College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

AGENDA ITEM 4.0

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 January 29, 2026,** 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, January 26, 2026.

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

AGENDA ITEM 5.0

BOARD MEETING AGENDA

DATE: Thursday, January 29, 2026 **TIME:** 9:00 a.m. to 3:00 p.m. (Lunch 12:00 to 1:00 p.m.)

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

	Agenda Item	Objective	Attach	Time (min)
1.0	**Call to Order**			
2.0	**Public Protection Mandate**			
3.0	**Territorial Acknowledgement***			
4.0	**Declaration of Conflict of Interest**			
5.0	**Approval of Agenda**	Decision	✓	2
	THAT *the agenda be approved as presented*			
6.0	**Consent Agenda**			
	1. Registrar and CEO's Report of January 29, 2026 2. Draft Board Minutes of October 30, 2025 3. Executive Committee Minutes of October 16, 2025 4. Finance & Audit Committee Minutes of September 22, 2025 5. Governance Committee Minutes of May 16, 2025	Decision	✓	5
	THAT *the Board adopt the consent agenda items as listed* (read list):			
7.0	**Registrar's Report**			
	7.1 Presentation: Registrar & CEO's Remarks By: Gillian Slaughter	Information		15
	7.2 Quarterly Performance Report	Decision	✓	15
	THAT *the Board receive the FY2025-2026 Q2 Quarterly Performance Report* (Lucy Kloosterhuis)			
	7.3 Risk Management Report & Risk Register	Decision	✓	15
	THAT *the Board receive the Risk Management Report and the updated Risk Register* (Stacey Anderson)			

	Agenda Item	Objective	Attach	Time (min)
	7.4 CIHI Data By: Kimberly Woodland, Director, Programs	Information		30
	THAT *the Board receive information about the CIHI 2024-2025 health human resources data* (Stacey Anderson)			
8.0	**Financial Report**			
	8.1 FY2025-2026 Q2 Financial Summary Report	Decision	✓	15
	THAT *the Board receive the FY2025-2026 Q2 Financial Report, as presented* (Allan Freedman)			
	8.2 Registration Fee Increase	Decision	✓	30
	THAT *the Board approve the proposed 2% increase to Registration fees for the upcoming 2026-2027 annual renewal period* (Allan Freedman)			
9.0	**Governance**			
	9.1 Update About "As of Right" By: Gillian Slaughter, Registrar & CEO	Decision		20
	THAT *the Board receive information about the new regulations under the Occupational Therapy Act, 1991 for applicants under "As of Right"* (Allan Freedman)			
LUNCH (12:00 - 1:00)				
10.0	**Governance**			
	10.1 Appointment of a Committee Appointee to the Inquiries, Complaints and Reports Committee	Decision	✓	15
	THAT *the Board appoint Kelly Didone to the Inquiry, Complaints, and Reports Committee for a three-year term, commencing January 30, 2026.* (Lucy Kloosterhuis)			
	10.2 Appointment of two Public Directors to the Inquiries, Complaints and Reports Committee	Decision	✓	10

	Agenda Item	Objective	Attach	Time (min)
	***THAT** the Board approve the appointment of Jennifer Kerr and Adrian Malcolm to the Inquiries, Complaints and Reports Committee, effective immediately.* (Lucy Kloosterhuis)			
11.0	**Inquiries, Complaints and Reports Committee**			
	11.1 I&R Resolution Program Policy	Decision	✓	15
	***THAT** the Board approve the I & R Resolution Program Policy as presented.* (Lucy Kloosterhuis)			
12.0	**Quality Assurance Committee**			
	12.1 2027 E-learning Module (Ethics)	Information	✓	15
13.0	**Registration Committee**			
	13.1 Request for Second Provisional Certificate Policy	Decision	✓	15
	***THAT** the Board approve adjustments to the Request for Second Provisional Certificate Policy* (Allan Freedman)			
14.0	**Environmental Scan**			
15.0	**Other Business**			
	15.1 Board Meeting Evaluation for January 29, 2026	Complete	Provided at Meeting	
	15.2 Annual Board Evaluation	Complete	Link to follow	
	15.3 Executive Officer Nomination Form	Information	Link to follow	
16.0	**Next Meetings**			
	Board Meeting & Officer Elections: 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 (online)			
17.0	**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.

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

REPORT of the Registrar and CEO

BOARD MEETING JANUARY 29, 2026

Focus of the Board Meeting

Staff will share information about our work to advance our strategic priorities. We will present our Q2 FY2025-2026 financial summary report and proposal for a 2% fee increase. Two presentations, one about “As of Right” and the other about our CIHI data analysis will be presented. Two committee policies are before the Board for review and approval.

STRATEGIC PRIORITY #1: MEANINGFUL ENGAGEMENT

Communications

- Registrant engagement:
    - We created "practice tip of the week" videos (5) and text posts (4) on social media that are receiving thousands of views.
    - On November 19, 2025, the College hosted a webinar, “Let’s Talk Practice” for new and returning occupational therapists. The session featured real practice questions with guidance from COTO’s Practice team. Topics included consent, documentation, virtual services, AI use, quality assurance and more. The webinar is published on the College’s YouTube channel.
- Employer engagement: A third employer newsletter was issued in December which focused on the release of Lap Belts guidance. The guidance received over 2,500 views by about 1,600 users.
- Register renaming: To add clarity to the function of the public register, we will be changing the name of the register from ‘Find an OT’ to ‘List of Registered Occupational Therapists’. Staff consulted with the Citizen Advisory Group, and completed an environmental scan, to inform the decision. Materials that reference ‘Find an OT’ have been identified and prioritized for revision. The name change will be communicated to registrants and other parties. The link (web page address) of the public register will be unchanged. Planned implementation is late February/early March 2026.

Events and Partners

- Staff will be presenting to occupational therapy students at various Ontario universities between January and March. This is part of the College’s ongoing work to build meaningful connections with registrants and inform them about the work of the College.

STRATEGIC PRIORITY #2: QUALITY PRACTICE

Registration Program

- The “As of Right” application process for occupational therapists registered in other Canadian provinces and territories was launched at the end of 2025.
- The re-entry to practice project is ongoing. The College is collecting registration competency assessment data and anticipates initiating the data analysis in spring 2026.

Quality Assurance Program

- For the past two years, staff have engaged in a comprehensive review of our competency assessment process and its related tools to determine whether it is effective in supporting both the competency and professional growth of occupational therapists. Data from the fifth group of registrants is being analyzed, and the sixth group has been launched.

Investigations and Resolutions

- The Investigations and Resolution (I&R) policy about the resolution process is before the Board for review. This program is an alternative to formal investigations for low-risk matters. The I&R team continues to make efforts to resolve issues faster and increase parties’ satisfaction in the resolutions.

Practice

- The Office of the Chief Coroner of Ontario issued a request to COTO and other colleges to develop educational materials on recognizing and responding to risks associated with intimate partner violence and access to firearms. The College’s Practice team is working with various health regulators to create a comprehensive response.
- A public consultation about the draft Code of Ethics and accompanying guidance document was launched in November 2025 and closes on Feb 2, 2026. The results of the consultation will be presented to the Board in March 2026.

STRATEGIC PRIORITY #3: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

The ACOTRO Board Meeting was held in person in Toronto on November 20, 2025, highlights of which are:

- The Substantial Equivalency Assessment System (SEAS) is the single, centralized process for the assessment of educational qualifications and competencies of internationally educated occupational therapists (IEOTs). Over the next three years, ACOTRO is revising the SEAS Profession Specific Credential Assessment (PSCA) process.
- ACOTRO is developing a national framework for occupational therapy practices. Five priority practice content areas were determined, and each aligns with one of the five competency domains.

Further discussions will take place on the creation of practice standards and guidelines for each identified area.

1. Occupational Therapy Expertise: Scope of practice (extended version in plain language with jurisdictional differences)
2. Communication and Collaboration: Documentation (includes record keeping, managing client information and use of AI in OT practice)
3. Culture, Equity and Justice: Preventing Indigenous specific racism, anti-racism
4. Professional Responsibility: Professional boundaries (including sexual abuse prevention)
5. Professional Responsibility: Consent

The working group will review the topics and consider the option of generating standards and guidance.

- ACOTRO is exploring the option of creating an eLearning module for 2027 that would focus on the topic of ethical practice.

- The ACOTRO Board had a conversation about the various scopes of practices of occupational therapy across Canada.

Canadian Association of Occupational Therapists (CAOT)

- CAOT and ACOTRO jointly applied for and received Health Canada - Health Care Policy and Strategies Program (HCPSP) funding. This funding will support development of a series of 20 Canadian health system and regulatory system navigation videos, a learning module on Indigenous history in Canada as it relates to OT work, self-assessment tools, decision trees and a pre-arrival checklist to assist internationally educated occupational therapists (IEOTs) to gather all required documents before applying to the Substantial Equivalency Assessment System (SEAS) process. Videos will also focus on navigation for IEOTs after they finish SEAS and prepare to enter the Canadian workplace. CAOT will lead the work. The Steering Committee, of which I am a member, has been identified and will meet quarterly.

The Ontario Government

- The Ontario government introduced legislative and regulatory changes to address interprovincial barriers to the mobility of regulated professionals. The Board previously received information that this legislation, which aims to facilitate registration of health professionals registered in other Canadian provinces, was introduced in the fall 2025. The government introduced new regulations under the various professions' acts, including the *Occupational Therapy Act, 1991*, in December 2025. Collectively, these changes are termed "As of Right." The College has been actively working to implement the "As of Right" processes detailed in the legislation and the regulations. The College launched the new process before January 1, 2026. Staff will present more information to the Board at the meeting.

- The Ontario government announced that it is suspending the College Performance Measurement Framework report for 2025 (ordinarily due March 31, 2026). The Ministry of Health established a working group to evaluate the utility of the framework and consider improvements to it. As

requested by the Ministry, the College will prepare the 2025 report, to be submitted jointly with the 2026 report in March 2027.

STRATEGIC PRIORITY #4: PERFORMANCE AND ACCOUNTABILITY

- College staff are pleased to provide the Board with the Q2 report for FY2025-2026.
- College staff recommend a 2% increase in registrant fees for the upcoming annual renewal cycle. Presented for Board decision at this meeting, the proposal reflects investments required to sustain core regulatory functions, rising operating costs, and resources needed to advance strategic priorities while maintaining the capacity and stability essential to fulfilling the College's public-interest mandate.
- Our work to improve our IT systems is ongoing. Staff are engaged in data clean-up to improve our data management system. A single document management system for COTO (SharePoint) was implemented in Q2 FY2025-2026.
- Equity, diversity, and inclusion training for COTO staff has been scheduled throughout 2026.

UPDATES ABOUT THE REGULATORY ENVIRONMENT

- In 2024, the Ontario College of Pharmacists (OCP) initiated an external governance review in response to concerns about Board functioning and the need to strengthen governance practices. The Board directed that an independent, third-party review be undertaken to assess its governance structures, roles, and accountability mechanisms. OCP retained the Institute on Governance to conduct the review. IOG's report, released in fall 2025, made recommendations in four core areas including: a) creating clearer boundaries to avoid ambiguity in responsibilities; b) establishing robust evaluation and oversight processes to support accountable, evidence-based governance; c) building stronger culture, training, and governance capability; d) increasing openness in decision-making and reporting. OCP has begun to implement the recommendations and is reporting publicly on its progress. COTO staff have carefully studied the report and shared it with the Governance Committee.
- In December 2025, the government of Alberta passed new legislation, the Regulated Professions Neutrality Act, which establishes a new legislative framework governing how Alberta's professional regulatory bodies oversee their members. Its central purpose is to protect freedom of expression for regulated professionals and reinforce the principle that regulators should remain neutral on social, political, cultural, and identity-based issues. The Act prohibits regulators from disciplining professionals for "expressive conduct" that occurs outside the practice of their profession. Expressive conduct includes any communication intended to convey meaning, excluding violence or property damage. Regulators may only impose sanctions for off-duty expression in narrowly defined circumstances, such as threats of violence, criminal convictions, and certain forms of sexual misconduct. The legislation also imposes significant limits on mandatory education requirements. Regulatory bodies may not require training related to cultural competency, unconscious bias, or equity, diversity, and inclusion (EDI). Training touching on political, social,

historical, or cultural topics may only be mandated if directly tied to professional competence or ethical standards and cannot dictate acceptable viewpoints.

Sincerely,

Gillian Slaughter, Registrar and CEO

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING MINUTES - *DRAFT*

DATE: Thursday, October 30, 2025 **TIME:** 9:00 a.m. – 3:00 p.m.

In Attendance:

DIRECTORS:
Neelam Bal, *Chair*
Stacey Anderson
Mary Egan
Allan Freedman
Christine Funk
Jennifer Kerr
Thuy Luong
Adrian Malcolm
Julie Reinhart
Vincent Samuel
Pathik Shukla
Tina Siemens

REGRETS:
Lucy Kloosterhuis

GUESTS:
Usman Paracha, *Hilborn LLP*

OBSERVERS:
Dana Lobson, *Ministry of Health of Ontario (MOH)*

STAFF:
Gillian Slaughter, *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*
Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Andjelina Stanier, *Executive Assistant, Scribe*
Nancy Stevenson, *Director, Communications*
Kim Woodland, *Program Director*

1.0 Welcome and Call to Order

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

2.0 Public Protection Mandate

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

3.0 Territorial Acknowledgement*

Stacey Anderson read out the Territorial Acknowledgement statement (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 made.

5.0 Approval of Agenda

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

MOVED BY: Pathik Shukla
SECONDED BY: Jennifer Kerr

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

CARRIED

6.0 Consent Agenda

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

1. Registrar's Written Report of October 30, 2025
2. Draft Board Minutes of July 9, 2025
3. Draft Board Minutes of June 19, 2025
4. Executive Minutes of September 11, 2025
5. Executive Minutes of July 9, 2025
6. Executive Minutes of June 5, 2025
7. Finance & Audit Minutes of May 22, 2025
8. Finance & Audit Minutes of August 19, 2025

MOVED BY: Christine Funk
SECONDED BY: Stacey Anderson

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

CARRIED

7.0 Audited Financial Statements & Annual Report

7.1 Audited Financial Statements

Auditor Usman Paracha of Hilborn LLP joined the meeting for this item. Usman presented the Independent Auditor's Report and financial statements for fiscal year 2024-2025 and responded to questions.

MOVED BY: Allan Freedman
SECONDED BY: Julie Reinhart

***THAT** the Board approve the Audited Financial Statements for the fiscal year ended May 31, 2025, as presented.*

CARRIED

7.2 Draft Annual Report for 2024-2025

The draft annual report was made available for review prior to the meeting today. A short discussion was held and no changes were recommended. The financial statements as approved will be incorporated into the final version of the annual report prior to its publication.

MOVED BY: Stacey Anderson
SECONDED BY: Julie Reinhart

***THAT** the Board approve the Annual Report for the 2024-2025 fiscal year, for distribution.*

CARRIED

8.0 Registrar's Report

8.1 Presentation: *2025-2026 Q1 Status of Operational Projects*

The Registrar presented on the status of the operational projects for Q1 of the 205-2026 fiscal year and responded to questions.

8.2 Code of Ethics

Kim Woodland provided an update on the project to review the Code of Ethics. She explained that the College, in coordination with the other provincial OT regulators across Canada, worked together to develop a template as a starting point which the College has used to guide the review of its own Code of Ethics, and inform the revisions presented today. Changes to the document will require public consultation. Legal and plain language review will follow. This is slated to return to the Board in 2026 for final approval.

MOVED BY: Stacey Anderson
SECONDED BY: Adrian Malcolm

***THAT** the Board approve the Code of Ethics draft document for public consultation, as amended today.*

CARRIED

8.3 Presentation: *Follow up on 2025-2026 Board Quarterly Reports*

Kim Woodland presented the revised quarterly performance reporting tool. The updated reports for the Registration, Quality Assurance, Patient Relations, and

Inquiries, Complaints and Reports committees, and Practice Subcommittee now include a clear alignment between committee workplans and College strategic priorities and focus on data designed to support informed decision-making and ensure transparency in program performance and future planning. Kim Woodland responded to questions from the Board.

8.4 Quarterly Performance Report

Kim Woodland stated that the quarterly report provides an update on program and committee activities for the past quarter. The Board held a brief discussion and Kim responded to questions.

MOVED BY: Tina Siemens
SECONDED BY: Christine Funk

***THAT** the Board receive the Q1 FY 2025-2026 Quarterly Performance Report.*

CARRIED

8.5 Risk Management Report & Risk Register

The Registrar stated that the Executive Committee reviewed the entire Risk Register on October 16, 2025, and recommended some changes. She explained the rationale for these changes and responded to questions from the Board. The Registrar further reported that two new risks, identified as critical or high, were added to the Board's Risk Management Report: 1) Significant Change in legislation or regulation; and 2) Human Resources Strategy. The status levels of the other two risks remain unchanged. A brief discussion was held and the Registrar responded to questions.

MOVED BY: Tina Siemens
SECONDED BY: Julie Reinhart

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

CARRIED

9.0 Finance

9.1 Fiscal Year 2025-2026 Q1 Financial Summary Report

Allan Freedman provided an overview of the Q1 2025-2026 financial summary report and stated that the College is on track with budget and aligned with year over year figures.

MOVED BY: Allan Freedman
SECONDED BY: Thuy Luong

***THAT** the Board approve the FY2025-2026 Q1 Financial Report, as presented.*

CARRIED

10.0 Governance

10.1 Governance Policies

Stamatis Kefalianos explained that as part of the governance modernization initiative, eight existing financial policies were reviewed and updated, and two new policies were developed. The Board provided additional recommendations for policy *6.6 / Honoraria* which will be incorporated.

MOVED BY: Tina Siemens

SECONDED BY: Vincent Samuel

***THAT** the Board approve the amended and/or newly created financial governance policies, including today's change, for incorporation into the College's Governance Manual:*

- *6.1 / Financial Planning and Budgeting* - Revised
- *6.2 / Financial Condition and Activities* - Revised
- *6.3 / Asset Protection* - Revised
- *6.4 / Investments* - Revised
- *6.5 / External Audit* - Revised
- *6.6 / Honoraria* – Revised (Combined Allowable Expense Policy with Honoraria Policy)
- *6.7 / Reserve Funds* - Revised
- *6.9 / Insurance* – New
- *6.10 / Signing Authority* – New
- *7.2 / Overseeing Financial Risk* - New

CARRIED

11.0 Committee Work

11.1 Practice Subcommittee: Coroner's Report on Medical Assistance in Dying (MAiD)

Sandra Carter explained that the College received a letter from the Coroner's Office requesting the College respond to the newly established MAiD Death Review Committee's report which addresses the role of occupational therapists when providing care in MAiD, specifically relating to legal and ethical protocols. A thorough review of the College's MAiD guidance document was conducted by the Practice Subcommittee, proposed changes were reviewed by the Executive Committee, and

the draft document was presented today to the Board for consideration. The Board provided additional recommendations for the guidance document, which will be incorporated.

MOVED BY: Stacey Anderson
SECONDED BY: Pathik Shukla

THAT *the Board review the report and recommendations from the MAiD Death Review Committee (MDRC) 2024-3 and approve the updated practice guidance on Medical Assistance in Dying resource for publication, including today's changes.*

CARRIED

11.2 Practice Subcommittee: Coroner's Report on Use of Restraints

Sandra Carter explained that the College received a request from the Coroner's Office to respond to a recommendation from the Geriatric and Long-Term Care Review Committee's report on the safe use of lap belts. In response, the College developed a draft practice resource for Board consideration today. The Board provided recommendations for prescribing a lap belt which will be added to the draft practice resource.

MOVED BY: Stacey Anderson
SECONDED BY: Tina Siemens

THAT *the Board approve the proposed practice resource about the safe use of lap belts for publication.*

CARRIED

11.3 Quality Assurance Committee: Enhance: QA Practice Activity

Adrian Malcolm and Lesley Krempulec explained that a new QA practice activity tool has been designed as an addition to the existing QA comprehensive competency assessment process, to support a specific group of registrants. Changes to the corresponding QA policy are required. The Board provided additional recommendations which will be incorporated with the policy changes.

MOVED BY: Adrian Malcolm
SECONDED BY: Jennifer Kerr

THAT *the Board approve the Enhance: QA Practice Activity as an addition to the existing QA Assessment Process and approve the proposed change to the QA Policy, including today's recommendations.*

CARRIED

11.4 Registration Committee: New Policies

1. *As-of-Right Registration* - New
2. *Practising Without a Certificate of Registration* - Revised

Kim Woodland stated that in June 2025, the Ontario Government passed, *Protect Ontario through Free Trade Within Canada Act, 2025* that amended the *Ontario Labour Mobility Act, 2009*. The purpose was to make the Ontario economy more competitive by removing trade barriers, including through the expansion of labour mobility. In response, the College developed a new policy titled, *As-of-Right Registration*, and amended its existing policy, *Practising Without a Certificate of Registration.* Both will enable the College to be effective and efficient in the processing of out-of-province applicants and compliant with the amended *Ontario Labour Mobility Act*.

MOVED BY: Allan Freedman
SECONDED BY: Stacey Anderson

***THAT** the Board approve the draft As-of-Right Registration and the amended Practising Without A Certificate of Registration policies, as presented.*

CARRIED

12.0 Environmental Scan

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

13.0 Other Business

13.1 Board Meeting Evaluation for October 30, 2025

The Chair invited members to complete and submit the Board Meeting evaluation for today's meeting.

14.0 Next Meetings

Board Meeting: Thurs., January 29, 2026, 9:00 a.m. – 3:30 p.m., Boardroom
Board Meeting: Thurs., March 26, 2026, 9:00 a.m. – 4:00 p.m., Boardroom
Board Meeting: Thurs., June 18, 2026, 9:00 a.m. – 3:30 p.m., Boardroom

15.0 Adjournment

There being no further business, the meeting was adjourned at 1:41 p.m.

MOVED BY: Pathik Shukla

***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.

DRAFT

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
October 30, 2025	***THAT*** *the Board approve the draft As-of-Right Registration and the amended Practising Without A Certificate of Registration policies, as presented*	Complete
October 30, 2025	***THAT*** *the Board approve the Enhance: QA Practice Activity as an addition to the existing QA Assessment Process and approve the proposed change to the QA Policy, including today's recommendations.*	Complete
October 30, 2025	***THAT*** *the Board approve the proposed practice resource about the safe use of lap belts for publication.*	Complete
October 30, 2025	***THAT*** *the Board review the report and recommendations from the MAiD Death Review Committee (MDRC) 2024-3 and approve the updated practice guidance on Medical Assistance in Dying resource for publication, including today's changes.*	Complete
October 30, 2025	***THAT*** *the Board approve the amended and/or newly created financial governance policies, including today's change, for incorporation into the College's Governance Manual:* • *6.1 / Financial Planning and Budgeting* - Revised • *6.2 / Financial Condition and Activities* - Revised • *6.3 / Asset Protection* - Revised • *6.4 / Investments* - Revised • *6.5 / External Audit* - Revised • *6.6 / Honoraria* – Revised • *6.7 / Reserve Funds* - Revised • *6.9 / Insurance* – New • *6.10 / Signing Authority* – New • *7.2 / Overseeing Financial Risk* - New	Complete

Board Meeting Date	Decisions	Current Status
October 30, 2025	***THAT*** *the Board approve the Code of Ethics draft document for public consultation, as amended today.*	Complete
October 30, 2025	***THAT*** *the Board approve the Annual Report for the 2024-2025 fiscal year, for distribution.*	Complete
October 30, 2025	***THAT*** *the Board approve the Audited Financial Statements for the fiscal year ended May 31, 2025, as presented.*	Complete
June 19, 2025	***THAT*** *the Board approve the updated Funding for Therapy, Counselling, and Related Expenses for Clients Alleging Sexual Abuse Policy, 10-10, including today's recommendations.*	Complete
June 19, 2025	***THAT*** *the Board approve the Committee Assessment and Evaluation Policy.*	Complete
June 19, 2025	***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.*	Complete
June 19, 2025	***THAT*** *the Board approve the Registrar/CEO Annual Performance Evaluation Policy and Procedure.*	Complete
June 19, 2025	***THAT*** *the Board approve the revised In Camera Policy and Procedure.*	Complete
June 19, 2025	***THAT*** *the Board approve the revised 2025-2026 Committee Composition, effective immediately.*	Complete
June 19, 2025	***THAT*** *the Board appoint Elizabeth Gartner to the Quality Assurance Subcommittee for a three-year term, effective immediately.*	Complete

Board Meeting Date	Decisions	Current Status
June 19, 2025	***THAT*** *the Board approve the FY2025-2026 Annual Operating Budget, as presented.*	Complete

DRAFT

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

EXECUTIVE COMMITTEE MINUTES

DATE: Thursday, October 16, 2025 **TIME:** 1:00 p.m. – 4:30 p.m. via zoom

In Attendance:

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

REGRETS:

GUESTS:

STAFF:
Gillian Slaughter, *Registrar & CEO*
Sandra Carter, *Manager, Practice (items 9.3-9.5)*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 1:03 p.m. She stated that the meeting would follow an informal decision-making model.

2.0 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.

3.0 Territorial Acknowledgement*

The Chair stated that members have had the opportunity to read and acknowledge the Territorial Acknowledgement statement (Appendix 1) and called for a moment of reflection.

4.0 Declaration of Conflict of Interest

The Chair asked if anyone had a conflict of interest to declare regarding today's agenda: None was declared.

5.0 Approval of Agenda

The Chair asked if there were any changes to the agenda. None were reported and the agenda was approved as presented.

6.0 Executive Committee Terms of Reference

The Chair stated that the committee's terms of reference document is always provided with meeting materials and encouraged members to review it prior to every meeting.

7.0 Approval of Draft Minutes

7.1 Draft Executive Minutes of June 5, 2025

The Chair called for edits to the draft minutes of June 5, 2025. None were reported and the minutes were approved as presented.

7.2 Draft Executive Minutes of July 9, 2025

The Chair called for edits to the draft minutes of July 9, 2025. None were reported and the minutes were approved as presented.

7.3 Draft Executive Minutes of September 11, 2025

The Chair called for edits to the draft minutes of September 11, 2025. None were reported and the minutes were approved as presented.

8.0 Registrar's Report

8.1 Registrar's Verbal Report

Leadership Priority #1: Meaningful Engagement

- Communications: The second publication for employers went out September 26 which the College is promoting on social media, in addition to two new videos: *New Graduate Occupational Therapist in Ontario*, and *Helping You Understand Occupational Therapy: Practice Resource Service*. The draft annual report is ready for review and included on today's agenda.
- Ontario Society of Occupational Therapists (OSOT): Various staff members will attend and present at the annual OSOT conference later this month.
- Canadian Network of Agencies for Regulation (CNAR): Various staff members and the Board Chair attended the annual CNAR conference in Calgary from October 20-22. The Registrar gave a panel presentation at the conference and presented at a pre-conference workshop.
- Council on Licensure Enforcement and Regulation (CLEAR): A staff member attended the annual regulatory conference in September.

Leadership Priority #2: Quality Practice

Registration Program:

- Ontario Fairness Commissioner (OFC): The Registration Team met with the OFC in September. The OFC expressed their satisfaction about the College's collection and integration of socio-demographic data in the annual renewal process and collaborating with Canadian occupational therapy regulators to create and implement a standardized national re-entry to practice process.

- Labour Mobility Support Agreement (LMSA): There are changes coming related to labour mobility due to Ontario's new *As-of-Right* legislation. This legislation is designed to remove provincial barriers to labour mobility for workers in regulated occupations, such as health. College staff have drafted a new registration policy to this effect, which will be brought to the Board for approval at the next meeting. A news release is expected later today and the Board will be updated accordingly.

Quality Assurance Program:

- The collaboration with Nova Scotia to provide competency assessments services for their OTs is proceeding well.
- A new QA practice activity tool has been developed to support a specific group of registrants. This will be brought forward to the Board for approval at the next meeting.

Investigations & Resolutions Program:

- The Investigations and Resolutions team is developing a resolution program policy to assist complainants and registrants in resolving low-risk complaints. The policy will be brought before the Executive Committee in the new year.

Practice Program:

- The Practice Team will be conducting two sessions at the OSOT conference, giving a presentation about professional boundaries and how new OT grads can partner with their regulator.
- Office of Chief Coroner: The College received two requests from the Coroner. The first relates to Medical Assistance in Dying, and the other, to the safe use of restraints. This is on the agenda for discussion and decision today.

<u>Leadership Priority #3: Leadership</u>

Association of Canadian Occupational Therapy Regulatory Organization (ACOTRO):

- The ACOTRO Board met on September 17, 2025. The Registrar attended this first meeting with Kim Woodland, who has been assisting with a variety of ACOTRO projects. Some of the projects include development of a national competency assessment system, exploring opportunities to streamline practice guidance standards nationally, and development and implementation of a national code of ethics.
- The Substantial Equivalency Assessment System (SEAS) received funding from the federal government to strengthen its applicant process system. Recruiting is

underway to hire two new staff people. SEAS is implementing a new document management system.

- Canadian Institute for Health Information (CIHI): the Registrar attended a meeting hosted by CIHI about health human resources data submitted by regulators to CIHI. Marianne Baird, President of ACOTRO, gave a presentation about ACOTRO's successful experience facilitating the OT regulators across Canada working together to implement the CIHI health workforce information.

Occupational Therapy Ontario Collective (OTOC):

This group is comprised of the provincial OT associations, chairs of each of the five OT university programs, and the College. The group met on September 25 and key topics of discussion included how to increase the number of OTs working in Ontario, increasing participation in mentorship and student placements, and recognizing supervisors who do take on students.

Health Profession Regulators of Ontario (HPRO):

The HPRO Board held a meeting on September 25. Key topics of discussion included the results of the multi-college salary survey, with benchmarking data provided, and the proposal by the ministry to expand the scope of practice for several professions. The College will respond to the ministry that it welcomes the opportunity to collaborate with all key partners and will continue to monitor the matter as it evolves.

Leadership Priority #4: Performance and Accountability

- Revisions to the quarterly performance reporting tool will be brought forward to the Board at the next meeting.
- The College is on track to complete the project this year to streamline the document management system.
- The financial audit was completed, resulting in a clean audit. The auditors will present the findings at the next Board meeting.

8.2 Risk Management Report & Risk Register

The Registrar stated that she reviewed the entire Risk Register with staff and recommends some minor changes to the risk report and risk register. Two new risks were identified as critical or high, *Significant Change in legislation or regulation and Human Resources Strategy* and added to the Risk Management Report. Risk levels remain unchanged for the remaining two risks, *Finance and Health Human Resources.* A discussion ensued and Executive approved the proposed adjustments to the Risk Register and agreed to recommend the Board receive the Risk Management Report.

9.0 Business Arising

9.1 Committee Work Plan

The Registrar reviewed the work plan with the Executive Committee and updated it accordingly.

9.2 Board Meeting Evaluation Feedback for June 19, 2025

The Chair stated there was increased response with the use of the paper meeting evaluation after the last Board meeting. Feedback was positive overall, and Board members expressed appreciation to the Registrar and staff for the comprehensive materials provided. Executive agreed to continue the use of paper evaluations for future Board meetings and to encourage 100% participation.

9.3 Coroner's Request – Medical Assistance in Dying (MAiD)

Sandra Carter explained that the College received a request from the Coroner's Office to respond to the MAiD Death Review Committee's (MDRC) report to consider employing their recommendations to inform practice guidelines for clinicians providing care to the MAiD process, particularly in the Track 2 process. She explained that the Practice Subcommittee reviewed the report and undertook the work to review and update the College's MAiD practice guidance to address the recommendations, emphasizing there may be more changes ahead as this matter continues to evolve. Executive held a discussion and agreed the updated practice guidance on MAiD was ready for Board consideration as presented.

9.4 Coroner's Request – Use of Restraints

Sandra explained that the College received a request from the Coroner's Office to respond to a recommendation from the Geriatric and Long-Term Care Review Committee's report on the safe use of lap belts. The Practice Subcommittee reviewed the recommendations and developed a new draft practice resource. Executive reviewed the draft resource and agreed that it was ready for Board consideration as presented.

9.5 Coroner's Request – Intimate Partner Homicide by Firearm

Sandra explained that this item is to inform Executive that the College received a request from the Coroner's Office for health regulatory colleges to respond to a report by the Death Review Committee (DVDRC) on Intimate Partner Homicide by Firearm. The report requires colleges to prioritize the development of a practice guidance on this topic. The College will respond to the Coroner by the January 2026 deadline with a summary of the overall development plan and anticipated timeline. The final draft practice guideline will be presented to both the Executive and the Board for consideration at the March or June Executive Committee meeting.

9.6 Review of 2025 Annual Report

Executive held a discussion and made several recommendations for changes. Executive agreed that with today's changes, the report was ready for Board consideration.

9.7 Draft Board Minutes

Executive reviewed the draft Board minutes for June 19, 2025.

9.8 Draft Board Minutes

Executive reviewed the draft Board Minutes for July 9, 2025.

9.9 Draft Board Education Day Agenda for October 29, 2025

Executive reviewed the Board Education Day Agenda and discussed the pre-meeting reading materials.

9.10 Draft Board Agenda

Executive reviewed and finalized the draft Board Agenda for October 30, 2025.

Andjelina Stanier left for the remainder of the meeting.

10.0 *In Camera* Session

The Chair called for a motion to move *in camera* to discuss a confidential human resources matter.

MOVED BY: Mover's name is recorded in the *in camera* minutes

SECONDED BY: Seconder's name is recorded in the *in camera* minutes

***THAT** the meeting move in camera.*

CARRIED

11.0 Next Meeting

- January 15, 2026, 1:00 p.m. – 4:30 p.m., virtual

12.0 Adjournment

There being no further business, the meeting was adjourned at 4:30 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.

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: September 22, 2025 **TIME:** 8:30 a.m. to 10:30 a.m. virtual meeting

In Attendance:

DIRECTORS:
Allan Freedman, *Chair*
Lucy Kloosterhuis
Tina Siemens
Thuy Luong

GUESTS:
Blair MacKenzie, Hilborn LLP
Usman Paracha, Hilborn LLP

OBSERVERS:
None

STAFF:
Kim Woodland, Program Director
Seema Singh-Roy, Director of Finance, People and Corporate Services
Grace Jacob, Accounting and Payroll Specialist, *Scribe*

REGRETS: None

1.0 Call to Order

The Chair Allan Freedman welcomed everyone and called the meeting to order at 8:30 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 silently read 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 highlighted the importance of all Committee members understanding the Finance and Audit terms of reference and being aware of the key responsibilities essential to fulfilling the Committee's mandate.

6.0 Approval of Agenda

6.1 September 22, 2025

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

MOVED BY: Thuy Luong
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 August 19, 2025

The Chair inquired if members of the Committee had any additions or changes to the draft minutes from August 19, 2025. None noted.

MOVED BY: Tina Siemens
SECONDED BY: Lucy Kloosterhuis

***THAT** the draft Finance and Audit Committee minutes of August 19, 2025, be approved as presented.*

CARRIED

8.0 Verbal Report

Seema informed the Committee that the auditors would attend the meeting today to review the results of the FY24/25 audit and encouraged members to ask questions. She also advised that the new Registrar and CEO, Gillian Slaughter had joined the College but was unable to attend today's meeting due to a scheduling conflict; Kimberly Woodland attended in her place.

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 mandate to assist the Board in fulfilling its obligations related to financial planning and reporting, internal controls, investments and policies, as outlined in the committee's work plan. It was noted that today's meeting would focus on reviewing the FY24/25 audited financial

statements, Q1 FY25/26 financial results, Q1 FY25/26 investments, finance policies and the results of the Committee evaluation survey from the August 19, 2025 meeting.

10.0 Audited Financial Statements

10.1 FY24/25 Audited Financial Statements by Blair MacKenzie, Auditor, Hilborn LLP

Seema welcomed and introduced the auditors, Blair Mackenzie and Usman Paracha, to the Finance and Audit Committee. Blair stated that the audit team remained independent throughout the audit process and that the results of the audit satisfied the Canadian Accounting Standards for not-for-profit organizations. He further noted that there was no deterioration in the sufficiency or quality of the audit evidence obtained and no disagreements with management. Usman reviewed the Statement of Financial Position and the Statement of Operations noting its key components and drivers. The auditors invited questions from Committee members and responded to all inquiries.

10.2 In-Camera with Auditor

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

10.3 AUDITOR'S EVALUATION WITH MANAGEMENT

The Chair asked Seema if there were any concerns regarding the auditing firm, Hilborn LLP. No concerns were raised. Seema informed the members that the auditors demonstrated a thorough understanding of financial regulations and maintained objectivity.

MOVED BY: Thuy Luong
SECONDED BY: Tina Siemens

THAT *the Committee recommends Board approval of the Audited Financial Statements for the fiscal year ended May 31, 2025, as presented.*

CARRIED

11.0 Finance Update

11.1 FY25/26 Q1 Financial Summary Report

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

MOVED BY: Thuy Luong

SECONDED BY: Tina Siemens

THAT *the Committee recommends Board approval of the FY25/26 Q1 Financial report, as presented.*

CARRIED

11.2 FY25/26 Q1 Investment Report

Seema provided an overview of the Q1 investment report to the committee members.

11.3 Finance Policies

Seema provided an overview of the proposed changes to the Finance Policies, noting that three new policies had been created and were being presented to the Committee. These policies are part of the broader governance policy review and update. It was noted that, as part of the strategic activities for the fiscal year, the College has undertaken a comprehensive review and revision of its Governance Manual.

MOVED BY: Thuy Luong
SECONDED BY: Tina Siemens

THAT *the Finance and Audit Committee recommends the following finance policies be forwarded to the Board for final approval and incorporated into the Governance Manual.*

CARRIED

12.0 Finance and Audit Committee Evaluation Results – August 19, 2025, Meeting

12.1 August 19, 2025, Committee Meeting Evaluation Results

Seema presented the committee evaluation results of the August 19, 2025, Finance and Audit meeting to the Committee members.

13.0 Next Meetings

The next Finance and Audit Committee meeting is scheduled for January 15, 2026.

14.0 Adjournment

There being no further business, the meeting was adjourned at 9:40 a.m.

MOVED BY: Thuy Luong

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.

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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.

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

GOVERNANCE COMMITTEE MINUTES

DATE: Friday, May 16, 2025 **TIME:** 2:00 p.m. to 4:30 p.m. *via Zoom*

In Attendance:

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

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 2:04 p.m. She stated that the meeting would follow an informal decision-making model.

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 regarding the profession of occupational therapy.

3.0 Territorial Acknowledgement

The Chair asked if members were familiar and comfortable with the information in the Territorial Acknowledgement (Appendix 1). Everyone responded that they were.

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, and the agenda was approved as presented.

6.0 Governance Committee Terms of Reference

For information only. The committee's terms of reference were included as a resource and for review prior to the meeting.

7.0 Governance Committee Orientation Session

Stamatis Kefalianos and Elinor Larney conducted the committee orientation and responded to questions.

8.0 Approval of Draft Minutes

The Chair called for edits or other changes to the draft minutes of January 13, 2025. None were reported and the minutes were approved as presented.

9.0 New Governance policies

Tim Mbugua presented two new governance policies which are part of the governance modernization initiative: Following discussion, the committee approved that the following policies be brought to the Board for final approval:

1. As presented today, *Training and Development for Board & Committees*
2. Including today's recommendations, *Training for Board Chair and Committee* Chairs

10.0 Committee Assessment and Evaluation Policy

Stamatis explained that the College has developed a new committee evaluation process to enhance the effectiveness of College committees. The Governance Committee reviewed the draft policy and survey questions for each evaluation and provided recommendations. A discussion was held about whether respondent names should be optional or mandatory. It was decided to allow each committee to decide whether names will be optional. The committee agreed to forward the policy with today's changes, to the Board for final approval.

11.0 Governance Policies Manual – Status Update

Stamatis provided an update on the status of the Governance Policies. The project is expected to meet the December 2025 target date.

12.0 Next Meeting

TBD

13.0 Adjournment

There being no further business, the meeting was adjourned at 3:42 p.m.

***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.

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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: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
May 16, 2025	New *Committee Assessment and Evaluation* Policy to go to the Board for final approval	Ongoing
May 16, 2025	Two new governance policies to go to the Board for final approval: 1. *Training and Development for Board & Committees* 2. *Training for Board Chair and Committee Chairs*	Ongoing
January 15, 2025	***THAT** the Governance Committee recommend the revised Board Evaluation policy be forwarded to the Board for approval.*	Complete
January 15, 2025	***THAT** the Governance Committee recommend the Board approve the Principles of Good Governance and that they be included as part of the Governance Manual.*	Complete
January 15, 2025	***THAT** the Governance Committee recommend the revised Board Competency Framework be forwarded to the Board for approval.*	Complete

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

Q2 2025-2026 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.

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:

Key Performance Indicators (KPIs): Measurable values that demonstrate how effectively an organization is achieving a program or strategic objective.

Benchmark: A benchmark is a standard or point of reference used to measure or compare performance, quality, or progress. It can be applied in various contexts:

a.) Comparison: Other OT regulators (Canadian Institute for Health Information (CIHI) or Health Profession Regulators of Ontario (HPRO) members; Financial Performance against previous year or budget

b.) Government target requirements: Ontario Health (OH) College Performance Measurement Framework (CPMF) or Ontario Fairness Commission (OFC) requirements

c.) Known test or system efficiency results: National Occupational Therapy Certification Exam (NOTCE) results

Baseline: The term **baseline** refers to a starting point or a standard against which future measurements, changes, or outcomes are compared. For projects the original scope, schedule, and cost of a project, which serves as a reference to track progress and performance. For data analysis, the initial set of data collected before any intervention or change, used to measure the impact of that change. For Programs and Committees, the status prior to a change in policy or implementation of a program improvement or system modification.

Executive

Chair: Neelam Bal

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2025/2026	RHPA and/or Governance model changes	Monitor
	Registrar & CEO Transition	Complete
	Accreditation of University Programs	Underway
	Policy Review	Underway
	Risk Management Process	Underway
	Strategic Planning	Underway
	Board Education (Annual)	Complete
	College Performance Measurement Framework	On hiatus in 2026

Q2	**Committee Activities:** September 11, 2025: *In camera* meeting with the new Registrar and CEO to align with the Board's strategic priorities and expectations for the upcoming term. October 16, 2025: Meeting to review, 1) Risk Register and Risk Report, 2) Coroner's requests and corresponding draft practice resources on *Medical Assistant in Dying* (MAiD) and *Use of Restraints* and receive an update about a Coroner's request about *Intimate Partner Homicide by Firearm,* 3) Review draft 2025 Annual Report, and 4) Finalize agendas for the Board Education Session and Board Meeting.
	Decisions Not Requiring Board Approval: Update about the Coroner's request about *Intimate Partner Homicide by Firearm*
	Decisions Requiring Board Approval: Risk Register and Risk Report, draft practice resources on MAiD and *Use of Restraints*, 2025 Annual Report

Governance

Chair: Neelam Bal

Strategic Priorities: Public Confidence, System Impact

Workplan 2025/2026	Finalize the governance manual
	Review and update the Code of Conduct and Conflict of Interest Policy
	Enhance onboarding for new Board Directors

Q2	**Committee Activities**: The Governance Committee met on November 19, 2025. Over the past five years, individual governance policies have been reviewed by the Governance Committee or the Finance and Audit Committee, drafted as needed, and approved by the Board in stages. As part of consolidating these policies into a new Governance Manual, the Committee reviewed the first full draft and identified inconsistencies in terminology, style, and language. To ensure clarity, consistency, and alignment across all governance documents, the College proposes engaging an editor to conduct a comprehensive review of the Governance Manual, focusing on the consistent use of terminology and formatting, improving clarity and flow, and ensuring internal coherence across all policies. The editor's recommendations and a revised draft will be brought to the Committee at its next meeting for consideration and approval prior to submission to the Board at the March 2026 meeting. The Committee also reviewed the findings of a recent governance report from another regulatory college and discussed potential implications and opportunities for the College.
	Decisions Not Requiring Board Approval: The Committee agreed to have editorial review of the Governance Manual.
	Decisions Requiring Board Approval: N/A

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2025/2026	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

Q2	**Committee Activities:** Meeting held: A meeting was held on September 22, 2025, during which the Committee reviewed its mandate, annual work plan, the draft minutes from the August 19, 2025 Finance and Audit Committee meeting, and the FY25/26 Q1 Investment Report. Auditors Blair Mackenzie and Usman Paracha attended to present the FY24/25 Audited Financial Statements, addressing questions from Committee members and management. Following this, the Committee convened an *in-camera* session with the auditors, excluding management. The Committee recommended approval of the Audited Financial Statements for the fiscal year ending May 31, 2025, to the Board. The Committee also reviewed the FY25/26 Q1 Financial Summary Report and the Finance Policies, both of which were recommended for Board approval. The Committee also reviewed the results of the Finance and Audit Committee Evaluation Survey from the August 19, 2025 meeting.
	Finance Report: The Committee reviewed the FY24/25 Audited Financial Statements, FY25/26 Q1 Financial Summary report and Finance Policies and recommended them for approval by the Board. The FY25/26 Q1 Investment Report was presented to the Committee for information.
	Decisions Requiring Board Approval: FY24/25 Audited Financial Statements, FY25/26 Q1 Financial Summary Report and Finance Policies.

Registration

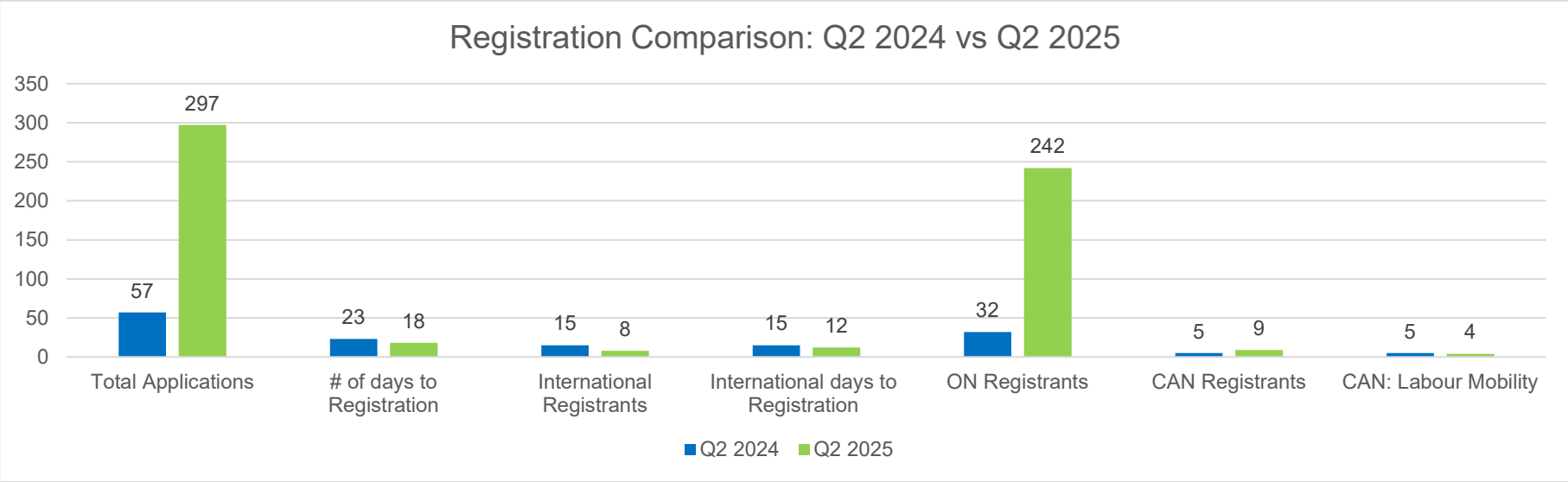
Chair: Christine Farrell

Strategic Priorities: Public Confidence, Qualified Registrants

Workplan 2025/2026	Receive quarterly Registration Performance and Data reports and make recommendations regarding application and registration policy
	Provide quarterly registration and application rulings per registration policies
	Receive quarterly information about RHPA and/or Regulatory changes and make recommendations regarding policy
	Receive Ontario Fairness Commission report(s) and make recommendations regarding policy (Annual)
	Receive report(s) on National Occupational Therapy Certification Examination and make recommendations regarding policy (3 times annually)
	Receive report (s) on University Entry to Practice Program Accreditation(s) (CAOT) and make recommendations regarding policy
	Recommend new Registration Data Report for approval of the board by end of Q4
	Receive information regarding implementation of “As of Right” legislation and make recommendations regarding policy as of Q4

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

Data Agenda: Application and Days to Registration



Key Performance Indicators

Q2	***Avg. time from application completion to registration*** The **average number of days to registration** decreased for many: • From 23 to 18 days overall • For international applicants, the average time dropped to 12 days **Outcomes Report:** The average time to complete registration decreased from 23 days in Q1 2025 to 18 days in Q2 2025, reflecting a 22% improvement in processing times. This reduction shows efficiency in the registration process during Q2, driven by the implementation of a parallel processing approach, enhanced automation, and optimized enterprise system workflows. **Benchmark:** OFC and ON Health - Avg. of 60 days for all applicants**.**

	Committee Review (s) and Consultations: NOTCE Exam Performance Overview for September 2025 exam sitting Review and recommendation to board -policy update: Request for Second Provisional Certificate of Registration **The Strategic Plan:** COTO Registration Committee received the NOTCE Exam Performance Overview for September 2025, which included examination results and an Operational Report. The report outlined testing accommodations, incidents and risks, candidate feedback, and areas for improvement, and provided recommendations to enhance examination operations for each sitting. COTO Registration Committee has approved a policy amendment creating a parallel pathway that permits applicants to practice provisionally while they wait for their third exam attempt.
	Committee Action: • **Policy Review Topic:** Request for Second Provisional Certificate of Registration • Review of cases involving second Provisional Certificate requests and additional exam attempts **Public Protection:** The NOTCE is a standardized, evidence-based assessment designed to evaluate entry-level competency in occupational therapy. This process serves to protect the public by preventing unqualified individuals from entering the profession. It is a reasonable expectation that all occupational therapists, including those practicing under supervision, possess a verified minimum level of competence upon entry to practice.
	Decisions requiring board approval: Request for Second Provisional Certificate of Registration

Inquiries, Complaints and Reports Committee (ICRC)

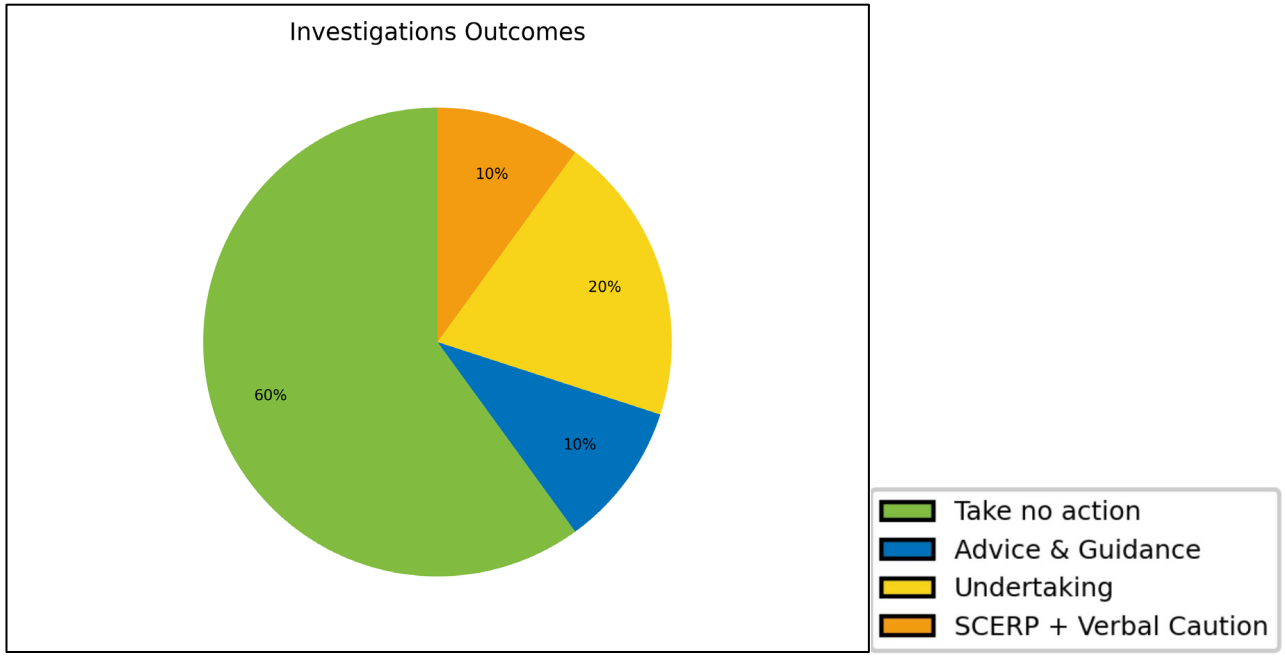
Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2025/2026	By way of the panels, decisions are made on investigations in accordance with s.26(1) of the Health Professions Procedural Code
	Advise the Board on the development policies and procedures governing the inquiries, complaints, and reports processes

Data Agenda:

1. Investigations Outcomes Q2 FY2025-2026



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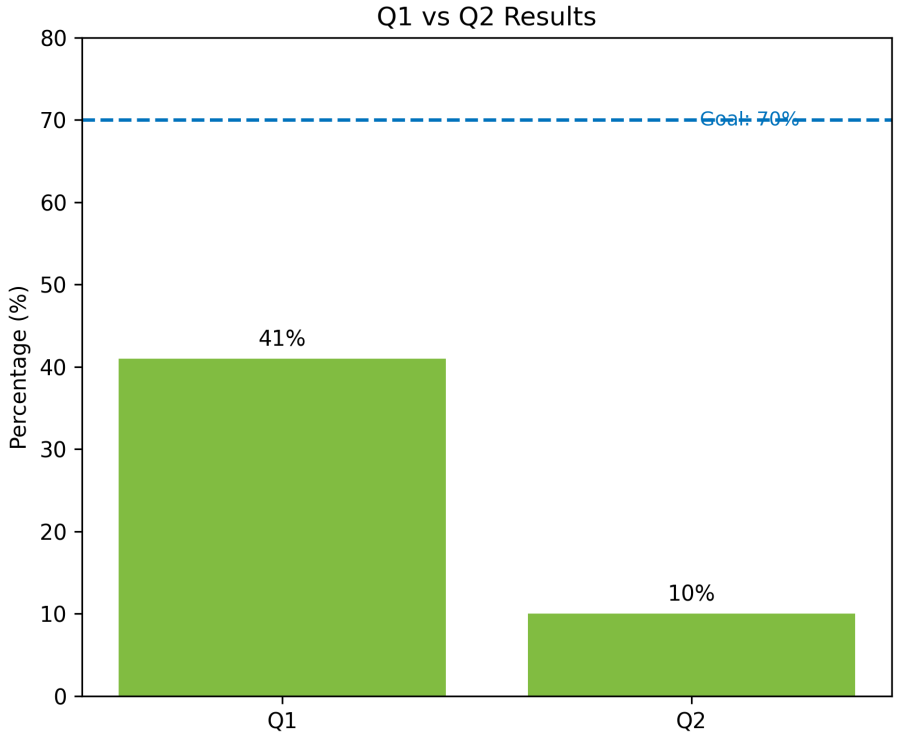
2. Case Completion Times – Complaints only

Benchmark = 70% of cases completed within 240 Days



The College continued processing older complaints that had been filed during the 2024/25 fiscal year when there was a reduction in staff, continued staff development and training, and an increase in more complex cases. The College has developed some new protocols to assist staff in processing complaints more efficiently.

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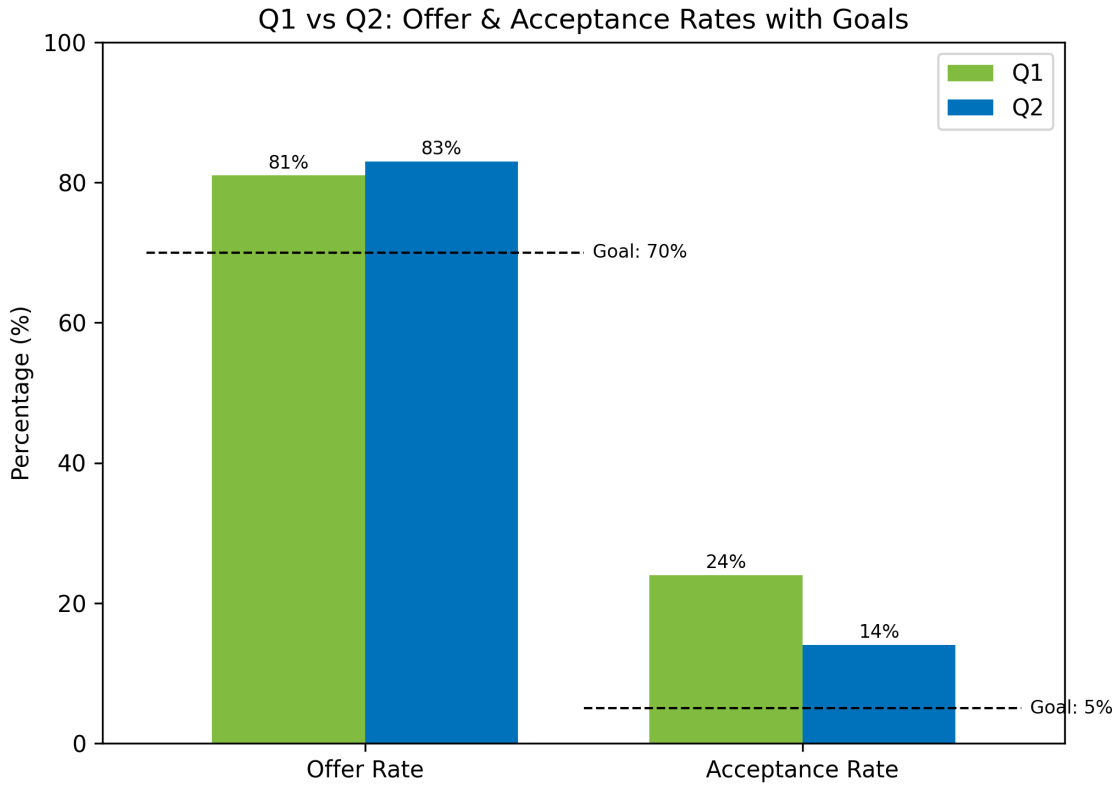
3. The Resolution Program – Complaints only



Key Performance Indicators

Q2	**Case Completion Times:** Q2 – 10% of complaints were completed within 240 days **Performance Report:** Ensuring that complaint investigations are processed efficiently and comprehensively is a measure of public confidence. When investigations take an unnecessary long time, there is a risk that Complainants will feel the College did not take their concerns seriously and their disappointment may be greater, if after a long delay, they receive a disposition they do not like, i.e. Take No Action. In addition, for Registrants, investigations are stressful and having an unresolved case pending resolution for a lengthy period does not build confidence in their regulator.

	Benchmark: Target = 70% of cases completed within 240 Days **Baseline**= Not tracked in 2024/25 as percentages **The Resolution Program – Complaints:** *Rate of Offer – 83%. Rate of Resolution = 17%* **Outcomes Report:** Investigating complaints takes up most of the time and resources in the Investigations department, and some cases can take up to a year to finish. Most investigations result in a "take no action" decision, leaving complainants disappointed and registrants feeling discouraged due to the lengthy investigations process. We are targeting 70% resolved complaints and will track year over year. **Benchmark:** Offer the Resolution Program in 70% of complaints received by the College, with an acceptance rate of 5% **Baseline:** 0% in 2024-2025
	Committee Review (s) and Consultations: • Complaints and reports investigations and resolutions • Complaints and reports decisions in the interest of public • Practice risk and learning needs identification **The Strategic Plan:** Engagement of OTs and members of public in resolution - measured by rate of resolution and public satisfaction survey after resolution. Reduce resources of public and College on complaint process measured by reduced # of investigations year over year. Identification of practice risks, resolutions, and learning needs measured by themes emerging from complaints and reports.
	Committee Action: Panels made decisions on 7 complaints; no Registrar's Investigations. All decisions were made using the ICRC's risk assessment framework to ensure consistent decision making and outcomes are proportional to the risk. **Public Protection:** The panels assessed risk and took appropriate action. They issued written Decisions and Reasons to both the Complainant and Registrant in each case outlining the rationale for each decision. Decisions express gratitude to complainants for bringing their concerns forward as it allows the College to ensure OTs are practising according to the standards. Complainants are sent surveys for both investigations and resolutions. **Registrant Engagement:** The registrants responded in all seven cases accounting for the services they provided. Registrants are encouraged to be professional and objective when responding.
	Decisions requiring board approval: Approval of the Resolution Program Policy

Quality Assurance (QAC)

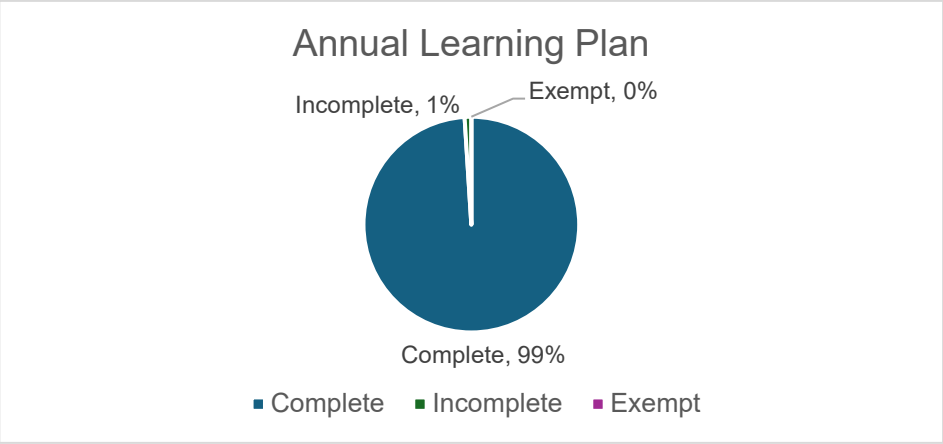
Chair: Heather McFarlane

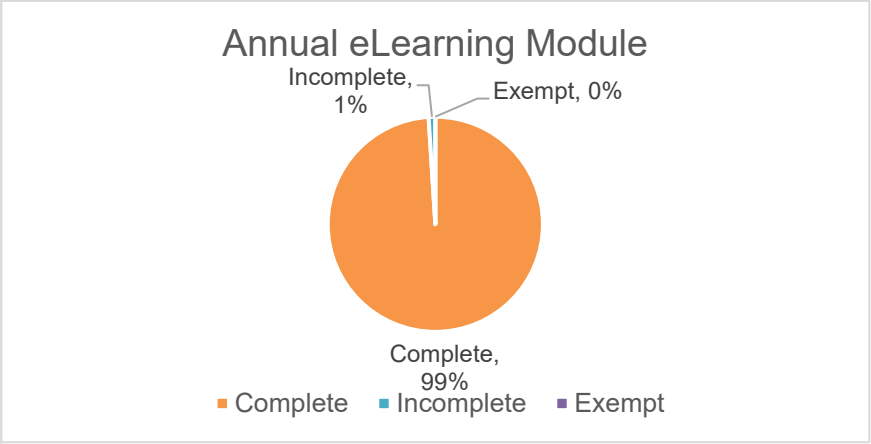
Strategic Priorities: Public Confidence, Quality Practice

Workplan 2025/2026	Competency Assessment: Administer 147 comprehensive competency assessments (2%)
	Competency Assessment: Approve and implement *Enhance: QA Practice Activity (*September-June)
	Competency Assessment: Monitor data and revise risk-based indicators/selection as needed (ongoing)
	Competency Assessment: Decisions on registrant cases (Jan & June)
	Competency Assessment: EDI remediation activity (ongoing)
	Annual Requirements: Approval of 2026 eLearning module content (January)
	Annual Requirements: Approval of 2027 eLearning module topic (January)
	Annual Requirements: Decisions on non-compliance registrant cases (January)
	Policy: Review QA Policy (March)

Data Agenda

1. Annual Requirements: Completion Status and Survey Results (as of November 30th, 2025)





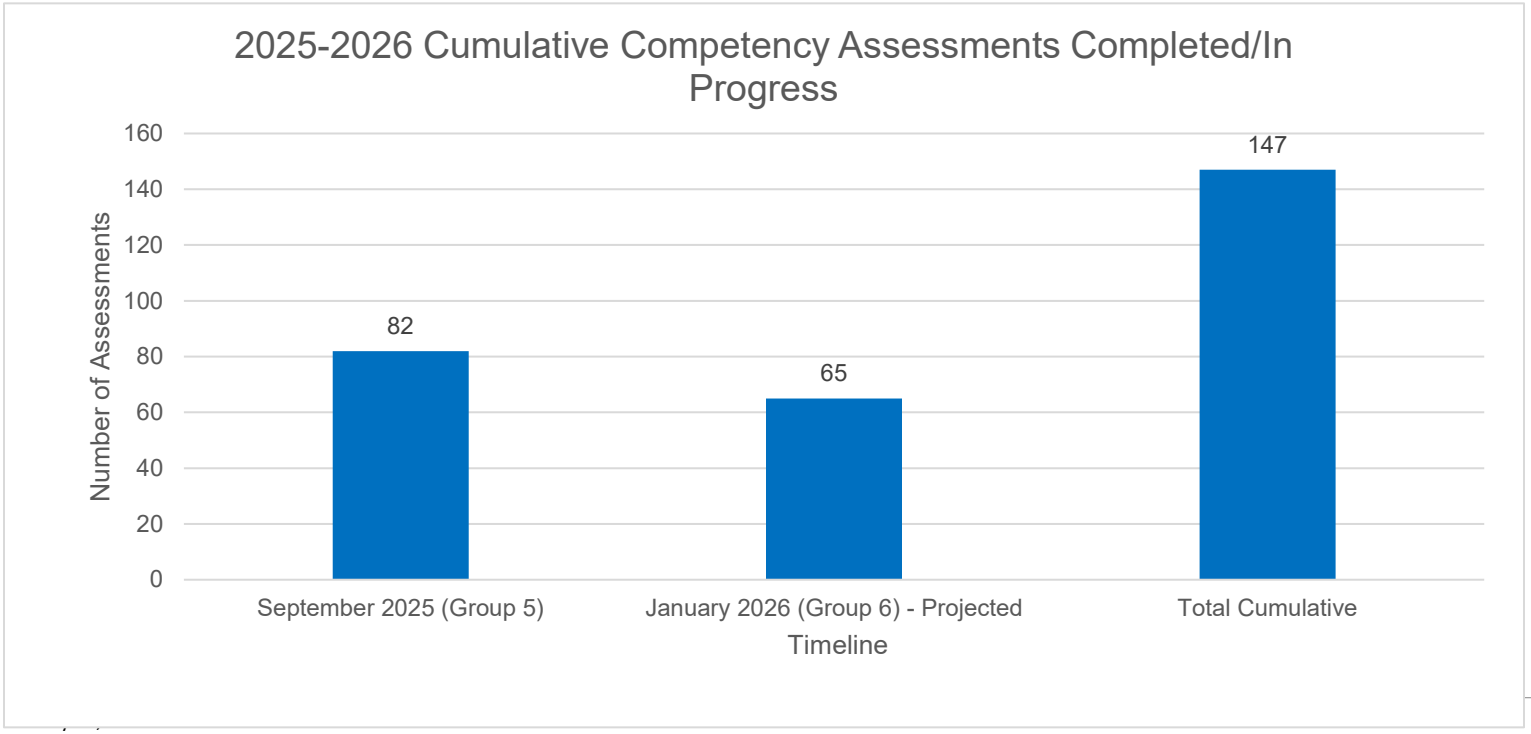
The top 5 competencies OTs selected in 2025 Learning Plan for goal setting were:

- **Learn:** Engage in ongoing learning and professional development
- **Contribute:** Contribute to the learning of OTs and others
- **Record keeping:** Maintain professional documentation
- **Culture, equity & justice:** Promote anti-oppressive behaviour and culturally safer, inclusive relationships
- **Manage:** Manage the assignment of services to assistants and others

Registrant Feedback: 2025 Annual eLearning Module

- 80% rate their overall experience with the module as Very Good or Good
- 91% agree that the module prompted reflection about their role in delivering culturally safer service
- 89% say they are somewhat or very likely to continue learning about this topic.

Status of Competency Assessments June 2025 - May 2026



Q1 Registrant Feedback: Competency Assessment (Group 4 – response rate = 42%) *group 5 data available in Winter 2026

100% of participants made a change to their practice after the competency assessment (response rate: 42%)

Top 5 changes registrants have made to their Record Keeping because of the Competency Assessment:

- Ensuring all clinically relevant input from clients/others are included the documentation (20%)
- Consistently explaining abbreviations (15%)
- Consistently including ongoing client consent (14%)
- Ensuring timely completion of documentation (11%)
- Being mindful of how information in documentation will be received by clients and others who read it (9%)

Key Performance Indicators:

Q2	***Status of Annual Requirements*** Every registrant is required to complete two annual requirements by October 31 each year. The purpose is to assure continuous quality improvement in individual registrant practice through completion of an annual learning plan and required learning on a topic approved by the board or ACOTRO. **Outcomes Report:** By the end of Q2, 99% (7,043) of registrants completed the eLearning module on *Culture Equity and Justice in Occupational Therapy*, 98% (7,014) completed the Annual Learning Plan. 45 registrants requested an exemption due to individual circumstances. **Benchmark:** These compliance and exemption rates are consistent with rates from previous years. ***Competency Assessments (CA) Completed/In Progress*** This 30-question, peer-led assessment evaluates an OTs continuing competence. OTs demonstrate their ability to apply the *Competencies for Occupational Therapists in Canada, Standards of Practice* and *Code of Ethics* in their daily work. The purpose is to identify strengths and areas for professional growth.

	Outcomes Report: This revised version of the QA competency assessment has been administered since 2023. Last year 1.5% of registrants (n=103) were assessed using this tool and the objective is to increase this proportion to 2% (n=147) for the upcoming 2025-2026 year. We are on track to meet this objective by completing 81 assessments in the Fall 2025 group. The remaining 66 are scheduled for Group 6 (Winter 2026). Projected to meet or exceed this annual objective. **Benchmark:** Projected to meet or exceed the previous year's goal for the number of assessments.
	Committee Actions: In September, the QAC made the decision to approve the Enhance Activity for Board approval, outcomes for non-compliance cases. There was a presentation by the psychometrician about the risk-based indicators and findings from the competency assessment. The QAS met several times to discuss the development of the content for the 2026 module on the topic of *Communication in OT practice*. **The Strategic Plan:** Engagement of OTs in quality practice and Advancing Culture, Equity and Justice in Occupational Therapy Practice **Public Protection:** Current QA activities to support OTs continuing competency: • Competency assessments including follow up remediation for any learning needs identified • Annual eLearning module: *Cultural, Equity and Justice in Occupational Therapy Practice* • Annual Learning Plan: conducting a self-assessment and formulating a learning plan for professional development • Data (presented above) from registrants indicate that practical changes are being made to support safe, ethical and effective OT service as a direct result from participating in these activities. **Registrant Engagement:** Registrants are encouraged to provide feedback about the competency assessment experience (see latest results above). Two resources were developed for all registrants: *Goal Setting Made Simple* and *Risk Ready: Protecting Clients & Your Practice*
	Decisions requiring board approval: In October 2025, the Board approved the use and development and administration of the Enhance Activity.

Patient Relations

Chair: Amanda Mowbray

Strategic Priorities: Quality Practice, Meaningful Engagement

Workplan 2025/2026	Education for registrants, public, board and staff about the prevention of sexual abuse
	Oversight of the funding for therapy and counselling and expenses for clients alleging sexual abuse
	Focus on increasing awareness of available resources, enhancing engagement with public education materials, and evaluating the direct outcomes of the program.

Data Agenda:

1. **Sexual Abuse Therapy Counselling Fund Applications:** When there are fewer than 5 applications, we will indicate No Report (NR)

   Q1=NR; Q2=NR

Key Performance Indicator(s):

Q2	**The number of applications received:** Q2: NR **Benchmark N/A** **Outcomes Report:** The College is committed to supporting individuals who allege sexual abuse by occupational therapists. To date, one application was received and approved by Patient Relations Committee in 2021. The Patient Relations Committee continues to carry out the mandated role under the RHPA in managing the therapy and counselling fund and providing education to support the prevention of sexual abuse and appropriate professional interactions between clients and occupational therapists.
	Committee Action: Patient Relations met on virtually on September 18, 2025 • Public Education: Committee reviewed public facing Q & A resource document to assist patients and the public with understanding the College's process when applying to the Funding for Therapy and Counselling Program. The next step is a CAG review.

	• The committee provided feedback to the communications program about navigating the website to obtain information about the therapy and counselling program to improve searchability. • Sociodemographic data - The Committee provided advice that if data is communicated to the public, a summary in plain language for patients would be beneficial, and how this protects the public (competence). • Board Education: N/A
	Decisions Requiring Board Approval: N/A

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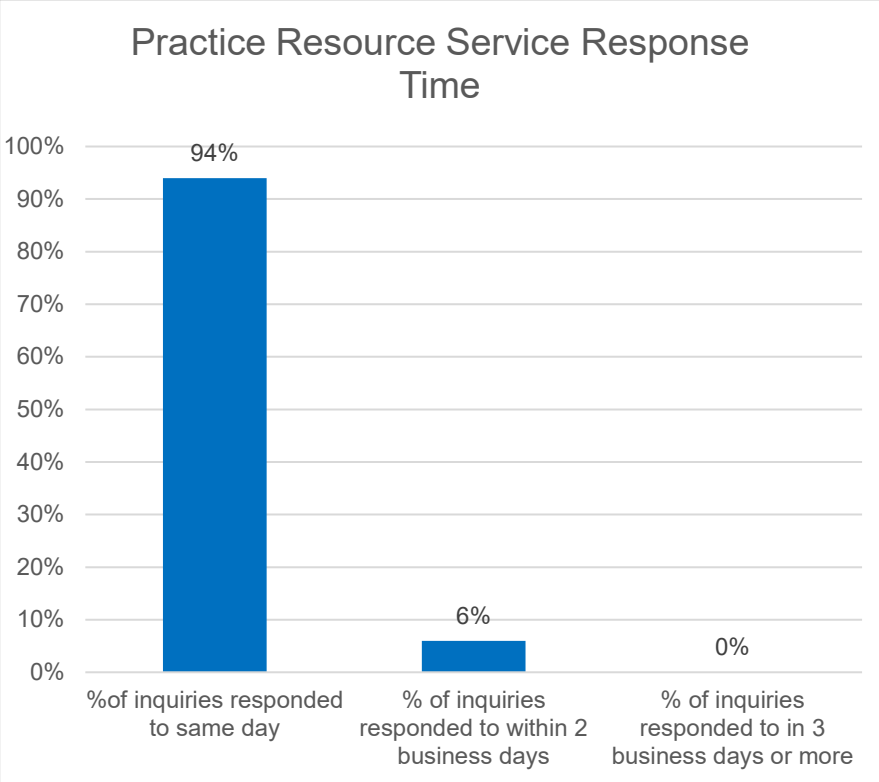
Practice Subcommittee

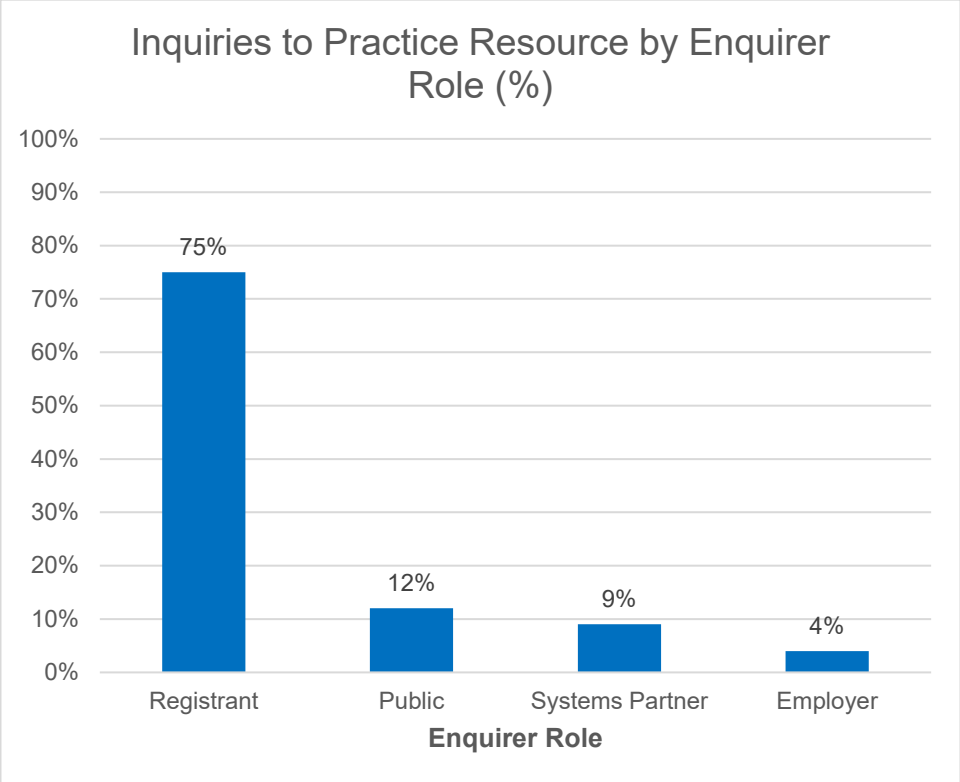
Chair: Stacey Anderson

Strategic Priorities: Quality Practice, System Impact

Workplan 2025/2026	Update all practice guidance documents
	Develop a Risk management guidance document
	Coroner's Report – MAiD, Lap belts, Homicide by Firearm (in progress)

Data:





Key Performance Indicator

Q2	***% of Inquiries to Practice Resource and Response Time*** 75% Occupational Therapists and Practice Resource Response time: 94% within 2 days. **Outcomes Report:** Practice Resource Service provides confidential, timely guidance including one-on-one consultations, written resources, Q & As, case studies, based on practice trends observed or data provided by internal programs. Resources are developed to promote quality practice and support consistent, risk-based approach to decision-making that protects the interest of the public and upholds the standards of practice. **Benchmark:** The average response time to inquiries is currently 1-2 business days, with a target of same business day response. This performance remains broadly in line with benchmarks observed across comparable regulatory bodies. **Baseline:** Registrants are main user of service; Practice team tracks employer (4%) & public inquiries (12%) and system partners (9%) to determine what resources can be developed or shared in the interest of public protection
	Outcomes of Program Activities: 1. **Top 5 Practice Inquiry Themes:** Record Keeping Consent Scope of Practice Psychotherapy/Mental Health Conflict of Interest **Top 3 Practice Inquiry Themes from the Public:** Privacy and Access OT Assessment/Intervention Discontinuing Services 2. **Resource Development**: Case Study: Learnings from a complaint about equipment funding

3. **Cross program consultation, practice support**:
I & R consultation about OT practice
Registration re-entry competency assessment interviews and learning contract reviews

4. **Responses to system partners about OT Practice:**
Met with COTNS re: Psychotherapy Standards
University of Toronto role emerging fieldwork placement

5. **Outreach:**
a. University of Toronto – Y1 Introduction to the College and Regulation
b. University of Ottawa – Y1 Introduction to the College and Regulation
c. Queen's University – Y1 Introduction to the College and Regulation
d. Humber College – OTA Students
e. OSOT Conference
   i. Student Panel Presentation
   ii. Professional Boundaries Presentation
f. Vision Loss Rehabilitation Canada -Presentation on Professional Boundaries

6. **Registrant Engagement:**
a. Let's Talk Practice – webinar for new and returning to practice registrants
b. Practice tip of the week on social media

7. **System Collaboration**
a. IPAC Regulatory Colleges Working Group
b. Mental Health Regulators Working Group
c. OSOT

Practice Subcommittee: Met virtually on September 12, 2025
a. Case scenario development for inclusion in the managing risk guidance document
b. Approval for collaboration with the HPRO advisors' group to address the recommendation from the Coroner on Intimate Partner Homicide by Firearm
c. Scope of Practice expansion discussion

Decisions requiring board approval: N/A

College of Occupational Therapists of Ontario
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Nominations Committee

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence

Workplan 2025/2026	Selection and Recommendation of Candidates for Committee Appointments
	Board Elections
	Oversight of Executive Officer Nominations Process
	Oversight of Committee Chair Appointment Process

Q2	**Committee Activities:** November 11, 2025: Meeting included committee orientation, discussion regarding recruitment for two seats on the Inquiries Complaints Report Committee (ICRC), update on two members of the Indigenous Insights Advisory Committee (IIAC), review of the timeline for the 2026 Board elections, and discussion about committee evaluations of the Nominations Committee; November 17, 2025: Brief follow up meeting to discuss recruitment for the IIAC and customizing the application and interview questionnaire for both the IIAC and the Equity Perspectives Advisory Committee (EPAC).
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Indigenous Insights Advisory Committee

Chair: Ian Connolly

Strategic Priorities: Meaningful Engagement, Quality Practice, System Impact

Workplan 2025/2026	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

Key Performance Indicator:

Q1	*To conduct a regular environmental scan on OT practices which:* **Benchmark:** Achieving the recommendations outlined in the Truth and Reconciliation Report; Cultural Competency Training completed with a focus on Indigenous Insights; Education and guidance on Indigenous Health and Occupational Therapy Practice Issues • Address the distinct 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
	Committee Action: Committee met virtually on November 26th, 2025 **In progress:** • National Draft Scope of practice extended version - discussion to consider language around meaningful participation with consideration to the public and Indigenous communities, highlighting implications for equitable access and client care. • Advice on College draft data report - Ensure there is transparency when sharing sociodemographic data, importance of how the data is displayed to include Inuit data - advice to the Board is to ensure that the purpose for collecting is clearly communicated and lead with an explanation to promote trust and confidence.

	• Review of the Terms of Reference to ensure committees carry out their responsibilities, consideration to recruit a community member and increase the number of committee members.
	Decisions requiring Board approval: N/A

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Equity Perspectives Advisory Committee

Chair: Adebimpe Egbeyemi

Strategic Priorities: Meaningful Engagement, Quality Practice, System Impact

Workplan 2025/2026	To conduct a regular environmental scan on OT practices that address Equity, Diversity and Inclusion to address the distinct health needs of equity deserving groups
	Identify current practice gaps and barriers impacting EDI and identify appropriate approaches the College can action
	Identify community experts to assist the College and its work

Key Performance Indicator

Q1	*Equity, diversity and inclusion are integrated into policy, process and resources* **Benchmark:** Emerging - measured through outcomes of advice and recommendations
	Committee Action: Committee met virtually on November 25th, 2025 **Committee Review and Recommendations:** • National Draft Scope of practice extended version considerations: Integrate terms such as inclusion, and equitable access. • Advice on College draft data report - Ensure there is transparency when sharing sociodemographic for both registrants and the public - advice to the Board is to ensure that the purpose for collecting and any limitations about the data are communicated to protect the integrity of the information and build trust • Review of the Terms of Reference - Future considerations may include outlining other requirements to ensure committee members represent a broad lived and work experience across the spectrum
	Decisions requiring board approval: N/A

AGENDA ITEM 7.3

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Gillian Slaughter, Registrar and CEO

Subject: Risk Management Report & Risk Register

Recommendation:

THAT *the Board receive the Risk Management Report and the updated Risk Register.*

Issue:

To assist the Board in discharging its risk management oversight role, Board Policy RL12, requires that information about risks shall be complete and appropriate. The Board delegated the oversight of the Risk Management Program to the Executive Committee.

In the Risk Management report to the Board, all high and critical risks have been identified.

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 key 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.

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 identified risk is detailed together with the control procedures and action plan to mitigate the risks. While some risks are not in the College's control and can only be monitored, they are

of sufficient importance to be listed so the College can move into action quickly once more is known.

Recommendation(s):

That the Risk Register be adjusted in response to Q2 FY 2025-26 experience including:

- **Adjustment to Probability of S.8**: The Organization Risk Description is *Unconstituted Board due to lack of public appointments, or minimum number of public appointments causing high workload for existing public members.* The probability has been increased from 2 to 3 due to term end dates for three Public Directors in February and March 2026, and retirement of one Public Director.

- **Adjustment to Probability of S.9**: *Inability to comply with College Performance Measurement as defined by government*. The probability has been decreased from 2 to 1 due to decision by Ontario government to suspend the College Performance Measure Framework for 2025.

- **Adjustment to Probability of S.10**. The probability of this risk, *Public harmed through poor access to occupational therapy services* has been reduced from 5 ("almost certain") to 4 to reflect that the event *might* occur.

  The Outcome/Residual Risk remains high as the College newly launched the "As of Right" registration process on January 1, 2026. Although none of the four colleges subject to the "As of Right" legislation since 2023 (the regulators for physicians, nurses, respiratory therapists and medical laboratory technologists) have registered a large number of registrants from other provinces, and there are no known instances of registration of persons in Ontario with regulatory action such as discipline, the College will continue to carefully monitor this risk.

- **Adjustment to Probability of S.11.** *If we are not financially healthy, we can't perform our public protection role appropriately.* The College continues to carefully review its financial health to ensure that it can operate effectively now and into the future. With the proposed fee increases possible for this year and the new two years, the College may experience negative reaction from registrants for such increases. After two cycles of fee increases, the probability has been adjusted from 5 to 4 while the impact has been changed from 3 to 5 to indicate the critical impact if the College were to experience a deficit or significant negative registrant reaction in 2025-26.

- **Adjustment to Probability of S.12.** *With world events causing domestic upset, registrants are contacting the college with requests for the college to make public statements. Risk of reputational damage and divisive* consequences. This risk has been

reported since 2023-24 with limited requests to the college to make public statements. The probability has been reduced from 5 to 3. The risk ranking is reduced to high.

Risk Management Report

The following table details the two residual risks on the risk register classified as high in Q2 of fiscal year 2025-26. There are no residual risks classified as critical on the risk register.

Risk Category	STRATEGIC
Risk (S.10):	**Health Human Resources** 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. Risk that the strategies may not align or will cause negative unforeseen consequences, such as the registration of incompetent or unprofessional 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 such as 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)	1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Establishing and sustaining positive government relationships. 3. Standard processing times for applications for registration.
Monitoring Process	1. HPRO meetings and working group participation. 2. Working with ACOTRO with a goal of labour mobility in Canada 3. Ministry updates, response to Ministry consultation 4. College networking updates 5. Monitoring government processes put in place for other professions.
Action Plan	1. Working with the ACOTRO SEAS program to support their timely assessment of international applicants (Federal Project to improve application processing time at SEAS) 2. Leveraging our data. 3. Maintaining open communication with the provincial OT association, universities and government re: any relevant initiatives. 4. Implement the “As of Right” legislation/regulations

Risk Category	STRATEGIC
Risk (S.11)	**Finances** The College has reviewed its financial health to ensure it can operate effectively now and into the future. Budget deficits were anticipated for two fiscal years – 2023/24 and 2024/25 – 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. The Finance and Audit committee is closely scrutinizing this matter to determine if a fee increase will be needed for the fiscal year in 2026-27. Any increase in fees is intended to mitigate the risk to the public that the College will not have sufficient resources to complete its public protection mandate appropriately.
Control Procedure(s)	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.
Monitoring Process	Careful attention to budget and spending.
Action Plan	1. The communications plan was implemented during renewal. 2. Finance and Audit Committee continue to carefully review any proposed fee increases.

RISK REGISTER vJanuary 15, 2026

	Risk ID	Outcome/ Residual Risk	Date Risk Added	Accountability	Responsibility	Public Risk Description	Organization Risk Description	Probability 1-5	Impact 1-5	Overall Risk	Risk Ranking: Low, Mod, High, Critical	Control Procedures	Monitoring Process	Current Action Required to Manage Residual Risks	Status (Open, Monitor or Closed)	Standards, Guidance & Data Management Agenda
COTO Strategic	S.1	Low	22-23	Board	Registrar, Leadership	Public not appropriately protected due focus diverted to inappropriate activities	College not operating within its mandate	2	5	10	Critical	1. College's processes follow legislative obligations; 2. Board Orientation; 3. Governance Policies; 4. Legal Counsel support as needed. 5. Leadership and oversight of staff. 6.Consultation with government and agents when needed. 7. CPMF implemented in 2021.	1. Policies updated as needed; 2. Self-assessment at each Board meeting, 3. Annual Board self-assessment of performance 4. Self assessment and Annual reporting to Government via the CPMF.	Significant issues and risks reported to the Board as appropriate	MONITOR	
COTO Strategic	S.3	Low	22-23	Board	Executive, Board	Public not appropriately protected due to poor committee decisions and poor board decisions	Poor functioning Board and Committees	2	5	10	Critical	1. Orientation and training of members; 2. Legal Counsel support as needed; 3. Board and committee training as needed; 4. Decision support tools; 5. Committee policy and procedures; 6. Communication amongst HPRO brought to committees, and Board; 7. Competency-based non-Board process developed; 8. Ongoing environment scanning by COTO Staff to support Board and Committees; 9. Robust 3-year Strategic Planning process identifies evolving issues; 10. Registrar's reports to Board to keep Board updated; 11. Competency matrix; 12. Pre-election training of prospective Board members to prepare them for appropriate role; 13. Chair training.	1. Annual self assessment by Board members; 2. Yearly committee effectiveness survey; 3. Staff tracking of Board and Committee decisions and outcomes; 4. Risk management report to Board and Executive; 5. Annual performance of Board discussed and plan to close knowledge and skills gap developed and implemented.	No current action required	MONITOR	
COTO Strategic	S.8	Moderate	22-23	Board	Registrar	Discipline decisions cannot be made when a board is not constituted, therefore an OT could continue to practise without appropriate discipline sanctions	Unconstituted Board due to lack of public appointments, or minimum number of public appointments causing high workload for existing public members.	3	3	9	Moderate	1. Bylaws have provisions to support action through Executive as necessary	1. Continued monitoring of Board appointments and term end dates; 2. Liaise with the public appointments office to determine status of appointments process.	1. Proactive reaching out to ministry as new appointments required.	OPEN	
COTO Strategic	S.9	Insignificant	22-23	Registrar	SLT	Public not appropriatetly protected if the College stops functioning appropriately	Inability to comply with College Performance Measurement Framework as defined by government	1	3	3	Moderate	1. The college met all requirements in the 2023 and 2024 submissions 2. Three reports have been successfully submitted by the College.	1. Continued monitoring of any changes proposed by government.	No current action required	MONITOR	
COTO Strategic	S.10	High	23-24	Registrar	SLT	Public harmed through poor access to occupational therapy services	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. 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, discpline, and then that individual begins to work without any safeguards put into place for public protection.	4	4	16	High	1. Membership with Health Professional Regulators of Ontario (HPRO); 2. Establishing and sustaining positive government relationships; 3. Standard processing times for applications for registration; 4. Emergency registration regulations in place; 5. Language test changes in place; 6. Government personnel aware the college is ready and available to assist when needed, with accurate information and data	1. HPRO meetings; 2. Ministry updates and relevant joint working groups; 3. College networking updates; 4. Monitoring happenings at the Canadian level	1. Working with the SEAS Program to support their timely assessment of international applicants; 2. Our new system for registration and data base to maximize efficiency and reporting; 3. Maintaining open communication with the provincial OT association and government re: any relevant initiatives 4. Implement As of Right legislation /regulations	OPEN	

RISK REGISTER vJanuary 15, 2026

	Risk ID	Outcome/ Residual Risk	Date Risk Added	Accountability	Responsibility	Public Risk Description	Organization Risk Description	Probability 1-5	Impact 1-5	Overall Risk	Risk Ranking: Low, Mod, High, Critical	Control Procedures	Monitoring Process	Current Action Required to Manage Residual Risks	Status (Open, Monitor or Closed)	Standards, Guidance & Data Management Agenda
COTO Strategic	S.11	High	23-24	Registrar	SLT	If we aren't financially healthy, we can't perform our public protection role appropriately	The College has reviewed its financial health to ensure it can operate effectively now and into the future. Budget deficits have been planned for 2 consecutive cycles, resulting in decreased reserves. A 2% fee increase was implemented for the 2024 and 2025 annual renewal cycles; and the bylaws include possible fee increases up to 2% for the next three years as determined each year by the Board- resulting in a negative reaction from registrants.	4	5	20	Critical	1. A communications plan is underway to assist with understanding the rationale. 2. The Finance and Audit Committee has throroughly reviewed the details in the current budget 3. Bylaws in place to support up to 2% increases for the next three years	1. Continued monitoring and careful budgetting and spending. 2. Continued attention to communications	1. Communications plan 2. Finance and Audit committee to carefully review and proposed future incrases	OPEN	
COTO Strategic	S.12	Moderate	23-24	Board	Registrar	If we are diverted from our mandate, we can't do our public protection activities.	With world events causing domestic upset, registrants are contacting the college with requests for the college to make public statements. Risk of reputational damage and divisive consequences.	3	4	12	High	1. Extensive website review 2. Crisis management handbook 3. EDI webpage 4. EDI consultant 5. EDI messaging templates with Communications	1. Each request is being responded to, sensitively, with what the college is doing related to EDI and taking a non-political stance. 2. The college is not a platform for social or political causes	1. Proactive planning to mitigate a possible Board meeting incident 2. Review of communications policies, specifically related to anonymous communications not related to complaints about OTs	MONITOR	
COTO Strategic	S.13	Moderate	24-25	Board	Registrar	Chaos due to significant legislative and regulation changes may decrease public confidence and service related to regulation.	Risk of system change to organization of regulation across the country or across the province. Ie. National or provincial amalgamation of regulators.	3	5	15	Critical	1. COTO strategic plan incorporates some national projects and thinking 2. We are working on consistency of processes nationally as much as possible to smooth the way for this possibility - re-entry, QA, Registration processes.	1. Monitoring government communications 2. Raising these issues at ACOTRO 3. Raising issues with COTO Board 4. Monitoring "As of Right" legislation or government initiatives for themes about national regulation	1. Working with ACOTRO on consistency related to Standards, code of ethics and re-entry	OPEN	
COTO Strategic	O.14	Low	23-24	Registrar	SLT Manager I&R	Public is harmed through ineffective management of investigations related to freedom of speech	The College does not effectively manage inquiries related to freedom of speech	2	5	10	Critical	1. Obtain legal advice for ICRC and/or prosecutions that raise *Charter of Rights and Freedoms* issues 2. Communications plan to address college mandate or scope concerns 3. Edit COTO webpage to include plain language information about College scope for off duty conduct concerns	1. Log to monitor inquiries related to freedom of speech; 2. I&R data collection and analysis 3. I and R and Communications to monitor	No current action required	OPEN	related to Jordan Peterson case
Compliance	C.1	Moderate	22-23	Registrar	Manager I&R	Client harmed through undue delay in dealing with formal ICRC complaints and reports	Undue delay in dealing with formal ICRC complaints and reports	3	3	9	Moderate	1. Case compliance monitoring; 2. Staffing levels reviewed and resources managed appropriately; 3. Developed more templates to increase efficiency in processes; 4. Weekly team meetings; 5. Alignment of roles and responsibilities; 6. Benchmarks put in place for all cases opened on June 1, 2019 or later 7. Discipline tribunal will assist team to plan timelines	1. Regular reporting to Registrar and the Board; 2. Quarterly reporting to ICRC on case completion times; 3. I&R program processes streamlined; 4. I&R External legal audit conducted, recommendations implemented	1. Identify over-all system requirements as part of the Enterprise-wide system project; 2. Maximize the College selected document management system's functionality (e.g. template generation); 3. Develop and implement I&R monthly reporting to Registrar once new database is up and running 4. Implementing the use of an early resolution process to speed up matters before a formal process starts.	MONITOR	
Compliance	C.3	Low	22-23	Program Manager	Manager, Registration	Client harmed by registrant admitted to profession in error, as a result of poor registration practices	Non-compliance with requirements of the Fairness Comissioner	2	4	8	Moderate	1. Annual reporting; 2. Biannual assessments; 3. Registration program and Registration Committee complete OFC traning modules; 4. Annual Registration Committee training on principles; 5. Resources allocated to Fairness activities as required; 6. Use of SEAS process for internationally trained applicants to support fair approach to assessment.	1. Fairness commissioner reports/audits; 2.Yearly report completed and shared with Fairness Commissioner and posted on website; 3. Current rating from Fairness Commissioner is LOW RISK - 2024	1. Registration Manager to review and update as necessary re: new OFC requirements	MONITOR	
Compliance	C.4	Low	22-23	Registrar	Director Comms, Director Finance/Ops	Client harmed through an inability to access the website and public register.	Failure to comply with accessibility legislation (AODA, etc.) related to website and public register	2	4	8	Moderate	1. Website design; 2. Website vendor contracts include clause requiring compliance with AODA requirements; 3. Public register design includes AODA compliance mechanisms; 4. AODA compliance resources in use; 5. College exempt from some requirements due to our size - ie. less than 50 employees	1. Monitor changes to legislation 2. Any modifications to website to ensure meeting AODA requirements.	No current action required	MONITOR	

RISK REGISTER vJanuary 15, 2026

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Compliance	C.5	Low	22-23	Registrar	Communications, Registrar, Manager Regulatory Affairs (Policy)	Client harmed through misinterpretation or failure to understand the current website information.	Misinterpretation or failure to fully apply the French language requirements of the RHPA	2	4	8	Moderate	1. The college endeavors to hire a number of French language speakers during hiring; 2. The College has third party service agreements with two professional French translator service providers; 3. College bylaws and Standards, guidelines and other official documentation are available in French on the College website; 4. Bylaw and regulation consultations are made available to the public and registrants in French; 5. If an applicant wants to complete any process in French, the College will accommodate this; 6. I&R also accommodates any complainant or registrant wanting to complete the process in French; 7. All key program documents are available in French; 8. Competencies in French 9. Roster of French Speaking OT proofreaders established for review of select practice resources. 10. Discpline tribunal supports French hearings	1. Monitor number of staff members fluent in French; 2. Monitor activity and direction of government on this issue.	1. Develop and finalize French language services policy; 2. Monitor demand for provision of French services including access to resources, presentations, complaints; 3. Evaluate ability of new enterprise system to have a French public register; 4. Monitor MOH initiatives and HPRO collaborations.	OPEN	
Compliance	C.6	Low	22-23	Program Manager	Manager, Registration	Client harmed because unqualified practitioners are registered.	Risk to public confidence and reputation when unqualified practitioners are registered due to failure of registration process.	2	4	8	Moderate	1. Registration Program policies; 2. Process to follow up on all outstanding requirements; 3. Audit of any file under review; 4. Qualified third parties to assess qualifications; 5. Information from 3rd parties comes directly to prevent fraud; 6. Checklist of requirements; 7. Policy on graduation from an accredited Canadian University program; 8. Registrar representation on CAOT exam oversight Committees; 9. MOU with CAOT for use of the exam as a registration requirement; 10. MOU with ACOTRO for the SEAS assessment for internationally educated applicants; 11. Participate on SEAS oversight committee	1. Audit of files by different staff; 2. Accreditation Reports from Accreditation Committee; 3. Registration Committee monitoring bi-annual exam report; 4. Registration Committee monitoring of ACOTRO SEAS report; 5. Ability to audit if risk issue is identified	1. Implement criminal record check of currently registered OTs - on operational plan - in 2025-26 year	OPEN	
Practice Risks	P.1	Low	2023-2024	Registrar & Program Director	Program Managers	Client harmed as a result of sexual abuse, sexual misconduct or professional boundary issues	Risk to public confidence and reputation when clients are harmed by sexual abuse, sexual misconduct or professional boundary issues	2	5	10	Critical	1. Code of Ethics; 2. Standards of Practice; 3.Competencies for OT in Canada; 4. Education produced with guidance of Patient Relations and Practice Subcommittee; 5. Information on website; 6. The Investigations, Complaints and Resolutions Committee (ICRC) and Panels deliberations and decisions by ICRC and QA; 7. Timely investigation and responses to complaints; 8. Evidence-based Practice Guidance and Education; 9. Practice Support and Outreach; 10. QA Annual Requirements and Competency Assessment	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's report; 3. Patient Relations Committee and Practice Subcommittee Quarterly Report; 4. Practice Support; 5. Competency Assessment Process	1. Renewal of Code of Ethics (2020) through collaboration with ACOTRO 2. Patient Relations Education-Staff, committees, board	OPEN	**A. Standard and Date Reviewed:** 1. *Standard* for Professional Boundaries and the Prevention of Sexual Abuse (2023) 2. *Standard* for the Prevention and Management of Conflicts of Interest (2023) B. Complaint and Report Data C. QA Risk Indicators Data D. Quarterly Report-QA, ICRC and Patient Relations
Practice Risks	P.2	Low	2023-2024	Program Director	Program Managers	Client harmed through OTs failure to adequately supervise OTAs (REHAB assistants) or others	OTs fail to adequately supervise OTAs (REHAB assistants) or others	2	4	8	High	1. Code of ethics; 2. Standards of Practice; 3. Competencies for OT; 4. Education produced with guidance of Patient Relations Committee and Practice Subcommittee; 5. Information on website; 6. The Investigations, Complaints and Resolutions Committee and Panels deliberations and decisions; 7. Timely investigation and responses to complaints; 8. Evidence based Practice Guidance and Education; 9. Practice Outreach & Outreach; 10. QA Annual Requirements and Competency Assessment	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's report; 3. Patient Relations Committee and Practice Subcommittee Quarterly Report; 4. Practice Support; 5. Competency Assessment Process	1. Collaboration with ACOTRO, OSOT and CAOT 2. Practice Guidance and Practice Support Development-Newsletter and Resources	OPEN	**A. Standard and Date Reviewed:** 1. Standard for the Supervision of Students and Occupational Therapy Assistants (2023) B. Complaint and Report Data C. QA Risk Indicators Data D. Quarterly Report-Practice; ICRC; QA

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Practice Risks	P.3	Low	2023-2024	Program Director	Program Managers	Client harmed during the use of Controlled Act by an OT/ "Controlled Acts" Delegation-Psychotherapy	Client harmed during the use of Controlled Act by an OT/ "Controlled Acts" Delegation-Psychotherapy	2	4	8	High	1. Code of ethics; 2. Standards of Practice; 3.Competencies for OT; 4. Education produced with guidance of Patient Relations Committee and Practice Subcommittee; 5. Information on website; 6. The Investigations, Complaints and Resolutions Committee and Panels deliberations and decisions by ICRC and QA; 7. Timely investigation and responses to complaints; 8. Evidence based Practice Guidance and Education; 9. Practice Outreach; 10. QA Annual Requirements and Competency Assessment 11. QA annual requirements, 12. Competency assessment	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's report; 3. Patient Relations Committee and Practice Subcommittee Quarterly Report; 4. Practice Support 5. Competency Assessment Process	1. Collaboration with ACOTRO, OSOT and CAOT about resources and guidance for provision of Psychotherapy	OPEN	**A. Standard and Date Reviewed:** 1. Standard for Acupuncture (2023) 2. Standard for Psychotherapy (2023) **B.** Complaint and Report Data C. QA Risk Indicators Data D. Quarterly Report-Practice; ICRC; QA
Practice Risks	P.4	Low	2023-2024	Program Director	Program Managers	Client harmed due to substandard record keeping practices	Client harmed due to substandard record keeping practices	2	4	8	High	1. Code of ethics; 2. Standards of Practice 3.Competencies for OT; 4. Education produced with guidance of Patient Relations Committee and Practice Subcommittee; 5. Information on website; 6. The Investigations, Complaints and Resolutions Committee and Panels deliberations and decisions by ICRC and QA; 7. Timely investigation and responses to complaints; 8. Evidence based Practice Guidance and Education; 9. Practice Outreach; 10. Advice from Advisory Committees on EDI Perspectives and Indigenous Insights; 11. QA Annual Requirements and Competency Assessment 12. 2024 E-learning module on record keeping complete	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's Report; 3. Patient Relations Committee and Practice Subcommittee Quarterly Report; 4. Practice Support 5. Competency Assessment Process;	No current action required	MONITOR	**A. Standard and Date Reviewed:** 1. Standard for Assessment and Intervention (2023) Standard for Consent (2023) Code of Ethics (2023) B. Practice Support Data C. Complaint and Report Data D. QA Risk Indicators Data E. Quarterly Report-Practice; ICRC; QA; Advisory Committees; Patient Relations
Practice Risks	P.5	Low	2023-2024	Program Director	Program Managers	Client harmed during the use of Artificial Intelligence (AI) for assessment and/or intervention by an OT	Client harmed during the use of Artificial Intelligence (AI) for assessment and/or intervention by an OT	2	5	10	Critical	1. Code of ethics; 2.Competencies for OT; 4. Information on website; 5. Evidence based Practice Guidance and Education; 6. Practice Outreach; 7. Guidance Document developed for AI 2024	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's report; 3. Practice Subcommittee Quarterly Report; 4. Practice Support 5. Competency Assessment Process; 6. Practice Subcommittee Workplan	1. Study Annual QA Requirements data about registrant experience with AI; 2. Collaboration with HPRO & CNAR Partners on development of emerging resources.		**A. Standard and Date Reviewed:** 1. Standard for Record Keeping (2023) B. Standard for Consent (2023) C. **C**omplaint and Report Data D. QA Risk Indicators Data E. Code of Ethics F. Quarterly Report-Practice; ICRC; QA G. AI Guidance 2024
Practice Risks	P.6	Moderate		Program Director	Program Managers	Client harmed by Registrant practicing while incapacitated	Client harmed by Registrant practicing while incapacitated	3	4	12	High	1. Code of ethics; 2. Standards of Practice; 3.Competencies for OT; 4. Education produced with guidance of Practice Subcommittee; 5. Information on website; 6. The Investigations, Complaints and Resolutions Committee and Panels deliberations and decisions by ICRC and QA; 7. Timely investigation and responses to complaints, fitness to practice concerns; 8. Evidence based Practice Guidance and Education; 9. Practice Outreach; 10. QA Annual Requirements and Competency Assessment 11. Registration processes to identify applicants and registrants with suitability to practice concerns	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's report; 3. Practice Subcommittee Quarterly Report; 4. Practice Support 5. Competency Assessment Process;	No current action required	OPEN	**A. Standard and Date Reviewed:** 1. Standard for Assessement and Intervention (2023) 2. Standard for Consent (2023) B. Complaint and Report Data C. Practice Support Data E. QA Risk Indicators Data F. Quarterly Report-Practice; ICRC; QA

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Practice Risks	P.7	Low		Program Director	Program Managers	Client's privacy compromised due to OTs fail to safeguard Personal Health Information and/or gain knowlegeable consent	Client's privacy compromised due to OTs fail to safeguard Personal Health Information and/or gain knowlegeable consent	2	4	8	High	1. Code of ethics; 2. Standards of Practice; 3.Competencies for OT; 4. Education produced with guidance of Patient Relations Committee and Practice Subcommittee; 5. Information on website; 6. The Investigations, Complaints and Resolutions Committee and Panels deliberations and decisions by ICRC and QA; 7. Timely investigation and responses to complaints; 8. Evidence based Practice Guidance and Education; 9. Practice Outreach; 10. QA Annual Requirements and Competency Assessment	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's report; 3. Patient Relations Committee and Practice Subcommittee Quarterly Report; 4. Practice Support 5. Competency Assessment Process			**A. Standard and Date Reviewed:** 1. Standard for Assessement and Intervention (2023) 2. Standard for Consent (2023) 3. Standard for Record Keeping (2023) B. Complaint and Report Data C. QA Risk Indicators Data D. Quarterly Report-Practice; ICRC; QA
Practice Risks	P.9	Low	2023-2024	Program Director	Program Managers	Client harmed or feels culturally unsafe due to OT practices	Client harmed or feels culturally unsafe due to OT practices	2	4	8	High	1. Code of ethics 2. Standards of Practice 3.Competencies for OT 4. Education produced with guidance of Patient Relations Committee and Practice Subcommittee 5. Information on website, 6. The Investigations, Complaints and Resolutions Committee and Panels deliberations and decisions by ICRC and QA; 7. Timely investigation and responses to complaints; 8. Evidence based Practice Guidance and Education; 9. Practice Outreach 10. Advice from Advisory Committiees on EDI Perspectives and Indigenous Insights 11. QA Annual Requirements and Competency Assessment	1. Case review and decisions by panels of ICRC, and QA 2. Quarterly Registrar's report 3. Patient Relations Committee and Practice Subcommittee Quarterly Report 4. Practice Support 5. Competency Assessment Process 6. Equity Perspectives and Indigenous Insights Advisory Committee Workplans; COTO EDI and Indigenous Insights Plans	1. Production of National E-Learning Module 2025-Cultural Humility and OT Practice 2. Education-Staff, committees, board 3. Socio Demographic Data Collection Project	OPEN	**Standard and Date Reviewed:** **1.** Standard for Assessment and Intervention 2. Standard for Consent Code of Ethics **Complaint and Report Data** **QA Annual Requirement Data** **Quarterly Report-**Practice; ICRC; QA; Advisory Committees; Patient Relations
Practice Risks	P.10	Low	2023-2024	Program Director	Program Managers	Client harmed through unsafe OT services for Equipment/Safety or failure to adequately train others on use of equipment	Risk of harm to public due to OT services for Equipment/Safety and training others on use of equipment	2	4	8	High	1. Code of Ethics; 2. Standards of Practice; 3. Competencies for OT in Canada; 4. Education produced with guidance of Patient Relations and Practice Subcommittee; 5. Information on website; 7. The Investigations, Complaints and Resolutions Committee (ICRC) and Panels deliberations and decisions by ICRC and QA; 8. Timely investigation and responses to complaints; 9. Evidence based Practice Guidance and Education; 10. Practice Support and Outreach; 11. QA Annual Requirements and Competency Assessment 12. Governement and Coroner Reports and Communication about equipment and Assistive Devices Program Registration Data	1. Case review and decisions by panels of ICRC and QA; 2. Quarterly Registrar's report; 3. Practice Subcommittee Quarterly Report; 4. Practice Support; 5. Competency Assessment Process; 6. Practice Subcommittee Workplan	1. Response to Coroner's Reports 2. Provide Assistive Devices Program Registration Data		**A. Standard and Date Reviewed:** 1. *Standard* for Assessment and Intervention **B. Registration Data** **C. Complaint and Report Data** **QA Risk Indicators Data** **Quarterly Report-**Registration, QA, ICRC and Patient Relations
Quality	Q.1	Low	22-23	Program Director	QAC, QA Manager - Exec	Client harmed due to failure of the college to identify and address OTs who might pose a risk to clients	Risk based selection and appoach does not lead to continuous quality improvement	2	3	6	Moderate	1. Compliance metrics monitored through database (MyQA); 2. Competency enhancement in place for all OTs, (annual requirements in place); 3. Non-compliance being addressed by staff/QAC; 4. Peer assessment process in place; 5. Competency assessment process now in continuous quality improvement phase; 6. Psychometric analysis of results	1. Bi-annual compliance case review by QAC; 2. Quarterly registrar's report; 3. Priority Performance Reporting.	1. Review and revise selection based on analysis and data.	OPEN	
Quality	Q.4	Low	22-23	Program Director	QA Manager, Manager Registration and Manager I&R - Exec	Client harmed due to incompetent practices	Competency assessment, education and remediation tools are not valid and reliable (QA,).	2	3	6	Moderate	1. New evidence-informed competency assessment process has been determined; 2. Peer interviews; 3. Data Analysis; 4. Continuous Program Improvement based on feedback from Peer Assessors and Registrants; 5. Rubric developed for grading peer interviews, and remediation submissions.	1. Ongoing review of new evidence to inform program development	1. Review and revise assessment tools on analysis and data. 2. Codesign	OPEN	

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Quality	Q.6	Low	22-23	Program Director	Leadership Team	Risk to public when reliable data is unavailable to guide decision making	Inability to reliably and consistently collect and analyze data related to trends in OT practice required to make informed decisions.	2	4	8	High	1. Tracking of data in all programs; 2. More similar tracking data across programs; 3. Identifed solutions for consideration; 4. Integrate use of new ES system for reporting and analysis.	KPIs have been developed for programs, to be monitored with new system. CPMF has requirements, Quarterly report.	Review data to enhance reporting and information.	OPEN	
Quality	Q.7	Moderate	22-23	Program Director	Manager Registration, Quality Assurance	Client harmed due to new to practice, practice re-entry, or practice isolation	Risk of harm to public due to new to practice, practice re-entry, or practice isolation	3	3	9	Moderate	1. National dialogue about currency taking place; 2. Re-entry program updated and consistent with several other OT regulators in Canada; 3. QA program identifies risks to practice, including isolation risks and completes assessments of these registrants	1. Operationalize improvements to re-entry program based on new evidence from national project 2. Monitor QA statistics related to risk of practice isolation.	Implementing ACOTRO project to harmonize re-entry programs.	OPEN	
Quality	Q.8	Low	22-23	Program Director	Manager Regulatory Affairs, Manager Registration, Manager I&R, QA Manager, Practice Team	Client harmed by regulatory rules guided by out of date regulation.	College regulations are out of date or not meeting college operational needs.	2	4	8	High	1. Policy analyst reviews legislation changes and provides updates Program managers; 2. Program managers review compliance with regulations and identify any issues/gaps.	1. Monitor changes to legislation that may impact College regulations.	Strategic plan includes a review of all regulations. A revision plan to be developed. Gain support of MOH prior to any work being done.	OPEN	March 2021 - our regulations are outdated. Professional Misconduct regs not updated since 2007, General reg since 2012 and contains QA where the program has been updated, Advertising Reg needs a review for relevancy.
System Partners	SH.5	Low	22-23	Program Manager	Practice Team	Client harmed by services provided in a void of appropriate guidance to OTs	Lack of appropriate guidance to OTs on and in standards relating to practice	2	3	6	Moderate	1. Regular review schedule for standards; 2. All new standards circulated to OTs for consultation; 3. Legal review of content; 4. Standards approved by Board; 5. Standards posted on website; 6. Education provided through case studies (eBlast and website posting); 7. Environmental scanning; 7. OT access to Practice Resource Service; 8. Consultation with external agencies; 9. Document development process in place.	1. Practice issues and Executive Committee review of workplan.	Ongoing review and revision of materials as needed.	MONITOR	
System Partners	SH.6	Low	22-23	Program Manager	Practice Team	Client harmed by system that fails to understand their individual needs or experiences.	Reputational risk that is the Perception that the College does not support diversity and or inclusion and or equity	2	4	8	High	1. Code of ethics; 2. Standards - Professional Boundaries; 3. Competencies for OT have section on Culture Equity and Justice (CEJ) guidance; 4. 2025 e-learning module on cultural competency 5. Statement on website; 6. Socio demographic questions on annual renewal; 7. Land acknowledgement at meetings; 8. Equity Perspectives and Indigenous Insights Advisory Committees.	1. Monitoring media; 2. Monitoring registrant and public inquiries	EDI plan incorporated into w strategic plan. Operational initiatives have EDI incorporated	OPEN	
COTO Operational	O.2	Moderate	22-23	Corp Services	Manager of IT	Client harmed due to failure of our public register to flag risks or provide accurate information	Database contains incomplete and/or inaccurate information. Data used for inapproriate activities, such as appropriation of OT credentials.	3	5	15	Critical	1. Programming logic to minimize errors; 2. Use of expert consultants; 3. Appropropriate training of staff; 4. Policies support accurate and complete recording.	1. Anomoly reports; 2. Data integrity queries	1. Continue processes to monitor data quality; 2. Develop new reports; 3. Correct issues as soon as they are identified 4. Investigate the implications of removing registrant registration numbers off the public register.	OPEN	
COTO Operational	O.8	Moderate	22-23	Director Finance and Corporate Services	Manager of IT, Director of Communications	Client harmed due to Security breach of IT systems/data	Security breach of IT systems/data	3	5	15	Critical	1. Use of Generative AI Policy 2. Antivirus reports; 3. Reports identifying windows updates; 4. Phishing emails training, blocking of spam emails; 5. Cyber insurance; . Always applying critical security updates; 6. Multi-factor identity; 7. Link with stakeholder networks to keep us informed; 8. Third party review of security systems to identify any weaknesses.	1. Monitor for policy breaches 2. Monitor for security breaches; 3. Monitor and update systems as required	Develop a procedural document for system breaches; and integrate with the Strategic Technology Plan regular penetration testing of our systems; Implementation of AI Champions Staff Group	OPEN	
COTO Operational	O.9	Low	22-23	Program Manager	Manager of Registration, Director of Communications, Manager QA, Manager I&R	Client harmed by breach of privacy, to personal health information.	Breach of Privacy	2	5	10	Critical	1. Systems and processes in place to prevent privacy breaches; 2. Staff training and review; 3. Internal Reporting mechanisms; 4. Policy; 5. Website updated; 6. Use of Titan File	1. Monitor number of privacy breaches; 2. Log to monitor privacy breaches created; 3. Program manager is privacy officer.	1. Monitor	MONITOR	

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COTO Operational	O.10	Low	22-23	Director Finance and Corporate Services -	IT Specialist	Loss of records leads to harm to clients or groups of clients, ie, ICRC processes delayed.	Loss of records due to failure of the records management system, financial systems or disaster (fire, pandemic, bomb threat).	2	5	10	Critical	1. Use computer systems with back ups; 2. Use of recognized storage companies; 3. Recording of archives; 4. Record retention policies; 5. On-line banking; 6. Credit cards; 7. Annual audit; 8. Disaster planning; 9. Cloud systems and back up	1. Planned testing of back-up systems and disaster recovery plans; 2. Develop and implement business continuity plan	1. Develop a process for regular disaster recovery testing; 2. Perform REGULAR disaster recovery test	OPEN	
COTO Operational	O.11	Moderate	22-23	Director Finance and Corporate Services	Director of Finance and Corporate Services	Public is at risk when the college cannot perform its role adequately.	Human Resource Strategy - staffing resources disengaged or not appropriately optimized.	3	4	12	High	1. Recruitment Strategies; 2. Orientation; 3. Professional development; 4. Absentee management; 5. HR policies; 6. Compensation policies; 7. Performance review process; 8. Pension plan in place to aid in recruitment and retention	Absenteeism rate, job evaluation and salary surveys, benefit benchmarking, professional development plans, goal setting and performance management, staff turnover, exit interviews.	1.Implement HR plan and strategies 2.Integrate the succession plan and transition planning for Registrar and CEO (Governance) with the HR plan and strategies. 3.Explore options for implementing succession plan and policy for other key roles.	OPEN	
COTO Operational	O.13	Moderate	22-23	Director of Finance and Corporate Services	IT Specialist	Public is at risk when the college cannot perform its role adequately.	Unplanned downtime of mission critical registrant IS system (member login, MY QA). Business interruption	3	5	15	Critical	1. Responsive IT support; 2. Testing prior to implementing system changes; 3. Staff Training 4. Business Continuity Plan complete.	Informal monitoring in place.	1. Review management of maintenance processes to ensure following industry standards (for e.g. ITIL); 2. Develop a plan to monitor down time and implement; 3. AI working group reviewing organizational processes for safety and risk.	OPEN	

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Finance and Audit Committee

Subject: Fiscal Year 2025/2026 Q2 Financial Summary Report

Recommendation:

THAT *the Board receive the FY2025/2026 Q2 Financial Report, as presented.*

Issue:

To review the year-to-date financial results of the College for fiscal year 2025/2026 and advise the Board of any issues.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

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

Equity, Diversity, and Inclusion Considerations:

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

Background:

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of Statutory Remittances and Filings
3. Financial Statements:
    - Statement of Financial Position as at November 30, 2025
    - Statement of Operations for the period June 1, 2025, to November 30, 2025
    - Statement of Reserve Funds as at November 30, 2025

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at November 30, 2025).
Items to note with respect to the changes to assets includes:

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

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

- The deferred registration fees recorded in the Statement of Financial Position, as at November 30, 2025, represent the portion of the annual renewal fees collected for fiscal year 2025/2026. These funds will be moved out of the Statement of Financial Position quarterly and recognized in the Statement of Operations as Registration fees. Annual renewal funds collected on or after June 1, 2025, are automatically recorded directly under Registration fees on the Statement of Operations for the current fiscal year.

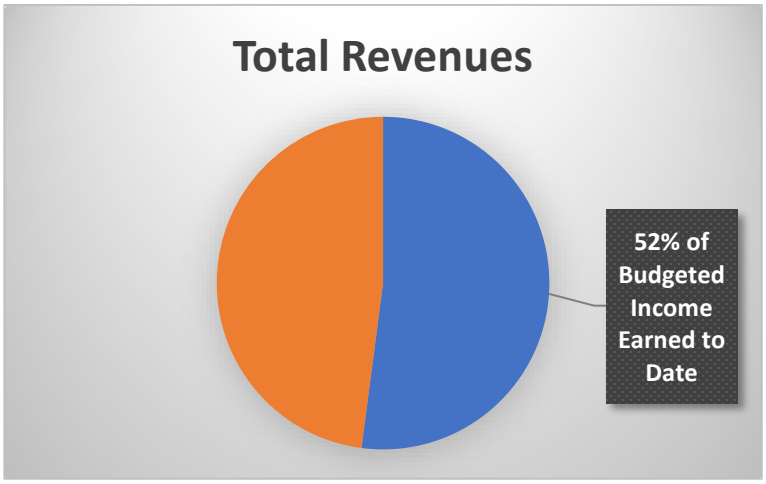
The Net Assets section on the Statement of Financial Position reflects the following:

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

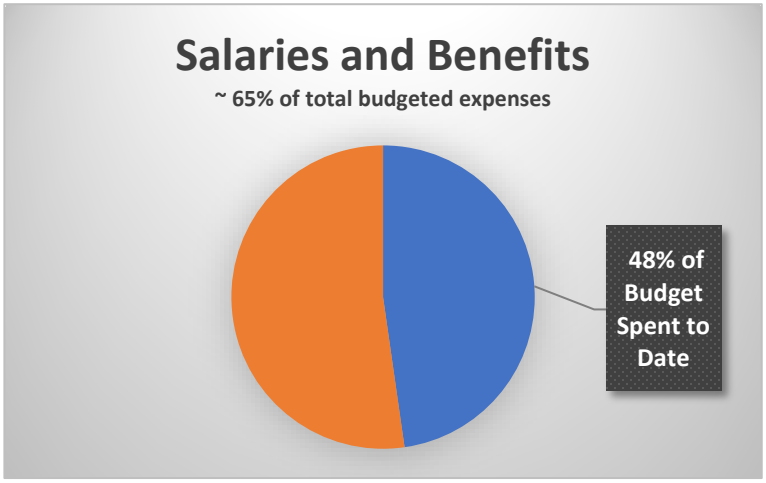
Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2025, to November 30, 2025).

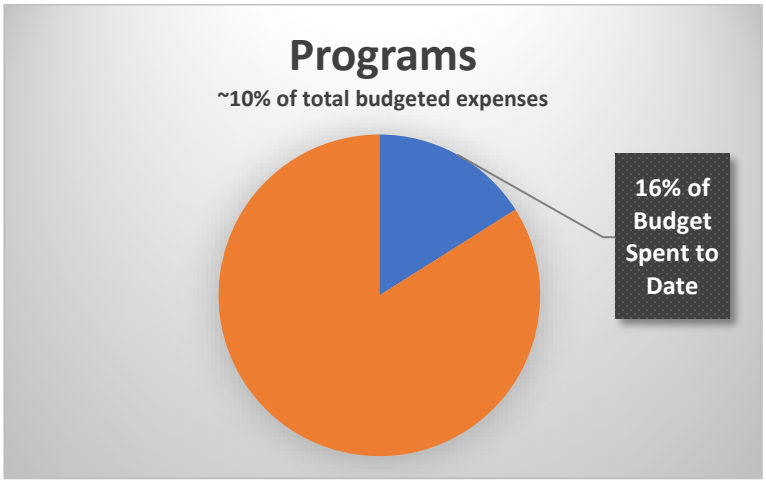
The excess revenues over expenses for the period June 1, 2025 to November 30, 2025 is $528,462. The College is in a surplus position, and the below charts provide some additional detail for each category.



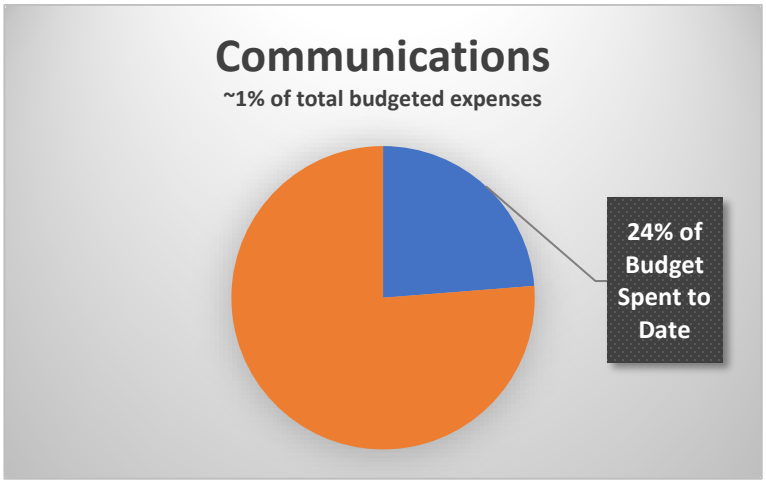
- Status: Favourable to budget
- Revenue is primarily derived from returning and new registrant fees, as well as application fees, and represents two-quarters of the 2025/2026 annual renewal fees being recognized.



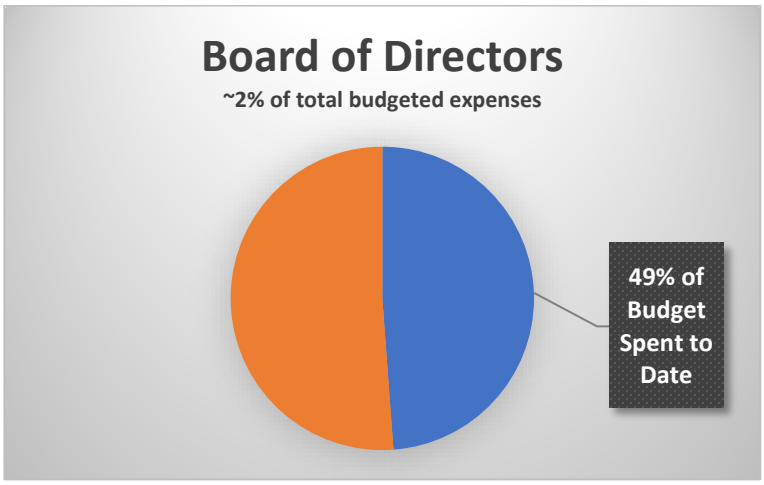
- Status: Favourable to budget
- Salaries and benefits are slightly under budget. Anticipate alignment to budget in next quarter.



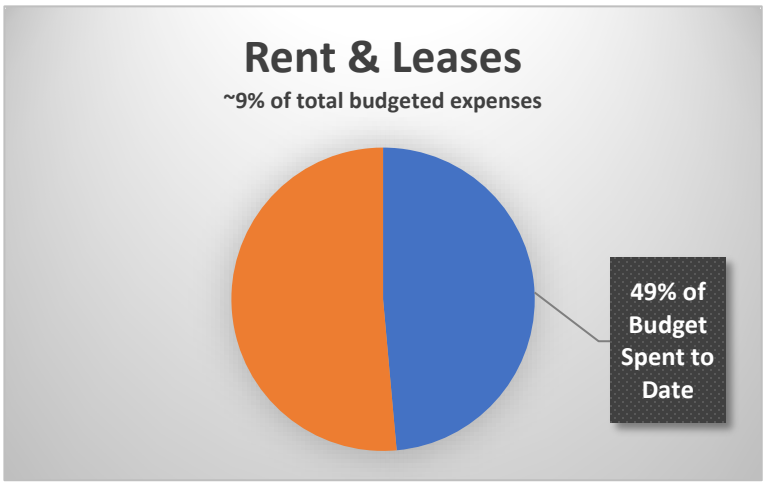
- Status: Favourable to budget
- Program expenses are under budget primarily due to timing of College activities.
- Variance to the statement of operations due to reversal of I&R year-end accrual in the statement.



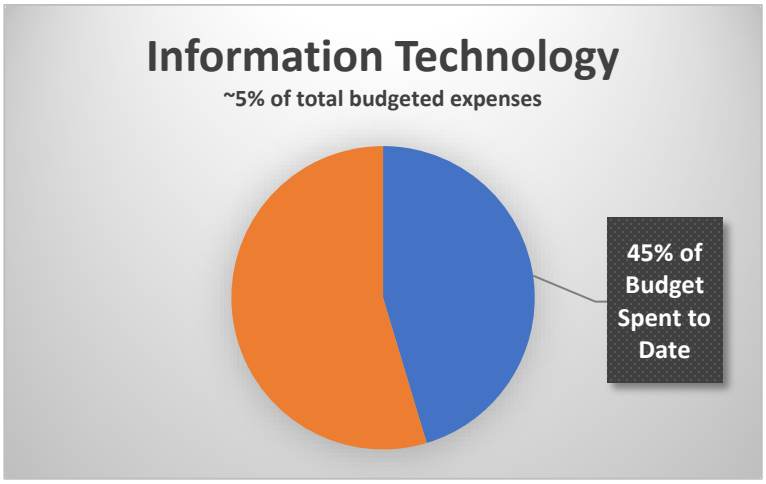
- Status: Favourable to budget
- Communications costs are under budget as most costs are incurred in the fourth quarter.



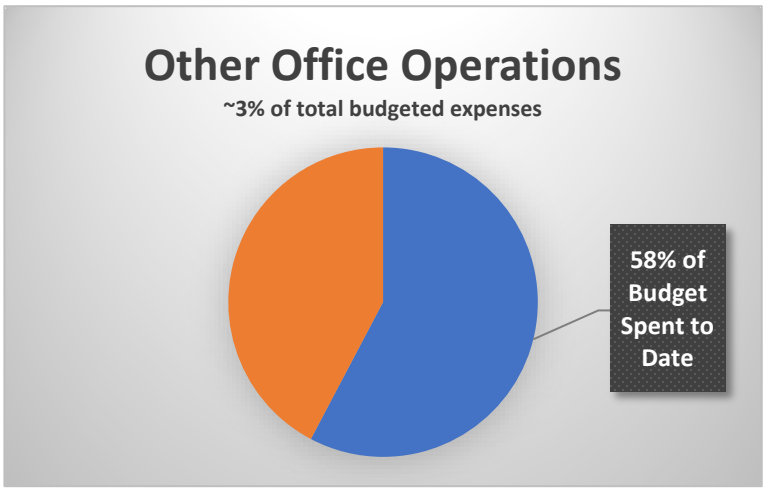
- Status: On Target



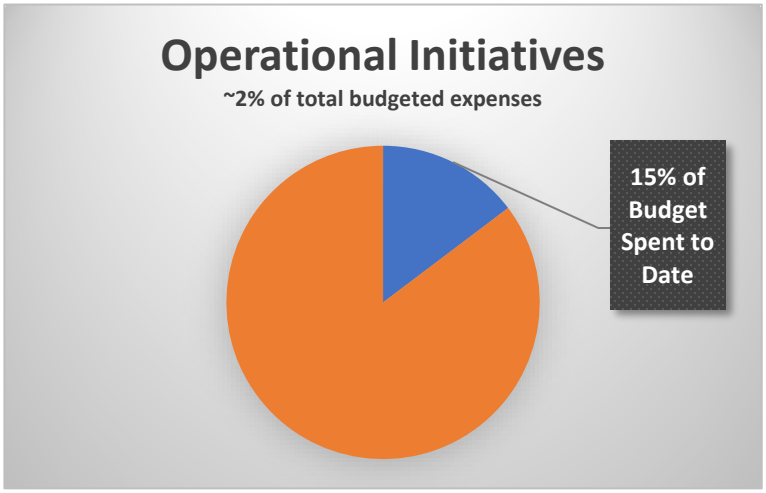
- Status: On Target
- Included here are rent and insurance premiums and leases for large equipment.



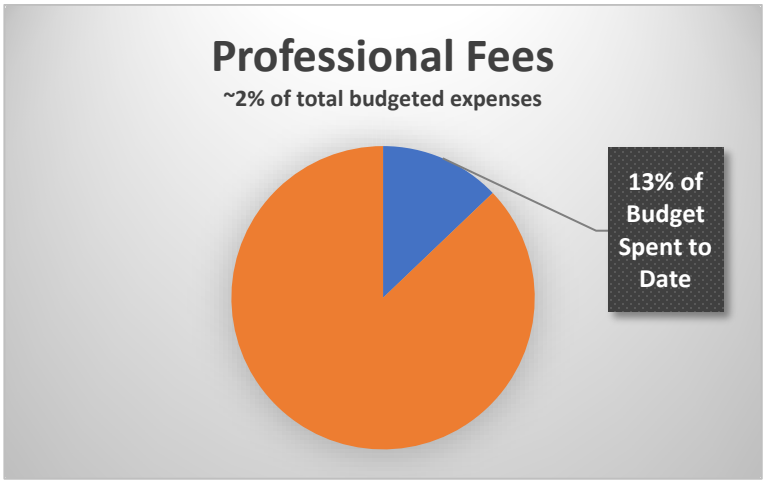
- Status: Favourable to Budget
- Information Technology is slightly under budget due to delayed timing of invoices.



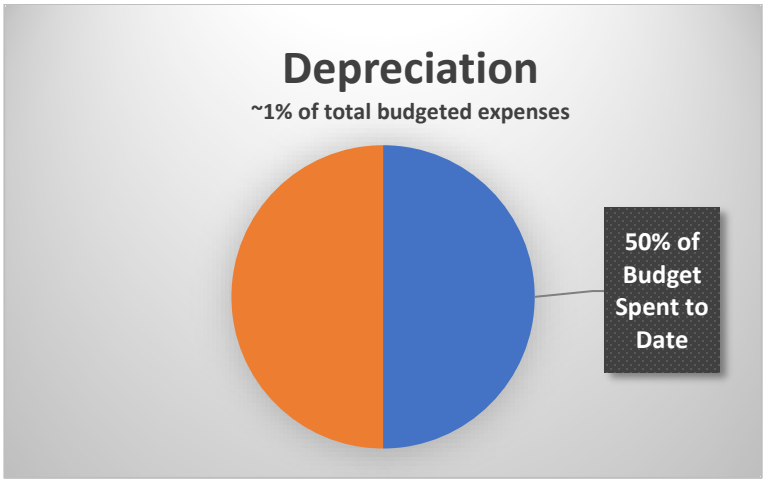
- Status: Unfavorable to budget
- Other Office Operations are slightly over budget due to increased staff travel and accommodation costs in this quarter. We anticipate alignment to the budget by the end of the fiscal year.



- Status: Favourable to budget
- Operational initiatives are under budget with only 15% of budget spent to date. Expenditures are expected to increase as planned projects proceed in the third and fourth quarters.



- Status: Favourable to budget
- Professional Fees are under budget due to delayed timing of activities.



- Status: On Target

Highlights of Statement of Reserves:
(Please refer to the attached Statement of Reserves as at November 30, 2025)

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

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

- $23,909 has been allocated to the Invested in Fixed Assets Fund amount and is reflective of the accumulated depreciation.

Statutory Remittances and Filings:
The College is required to remit various taxes and filings to the government.

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Board per diems	Monthly	Up to date
Remittance of Employer Health Tax	Payroll over $1,000,000 will have EHT applied at 1.95% during the calendar year.	Up to date
Filing of Harmonized Sales Tax return (Monthly)	Monthly Upcoming Filing Due Dates: January 31, 2026 February 28, 2026 March 31, 2026 April 30, 2026 May 31, 2026	Up to date
Filing of T4, T4A returns	Annually, based on calendar year. Due on last day of February.	Up to date
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2025.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2025.	Up to date

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at November 30, 2025

	30-Nov-25	30-Nov-24
ASSETS		
Current assets		
Cash	2,848,757	2,465,308
Accounts receivable and prepaid expenses	33,545	44,215
Total current assets	2,882,302	2,509,523
Investments	3,864,702	3,698,575
Property and equipment, net of accumulated amortization	173,581	217,390
TOTAL ASSETS	**6,920,585**	**6,425,488**
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	191,259	219,196
HST payable	-	-
Deferred registration fees	2,402,871	2,322,970
Total current liabilities	2,594,130	2,542,166
Total liabilities	2,594,130	2,542,166
NET ASSETS		
Reserve funds	1,325,000	1,325,000
Invested in fixed assets	173,581	217,390
Unrestricted	2,299,412	1,887,055
Excess of revenues over expenses for the period	528,462	453,877
Total net assets	4,326,455	3,883,322
TOTAL LIABILITIES AND NET ASSETS	**6,920,585**	**6,425,488**

College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
June 2025 to November 30 2025

	6 Months Actuals ended November 2025 $	12-Month Budget FY25/26 $	Percentage of Spend to Budget %
REVENUES			
Registration fees	2,738,356	5,161,193	53%
Application fees	72,920	110,852	66%
Interest & other income	46,623	196,045	24%
TOTAL REVENUES	2,857,899	5,468,090	52%
EXPENSES			
Salaries and benefits	1,724,133	3,610,540	48%
Programs	3,643	535,911	1%
Communications	15,958	66,012	24%
Board of Directors	67,583	138,404	49%
Rent & Leases	249,744	514,188	49%
Information technology	132,435	291,671	45%
Other office operations	87,101	150,892	58%
Operational initiatives	12,356	84,000	15%
Professional fees	12,575	97,742	13%
Depreciation	23,909	47,817	50%
TOTAL EXPENSES	2,329,437	5,537,177	42%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	528,462	(69,087)	

STATEMENT OF RESERVE FUNDS

	Opening Balance June 1, 2025 $	Spent to Date/Change $	Closing Balance Nov 30, 2025 $
Hearings and independent medical exam fund	$ 400,000	-	400,000
Sexual abuse therapy fund	$ 25,000	-	25,000
Premises fund	$ 800,000	-	800,000
IT Technology Fund	$ 100,000	$ -	100,000
Invested in fixed assets	$ 197,490	$ (23,909)	$ 173,581
Unrestricted	$ 2,275,503	$ 23,909	2,299,412
Excess of revenues over expenses for the period	$ -	528,462	528,462
TOTAL RESERVES	3,797,993	528,462	4,326,455

Implications:

By receiving the FY2025/2026 Q2 Financial Report, the Board is formally acknowledging that the report has been presented and reviewed. This action records the report in the official minutes and demonstrates fulfillment of the Board's fiduciary responsibility for financial oversight.

Attachments: None

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Finance and Audit Committee

Subject: Registration Fee Increase for 2026/2027 Annual Renewal

Recommendation:

THAT *the Board approve the proposed 2% increase to Registration fees for the upcoming 2026/2027 annual renewal period.*

Issue:

Due to an expanding registrant base and rising inflation, the College's budget and ability to effectively fulfill its mandate have been under pressure. Based on a 5-year forecast, a 2% registration fee increase is being proposed for the 2026/2027 annual renewal period to maintain healthy reserves, achieve the College's Strategic Priorities and the objectives of the College.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

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

Equity, Diversity, and Inclusion Considerations:

When preparing this proposal, all elements of equity, diversity and inclusion were considered. The increase in registration fees has been reviewed on a yearly basis to determine if an increase is necessary each year, rather than at once.

Background:

At its meeting on January 25, 2024, the Board approved amendments to Part 18 of the College bylaws related to fees. Section 18.08, Fee Adjustments, provides that effective June 1, 2024,

and for the subsequent five years, the Board shall annually review the renewal fee and, where appropriate, may increase the fee by up to 2% per year. In accordance with this bylaw, the Board approved a 2% increase for both the 2024/2025 and 2025/2026 registration cycles, resulting in a $15 increase each year.

Discussion:
To sustain operations, the College is proposing a 2% increase in the annual renewal registration fee for fiscal year 2026/2027.

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

Key Contributors to Proposed Registration Fee Increase	Supporting Factors	Implication
Growth of Registrant Base	Since 2007, there has been an 85% increase in the registrant base (from 4,000 to 7,495 in 2025).	Additional staffing and resources required across operational areas, leading to higher operational costs.
Inflationary Pressures	College has absorbed inflation annually since 2007. Current annual rate is approximately 2%.	Inflation increases operational costs, including salaries, office expenses, and service contracts, necessitating increased revenue.
Technological Advancements	Ongoing advancements require investment in new systems and tools.	Investments needed to stay effective and compliant, ensuring updated technology and infrastructure across programs.
Increased Demand Across Program Areas	Higher volume of applications and inquiries handled by the Registration team. Increased volume of calls and outreach efforts in the Practice team.	Program areas experience increased responsibilities and costs due to the growing registrant base and expanded work scope.

Key Contributors to Proposed Registration Fee Increase	Supporting Factors	Implication
Enhanced Reporting and EDI Requirements	Increased government reporting requirements (e.g., Health Professions Database, new risk factor reporting to the Office of the Fairness Commissioner, and new quarterly report to the MOH). Additional EDI-related initiatives are underway.	Resources needed to meet reporting requirements and invest in EDI initiatives, critical for compliance and public protection.
Reserve Funds	As per the last audited statements, the College has approximately 5.6 months of reserves and is targeting 6-9 months.	To build sufficient reserve funds and enhance financial preparedness, a surplus from registration fees is required to gradually increase reserves.

COTO regularly manages its finances in a disciplined and prudent manner. All financial obligations are met as they fall due, including the timely payment of staff and suppliers, and COTO does not rely on borrowing or debt to support its operations. Expenditure controls are well established and actively applied, ensuring spending remains within approved budgets and is directly aligned with our strategic priorities. This approach has ensured COTO remains financially stable and is not exposed to immediate financial risk. While this sound financial management mitigates short-term risk, it does not eliminate the need to adequately fund and plan for future commitments.

With the proposed 2% increase in place, COTO will be able to further increase the reserves on hand. Adequate reserves are a deliberate and necessary component of COTO's Strategic Priorities. They provide capacity to manage unforeseen events, absorb cost pressures, invest in priority initiatives, and maintain continuity of regulatory functions. Reliance on continued cost containment alone would limit COTO’s ability to deliver the outcomes and timeframes set out in the Strategic Priorities and would increase financial risk over the medium to long term.

Given this, the proposed increase is not a response to financial distress, but a planned and necessary measure to strengthen revenues, build reserves, retain staff, and ensure COTO remains financially resilient and capable of meeting its statutory obligations and strategic priorities/projects (detailed below), into the future.

Key Cost Drivers/ Strategic Priorities	FY2025/2026 Forecast	FY2026/2027 Forecast
Rent	$515K	$500K
IT & AI	$320K	$360K
I&R	$100K	$150K
Programs	$295K	$310K
Salaries	$3.6M	$3.8M
Projects: • EDI • Document management • Scope of Practice • Public Engagement – French Language Translation	$60K	$160K

Delivering these outcomes requires a revenue base that is aligned with the scale and complexity of COTO's current and future responsibilities. Our financial forecast demonstrates that, without an increase in fees, COTO's ability to implement the Strategic Priorities would be constrained. One option may be for COTO to delay or not proceed with planned projects. While this may provide short-term cash relief, it would increase long-term costs, defer expected benefits, and heighten both operational and strategic risk. Over time, COTO would fall behind as a regulator and risk being unable to effectively meet its public protection mandate. This approach would not represent sound or fiscally responsible financial management.

If no increase in Registration Fees is applied, the College will be in a deficit position each year moving forward (see the chart on the following page) which will result in depleting the reserves on hand. This will not be in line with our governance guidelines and will not allow us to operate as per our public protection mandate. This would also limit the College's ability to retain staff in a competitive market, pursue operational initiatives under its strategic priorities, and meet its routine responsibilities effectively and efficiently.

0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY25/26	FY26/27	FY27/28	FY28/29	FY29/30	FY30/31
Income	5,468,090	5,698,814	5,837,585	6,005,709	6,178,716	6,357,048
Expenses	5,537,177	5,736,027	5,994,124	6,083,638	6,308,768	6,517,837
Surplus/Deficit	(69,087)	(37,213)	(156,539)	(77,929)	(130,052)	(160,789)
Percent % of Revenue	-1%	-1%	-3%	-1%	-2%	-3%

In the tables below are analyses which highlight the impact to the College's 5-Year Surplus/Deficit position based on a 1% and 2% Registration Fee increase for the upcoming fiscal year 2026/2027.

1.0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY25/26	FY26/27	FY27/28	FY28/29	FY29/30	FY30/31
Income	5,468,090	5,750,187	5,943,927	6,170,807	6,348,766	6,532,200
Expenses	5,537,177	5,737,568	5,997,314	6,088,591	6,313,869	6,523,092
Surplus/Deficit	(69,087)	12,619	(53,387)	82,216	34,897	9,108
Percent % of Revenue	-1%	0%	-1%	1%	1%	0%

2.0% Increase	Approved Budget	5-Year Surplus/Deficit Projections				
	FY25/26	FY26/27	FY27/28	FY28/29	FY29/30	FY30/31
Income	5,468,090	5,801,560	6,051,297	6,339,111	6,522,119	6,710,753
Expenses	5,537,177	5,739,110	6,000,536	6,093,640	6,319,071	6,528,450
Surplus/Deficit	(69,087)	62,450	50,761	245,471	203,048	182,303
Percent % of Revenue	-1%	1%	1%	4%	3%	3%

On the following page is an analysis which highlights the impact to the actual Registrant Annual Renewal Fee of a 1% and 2% increase for the upcoming fiscal year 2026/2027.

	FY2025/26*	FY2026/27
Increase of 1.0%		
Registrant Fee	**684.22**	**691.06**
HST	88.95	89.84
Total Cost	773.17	780.90
	YOY Total Cost Change	*7.73*
Increase of 2.0%	**FY2025/26***	**FY2026/27**
Registrant Fee	**684.22**	**697.90**
HST	88.95	90.73
Total Cost	773.17	788.63
	YOY Total Cost Change	*15.46*

** Current costs*

Given this analysis, a 2% increase to Registration Fees is being proposed for fiscal year 2026/2027.

Implications:
If the Board approves the proposed 2% increase in registration fees, it will take effect during the 2026/2027 annual renewal period. The Bylaws Part 18 “Schedule 2 to the Bylaws” will be updated accordingly to reflect the increased fees.

Attachments:

1. Bylaws – Part 18: Proposal Fees

Part 18: Fees

18.01 Schedule of Fees

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

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

18.02 Registration Year

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

18.03 Application Fee

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

18.04 Registration Fee

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

18.05 Renewal Fee

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

18.06 Fee Waiver

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

18.07 Outstanding Amounts

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

18.08 Fee Adjustments

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

Schedule 2 TO THE BYLAWS

Fee Schedule

Fees relating to applications for Certificate of Registration in any Class

Fee Item	Fee	HST 13%	Total Fee
Application Fee (+Returning applicants who require a refresher program)	$200.00	$26.00	$226.00
Returning Applicant (Applicant does not require refresher program)	$40.00	$5.20	$45.20

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

Fee Item	Fee	HST 13%	Total Fee
Full Year (June 1 – May 31)	$~~684.22~~697.90	$~~88.95~~90.73	$~~773.17~~788.63
Second Quarter (September 1 – November 30)	$~~513.17~~523.43	$~~66.71~~68.04	$~~579.88~~591.47
Third Quarter (December 1 – February 28)	$~~342.11~~348.95	$~~44.47~~45.36	$~~386.58~~394.31
Fourth Quarter (March 1 – May 31)	$~~171.06~~174.48	$~~22.24~~22.68	$~~193.30~~197.16

Fees relating to Renewal

Fee Item	Fee	HST 13%	Total Fee
Renewal (Full Year June 1 – May 31)	$~~684.22~~697.90	$~~88.95~~90.73	$~~773.17~~788.63
Late Payment (Applied to annual renewals after May 31)	$100.00	$13.00	$113.00

Fees relating to Temporary Class

Fee Item	Fee	HST 13%	Total Fee
Renewal (Valid up to 120 days)	$65.76	$8.55	$74.31

Fees relating to Professional Corporations and Certificates of Authorization

Fee Item	Fee	HST 13%	Total Fee
Application	$500.00	$65.00	$565.00
Annual Renewal	$250.00	$32.50	$282.50
Late ~~Payment~~Fee Letter	$25.00	$3.25	$28.25

Other Fees

Fee Item	Fee	HST 13%	Total Fee
NSF-Service Charge for declined payments	$25.00	$3.25	$28.25
~~Duplicate Certificate~~Replacement Wall Certificates	$25.00	$3.25	$28.25
~~Letter of Standing~~Labour Mobility Support Agreement & As of Right Applications	$40.00	$5.20	$45.20
Copying documents	$40.00	$5.20	$45.20

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Nominations Committee

Subject: Committee Appointment to the Inquiries, Complaints, and Reports Committee

Recommendation:

THAT *the Board appoint Kelly Didone to the Inquiry, Complaints, and Reports Committee for a three-year term, commencing January 30, 2026.*

Issue:

The Board is asked to consider the appointment, as recommended by the Nominations Committee.

Link to Strategic Plan:

This aligns to:

Quality Practice:

2.2. Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

Performance and Accountability:

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

Why this is in the Public Interest:

Committee members of the ICRC must possess the knowledge, skills, and experience to discharge their duties effectively. Ensuring that committee is composed of qualified, and diverse members support effective, timely, and fair decision-making. Strong committee governance enhances public protection and reinforces confidence in the College's regulatory role.

Equity, Diversity, and Inclusion Considerations:

The appointment process is designed to promote equity, diversity, and inclusion. In making its recommendations, the Nominations Committee considered diversity across practice settings, geographical location, lived experience, and professional perspectives. The resulting composition of the ICRC reflects a broad representation of occupational therapists from across the province and supports inclusive, informed decision-making.

Background:

The Nominations Committee is responsible for ensuring that College committees collectively demonstrate an appropriate range of expertise and skills as well as a diversity of practice, geographic location, gender, cultural, and age diversity is met.

An open and competitive recruitment process was conducted, and it was anticipated that the Nominations Committee would bring forward a recommendation for one professional committee appointee to the January 2026 Board meeting.

The information below is a snapshot of the ICRC's main responsibilities and the identified needs:

- Advise the Board on the development and maintenance of policies and procedures governing the inquiries, complaints, and reports processes.
- By way of panels appointed by the ICRC Chair, investigate complaints, review the submissions from the registrant(s), make reasonable efforts to ensure a thorough investigation has occurred and take appropriate action in accordance with the requirements of the Code.
- Dispose of complaints where possible, within the times allowed in the Act.
- By way of panels appointed by the ICRC Chair, consider reports submitted by the Registrar/CEO, review the submissions from the registrant(s), make reasonable efforts to ensure that all relevant information has been obtained, and take appropriate action in accordance with section 26 of the Code.
- By way of panels appointed by the ICRC Chair, inquire into whether a registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code.
- Consider the need for interim orders and emergency appointments of an investigator where required.
- Issue to the parties a written decision with reasons (with certain statutory exceptions).
- Issue to the parties a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board (for complaint matters only).
- Consider the feedback provided, where available, from the Health Professions Appeal and Review Board as related to complaint decisions of the ICRC.
- Develop amendments to the Professional Misconduct Regulation, for approval by the Board and the Ministry of Health.

- Recommend material to be posted publicly in compliance with legislation and transparency principles.
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

In consultation with the program manager and staff who support the ICRC, the areas of professional diversity (areas of practice) listed below were identified as priority areas for representation on the committee:

- Practice areas of interest:
  - Capacity Assessments / Assessors
  - Pediatrics
  - Home Care
  - Auto Insurance
  - Private Practice
  - Psychotherapy
- Mixed or clinical role
- Client population: Pediatrics

Discussion:

On November 21st, 2025, the College conducted an open competitive process and invited interested registrants to apply through the College website and social media channels. The application deadline was December 15th, 2025, and by the deadline the College received 12 applications.

College staff handled the recruitment process. This included answering questions and enquiries, collecting application forms with supporting documentation, and confirming that each candidate meets the College's eligibility requirements for appointments. The Nominations Committee reviewed applications, conducted interviews of all applicants, and ultimately recommending to the Board Kelly Didone for appointment to the ICRC.

Attachments:

1. Resume – Kelly Didone *(suppressed in public materials to protect privacy)*

KELLY DIDONE

REGISTERED OCCUPATIONAL THERAPIST

PROFESSIONAL OVERVIEW

Registered Occupational Therapist in good standing with the College of Occupational Therapists of Ontario, with over 19 years of experience across diverse health care settings. Experienced in management, leadership, mentorship, and post-secondary teaching, with a strong ability to build rapport and collaborative relationships with clients, colleagues, and community partners. Passionate and driven clinician, delivering holistic, client-centred, and evidence-based assessment, treatment, and consultation services.

PROFESSIONAL WORK EXPERIENCE

Cambrian College – **School of Health Sciences** | Sudbury, Ontario

Part-Time Faculty Member/Professor — September 2025 to present

- Responsible for teaching the **Client and Career Communication course** for the Occupational Therapy and Physiotherapy Assistant Program.
- Collaborated with interdisciplinary colleagues regarding the design and delivery of course lectures and assessment materials.
- Developed and delivered engaging lecture content using educational technologies, incorporating feedback mechanisms to assess and support students' understanding of newly learned material.
- Successfully navigated a hybrid learning environment, ensuring continuity, accessibility, and integrity of student learning across in-person and virtual platforms.

DIDONE OCCUPATIONAL THERAPY SERVICES | Sudbury, Ontario, Owner — March 2016 to present

Independence Centre and Network (ICAN) | Sudbury, Ontario, Occupational Therapist — October 2016 to present

- Responsible for the provision of occupational therapy services on a consultative basis. ICAN is a community-based non-profit organization that provides services and resources to individuals with various disabilities.
- Occupational therapy services are provided to clients living in **ICAN's supportive housing** apartments as well as to clients within their **Post-Stroke Transitional Care Program (PSTCP)**.
- **Primary clinical focus in Supportive Housing includes** cognitive assessment/intervention; life skills assessment/training; upper extremity assessment/intervention; back care training/education; transfer assessment/training; home assessment/treatment; walker/wheelchair assessment/prescription **(MOHLTC, ADP Authorizer for Ambulation Aids, Seating, & Wheelchairs – Manual and Power – 2008 to present)**
- **Primary clinical focus in PSTCP includes** upper extremity assessment/program development; cognitive and visual-perceptual assessment/program development; as well as life skills assessment/program development. All occupational therapy programs are goal-directed and focus on facilitating a client's safe and independent return to pre-stroke activities.
- Work closely and collaboratively with the Stroke Community Navigators, Rehabilitation Support Workers, Physiotherapist, Speech Language Pathologist, community partners, as well as ICAN's Client Services Managers, Supervisors, and Coordinators to assist clients with achieving their goals.

PROFESSIONAL WORK EXPERIENCE CONTINUED

The Friends – **PSTCP** | Parry Sound, Ontario, Occupational Therapist May 2021 to present

- Responsible for the provision of occupational therapy consulting services to clients who have experienced a stroke. Services are provided both in-person and/or virtually.
- Work closely and collaboratively with the Stroke Community Navigator and Rehabilitation Support Workers regarding the provision of occupational therapy programming as well as the Physiotherapist and Speech Language Pathologist.
- Supervision and mentorship are provided to the Rehabilitation Support Workers working with clients in occupational therapy programming.
- **Primary clinical focus includes** upper extremity assessment/program development; cognitive and visual-perceptual assessment/program development; as well as life skills assessment/program development. All occupational therapy programs are goal-directed and focus on facilitating a client's safe and independent return to pre-stroke activities.

Gowan Consulting | Sudbury, Ontario, Occupational Therapist April 2017 to present

- Responsible for the provision of occupational therapy employment services on a contractual basis.
- **Primary clinical focus includes** work accommodation assessment and interventions as well as ergonomic assessments and follow up interventions. Occupational therapy services facilitate and provide the client and employer with tools and strategies to provide a safe, accessible, and successful working environment and/or to facilitate a client's safe, durable, and successful return to work.

Cambrian College – **School of Health Sciences** | Sudbury, Ontario,

Program Advisory Committee (PAC) Member November 2020 to present

- Serve as an industry leader on the PAC for the Occupational Therapy and Physiotherapy Assistant Program.
- Collaborate with other industry leaders, college representatives, and students to assist the college with creating a dynamic and growing program mix and curriculum that is integrally connected to industry trends and the needs of the marketplace.

Northeastern PSTCPs | Northeastern, Ontario, Post-Stroke Support January 2021 – August 2024

- Worked closely and collaboratively with the Northern Independent Living Agencies (NILA), providing the PSTCP, in Northeastern, Ontario (NEPSTCP) as well as with community and regional partners.
- Provided leadership and support to the Stroke Community Navigators, Therapists, Rehabilitation Support Workers and Supervisors, Managers, and Chief Executive Officers of the PSTCPs to provide quality assurance and to ensure consistency of program service provision across the region.
- NEPSTCP representative on the Northeastern Ontario Stroke Network Steering Committee; member of the CAN-ACT: Canadian Advisory Collaborative for TIME Committee Meetings; Chair of Regional NEPSTCP Meetings; as well as the co-chair of the NILA Stroke Working Group Meetings.
- Responsible for the provision of best-practice updates and program recommendations to NILA partners as well as the provision of training and educational opportunities to the PSTCP.
- Community Stroke Rehabilitation Expert Panelist for Ontario Health to help inform the Model of Care for Community Stroke Rehabilitation in Ontario and Collaborator, with Ontario Health, in the development of the Navigation During Community Stroke Rehabilitation – Guidance Document.

PROFESSIONAL WORK EXPERIENCE CONTINUED

Timiskaming Home Support – **PSTCP** | Haileybury, Ontario, Occupational Therapist April 2016 – February 2024
March of Dimes Canada – **PSTCP** | Sault Ste. Marie, Ontario, Occupational Therapist July 2017 to September 2023
March of Dimes Canada – **PSTCP** | Timmins, Ontario, Occupational Therapist March 2016 – January 2023

- Responsible for the provision of occupational therapy consulting services to clients who experienced a stroke. Services were provided both in-person and/or virtually.
- Worked closely and collaboratively with the Stroke Community Navigator and Rehabilitation Support Workers regarding the provision of occupational therapy programming as well as the Physiotherapist and Speech Language Pathologist.
- Supervision and mentorship provided to the Rehabilitation Support Workers working with clients in occupational therapy programming.
- **Primary clinical focus included** upper extremity assessment/program development; cognitive and visual-perceptual assessment/program development; as well as life skills assessment/program development. All occupational therapy programs were goal-directed and focused on facilitating a client's safe and independent return to pre-stroke activities.

Cambrian College – School of Health Sciences | Sudbury, Ontario, Course Developer May – August 2020

- Developed the Occupational Therapy Assistant Musculoskeletal Conditions Course which included the identification of relevant program outcomes as well as course learning outcomes and objectives, designing assessments with grading criteria and the development of lessons and lab content (i.e. learning activities, lesson planning, readings, resources, etc.) as well as the creation of practical and written examination content.
- Provided case studies and developed two assignments for the Occupational Therapy Assistant for Complex Conditions course.
- Worked closely with the Occupational Therapy and Physiotherapy Assistant Program Coordinator and a Physiotherapist in the development of these courses and course content.

CBI HEALTH GROUP | Sudbury, Ontario September 2006 – September 2015

CBI Physiotherapy & Rehabilitation Centre | Occupational Therapist September 2006 – September 2015

- The provision of private occupational therapy services to clients of all ages, to assist them with a safe and independent return to activities of daily living. Services were provided in a multidisciplinary clinic setting and/or a multitude of community settings such as clients' homes, work, and schools across Northern Ontario.
- The provision of occupational therapy services to **ICAN, February 2007 to September 2015,** on a contractual basis.
- **Primary clinical focus included:** Assessment/treatment of clients who sustained work-related and/or motor vehicle accident-related injuries (physical, cognitive, and psychosocial); job site assessment/treatment; return to work coordination; ergonomic consultation; hospital discharge planning; home assessment/treatment; driving assessment/treatment; transfer assessment/training; safety/attendant care assessments; physician/employer liaison; case management; chronic pain management; exposure therapy; functional ability evaluations; wheelchair/mobility aid assessment/prescription; cognitive assessment/intervention; education sessions.

KELLY DIDONE | 4

PROFESSIONAL WORK EXPERIENCE CONTINUED

CBI Physiotherapy & Rehabilitation Centre | Clinical Manager — May 2009 – February 2014

- Responsible for the overall management and leadership of clinical staff consisting of Physiotherapists, Occupational Therapists, and Kinesiologists.
- Worked closely and collaboratively with the administrative manager as well as the Regional Director of Operations to ensure the CBI Sudbury clinic was managed in a manner consistent with the mission, values, and goals of the organization (CBI Health Group) as well as the 'Commission on Accreditation of Rehabilitation Facilities' (CARF) accreditation standards.

CBI Eldercare | Acting Manager (Maternity Coverage) — February 2011 – November 2011

- Responsible for the overall management and leadership of Physiotherapists and Physiotherapy Assistants providing therapeutic services to 3 long-term care facilities in Sudbury, Ontario
- Worked closely and collaboratively with CBI Eldercare's Director of Operations as well as long-term care facility management to ensure the delivery of goal-oriented and client-centred rehabilitation and restorative care programs to the older adult population.

EDUCATION

The University of Western Ontario | London, Ontario | Masters of Science, Occupational Therapy — 2004-2006
The University of Western Ontario | London, Ontario | Bachelor of Health Sciences (Hons.) — 2000-2004

PROFESSIONAL MEMBERSHIPS

College of Occupational Therapists of Ontario (COTO)
Canadian Association of Occupational Therapists (CAOT)

REFERENCES AVAILABLE UPON REQUEST

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Executive Committee

Subject: Public Director Appointments to the Inquiries, Complaints and Reports Committee

Recommendation:

THAT *the Board approve the appointment of Jennifer Kerr and Adrian Malcolm to the Inquiries, Complaints and Reports Committee, effective immediately.*

Issue:

Lucy Kloosterhuis' term on the Board expires on February 22, 2026. She is a member of several committees, including the Inquiries, Complaints and Reports Committee (ICRC).

If Ms. Kloosterhuis' term is not extended past February 22, 2026, there will be a vacancy on the ICRC. The ICRC is scheduled to meet on February 20 and March 20, 2026.

In addition, College staff anticipate that the other Public Director may be unable to attend the upcoming ICRC panel meetings, necessitating either a postponement or cancellation of the meetings, or the appointment of two Public Directors to the ICRC.

The Board is asked to decide whether to approve the appointment of two Public Directors to the ICRC.

Link to Strategic Plan:

Performance and Accountability:

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

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

Why this is in the Public Interest:

Appropriate staffing of committees is essential to fulfilling COTO's mandate to regulate in the public interest. Well-qualified members ensure sound decision-making, transparency, and accountability, which are critical to maintaining public trust and safeguarding the health and safety of Ontarians.

Equity, Diversity, and Inclusion Considerations:

The Board has oversight of the composition of COTO's committees. A central component of that composition is diversity: ensuring that a broad range of perspectives and experiences are represented. Diversity strengthens decision-making, promotes fairness, and reflects the diverse populations served by the health system. By embedding equity, diversity and inclusion considerations into committee composition, COTO enhances the legitimacy of committee decisions, fosters public trust, and upholds its commitment to equitable governance.

Background:

Combined, the College's bylaws and the *Health Professions Procedural Code* (Code) which is Schedule 2 under the *Regulated Health Professions Act, 1991* (RPHA) detail the composition of the ICRC plus the quorum requirements for the ICRC. Excerpts of the relevant bylaws and the Code are detailed below.

Bylaws:

Committee Composition

Part 13: Committees

13.03 Inquiries, Complaints and Reports Committee

13.03.1 The Inquiries, Complaints and Report Committee shall be composed of at least:

a. Two Public Directors;

b. Four or more Professional Committee Appointees; and

c. At the discretion of the Board, one or more Community Appointee(s).

After Ms. Kloosterhuis' term ends:

- the ICRC will be comprised of Professional Appointees Stephanie Schurr (Chair), Roselle Adler, Kellen Baldock, Sarah Dodds, Eric Lee
- the sole Public Director on the ICRC after February 22, 2026 will be Vincent Samuel.

Requirement for Nominations Committee to recommend appointments to ICRC

8.05 Appoint Members to Committees

8.05.1 The Nominations Committee shall recommend to the Board appointments to all the committees, with the exception of Adjudicator Appointees who shall be appointed to the Discipline and Fitness to Practise Committee by the Board.

Quorum

Part 14: Provisions Applicable to All Committees

14.06.1 Unless otherwise provided for in the Code, any three members of a panel constitute a quorum.

Health Professions Procedural Code:

The following sections of the Code apply to panels of the ICRC.

> 25(2) A panel shall be composed of at least three persons, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.
>
> 25(3) Three members of a panel constitute a quorum.

These provisions require that a Public Director be a member of each ICRC panel.

Discussion:

Both Adrian Malcolm and Jennifer Kerr were contacted by the staff on January 6, 2026 to inquire about their interest in being appointed to the ICRC. Both Mr. Malcolm and Ms. Kerr indicated interest in serving on the ICRC if the Board appoints them.

Adrian Malcolm's biography on the Public Appointments Secretariat webpage is as follows:

Adrian Malcolm was born and raised in Toronto. He holds a BA (Hon.) in History/Law and Society from York University and an LL.B. from Osgoode Hall. Adrian has been actively involved in the charitable sector since a young age, volunteering for many local charitable organizations. He is particularly involved with a charity providing food, clothing, and necessities to the homeless community in downtown Toronto. Private practice has allowed Adrian to provide pro bono work and services to various individuals and communities. Adrian enjoys sports, reading, writing, cooking, and walking his beloved dog. He has two wonderful children of which he is immensely proud. Presently Adrian is pursuing his Masters in Philanthropy and Non-Profit Leadership at Carleton University.

Jennifer Kerr's biography on the Public Appointments Secretariat webpage is below:

Jennifer Kerr is a seasoned business leader and communications strategist with 20+ years of experience in corporate affairs, government relations, and sustainability across sectors including CPG, government, tourism, and nonprofit. As Director of Corporate Affairs at BlueTriton Brands, she led federal/provincial advocacy, crisis communications, ESG strategy, and secured a five-year permit in a highly political environment. A trusted advisor to executives, she has managed reputational challenges and built strong partnerships with communities, industry, and Indigenous organizations. Jennifer serves as Board Secretary for the Cambridge Ice Hounds and is a proud advocate for inclusion and accessibility. Her passion is rooted in personal experience as a parent to two boys, one of which is neurodivergent, driving her commitment to equity, empathy, and impact in all she does.

Both Mr. Malcolm and Ms. Kerr were recently appointed to the Board. Mr. Malcolm was appointed on September 26, 2024 and Ms. Kerr was appointed on May 15, 2025. The table below details the current committee appointments of the Public Directors other than Lucy Kloosterhuis.

Public Director	Committees
Allan Freedman	Executive Committee Finance and Audit Committee (Chair) Registration Committee
Vincent Samuel	Inquiries, Complaints and Reports Committee Governance Committee Fitness to Practise Committee
Pathik Shukla	Governance Committee Registration Committee
Adrian Malcolm	Quality Assurance Committee Patient Relations Committee
Jennifer Kerr	Quality Assurance Committee Patient Relations Committee

To ensure timely decision making about complaints and reports, the ICRC requires a full complement of committee appointees. Staff recommend that the Board appoint both Adrian Malcolm and Jennifer Kerr to the ICRC to fill the potential vacancy created by the expiry of Ms. Kloosterhuis' term and to provide additional coverage in case Mr. Samuel is unable to attend the ICRC meetings.

Implications

The vacancy on the ICRC created after Ms. Kloosterhuis' departure may prevent the ICRC from functioning, particularly if no Public Director is unable to attend the ICRC meetings.

To help achieve the metrics of the ICRC, it is important that the ICRC convene the scheduled meetings in the first quarter of 2026. It is for these reasons that staff recommend the appointment of Mr. Malcom and Ms. Kerr to the ICRC.

Attachments:

1. Excerpts of relevant By-laws and Health Professions Procedural Code

Attachment 1:
Excerpt of By-laws and Health Professions Procedural Code

Committee Composition

Part 13: Committees

13.03 Inquiries, Complaints and Reports Committee

13.03.1 The Inquiries, Complaints and Report Committee shall be composed of at least:

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

8.05 Appoint Members to Committees

8.05.1 The Nominations Committee shall recommend to the Board, appointments to all the committees, with the exception of Adjudicator Appointees who shall be appointed to the Discipline and Fitness to Practise Committee by the Board.

Quorum

Part 14: Provisions Applicable to All Committees

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Health Professions Procedural Code

The following sections of the Code apply to panels of the ICRC.

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>
> 25(3) Three members of a panel constitute a quorum.

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Inquiries, Complaints and Reports Committee

Subject: Resolution Program Policy

Recommendation:

THAT *the Board approve the I & R Resolution Program Policy as presented.*

Issue:

The Executive Committee is asked to review the Resolution Program policy and recommend its approval to the Board.

Link to Strategic Plan:

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

4.2 Builds opportunities for public and professional collaboration and participation with the College.

The Resolution Program gives those who bring concerns to the College (the public) a way to resolve issues without going through the formal investigation process, which excludes them from decision-making. It promotes the principle that a complaint is an opportunity for an occupational therapist to reflect and look for ways to improve their practice moving forward. It is a less adversarial approach aimed at making complainants feel heard.

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

The Resolution Program fosters accountability, self-reflective practice, and practice improvement by encouraging occupational therapists to reflect on the complaint received about them and engage in activities to demonstrate understanding of their professional obligations.

Quality Practice: The College embraces leading regulatory practices to protect the public.

2.2 Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

The Resolution Program involves the occupational therapist engaging in educational activities aimed at improving practice without the occupational therapist having to accept blame for any wrongdoing.

Why this is in the Public Interest:

Addressing complaints from the public is a key component of protecting the public interest and is mandated by the *Health Professions Procedural Code* (the Code). The Resolution Program addresses complaints by having occupational therapists accept a complainant's perspective and to learn from it by engaging in educational activities. The process is designed to be less adversarial, more efficient, and responsive. The Resolution Program reduces the burden on the College's investigative resources and allows these resources to focus on more serious matters involving different interventions by the College.

Equity, Diversity, and Inclusion Considerations:

Complaints to the College come from a cross section of Ontario's diverse population; they are also often filed by vulnerable clients and/or their families trying to navigate a complex health care system. The investigation process is longer, often more complex, and more invasive, which often leads to a disappointing outcome for complainants; the Resolution Program is aimed at offering a space for complainants to express their feelings and perspective about the services they received from an occupational therapist and having the occupational therapist accept this perspective and engage in reflective activities. Complainants do not need any special training or knowledge of legal principles to engage and benefit from this program.

Background:

As per section 25 of the Code, the Inquiries, Complaints and Reports Committee (ICRC) must investigate all complaints filed with the College. Section 25.1 of the Code allows for the use of alternative dispute resolution (ADR) as an alternative to investigations at the direction and discretion of the Registrar. The parties (the complainant and the registrant) must consent to participating in an ADR process, and the complaint cannot involve allegations of sexual abuse; both of these requirements are reflected in the policy.

The College has been piloting the Resolution Program since the start of the 2025/26 fiscal year in an effort to increase complainant satisfaction, decrease the resource burden on the College, and promote continuous improvement for occupational therapists. The outcomes of the Resolution Program is a key metric for the Investigations & Resolutions Department with the offer and acceptance rate tracked on a quarterly basis starting in October 2025. The policy reflects the practices put into place during the piloting phase, as well as all the legislative requirements outlined in the Code.

Overview of the Resolution Program

The Resolution Program is voluntary. College staff assess whether a complaint is suitable for resolution before offering the Resolution Program as a potential outcome to the parties. The policy outlines what matters are eligible for resolution: only complaints that have a low or low to moderate risk level may be referred to the RP.

If both parties consent to participating in the program, College staff will draft a Resolution Agreement to be signed by each party. At a minimum, every Resolution Agreement will require the registrant to review relevant standards of practice and/or other resources and write a reflective essay. Other requirements could include taking a short course or taking part in a peer consultancy (a 1-hour session) or a peer mentorship (of not more than 3 1-hour sessions). All such requirements align with a low to moderate risk level.

Once both parties have signed the agreement, it will be sent to the Registrar for final approval and adoption. The College then monitors completion of the requirements by the registrant. Should a registrant not complete the requirements of the Resolution Agreement, the Registrar may initiate a new investigation into the non-compliance.

Discussion:

The Resolution Program policy has been developed based on legislative requirements and experience through the piloting phase and is presented to the Executive Committee for review.

Implications:

If approved by the Board, the policy will inform the continued use of the Resolution Program and will be posted publicly on the College's website.

Attachments:

1. The Resolution Program – draft policy

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

The Resolution Program

Applicable to: College staff and Parties to Complaints

Approved by: Board

Date Established: XXXX

Purpose:

The purpose of this policy is to outline the criteria that must be met for Investigations and Resolutions staff, acting on behalf of the Registrar, to consider a complaint eligible for the College's Resolution Program. It also outlines the process for the Resolution Program.

Policy:

The Resolution Program can be an effective way to handle complaints that satisfies both the complainant and the occupational therapist (OT) while serving to protect the public interest. The resolution of a complaint is permitted under s. 25.1 of the Health Professions Procedural Code (the Code).

The Resolution Program does not involve an investigation on the facts of the case. The OT, as a regulated health professional, accepts the complainant's perspective and remains accountable for their conduct, including the care and/or services they provided. At the same time, OTs are not expected to admit blame or wrongdoing, but to reflect on their conduct and/or practice, search for ways to improve their conduct and/or practice in the future and avoid similar situations from occurring again. The process aims to promote accountability on the part of the OT, by having them acknowledge the complainant's negative experience and foster continuous learning.

The Resolution Program does not involve mediation between the complainant and the OT, but rather a standard agreement to include educational activities that the OT is required to complete within a specified time frame. The educational activities are determined by staff based on their assessment of the complaint.

If both parties agree to proceed by way of the Resolution Program, a Resolution Agreement is signed by both parties and, at a minimum, will entail the OT reviewing any relevant

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competencies, standards, guidelines or other resources as determined by staff, and writing a reflective essay. Other educational activities may be included based on criteria outlined below.

Procedure:

After a complaint has been received by the College of Occupational Therapists of Ontario (the College) by a complainant, the following steps will occur:

- The complaint will be assessed as to whether, on the face of it, the complaint is suitable for the Resolution Program. Any low risk to low-moderate risk complaint may be considered eligible if none of the other conditions exist as set out below under Eligibility.

- If it appears to be suitable, the complainant will be contacted by the College to canvass their interest in taking part in the Resolution Program. The offer of the Resolution Program can be made in writing or over the phone depending on the situation. Where complainants use aggressive, abusive language, or appear to have prominent mental health concerns, staff may prefer to only communicate in writing. The complainant will be given an appropriate amount of time to decide, but no more than two weeks, unless there are reasonable circumstances warranting an extension.

- If the complainant indicates they do not wish to proceed with resolution (and have not engaged in discussion with staff about possible terms of resolution), the Investigations & Resolutions staff member who proposed moving the complaint to the Resolution Program can investigate the complaint and continue with the complaint confirmation process; the staff member is not considered a facilitator under the Code. In consultation with the Investigations & Resolutions manager, if the Investigations & Resolutions staff engaged in more robust discussions, or either of the parties withdrew from the process before the agreement was adopted by the Registrar, the file will be transferred to another Investigations & Resolutions staff or contracted for external investigation if no staff is available.

- If the complainant agrees to proceed by way of resolution, the OT will be notified of the complaint and given seven days to respond with their willingness to engage in the Resolution Program unless there are reasonable circumstances warranting an extension. If the complaint is proceeding by way of investigation, the OT will be notified after staff have confirmed the concerns for investigation with the complainant.

- If the OT also agrees to participate in the Resolution Program, staff will draft a Resolution Agreement and send it both parties at the same time, each with their own signature page to be signed within seven days unless reasonable circumstances warrant an extension to either party.

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The Resolution Agreement

- The standard Resolution Agreement will contain, at a minimum, the following two requirements:

  1) Review standards/guidelines/competencies/other resources as identified by staff
  2) Write a reflective paper of either 1,000 or 1,500 words (length to be determined by staff depending on nature of complaint, number of issues/standards, etc.)

- Additional terms can be added if the risk level is in the "low-moderate" range, the OT has prior history (that does not meet the "Ineligibility Criteria" outlined below), or the complainant's submissions provide some level of information that would support their concerns should an investigation proceed. Additional terms can include the following:

  - Completing a one-hour course on the topic of concern, as pre-approved by the College
  - Completing a Peer-Consultancy Program
  - Completing a Peer-Mentorship Program of no more than three sessions[1]

- If the parties reach an agreement to resolve the complaint, it will be provided to the Registrar for adoption. If the Registrar declines to adopt it, it will be referred to a panel of the Inquiries, Complaints and Reports Committee (ICRC) to review the proposed Resolution Agreement instead. If the ICRC declines to approve it, the matter is removed from the Resolution Program, and the complaint will be investigated. Approval by the Registrar or ICRC ensures the agreement is not contrary to the College's public protection mandate.

- Once a resolution has been decided and agreed upon by both parties and ratified by the Registrar or the ICRC, it is a full and final resolution to the matter. The file will be closed and a closing letter sent to the complainant with an invitation to complete a survey. A compliance file will be opened to monitor the OT's completion of the terms of the Resolution Agreement.

- If the OT does not comply with any terms of the agreement reached, this may be grounds for a Registrar's investigation under s.75(1)(a) of the Code.
- If, at any time, prior to the Registrar's (or the ICRC's) adoption of the Resolution Agreement, either party withdraws from the process in favour of an investigation, any communications

[1] These outcomes align with the level of risk. The Peer Consultancy and Peer Mentorship Programs are described in the ICRC's guidance document – SCERPS & Undertaking External Agent Programs

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and documentation exchanged by the parties with the College with respect to participation in the Resolution Program will not be included in the investigation case report that will be reviewed by the ICRC.

Eligibility

Upon receipt of a complaint filed with the College or at any point prior to adoption of a Resolution Agreement, the College will determine if the complaint is eligible for the Resolution Program.

ELIGIBLE	INELIGIBLE
The Registrant has no prior disciplinary history	Sexual abuse allegations
The Registrant has no significant history of similar concerns	Concerns involve potential incapacity
The Registrant has no history of similar or concerns within, at least, the past 5 years	The concerns are considered frivolous and vexatious under s.26(5) and (6) of the Code

Concerns assessed as low risk or low/moderate risk, such as:
• Communication concerns such as:
  ○ Inadvertent misunderstandings about the scope of service
  ○ Failing to fully explain service eligibility/funding
  ○ Misinterpretation of clinical comments
• Minor record keeping deficiencies
• Minor or isolated professional boundaries issues
• Unintentional and minor privacy breaches
	Any concerns are assessed as moderate to high risk, such as:
	• Significant boundary violations
	• Intentional or reckless privacy breach
	• Physical or verbal abuse
	• Serious lapses in clinical knowledge and judgement, such as:
	  ○ Failing to obtain consent from the appropriate person
	  ○ Providing services outside the scope of referral
	  ○ Repeated missed client visits

The Investigations and Resolutions staff reserve the ability to decline to refer a matter to the Resolution Program if there is information to suggest that the Resolution Program would be ineffective and/or not serve the public interest.

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Legal References:

Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991,* S.O. 1991, c. 18

25.1 (1) The Registrar may, with the consent of both the complainant and the member, refer the complainant and the member to an alternative dispute resolution process,

(a) if the matter has not yet been referred to the Discipline Committee under section 26; and

(b) if the matter does not involve an allegation of sexual abuse. 2007, c. 10, Sched. M, s. 30.

(2) Despite this or any other Act, all communications at an alternative dispute resolution process and the facilitator's notes and records shall remain confidential and be deemed to have been made without prejudice to the parties in any proceeding. 2007, c. 10, Sched. M, s. 30.

(3) The person who acts as the alternative dispute resolution facilitator shall not participate in any proceeding concerning the same matter. 2007, c. 10, Sched. M, s. 30.

(4) If the complainant and the member reach a resolution of the complaint through alternative dispute resolution, they shall advise the Registrar of the resolution, and the Registrar may,

(a) adopt the proposed resolution; or

(b) refer the decision of whether or not to adopt the proposed resolution to the panel. 2017, c. 11, Sched. 5, s. 13.

(5) Where the Registrar makes a referral to the panel under clause (4) (b), the panel may,

(a) adopt the proposed resolution; or

(b) continue with its investigation of the complaint. 2017, c. 11, Sched. 5, s. 13.

(6) If the complainant and the member do not reach a resolution of the complaint within 60 days of a referral to alternative dispute resolution under subsection (1), the Registrar or the panel shall not adopt any resolution reached after that date and the panel shall proceed with its investigation of the complaint. 2017, c. 11, Sched. 5, s. 13.

(7) Despite subsection (6), the Registrar or the panel may, where the Registrar or the panel believes it is in the public interest to do so, and with the agreement of the complainant and the member, adopt a resolution reached within 120 days of a referral to alternative dispute resolution under subsection (1). 2017, c. 11, Sched. 5, s. 13.

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Lesley Krempulec, Manager, Quality Assurance

Subject: Proposed 2027 National eLearning Module - Ethics in OT Practice

For Information

Issue:

The College is planning to develop an eLearning module ("module") that focuses on ethics in occupational therapy practice, including the recently developed national Occupational Therapy Code of Ethics and Guide to the Code of Ethics.

Link to Strategic Plan:

Quality Practice

2.2 Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

System Impact

3.3 Collaborates with national partners to further regulatory excellence.

Why this is in the Public Interest:

This scenario-based module would describe the expectations for a common approach to ethical principles and shared values that govern the conduct of occupational therapists across Canada.

Equity, Diversity, and Inclusion Considerations:

A mandatory continuing education module on ethics for registrants helps advance equity, diversity, and inclusion (EDI) by ensuring that all professionals develop a shared understanding of how ethical decision-making is shaped by power, privilege, and systemic bias. Such a module can equip registrants to apply ethical standards consistently and fairly when working with clients, colleagues, and the public.

Background:

Over the years, the College collaborated with Canadian OT regulators under the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) to create two eLearning modules:

1) the 2022 National eLearning Module: Competencies for Occupational Therapists in Canada.
2) the 2025 National eLearning Module: Advancing Culture, Equity and Justice in Occupational Therapy Practice.

The eLearning modules have been well received by registrants in Ontario and across the country.

Similarly, the College collaborated with ACOTRO in developing a national template for an Occupational Therapy Code of Ethics and Guide to the Code of Ethics, both of which are currently out for public consultation.

This creates an opportunity to use a national module format to enhance occupational therapists' understanding about ethics in occupational therapy and apply the new Code of Ethics and accompanying Guide to OT practice.

To support continuous OT learning, the College has proposed that a national eLearning module ("module") that focuses on ethics in occupational therapy practice including the Code of Ethics and the Guide to the Code of Ethics be approved for development by ACOTRO.

Discussion:

Creating educational tools to support ethical occupational therapy practice is timely due to the national Code of Ethics and Guide and is relevant to occupational therapists across the country. While there are local nuances, collaborating on a national module allows for a unified approach, broadened perspective, support for continuous learning, and efficiency in cost and resource sharing.

The College will submit the attached 2027 National eLearning Module: Ethics in OT Practice Project Charter to ACOTRO for approval at its upcoming Board meeting on February 9, 2026.

The College proposes that the module include the following elements:

- Outline expectations for shared ethical principles and values that govern the conduct of OTs across Canada (Code of Ethics)
- Link to the Competences for Occupational Therapists in Canada.
- Describe related concepts and terminology that will support safe and ethical service
- Demonstrate application using OT specific examples and scenarios (across practice settings, roles, and client populations) to help OTs navigate ethical situations that can arise in practice.
- Reflective questions to prompt OT learning and application to each OT's practice.

Deliverables

- One 60-minute online eLearning module (available in English and in French)
- An accompanying resource for registrants to use when completing the module (to answer reflective questions, etc.).
- Survey feedback questions in English and French.

Work on the eLearning module has begun in anticipation of ACOTRO approval. With ACOTRO's approval, the College's Quality Assurance team will work with their counterparts across the country to develop the module throughout 2026, to be ready for launch in the first quarter of the 2027 calendar year.

Implications

The total module budget is estimated to be $88,200 to $97,200. If approved, the costs will be shared by the regulators across the country, pro rata, based on cost per registrant.

It is anticipated that, like the previous modules, the College's Manager of Quality Assurance will be the lead content writer for the module.

A Steering Group with representatives from participating regulators will join to provide overall direction, input, and decision-making.

Attachments:

1. Draft 2027 National eLearning Module: Ethics in OT Practice Project Charter

ACOTRO
ASSOCIATION OF CANADIAN OCCUPATIONAL THERAPY REGULATORY ORGANIZATIONS

ACORE
ASSOCIATION CANADIENNE DES ORGANISMES DE RÉGLEMENTATION EN ERGOTHÉRAPIE

2027 National eLearning Module: Ethics in OT Practice
Project Charter
DRAFT for Review

Prepared by: Lesley Krempulec, QA Manager and Jill Kovacs, Project Manager
Project Sponsor: Kim Woodland, COTO Program Director
Date: December 11, 2025

Project Objective
Develop a national eLearning module ("module") that focuses on ethics in occupational therapy practice, including the recently developed national Occupational Therapy Code of Ethics and Guide to the Code of Ethics.

Background
This project would be the next in a series of national modules to support continuous OT learning:

1. The 2022 National eLearning Module: Competencies for Occupational Therapists in Canada.
2. The 2025 National eLearning Module: Advancing Culture, Equity and Justice in Occupational Therapy Practice.

These modules were developed collaboratively with ACOTRO members and have been well received by registrants from across the country.

ACOTRO members are now developing a National Template for the Code of Ethics which is expected to be completed by Spring 2026. This creates an opportunity to use a national module format to enhance OTs' understanding about ethics in occupational therapy and apply the new Code of Ethics and accompanying Guide to OT practice.

Project Benefits
Creating educational tools to support ethical occupational therapy practice is timely due to the national Code of Ethics and Guide and is relevant to occupational therapists across the country. While there are local nuances, collaborating on a national module allows for a unified approach, broadened perspective, support for continuous learning, and efficiency in cost and resource sharing.

Why is this in the Public Interest?
This scenario-based module would describe the expectations for a common approach to ethical principles and shared values that govern the conduct of occupational therapists across Canada.

Scope

In Scope:	Out of Scope:
- Development of a 60 min. online module for completion by registrants of participating regulators - Content that is general and/or applicable across OT practice and jurisdictions - Module to include examples from OT practice and include reflective questions and resource list	- Extensive additional research to inform the topic

- Development of an accompanying 'fillable PDF' resource (that registrants may use when completing module) - Leveraging existing OT (e.g., Code of Ethics document) or related resources to inform the topic - Modules developed in both English and French - Module feedback survey - Hosting of the online module (i.e., using a learning management system) is available; however, regulators may choose to work with the vendor for hosting purposes	

Proposed Approach

The module will approach the topic of ethics with curiosity and a "better together" lens that encourages openness and shared learning from OT experiences with ethical situations.

The module will include the following aspects:

- Outline expectations for shared ethical principles and values that govern the conduct of OTs across Canada (Code of Ethics)
- Link to the Competences for Occupational Therapists in Canada.
- Describe related concepts and terminology that will support safe and ethical service
- Demonstrate application through the use of OT specific examples and scenarios (across practice settings, roles, and client populations) to help OTs navigate ethical situations that can arise in practice.
- Reflective questions to prompt OT learning and application to each OT's practice.

Deliverables

- Two 60-minute online eLearning modules (English and French)
- A accompanying resource for registrants to use when completing the module (to answer reflective questions, etc.).
- Survey feedback questions in English and French.
- All deliverables will use ACOTRO branding – logo, colours, etc.

Project Milestones

Milestone	Key Dates
Project approach approved: • Participating regulators confirmed (financial and other contributions; Steering Group members) • Project charter; overall approach, plan, and timing confirmed	December – January 2026
Project planning and set-up: • Steering Group in place and meetings organized; kick-off meeting held • Vendor procurement	January – February 2026
Content development:	
• Data and research collection and review	February – March 2026
• SME engagement	February – May 2026

Milestone	Key Dates
• Draft content developed	May – July 2026
• Reviews of content	July – September 2026
• Final approval of content	September 2026
eLearning modules developed:	
• Programming and testing of English module	September – December 2026
• Translation, programming, and testing of French module	December 2026
Module ready for launch	January 2027
Evaluation and close-out	TBD

Roles & Responsibilities

Name	Role	Responsibilities
National eLearning Module Steering Group (with representatives from participating regulators)	Project overall direction, input, and decision-making	- Overall project direction, input, and decision-making (i.e., on project charter/approach, key learning themes, module framework and content) - Direction and input on information to collect and use from SMEs and OTs (i.e., development of practice examples)Reviews and approval of content - *Anticipated Steering Group time commitment* – participation in regular meetings / updates and additional ad hoc meetings about content as needed
COTO Director of Programs- Local (& ACOTRO President)	Project Sponsor	- Direction to Steering Group and participating regulators as applicable - Assist with management of project issues
COTO QA Manager	Project Lead and Content Writer	- Day-to-day project direction and oversight - Lead development and updates to content
Project Manager	Project Management	- Project planning, coordination, and tracking - Liaises with groups and vendors - Support to Project Lead for content and module development
Expert input (SMEs, OTs, etc.)	Module input	- Provide expert input about module to inform content development (e.g., ethics expert) - *Note:* COTO plans to engage with their Quality Assurance Subcommittee (of OT members) and other committees as applicable (e.g., the Equity Perspectives and Indigenous Insights Advisory Committees) to inform module development
Legal	Legal review of content	- Review and revisions to content from a legal perspective
Module Vendor	Online module development	- Develop and oversee module storyboarding - Program modules in English and French

Name	Role	Responsibilities
COTO Administrative and Financial Team (Program Director local financial lead for ACOTRO)	Manage module finances	- Receive, manage, and track regulator financial contributions - Receive, track, and pay module related invoices

Governance

- Aim to reach consensus on project and module items by Steering Group.
- All participating regulators manage the collection of input and any required approvals on project deliverables, as applicable.
- If needed, can escalate any issues to the ACOTRO Board for discussion and final decisions (as a last resort).

Budget

Budget by project activity, including COTO in kind contribution:

Budget contributions by participating regulator:

Additional costs each participating regulator may also incur:
- Additional OT SME input collected by regulators, if desired
- Regulator staff time on Steering Group, including developing examples and seeking input

Risks and Mitigation Planning

Risk	Mitigation Planning
Not meeting timelines	- Planning project activities based on previous module development experience - Monthly Steering Group meetings to discuss progress and timelines - Project Lead and Manager to oversee and track activities and timelines; and communicate any delays; both have module development experience - The aim is to leverage existing content to inform the module; with minimal new content (develop of new content would add time to the schedule)
Over budget	- Plan budget based on previous experience developing modules - Track and report on budget at key project points
Scope of eLearning module too big / not contained	- Develop and confirm the module framework early in the project – to provide structure and inform content development - Aim for module to be completed in 60 minutes - Use time at Steering Group meetings to discuss scope, as needed
Received poorly by OTs	- Leverage expertise as applicable; including OT and SMEs in content development - Reviews and input by Steering Group and regulator staff / committees as applicable

Risk	Mitigation Planning
	- The Project Lead / Content Writer also has experience writing content and brings the OT and regulatory perspective; this is helpful for module content quality; it is also helpful to develop content with 'one voice' (even if input from multiple sources)
Technical challenges	- Module vendor has been able to provide module-specific technical support in the past - Each participating regulator to leverage their internal IT support
Vendors fail to deliver	- A positive working relationship is in place with current module vendor; don't anticipate issues with this module

Project Charter Approvals

To be approved by:
- Project Sponsor
- Steering Group

Project Steering Group Members
TBC

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: January 29, 2026

From: Registration Committee

Subject: Approval of Adjustments to Policy: Request for Second Provisional Certificate

Recommendation:

THAT *the Board approve adjustments to the Request for Second Provisional Certificate Policy.*

Issues:

Under the current registration policy, applicants are permitted one provisional certificate of registration, which expires immediately after two unsuccessful attempts at the National Occupational Therapy Certification Exam (NOTCE). As a result, provisional applicants are required to stop working as an occupational therapist immediately. There is a risk that clients experience disruptions in their care when they are required to be transferred to a registered occupational therapist.

There is discrepancy between national policy and COTO policy. NOTCE policy allows for three examination attempts, and a fourth (4^{th}) with approval of the regulator in exceptional circumstances. COTO's policy requires expiration of the provisional certificate after two failed attempts.

Link to Strategic Plan:

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.

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

Quality Practice

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

Why this is in the Public Interest:

NOTCE is a standardized, evidence-based assessment designed to evaluate entry-level competency in occupational therapy. Requiring candidates to successfully complete the examination ensures that only individuals who have demonstrated foundational knowledge and skills are permitted to practice. This process serves to protect the public by preventing unqualified individuals from entering the profession. It is a reasonable expectation that all occupational therapists, including those practicing under supervision, possess a verified minimum level of competence upon entry to practice.

The proposed policy change allows continued access to services for the public, while ensuring that provisional registrants continue to practice safely under defined supervision arrangements; College oversight; and College intervention when there is evidence of potential risk to the public.

Equity, Diversity, and Inclusion Considerations:

The policy supports equitable access to the profession by reducing unnecessary barriers that may arise from the current “two attempt” limit. It aligns with the College’s commitment to identifying and mitigating systemic barriers within registration processes, while maintaining public protection through supervision and oversight.

Background:

a) Provisional Certificates:

Provisional registration is a class of registration that is issued to applicants (primarily new graduates) who have not yet passed the National Occupational Therapy Certification Examination (NOTCE or “the exam”) administered by the Canadian Association of Occupational Therapists (CAOT).

To be eligible for provisional registration, applicants must meet all other registration requirements and:

- be registered for the first available sitting of the NOTCE, or have taken the exam but not yet received results
- have an offer of employment where they will be supervised by an occupational therapist who has held general registration for at least one year,
- submit a completed Provisional Registration Supervision Agreement,
- successfully complete the examination within the specified timeframe

Under the regulation, applicants are permitted one provisional certificate of registration. Applicants can apply for a second provisional registration under exceptional circumstances.

b) Provisional certificates and NOTCE:

NOTCE policies provide for three (3) examination attempts, and a fourth (4th) with approval of the regulator in exceptional circumstances. In contrast, College policy requires expiration of the provisional certificate after two (2) failed attempts creating a discrepancy between a national policy at three attempts and COTO policy at two attempts.

c) Administration:

The College receives approximately nine requests annually for a second provisional certificate from candidates who have failed the NOTCE twice. Submission of a request to the College's Registration Committee to grant an exemption from the regulation is a process that can take up to 30 days or more depending on the applicant's circumstances.

Administrative responsibilities include issuing notices to revoke provisional certificates, responding to inquiries from candidates and practice supervisors, and managing submissions for second provisional certificates through Registration Committee meetings.

d) NOTCE Success Rate:

Most candidates pass the exam with the first attempt. Almost all successfully pass the NOTCE on their second and third attempt. A very small number – typically no more than one applicant per year – submit a request to the Registration Committee for a fourth attempt under exceptional circumstances.

e) Alignment with Public Interest and Fairness Principles:

Employers/practice supervisors are required to immediately transfer the clients on the provisional registrant's caseload to a registered occupational therapist. This causes some hardship and raises the potential of harm to the public.

One of the priorities of the Office of the Fairness Commissioner (OFC) 2026–2027 Risk-Informed Compliance Framework (RICF) is ensuring that registration practices remain fair, transparent, and predictable – particularly regarding third party agreements including our certification examination. This policy change will contribute to predictability and consistency in policy.

Discussion:

This proposed change reduces barriers to registration and enhances public access to occupational therapy services, while maintaining appropriate safeguards for competence and safety. The policy change:

- permits provisional applicants to continue practicing under supervision for all three allowed NOTCE attempts. Only after a third unsuccessful attempt – and upon application for a second provisional certificate – would the matter be escalated to the Registration Committee for review.

- mitigates the risk of service disruption resulting from a failed NOTCE.
- enables a more streamlined process that reduces College administrative burden while preserving safeguards for public protection.
- aligns with the NOTCE attempt policy, minimizing confusion for candidates and supervisors and reduces the likelihood that registrants are prematurely removed from supervised practice when there is no demonstrated risk to safe service delivery.

The Registration Committee will continue to review requests for a second provisional certificate on a case-by-case basis after a failed third attempt, considering factors such as exceptional personal circumstances (including Human Rights considerations), exam performance, supervision history, and overall readiness to practice. Where appropriate, additional conditions – such as a competency assessment or a professional development plan – may be imposed.

Attachments:

1. Adjusted Request for Second Provisional Certificate Policy

Request for Second Provisional Certificate of Registration

8-160

Section: Registration

Applies to: All applicants applying for a second provisional certificate of registration

Date Established: July 1998

Date Established: uly 2001, January 2002, March 2003, May 2003, November 2007, May 2009, October 2011, September 2021, January 2026

Purpose:

This policy outlines the requirements for applicants seeking to maintain provisional registration following an unsuccessful attempt at the National Occupational Therapy Certification Exam (NOTCE) and describes the process for requesting a second provisional certificate of registration, when applicable.

Principles

Successful completion of the College-approved examination is a key indicator that an applicant has the entry-level knowledge required to practice occupational therapy safely and effectively. Failure to demonstrate the required entry-to-practice knowledge through the structured examination process raises public interest concerns regarding an applicant's readiness to practice, even under supervision. The College aims to support applicants in meeting entry-to-practice requirements while ensuring protection of the public through transparent and objective registration processes.

Policy

Individuals are permitted one provisional certificate of registration. In exceptional circumstances, beyond the control of the individual, applicants who have previously held a provisional certificate may request a **second provisional certificate**, subject to review and approval of the Registration Committee.

Registrants who have failed the National Occupational Therapy Certification Exam (NOTCE) once or twice may continue provisional registration under supervision.

After a third unsuccessful attempt, the provisional certificate will expire. The individual may apply to the Registration Committee for a second provisional certificate.

The Registration Committee may require additional evidence of readiness to practice, such as participation in a Registration Competency Assessment and professional development plan under supervision.

Requesting a second provisional certificate

The individual must reapply to the College and make a written request to the Registration Committee. The request should include evidence such as:

- examination results
- employment history
- performance reviews from occupational therapy employers or supervisors
- a study plan
- a statement of willingness from the employer or supervisor to continue supervision.

Criteria for issuing for a second provisional certificate

The Registration Committee considers each request on an individual basis. The Committee will only issue a second provisional certificate if the circumstances are exceptional beyond the control of the individual and justify further supervised practice, and issuing the certificate does not pose a risk to safe, effective occupational therapy service delivery.

The Committee will consider factors such as:

- Whether the applicant appears to meet all other entry-to-practice requirements.
- The currency and relevance of the applicant's training and practice experience current.~~?~~
- Whether the evidence provided is structured, objective, credible, and related to the entry-to-practice competencies.
- The applicant's diligence in pursuing successful completion of the examination.
- Whether there have been any complaints, mandatory reports, or other concerns during previous registration.
- The nature and outcomes of prior supervisory arrangements.

If the Registration Committee grants the request, it may impose further terms on the second provisional certificate of registration including a Registration Competency Assessment and professional development plan under supervision.

Legal requirement

Ontario Regulation 226/96: General, under the Occupational Therapy Act, 1991, 37 (3) 2