8.1 Presentation: Year in Review – Status of projects for Year 1 of the 2024-2027 Strategic Plan By: Elinor Larney, Registrar & CEO	Information		30
	8.2 Quarterly Performance Report	Decision	✓	15
	<i>THAT the Board receive the Q4 FY 2024-2025 Quarterly Performance Report.</i> (Lucy Kloosterhuis)			

Agenda Item		Objective	Attach	Time (approx.)
8.3	Risk Management Report	Decision	✓	10
	<i>THAT the Board receive the Risk Management Report.</i> (Stacey Anderson)			
8.4	Presentation: Follow-Up on 2025-2026 Board Quarterly Reports By: Kim Woodland, Director of Programs			20
9.0	Finance			
9.1	FY2025-2026 Annual Operating Budget	Decision	✓	15
	<i>THAT the Board approve the FY2025-2026 Annual Operating Budget, as presented.</i> (Allan Freedman)			
10.0	Governance			
10.1	Committee Appointment - Quality Assurance Subcommittee	Decision	✓	5
	<i>THAT the Board appoint Elizabeth Gartner to the Quality Assurance Subcommittee, for a three-year term, effective immediately.</i> (Lucy Kloosterhuis)			
10.2	Committee Composition	Decision	✓	5
	<i>THAT the Board approve the revised 2025-2026 Committee Composition, effective immediately.</i> (Stacey Anderson)			
10.3	In Camera Policy & Procedure	Decision	✓	15
	<i>THAT the Board approve the revised In Camera Policy and Procedure.</i> (Allan Freedman)			
10.4	Registrar/CEO Annual Performance Evaluation Policy & Procedure	Decision	✓	15
	<i>THAT the Board approve the Registrar/CEO Annual Performance Evaluation Policy and Procedure.</i> (Lucy Kloosterhuis)			
10.5	Governance Policies – Training for Board, Committees and Chairs	Decision	✓	10
	<i>THAT the Board approve the following new policies: a) Training and Development for Board and Committees, and b) Training for Board Chair and Committee Chairs.</i> (Mary Egan)			

Agenda Item		Objective	Attach	Time (approx.)
10.6	Committee Assessment & Evaluation Policy	Decision	✓	10
	<i>THAT the Board approve the Committee Assessment and Evaluation Policy.</i> (Christine Funk)			
11.0	Committee Work			
11.1	Patient Relations Committee Revised Policy 10-10: <i>Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Policy</i>	Decision	✓	10
	<i>THAT the Board approve the updated Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Policy, 10-10.</i> (Stacey Anderson)			
12.0	Move In Camera			
	<i>THAT the Board move in camera to discuss a confidential human resources matter.</i>			
13.0	Environmental Scan			
14.0	Other Business			
14.1	Board Meeting Evaluation for June 19, 2025	Complete & submit	Provided at meeting	
15.0	Next Meetings			
	Board Education Session: Wed., October 29, 2025, 9:00 a.m. – 4:00 p.m. Location TBD Board Meeting: Thurs., October 30, 2025, 9:00 a.m. – 3:30 p.m. COTO Boardroom Board Meeting: Thurs., January 29, 2026, 9:00 a.m. – 3:30 p.m. COTO Boardroom Board Meeting: Thurs., March 26, 2026, 9:00 a.m. – 4:00 p.m. COTO Boardroom Board Meeting: Thurs., June 18, 2026, 9:00 a.m. – 3:30 p.m. COTO Boardroom			
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 June 19, 2025

Focus of the Board Meeting Today

The fourth and final quarter of the fiscal year and Year One of the new strategic plan has ended. At the meeting I will be presenting a summary of accomplishments from the 2024/25 year related to the strategic plan.

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

- Communications efforts have been focused on providing support for key initiatives across the organization including annual renewal, the upcoming launch of the QA eLearning module, and the creation of new public-focused material about the complaints process.
- Introductory videos for program areas are being finalized and will be added to the welcome guide for new registrants and shared across social channels. The videos are another step in creating understanding and engagement with new registrants.
- A public consultation with the Citizen Advisory Group is currently underway, as we seek to build better understanding of the function of the public register.

LEADERSHIP PRIORITY #2: QUALITY PRACTICE

The College embraces leading regulatory practices to protect the public.

Registration Program

The Registration team has concluded the annual renewal process for the second year using our new portal. The process went smoothly. This was the first time the college has asked registrants for their socio-demographic data. We received this information from 63% of our registrants. Over the next few months, we will be analyzing the data and hope to bring the Board this information in October.

Quality Assurance Program

In the last several months COTO QA embarked on an exciting project with the Nova Scotia Occupational Therapy Regulator (NSOTR) to help implement a competency review assessment in the province. We assisted with sharing the process, revising the tools, and training peer assessors. There are now 4 assessors that are in the midst of doing the assessments. By all accounts – a good partnership!

Investigations and Resolutions

The program has been focused over the past few months on implementing a resolution approach to formal investigations for low-risk matters. The goals of this approach are to resolve issues faster with increased satisfaction in the outcomes for both the person making the complaint and the occupational therapist.

Practice

- The Office of the Chief Coroner of Ontario, the Geriatric and Long-Term Care Review Committee (GLTCRC) OCC File No.: 2023-21025 (GLTCRC 2024-03) released a report on the death of a hospital patient following a near asphyxia episode while in a wheelchair with a lap belt. The College received the GLTCRC report and recommendation in January 2025.
- Following receipt of the GLTCRC report and recommendation, the practice subcommittee convened in February to discuss the direction and scope of the practice guidance aimed at preventing future deaths. Following that meeting, the practice subcommittee engaged with subject matter experts to ensure the advice provided to occupational therapists was grounded in current evidence and best practices. Based on this input, a draft policy was developed.
- A response letter will be sent to the Office of the Chief Coroner of Ontario by July 23, 2025, outlining the development process to date and providing an estimated timeline for dissemination to occupational therapists. The finalized, edited, and formatted practice guidance will be presented for review and approval at the October 2025 meetings of both the Executive and the Board. See your FYI package for details.
- Practice hosted a student OT from U of T this spring, together with the QA program. She conducted an environmental scan and literature review on risk frameworks as background for a future guidance document for OTs related to managing risks in their practice.

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)

- We held a Board Meeting in May 2025. At this meeting, ACOTRO held its annual meeting. In addition, Marianne Baird, Registrar and CEO of the College of OT in Alberta was elected as the new president of ACOTRO. I have spent the last while handing over the many tasks I did as president, to her. In addition, my participation in national committees was redistributed to other ACOTRO directors. Kim Woodland of COTO will continue to support ACOTRO projects and will be a part of the SEAS Oversight Committee to help with continuity until the new COTO Registrar/CEO gets up to speed.
- ACOTRO's project, funded by the Federal Government, for strengthening the Substantial Equivalency Assessment System (SEAS) had a start date of June 16, 2025. So, the first priority will be to recruit staff and a project manager to assist with implementing the projects. This grant will be for over three million dollars over a three-year period to significantly improve processes and

outcomes for this assessment process for internationally educated occupational therapists coming to Canada. To note, Ontario is the recipient of over 50% of occupational therapists from other countries to Canada, so supporting this project will be a priority.

- The project in which the College received funding from the Canadian Institute for Health Information (CIHI), has now concluded. This project was about the collection and submission to CIHI of race-based data that was collected through this year's annual renewal in addition to some other data improvements. The other OT regulators in Canada are all also completing this work in line for each of their annual renewal time frames. The next step will be the submission of this data to CIHI.
- OT Competencies – I have been part of a national group that was formed to assist with the coordination and communication between organizations that are implementing the new OT competencies. Members include regulators, educators, and the Canadian Association of Occupational Therapists who coordinates 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, the group, called the OT Competency Editorial Committee involves all three partners, ACOTRO, the Association of Canadian Occupational Therapy University Programs (ACOTUP), and the Canadian Association of Occupational Therapists (CAOT), made some minor edits to the competencies. The changes to the French version were made to incorporate inclusive language. These new versions are now on the ACOTRO website.
- The College, through ACOTRO, has received word that British Columbia has officially signed on to the Memorandum of Understanding for remote practice. This means that 10 of 10 provinces have agreed that for practice using remote means, practice occurs where the therapist is located. Occupational therapists will not need to register in multiple provinces if they are practising using remote technologies.

Occupational Therapy Ontario Collaborative (OTOC)

This is a group comprised of the provincial professional association, the Ontario Society of Occupational Therapists (OSOT), and the chairs of each of the five occupational therapy university programs in Ontario. Most recently this group has been discussing the need for more occupational therapists to work in Ontario and the benefits of supporting occupational therapists who take on student occupational therapists as part of their training. The College has agreed to participate in the recognition of occupational therapists who do this important work. This year, any occupational therapist who supervised a student will be recognized with a certificate that includes the signatures of the Registrar/CEO of the College and the Executive Director of the Ontario Society of Occupational Therapists.

Health Profession Regulators of Ontario (HPRO)

I have continued to serve on the Management Committee as past chair until June 23, 2025. Being part of the Management Committee of HPRO has helped me connect with other colleges and stay abreast of the issues affecting regulation. This year, HPRO will conduct a salary survey across all health colleges. Doing this work collectively is a cost-effective means of gathering needed benchmarking data.

Provincial Government

- Bill 2, Protect Ontario Through Free Trade Within Canada Act, 2025
 - This bill includes key measures that will impact the mobility of workers through the *Ontario Labour Mobility Act, 2009*. Many of the provisions will have no real impact on the college as we already meet or exceed them. However, one provision called ‘Deemed Certification’ creates a formalized ‘As of Right’ system where qualified health professionals from other Canadian provinces and territories are deemed to be certified in their regulated occupation in Ontario for a one-time six-month period. They must provide their out-of-province authorizing certificate and meet other prescribed requirements.
 - However, a significant concern is that an out-of-province OT may begin practicing in Ontario simply by submitting their certificate, before any assessment of their suitability to practice has been completed. Delays in submitting required information may result in individuals practicing for up to six months before any issues are identified or addressed.
- Another consideration is the lack of reciprocity in all the provinces. Although Ontario has signed an MoU with some provinces, not all are on board. This means health professionals from Ontario may not be granted similar mobility rights in provinces that have not adopted equivalent legislation.

LEADERSHIP PRIORITY #4: PERFORMANCE AND ACCOUNTABILITY

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

- You will notice in the package that our quarterly report is the same as last quarter, even though we told you in March that it would change. That is because we are closing out the fiscal year with this current report. At the meeting, Kim Woodland will share what the report will look like for the 1st quarter of the 2025-2026 fiscal year. Our year is from June 1 to May 31, so we won’t have data yet, but the skeleton will be presented for the Board’s review.
- The Board will receive an orientation related to the mandate and functioning of the statutory committees, and a general reminder of how to read and understand financial information, at the meeting.
- We will welcome Jennifer Kerr, as our newest public member, to this June Board Meeting. The Executive Committee has appointed her to the Patient Relations and Quality Assurance Committees.
- We understand that Nick Dzudz has not been reappointed to our College. We have sent him our customary award and our thanks for his work at the College.

Staffing Update

Since the last Board Meeting:

- The Search Committee work is underway to coordinate a replacement for the Registrar/CEO. An in-camera opportunity is available to the Board during the meeting for an update.
- The College has hired two summer students;

- System Development Intern (to help in Registration)
- Accounting Summer Student (Corporate Services)

See you at the meeting! Elinor

BOARD MEETING MINUTES - *DRAFT*

DATE: Thursday, March 27, 2025

TIME: 9:00 a.m. – 2:30 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

REGRETS:

Pathik Shukla

GUESTS:

OBSERVERS:

Jennifer Henderson
Dana Lobson, *MOH*
Marnie Lofsky, *OSOT*
Thuy Luong

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*
Alex Kunovac, *Manager, Registration*
Cara Moroney, *Manager, Investigations & Resolutions*
Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Andjelina Stanier, *Executive Assistant, Scribe*
Nancy Stevenson, *Director, Communications*
Diane Tse, *Practice Consultant*
Kim Woodland, *Program Director*

1.0 Welcome and Call to Order

Chair Neelam Bal called the meeting to order at 9:00 a.m. and invited members to introduce themselves.

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 Territorial Acknowledgement*

Lucy Kloosterhuis read out the Territorial Acknowledgement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest for the items on today's agenda. None were declared.

5.0 Approval of Agenda

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

MOVED BY: Elizabeth Gartner

SECONDED BY: Mary Egan

***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 March 27, 2025
2. Draft Board Minutes of January 30, 2025
3. Executive Minutes of January 17, 2025
4. Finance & Audit Minutes of January 16, 2025

MOVED BY: Stacey Anderson

SECONDED BY: Nick Dzudz

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

CARRIED

7.0 Registrar's Report / Presentation: 2024-2025 Q3 Status of Operational Projects

The Registrar presented on the status of the operational projects for Q3 FY 2024-2025 related to the 2024-2027 strategic plan and responded to questions.

7.1 Quarterly Performance Report

Stacey Anderson stated that the quarterly report provides an update on program and committee activities for the past quarter. The Registrar responded to questions.

MOVED BY: Stacey Anderson

SECONDED BY: Adrian Malcolm

***THAT** the Board receive the Q3 FY 2024-2025 Quarterly Performance Report.*

CARRIED

7.2 Presentation: Quarterly Reports and Key Indicators,

Kim Woodland presented on proposed changes to the quarterly performance reporting tool and provided rationale. The Board held a short discussion and provided feedback, and Kim responded to questions. These changes will be incorporated into the report format, and it will be brought forward to the Board for approval in June.

7.3 Risk Management Report

Lucy Kloosterhuis explained that the Board has oversight of risk management for the College. The Board has previously delegated this task to the Executive Committee which reviews the entire Risk Register annually, while keeping the Board updated quarterly on high or critical risks, or changes in status. The Registrar reported that there are no new high or critical risks to report nor any changes in status from the previous quarter. Following a recommendation at the last meeting, the risk to the public category has been added to the report and overall Risk Register.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Stacey Anderson

THAT the Board receive the Risk Management Report.

CARRIED

7.4 2024 College Performance Measurement Framework (CPMF)

Stamatis Kefalianos stated that the draft CPMF for 2024 was provided to Board members to review prior to the meeting today. All recommended changes received were incorporated into the document. The College has met the requirements of all 50 indicators.

MOVED BY: Stacey Anderson

SECONDED BY: Elizabeth Gartner

THAT the Board approve the College Performance Measurement Framework for submission to the Ministry of Health and posting on the College website.

CARRIED

7.5 Annual Board Evaluation

The Chair presented the results from the 2024-2025 Board Evaluation. Overall, they were very positive, with a few lower scores received from newer members. It's expected that with more Board experience, they will feel more confident in their role. The Chair reviewed the action items as determined by the Executive Committee which address the recommendations for improvement. The Board held a short discussion.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Christine Funk

THAT the Board review the Annual Board Evaluation Summary and approve the action plan.

CARRIED

8.0 Finance

8.1 Fiscal Year 2024/2025 Q3 Financial Summary Report

Allan Freedman stated that Q3 year-to-date results reflect a surplus with additional costs expected to come in the fourth quarter. It is anticipated that the budget will land closer to the projected deficit by year-end, but the College is striving to minimize it as much as possible. The Communications program is over budget due to the unplanned website update project previously approved by the Executive Committee. Operational initiatives come in under budget due to the timing of activities and invoices and decisions made to delay some projects. Professional fees are under budget due to timing but are expected to be on track with the budget by year-end. 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 Q3 Financial Report, as presented

CARRIED

8.2 Investment Portfolio

Allan reported that the College continues to monitor investments and reinvest as investments mature. The summary report was included in the meeting materials.

MOVED BY: Allan Freedman

SECONDED BY: Mary Egan

THAT the Board receive the investment report.

CARRIED

9.0 Governance

9.1 Committee Appointments

Stacey explained that currently two committees have three vacant positions to be filled. The Nominations Committee considered the skills and attributes required for each committee, interviewed candidates accordingly, and selected Adam Broad, Katherine LeMay and Diane Brownlee to fill these positions.

MOVED BY: Stacey Anderson

SECONDED BY: Julie Reinhart

THAT the Board appoint Adam Broad to the Practise Subcommittee, and Katherine LeMay and Diane Brownlee to the Quality Assurance Subcommittee, each for a three-year period, commencing March 28, 2025.

CARRIED

9.2 Election Update – District 1

Lucy explained that the District 1 Election to fill two Board positions was completed and Neelam Bal and Thuy Luong were declared elected by a majority of votes. The Registrar explained that the voting period was extended by a few additional days due to a glitch in voter lists.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Tina Siemens

THAT the Board receive the election report for District 1.

CARRIED

10.0 Presentation: Investigations Overview: A Tale of Two Processes

Cara Moroney presented the two investigation processes outlined in the *Regulated Health Professions Act, 1991*; their similarities, differences, and outcomes and how the Inquiries Complaints and Reports Committee (ICRC) makes decisions.

11.0 Move In Camera

A motion was put forward to move *in camera* to discuss a human resources matter. Observers and staff, excluding Elinor Larney and Seema Singh-Roy, left the meeting for this item.

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

THAT the Board meeting move in camera

CARRIED

MOVED BY: Elizabeth Gartner

SECONDED BY: Lucy Kloosterhuis

THAT the Board meeting move out of camera

CARRIED

12.0 Environmental Scan

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

Farewell Presentations

Allan and Vincent expressed appreciation on behalf of the Board to Sarah Milton and Elizabeth Gartner for their contributions to the Board and committees over the past three years. Sarah and Elizabeth each thanked the Board and staff for the opportunity to learn and grow professionally, and to serve the public. The Chair acknowledged that while Nick was no longer present at today's meeting, it is probably his last before his term ends. She thanked him for his work at the College and for his role in supporting public protection.

13.0 Other Business

13.1 Board Meeting Evaluation for March 27, 2025

The Chair reminded members to complete the electronic Board Meeting Evaluation for today's meeting. A survey link will follow tomorrow.

14.0 Next Meetings

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 1:19 p.m.

MOVED BY: Elizabeth Gartner

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

CARRIED

APPENDIX 1: * 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.

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
March 27, 2025	<i>THAT the Board receive the election report for district 1.</i>	Complete
March 27, 2025	<i>THAT the Board appoint Adam Broad to the Practise Subcommittee, and Katherine LeMay and Diane Brownlee to the Quality Assurance Subcommittee, each for a three-year period, commencing March 28, 2025.</i>	Complete
March 27, 2025	<i>THAT the Board review the Annual Board Evaluation Summary and approve the action plan.</i>	Complete
March 27, 2025	<i>THAT the Board approve the College Performance Measurement Framework for submission to the Ministry of Health and posting on the College website.</i>	Complete
January 30, 2025	<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>	Complete
January 30, 2025	<i>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.</i>	Complete
January 30, 2025	<i>THAT the Board approve the Board Assessment and Evaluation policy as presented</i>	Complete
January 30, 2025	<i>THAT the Board approve the revised Board Competency Framework.</i>	Complete
January 30, 2025	<i>THAT the Board approve the Principles of Good Governance policy and that it be included as part of the Governance Manual.</i>	Complete
January 30, 2025	<i>THAT the Board approve the collection and use of sociodemographic data policy related to Indigenous and Race identity, including today's changes.</i>	Complete

Board Meeting Date	Decisions	Current Status
January 30, 2025	THAT the Board approve the Currency Requirements for Applicants policy, including today's changes to the appendix.	Complete
January 30, 2025	THAT the Board approve the Emergency Class of Registration policy.	Complete
January 30, 2025	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).	Complete
January 30, 2025	THAT the Board approve the tools and processes of the Quality Assurance (QA) Competency Assessment.	Complete
January 30, 2025	<p>THAT the Board approve the College join the Health Professions Discipline Tribunal for a term ending in December 2025.</p> <p>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).</p> <p>THAT the Board appoint David A. Wright to be Chair of the OOTDT (OT Discipline Tribunal) and the Fitness to Practise Committee.</p> <p>THAT the Board appoint Teri Shackleton to be the Vice Chair of the OOTDT until March 31, 2025.</p> <p>THAT the Board appoint Vincent Samuel to be the Vice Chair of the Fitness to Practise Committee until March 31, 2025.</p> <p>THAT the Board appoint to the OOTDT the following individuals who will act as adjudicators:</p> <ul style="list-style-type: none"> i. Raj Anand ii. Sherry Liang iii. Sophie Martel iv. Jennifer Scott 	Complete

Board Meeting Date	Decisions	Current Status
	<i>v. Jay Sengupta</i> THAT the Board approve the changes to the Terms of Reference for both the Discipline Committee and the Fitness to Practise Committee.	
January 30, 2025	THAT the Board review the Honoraria Policy and approve the amendments to the Allowable Expenses Policy, as presented.	Complete
January 30, 2025	THAT the Board approve the proposed 2% increase to Registration fees for the upcoming 2025/2026 annual renewal period.	Complete

BOARD OFFICER ELECTIONS MINUTES - DRAFT

DATE: Thursday, March 27, 2025 **TIME:** 1:20 p.m. – 2:15 p.m.

In Attendance:

DIRECTORS:

Neelam Bal, *Co-Chair*
Stacey Anderson
Mary Egan
Allan Freedman
Christine Funk
Lucy Kloosterhuis
Thuy Luong
Adrian Malcolm
Julie Reinhart
Vincent Samuel
Tina Siemens

SCRUTINEERS:

Jennifer Henderson, *Nominations Committee Chair*
Nancy Stevenson, *Director of Communications*

STAFF:

Elinor Larney, *Registrar & CEO, Co-Chair*
Stamatis Kefalianos, *Director of Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*
Kim Woodland, *Director of Programs*

REGRETS:

Nick Dzudz
Pathik Shukla

1.0 Call to Order and Appointment of Scrutineers

Chair Elinor Larney called the meeting to order at 1:21 p.m. Jennifer Henderson and Nancy Stevenson were put forward to serve as scrutineers.

MOVED BY: Adrian Malcolm

SECONDED BY: Tina Siemens

THAT the Board appoint Jennifer Henderson and Nancy Stevenson as scrutineers.

CARRIED

2.0 Approval of Agenda

Chair Elinor Larney called for changes to the agenda. No changes were made

MOVED BY: Neelam Bal

SECONDED BY: Stacey Anderson

THAT the agenda be approved as presented.

CARRIED

3.0 Election of Officers & Appointment of Scrutineers

3.1 Election of Officers

The Chair reminded members that the slate of candidates and statements of candidacy were circulated for review prior to the election today. She stated that according to the bylaws, the Executive Committee must be comprised of two professional and two public Directors. She further stated that the slate will be read prior to the vote for each position and additional nominations will be accepted from the floor. A call for nominations from the floor for each position will be made three times and then nominations will be declared closed. Voting proceeded as follows:

BOARD CHAIR

Neelam Bal, and Julie Reinhart were nominated for the position of Board Chair. No nominations were received from the floor, and nominations were declared closed. The ballot was comprised of Neelam Bal and Julie Reinhart. Votes were completed. A majority was declared.

Neelam Bal was declared elected Board Chair, by a majority of votes.

BOARD VICE-CHAIR

Stacey Anderson, Neelam Bal, Julie Reinhart and Tina Siemens were nominated for the position of Board Vice-Chair. Neelam Bal was removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was comprised of Stacey Anderson, Julie Reinhart and Tina Siemens. Votes were completed. A majority was not declared. Julie Reinhart was removed from the runoff ballot having received the lowest number of votes. The runoff ballot was comprised of Stacey Anderson and Tina Siemens. Votes were completed. A majority was declared.

Stacey Anderson was declared elected Board Vice-Chair, by a majority of votes.

BOARD OFFICER #1 - Finance

Stacey Anderson, Neelam Bal, Allan Freedman, Lucy Kloosterhuis, Julie Reinhart, Vincent Samuel, and Tina Siemens were nominated for the position of Officer #1 - Finance. Neelam Bal and Stacey Anderson were removed from the ballot. Professional Directors, Julie Reinhart and Tina Siemens were removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was comprised of Public Directors Allan Freedman, Lucy Kloosterhuis, and Vincent Samuel. Votes were completed. A majority was declared.

Allan Freedman was declared elected Board Officer #1 – Finance, by a majority of votes.

BOARD OFFICER #2

Public Directors, Lucy Kloosterhuis and Vincent Samuel remained eligible on the ballot for the position of Officer #2. No further nominations were received, and nominations were declared closed. The vote was completed. A majority was declared.

Lucy Kloosterhuis was declared elected Board Officer #2, by a majority of votes.

3.2 Motion to Destroy Ballots

Chair Elinor Larney stated that according to College Bylaws, ballots from the election are to be destroyed by Board approval.

MOVED BY: Tina Siemens

SECONDED BY: Lucy Kloosterhuis

THAT the ballots for the 2025 Election of Officers be destroyed.

CARRIED

Chair Elinor Larney passed the chair to newly re-elected Board Chair, Neelam Bal.

4.0 New Business – Newly re-elected Board Chair, Neelam Bal, presiding.

Following the election of officers, Chair Neelam Bal called for a short break to finalize the list for the 2025-2026 Committee appointments.

4.1 Committee Appointments & Composition

The draft list of chairs and composition of committees for 2025-2026 was presented to the Board for consideration. A recommendation was made to appoint an additional Board member to the Succession Planning Committee; Tina Simens volunteered for this appointment.

MOVED BY: Allen Freedman

SECONDED BY: Stacey Anderson

THAT the Board appoint an additional Board member to the Succession Planning Committee.

CARRIED

MOVED BY: Thuy Luong

SECONDED BY: Stacey Anderson

THAT the Board approve the 2025-2026 chair appointments and composition of committees as recommended by the Nominations Committee.

CARRIED

4.2 Annual Signing

Chair Neelam Bal asked members to complete the Confidentiality, Code of Conduct, and Conflict of Interest forms which were sent electronically earlier in the day.

5.0 Next Meetings

The 2025-2026 meeting dates were set as follows:

- Board Education Session: Wednesday, October 29, 2025, 9:00 a.m. – 4:00 p.m., location TBD

- Board Meeting: Thursday, October 30, 2025, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: Thursday, January 29, 2026, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: Thursday, March 26, 2026, 9:00 a.m. – 4:00 p.m., at the College
- Board Meeting: Thursday, June 18, 2026, 9:00 a.m. – 3:30 p.m., at the College

6.0 Adjournment

There being no further business, the meeting was adjourned at 2:16 p.m.

MOVED BY: Allan Freedman

THAT the meeting be adjourned.

CARRIED

EXECUTIVE COMMITTEE MINUTES

DATE: Wednesday, March 12, 2025 **TIME:** 1:00 p.m. – 4:00 p.m. via zoom

In Attendance:

MEMBERS:

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

GUESTS:

STAFF:

Elinor Larney, *Registrar & CEO*
Stamatis Kefalianos, *Director of Regulatory Affairs* (item 9.3)
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 1:02 p.m. The meeting will follow a hybrid formal/consensus decision-making model.

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 Territorial Acknowledgement*

The Chair read out the Territorial 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 changes to the agenda. *Nominations Committee Chair Appointment* was added as item 9.2, subsequent items were renumbered accordingly, and the agenda was approved as amended.

6.0 Executive Committee Terms of Reference

The Chair stated that the committee's terms of reference were provided as a resource to aid in preparing for the meeting.

7.0 Approval of Draft Minutes

7.1 Draft Executive Minutes of January 17, 2025

The Chair called for edits to the draft minutes of January 17, 2025. None were reported and the minutes were approved as presented.

8.0 Registrar's Report

8.1 Registrar's Verbal Report

Leadership Team

The leadership team will engage in operational planning in April to determine the projects for 2025-2026 related to advancing the 2024-2027 strategic plan.

Podcast at the College

The College recently sponsored a student OT from Queen's University who was tasked with working with the QA program to develop a learning tool for the annual learning module which teaches how to set SMART goals. A podcast was recorded and is available on the College Website, YouTube and Spotify.

Employer Newsletter

The College will soon publish its first online employer newsletter with a focus on timely items, such as the first one being on Annual Renewal and why it is important to employers.

Annual Renewal

Annual renewal will begin on April 1, 2025. For the first time, the College will be asking a series of socio-demographic questions. These questions will not be mandatory; however, participation will be encouraged.

Coroner's Report

The college has received another coroner's report that is asking for our response. This new topic is related to the use of lap belt restraints for wheelchairs. The Practice Team has put together an interim response to the previous request related to Medical Assistance in Dying which will be forwarded to the Board for their information.

ACOTRO - Association of Canadian Occupational Therapy Regulatory Organizations

ACOTRO has been conditionally awarded a federal grant of \$3.2M towards upgrading and improving the SEAS processes. An additional grant of \$120K was approved by the BC government, which is related to some smaller needed improvements to the SEAS processes.

Scope of Practice / OSOT – Ontario Society of Occupational Therapists

Elinor and Kim Woodland, Programs Director, and Marnie Lofsky, Executive Director of OSOT are working together to change the description of the OT profession to more accurately reflect the work that OTs do in the mental health sector.

Occupational Therapy Ontario Collaborative (OTOC)

Discussions within the OTOC group have focused on supporting universities to find preceptors/student placements with a view to ultimately increase the number of OTs working in Ontario.

Politics/Provincial Trade Barriers

Due to the trade discussions with the US, the Federal Government has been reviewing trade in general in Canada. An announcement was made related to the reduction of interprovincial trade barriers and the movement of professionals across Canada. We are watching this to determine if there will be an impact on the registration of occupational therapists.

8.2 Risk Report

Elinor reported that there were no changes to the status of current high or critical risks this quarter and no new risks were identified. The committee held a discussion and agreed to bring the report forward for Board approval.

9.0 Business Arising

9.1 Committee Work Plan

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

9.2 Nominations Committee Chair Appointment

Elinor explained that the Nominations Committee is tasked with recommending to the Board the appointment of committee chairs, but to avoid any conflict of interest, it is the Executive Committee that selects and recommends the chair of the Nominations Committee itself. Executive held a discussion and agreed to recommend Jennifer Henderson for reappointment as chair for the Nominations Committee for 2025-2026.

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

THAT Executive recommends to the Board that Jennifer Henderson be reappointed as Chair of the Nominations Committee for 2025-2026.

CARRIED

9.3 2024 College Performance Measurement Framework (CPMF)

Stamatis Kefalianos joined the meeting for this item. He stated that prior to today's meeting, Executive Committee members were provided with the draft CPMF for review and all feedback committee members provided has been incorporated into the document. He also stated that all 50 reporting indicators were the same as in 2023, and that the College has once again met the requirements for all 50. The final draft will be provided to Board well in advance of their March 27 meeting, and any revisions, if received, will be incorporated into the document for final approval at that meeting.

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

THAT Executive recommends the College's 2024 submission of the College Performance Measurement Framework be forwarded to the Board for approval, including today's changes.

CARRIED

9.4 Annual Board Evaluation Feedback

Executive reviewed the results from the 2024-2025 Board Evaluation. The Chair stated that feedback overall was very positive. A discussion was held and action items agreed upon to address several recommendations for improvement. The Chair will update the Board at the next meeting.

9.5 Board Education Planning

Executive discussed various topics of interest for the next Board Education Session in October. Some ideas were generated through the Board evaluation. Suggested topics include “the role of the Board”, “How to determine if the Board is making progress related to the strategic plan”, ‘Governance’ and “Conducting Effective Meetings”. A decision will be made at a later Executive Committee meeting.

9.6 Executive Committee Effectiveness Survey Feedback

The Chair noted that feedback from the spring 2025 Executive Committee Effectiveness feedback was quite positive. Committee members are satisfied with the way the committee functions and the goals that have been achieved this year.

9.7 Draft Board Minutes

Executive reviewed the draft January 30, 2025, Board Minutes.

9.8 Board Meeting Evaluation Feedback

Executive reviewed the feedback from the January 30, 2025 Board Meeting. Generally, it was very positive with members expressing they found it was a very pleasant and effective meeting.

9.9 Annual Board Member Self-Evaluation Feedback

Executive reviewed the feedback from the 2024-2025 Board Member Self-Evaluation survey. Overall, the feedback reflected that members are functioning well and feel they are contributing to Board meetings. Some concerns were raised about not fully understanding their role or the meeting materials. Executive held a discussion and agreed on ways to incorporate more specific information in the Board orientation process to address these concerns.

9.10 Draft Board Agenda

Executive reviewed the draft Board agenda for March 27, 2025, and finalized it. Executive recommended a review of the *in camera* protocol to incorporate current best practices.

9.11 Draft Officer Elections Agenda

Executive reviewed the draft Officer Elections agenda for March 27, 2025, and finalized it.

10.0 Next Meeting

TBD

11.0 Adjournment

There being no further business, the meeting was adjourned at 3:28 p.m.

APPENDIX 1: * 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.

EXECUTIVE COMMITTEE MINUTES

DATE: Wednesday, April 30, 2025 **TIME:** 1:00 p.m. – 3:00 p.m. via zoom

In Attendance:

MEMBERS:

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

GUESTS:

STAFF:

Elinor Larney, *Registrar & CEO*
Seema Singh-Roy, *Director Finance, People & Corporate Services (10.4 & 10.5)*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Executive Committee Orientation

Registrar and CEO, Elinor Larney, conducted the Executive Committee Orientation prior to the start of the meeting.

2.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 1:27 p.m. She stated the meeting would follow an informal decision-making model.

3.0 Public Protection Mandate

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

4.0 Territorial Acknowledgement*

The Chair stated that members have had the opportunity to read and acknowledge the Territorial Acknowledgement statement (Appendix 1).

5.0 Declaration of Conflict of Interest

The Chair asked if there were any declarations of conflict of interest with the items on the agenda: None were reported.

6.0 Approval of Agenda

The Chair called for approval of the agenda as presented. An additional topic of discussion was added as item, 10.5 *In Camera*, and the agenda was approved as amended.

7.0 Executive Committee Terms of Reference

The Chair stated that the committee terms of reference document was provided as a resource to aid members as they prepare for the meetings.

8.0 Approval of Draft Minutes

7.1 Draft Executive Minutes of March 12, 2025

The Chair called for edits to the draft minutes of March 12, 2025. None were reported and the minutes were approved as presented.

9.0 Registrar's Report

9.1 Registrar's Verbal Report

As of Right Legislation

In 2023, As of Right legislation was enacted, allowing physicians, nurses, respiratory therapists and medical laboratory technologists already registered or licensed in another Canadian jurisdiction to start work immediately in Ontario without having to first register with one of Ontario's health regulatory colleges. The ministry recently invited colleges to provide input on proposed changes to expand this legislation to include more health professions, including occupational therapy. In its response submitted to the ministry today, the College highlighted the potential for significant risk to patient safety and quality of care in three main areas: Self-employed or Independent practice settings, the inability to properly vet OTs facing active complaints in other jurisdictions, and the possible future inclusion of US and internationally educated OTs in this legislation.

Training for Committee Chairs

Elinor held training for committee chairs recently, which was very well received.

Public Member

Nick Dzudz's term ended April 28, 2025, and he was not reappointed by the ministry. The Board remains constituted with five public members.

Operational Planning

The Leadership Team concluded the 2025-2026 operational planning exercise which Elinor will report on at the June Board Meeting.

Succession Planning Committee

The job posting for the Registrar & CEO position is now advertised and has been sent to all OTs. The search firm has started receiving résumés.

10.0 Business Arising

10.1 Committee Work Plan

The committee reviewed the status of items on the 2024-2025 work plan and held a discussion about the proposed 2025-2026 work plan. The committee agreed to approve the 2025-2026 work plan as presented.

10.2 Annual Board Education Day Planning

Elinor proposed splitting the day into two topics: Cultural Safety, and Governance related to the Board's role in oversight of the College's strategic plan. For the June Board Education session, Elinor proposed holding a general orientation about the work of College committees at the June Board meeting.

10.3 Risk Mitigation for June Board Meeting

Seema Singh-Roy joined the meeting for this item. Elinor outlined a possible risk to the processes for the June Board meeting. Most recently, individuals arrived at the College offices with a political agenda and asked to speak with the Registrar and the Board. As the College is not political, this topic would not be an appropriate Board or College issue. Some risk mitigation strategies were discussed.

10.4 In Camera

The Chair called for a motion to move *in camera*. Elinor and Andjelina Stanier left the meeting. Seema remained for this item.

MOVED: Stacey Anderson

SECONDED: Lucy Kloosterhuis

THAT the Executive meeting move in camera.

CARRIED

THAT the Executive meeting move out of camera.

MOVED: Stacey Anderson

SECONDED: Lucy Kloosterhuis

THAT the Executive meeting move out of camera.

CARRIED

11.0 Next Meeting

Thursday, June 5, 2025, 1:00 p.m. – 4:00 p.m.

12.0 Adjournment

There being no further business, the meeting was adjourned at 3:00 p.m.

APPENDIX 1: * 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.

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: March 10, 2025 **TIME:** 8:15 a.m. to 10:15 a.m. virtual meeting

In Attendance:

DIRECTORS:

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

GUESTS:

OBSERVERS:

STAFF:

Elinor Larney, Registrar & CEO
Seema Singh-Roy, Director of Finance, People and Corporate Services
Grace Jacob, Accounting and Payroll Specialist, *Scribe*

REGRETS:

1.0 Call to Order

The Chair, Allan Freedman, welcomed everyone and called the meeting to order at 8:15 a.m.

2.0 Public Protection Mandate

The committee members were reminded of the public protection mandate of the College.

3.0 Territorial Acknowledgement*

The Chair invited members to read and to consider the Territorial 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 Terms of Reference – Finance and Audit Committee

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 March 10, 2025

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

MOVED BY: Christine Funk

SECONDED BY: Lucy Kloosterhuis

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes of January 16, 2025

The Chair asked if members of the Committee had any additions or changes to the draft minutes of January 16, 2025.

MOVED BY: Christine Funk

SECONDED BY: Tina Siemens

THAT the draft Finance and Audit minutes of January 16, 2025, be approved as presented.

CARRIED

8.0 Verbal Report

The College is preparing for its annual renewal, with internal OT testing scheduled for the week of March 17, 2025. The Finance team is currently working on the FY25/26 budget, which will be presented to the committee at the next meeting. Additionally, Finance is preparing for the upcoming audit.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Work Plan

Seema reminded the Committee that it is a non-statutory committee with a primary mandate to support the board in fulfilling its responsibilities for financial planning and reporting, internal controls, investments, and policies in alignment with the committee's work plan. Today's meeting will focus on the Q3 financial results and an overview of the investment report.

10.0 Finance Update

10.1 FY24/25 Q3 Financial Summary Report

Seema presented the Q3 Financial Summary Report.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Tina Siemens

THAT the Committee recommends to the Board approval of the FY24/25 Q3 Financial Report, as presented.

CARRIED

10.2 Investment Report as at January 31, 2025

Seema presented a summary of the Q3 investment report to the Committee and addressed any questions. Ongoing monitoring of investments and reinvestment upon maturity remains a consistent practice.

11.0 New Business

The Chair inquired about whether there was any new business to address. No new business was discussed.

12.0 Next Meeting

TBD

13.0 Adjournment

There being no further business, the meeting was adjourned at 8:45 a.m.

MOVED BY: Christine Funk

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

CARRIED

APPENDIX 1

*** 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.

GOVERNANCE COMMITTEE MINUTES

DATE: Monday, January 13, 2025 **TIME:** 1:00 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

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 1:02 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: Mary Egan

SECONDED BY: Julie Reinhart

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 October 3, 2024. None were reported.

MOVED BY: Vincent Samuel

SECONDED BY: Julie Reinhart

THAT the draft Governance Committee minutes of October 3, 2024, be approved as presented.

CARRIED

8.0 Revised Board Competency Framework

Stamatis Kefalianos explained that the current Competency Framework was first approved by the Board in 2021, and the College has since worked to enhance the competency-based composition of the Board and its committees. Based on evolving practices and an environmental scan of other regulatory colleges, the College identified several opportunities for improvement. Today's draft framework for consideration primarily focuses on updated language and increased diversity, equity, and inclusion. The committee held a discussion and provided additional recommendations.

MOVED BY: Julie Reinhart

SECONDED BY: Elizabeth Gartner

THAT the Governance Committee recommend the revised Board Competency Framework be forwarded to the Board for approval, including today's changes.

CARRIED

9.0 Principles of Good Governance

Stamatis explained that together with the current governance policies, the draft Principles of Good Governance were developed to inform and guide Board decision-making and strategic planning and set the tone for expected organizational behaviour and culture. The committee held a discussion and provided additional recommendations.

MOVED BY: Sarah Milton

SECONDED BY: Vincent Samuel

THAT the Governance Committee recommend the Board approve the Principles of Good Governance and that they be included as part of the Governance Manual, including today's changes.

CARRIED

10.0 Governance Policy – Board Evaluation

Tim Mbugua explained that as part of the comprehensive review of the Governance Manual, the new draft policy *Performance Evaluation for Board* was developed to replace existing policy *GP14 - Council Evaluation*. If approved by the Board, it will go into effect immediately. The committee held a discussion and provided additional recommendations.

MOVED BY: Julie Reinhart

SECONDED BY: Vincent Samuel

THAT the Governance Committee recommend the revised Board Evaluation policy be forwarded to the Board for approval, including today's changes.

CARRIED

11.0 Committee Chair / Committee Composition Appointment Process

Stamatis explained that the process of appointing chairs to committees and determining committee composition for the next period (April 2025-March 2026) will begin immediately following the January 2025 Board meeting. Current committee members, and public members, will have the opportunity to express their interest in serving as chair. The Nominations Committee will use this feedback to develop the 2025-2026 chair and composition of committees, which will then go to the Board for approval in March. The committee approved the resources and process.

12.0 Committee Effectiveness Survey Results

The chair reviewed the results of the survey with the committee, noting that overall, they were very positive with members expressing satisfaction with the performance and functioning of the committee. A suggestion was made to include orientation to the College website at the time of the new Board member orientation session.

13.0 Governance Policies Manual – Status Update

Stamatis provided an update on the status of the Governance Policies. The work is on target to be completed by the end of the fiscal year.

14.0 Environmental Scan

15.0 Next Meeting

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

16.0 Adjournment

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

MOVED BY: Julie Reinhart

THAT the meeting be adjourned.

CARRIED

APPENDIX 1: * LAND ACKNOWLEDGEMENT

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

APPENDIX 2: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
January 15, 2025	<i>THAT</i> the Governance Committee recommend the revised Board Evaluation policy be forwarded to the Board for approval.	Ongoing
January 15, 2025	<i>THAT</i> the Governance Committee recommend the Board approve the Principles of Good Governance and that they be included as part of the Governance Manual.	Ongoing
January 15, 2025	<i>THAT</i> the Governance Committee recommend the revised Board Competency Framework be forwarded to the Board for approval.	Ongoing
October 3, 2024	<i>THAT</i> 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.	Complete
October 3, 2024	<i>THAT</i> 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.	Complete

Q4 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.

Q3	Committee Activities: <u>January 17, 2025</u> : Meeting to discuss, risk register, shared services agreement with Nova Scotia OT regulator, revised Land Acknowledgement statement, formally joining Discipline Tribunal, appointment of chair to Patient Relations Committee.
	Decisions Not Requiring Board Approval: Revised Land Acknowledgement statement (now called Territorial Agreement).
	Decisions Requiring Board Approval: Risk register, Discipline Tribunal, appointment of Chair to Patient Relations Committee.
Q4	Committee Activities: <u>March 12, 2025</u> : Meeting to approve risk register, 2024 College Performance Measurement Framework (CPMF), and recommendation to the Board for Chair of Nominations Committee, and to review feedback from the annual Board (member) evaluations, discuss plans for the October Board education session, and finalize March Board agenda. <u>April 30, 2025</u> : Meeting to plan the Board education session, conduct committee orientation, discuss risk mitigation for the June Board meeting, (portion was <i>in camera</i>). <u>May 5, 2025</u> : <i>in camera</i> meeting.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Risk register, 2024 CPMF, Appointment of Chair to Nominations Committee

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 <u>October 3, 2024</u> . 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.
Q3	Committee Activities: One meeting was held in Q3 on <u>January 13, 2025</u> . The Committee reviewed the revised Board Competency Framework. Based on evolving practices and an environmental scan of other regulatory colleges, staff identified several opportunities for improvement to enhance the competency-based composition of the Board and its committees. The proposed Framework focuses on updated language and increased focus on equity, diversity, and inclusion. Committee also reviewed the Principles of Good Governance and the Board Evaluation policy. The Committee had a discussion and provided additional recommendations to both policies. Committee reviewed the results of the committee effectiveness survey, noting that overall, they were very positive with committee members expressing satisfaction with the performance and functioning of the committee.

	Decisions Requiring Board Approval: Board Competency Framework; Principles of Good Governance; Board Assessment and Evaluation policy.
Q4	<p>Committee Activities: One meeting was held in Q4 on <u>May 16, 2025</u>. An orientation session for new committee members was conducted by staff. This session included an overview of the committee's roles and responsibilities and provided an opportunity for committee members to ask questions and engage in discussion. The committee reviewed two new governance policies focused on training and development for Board and committees as well as for the respective chairs. Finally, the committee reviewed the revised Committee Assessment and Evaluation policy. Following a productive discussion, committee proposed and made several revisions to the draft.</p> <p>Decisions Requiring Board Approval: Training and Development for Board & Committees policy; Training for Board Chair and Committee Chairs policy; Committee Assessment and Evaluation policy.</p>

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 <u>September 24, 2024</u> , 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.
	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.
	Decisions Requiring Board Approval: FY23/24 Audited Financial Statement, FY24/25 Q1 Financial Summary Report
Q3	<p>Committee Activities: A meeting was held on <u>January 16, 2025</u>, during which the committee reviewed the committee mandate and annual work plan and the draft FAC minutes of September 24, 2024. The meeting included a thorough review of the FY24/25 Q2 Financial Report, Q2 Investment Report, and a comprehensive discussion on the current insurance coverage of the College. Additionally, the committee considered proposed amendments to the Allowable Expense Policy and Honoraria Policy, seeking approval. They also reviewed the 5-year forecast and the outcomes of the Finance and Audit Committee Effectiveness Survey. Lastly, the committee discussed and sought approval for a proposed registration fee increase for the 2025/2026 annual renewal.</p> <p>Finance Report: The FY24/25 Q2 Financial Summary Report and the proposed 2% increase to registration fees for 2025/2026 annual renewal underwent review and was subsequently recommended for Board approval. Additionally, the Q2 Investment Report, 5 year financial forecast and an overview of insurance coverage were presented to the committee members for informational purposes.</p> <p>Decisions Requiring Board Approval: FY24/25 Q2 Financial Summary Report, Allowable Expenses-Policy amendment and review of Honoraria Policy, Proposed 2% registration fee increase for the 2025/2026 annual renewal and amendments to bylaw-Part 18 fee schedule.</p>
Q4	<p>Committee Activities: Meetings were held on <u>March 10, 2025</u> and <u>May 22, 2025</u>. The March 10th meeting covered the review of the FY24/25 Annual Work Plan, the draft Finance and Audit Committee minutes from January 16, 2025, the FY24/25 Q3 Financial Summary Report, and the Investment Report as of January 31, 2025. The May 22nd meeting included a review of the draft Finance and Audit Committee minutes from March 10, 2025. Hilborn LLP presented the pre-audit plan for the fiscal year ending May 31, 2025. The annual orientation was provided to the Finance and Audit Committee members. The committee also reviewed the draft FY25/26 Annual Work Plan with Terms of Reference, Financial Policies, and the FY25/26 Annual Operating Budget.</p> <p>Finance Report: FY24/25 Q3 Financial Summary Report and the FAC minutes of January 16, 2025 were approved by the Board at the March 27th, 2025 Board meeting.</p> <p>Decisions Requiring Board Approval: The Finance and Audit committee minutes from March 10, 2025 and the FY25/26 Annual Operating Budget.</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

Q3	Metrics									
	7352 Registrants				Application Processing Time 45* Avg in Weekdays *shortest 2 days, longest 391 days			Practicing without a Certificate	Expired Certificates	
	101 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	54	7	40	27	29* *shortest 2 days, longest 132 days	67* *shortest 15 days, longest 207 days	63* *shortest 3 days, longest 391 days	0	3	0
	Commentary:									
	Registration Committee Cases						Meetings Held	Response Compliance	HPARB Appeals	Policies Updated
	Type		New	Resolved	Avg Case Time					
	Currency		0	0	40* days *shortest 10 days, longest 69 days	1	100%	0	3/15	
	Education		0	0						
Examination		0	0							
Language		1	1							
Second Provisional Certificate		1	1							
Suitability to Practice		0	0							
Outcomes	Committee approved 2 applicants to be registered with terms, conditions, limitations: 1) For the second provisional certificate case, the registration expires upon release of the next exam results, 2) For the language fluency case, the applicant must disclose to employers they don't yet meet the language requirement and must complete a period of supervised practice and evaluation to be approved by the College.									
Committee Activities: January 22, 2025: Directed Registrar to issue an applicant with a second provisional certificate of registration February 26, 2025: Received Q2 Registration Report and Q2 Ontario Health College Registration Data Report. Reviewed Registration Committee implementation of policies: Emergency Registration Policy Update; Collection of Race Based Data Collection Policy and Currency Requirements for Applicants; Considered applicant request to exempt language fluency requirement.										
Decisions Requiring Board Approval: NA										

Q4	Metrics									
	7,224 Registrants				Application Processing Time 47* Avg in Weekdays *shortest 2 days, longest 264 days			Practicing without a Certificate	Expired Certificates	
	54 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	19	7	28	166	38* *shortest 6 days, longest 169 days	84* *shortest 3 days, longest 152 days	44* *shortest 3 days, longest 264days	0	3	1
	Commentary: Application Processing Time – Applicants sometimes face delays due to missing documents on their end, especially when insurance is either not provided or has expired, which must be valid for registration. In one case, a re-entry applicant faced a longer processing time as she was in a rural area and had difficulty finding a supervisor. It took time for her to secure the supervisor agreement form signed.									
	Registration Committee Cases						Meetings Held	Response Compliance	HPARB Appeals	Policies Updated
	Type		New	Resolved	Avg Case Time					
	Currency		0	0	20* days	1	100%	0	2/15	
	Education		0	0						
Examination		1	1							
Language		0	0							
Second Provisional Certificate		0	0							
Suitability to Practice		0	0							
Outcomes		Committee approved 4th exam attempt for a new applicant that failed 3 attempts previously.								
Committee Activities: May 06: Received Q3 Ontario Health College Registration Data Report, Annual Renewal Registration Report and Socio Demographic Dashboard/Report. Reviewed Registration Committee implementation of policies: Language Fluency Requirement, Examination Requirement and Online Form: Request for Deferral Examination.										
Decisions Requiring Board Approval: NA										

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	Avg Case Time		
	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	Avg Case Time		
	Registrar's Report Investigations	1	3	225	Panel A = 1 Panel B = 1 All ICRC = 0	1 x C – HPARB (Total – 3x pending) (1xRR – Div.Ct. appeal pending)
	Complaints	11	3	280		
	Inquiries	0	0			
	Outcomes	ICRC: 1xUT, 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					

Q3	Cases				Meetings Held	Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	1	1	281	Panel A = 1 Panel B = 1 All ICRC = 0	1 x C – HPARB (Total – 4x pending) (1 x RR – Div.Ct – decision pending)
	Complaints	7	3	302		
	Inquiries	0	0	N/A		
	Outcomes	ICRC: 1 x SCERP + Verbal Caution, 1 x UT, 2 x Advice & Guidance Registrar Action (No ICRC Involvement): 6 reports received – 1 x Appointed an Investigator, 5 x closed with no action				
	Commentary: N/A					
	Committee Activities: N/A					
	Decisions Requiring Board Approval: N/A					

Q4	Cases				Meetings Held	HPARB Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	1	2	378*		
	Complaints	3	5	254		
	Inquiries	0	0	N/A	Panel A = 1 Panel B = 1 All ICRC = 1	2 new Complaint appeals – HPARB (Total of 6 pending)
Outcomes ICRC: 1x Frivolous and Vexatious, 3 x take no action**, 3 x Advice and Guidance Registrar: (No ICRC Involvement): 8 reports received – 3 closed with no action, 4 advice & guidance, 1 x appointed an investigator						
Commentary: *1 case was awaiting CRPO investigation and accounted for a much higher average ** 1 Take No action on a Registrar's Report was in exchange for accepting the Registrant's Undertaking to Resign and Never Re-apply with a posting on the public register that she resigned while under investigation for boundary issues.						
Committee Activities: Full committee training day on May 13, 2025						
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

Q1	Metrics								
	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+= Data available after Nov 7th	%_ Successful Completion % _ Successful Completion with a Recommendation % _Specified Continuing Education or Remediation Program (SCERP) %_ other Data available after Nov 7th	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
Type	Deliberated	Learning needs identified	Outcomes							
Competency Assessment	5	0=6 1= 13	1= Successful Completion			0	0		1	yes

		2= 12 3= 10 4= 7 5=1 6=2	1= Successful Completion with a Recommendation 3= Specified Continuing Education or Remediation Program (SCERP)					
Non-Compliance with annual requirements	19		5= Successful completion (late) 14= Complete requirements within 30 days otherwise directed to a competency assessment					
Registrant Experience Survey: Competency Assessment Registrant Experience survey (cohort 3): <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 								
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.								
Commentary: QA program provided a placement for an OT student working on the topic of power imbalance in OT								
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.								
QAS Activities: none (next meeting being scheduled for March 2025)								
Peer Assessors: Peer assessor training and update meeting								
Decisions Requiring Board Approval: Yes – competency assessment								

Q3	Metrics				
	Competency Assessment				
	Risk-Based Selection (Winter CA 4)	Competency Assessment (CA) Completed in Q3	CA in Progress	% Total Annual CA Completed	Q3 Directed CA's
	Selected = 75 Deferred= 23 accommodation: 0	52	52	51 (Fall 3) 52 (Winter 4) Total=103	0

Annual Requirement								
eLearning Module (due Oct 31, 2024)		96% completion (Oct 31st) = 6762			Annual Learning Plan (due Oct 31, 2024)		97% completion (Oct 31 st) = 6779	
Committee								
QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Review
Type	Deliberated	Learning needs identified	Outcomes					
Winter CA 4 Competency Assessment	pending	Will be determined in June QAC meeting	Successful Completion Successful Completion with a Recommendation 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 4/14= remain outstanding					
Registrant Experience Survey: Competency Assessment Registrant Experience survey (Fall 3): <ul style="list-style-type: none">87% of respondents said their experience was either: good, very good, or excellent100% of OTs that completed the survey have made a change in their practice because of the assessment92% of OTs agree that the process aligns with program principles								
Knowledge Exchange: <ol style="list-style-type: none">Two products shared with all registrants in preparation for 2025 Learning Plan:<ul style="list-style-type: none">https://www.coto.org/resources/mapping-a-path-to-success-goal-setting-made-simple/https://www.coto.org/resources/mapping-a-path-to-success-goal-setting-made-simple-podcast/Joint Presentation to OT students at Queens – QA program and requirementsMet with 2 other regulators to discuss Competency Assessment								

	<p>Commentary: QA program provided a student OT placement (January & February) from Queens working on the goal setting resources (above) and a literature review towards 2026 annual learning module.</p> <p>COTO QA leads the development of the 2025 learning module on “Advancing Culture, Equity and Justice in Occupational Therapy Practice” and is scheduled to be launched in June 2025.</p> <p>Initial development towards a QA Brief Assessment to be administered to OTs.</p>
	<p>QAC Activities:</p> <p>December QAC: selected topic of “Communication” for the 2026 annual learning module, deliberated on 5 OTs participating in the competency assessment, oriented to the 2025 annual learning module content and QA policy revision.</p> <p>January QAC: reviewed finding from the competency assessment data, deliberated on OTs that were non-compliant for the 2024 annual requirement(s).</p> <p>QAS Activities: none (meeting March 6th for module kick off)</p> <p>Peer Assessors: recruitment underway for 3 additional per assessors (interviews and QAC approval for the candidates). Reference check and contracts to be completed.</p>
	<p>Decisions Requiring Board Approval: Yes. In December the Board approved tools and processes of the QA Competency Assessment</p>

Q4	Metrics Q4 (March 1- May 31)									
	Competency Assessment									
	Risk-Based Selection (Winter CA 4)		Competency Assessment (CA) Completed in Q4			CA in Progress	% Total Annual CA Completed		Q3 Directed CA's	
	Selected = 75 Deferred= 23 accommodation: 0		52			0	51 (Fall 3) 52 (Winter 4) Total=103 (100%)		0	
	Annual Requirement									
	eLearning Module (due Oct 31, 2024)		96% completion (Oct 31st) = 6762			Annual Learning Plan (due Oct 31, 2024)	97% completion (Oct 31 st) = 6779			
	Committee									
	QAC Cases / Decisions					SCERP in Progress	Non-compliance	Average File Time	QAC Meetings	Policy Review
Type	Deliberated	Learning needs	Outcomes							

		identified			with SCERP			
Winter CA 4 Competency Assessment	pending	<i>Will be determined in June QAC meeting</i>	Successful Completion Successful Completion with a Recommendation Specified Continuing Education or Remediation Program (SCERP)					
Non-Compliance with annual requirements	19		5= Successful completion (late) 14= Complete requirements within 30 days otherwise directed to a competency assessment 4/14= remain outstanding and will be directed to a competency assessment	0	0	50 days	0	yes
<p><u>Knowledge Exchange:</u></p> <ol style="list-style-type: none"> 1. Worked with the Nova Scotia regulator to implement a similar competency assessment process for registrants in their province 2. Draft fact sheet for registrants on Risk in OT Practice: Types and Mitigation 3. 3 Joint Presentations to OT students at University of Toronto and Western and Queens 4. Part of planning committee for QA Conference: What's Now? What's New? What's Next? : HPRO Regulatory Quality Assurance Event on May 31st <p><u>Commentary:</u> A student OT joined the QA program for a placement from University of Toronto. She worked on a project exploring risk in OT practice based on data from the competency assessment.</p> <p>COTO QA leads the development of the 2025 learning module on “Advancing Culture, Equity and Justice in Occupational Therapy Practice” and is scheduled to be launched, nationally in most provinces, in June 2025.</p> <p>2026 eLearning module: Communication that Counts begins with an environmental scan and profession specific input from QAS. Content will continue throughout the summer and fall.</p>								

	Development towards a QA Brief Practice Assessment continues and this project was added to COTOs strategic operations plan.
	QAC Activities: No QAC meetings in Q4 (next meeting June 6 th)
	QAS Activities: meeting on March 6 th for 2025 module kick off on topic of <i>Communication in OT practice</i>
	Peer Assessors: 3 new peer assessors were recruited and QAC approved) and training is in progress.
	Decisions Requiring Board Approval: None

Discipline

Chair: David Wright, As of Feb 1, 2025, Vice Chair: Julie Reinhart (Q4), Teri Shackleton Until March 31, 2025

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: N/A							

Q3	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	0	N/A			
	Commentary: The Board voted to join the Health Professions Discipline Tribunal and is now renamed the Ontario Occupational Therapists Discipline Tribunal (OOTDT) with David Wright as Chair						
	Committee Activities: N/A						
	Decisions Requiring Board Approval: N/A						

Q4	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	0	N/A			
	Commentary: N/A						
	Committee Activities: N/A						
	Decisions Requiring Board Approval: N/A						

Patient Relations

Chair: Sabrina Shaw (Q1) / Amanda Mowbray (Q2 -4)

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

	<p>Public Education:</p> <ul style="list-style-type: none"> Document development: N/A <p>Registrant Education:</p> <ul style="list-style-type: none"> Document development in progress: Sexual Abuse Mandatory reporting requirements. <p>Decisions Requiring Board Approval: N/A</p>
Q3	<p>Funding Applications: 0 new applications</p> <p>Commentary: 1 client accessing the sexual abuse counselling fund</p> <p>Committee Activities:</p> <ul style="list-style-type: none"> The Patient Relations committee met on <u>January 22, 2025</u> via Zoom Amanda Mowbray was confirmed as chair at the January 30, 2025 Board meeting Committee provided feedback on the National Code of Ethics template Committee reviewed the patient relations funding for therapy, counselling and related expenses policy and the sexual abuse counselling fund application form Committee effectiveness survey reviewed, comments provided to improve the efficiency and effectiveness of the meetings to meet mandate of this committee <p>Public Education:</p> <ul style="list-style-type: none"> Document development: N/A <p>Registrant Education:</p> <ul style="list-style-type: none"> Ongoing resource development: Sexual Abuse Mandatory reporting requirements. <p>Decisions Requiring Board Approval: N/A</p>

Q4	Funding Applications: 0 new applications
	Commentary: 1 client accessing the sexual abuse counselling fund
	Committee Activities: <ul style="list-style-type: none"> The Patient Relations committee met virtually on May 27, 2025. Committee received the annual orientation. Committee reviewed the current policies and the application process for the Sexual Abuse Therapy Counselling Fund and approved the changes. Committee provided feedback on the Code of Ethics and put forth suggestions for providing Board education related to the mandate of this Committee. Public Education: <ul style="list-style-type: none"> Ongoing resource development – Q & As, website content Registrant Education: <ul style="list-style-type: none"> Resource development: Professional Boundaries case study completed and published on the website
	Decisions Requiring Board Approval: N/A

Fitness to Practise

Chair: David Wright, Vice 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: N/A						

Q3	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	1				
				Not tracked	Adjourned indefinitely in acceptance of Undertaking from Registrant	N/A	N/A
Commentary: A motion was concluded to accept the Registrant's Undertaking for a 5-year period and adjourn the FTP matter indefinitely.							
Committee Activities: N/A							

Q4	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	0	Not tracked			N/A
Commentary: N/A							
Committee Activities: N/A							

Practice Subcommittee

Chair: Stacey Anderson

Strategic Priorities: Quality Practice, System Impact

Workplan 2024/2025	Update all practice guidance documents Develop a Risk management guidance document Coroner's Report – MAiD Coroner's Report - Restraining Devices
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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%	1. Record Keeping 2. Consent 3. Duty to Warn	1. Use of Title 2. Other 3. OT Assessment/ Intervention	1. 76% Straightforward 2. 24% Complex +/- Consultation 3. >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: The Practice Subcommittee did not have a meeting this quarter <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 							

	<ul style="list-style-type: none"> 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
	Program Activities: Strategic Objectives: Meaningful Engagement Outreach: <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 Collaboration with System Partners: <ul style="list-style-type: none"> OSOT – presentation on the AI guidance at the annual conference; quarterly meeting CAOT – Psychotherapy working group consultation 						
	<ul style="list-style-type: none"> Committee Activities: The Practice Subcommittee met in person on <u>September 21st, 2024</u>; 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; 						

	<ul style="list-style-type: none"> Committee received the Committee Effectiveness survey
	Documents in Progress: <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
	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 – Board approved in Q2 Artificial Intelligence Guidance for occupational therapy practice – Board approved in Q2

Q3	341 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Complexity of Inquiries
	OT	Public	Other				
	246	36	59	96%	1. Psychotherapy/Mental Health 2. Record Keeping 3. OT Assessment/ Intervention	1. Scope of Practice 2. Psychotherapy/Mental Health 3. OT Assessment/ Intervention	1. 76% Straightforward 2. 24% Complex +/- Consultation 3. 0% Escalation
	Program Activities: Strategic Objectives: Meaningful Engagement Outreach: <ul style="list-style-type: none"> Mohawk College– Working with OTAs Western University – Intro to COTO to first year students University of Toronto – Record Keeping University of Ottawa – Intro to COTO to first year students McMaster University – Professionalism and Professional Boundaries to first year students Collaboration with System Partners: <ul style="list-style-type: none"> OSOT – Collaboration re: pediatric restraint device CAOT – Code of Ethics HPRO – Practice advisor meeting IPAC – Regulatory College Working Group Mental Health Regulators Working Group 						

	Committee Activities: The Practice Subcommittee met online <u>February 28, 2025</u> . Subcommittee invited a guest speaker who is an OT and Ethicist, with expertise in medical assistance in dying (MAiD). The discussion included understanding the purpose of the MDRC report and the potential expansion of the role for OTs in MAiD in response to coroner's request. Subcommittee provided feedback on a draft practice resource to inform future revisions. Subcommittee reviewed the proposed national Code of Ethics template, and minor suggestions for improvement were put forth. Subcommittee provided direction for the development of the second coroner's report on the use of restraining devices. Finally, the committee reviewed the committee effectiveness survey followed by a brief practice environmental scan.
	Documents in Progress: Ongoing review and updating of practice guidance documents to align with Standards of Practice and Competencies. <ul style="list-style-type: none"> Managing Risks in Occupational Therapy practice Coroner's response on MAiD Coroner's response to the use of restraining devices
	Decisions Requiring Board Approval (Through Executive Committee): <ul style="list-style-type: none"> N/A

Q4	432 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Complexity of Inquiries
	OT	Public	Other				
	315	42	75	93%	1. Record Keeping 2. Conflict of Interest 3. Jurisdiction	1. OT Assessment/ Intervention 2. Consent 3. OTA/Other Health Providers	1. 76% Straightforward 2. 24% Complex +/- Consultation 3. 0% Escalation
Program Activities: <ul style="list-style-type: none"> Development of a Practice Resource Service video for website Student from University of Toronto completed six-week placement with the Practice team at the College Strategic Objectives: <ol style="list-style-type: none"> Meaningful Engagement Outreach: <ul style="list-style-type: none"> Presentation to University of Toronto on Psychotherapy Presentation to Conestoga College OTA students Presentation to Quinte Health Services <ol style="list-style-type: none"> Quality Practice 							

	<p>Professional Resources:</p> <ul style="list-style-type: none"> Professional Boundaries Case Study Employer newsletter article – Record Keeping Q&A on Documentation after leaving employment <p>3. System Impact</p> <p>Collaboration with System Partners:</p> <ul style="list-style-type: none"> Met with OSOT Met with Service Ontario Met with the Chief Coroner’s Office – MAiD Team Met with Children’s Treatment Centre Met with March of Dimes Canada Met with Ministry of Health Infection, Prevention and Control Working Group
	<p>Committee Activities:</p> <p>The Practice Subcommittee met in person May 23, 2025. Subcommittee received their annual orientation then launched into the review of the documents listed below. Documents anticipated to be completed by Q1 2025-26. Finally, the committee conducted a brief practice environmental scan.</p>
	<p>Documents in Progress:</p> <p>Ongoing review and updating of practice guidance documents to align with Standards of Practice and Competencies.</p> <ul style="list-style-type: none"> Managing Risks in Occupational Therapy practice Coroner’s response on MAiD Coroner’s response to the use of restraining devices Code of Ethics Draft
	<p>Decisions Requiring Board Approval (Through Executive Committee):</p> <ul style="list-style-type: none"> N/A

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

Q3	Committee Activities: <u>February 27, 2025</u> : Meeting held to discuss officer nominations and next steps, review feedback from the chair interest and committee selection surveys, approve candidate to recommend for appointment to the Practice subcommittee, discuss other upcoming committee vacancies.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Appointment to Practice Subcommittee

Q4	Committee Activities: <u>March 14, 2025</u> : Meeting to determine draft 2025-2026 chair recommendations and composition of committees, finalize slate for the executive officer nominations, and select two candidates to recommend for appointment to the Quality Assurance Subcommittee. <u>March 27, 2025</u> : Chair, Jennifer Henderson, attended the Board meeting to assist with officer elections.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Recommendations for appointment of 2025-2026 Chairs/Composition of Committees, and two candidates to the Quality Assurance Subcommittee

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 July 18, 2024. 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
Q3	Commentary: The Indigenous Insights Advisory Committee did not meet this quarter, efforts have been directed toward actioning initiatives where advice was provided in the previous quarter. The committee will reconvene in the next quarter to ensure continued momentum in its work.
	Committee Activities: The committee did not meet in Q3
	Decisions Requiring Board Approval: N/A

Q4	Commentary: The Indigenous Insights Advisory Committee received the annual orientation. The committee provided advice on the Territorial Acknowledgement, provided feedback on the Code of Ethics and discussed the committee effectiveness survey. The committee will reconvene in the next quarter to ensure continued momentum in its work.
	Committee Activities: The Indigenous Insights Advisory Committee met virtually on <u>April 16, 2025</u> .
	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 <u>November 21, 2024</u> , via Zoom
	Decisions Requiring Board Approval: N/A
Q3	Commentary: The Equity Perspectives Advisory Committee met in the previous quarter to advance key discussions and initiatives. While no meeting was held this quarter, work continues behind the scenes, and the committee remains dedicated to advance the EDI strategic priorities. The next meeting will be held March 28, 2025.
	Committee Activities: The Equity Perspectives Advisory Committee did not meet in Q3
	Decisions Requiring Board Approval: N/A

Q4	Commentary: The Equity Perspectives Advisory Committee provided advice on the Territorial Acknowledgement and provided feedback on the proposed Code of Ethics template. The committee received an overview of the website changes and provided input to Communications regarding language and user experience. An environmental scan was deferred to the next meeting, as the committee remains dedicated to advancing the EDI strategic priorities.
	Committee Activities: The Equity Perspectives Advisory Committee met virtually on <u>March 28, 2025</u> .
	Decisions Requiring Board Approval: N/A

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Executive Committee
Subject: Risk Management Report

Recommendation:

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

Issue:

The Board, in its policy RL12, requires that information on risks, to aid the Board in discharging its risk management oversight role, shall be complete and appropriate. The Board has delegated the detailed oversight of the Risk Management Program to the Executive Committee.

The entire risk register was presented to the Executive Committee at their meeting in June 2025, so that they could review all the risks anticipated by staff, review the treatment of each risk, and affirm that the risk levels are appropriate.

For the Risk Management Report to the Board, the high and critical risks have been identified which will be brought to the Board for their review.

The Executive Committee has removed the risk related to the 'Public Member Complement' as we now have six public members appointed to the Board. This is one member over the minimum, so the risk has been downgraded to low.

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.

BOARD MEETING BRIEFING NOTE

Risk Management Report

Page 2 of 4

Equity, Diversity, and Inclusion Considerations:

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

Discussion & Update:

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

BOARD MEETING BRIEFING NOTE

Risk Management Report

Page 3 of 4

Risk Category	STRATEGIC
Risk:	Health Human Resources (HHR) Availability of health care personnel has reached a crisis level for governments across the country. Government will be looking for data, ideas and support to implement any HHR strategies. There is a risk that the strategies may not align or will cause negative unforeseen consequences. Eg. registration of incompetent individuals. Government has introduced new 'As of Right' legislation that will facilitate OTs who are regulated in another province to begin work in Ontario prior to being duly registered. There are risks to the public if someone is leaving their province due to some regulatory action ie, discipline, and then that individual begins to work without any safeguards put into place for public protection. The risk to the public is that the public may not have access to safe, qualified occupational therapists when needed for appropriate health care.
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, universities and government re: any relevant initiatives.4. Discussion with Ministry of Health Representatives as appropriate.5. Implementation of 'As of Right' Legislation/Regulations.

BOARD MEETING BRIEFING NOTE

Risk Management Report

Page 4 of 4

Risk Category	STRATEGIC
Risk:	<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 and 2025 annual renewal cycles, and the bylaws allow for fee increases of up to 2% for the next three years as determined each year by the Board.</p> <p>The finance and audit committee is closely attending to this matter to determine if a fee increase will be needed for the 2026-27 year.</p> <p>The increase in fees is meant to mitigate the risk to the public that the College won't have the necessary resources to complete its public protection mandate appropriately.</p>
Control Procedure(s)	<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. Bylaws are in place to support up to 2% increases for the next 3 years if necessary.
Action Plan & Monitoring Process	<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. The communications plan was implemented during renewal.2. Finance and Audit Committee to address any future increases in the next year leading up to decisions for next renewal.

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Finance and Audit Committee
Subject: FY2025-2026 Annual Operating Budget

Recommendation:

THAT the Board approve the FY2025-2026 Annual Operating Budget, as presented.

Issue:

The Board to review the FY2025-2026 Annual Operating Budget to ensure compliance with Governance policy RL4 “Financial Planning and Budgeting”.

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.

4.2 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:

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

Equity, Diversity, and Inclusion Considerations:

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

Background:

The governance policies direct the budget planning process each year. The Registrar Limitations Policy RL4 – Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing the FY2025-2026 Annual Operating Budget.

Per RL4, the Registrar will ensure a balanced budget that does not deviate (+/-) from revenues by more than 3% in any fiscal year, unless otherwise directed by the Board.

BOARD MEETING BRIEFING NOTE

FY2025-2026 Annual Operating Budget

Page 2 of 3

Discussion:

Significant effort was dedicated to formulating a budget that advances key strategic objectives while upholding fiscal responsibility. The annual operating budget for the year reveals an overall deficit of 1% of revenues, attributed mostly to expenditures on:

- Salaries,
- Information Technology,
- Program operating costs and
- Rent and Leases.

The deficit would be funded by our unrestricted reserve fund. The details of all expenditures are included below, under budget assumptions.

Budget Assumptions:

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

Revenues:

Revenue Category	Budget Assumptions
Registration	Budget increased by 5%, which is comprised of a 3% anticipated growth over the prior year and an additional 2% Board approved increase in annual renewal fees.
Application fees	Application fees budgeted at 2% of total registration fees, which is the average over the past 6 years. Professional corporation fees are also budgeted here in the same manner.
Other income	Includes an estimate for interest income from the Operating and Savings bank account, investment income and cost recovery from new contract with Nova Scotia.

Expenses:

Expense Category	Budget Assumptions
Salaries and Benefits	Increase is driven by merit increases for eligible staff based on prior year averages.
Programs - Quality Assurance and Professional Practice	A decrease in the budget is driven by the following factors: <ul style="list-style-type: none">○ Cost recovery from Nova Scotia Planned projects within the year: <ul style="list-style-type: none">○ Peer Assessors will conduct a brief pilot assessment within the year, involving up to 100 additional registrants.○ Increasing Comprehensive assessments to 110○ All costs associated with the development of the Prescribed Regulatory Education Program (PREP).

BOARD MEETING BRIEFING NOTE

FY2025-2026 Annual Operating Budget

Page 3 of 3

Expense Category	Budget Assumptions
Programs - Investigations and Resolutions	Budget decreased in anticipation of reduced discipline cases within the year.
Programs – Registration	Budget is driven by payment processing fees; mostly incurred during the annual renewal period.
Governance	Budget has been adjusted downwards based on extrapolations from actual expenditures in the current fiscal year.
Professional Fees	Budget encompasses key operational consulting, legal fees and auditor fees determined by contract with Hilborn LLP.
Operational Initiatives	Budget includes priority projects that align to the College's strategic priorities and values.
Communications	Budget increased slightly for costs relating to member communication and translation.
Information Technology	Budget increased to accommodate anticipated purchases of laptops and planned penetration testing. Also includes costs for ongoing enhancements to the Dynamics 365 system.
Operating Expenses	Budget increased to cover rising costs relating to telephony, postage and service charges.
Staff, Travel, and Conferences	Budget decreased based on extrapolations from actual expenditures in the current year.
Rent and Leases	Reflects lease terms for FY2025-2026.
Other	Includes depreciation costs, which were determined based on the carrying value of existing capital assets. No new additions are anticipated.

Implications:

Overall, the FY2025-2026 Annual Operating budget projects a deficit of 1% to be funded by the Unrestricted Reserve Fund.

Attachments:

1. FY2025-2026 Annual Operating Budget Summary

**College of Occupational Therapists of Ontario
FY25/26 Annual Operating Budget Summary**

	FY25/26 Budget	FY24/25 Budget
	\$	\$
Revenue		
Registration Fees	5,272,046	5,027,073
Other Income	196,045	174,498
	5,468,091	5,201,571
Expenses		
Salaries and Benefits	3,610,542	3,503,119
Programs	535,911	596,224
Governance	138,403	165,775
Professional Fees	97,742	143,812
Operational Initiatives	84,000	111,000
Communications	66,012	62,878
Information Technology	291,671	204,966
Operating Expenses	84,166	73,122
Staff, Travel, and Conferences	66,726	80,557
Rent and Leases	514,188	475,924
Other Expenses	47,817	63,847
	5,537,178	5,481,224
Deficiency of Revenue over Expenses	-69,087	-279,653

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Nominations Committee
Subject: Committee Appointment – Quality Assurance Subcommittee

Recommendation:

***THAT** the Board appoint Elizabeth Gartner to the Quality Assurance Subcommittee, for a three-year term, effective immediately.*

Issue:

The Board is asked to review the background and qualifications of Elizabeth Gartner, a former Board member, for potential appointment to the Quality Assurance Subcommittee.

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:

Committee members must possess the knowledge, skills, and experience to carry out 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. A robust and well-composed Quality Assurance Subcommittee contributes to regulatory excellence and public confidence in the profession.

Equity, Diversity, and Inclusion Considerations:

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

Background:

In late May, the College was made aware of the resignation of another Quality Assurance Subcommittee member thus creating a vacancy. Given her prior Board experience and professional background, Elizabeth Gartner is considered to fill this position.

NOMINATIONS COMMITTEE BRIEFING NOTE

Committee Appointment – Quality Assurance Subcommittee

Page 2 of 2

Discussion:

The Nominations Committee shall ensure the required range of expertise and skills as well as a diversity of practice, geographic location, gender, cultural, and age diversity is met.

Summary of the subcommittee's main responsibilities and the identified needs:

Quality Assurance Subcommittee:

The main responsibilities of the QAS include:

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

In consultation with the program manager and staff who support this committee, the below areas of professional diversity (areas of practice) were identified as areas where representation on the committee is needed:

- Practice areas of interest:
 - Hospital
 - Correctional
 - Solo/private practice
 - Care coordinator/home and community care
 - School system
 - Psychotherapy

Elizabeth will fulfill the need for a hospital-based registrant who is in a clinical role.

Implications:

None

Attachments:

1. Elizabeth Gartner Résumé – See FYI Package (*Suppressed in public material*)

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Executive Committee
Subject: Committee Composition

Recommendation:

THAT the Board approve the revised 2025-2026 Committee Composition, effective immediately.

Issue:

The College received word on Friday May 16, 2025, that new public member, Jennifer Kerr, has been appointed to our Board. The Executive Committee met and appointed Jennifer to the Patient Relations Committee and the Quality Assurance Committee of the College. The Board needs to ratify this decision by approving the revised Committee Composition.

Link to Strategic Plan:

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:

Ensuring that public members are appropriately involved and appointed to college committees is in the public interest.

Equity, Diversity, and Inclusion Considerations:

The impact of equity, diversity and inclusion were considered for these appointments.

Background:

In March of 2025, all the College committees were approved by the Board. However, when we receive a public appointment at different times of the year, the composition must be reviewed to include the new appointee. Due to timing, it was felt that a decision could be made by the Executive Committee about appointment for this individual. The Executive Committee has this authority.

Discussion:

The College has been operating on a reduced appointment schedule. Most importantly, the Patient Relations Committee has a vacancy that should be filled first. In addition, the Quality Assurance Committee has been operating with only one public member, and our bylaws state it needs two. So, it is proposed that Jennifer Kerr be appointed to the:

1. Patient Relations and Quality Assurance committees – adding a second public member to each.

BOARD MEETING BRIEFING NOTE

Committee Composition

Page 2 of 2

Implications:

This public appointment is welcome to fill the vacancies left on the Patient Relations and Quality Assurance committees and to help reduce the workload of the current public members.

Attachments:

1. Proposed Revised Committee Composition for 2025-2026

2025-2026 Committee Composition - *DRAFT*

Elected Director / Public Director / Professional Appointee / Community Appointee

EXECUTIVE COMMITTEE

Neelam Bal, Chair
Stacey Anderson
Allan Freedman
Lucy Kloosterhuis

INQUIRIES COMPLAINTS REPORTS COMMITTEE (ICRC)

Stephanie Schurr, Chair
Roselle Adler
Kellen Baldock
Sarah Dodds
Lucy Kloosterhuis
Eric Lee
Vincent Samuel
Darlene Venditti

PATIENT RELATIONS COMMITTEE

Amanda Mowbray, Chair
Melissa Aldoroty
Jennifer Kerr
Adrian Malcolm
Genna Solomon-Bort

QUALITY ASSURANCE COMMITTEE

Heather McFarlane, Chair
Erin Godkin
Michael Ivany
Jennifer Kerr
Adrian Malcolm
Lauren Noronha
Megha Sharma

QUALITY ASSURANCE SUBCOMMITTEE

Candice Silver, Chair
Bethany Brewin
Diane Brownlee
Elizabeth Gartner
Debra Kennedy
Rabia Khokhar (*on leave*)
Erin Lawson
Katherine LeMay

GOVERNANCE COMMITTEE

Neelam Bal, Chair
Mary Egan
Christine Funk
Julie Reinhart
Vincent Samuel
Pathik Shukla

FINANCE AND AUDIT COMMITTEE

Allan Freedman, Chair
Lucy Kloosterhuis
Thuy Luong
Tina Siemens

NOMINATIONS COMMITTEE

Jennifer Henderson, Chair
Greg Clarke
Peter Shenfield

SUCCESSION PLANNING COMMITTEE

Neelam Bal, Chair
Vincent Samuel
Mary Egan
Tina Siemens

REGISTRATION COMMITTEE

Christine Farrell, Chair
Allan Freedman
Melissa Giovinazzo
Pathik Shukla
Anna Vogiatzis

HEARINGS POOL:

1. OT DISCIPLINE TRIBUNAL

David Wright, Chair (Adjudicator)
Julie Reinhart, Vice Chair
Sylvia Boddener
All Board Directors
Raj Anand (Adjudicator)
Sherry Liang (Adjudicator)
Sophie Martel (Adjudicator)
Jennifer Scott (Adjudicator)
Jay Sengupta (Adjudicator)

2. FITNESS TO PRACTISE COMMITTEE

David Wright, Chair (Adjudicator)
Vincent Samuel, Vice Chair
Cassandra Boushey
Heather Jones
All Board Directors
Raj Anand (Adjudicator)
Sherry Liang (Adjudicator)
Sophie Martel (Adjudicator)
Jennifer Scott (Adjudicator)
Jay Sengupta (Adjudicator)

PRACTICE SUBCOMMITTEE

Stacey Anderson, Chair
Anu Banavalikar
Adam Broad
Lori Desjardine
Katie Semple
Sophie Stasyna
Anna Vehter

EQUITY PERSPECTIVES ADVISORY COMMITTEE

Adebimpe (Tabitha) Egbeyemi, Chair
Denise Bédard
Liane Daiter
Sonya Doughty
Tabitha Hamp
Michael Murray
Jessica Oh
Patrice de Peiza
Kevin Reel
Latifa Zerrouky

INDIGENOUS INSIGHTS ADVISORY COMMITTEE

Ian Connolly, Chair
Jen Bertoni
Samantha Hunt
Mira Miller
Valerie Taylor

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Executive Committee
Subject: *In Camera* Policy and Procedure

Recommendation:

THAT the Board approve the revised In Camera Policy and Procedure.

Issue:

There has been some discussion at the Executive Committee about the procedure when the Board or Executive Committee needs to have a discussion *in camera* pertaining to how minutes are recorded. Our current policy requires that minutes be kept. To assist with a review of the policy, the College has done some background research to determine the best and required practices for regulatory colleges for *in camera* meetings. The policy has been adjusted based on this research and is attached for discussion.

Link to Strategic Plan:

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:

Ensuring that proper accountability and attention to policy ensures the college is acting with best practice, managing risks and can appropriately fulfil its public protection role.

Equity, Diversity, and Inclusion Considerations:

Any factors related to equity diversity and inclusion were considered when reviewing this policy.

Background:

Our current policy requires that minutes be kept for *in camera* meetings of the Board but are silent about committee meetings. There has been some discussion at the Executive committee about whether it is actually best practice to keep *in camera* minutes at all.

Upon review of the policy, there are certain elements that will improve the clarity and usefulness of the policy. The use of the *in camera* meeting is to allow the Board to have private discussions about topics that would be inappropriate in public. For regulatory colleges, reasons for an *in camera* meeting are prescribed, but the processes are not.

Discussion:

Upon review of best practices, and discussion with legal, it is recommended that the College continue with its process of recording minutes for *in camera* meetings. However, the policy may benefit from

BOARD MEETING BRIEFING NOTE

In Camera Policy and Procedure

Page 2 of 2

amendments to provide clarity. In addition, it would not be appropriate for any committee other than Executive, Finance and Audit, or Governance to have an *in camera* portion of their meeting. That too should be codified in policy. In addition, it is not recommended that decisions automatically be made public.

Rationale:

Minutes provide a risk mitigation strategy. If notes are not kept for decisions, and a decision is questioned years later, no one will remember how that decision was made. In the case of a lawsuit, (perhaps for wrongful dismissal) the College might want to rely on *in camera* minutes to show that the chair was not acting unilaterally in terminating the Registrar, for example.

Other examples of the risks of not recording decisions and minutes properly have been called out in the review and report of the College of Dental Surgeons in BC by the Health Standards Authority in BC in 2018 and for the Denturists by the Ontario Ministry of Health in 2008.

Procedure for recording minutes:

It is recommended that a summary of the *in camera* discussion is outlined along with the date of the meeting and the members present. Any decision made should be recorded. And while the minutes need to be approved by those at the meeting, time can be taken to read back what was recorded (it should be succinct) and approve them at the end of the meeting. This alleviates the need to have another *in camera* meeting to approve the minutes of the last *in camera* meeting.

We propose a form to use at any *in camera* meeting that can be completed during the meeting, approved and sealed for filing. Yes, this will be in paper. Password protecting documents is problematic for all kinds of reasons.

Finally, there was a suggestion that all decisions of the *in camera* session should then go into the public portion of the meeting and be made in public. Again, this practice could put the College at risk. The Board should decide when it is appropriate to do this, but the default should be that all minutes and decisions stay *in camera*. For example, if the College went *in camera* to get legal advice about a human rights claim or lawsuit and the decision was made to settle, if that decision was made public it would signal how the College is prepared to act, prejudicing the College against future claimants.

Implications:

The current policy has been amended to provide clarity and apply to the whole College. In addition, a minute-taking worksheet has been added to assist with this process.

Attachments:

1. Draft revised *In Camera* Policy
2. Proposed Appendix: Minute-Taking Form
3. Current *In Camera* Policy

Policy Type:	Governance Process
Policy Title:	<i>In Camera</i> Policy and Procedure - <i>Proposed</i>
Reference:	RL13
Date Prepared:	January 2000
Date Revised:	June 2020, January 2024, June 2025
Date Reviewed:	January 2000, October 2011, March 2017

Purpose

This document establishes the circumstances under which the Board of Directors may exclude the public or staff from a meeting, or portion of a meeting in accordance with section 7(2) of the Health Professions Procedural Code, being schedule 2 to the *Regulated Health Professions Act, 1991*.

It also outlines the appropriate use of *in camera* sessions to ensure transparency, accountability, and compliance with legislation which protecting sensitive matters.

Why this Policy is in the Public Interest

In camera sessions serve the public interest by providing a framework for managing sensitive discussions that could involve privacy, security, or legal implications. This policy ensures that such sessions are used only when necessary and with appropriate justification.

Application

The policy applies to all Board Directors and Committee Appointees.

Policy

The Board may move into an *in camera* session for any of the following reasons:

- Matters involving public security;
- To consider financial or personal, or other sensitive matters where the harm created by public disclosure outweighs the desirability of adhering to the principle of having meetings open to the public;
- Where a person involved in a criminal proceeding or civil proceeding may be prejudiced;
- To deliberate personnel matters or property acquisitions;
- To receive legal advice or instructions from the College's solicitors; or
- To determine whether to exclude the public or to restrict the publication of disclosed matters.

Meetings of the Executive, Governance, and Finance and Audit committees may hold *in camera* sessions, particularly for matters involving human resources or legal/financial sensitivity. During these sessions, certain staff may be asked to leave, at the discretion of the Chair. All other College committees must include appropriate staff in all meetings, as staff are essential to conducting the business of the College.

Procedure

1. The Chair shall indicate to those present at the meeting that an *in camera* session is to take place and state the reason in accordance with the Act.
2. All non-participating guests and staff will leave the meeting room as directed.
3. The Chair may invite the Registrar & CEO or other senior staff and guests to remain, as appropriate.
4. The Chair will remind all those present at the *in camera* meeting that all discussion including any decisions are strictly confidential.
5. The Vice-Chair, or a Director or another attendee, appointed by the Chair, will record a summary of the discussion and any decisions made.
6. Prior to the end of the *in camera* session or at the next *in camera* meeting, the attendees will review and approve the minutes. The approved record will be securely stored in the College's confidential filing system.
7. All matters discussed in the *in camera* session, including the minutes, remain confidential and must not be disclosed.
8. Information from an *in camera* session is strictly confidential unless the Board agrees to a policy or statement about the release of specific information.

See Appendix A for the form to facilitate the recording of *in camera* sessions.



In Camera Meeting Minutes - PROPOSED

Board or Committee Name: _____ (Executive, Governance, or Finance & Audit)

Date: _____

Minute-taker: _____

Present (list names):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Motion to move *in camera* to discuss: (Choose all that apply)

<input type="checkbox"/>	Matters involving public security
<input type="checkbox"/>	To consider financial or personal, or other sensitive matters where the harm created by public disclosure outweighs the desirability of adhering to the principle of having meetings open to the public;
<input type="checkbox"/>	Where a person involved in a criminal proceeding or civil proceeding may be prejudiced
<input type="checkbox"/>	To deliberate personnel matters or property acquisitions;
<input type="checkbox"/>	To receive legal advice or instructions from the College's solicitors; or
<input type="checkbox"/>	To determine whether to exclude the public or to restrict the publication of disclosed matters.

MOVED BY: _____

SECONDED BY: _____

THAT the meeting move *in camera*.

CARRIED / DEFEATED / MOTION AMENDED (circle one)



Discussion

Motion regarding today's discussion

MOVED BY: _____

SECONDED BY: _____

THAT

CARRIED / DEFEATED / MOTION AMENDED (*circle one*)

Motion regarding today's discussion (*if needed*)

MOVED BY: _____

SECONDED BY: _____

THAT

CARRIED / DEFEATED / MOTION AMENDED (*circle one*)

Board or Committee Name: _____

Date: _____

Motion to approve today's *in camera* minutes

MOVED BY: _____

SECONDED BY: _____

THAT today's in camera minutes be approved as presented.

CARRIED / DEFEATED / MOTION AMENDED (*circle one*)

Motion to come out of camera

MOVED BY: _____

SECONDED BY: _____

THAT the meeting move out of camera.

CARRIED / DEFEATED / MOTION AMENDED (circle one)

Any additional comments or actions required

PROPR

Board or Committee Name: _____

Date: _____



PROPOSED

Board or Committee Name: _____

Date: _____

Policy Type:	Governance Process
Policy Title:	In-Camera Session of the Board
Reference:	RL13
Date Prepared:	January 2000
Date Revised:	June 2020, January 2024,
Date Reviewed:	January 2000, October 2011, March 2017

Purpose

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

Why this Policy is in the Public Interest

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

Application

The policy applies to all Board Directors and Committee Appointees.

Policy:

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

- Matters involving public security may be disclosed;
- Financial or personal matters or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle of having meetings open to the public;
- Where a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- Personnel matters or property acquisitions will be discussed;
- Where instructions or opinions are to be received from the solicitors for the College; or
- Where the Board will deliberate whether to exclude the public or to prevent publication of matters disclosed.
- Where a portion of a meeting is conducted *in camera*, the discussion and decision(s) will not be recorded in the minutes, unless explicitly directed so by the Board.

Procedure

1. The Chair of the Board shall indicate to those present at the meeting that an *in-camera* session is to take place, and the reason, as stipulated in the Act, that it is being conducted in camera.
2. All guests and staff members shall leave the Board meeting room at the time indicated.

3. The Registrar may remain in the session if directed to do so by the Chair.
4. Discussion and any decisions will be recorded by the Vice-Chair. While *in camera*, the Board will vote on whether the *in-camera* discussion should be minuted as part of the regular minutes, or as separate confidential minutes.
5. When the Board is to reconvene, the Chair will give notice, and provide opportunity for guests and staff to return to the Board meeting room. Where in the public interest, a verbal report will be provided as to any decisions made while in camera.
6. The Vice-Chair will advise the recording secretary as to the format for minutes as agreed to during the *in-camera* session.
7. Where the Board has directed that minutes remain confidential, minutes will be stored confidentially in the College filing system, with a copy of the regular minutes. The regular minutes will note only the reason for the *in-camera* session.
8. In-camera sessions are strictly confidential unless the Board agrees to a policy or statement about the release of specific information.

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Executive Committee
Subject: Registrar/CEO Annual Performance Evaluation Policy and Procedure

Recommendation:

THAT the Board approve the Registrar/CEO Annual Performance Evaluation Policy and Procedure.

Issue:

The policy for the annual Registrar/CEO's evaluation has been updated from the previous policy governance language. The procedure has been in place since 2021 and has been working well. The Executive Committee has reviewed the new policy and is asking the Board for approval. In addition, if there are changes needed to the procedure, and its attachments, it is timely to do this prior to a new Registrar/CEO starting.

Link to Strategic Plan:

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:

Ensuring that the policy and procedure for monitoring the performance of the Registrar/CEO is up to date and in place, is in the public interest to facilitate appropriate leadership of the College for public protection activities.

Equity, Diversity, and Inclusion Considerations:

Equity, Diversity and Inclusion should be considered in an evaluation of the Registrar/CEO. The Registrar/CEO should foster a culture of cultural safety and humility at the College and for expectations of registrants.

Background:

The current Registrar/CEO performance evaluation policy was last redeveloped in 2019, revised again in 2021, and was based on the policy governance model whereby the Registrar/CEO evaluation was based solely on their adherence to Board policy. In the past, the policies included the 'Ends' policies which in essence meant the College's accomplishments towards the strategic plan. While technically sound, policy governance language was confusing for Board members and staff and is no longer the framework used at the College. The current Annual Performance Evaluation of the Registrar/CEO is based on the Registrar's job description, the progress of the College towards the strategic plan and any goals set between the Registrar/CEO and the Board, through the Board Chair/Executive Committee.

BOARD MEETING BRIEFING NOTE

Registrar/CEO Annual Performance Evaluation Policy and Procedure

Page 2 of 2

The process gathers feedback from Board members and selected staff in relation to the following:

- Operations
- Financial management
- Key Partner relationships/Public awareness

Discussion:

The policy has been changed extensively to simplify and streamline expectations. The procedure has been working well; however, the actual review form received some updates. The recommended changes are included for consideration.

Implications:

If the Board approves the proposed changes these documents will be used to onboard the new Registrar/CEO and set expectations and will guide the review of the new Registrar/CEO in the next year.

Attachments:

1. Proposed Policy – Performance Evaluation for Registrar and CEO
2. Proposed Registrar Evaluation Survey Questions – Board
3. Proposed Registrar Evaluation Survey Questions – Staff
4. Current Policy CRL5 – Monitoring Registrar Performance

Policy Type:	Governance Process
Policy Title:	Performance Evaluation for Registrar and CEO - <i>PROPOSED</i>
Reference:	
Date Prepared:	December 2009
Date Revised:	January 2011, January 2016, January 2019, June 2025
Date Reviewed:	

Purpose

The purpose of this policy is to establish a structured and transparent process for the regular evaluation of the Registrar and Chief Executive Officer (CEO). The evaluation ensures accountability to the College's mandate, promotes continuous improvement, and supports effective leadership in regulating the profession in the public interest.

Application

This policy applies to:

- All **Board of Directors** who will participate in the evaluation process,
- The **Board Chair** who reviews the performance review process with the Registrar, and the
- The **Executive Committee**, which is responsible for overseeing the performance and annual performance evaluation of the Registrar & CEO and delivering the results and compensation.

Policy

The Board is responsible for systematically monitoring the performance of the Registrar & CEO. Performance will be measured in relation to:

- Fulfillment of the Registrar & CEO's job description;
- Adherence to the Board's directives;
- Outcomes identified in the College's strategic priorities;
- Overall effectiveness in meeting the College's legislative and regulatory mandate.

Performance evaluations aim to:

- Provide meaningful feedback and identify development opportunities;
- Ensure accountability and alignment with the College's priorities;
- Inform decisions on compensation and goal-setting.

Procedure

Evaluation Methods

To support comprehensive performance evaluation, the Board will acquire performance data through one or more of the following methods:

- **Internal reports:** Submitted by the Registrar & CEO, demonstrating progress on strategic goals, compliance with Board policies; and operational performance.
- **Board Input:** Solicited through surveys, structured interviews, or facilitated discussions to access perceptions of the Registrar & CEO performance.

- **Staff and/or Third-Party feedback:** Collected at the Board's discretion, with care to maintain confidentiality and objectivity.

Annual Performance Review Process

- An annual evaluation of the Registrar & CEO will be conducted following the completion of the yearly planning cycle (typically between June and August).
- All Board Directors will be invited to contribute input into the evaluation.
- The evaluation will focus on the prior fiscal year and include a self-assessment by the Registrar & CEO.

Evaluation Oversight and Documentation

- The Executive Committee will coordinate the process, compile feedback, and document results.
- The Committee will meet with the Registrar & CEO to discuss findings, strengths, and areas for development, and to set performance goals for the following year.
- A copy of the final report will be provided to the Registrar & CEO and placed in their personnel file.

Confidentiality

- All materials, data, reports related to the evaluation are confidential and will be securely maintained.
- Board Directors and others involved in the evaluation must respect the confidentiality and integrity of the process.

Review

This process will be reviewed every three years to ensure it meets the current expectations. The Executive Committee oversees the evaluation process, reviews the results, and recommends improvements.

ANNUAL REGISTRAR/CEO's EVALUATION PROCESS

Below you will find a linear description of the Registrar/CEO's performance review process, however, in reality, this is a cyclical process. The annual cycle begins each year on June 1st, aligned with the beginning of the fiscal year and the implementation of the Strategic Plan. The Cycle ends on May 31st with the end of the fiscal year and the evaluation of the actions, behaviours and results of the Registrar/CEO based on expectations aligned with the College's Strategic Plan, Core Competencies, Registrar/CEO's Position Description and any specific goals and objectives.

Establish Performance Expectations

The Chair of the Board and the Registrar/CEO annually review this performance review process and agree on the specific expectations and evaluation criteria to be used, including confirming the specific tools of measurement and any additional specific sources of input to the process that may be required. The criteria will typically fall into three categories:

- a. **Achievement of Results**: Board approval of the strategic plan generates the 'results' that become the key quantitative measures of performance of the College and for the Registrar/CEO.
- b. **Leadership Behaviours**: Qualitative assessment from Board Members and staff of the degree to which the Registrar/CEO's behaviour meets the expectations articulated in the job description.
- c. **Special Projects / Development Plan**: Specific actions and results that are unique to the fiscal year that will strengthen/enhance the skills, knowledge, abilities and experiences of the Registrar/CEO and/or ensure that the College continues to operate as a leader in delivering value to its members and stakeholderskey partners.

In every case, the expectations will be clearly described and agreed to between the Board and the Registrar/CEO.

In order to ensure a comprehensive and balanced assessment of the Registrar/CEO's performance a number of tools will be used including:

- a. Regular check-in (support and monitoring) meetings between the Registrar/CEO and the Chair of the Board.
- b. Regular reports on key initiatives (at quarterly Board meetings and Executive Committee meetings)
- c. Annual online evaluation survey (board members with more than 3 months tenure, three or four staff).
- d. Annual Self Evaluation

Furthermore, the Chair of the Board or Executive may verbally inquire about the experience of working with the Registrar/CEO from anyone with a direct working relationship with the Registrar/CEO in order to gain additional feedback and deepen the understanding for the purpose of more comprehensive and relevant evaluation.

COTO Registrar/CEO Performance Review Schedule

The Registrar/CEO's performance evaluation process is aligned with the College's fiscal year and strategic planning cycle (June 1- May 31).

Timeline	Action	Responsibility
May-Mid June	Evaluation questions are loaded into survey monkey and saved with access link.	Executive Assistant
May -Mid June	Chair of the Board is trained on access and reporting in online survey tool (Survey Monkey).	Chair of the Board and Executive Assistant
Mid- June/July	Registrar/CEO submits self-evaluation of his/her performance against goals/objectives, leadership behaviours and development plan/special projects as well as proposed goals/objectives & development plan for the next year to the Chair of the Board.	Registrar/CEO Chair of the Board
Final Board Meeting of the year (late June)	Announcement that annual Registrar/CEO's evaluation survey will be sent from Survey Monkey the following day to the Board and selected staff members (3-4 staff who will be contacted directly by the Chair and asked to complete survey) with seven days to complete.	Chair of the Board
Next day following year end Board meeting (late June)	Confidential link to online survey is sent via email to all Board members and selected staff with message that they have 7 days (TBD) to complete and then survey will be closed. Admin access to Survey Monkey provided to Chair (who changes password) to manage from this point forward.	Executive Assistant
7 days after survey is sent (early to July)	Survey is closed and results are reviewed.	Chair of the Board
Early- mid July	Chair of the Board reviews all information collected and prepares the draft appraisal for discussion with Executive Committee.	Chair of the Board
Mid-late July	Executive Committee meets to discuss results (in camera)	Executive Committee with support from Executive Assistant (meeting scheduling)
Late July- early August	Executive determines the corresponding merit increase based on the College's performance and compensation matrix and key comments (anonymous) are summarized to give additional context to the ratings	Executive Committee
Late July- early	The Registrar/CEO meets with Chair of the Board to	Chair of the Board

COTO Registrar/CEO Performance Review Schedule		
August	discuss his/her self- evaluation and results of feedback and appraisal including compensation decision. Next year's goals and objectives are finalized.	and Registrar/CEO (Executive Assistant coordinates meeting)
Late July- early August	Chair of the Board contacts Director, Corporate Services and Finance to confirm rating and compensation decision and initiate corresponding documentation.	Chair of the Board and Director, Corporate Services and Finance
Mid-August	Final report is attached to Registrar/CEO's confidential employee record in accordance with HR policies and COTO governance requirements.	Director, Corporate Services and Finance
Mid -August	Information is deleted in Survey Monkey. Password is re-set and access is returned to Executive Assistant.	Chair of the Board and Executive Assistant

Registrar's Annual Performance Evaluation
Board Assessment
FY 2021-2022

Distributed via survey monkey after the June Board meeting.

1. The Registrar/CEO is responsible for ensuring that The College of Occupational Therapists of Ontario (The College) performs against its strategy and achieves its mission to protect the public through effective regulation and instills confidence and trust by ensuring that occupational therapists are competent, ethical and accountable.

Key focus areas within this strategic vision for The College include:

- a. Operations – The College ensures that effective and efficient operations are developed, managed, and monitored to ensure effective regulation of the profession and that members are competent, ethical and accountable. Organizational risks are mitigated, and opportunities are created;
- b. Finances – The College maintains a sound financial position through reliable revenues as well as by making efficient decisions from a cost perspective without diminishing service to members or public trust;
- c. Stakeholder-Key Partner Relationships/ Public Awareness – The College is represented effectively and maintains positive relationships with external stakeholders-partners including the public.

The Registrar provides overall leadership to the organization.

1. **Please comment on the Registrar/CEO's performance in the following areas:**

Operations – The College ensures that effective and efficient operations are developed, managed, and monitored to ensure effective regulation of the profession and that members are competent, ethical and accountable. Organizational risks are mitigated, and opportunities are created;

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

Finances – The College maintains a sound financial position through reliable revenues as well as by making efficient decisions from a cost perspective without diminishing service to members or public trust;

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

2. The Registrar/CEO is responsible and accountable for The College's success and reputation now and in the future. This includes accountability for ensuring that appropriate actions are taken, that plans and measures are in place, including talent and skills, practices, and communications, to position The College to be successful.

Over the past year, the Registrar/CEO's performance in this respect has been:

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

3. The Registrar/CEO is accountable for fostering a positive and effective culture for staff and Board members as well as successfully building and maintaining strong relationships with the organization's external stakeholders partners.

Please rate and comment on your experience working with the Registrar/CEO in the areas below.

- a. With respect to the Staff

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- b. With respect to external stakeholders partners such as government, other regulators both provincially and nationally, associations, registrants, and the public.

(You may find information about this from your review of registrar's reports, information at Board meetings, information gleaned at Committee meetings, and other interactions or experiences at the College.)

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

4. Is the Registrar/CEO responsive and engaged appropriately with the Board?

Over the past year, the Registrar/CEO's performance in this respect has been:

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

5. Please include any other comments that you feel should be considered in evaluating the Registrar/CEO's performance over the year.

PROPOSED

Rating Legend

Poor	Needs Improvement
Fair	Meets Some Expectations
Satisfactory	Meets Most Expectations
Good	Meets All Expectations
Very Good	Exceeds Some Expectations
Excellent	Exceeds Most Expectations
Outstanding	Exceeds All Expectations

Definitions

Poor:

There are serious concerns regarding the Registrar CEO's performance as most position responsibilities, both results and/or behaviours are falling well short of expectations. Immediate action is required to remedy the situation including a detailed performance improvement plan and commitment to meet clear progressive milestone expectations beginning now. Without significant positive change, the Board will lose confidence in the Registrar's ability to continue in the position.

Good:

The Registrar CEO consistently performs his/her position responsibilities at level that meets all expectations of the job, both the results and behaviours. There are no concerns regarding performance and he/she has the confidence of the Board.

Outstanding:

The Registrar CEO consistently exceeds all expectations of his/her position, both the results and behaviours. The College is positioned as an outstanding association within the sector and frequently called upon to share their actions as a "best practice" organization. The Registrar CEO is recognized both internally and externally for his/her role in the success of the College with specific strategies, workplans and communication practices that directly led to the outstanding results.

Registrar/CEO's Annual Performance Evaluation
Staff Assessment
FY ~~2021~~-2022

Distributed via anonymous online software on/about June 15, to 3 to 4 staff.

The Registrar/CEO provides overall leadership to the organization.

1. Please comment on the Registrar/CEO's performance in the following areas:

- a) Providing appropriate strategic direction in day-to-day management to staff including communication of Board policies and decisions.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- b) Providing effective support and direction to staff.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- c) Providing constructive feedback.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

- d) Providing development opportunities.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

e) Delegating responsibilities appropriately to staff.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

f) Enabling direct reporting staff to work and lead independently and intervening if/when appropriate.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

g) Setting the tone for a positive work culture at the College.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

h) Effectiveness of communication with staff.

☐ Poor ☐ Fair ☐ Satisfactory ☐ Good ☐ Very Good ☐ Excellent ☐ Outstanding ☐ Unable to Assess

Please provide additional comments and/or specific examples to support your response.

2. Anything else that you would like to tell us to help us understand the Registrar CEO's performance this year?

Rating Legend

Poor	Needs Improvement
Fair	Meets Some Expectations
Satisfactory	Meets Most Expectations
Good	Meets All Expectations
Very Good	Exceeds Some Expectations
Excellent	Exceeds Most Expectations
Outstanding	Exceeds All Expectations

Definitions

Poor:

There are serious concerns regarding the Registrar/CEO's performance as most position responsibilities, both results and/or behaviours are falling well short of expectations. Immediate action is required to remedy the situation including a detailed performance improvement plan and commitment to meet clear progressive milestone expectations beginning now. Without significant positive change, the Board will lose confidence in the Registrar's ability to continue in the position.

Good:

The Registrar/CEO consistently performs his/her position responsibilities at level that meets all expectations of the job, both the results and behaviours. There are no concerns regarding performance and he/she has the confidence of the Board.

Outstanding:

The Registrar/CEO consistently exceeds all expectations of his/her position, both the results and behaviours. The College is positioned as an outstanding association within the sector and frequently called upon to share their actions as a "best practice" organization. The Registrar/CEO is recognized both internally and externally for his/her role in the success of the College with specific strategies, workplans and communication practices that directly led to the outstanding results.

Policy Type: Council Registrar Linkage
Policy Title: Monitoring Registrar Performance
Reference: CRL5
Date Prepared: December 2009
Date Revised: January 2011, January 2016, January 2019
Date Reviewed:

Systematic monitoring of the performance of the Registrar will be measured against the accomplishment of Council policies on Ends and operations within the boundaries established in Council policies on Registrar Limitations.

Accordingly,

1. Monitoring is used to determine the degree of compliance to Council policies. Non-relevant data will not be considered to be monitoring data. This expectation will be made clear to the Registrar.
2. Council will acquire monitoring data by one or more of the following methods:
 - a. By internal report, in which the Registrar discloses information to Council;
 - b. by external report, in which an external, disinterested third party selected by Council assesses compliance with Council policies; and
 - c. by direct Council inspection, in which a designated member or members of Council assess compliance with the appropriate policy criteria.
3. In every case, the standard for compliance to Council shall be any reasonable interpretation of the Council policy being monitored.
4. All policies that instruct the Registrar will be reviewed by Council at least every three years and revised as needed. Council can monitor any policy at any time by any method, but will ordinarily depend on the following schedule:
 - a. Policies categorized as A will be reviewed at our January meeting.
 - b. Policies categorized as B will be reviewed at our June meeting.
 - c. Policies categorized as C will be reviewed at our October meeting.
5. At a minimum, a performance review of the Registrar will be conducted annually after the yearly planning cycle is complete (June – August each year). All Council members will be invited to contribute to the annual evaluation.
6. The Executive Committee will document the results of the performance review. A copy will be placed in the Registrar's personnel file and a copy given to the Registrar.

ANNUAL REGISTRAR EVALUATION PROCESS

Below you will find a linear description of the Registrar's performance review process, however, in reality, this is a cyclical process. The annual cycle begins each year on June 1st, aligned with the beginning of the fiscal year and the implementation of the Strategic Plan. The Cycle ends on May 31st with the end of the fiscal year and the evaluation of the actions, behaviours and results of the Registrar based on expectations aligned with the College's Strategic Plan, Core Competencies, Registrar's Position Description and any specific goals and objectives.

Establish Performance Expectations

The Chair of the Board and the Registrar annually review this performance review process and agree on the specific expectations and evaluation criteria to be used, including confirming the specific tools of measurement and any additional specific sources of input to the process that may be required. The criteria will typically fall into three categories:

- a. **Achievement of Results**: Board approval of the strategic plan generates the 'results' that become the key quantitative measures of performance of the College and for the Registrar.
- b. **Leadership Behaviours**: Qualitative assessment from Board Members and staff of the degree to which the Registrar's behaviour meets the expectations articulated in the job description.
- c. **Special Projects / Development Plan**: Specific actions and results that are unique to the fiscal year that will strengthen/enhance the skills, knowledge, abilities and experiences of the Registrar and/or ensure that the College continues to operate as a leader in delivering value to its members and stakeholders.

In every case, the expectations will be clearly described and agreed to between the Board and the Registrar.

In order to ensure a comprehensive and balanced assessment of the Registrar's performance a number of tools will be used including:

- a. Regular check-in (support and monitoring) meetings between the Registrar and the Chair of the Board.
- b. Regular reports on key initiatives (at quarterly Board meetings)
- c. Annual online evaluation survey (board members with more than 3 months tenure, three or four staff).
- d. Annual Self Evaluation

Furthermore, the Chair of the Board or Executive may verbally inquire about the experience of working with the Registrar from anyone with a direct working relationship with the Registrar in order to gain additional feedback and deepen the understanding for the purpose of more comprehensive and relevant evaluation.

COTO Registrar Performance Review Schedule		
The Registrar's performance evaluation process is aligned with the College's fiscal year and strategic planning cycle (June 1- May 31).		
Timeline	Action	Responsibility
May-Mid June	Evaluation questions are loaded into survey monkey and saved with access link	Executive Assistant
May -Mid June	Chair of the Board is trained on access and reporting in online survey tool (Survey Monkey).	Chair of the Board and Executive Assistant
Mid- June/July	Registrar submits self-evaluation of his/her performance against goals/objectives, leadership behaviours and development plan/special projects as well as proposed goals/objectives & development plan for the next year to the Chair of the Board	Registrar Chair of the Board
Final Council Meeting of the year (late June)	Announcement that annual Registrar's evaluation survey will be sent from Survey Monkey the following day to the Board and selected staff members (3-4 staff who will be contacted directly by the Chair and asked to complete survey) with seven days to complete.	Chair of the Board
Next day following year end Council meeting (late June)	Confidential link to online survey is sent via email to all Board members and selected staff with message that they have 7 days (TBD) to complete and then survey will be closed. Admin access to Survey Monkey provided to Chair (who changes password) to manage from this point forward.	Executive Assistant
7 days after survey is sent (early to July)	Survey is closed and results are reviewed	Chair of the Board
Early- mid July	Chair of the Board reviews all information collected and prepares the draft appraisal for discussion with Executive Committee.	Chair of the Board
Mid-late July	Executive Committee meets to discuss results (in camera)	Executive Committee with support from Executive Assistant (meeting scheduling)
Late July- early August	Executive determines the corresponding merit increase based on the College's performance and compensation matrix and key comments (anonymous) are summarized to give additional context to the ratings	Executive Committee
Late July- early	Registrar meets with Chair of the Board to discuss his/her	Chair of the Board

COTO Registrar Performance Review Schedule		
August	self- evaluation and results of feedback and appraisal including compensation decision. Next year's goals and objectives are finalized.	and Registrar (Executive Assistant coordinates meeting)
Late July- early August	Chair of the Board contacts Director, Corporate Services and Finance to confirm rating and compensation decision and initiate corresponding documentation.	Chair of the Board and Director, Corporate Services and Finance
Mid-August	Final report is attached to Registrar's confidential employee record in accordance with HR policies and COTO governance requirements	Director, Corporate Services and Finance
Mid -August	Information is deleted in Survey Monkey. Password is re-set and access is returned to Executive Assistant	Chair of the Board and Executive Assistant

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Governance Committee
Subject: Governance Policies - Training for Board, Committees, and Chairs

Recommendation:

THAT the Board approve the following new policies:

- *Training and Development for Board and Committees*
- *Training for Board Chair and Committee Chairs*

Issue:

The Board is asked to review and approve the two new draft governance policies.

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:

Training enhances the knowledge and understanding of Board Directors and Committee Appointees in relation to their responsibilities. This supports effective governance and helps fulfill the College's public protection mandate. Well-trained leadership ensures that appointees are prepared to carry out their responsibilities effectively and in the public interest.

Equity, Diversity and Inclusion Considerations:

The training framework integrates equity, diversity, and inclusion principles, ensuring that EDI considerations are embedded in leadership and governance development process.

Background:

As part of the strategic activities this fiscal year, the College is embarking on a comprehensive review of all the Governance policies. This will ensure all the policies are up to date and, where necessary, new ones developed. These two proposed policies address the need for structured training and development support for all Board Directors, Committee Appointees, and leadership roles, which have been identified as a key element of governance effectiveness.

BOARD MEETING BRIEFING NOTE

Governance Policies - Training for Board, Committees, and Chairs

Page 2 of 2

Discussion:

As part of the comprehensive review of the Governance Manual, we are developing two new policies:

- Training and Development for Board and Committees
- Training for Board Chair and Committee Chairs

These policies are designed to build governance capacity by equipping Board and committee leaders with the knowledge, skills, and tools to fulfill their roles effectively. They further demonstrate the College's commitment to accountability, transparency, and leadership development.

Implications:

If these policies are approved by the Board, they will be incorporated into the new Governance Manual. They will also inform the planning and delivery of training for current and future Board and committee leaders.

Attachments:

1. *Draft* Training and Development for Board and Committees Policy
2. *Draft* Training for Board Chair and Committee Chairs Policy



Policy Type: Governance Process
Policy Title: Training and Development for Board and Committees - *DRAFT*
Reference:
Date Prepared: June 2025
Date Revised:
Date Reviewed:

Purpose

The policy provides direction and guidance for Board Directors and Committee Appointees regarding training, education, and development expectations. Effective governance requires that members are equipped with the knowledge, tools, and support needed to fulfill their roles with competence and confidence.

Application

This policy applies to all Board Directors and Committee Appointees.

Policy

The College and the Board are committed to effective governance and regulatory performance through comprehensive orientation and ongoing education. While Board Directors and Committee Appointees are expected to bring relevant knowledge and experience to their roles, continued learning is essential to strengthening governance capacity, supporting the College's effectiveness, and enhancing regulatory performance.

Procedure

The objective of this policy is to ensure Board Directors and Committee Appointees are equipped with the knowledge and skills necessary to fulfill their roles effectively, including understanding their responsibilities, navigating complex issues, and making informed decisions.

Training and Development Framework:

Orientation Process

Orientation is provided as soon as possible following appointment or election. It is delivered collaboratively by the Registrar and CEO, and/or senior staff and includes:

1. An overview of the College's mandate, governance framework, and strategic priorities.
2. Access to resources outlining roles, responsibilities, policies, and key procedures.
3. Informal peer support and welcome by current Board and committee members.

Board Training and Development

The College supports continuous development for Board Directors, recognizing governance as a shared responsibility between individuals and the organization.

Training initiatives include:

1. Annual Board-wide governance training.

2. Opportunities to attend external education events.
3. Regular updates on emerging occupational therapy specific issues and regulatory trends.
4. Shared responsibility for ongoing development between Directors, the Board, and the College.

Key training topics may include:

- Governance roles, ethics, legal responsibilities, and accountability.
- Strategic planning and performance monitoring.
- Financial literacy and resource management
- Open communication and effective decision-making:
- Emerging issues such as equity, diversity and inclusion, cybersecurity, and sustainability.
- Skills gap areas identified through Board evaluations.

Committee Training and Development

All committees are expected to operate in alignment with the Board's governance framework and their individual mandates. The College supports Committee Appointees through tailored education and developments opportunities, including:

1. Ongoing learning specific to each committee's work.
2. Training needs identified through formal evaluation or at the recommendation of the committee chair.
3. Additional training recommended by the Governance Committee to enhance overall committee effectiveness.

Policy Type: Governance Process
Policy Title: Training for Board Chair and Committee Chairs - *DRAFT*
Reference:
Date Prepared: June 2025
Date Revised:
Date Reviewed:

Purpose

This policy outlines the approved process for induction training and ongoing support for the Board Chair, and committee chairs. It is intended to ensure they are equipped to lead effectively, facilitate meetings, and fulfill their governance responsibilities with competence and confidence.

Application

This policy applies to the Board Chair and committee chairs.

Policy

The College and the Board are committed to providing training, education and development opportunities that support the leadership roles of the Board Chair, and committee chairs. These tools are designed to equip them with the skills and knowledge necessary to lead effectively, fulfill their roles, and promote strong governance practices.

Procedure

The Board Chair, and committee chairs must be equipped with the knowledge and skills necessary to fulfill their roles effectively, including understanding their responsibilities, addressing complex issues, and making informed decisions.

Training and Support Framework

1. Induction Training

Following the election, selection, or appointment, the Board Chair or committee chairs, whether new or returning to the role, will participate in the induction training session at the beginning of each College year. The training is delivered by the relevant College staff.

2. Training Content and Focus

Induction training is designed to support chairs in developing or refreshing the skills needed to lead effectively. It also provides opportunities to share their insights and build peer connections. Topics may include:

- Leadership through effective chairing
- Clarification of roles and responsibilities
- Facilitating productive discussions and deliberations
- Identifying and managing challenges.

3. Ongoing Collaboration and Peer Support

To foster collaboration and shared learning, the Board Chair and the Registrar and CEO may convene meetings with committee chairs to discuss experiences, challenges and strategies. These meetings promote collaboration, problem-solving, and knowledge exchange.

4. Evaluation and Improvement

In alignment with the Board Assessment and Evaluation Policy, chair training programs will be evaluated through participant feedback to assess effectiveness and identify opportunities for improvement.

5. Policy Review and Accountability

This policy will be reviewed every three years or as needed. The Registrar and CEO, in consultation with the Governance Committee, is responsible for ensuring its implementation and recommending any updates.

DRAFT

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025
From: Governance Committee
Subject: Committee Assessment and Evaluation Policy

Recommendation:

THAT the Board approve the Committee Assessment and Evaluation policy.

Issue:

The College needs a structured approach to evaluate and improve committee performance to ensure effective governance and fulfillment of its regulatory responsibilities. The Board is asked to review and approve the proposed new policy and procedure.

Link to Strategic Plan:

This is aligned under:

Performance and Accountability

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

Why this is in the Public Interest:

The College is accountable for ensuring its governance structures operate efficiently and effectively. Strong committee performance contributes directly to the College's ability to fulfill its public protection mandate. Regular evaluations promote transparency, enhance decision-making quality, and reinforce responsible stewardship of the College's authority and resources.

Equity, Diversity, and Inclusion Considerations:

The evaluation process provides all committee members with equal opportunity to provide feedback. The evaluation process provides a platform to assess not only committee functionality but also the quality of participation, inclusivity of discussion, and respectful engagement among members. Surveys and feedback tools can incorporate EDI related questions to help identify barriers to equitable participation and foster a culture that values diverse perspectives and experiences.

Background:

The College has developed a Committee Evaluation process to enhance the effectiveness of College committees. This policy outlines:

- Post-meeting evaluations conducted by the committee chair
- Annual performance evaluations of the full committee.
- Overall responsibilities of the Governance Committee.
- Review timelines to ensure the evaluation process remains relevant and effective.

BOARD MEETING BRIEFING NOTE

Committee Assessment and Evaluation Policy

Page 2 of 2

The evaluation framework supports continuous improvement and fosters alignment with best practice in governance.

Discussion:

The policy includes two core evaluation types: 1) Committee Meeting Evaluations – which are brief assessments conducted after each meeting to gather immediate feedback on meeting effectiveness, including organization, preparation, discussion quality, and decision-making processes; 2) Annual Committee Evaluations – which provides in-depth assessment of overall committee performance, dynamics, and alignment with governance principles, conducted between January and March each year.

The policy establishes the Governance Committee's role in overseeing these evaluations and reviewing the process every three years to ensure its continued effectiveness.

Implications:

Minimal costs are associated with survey tools, distribution and analysis. College committees will need to integrate evaluations into their meeting and annual planning cycles. The committee chairs will begin to implement the meeting evaluations following Board approval of the policy.

Attachments

1. Committee Assessment and Evaluation Policy
2. Appendix A: Committee Meeting Evaluation Template
3. Appendix B - Annual Committee Evaluation Template

Policy Type: Governance Process
Policy Title: Committee Assessment and Evaluation - *DRAFT*
Reference:
Date Prepared: June 2025
Date Revised:
Date Reviewed:

Purpose

This policy provides guidance and direction to each committee regarding the effectiveness of committee meetings and the outcomes of the committee as a whole. Regular evaluations are essential for improving committee performance, ensuring that meetings are productive, and overall governance is enhanced. This process focuses on committee accountability, fosters a culture of continuous improvement, and drives organizational success. Feedback from these evaluations not only promotes ongoing development of committee members but also ensures alignment with the College's public protection mandate.

Application

This policy applies to:

- All Committee Appointees (including Board Directors appointed to committees)
- All committee chairs, and the
- Governance Committee, which is responsible for overseeing and reviewing the evaluation process

Policy

Each committee will regularly evaluate its governance performance. The Governance Committee will recommend an evaluation process to the Board for approval. This process will be reviewed every three years to ensure it meets the current expectations. The Governance Committee oversees the evaluation process, reviews the results, and recommends improvements.

Procedure

It is the obligation and responsibility of the committee to govern effectively, to ensure fulfillment of the College's public protection mandate and to work together in building a healthy and effective committee team. Evaluation strengthens the committee's understanding of its governance responsibilities and reinforces its commitment to continuous improvement and the principles of good governance.

It includes two types of evaluations:

1. **Evaluation of committee meetings:** To gather feedback after each committee meeting on the effectiveness of the meeting itself.

2. **Annual Committee Evaluation:** To evaluate the committee's performance over the course of the year, including group dynamics, and alignment with good governance.

Evaluation of Committee Meetings

1. The committee chair will conduct meeting evaluations after each committee meeting. A survey will be distributed to all committee members immediately following each meeting. The evaluation will include quantitative and qualitative questions. Survey results will be tabulated and provided to the committee chair, who will review the evaluation findings, propose recommendations for improvements, and communicate action steps to the committee. Committee members may choose to identify themselves in the survey responses, but this is optional. A summary of the key findings and areas for improvement will be shared with the committee at its next meeting.
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 Committee Evaluation

1. The Governance Committee will oversee the committee evaluation process that will be conducted each year between January and March.
2. This evaluation may include a survey of all committee members, involving both quantitative and qualitative questions, and a self-assessment.
3. Key evaluation areas may include:
 - a. Mandate and Performance
 - b. Meeting and Processes
 - c. Committee Dynamics
 - d. Individual Performance
 - e. General Satisfaction
4. The findings of the evaluation will be reviewed by the committee chair. The evaluation and recommendations will be shared with the committee and an opportunity for discussion will be included in the agenda at the next committee meeting.
5. The Governance Committee will receive a report of each committee evaluation will monitor progress on any recommended actions arising from the evaluations and may follow up with committees on implementation status.

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.

DRAFT



APPENDIX A

Committee 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 (optional):

Meeting Organization

1. The meeting materials were received in a timely manner, allowing sufficient time to prepare.
2. This meeting was effective and efficient.

Preparation

3. Committee members were given an opportunity to declare any conflict of interest before the meeting.
4. The meeting materials were relevant to the agenda, appropriate to the Committee's role, and sufficient to assist me in forming an opinion on matters before the Committee.

Effectiveness of Discussion

5. Committee members were adequately prepared for the meeting, having reviewed relevant materials and considered discussion points.

6. The Committee Chair was effective in allowing all perspectives to be heard while bringing matters to discussion.

Decision making Process

7. The decisions made during the meeting were well-informed and based on relevant information.
8. Committee members were respectful and considerate of each other and of staff in encouraging and considering diverse viewpoints.

Individual Performance

9. The contributions of each Committee member were meaningful, and deliberations were fair, open, timely, and kept to the point.

General Satisfaction

10. Overall, how would you rate the effectiveness of this meeting in terms of achieving its goals, making decisions, and fostering productive discussions?

Continuous Improvement

What specific suggestions do you have for improving the Committee's overall performance and effectiveness in future meetings?

(open question)

APPENDIX B

Annual Committee Evaluation

Please rate each statement on a scale from (1-5)

1 = Strongly disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

Name (optional):

Committee Mandate and Purpose

1. The Committee's decisions and actions demonstrably supports the College's public protection mandate and reflects alignment with the College's Mission, Vision, and Values.
2. The Committee shows awareness and respect for the legislative framework, regulations, and policies guiding the College's and Committee's activities.
3. Meeting agendas and discussions consistently lead to meaningful outcomes aligned with the Committee's purpose and Terms of Reference.
4. The Committee proactively identifies risks and implements measures that mitigate potential impacts within its mandate.
5. The orientation effectively equipped Committee members to contribute meaningfully to discussions and fulfill their responsibilities.

Committee Meeting and Processes

6. The frequency and format of meetings enable productive discussions and timely achievement of objectives.
7. The timing and delivery of meeting materials support informed decision-making and preparation.

8. The quality of Committee materials is appropriate: concise, clear, and focused on key issues and priorities.
9. The Committee allows sufficient time for discussion of substantive matters.
10. The support provided by staff enables the Committee to fulfill its responsibilities and achieve intended outcomes.

Committee Dynamics

11. The Committee is respectful and considerate of diverse viewpoints, encouraging constructive discussion and more balanced decisions.
12. Committee members actively engage in meetings, raising relevant issues and contributing to informed outcomes.
13. There is a culture of mutual respect and understanding among Committee members.
14. The Committee is composed of individuals with the appropriate skills, expertise, and experience to fulfill its responsibilities effectively.

Individual Performance

15. The Committee uses regular self-assessment and ongoing development to improve its performance and deliver better outcomes.
16. Committee members come prepared for each meeting to achieve the Committee's objectives through thoughtful preparation and participation.

General Satisfaction

17. Considering your responses to the previous questions, how would you rate the Committee's overall effectiveness in fulfilling its mandate and protecting the public interest?
18. What do you believe the Committee does well? (open question)
19. What areas could the Committee improve upon in the coming year? (open question)
20. Do you have any additional feedback or suggestions for enhancing Committee's effectiveness. (*open question*)

BOARD MEETING BRIEFING NOTE

Date: June 19, 2025

From: Patient Relations Committee

Subject: Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Policy 10-10

Recommendation:

***THAT** the Board approve the updated Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Policy 10-10.*

Issue:

The Patient Relations Committee has provided updates to the policy to administer the Sexual Abuse Fund. The Board is asked to review and approve the updated policy.

Link to Strategic Plan:

Meaningful Engagement

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

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

Performance and Accountability

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

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

Why this is in the Public Interest:

The College is committed to supporting individuals who allege sexual abuse by OTs. In addition to providing funding for therapy and counselling (required by legislation), the College sets aside funds to cover related non-therapeutic expenses so that eligible individuals can access those services.

Equity, Diversity, and Inclusion Considerations:

The proposed changes to this policy align with the College's commitment to Equity, Diversity and Inclusion.

BOARD MEETING BRIEFING NOTE

Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Policy 10-10

Page 2 of 2

Background:

This policy is reviewed every three years or more frequently, if necessary, to account for changes in legal, technological, or ethical standards. The College will include a surety for those OTs found to have sexually abused a client within a penalty imposed by the college. The individual's liability insurance should be accessed to assist with providing this surety.

Discussion:

The update includes the following policy additions:

1. 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 has a sexual abuse therapy and counselling fund endorsement under the Bylaw.
2. The registrant is required to provide a payment to the College of any amount required under the Code.
3. Any amount of surety provided by the Registrant that has not been accessed within five (5) years of the date of the order will be returned to the Registrant (under the Code).

Changes were made to formatting for clarity and to remove redundancies. For example, the section on procedure is divided into two: (1) processes related to the patient relations committee review, and (2) procedures after the approval of funding. Each section details the responsibilities involved to ensure clarity and compliance.

Discussion:

- Review and approval by the Board

Attachments:

1. DRAFT Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Policy 10-10.

FUNDING FOR THERAPY, COUNSELLING, AND RELATED EXPENSES FOR CLIENTS ALLEGING SEXUAL ABUSE

10-10

Section: Patient Relations
Applicable to: Patient Relations Committee, Staff, Public
Approved by: Board
Date Established: March 2020
Date Reviewed: March 2021, January 2025, June 2025

Purpose:

This policy describes the process and criteria the Patient Relations Committee uses to determine eligibility for, and allocation of, funds from the College's Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Program ("Funding for Therapy Program").

Principles:

As part of its public protection mandate, the College has an obligation to ensure patients/clients alleging sexual abuse by Occupational Therapists (OTs) can access funding for therapy or counselling through a program administered by the Patient Relations Committee.

Policy:

The College is committed to supporting patients/clients who allege sexual abuse by OTs. In addition to providing funding for therapy and counselling, the College sets aside funds to cover related non-therapeutic expenses so that eligible patients/clients can access those services. All therapy, counselling and related non-therapeutic expenses must be approved by the Patient Relations Committee before the College can pay.

The College also supports eligible patients/clients to participate in the College's complaint or report investigation and discipline processes.

Once approved for funding by the Patient Relations Committee, the disbursement of the approved expenses is managed by the Program Director or designate.

The registrant, found to have sexually abused a patient by a panel of the College's Discipline Committee, is required to provide a payment to the College of any amount required under the Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991, ss. 1(3), 1(6), 1.1, and 85.7.

All registrants must have professional liability insurance coverage and provide proof of such coverage to the Registrar, in the manner required by the Registrar, which has a sexual abuse therapy and counselling fund endorsement.

Any amount of surety provided by the Registrant that has not been accessed within five (5) years of the date of the order will be returned to the Registrant.

Eligibility:

A patient/client is eligible for funding if it is alleged, in a complaint or report, that they were sexually abused by an OT while they were a client of the OT; or, if any alternative requirements, as may be set out in regulation, are satisfied.

Funding:

1. The College will allocate up to \$25,000 to pay for therapy, counselling and other related non-therapeutic expenses supporting access to those services for any eligible individual.
2. The maximum amount of funding to be provided for therapy and counselling will be \$17,500.
3. The College will refund up to a maximum of \$7,500 for related non-therapeutic expenses which support the eligible individual to seek therapy and counselling. Examples of related non-therapeutic expenses that may be approved include:
 - Travel expenses, by public means, to therapy and counselling
 - Caregiving expenses for dependents
 - Medication prescribed as part of a treatment program not covered by other public or private insurance programs
 - Other incidental expenses incurred directly as a result of therapy and counselling
4. The Patient Relations Committee may consider specific situations where more funds than the allocation(s) specified in paragraphs two (2) or three (3) above are required. While an eligible individual may be able to claim more than that allocated for therapy or counselling or for related non-therapeutic expenses, the maximum amount available under the fund remains \$25,000, so any increase to one of the allocations correspondingly decreases the other.
5. Funding is provided for a period of five (5) years:
 - a. from the date the Patient Relations Committee decides an individual is eligible to receive funding; or,
 - b. from the date the individual first received therapy and counselling related to the sexual abuse alleged, and for which the Patient Relations Committee agrees to retroactively reimburse the individual for.

- c. the Patient Relations Committee may consider requests to extend the time period for funding when requests are received prior to the five-year funding expiry date, and when reasonable grounds are provided.
6. Funding for therapy and counselling is paid directly to the patient/client's therapist or counsellor.
7. Patients/clients receiving therapy and counselling funded through the "Funding for Therapy Program" may choose any therapist or counsellor except one who they have a family relationship with or who has been found guilty of professional misconduct or sexual abuse in any jurisdiction.
8. If the patient/client's therapist or counsellor of choice is not a member of a regulated health profession, the College will ensure the individual knows their chosen counsellor is not subject to professional discipline.
9. Funding for related non-therapeutic expenses must be prepaid by the individual and original receipts and other supporting documentation submitted to the College for reimbursement to be considered.
10. Funding may be used to pay for therapy and counselling that was provided at any time after the alleged sexual abuse by the registrant took place.
11. Funding may be provided to additional persons for additional purposes as may be set out in regulation or as approved by the Patient Relations Committee.
12. Funding provided to an eligible individual will be reduced by the amount that the Ontario Health Insurance Plan or a private insurer is required to pay for the therapy and counselling during the same period during which the individual is eligible for funding.
13. If after a formal investigation and/or discipline hearing, the Patient Relations Committee has sufficient grounds to believe that there was no sexual abuse of the patient by the registrant, the Patient Relations Committee may decide the individual is no longer eligible to receive any remaining, unused portion of the fund.

Procedure Related to the Patient Relations Committee's Review:

14. All patients/clients alleging sexual abuse by an OT will be approached in a sensitive and respectful manner by College staff and committee members.
15. Complaints and Registrar's Investigations involving an allegation of sexual abuse by an OT will be managed by the Investigations and Resolutions (I&R) Program, on behalf of the Inquiries, Complaints and Reports Committee (ICRC).
16. Upon receipt of a complaint or report related to the sexual abuse of a client by an OT, where their name and contact information is known, the Manager, I&R, will alert the Program Director or designate.

17. The Director or designate, will send the client information about the College's Funding for Therapy Program, information about access to a support person, and any available and appropriate resources about sexual abuse.
18. Questions regarding the Funding for Therapy Program will be directed to the Program Director or designate.
19. Applications for the Funding for Therapy Program will be directed to the Program Director or designate who will review the completed application and contact the client if additional information is required.
20. The Program Director or designate will prepare the Application for Funding for Therapy to go before the Patient Relations Committee- which will include the application form with any confidential information redacted. The Program Director or designate will also include information obtained from the Investigations & Resolutions department that provides the Patient Relations Committee verification that there is an investigation with allegations of sexual abuse against the subject registrant involving the applicant.
21. The Patient Relations Committee will review all applications for funding within 20 days of the date the application is received and determine whether the client is eligible for funding.
22. Applications for funding are considered on a case-by-case basis in reference to the information provided. Should the Patient Relations Committee find that additional information or clarification is needed before a decision can be reached, it will notify the client in writing. The client will then be given 30 days to supply the requested information, documentation or clarification.
23. The Decision of the Patient Relations Committee will be provided by the Program Director, or designate, to the patient/client within 14 days of its decision. If the funding is approved, the decision will set out the administrative arrangements for obtaining funding including providing authorization to share invoicing information with the patient/client's selected counsellor.
24. The Decision of the Patient Relations Committee will be provided by the Program Director, or designate, to the Registrant within 14 days of its decision. If the funding is approved, the decision will include a reminder as to the requirement for Professional Liability Insurance to provide payment, to the College in the amount of any amount required under the Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991, ss. 1(3), 1(6), 1.1, and 85.7.
25. The Program Director, or designate, will notify the Manager, Investigations and Resolutions, of the Patient Relations Committee's decision for consideration in ordering costs against the registrant should they be found guilty of sexual abuse by a panel of the Discipline Committee.

Procedure after approval of Funding:

26. All invoices for therapy or expenses related to therapy will be reviewed and approved by the Program Director or designate and sent to the College's accounting department for payment, up to the amount approved by the Patient Relations Committee.
27. Should the individual's selected counsellor or therapist submit to the College an invoice for fees related to late or missed appointments, the Program Director or designate, in discussion with the individual and/or, with the individual's consent, their therapist or counsellor, may cap the amount available for the reimbursement of fees charged for late or missed appointments with their therapist and counsellor.
28. The Program Director, or designate, will provide written notice to the client, and/or their counsellor, at a reasonable interval, as to the amount of funding that remains available.

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:

Insert link to application form

Legal Requirement

Regulated Health Professions Act, 1991, ss. 43(1)(o) and 43.1,

Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991, ss. 1(3), 1(6), 1.1, and 85.7

Ontario Regulation 59/94: Funding for Therapy or Counselling for Patients Sexually Abused by Members

Ontario Regulation 260/18: Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code

College of Occupational Therapists of Ontario Bylaw-Part 19-Professional Liability Insurance