Governance Manual

Approved: October 2026

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

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Policy Type: **Section 1: Introduction**
Policy Reference: **1.1 Purpose**
Date Prepared: November 2025
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Purpose

The Governance Manual of the College of Occupational Therapists of Ontario (the College) provides a clear and consistent framework for how the Board and its **committees fulfill their governance responsibilities in the public interest. It brings together the principles, policies, and practices that guide effective, transparent, and accountable governance.**

Over the past several years, the College has modernized its governance framework to reflect best practices in professional regulation. **This work has strengthened the structures and processes that support sound decision-making and clear accountability. The result is a governance model that enables the College to operate effectively, uphold public confidence, and ensure that its statutory mandate guides its decisions.**

The Governance Manual brings together **the College's policies and practices in a single, accessible reference for Directors, Committee Appointees, and staff. It sets out how governance functions are carried out and how roles and responsibilities are defined. The manual promotes a shared understanding and consistent application of governance practices across the College.**

Specifically, the Governance Manual:

- Outlines the principles that guide the College's governance approach.
- Defines the roles and accountabilities of the Board, committees, and staff.
- Describes the processes that support effective decision-making and oversight.
- Promotes integrity, fairness, and transparency in all governance practices.
- Supports ongoing evaluation and improvement of the College's governance system.
- The Governance Manual is a living document. The College reviews and updates it periodically to reflect evolving best practices in governance and the College's continued commitment to excellence in regulation.

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Policy Type: **Section 1: Introduction**
Policy Reference: **1.2 Principles of Good Governance**
Date Prepared: January 2025
Date Revised: March 2026
Date Reviewed:

The following principles of good governance guide the College's Board of Directors as we fulfill our mandate to serve the public by regulating occupational therapists:

Accountability

- We acknowledge our ultimate responsibility to the public and are committed to continuously earning and maintaining their trust.
- We ensure that all participants in our governance framework have a clear understanding of their roles and responsibilities.
- We recognize that the College was created by legislation and that our effectiveness in fulfilling our mandate is subject to oversight.

Transparency

- We make our information accessible and easy to understand, ensuring that we serve the public interest.
- Our processes, decisions, and the reasons behind them are open and accessible to the public.
- We communicate in a way that allows the public to evaluate governance effectiveness.

Leadership

- Our actions are driven by a Strategic Plan that reflects our public protection mandate.
- We plan practically and strategically to achieve realistic and measurable outcomes.
- We stay informed about evolving public expectations and societal needs, and we challenge ourselves to make a meaningful impact by focusing our efforts thoughtfully and effectively.
- We proactively identify and manage risks.

Integrity

- Our decisions and processes are consistently aligned with our commitment to transparency, objectivity, impartiality, and fairness.
- We actively and honestly engage in respectful dialogue with the public and other system partners.

- We consider a variety of perspectives and voices to foster a shared understanding upon which we base decisions.
- We acknowledge and manage both systemic and individual conflicts of interest.
- We take responsibility for improving our performance in areas where we may not have met expectations.

Competence

- We recognize the skills, experience, and knowledge necessary to perform our tasks effectively.
- We continuously strengthen our collective ability to make informed and consistent decisions.
- Both as individuals and as teams, we engage in regular, purposeful reviews and development to improve governance effectiveness.

Financial Stewardship

- We are dedicated to prudently and responsibly managing the College's financial resources.
- We ensure that our budget is aligned with our strategic objectives, prioritizing the efficient use of resources in serving and protecting the public interest.
- We demonstrate financial integrity by ensuring that the College makes financial decisions that reflect our commitment to public trust and that the College manages resources responsibly and with long-term sustainability in mind.

Inclusion

- Our diverse knowledge, skills, perspectives, and experiences reflect both the public we serve and the individuals we regulate.
- We embrace opportunities for meaningful and authentic collaboration.
- We work within a robust network of the public, government, other health regulatory colleges, registrants, and educators to maximize our positive impact on the common good.
- We learn from challenges faced by other organizations and communities to continuously improve our effectiveness.

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Policy Type: **Section 1: Introduction**
Policy Reference: **1.3 Mission, Vision, and Values**
Date Prepared: January 2020
Date Revised: April 2024
Date Reviewed:

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

Mission

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

Vision

Excellence in regulatory leadership.

Values and Commitments

Treating everyone with dignity and respect

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

Maintaining trust and confidence

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

Partnering for quality

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

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Policy Type: **Section 1: Introduction**
Policy Reference: **1.4 Strategic Priorities**
Date Prepared: January 2020
Date Revised: January 2024
Date Reviewed:

2024-2027 Strategic Priorities

1. Meaningful Engagement

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

1.1 Provides clear information about what to expect when working with occupational therapists.

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

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

1.4 Integrates the practices of diversity, equity, and inclusion throughout the College and profession.

2. Quality Practice

The College embraces leading regulatory practices to protect the public.

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

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

3. System Impact

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

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

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

3.3 Collaborates with national partners to further regulatory excellence.

4. 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.

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

4.3 Leverages data to drive performance internally and externally to enhance service delivery.

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Policy Type: **Section 1: Introduction**
Policy Reference: **1.5 Definitions**
Date Prepared: November 2025
Date Revised: March 2026
Date Reviewed:

The following definitions apply to all parts of this Governance Manual unless otherwise defined or required by the context.

Academic Appointee

An individual appointed to be a Director on the College's Board of Directors by Ontario universities offering occupational therapy training.

Act

The *Occupational Therapy Act, 1991*, S.O. 1991, c. 33 and its regulations.

Board or Board of Directors

The College's Board of Directors. The Board means the College's Council for the purposes of the following: the Act, the *Regulated Health Professions Act, 1991* (RHPA), the Health Professions Procedural Code (Schedule 2 of the RHPA), and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires.

Board Chair

The Chair of the College's Board of Directors. The Board Chair means the College's President and Committee Chair means the Chair of a committee for the purposes of the following: the Act, the RHPA, the Health Professions Procedural Code, and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires.

Bylaws

The College's bylaws.

College

The College of Occupational Therapists of Ontario.

Committee

A College committee or committees: statutory, Board, standing, or special.

Committee Appointee
A Professional Committee Appointee or a Community Appointee.

Community Appointee
An individual the Board appoints to serve as a member of a committee and who is neither a Director nor a registrant of the College.

Director
An individual elected or appointed to be a member of the College's Board of Directors.

Elected Director
A registrant elected to the Board according to the bylaws, including a registrant elected in a by-election or appointed to fill a vacancy.

In Camera
In chambers. Proceedings or parts of proceedings that are not open to the public.

Indigenous people
"People who identify as First Nations, Inuit, or Métis in a context where their specific identity is not at issue" (Gregory Younging, *Elements of Indigenous Style*, 2018, p. 65).

Indigenous Peoples
"The distinct societies of First Nations, Inuit, and Métis peoples in Canada" (Gregory Younging, *Elements of Indigenous Style*, 2018, p. 65).

Professional Committee Appointee
A registrant who is not a Director and who has been appointed to a committee.

Public Director
A person appointed to the College's Board of Directors by the Lieutenant Governor in Council of the Ontario government.

Registrant
A College member.

Registrar & Chief Executive Officer (CEO)
The person who holds the title of Registrar & CEO of the College.

RHPA
The *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

Senior Leadership Team

The College's senior leadership, which comprises:

- Registrar & CEO.
- Director of Finance, People & Corporate Services.
- Program Director.
- Director of Regulatory Affairs.
- Director of Communications.

Vice-Chair

The Vice-Chair of the College's Board of Directors. Vice-Chair means the College Vice-President for the purposes of the following: the Act, the RHPA, the Health Professions Procedural Code, and the regulations under the Act and the RHPA, as well as any other legislation or policy where the context requires.

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.1 Board Governance**
Date Prepared: December 2009
Date Revised: March 2010, January 2024, March 2026
Date Reviewed: October 2016, October 2019

Purpose

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

Public Interest Aspect

Directors need to fully understand the Board's role to be able to fulfill their mandate in the public interest.

Application

This policy applies to all Directors.

Policy

The Board manages and supervises the College's activities and, as such, is the highest decision-making authority within the College. This responsibility consists primarily of governing and overseeing the Registrar & Chief Executive Officer (CEO), who manages the College's business.

The Board governs the College to ensure fulfillment of the mandate set out in the *Regulated Health Professions Act, 1991*, *Occupational Therapy Act, 1991*, and College bylaws.

The Board's key responsibilities are as follows:

Strategy and Mission

- Approve the College's mission, vision, values, and Strategic Plan.
- Monitor the College's progress toward achieving its strategic goals.
- Set priorities and initiate and establish policy.

Financial Oversight

- Monitor financial performance.
- Approve financial policies and internal controls and monitor compliance with them.
- Ensure that the College has sufficient revenue and staff resources to fulfill its mandate and meet its statutory obligations.

Performance Management and Monitoring

- Ensure that policies, programs, and controls are in place for the College to carry out its statutory obligations appropriately and effectively.
- Ensure that the College has processes in place for measuring and reporting on performance.
- Appoint and support the Registrar & CEO, who is responsible for the College's administration.
- Evaluate the effectiveness of the Board and the Registrar & CEO in a timely manner and through formal evaluation processes.

Risk Management

- Know the risks inherent in College operations and ensure that measures are in place to protect the College against risk.

Accountability to System Partners

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

Board Governance

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

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.2 Individual Directors and Committee Appointees**
Date Prepared: January 2024
Date Revised: March 2026
Date Reviewed:

Purpose

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

Public Interest Aspect

Directors and Committee Appointees must clearly understand their role and responsibilities to ensure that their decisions and actions are in the public interest.

Application

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

Policy

Directors are the individuals behind Board decisions. By participating fully in governance, they ensure that the College operates effectively in fulfilling its public protection mandate. The Board appoints Committee Appointees, who assist the Board in carrying out the duties of their committee.

Directors and Committee Appointees are expected to:

- Act honestly and in good faith with a view to the College's best interests, and act according to the College's governing legislation, bylaws, and governance policies, including the Code of Conduct.
- Acquire and apply a working knowledge of the statutory requirements, mandate, policies, and rules that apply to the particular committee.
- Demonstrate accountability to the public through decision-making grounded in the public interest.
- Regularly attend all Board or committee meetings, be on time, and engage constructively in discussions.
- Prepare for all meetings by reading the material, to be well informed and able to participate effectively.
- Work effectively with other Directors, Committee Appointees, and College staff to ensure productive outcomes of all meetings.

- Behave in an ethical and exemplary manner and personally model the College's values.
- Respect the Chair's authority.
- Understand and respect the distinction in the roles of the Board, committees, and College staff.
- Respect others' opinions, views, and cultural and linguistic diversity.
- Acknowledge that the Board or the particular committee speaks with a unified voice. Directors and Committee Appointees who abstain or vote against a motion must adhere to and support the majority's decision.
- Participate fully in Board or committee evaluations.
- Participate in required orientation and education activities.

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.3 Board Chair**
Date Prepared: December 2009
Date Revised: March 2010, April 2024, March 2026
Date Reviewed: October 2016, October 2019

Purpose

To establish the Board Chair's role and responsibilities.

Application

This policy applies to the Board Chair.

Policy

The Board Chair provides leadership to the Board and ensures that the Board adheres to good governance practices. The Board elects the Board Chair, who helps set the tone of Board meetings and keeps Directors engaged while building a safe, cohesive, and collaborative forum in which discussions can take place and the Board can make clear decisions.

The Board Chair has the following responsibilities:

- Serve as the Executive Committee Chair and participate on other committees as the Board directs.
- Be a champion for good governance and ensure that the Board fulfills its governing role effectively, strives to achieve high standards, and follows best governance practices.
- Work in partnership with the Registrar & Chief Executive Officer (CEO) to:
  - Identify issues, objectives, and priorities for Board consideration.
  - Provide strategic leadership to establish and promote the College's strategic planning process and priorities.
  - Act as a spokesperson for the College.
  - Orient and train all new Directors.
  - Facilitate ongoing training and development opportunities for all Directors.
  - Facilitate Chair succession planning for the Board.
- Manage circumstances where the Director, Board, or committee is less than optimum, including introducing strategies to resolve conflicts which arise.
- Oversee the Board's evaluation processes to ensure high performance levels.
- Conduct the Registrar & CEO's annual performance appraisal the following input and discussion with the Executive Committee.

- Be accountable to the Board for the assigned functions. As such, the Chair has no authority to individually direct or supervise the Registrar & CEO or to make independent policy decisions.
- The Board Chair is elected or acclaimed at the Board's first meeting following elections. A Director can be elected or acclaimed as many times as the Board sees fit, with no maximum number.
- The Board Chair's role and responsibilities may be delegated to others; however, the Chair remains accountable for the activities within their role.

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.4 Board Vice-Chair**
Date Prepared: December 2009
Date Revised: March 2010, October 2014, April 2024, March 2026
Date Reviewed: October 2016, October 2019

Purpose

To establish the Board Vice-Chair's role and responsibilities.

Application

This policy applies to the Board Vice-Chair.

Policy

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

The Board Vice-Chair has the following responsibilities:

- Serve on the Executive Committee and participate on other committees as the Board directs.
- If the Chair is unavailable or has a conflict of interest, perform the Board Chair's duties.
- Understand the Chair's role and responsibilities and the key policy, regulatory, and operational issues the College is facing.
- Collaborate with the Chair and the Registrar & Chief Executive Officer to assist in identifying issues, objectives, and priorities for Board consideration.
- Assist and counsel the Chair.
- If necessary and at the direction of the Board Chair or the Board, assume appropriate leadership roles and responsibilities.
- The Board Vice-Chair is elected or acclaimed at the Board's first meeting following elections. A Director can be elected or acclaimed as many times as the Board sees fit, with no maximum number.

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.5 College Committees**
Date Prepared: June 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To establish the role and responsibilities of the College's committees.

Application

This policy applies to all ongoing College committees: statutory, non-statutory, and advisory.

Policy

While the Board leads the College in developing and monitoring Strategic Plans and making major policy decisions, College committees conduct much of the College's work. Most Committee Appointees are Directors or Professional or Community Appointees. The Nominations Committee recommends all Committee Appointees except for those on the Executive Committee. In addition to committees required by legislation, the Board may establish other committees and task groups to help fulfill its role and carry out its responsibilities. The College uses three types of ongoing committees: statutory, non-statutory, and advisory.

The College establishes statutory committees according to the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA):

- Executive Committee
- Registration Committee
- Inquiries, Complaints and Reports Committee
- Discipline Committee
- Fitness to Practise Committee
- Quality Assurance Committee
- Patient Relations Committee

Non-statutory committees support the Board's work:

- Finance and Audit Committee
- Governance Committee
- Nominations Committee
- Practice Subcommittee

- Quality Assurance Subcommittee

The Board establishes advisory committees to undertake specific tasks:

- Equity Perspectives Advisory Committee
- Indigenous Insights Advisory Committee

The Board is ultimately responsible for governing the organization. College committees do not have any independent authority to act on the Board's behalf unless the Board specifies otherwise or as set out in the RHPA. A committee receives its terms of reference, specific tasks, staffing, reporting process, and timelines from the Board as the committee is established.

The Board establishes terms of reference for committees, which will include the following:

- Mandate
- Accountability and authority
- Duties and responsibilities
- Skills and expertise required of Committee Appointees
- Term and term limits
- Voting and reporting requirements

The Registrar & CEO is notified by staff of all committee meetings and invited to attend in a non-voting capacity, but their attendance is not counted for the purpose of committee quorum requirements.

Committees have the following responsibilities:

- Assist the Board by recommending, analyzing, deciding, and acting as the Board directs.
- Work within the College's mission and policy framework.
- Present briefing notes to the Board on matters requiring decisions or actions. Generally, these notes contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.
- Follow the Board's direction or mandate on timelines for completing tasks and submitting reports.

Committees must not do the following:

- Speak or act for the Board except when formally given such authority for specific or time-limited purposes. Such authority will be stated through terms of reference or Board minutes.
- Exercise authority over College staff and operations.

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.6 Committee Chair**
Date Prepared: December 2009
Date Revised: March 2010, April 2024, March 2026
Date Reviewed: October 2016, October 2019

Purpose

To establish a Committee Chair's role and responsibilities.

Application

This policy applies to all Committee Chairs.

Policy

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

Committee Chairs have the following responsibilities:

- Conduct meetings in a timely manner. Facilitate meetings and committee processes such that all Committee Appointees have an opportunity to participate and contribute meaningfully.
- Facilitate broad, respectful, and constructive dialogue during meetings. Support independent thinking and diversity of views while encouraging alignment on decisions and outcomes.
- Control dominant Committee Appointees and manage conflicts and other circumstances in which the committee is not functioning effectively. If necessary, bring matters to the attention of the Board Chair or the Registrar & Chief Executive Officer.
- Regularly evaluate committee performance and improve its effectiveness.
- Ensure that new Committee Appointees understand the committee's role and receive appropriate orientation. Recommend opportunities or set requirements for ongoing education or training for the committee.
- The Nominations Committee recommends Committee Chairs, and the Board appoints them annually. The length of time an individual may serve as a Chair to any committee is three years, whether served consecutively or not.
- If the Committee Chair is unable to preside at a meeting, other Committee Appointees will select among themselves a replacement Chair.

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.7 Registrar & Chief Executive Officer (CEO)**
Date Prepared: October 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To establish the Registrar & CEO's role and responsibilities.

Application

This policy applies to:

- The Registrar & CEO, who is the Board's sole employee and fulfills the statutory duties of the role.
- The Board, which delegates the College's operations to the Registrar & CEO.

Policy

The relationship between the Board and its Registrar & CEO is critically important. An effective and empowered Registrar & CEO is key to Board excellence. An effective relationship between the two enables the Board to avoid the administrative details and short-term focus of College and staff management and to focus its attention on the College's mission, vision, values, strategic goals, and governance.

The Registrar & CEO fulfills the statutory duties of the role and is responsible for College management, operations, and legislative programs within the Board's financial targets.

The Registrar & CEO hires and maintains an effective staff team, which includes providing timely and relevant policy and program information and recommendations to the Board and its committees. The Registrar & CEO sees that College programs and operations contribute to meeting the objectives set out in the Board's Strategic Plan.

The Registrar & CEO has the following responsibilities:

Executive Leadership and Organizational Management

- Lead and participate in developing operating plans and policy, ensuring that the activities of operational and program areas are aligned with overall plans, strategies, and priorities.
- Implement processes to ensure continuous quality improvement of the College's programs and activities.
- Lead the development and implementation of programs, policies, and protocols to ensure that the College complies with its legislative obligations and for effective financial,

regulatory, and operational performance, including reporting to the Board about the College's performance.

- Support the operation and administration of the Board and its committees to ensure that they meet statutory obligations as defined by the Regulated Health Professions Act, 1991.

Strategy and Governance

- Build and maintain capacity for strategic planning at the College and take ownership of the accomplishment of the Board's strategic goals as set out in the Strategic Plan approved by the Board. Ensure the regular review of strategic goals and of the College's mission, vision, and values.
- Assist and support the Board in fulfilling its governance responsibilities and in achieving and managing good governance practices.
- In collaboration with the Executive Committee, ensure that the Board agenda and materials support effective and well-informed decisions.
- Oversee the identification of trends, issues, and risks relevant for the Board's and committees' consideration, and recommend and develop policies and activities to respond to these trends, issues, and risks.

Financial, Risk, and Facilities Management

- Recommend the annual budget for Board approval and prudently manage the College's financial resources.
- Provide relevant, timely, and complete financial information to facilitate informed decision-making by the Board.
- Ensure that financial and internal controls are in place in addition to processes to identify and manage key risks to the College.
- Ensure the College's long-term financial viability, including cost and revenue projections and investment planning.
- Create a safe and efficient work environment that supports the effective use of all resources.

Human Resources Management

- Recruit, lead, and develop the College's human resources team. Make sure that policies and controls are in place to build and maintain a safe and tolerant working environment, ensuring the College's commitment to Equity, Diversity, and Inclusion that supports the goals of staff satisfaction, engagement, and performance.
- Foster a work culture that results in high productivity and staff morale.
- Act as a key conduit between the Board and College staff, and facilitate a productive relationship between staff and Directors, as required.
- Participate in an annual performance review.

Public Relations and Communications

- Act as the College's spokesperson in collaboration with the Board Chair.
- Develop and maintain meaningful relationships with the public and system partners, including professional associations, government, relevant associations, and regulatory peers.

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Policy Type: **Section 2: Roles and Responsibilities**
Policy Reference: **2.8 Board's Relationship with Registrar & Chief Executive Officer (CEO) and College Staff**
Date Prepared: October 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To set the parameters for a strong and effective relationship between the Board and the Registrar & CEO and between the Board and Committee Appointees and College staff. These relationships play a vital role in the College fulfilling its mandate and achieving its goals.

Application

This policy applies to:

- The Registrar & CEO, who is the Board's sole employee and fulfills the statutory duties of the role.
- The Board, which delegates the College's operations to the Registrar & CEO.
- The Committee Appointees.
- College staff.

Policy

College governance is most effective when the Board and Registrar & CEO understand each other's roles, responsibilities, and authorities and work collaboratively. For the relationship to be effective and successful, both the Board and Registrar & CEO must understand and respect the boundaries of their respective powers and authority. At the same time, the Board, Committee Appointees, and College staff members must recognize each other's distinct roles and powers. Each person contributes significantly to the College's success.

Relationship Between the Board and the Registrar & CEO

- The Board provides direction to the Registrar & CEO and, through the Registrar, to College staff and management. The Board ensures compliance with these directions. The Board delegates authority to the Registrar & CEO to establish operating policies and procedures and to make decisions that enable the College to operate effectively and achieve its strategic goals.
- The Registrar & CEO is accountable to the Board, through the Board Chair. The Registrar & CEO reports regularly to the Board on matters that are relevant to the Board and the College.

- The relationship between the Registrar & CEO and individual Directors and Committee Appointees is not hierarchical. Individual Directors do not have authority to instruct the Registrar & CEO except with the Board's approval. The Chair has the Board's approval to collaborate and work with the Registrar & CEO.
- The Chair and the Registrar & CEO are responsible to manage Board matters that concern the relationship between the Board and staff members.
- The Board establishes a process to evaluate the Registrar & CEO's performance.

Relationship Between the Board and Committee Appointees and College Staff

- Directors and Committee Appointees engage collaboratively with College staff, who bring valuable knowledge and experience essential for the effective functioning of Board and committee business. Directors and Committee Appointees work with staff to foster collegial interactions. Honouring the distinct roles within the organization is important, recognizing Directors as decision-makers and staff members as advisers and facilitators.
- Directors should appreciate and respect the distinction between their governance and policy-making roles and the roles of College staff and management. To support effective collaboration, Directors should recognize and support staff to manage administrative and operational matters, ensuring a clear understanding of each party's responsibilities.
- College staff play a vital role in implementing the Board's governance and strategic policy directions. The College encourages staff to align their actions with Board policies and to operate within the established framework, ensuring effective collaboration and support for the Board's vision.
- The Board Chair and Registrar & CEO manage issues of concern between a staff member and a Director or Committee Appointee. In the context of committee matters, the Committee Chair deals with the issue in consultation with the Registrar & CEO.

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

Policy Type: **Section 3: Board Structure, Responsibilities, and Process**
Policy Reference: **3.1 Board Competency Framework**
Date Prepared: January 2025
Date Revised:
Date Reviewed:

Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
Public Interest Focus Prioritizes the public's right to safe, ethical care by fully understanding and committing to the public protection mandate. Balances personal and professional interest to always place the public interest first, with diligence and focus.	**Leadership** Demonstrates confidence, sound judgment, and the ability to inspire, motivate, and guide others. Skilled in consensus-building, facilitation, and fostering a collaborative leadership approach. Upholds and promotes the values and commitments of COTO.	**Professional and Experiential Diversity** Recognizes that professional practices and experiences vary across different sectors and contexts (public, private, and non-profit). It is essential for the Board to include perspectives from a range of professional backgrounds and fields, ensuring a broad understanding of different sectors and roles.
Collaborative and Inclusive Actively engages in respectful, diplomatic, and inclusive dialogue, fostering a culture that values diversity and welcomes differing perspectives, experiences and ideas.	**Board and Governance Experience** Demonstrates experience or expertise in governance within the private, public, or non-profit sectors, gained through board or committee service. Understands the distinct roles of the Board and management, as well as the difference between regulatory bodies and professional associations.	**Regional Diversity** Acknowledges that public services and experiences differ across regions, with unique needs and expectations in each area. The Board benefits from having representatives who bring perspectives from various geographic regions, ensuring decisions reflect the diverse needs of different communities.

Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
Accountability and Integrity Demonstrates a commitment to honesty. Be able and willing to take full responsibility for decisions and follow through on commitments.	**Knowledge of Professional and Occupational Regulation** Good understanding of the role and mandate of health regulatory Colleges in Ontario, with a focus on public protection. Understands the regulatory framework for various professions, including occupational therapy.	**Age Diversity** Ensures that the Board reflects a range of age groups, incorporating the perspectives and experiences of individuals at different ages. A diverse age representation fosters a more holistic approach to decision-making and enhances relevance across generations.
Communicator Demonstrates strong communication skills by actively listening and clearly articulating ideas, opinions, and positions while being open to feedback and diverse viewpoints.	**Risk Management** Knowledge of risk management principles, with experience in identifying, assessing, and mitigating significant risks that could affect the College's objectives and operations.	**Cultural Diversity** Recognizes that cultural factors influence practices and decision-making across sectors. It is essential to include diverse cultural perspectives, particularly from Indigenous and other historically underrepresented ethnic and racial groups, to ensure inclusive and equitable governance.
Objectivity Demonstrates objectivity by engaging in self-reflection and making decisions based on evidence, reliable data, and sound judgment, always striving to fulfill the public mandate effectively.	**Community and Public Relations** Recognizes the importance of the public interest in decision-making and is mindful of how decisions are perceived by diverse groups. Fosters inclusive dialogue and engages meaningfully with various communities to ensure decisions reflect diverse perspectives. Recognizes the impact of public perception on decision-making and works to build trust and credibility through open dialogue.	**Gender Diversity** Promotes gender diversity by ensuring that the Board reflects individuals with diverse gender identities and expressions. This diversity enriches decision-making by incorporating a variety of lived experiences and perspectives related to gender.

Attributes needed by every Director to support strong decision-making in the public interest:	Experience, knowledge, and skills that every Director will bring, or be willing to learn, to support strong decision-making in the public interest:	Diverse experiences, backgrounds, and perspectives that will support strong decision-making in the public interest:
Respectful Demonstrates respect by engaging effectively with others, appreciating diverse perspectives, and fostering an environment where open, respectful dialogue is encouraged, even amidst differing views.	**Financial Literacy** Demonstrates knowledge of financial management, including analyzing financial statements, evaluating budgets, and understanding generally accepted accounting principles. Able to interpret financial data, ask insightful questions, and contribute to ensuring the integrity of financial information provided to the Board.	
Visionary and Strategic Thinker Considers wider impact of decisions on the College and its ability to meet its strategic directions. Identifies risks and broader trends and considers how decisions align with strategic objectives and long-term priorities.	**Technological Competence** Demonstrates proficiency with technology to support the College's operations while upholding standards of security, privacy, and efficiency.	
Committed and Prepared Demonstrates commitment by dedicating the necessary time and effort to prepare for, actively participate in, and contribute to Board meetings and activities, ensuring informed and thoughtful decision-making.		

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

Policy Type: **Section 3: Board Structure, Responsibilities, and Process**
Policy Reference: **3.2 Screening for Directors and Academic Appointees**
Date Prepared: October 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To establish a framework for screening prospective Directors.

Application

This policy applies to:

- The Nominations Committee and College staff, each of whom has a role in overseeing the process for electing Directors.
- The Board, which is committed to a selection process that is competency based, open, and transparent. This includes ensuring that a public call for applications is made according to the bylaws and screening registrants against a predetermined set of selection criteria.

Policy

Directors

- Part 5 of the College bylaws outlines the eligibility requirements for registrants interested in serving on the Board.
- The recruitment of registrants interested in serving on the Board begins when vacancies are required to be filled as outlined in the bylaws, following a needs assessment of the desired skills and competencies that the Board is seeking.
- Registrants interested in serving on the Board must complete the College's online pre-election orientation module and an application form confirming their eligibility and practice experience, as well as submit a resumé. The application form also provides the opportunity for candidates to submit a self-assessment on the desired skills and competencies and give further information about their suitability, to help the Nominations Committee assess the candidate's overall qualifications.
- College staff first screen candidates based on whether they meet the eligibility criteria. The Nominations Committee then reviews a list of candidates and any accompanying submissions. Short-listed candidates are invited to participate in an interview with the Nominations Committee. The interview focuses on determining if candidates meet the criteria and have the desired competencies.

- The Nominations Committee refers to the following selection criteria (called “pre-election competencies”) in screening candidates to run for Board elections or as an Academic Appointee:
  - Candidate’s eligibility under the bylaws to serve on the Board
  - Candidate’s degree of availability
  - Candidate’s knowledge, skills, and experience
  - Candidate’s interest in and commitment to Board involvement
  - Fit of candidate’s competencies with other Directors’ competencies
  - Diversity of candidates’ identities and lived experiences
  - Avoidance of any conflict of interest or appearance of bias
  - Candidate’s commitment to the public protection mandate
- Following the interviews, the Nominations Committee identifies the candidates qualified to seek election to the Board. College staff notify all candidates of the outcome of the screening process. The qualified candidates are placed on the ballot for voting by eligible voters in the electoral district where the election is being held.
- Per section 5.05.7 of the College bylaws, the decision as to whether a candidate meets the pre-election competencies is within the sole discretion of the Nominations Committee.

Academic Appointees

- Part 6 of the College bylaws outlines the eligibility requirements and procedures related to an Academic Appointee.
- The Nominations Committee receives any recommendations for candidate(s) from the Registrar & Chief Executive Officer once the Registrar has completed the preliminary screening for eligibility.
- All candidates are invited to participate in a meeting with the Nominations Committee. The goal is to confirm candidates’ expectations of participation on the Board, understanding of their prospective role, and availability.
- Following the meeting, the Nominations Committee makes a recommendation to the Board.

Re-Election and Reappointment

- Any Director seeking re-election may be required to participate in an interview with the Nominations Committee.
- Any Academic Appointee seeking reappointment as a Director may be required to participate in an interview with the Nominations Committee.

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

Policy Type: **Section 3: Board Structure, Responsibilities, and Process**
Policy Reference: **3.3 Screening, Selection, and Appointment of Professional Committee Appointees and Community Appointees**
Date Prepared: October 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To ensure that the appointment and reappointment of qualified Professional Committee Appointees and Community Appointees to serve on College committees is conducted in a manner that is competency based, transparent, open, and equitable.

Application

This policy applies to:

- The Nominations Committee and College staff, each of whom has a role in overseeing the recruitment, screening, and selection of qualified Professional Committee Appointees and Community Appointees to serve on College committees.
- The Board, which is responsible for receiving and approving the recommended appointment for a Committee Appointee, as put forth by the Nominations Committee.

Policy

Appointment

- Part 12 of the College bylaws outlines the eligibility requirements of Professional Committee Appointees and Community Appointees, who are not Directors.
- The recruitment of Professional Committee Appointees and Community Appointees begins when vacancies are required to be filled, which occurs under these circumstances: after a needs assessment of the particular committee, after any changes to the terms of reference for the committee, or after the establishment of any new committee.
- The recruitment process includes a website posting and/or callout in the College newsletter and social media channels. The College may also send targeted communication and additional outreach with specific information regarding recruitment, any specific competency, knowledge, or skill that the committee is seeking, and the process to apply.
- Prospective Professional Committee Appointees or Community Appointees interested in serving on a committee must complete the College's online orientation module and application form confirming their eligibility and practice experience, as well as submit a resumé. The application form also provides the opportunity for candidates to submit a self-assessment based on the desired skills and competencies and give further information

about their suitability, to help the Nominations Committee assess the candidate's overall qualifications.

- College staff first screen candidates based on whether they meet the selection criteria. Staff may also consider candidates who were unsuccessful in previous committee recruitment campaigns but who gave prior consent for the College to hold their documents on file. The Nominations Committee reviews a list of candidates and any accompanying submissions. Short-listed candidates are invited to participate in an interview with the Nominations Committee. The interview focuses on determining if candidates meet the criteria and have the desired competencies.
- The Nominations Committee refers to the following criteria in recommending candidates to serve on committees:
  - Candidate's eligibility under the bylaws to serve on a committee.
  - Candidate's degree of availability.
  - Candidate's knowledge, skills, and experience.
  - Candidate's interest in and commitment to committee involvement.
  - Candidate's previous performance on College committees.
  - Fit of candidate's competencies with the competencies of other Committee Appointees.
  - Diversity of candidates' identities and lived experiences.
  - Avoidance of conflict of interest or appearance of bias.
  - Candidate's commitment to the public protection mandate.
- Following the interviews, the Nominations Committee determines the candidate best qualified to be appointed based on the selection criteria.
- The Nominations Committee brings forward a recommendation to the Board for approval at its next meeting.
- Staff notify all candidates of the outcome of the screening process.
- The term limit for a Professional Committee Appointee or Community Appointee is three years, with a maximum of two consecutive terms.

Reappointment

All Professional Committee Appointees and Community Appointees who wish to be reappointed to a committee may be required to participate in an interview with the Nominations Committee before reappointment by the Board.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.1 Inquiries, Complaints and Reports Committee (ICRC)**
Date Prepared: December 2009
Date Revised: March 2010, October 2012, June 2014, June 2017, June 2020, March 2022, March 2023, April 2024, March 2026
Date Reviewed:

Committee Category

Statutory

Mandate

The ICRC is mandated to protect the public interest by:

- Establishing policies and procedures to direct the actions of the College or its staff regarding complaints and reports received about College registrants.
- Appointing panels to review complaints and consider reports about registrants.
- Making decisions according to section 26(1) of the Health Professions Procedural Code, which is Schedule 2 of the Regulated Health Professions Act, 1991 (RHPA).

Accountability and Authority

The ICRC was established according to section 10(1)(3) of the Health Professions Procedural Code.

Limitations

The ICRC exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991* (Act), and the regulations and bylaws made under these acts.

Duties and Responsibilities

The ICRC undertakes the following activities:

- Advises the Board on developing and maintaining policies and procedures governing the inquiries, complaints, and reports processes.
- Through panels appointed by the ICRC Chair, inquires into whether a registrant is incapacitated, and takes appropriate action according to sections 58 to 63 of the Code.
- Through panels appointed by the ICRC Chair, investigates complaints, reviews registrants' submissions, makes reasonable efforts to ensure a thorough investigation, and takes appropriate action according to the Code requirements.
- Disposes of complaints, where possible, within the time frames allowed in the Act.

- Through panels appointed by the ICRC Chair, considers reports by the Registrar & CEO under section 79(a) of the Code, reviews registrants' submissions, makes reasonable efforts to ensure that all relevant information has been obtained, and takes appropriate action according to section 26 of the Code.
- Considers the need for interim orders and the emergency appointment of an investigator where required.
- Issues a written decision with reasons (with certain statutory exceptions) to the parties.
- For complaints only, issues a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board to the parties.
- Considers the feedback provided, where available, from the Health Professions Appeal and Review Board as related to complaint decisions.
- Develops amendments to the Professional Misconduct Regulation for approval by the Board and the Ministry of Health.
- Recommends material to be posted publicly in compliance with legislation and transparency principles.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The ICRC comprises at least all of the following:

- Two Public Directors.
- Four or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

An ICRC panel must be composed of at least three Committee Appointees, at least one of whom must be a Public Director.

Composition Matrix

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

Ability

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

Standards and Professional Ethics

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

Healthcare Terminology

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

Term of Office

The term of ICRC Appointees who are also Directors is one year.

The term of ICRC Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the ICRC. The term of office for each ICRC Appointee begins immediately after their appointment.

Meetings

The ICRC holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of ICRC Appointees constitutes quorum. For panels, according to the Code's requirements, three members constitutes quorum.

Selection of the Chair

The Board annually appoints the ICRC Chair.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the ICRC Appointees to preside. If the Chair is unable to delegate their chairing duties, the ICRC will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the ICRC reports on activities it has undertaken since the last report. The ICRC prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The ICRC ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Professional Conduct supports the ICRC, as do other staff members.

Confidentiality

ICRC Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for ICRC Appointees is especially stringent. Appointees must not discuss with anyone any information that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

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

Evaluation

The ICRC terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.2 Discipline Committee**
Date Prepared: December 2009
Date Revised: March 2010, October 2012, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025, March 2026
Date Reviewed:

Committee Category
Statutory

Mandate
The Discipline Committee is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for a discipline hearing by the Inquiries, Complaints and Reports Committee (ICRC). The Discipline Committee is responsible for holding fair and open hearings on allegations of a registrant's professional misconduct or incompetence. The Committee is known as the Ontario Occupational Therapists Discipline Tribunal in English and Tribunal de discipline des ergothérapeutes de l'Ontario in French. Whether orally or in writing, each reference to either of these entities is considered a reference to the College Committee as specified in the Health Professions Procedural Code and any other legislation or policy where the context requires.

Although the Committee is a College committee, it is independent of the College. It fairly and impartially holds hearings between the College and registrants.

Accountability and Authority
The Discipline Committee was established according to section 10(1)(4) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities
The Committee undertakes the following activities:

- Reviews and updates all College policies and documents regarding the disciplinary process.

- Through panels, holds hearings on specified allegations of a registrant's professional misconduct and/or incompetence referred by the ICRC according to the legislative requirements.
- Through panels, holds hearings on a registrant's application for reinstatement of a certificate of registration if the certificate was revoked on the grounds of professional misconduct or incompetence.
- Considers applications from persons who are not parties to the hearing to participate in the hearing according to the circumstances defined in section 41.1 of the Code and determines the extent of the participation.
- Makes orders excluding the public from a hearing or part of a hearing according to the circumstances defined in section 45 of the Code.
- Makes orders preventing public disclosure of matters discussed at the hearing according to section 45 of the Code.
- Upon request of a witness in a sexual abuse case, makes an order that no person shall publish the identity of the witness according to section 47 of the Code.
- Hears motions and makes orders on any other procedural matters before and during a hearing.
- When a registrant has been found to have committed an act of professional misconduct or to be incompetent, makes an order for a penalty or costs according to sections 51, 52, 53, and 53.1 of the Code.
- Has written decisions and reasons and ensures that the findings of a hearing are made public.
- Reviews and approves the Committee's Rules of Procedure.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises:

- All Elected Directors and Academic Appointees
- All Public Directors
- One or more Professional Committee Appointees
- One or more Community Appointees at the Board's discretion
- One or more Adjudicator Appointees, who have been specifically appointed to chair the Committee's panels and one of whom has been specifically appointed to chair the Committee

Panels

The Chair may select panels to consider alleged registrant professional misconduct and incompetence referred to the Committee by the ICRC. According to the Code, panels comprise at least three members: two Public Directors and one Elected Director or Academic Appointee.

Where necessary, panel members may be selected from the appointees of the Fitness to Practise Committee.

No person can be selected for a panel if they have taken part in the investigation of the subject matter of the panel's hearing.

Composition Matrix

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

Ability

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

Standards and Professional Ethics

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

Adjudication and Hearing

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

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms. Adjudicator Appointees are an exception to this; they have no limit to the number of terms they may serve.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.07.1 of the College bylaws, a majority of Committee Appointees constitutes quorum. For panels, according to the Code's requirements, a minimum of three members constitutes quorum, and at least one of them must be a Public Director.

Selection of the Chair

The Board annually appoints the Chair of the Discipline Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Professional Conduct supports the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.3 Registration Committee**
Date Prepared: December 2009
Date Revised: March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025, March 2026
Date Reviewed:

Committee Category
Statutory

Mandate
The Registration Committee is mandated to ensure protection of the public interest by providing strategic direction to the College and to the Registrar & Chief Executive Officer (CEO) on the College's registration processes.

Accountability and Authority
The Registration Committee was established according to section 10(1)(2) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities
The Committee undertakes the following activities:

- On the Board's behalf, oversees the College's review of its registration practices to ensure that they are transparent, objective, impartial, and fair.
- Advises the Board on the College's registration requirements, including education, examinations, and qualifications criteria.
- Develops policies and procedures necessary to administer the registration program.
- Makes decisions regarding applications for registration when the Registrar & CEO refers these decisions to the Committee according to the Code, the regulations, and College policy.
  - Considers registration applications referred by the Registrar & CEO when the Registrar:
    - Has doubts, on reasonable grounds, about whether the applicant fulfills the

registration requirements,
  - Believes that terms, conditions, or limitations should be imposed on a certificate of registration, or
  - Proposes to refuse the application.
- Considers applications to remove or modify a term, condition, or limitation that was imposed as a result of a registration proceeding.
- Considers applications and applicants' submissions and make orders about the disposition of applications according to the Code.
- Oversees the College's participation in hearings or reviews of the Committee's decisions before the Health Professions Appeal and Review Board.
- Prepares a report on fair registration practices annually or at such other times as the Fairness Commissioner may specify.
- Oversees the implementation of a registration practices audit, as required, by the Fairness Commissioner.
- Provides other reports and information to the Fairness Commissioner, as required.
- Develops amendments to the registration portion of the General Regulation for approval by the Board and the Ministry of Health.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises at least all of the following:

- Two Public Directors.
- One or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

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

Ability

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

Occupational Therapy Practice

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

Education/Examinations

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

Registration Processes/Requirements

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

International Health Professional/Graduate

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

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Registration Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee provides a report of the activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Registration Manager and Program Director support the Committee, as do other staff members.

Confidentiality

Committee Appointees have access to highly sensitive and confidential information, which they must keep in the strictest confidence. The duty of confidentiality for appointees of this Committee is especially stringent. Appointees must not discuss with anyone any information

that the Committee considers, even of a general nature, except for the purpose of providing the annual report to the Board.

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.4 Executive Committee**
Date Prepared: December 2009
Date Revised: March 2010, October 2012, June 2015, June 2017, March 2020, June 2020, January 2021, March 2022, March 2023, April 2024, March 2026
Date Reviewed:

Committee Category

Statutory

Mandate

The Board's Executive Committee was established to act on the Board's behalf when immediate action is required.

Accountability and Authority

The Executive Committee was established according to section 10(1)(1) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

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

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

Risk Management

- Leads the Board's oversight of the College's risk management framework.

- Oversees the College's risk register on managing material risk to the College: financial, operational, legal, reputational, or any other material risk. Evaluates risk mitigation strategies and activities.
- Reviews the College's risk management controls and policies, and seeks input and assistance from other committees, as appropriate.
- Reviews the appropriateness of the insurance coverage maintained by the College.

Other

- Monitors proper College operations in cooperation with the Registrar & Chief Executive Officer (CEO).
- Exercises the Board's full powers in all matters of administrative urgency, reporting every action at the next Board meeting.
- Reviews and approves the agenda for Board meetings, as prepared by the Registrar & CEO, for clarity and priority. Identifies items for which Board meetings may be closed to observers according to section 7(2) of the Code, and recommends closure, with rationale, to the Board.
- Reviews selected briefing materials and reports for the Board for clarity, comprehensiveness, and planning.
- Calls special Board meetings.
- Guides and supports the Registrar & CEO.
- Evaluates the Registrar & CEO's performance according to agreed-upon strategic priorities, and reviews and decides on compensation.
- Regularly reviews, considers, and recommends to the Board changes to applicable legislation; regulations; and College bylaws, policies, strategic goals, programs, Rules of Procedure, standards, and guidelines that fall within the Committee's scope and purpose.
- Performs other duties and tasks the Board assigns to the Committee or as authorized under the Code.

Composition

The Committee comprises the Board Chair, Vice-Chair, and two Directors as follows:

- Two Elected Directors or Academic Appointees.
- Two Public Directors.

The Board Chair, Vice-Chair, and two Public Directors on the Executive Committee are officers of the College.

Composition Matrix

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

Ability

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

Governance Expertise

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

Term of Office

The Board elects the Committee annually.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Chair of the Executive Committee is the Board Chair.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Registrar & CEO supports the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.5 Fitness to Practise Committee**
Date Prepared: December 2009
Date Revised: March 2010, October 2014, June 2017, June 2020, March 2022, March 2023, April 2024, October 2024, January 2025, March 2026
Date Reviewed:

Committee Category
Statutory

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

Although the Fitness to Practise Committee is a College committee, it is independent of the College. It fairly and impartially holds closed hearings between the College and registrants.

Accountability and Authority
The Fitness to Practise Committee was established according to section 10(1)(5) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities
The Committee undertakes the following activities:

- Reviews and updates all College policies and documents relating to the fitness to practise process.
- Through panels, holds closed hearings on general allegations of a registrant's capacity to practise the profession as referred to the Committee by the ICRC according to the legislative requirements.
- Through panels, holds closed hearings on a registrant's application for reinstatement of a certificate of registration if the certificate was revoked on the grounds of incapacity.

- If a panel finds a registrant to be incapacitated, makes orders according to section 69 of the Code.
- Issues a written decision with reasons, at the conclusion of the proceedings, to the parties.
- Reviews and approves the Committee's Rules of Procedure.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises:

- All Elected Directors and Academic Appointees.
- All Public Directors.
- One or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.
- One or more Adjudicator Appointees, who have been specifically appointed to chair the Committee's panels and one of whom has been specifically appointed to chair the Committee.

Panels

The Chair may select panels to investigate whether a registrant is incapacitated. According to the Code, panels comprise at least three members, including at least one Public Director.

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

No person can be selected for a panel if they have taken part in either of the following: the investigation of the subject matter of the panel's hearing or a matter before the ICRC or Quality Assurance Committee relating to the same registrant who is the subject of the hearing.

Composition Matrix

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

Ability

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

Standards and Professional Ethics

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

Adjudication and Hearing

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

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms. Adjudicator Appointees are an exception to this; they have no limit to the number of terms they may serve.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.07.1 of the College bylaws, a majority of Committee Appointees constitutes quorum. For panels, according to the Code's requirements, a minimum of three members constitutes a quorum.

Selection of the Chair

The Board annually appoints the Chair of the Fitness to Practise Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Professional Conduct supports the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and

amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.6 Quality Assurance Committee**
Date Prepared: December 2009
Date Revised: March 2010, October 2012, June 2014, June 2017, March 2022, March 2023, April 2024, March 2026
Date Reviewed:

Committee Category
Statutory

Mandate
The Quality Assurance Committee is mandated to protect the public interest by establishing and maintaining a program to ensure the quality of the practice in the profession and to promote continuing evaluation, competence, and improvement among registrants.

The Committee assesses and supports the continuing competence of occupational therapists so that services to the public are safe, effective, and ethical. .

Accountability and Authority
The Quality Assurance Committee was established according to section 10(1)(6) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991* (the Act), and the regulations and bylaws made under these acts.

Duties and Responsibilities
The Committee undertakes the following activities:

- Develops, administers, and evaluates a risk-based Quality Assurance Program that includes:
  - Continuing education or professional development.
  - Self-, peer, and practice assessments.
- Monitors registrants' participation in the program, which includes:
  - Communicating transparently about requirements.
  - Facilitating registrant participation.

  - Monitoring registrants' progress and completion of requirements.
  - Deliberating on any non-compliance with requirements.
  - Following up with registrants whose participation is found to be unsatisfactory.
- Establishes policies and procedures necessary to administer the program.
- Appoints and arranges the training of assessors for the program.
- Receives and reviews reports from assessors for registrants who have been assessed. Takes such action as is, in the Committee's opinion, permitted under section 80.2 of the Code to ensure the registrant's continued competence.
- Discloses the registrant's name and allegations against the registrant to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee believes that the registrant may have committed an act of professional misconduct or may be incompetent or incapacitated according to section 80.2(1)(4) of the Code.
- Develops amendments to regulations of the Act for approval by the Board and the Ministry of Health.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.
- Receives and reviews recommendations from the Quality Assurance Subcommittee on the ongoing development, implementation, and evaluation of the program components.

Composition

The Committee comprises at least all of the following:

- One Public Director.
- Four or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

Panels

The Chair selects panels. According to regulation, panels comprise at least three members, including at least one Public Director.

Composition Matrix

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

Ability

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

Quality Improvement

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

Research and Analytical Skills

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

Standards and Scope of Practice

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

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum. For panels, according to the Code's requirements, three members constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Quality Assurance Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Quality Assurance and Program Director support the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.7 Patient Relations Committee**
Date Prepared: December 2009
Date Revised: March 2010, October 2014, June 2017, June 2020, January 2021, March 2022, March 2023, April 2024, March 2026
Date Reviewed:

Committee Category

Statutory

Mandate

The Patient Relations Committee is mandated to ensure that a comprehensive client or patient relations program exists, which includes administering the Sexual Abuse Funding Program, in compliance with the relevant legislation.

Accountability and Authority

The Patient Relations Committee was established according to section 10(1)(7) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA).

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized under the RHPA, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

Duties and Responsibilities

The Committee undertakes the following activities:

- Advises the College on developing and implementing measures and resources to promote professional and accountable relationships between therapists and clients or patients.
- Advises the College on engagement with the public and advises registrants on Patient Relations measures and resources.
  - Advises the Board on the College's Patient Relations Program, which includes developing and recommending measures for preventing and dealing with the sexual abuse of clients or patients, including:
  - Educational requirements for registrants.
  - Guidelines for the conduct of registrants and their clients or patients.
  - Training for the College's staff.

  - The manner of providing information to the public.
- On the Board's behalf, administers the College's Sexual Abuse Funding Program, including:
  - Developing policies and procedures governing the administration of requests for funding.
  - Developing appropriate forms for clients or patients to seek funding for counselling, therapy, or other expenses which may be allowed under this program.
  - Processing any requests for funding in a timely manner.
  - Bringing recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises at least all of the following:

- Two Public Directors.
- One or more Professional Committee Appointees.

Composition Matrix

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

Ability

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

Standards and Professional Ethics

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

Lived Healthcare Experience

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

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Patient Relations Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice supports the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.8 Quality Assurance Subcommittee**
Date Prepared: January 2004
Date Revised: June 2004, January 2019, June 2020, March 2022, March 2023, April 2024, March 2026
Date Reviewed:

Committee Category

Non-statutory

Mandate

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

Accountability and Authority

The Committee is accountable directly to the Quality Assurance Committee.

Limitations

The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities

The Committee undertakes the following activities:

- Provides recommendations on the program components as directed by the Quality Assurance Committee.
- Helps develop processes and activities within the program, which may include:
  - Competency and Enhance Assessments.
  - Annual Learning Plan.
  - Annual eLearning Module.
- Supports the development of the provincial and/or national Annual eLearning Module, including identifying learning objectives, developing case scenarios, reviewing content, developing reflective practice exercises, and performing online testing, as possible.
- Makes recommendations on developing and implementing additional tools to assess occupational therapists' performance related to the Competencies and Standards of Practice, as required.

Composition

The Committee comprises at least all of the following:

- Four or more Professional Committee Appointees.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

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

Ability

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

Quality Improvement

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

Research and Analytical Skills

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

Standards and Scope of Practice

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

Writing/Editing

- Experience in professional and academic writing and editing.

Additional Attributes

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

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Quality Assurance Subcommittee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

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

As a Committee Appointee, the Chair may vote.

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

Reporting

The Committee reports to the Quality Assurance Committee on activities the Committee has been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

All Committee Appointees have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial

interest. All Committee Appointees have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario. Appointees also have a duty not to represent the views of advocacy or special interest groups.

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Quality Assurance and Program Director support the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.9 Practice Subcommittee**
Date Prepared: March 2016
Date Revised: June 2017, June 2020, March 2022, March 2023, April 2024, March 2026
Date Reviewed:

Committee Category
Non-statutory

Mandate
The Practice Subcommittee's (the Committee's) primary function is to explore, debate, and provide recommendations on current occupational therapy practice issues relevant to the College's mandate.

Accountability and Authority
The Committee is directly accountable to the Executive Committee.

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities
The Committee undertakes the following activities:

- Conducts a regular environmental scan on practice issues which affect professional regulations.
- Identifies current practice issues for consideration and possible action by the Executive Committee.
- Acts as an advisory committee on occupational therapy practice.
- Recommends action on specific practice issues.
- Develops, reviews, and revises College resources related to practice as the Board directs.

Composition
The Committee comprises at least all of the following:

- One Elected Director or Academic Appointee.
- Four or more Professional Committee Appointees.

- One or more Community Appointees at the Board's discretion.

Composition Matrix

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

Standards and Scope of Practice

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

Systems Perspective

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

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Practice Subcommittee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice and Program Director support the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.10 Governance Committee**
Date Prepared: March 2020
Date Revised: June 2020, January 2021, March 2022, March 2023, June 2024, March 2026
Date Reviewed:

Committee Category
Non-statutory

Mandate
The Governance Committee researches, reviews, and makes recommendations to enhance the quality of the Board's work through best governance practices.

Accountability and Authority
The Governance Committee is accountable directly to the Board.

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities
The Committee undertakes the following activities:

- Reviews all governance policies and processes and recommends to the Board changes within the College's control. These policies and processes include:
  - The terms of reference for all committees and roles on the Board and on committees.
  - The bylaws and Rules of Procedure as they apply to Board or committee meetings.
  - All governance policies and related bylaws.
- Regularly monitors, evaluates, and recommends practices that will promote and enhance governance excellence and best practices at both the Board and committee level.
- Establishes and administers a process for assessing the effectiveness of the Board and its committees and makes recommendations to the Board.
- Oversees the process involving a potential sanction or disqualification of an Elected Director, a Professional Committee Appointee, or a Community Appointee according to the bylaws.

- Initiates and holds an inquiry if reasonable grounds exist to doubt or dispute the validity of any Director's election to the Board.
- Reviews and recommends to the Board the appointments of the Nominations Committee Appointees and Chair.
- Brings recommendations to the Board, as required, on associated policies or measures that will assist in avoiding or mitigating risks.

Composition

The Committee comprises at least all of the following:

- Two Elected Directors or Academic Appointees.
- Two Public Directors.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

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

Ability

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

Governance Expertise

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

Human Resources

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

Cross-Cultural Experience

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

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Governance Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Director of Regulatory Affairs and Registrar & Chief Executive Officer support the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.11 Finance and Audit Committee**
Date Prepared: January 2021
Date Revised: March 2022, March 2023, April 2024, June 2024, March 2026
Date Reviewed:

Committee Category
Non-statutory

Mandate
The Finance and Audit Committee assists the Board in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audits, internal control systems, investments, and policies.

Accountability and Authority
The Finance and Audit Committee is accountable directly to the Board.

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

Limitations
The Committee exercise only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities
The Committee undertakes the following activities:

Financial Planning and Reporting

- Analyzes each financial plan and annual budget that the Registrar & Chief Executive Officer (CEO) submits.
- Reviews all financial statements and reports prepared for the College, and advises the Board on issues with any of the following:
  - Financial plans and the annual budget, which the Registrar & CEO submits for recommendation to the Board.
  - The appropriateness and validity of any material assumptions and estimates used in

preparing financial plans or the annual budget.
  - Any significant assumptions, forecasts, or targets that the Senior Leadership Team uses to prepare the financial plans and/or annual budget.
- Ensures that the Registrar & CEO provides the Board in a timely manner with meaningful information regarding the College's financial status, including forecasts to make decisions.
- Reviews and recommends to the Board approval of:
  - The unaudited financial statements and reports.
  - The management discussion and analysis, if any, that accompanies the audited financial statements.
- Considers and makes recommendations for changes to the College's fee schedule.

External Audit

- Recommends to the Board the appointment of the External Auditor and approves engagement fees.
- Annually determines whether the External Auditor's performance is satisfactory and effective and meets the College's requirements.
- Confirms the External Auditor's independence, including reviewing all relationships and engagements between the External Auditor and the College for non-audit services that may reasonably be thought to influence the External Auditor's independence.
- Holds an annual discussion with the External Auditor before the presentation of the draft audited financial statements to the Board. The discussion concerns the audit result and any issues, findings, or concerns that the External Auditor wishes to raise relating to the College's staff, accounting records, accounting practices, and systems of internal control.
- Reviews and recommends to the Board the approval of the audited financial statements.
- Holds periodic in camera meetings with the External Auditor, if necessary, to inform them of any matters that may be relevant.

Internal Controls

- Ensures that adequate systems and practices are in place to provide reasonable assurance of compliance with laws, regulations, and standards of ethical conduct regarding the College's financial affairs.
- Through discussion with the Registrar & CEO, other members of the Senior Leadership Team, and the External Auditor, obtains reasonable assurances that the College has implemented appropriate systems of internal control which are effective and operating continuously. These systems guide financial reporting and information technology and ensure compliance with the College's policies and procedures.
- Requires reporting to the Committee of all fraudulent and illegal acts, whether actual or alleged, and the Registrar & CEO's response to them.

- Reviews and oversees both the Senior Leadership Team's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate these risks.

Investments

- Reviews and recommends to the Board policies on the College's investments.
- Monitors the College's investments at least quarterly to review compliance with policies.

Policy Review

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

Risk Management

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

Composition

The Committee comprises at least all of the following:

- Two Elected Directors or Academic Appointees.
- One Public Director.
- One or more Community Appointees at the Board's discretion.

Composition Matrix

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

Financial Literacy and Expertise

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

Business Experience

- Knowledge and experience of business management practices.

Term of Office

The term of Committee Appointees who are also Directors is one year.

The term of Committee Appointees who are not Directors is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Finance and Audit Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Director of Finance, People & Corporate Services supports the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.12 Nominations Committee**
Date Prepared: June 2002
Date Revised: March 2010, January 2018, June 2020, March 2022, March 2023, April 2024, March 2026
Date Reviewed: June 2017

Committee Category
Non-statutory

Mandate
The Nominations Committee assists the Board in ensuring that the Board and committees have Directors and Committee Appointees respectively with the necessary competencies and attributes to enable them to fulfill their roles and the public protection mandate. The Committee also fulfills specific roles related to the election of officers to the Executive Committee and recommends to the Board candidates for appointment and reappointment to committees.

Accountability and Authority
The Nominations Committee is accountable directly to the Board.

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities
The Committee undertakes the following activities:

- Collaborates with the Board and College staff to determine the competencies and skills that the Committee considers it necessary for Directors and Committee Appointees to possess.
- Implements a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to committees.
- Recommends candidates to the Board for appointment and reappointment to committees and as Committee Chairs.
- Supports the Board in the election of officers to the Executive Committee. This includes the following:
  - Calling for nominations.
  - Reviewing the Director nomination forms.

- Ensuring that at least one candidate is available for each position.
- Ensuring the consent of nominated candidates to stand for election.
- Requesting a candidate statement from each individual standing for election.
- Communicating the completed slate to College staff for distribution at the elections meeting.
- Ensuring that staff make the slate and statements of candidacy available to Directors by email before the election starts.

Composition

The Committee comprises at least the following:

- Two or more Community Appointees.
- One Professional Committee Appointee at the Board's discretion.

Composition Matrix

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

Ability

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

Governance Expertise

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

Human Resources

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

Cross-Cultural Experience

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

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Nominations Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Director of Regulatory Affairs and Registrar & Chief Executive Officer support the Committee, as do other staff members. Where appropriate, the Committee may seek the advice or participation of external individuals with relevant expertise, competencies, or lived experience to support recruitment, evaluation, and selection processes. Any such individual serves in an advisory capacity only, does not participate in Committee decision-making or voting, and is subject to appropriate confidentiality and conflict of interest requirements as determined by the College.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.13 Equity Perspectives Advisory Committee**
Date Prepared: January 2024
Date Revised: April 2024, March 2026
Date Reviewed:

Committee Category
Advisory

Mandate
The Equity Perspectives Advisory Committee's primary function is to explore, discuss, and provide recommendations on current occupational therapy practice issues relevant to Equity, Diversity, and Inclusion (EDI).

Accountability and Authority
The Equity Perspectives Advisory Committee is directly accountable to the Executive Committee.

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities
The Committee undertakes the following activities:

- Conducts a regular environmental scan on occupational therapy practice and EDI so as to:
  - Influence social, structural, political, ecological, and other determinants of health.
  - Affect identity and privilege in occupational therapy.
  - Influence occupational therapists' understanding of human diversity.
  - Support culturally safer relationships and anti-racist, ethical spaces.
- Identifies current practice issues impacting EDI for consideration and possible action by the Executive Committee.
- Acts as an advisory committee on EDI to other statutory and non-statutory committees.
- Recommends action on specific practice issues related to EDI.
- Develops, reviews, and revises College resources on practice and EDI as the Board directs.
- Recommends action on specific client or patient relations issues involving EDI.

Composition

The Committee comprises at least the following:

- Four to six Professional Committee Appointees, representing a cross-section of current occupational therapy practice and with either lived experience or practice experience related to EDI.
- One to a maximum of six Community Appointees with expertise in EDI.

Composition Matrix

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

Lived Experience of Physical, Mental, or Cognitive Health Limitations

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

Lived Healthcare Experience

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

Standards and Scope of Practice

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

Systems Perspective

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

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Equity Perspectives Advisory Committee.

If the Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice and Program Director support the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type: **Section 4: College Committees Terms of Reference**
Policy Reference: **4.14 Indigenous Insights Advisory Committee**
Date Prepared: January 2024
Date Revised: April 2024, March 2026
Date Reviewed:

Committee Category
Advisory

Mandate
The Indigenous Insights Advisory Committee's primary function is to explore, discuss, and provide recommendations on current occupational therapy practice issues relevant to Indigenous people.

Accountability and Authority
The Indigenous Insights Advisory Committee is directly accountable to the Executive Committee.

Limitations
The Committee exercises only the authority and fulfills only the duties and responsibilities authorized by these terms of reference.

Duties and Responsibilities
The Committee undertakes the following activities:

- Conducts regular environmental scans on occupational therapy practices which:
  - Address the distinct health needs of all Indigenous people.
  - Influence health outcomes and indicators identified in the Truth and Reconciliation Commission of Canada's Calls to Action (2015) for health.
  - Affect the health care rights of Indigenous Peoples, who are identified by treaties and laws.
  - Recognize the value of Indigenous healing practices and create practice guidance for occupational therapists in treating Indigenous clients or patients in collaboration with Indigenous Healers and Elders.
  - Support culturally safer relationships and anti-racist, ethical spaces.
  - Encourage the education, recruitment, and retention of Indigenous occupational therapists to serve Indigenous communities and provide culturally competent

mentorship for other occupational therapists.

- Identifies current practice issues impacting Indigenous people for consideration and possible action by the Executive Committee.
- Acts as an advisory committee on occupational therapy practice and Indigenous people to other committees.
- Recommends action on specific practice issues related to Indigenous people.
- Develops, reviews, and revises College resources related to practice and Indigenous people as the Board directs.
- Recommends action on specific client or patient relations issues connected with Indigenous people.

Composition

The Committee comprises at least all of the following:

- Four to six Professional Committee Appointees, representing a cross-section of current occupational therapy practice and with either lived experience or practice experience related to Indigenous people.
- One to a maximum of six Community Appointees.

Composition Matrix

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

Lived Experience of Physical, Mental, or Cognitive Health Limitations

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

Lived Healthcare Experience

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

Standards and Scope of Practice

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

Systems Perspective

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

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

The term of Committee Appointees is three years with a maximum of two consecutive terms.

The Board approves appointments to the Committee. The term of office for each Committee Appointee begins immediately after their appointment.

Meetings

The Committee holds meetings at a place and on a date predetermined, whenever possible, and meets regularly and as often as necessary to conduct its business.

Quorum

According to section 14.06.1 of the College bylaws, a majority of Committee Appointees constitutes quorum.

Selection of the Chair

The Board annually appoints the Chair of the Indigenous Insights Advisory Committee.

If Chair is unable or unwilling to preside at the meeting, the Chair will designate an acting Chair from among the Committee Appointees to preside. If the Chair is unable to delegate their chairing duties, the Committee will select an acting Chair to preside at the meeting from among its appointees.

Voting

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

Every motion that properly comes before the Committee is decided by a simple majority of the votes cast at the meeting by the Committee Appointees present. This applies unless specifically provided for otherwise under the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), or the College bylaws.

As a Committee Appointee, the Chair may vote.

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

Reporting

At every Board meeting, the Committee reports on activities it has undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

Conflict of Interest

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

The College bylaws include comprehensive information regarding conflict of interest obligations.

Committee Records

The Committee ensures that College staff record, approve, and maintain accurate minutes of all Committee meetings and proceedings. Electronic means are suitable for maintaining minutes and records.

Resources

The Manager of Practice and Program Director support the Committee, as do other staff members.

Confidentiality

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

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

Evaluation

The Committee terms of reference are reviewed annually by the Governance Committee and amended where necessary—for example, in response to statutory, regulatory, or policy amendments. The Board must approve any amendments to the terms.

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

Policy Type:	**Section 5: Governance**
Policy Reference:	**5.1 Code of Conduct for Directors and Committee Appointees**
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, October 2019, March 2021, January 2024, March 2026
Date Reviewed:	October 2016

Purpose

To establish the Code of Conduct (Code) for Directors and Committee Appointees as they work to meet their public protection mandate, support strong governance practices, and safeguard the College's integrity.

Public Interest Aspect

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

Application

This policy applies to:

- All Directors and Committee Appointees, who are expected to read and understand the Code and sign an acknowledgement and agreement to adhere to the Code.
- Governance Committee Appointees particularly, who are also expected to consider the concerns and possible breach of the Code and initiate an investigation.
- The Board Chair and the Registrar & Chief Executive Officer (CEO), who oversee the investigations and sanctions process.

Policy

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

The Code is broken down into four core values and the principles that exemplify them:

1. Fiduciary Duties

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

1.1 Act honestly, in good faith, and in the College's best interests consistent with its

mandate to protect the public. This duty supersedes any loyalties to other organizations, associations, persons, or personal or professional interests.

1.2 Uphold the decisions made by a majority of Directors or Committee Appointees, regardless of the level of prior disagreement.

1.3 Adhere to the College's established governance model and respect the distinction between governance and operations.

2. Accountability and Competence

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

2.1 Exercise all powers and discharge all responsibilities in good faith and in the College's best interests consistent with its mandate to protect the public.

2.2 Always conduct themselves in a way that protects the College's reputation and, in particular, act with fairness, honesty, and integrity.

2.3 Be familiar and comply with the *Regulated Health Professions Act, 1991* (RHPA) and its regulations and the Health Professions Procedural Code; *the Occupational Therapy Act, 1991* and its regulations; and the College's bylaws and policies.

2.4 Participate in all required orientation and training sessions.

2.5 Participate in Board and committee performance evaluations and governance effectiveness reviews.

2.6 Regularly and punctually attend all Board or committee meetings. Participate by reviewing all materials in advance, engaging constructively and respectfully in discussions, and recognizing the diverse background, skills, and experience of all other Directors, Committee Appointees, and staff.

3. Integrity

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

3.1 Conduct themselves in a manner that respects the College's integrity by striving to be fair, impartial, and unbiased in their decision-making.

3.2 Avoid or declare any appearance of or actual conflicts of interest and comply with College bylaws and policies relating to conflicts of interest.

3.3 Preserve confidentiality of all information before the Board or committee unless the Board has authorized disclosure or it is otherwise permitted under the RHPA.

3.4 Maintain appropriate decorum during all Board and committee meetings by adhering to the rules of order that the Board has adopted.

3.5 Refrain from speaking, or appearing to speak, on the College's behalf unless explicitly

authorized to do so by the Board Chair or Registrar & CEO.

3.6 Outside the formal Board or committee decision-making process, refrain from engaging in any discussions with other Directors or Committee Appointees that are intended to influence the decisions that the Board or committee makes on matters that come before it.

3.7 Respect the boundaries of staff, whose role is not to report to or work for individual Directors or Committee Appointees. Avoid contacting staff members directly except on matters where the staff member has been assigned to provide administrative support to the Board or committee or where otherwise appropriate.

3.8 Maintain appropriate boundaries with all Directors, Committee Appointees, and staff. Refrain from behaviour that may reasonably be perceived as discriminatory or as verbal, physical, or sexual abuse or harassment.

3.9 Intervene, as appropriate, when observing discriminatory behaviour or verbal, physical, or sexual abuse or harassment by others.

4. Diversity and Inclusion

Directors and Committee Appointees lead by example. To support and respect the individuality and personal values of their colleagues and staff, they must:

4.1 Support a culturally safer environment, recognizing diverse backgrounds, skills, and experiences and supporting the inclusiveness and diversity of all people.

4.2 Respect different viewpoints that may be expressed, in good faith, by other Directors and Committee Appointees during Board or committee deliberations.

4.3 Support an environment for Directors, Committee Appointees, staff, registrants, and interested parties that is free from bullying; harassment, sexual or otherwise; physical contact; psychological, verbal, and physical abuse; threats; and violence.

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.2 Confidentiality and Disclosure of College Information**
Date Prepared: December 2009
Date Revised: March 2010, January 2024, March 2026
Date Reviewed: October 2016, October 2019

Purpose

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

Public Interest Aspect

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

Application

This policy applies to:

- All Directors and Committee Appointees, who are expected to read and understand this policy and sign an acknowledgement and agreement to adhere to the policy.
- Governance Committee Appointees particularly, who are also expected to consider the concerns and possible breach of this policy and initiate an investigation.
- The Board Chair and the Registrar & Chief Executive Officer, who oversee the investigations and sanctions process.

Policy

1. Directors and Committee Appointees sign a statement of confidentiality (see Appendix A) when starting their term and annually thereafter.
2. All records obtained as a Director or Committee Appointee remain the College's exclusive property. "Records" are defined as any tangible information in any form—for example, a document, recording, or tape.
3. During their term or at any time thereafter, Directors and Committee Appointees do not disclose the College's private affairs or confidential information to any person unless the disclosure is necessary to carry out the College's business.

4. Directors, Committee Appointees, and the public are free to discuss matters talked about in open Board meetings. Directors and Committee Appointees are not permitted to discuss items addressed during an in camera session held according to the RHPA. In camera sessions are strictly confidential unless the Board agrees to a policy or statement about the release of specific information.
5. Only when completing documented duties should Directors and Committee Appointees remove any books, records, documents, or property belonging to the College from the office. Any such property issued to a Director or Committee Appointee in the course of their duties is returned to the College upon the Director or Committee Appointee completing their term.

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

Policy Type:	**Section 5: Governance**
Policy Reference:	**5.3 Conflict of Interest**
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2015, January 2019, October 2021, January 2024, March 2026
Date Reviewed:	January 2016

Purpose

To define “conflict of interest” as it relates to College work and advise Directors and Committee Appointees about their duties regarding conflict of interest.

Public Interest Aspect

Directors and Committee Appointees need to understand when and how to avoid or manage a conflict of interest to effectively serve the public interest.

Application

This policy applies to:

- All Directors and Committee Appointees, who are expected to read and understand this policy and sign the Conflict of Interest Questionnaire.
- Governance Committee Appointees particularly, who are also expected to consider what action is required when the conflict of interest is not disclosed.
- The Board Chair and the Registrar & Chief Executive Officer (CEO), who oversee the investigations and sanctions process.

Definitions

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

For the purposes of this policy, “family member” or a “close personal associate” is a spouse, partner, other family member, or anyone with whom the Director or Committee Appointee has a direct financial relationship, such as a business partner, employer, or employee.

The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts of interest generally arise in the following situations:

- **Director or Committee Appointee self-interest:** When a Director or Committee Appointee directly or indirectly engages in any business arrangements with the College or has a significant interest in a transaction or contract with the College.
- **Interest of a Director's or Committee Appointee's family member or close personal associate:** When a Director's or Committee Appointee's family member or close personal associate engages in any business arrangement with the College.
- **Benefits:** When a Director or Committee Appointee, their family member, close personal associate, or any other person, company, or organization a Director or Committee Appointee accepts benefits from a party with whom the College may enter into a business arrangement (including a supplier of goods or services). These benefits include gifts, credits, payment services, or anything of more than a token or nominal value ($50 or less).
- **Competing interests:** When a Director or Committee Appointee owes obligations (including fiduciary) to another organization that are competing or inconsistent with those of the College and its duty to act in the public interest.
- **Failure to disclose information:** When a Director or Committee Appointee fails to disclose information relevant to the College's affairs.

Policy

1. All Directors and Committee Appointees have a duty to act solely in the College's best interests and to maintain the public's trust and confidence in the integrity of the decision-making processes of the Board and College committees.
2. Directors and Committee Appointees must avoid or resolve conflicts of interest while performing their duties for the College. Even if no actual conflict of interest is present, they must make best efforts to avoid situations that a member of the public or a registrant might consider or perceive as a conflict of interest.
3. Directors and Committee Appointees recognize that a conflict of interest or an appearance of a conflict of interest by a Director or a Committee Appointee could:
   3.1 Bring discredit to the College.
   3.2 Amount to a breach of the fiduciary obligation of the Director or Committee Appointee to the College.
   3.3 Create liability for the College and/or the Director or Committee Appointee involved.
4. Both before serving on the Board or committee, and annually during a Director or Committee Appointee's term of office, each Director or Committee Appointee discloses in writing to the Registrar & CEO any professional, business, or personal interests. They must also notify the Registrar & CEO as soon as possible of any changes to this information.

Interests That Require Declaration

5. Directors and Committee Appointees must disclose all involvements with other organizations, vendors, or associations that might give rise to, or might reasonably be seen as giving rise to, a conflict of interest. Each Director or Committee Appointee must declare any of the following interests that relate to themselves, a family member, or a close personal associate:
   - 5.1 Any paid or unpaid employment or professional practice.
   - 5.2 Ownership of any company, business, or consultancy.
   - 5.3 Appointments, offices, and memberships in other professional bodies or associations, voluntary or otherwise.
   - 5.4 Any close personal ties with other Directors, Committee Appointees, or College staff members.
   - 5.5 Any other interest which may be relevant.

Process for Resolving Conflicts of Interest

6. All Directors and Committee Appointees are invited to declare at the beginning of each meeting, as a standard agenda item, any conflicts of interest they have in relation to items on the agenda. The declared interests are recorded in the Board's or committee's minutes.
7. Where a Director or Committee Appointee believes that they have a conflict of interest in a matter, they:
   - 7.1 Before any consideration of the matter under discussion, declare to the Board or the committee that they have a conflict of interest that prevents them from participating.
   - 7.2 Do not take part in the discussion of or vote on any question about the matter.
   - 7.3 Leave the room (or if the meeting is held virtually, log out) for the portion of the meeting relating to the matter even when the meeting is open to the public.
   - 7.4 Do not attempt in any way to influence the voting or do anything which might reasonably be perceived as an attempt to influence other Directors or Committee Appointees or the decision relating to the matter.
8. Where a Director or Committee Appointee is in doubt as to whether they have a conflict of interest, they consult with an appropriate person in a hearing, such as the Board Chair, the relevant Committee Chair, the Registrar & CEO, a designated staff member, or independent legal counsel.
9. Where a Director or Committee Appointee believes that another Director or Committee Appointee has a conflict of interest that has not been formally declared, the first Director or Committee Appointee advises an appropriate person in a hearing. Examples of such a person include the Board Chair, the relevant Committee Chair, the Registrar & CEO, a

designated staff member, or independent legal counsel. The person who is suggested as having a conflict of interest is entitled to address the matter before the Board or relevant committee makes any decision, as appropriate.

10. Where the Board or committee concludes that one of its Directors or Committee Appointees has a conflict of interest that has not been declared, it can direct the Director or Committee Appointee to do the following: not participate in the discussion or decision, leave the room (or if the meeting is held virtually, log out) for the portion of the meeting relating to the matter involving the conflict of interest, and not try to otherwise exert influence in the matter.
11. Every declaration or finding of conflict of interest and any consequent action is recorded in the meeting minutes.

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.4 Rules of Order**
Date Prepared: June 2017
Date Revised: January 2019, April 2024, March 2026
Date Reviewed:

Purpose

To ensure that Board meetings are purposeful, efficient, and carried out with fairness, reasonableness, and good faith toward all who participate.

Application

This policy applies to:

- The Board Chair.
- All Directors.
- Any observers or invited guests attending Board meetings.

Policy

General Procedures

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

Motions

4. Motions require a mover and seconder.
5. When a motion is under debate, no other motion can be made except to amend the first motion, postpone it, put it to a vote, adjourn the debate or the Board meeting, or refer the motion to a committee.
6. A motion to amend the motion then under debate is disposed of first. Only one motion to amend the motion under debate can be made at a time.
7. The Chair puts the motion to a vote under the following circumstances: when the Chair believes that the debate on a matter has concluded, when the Board has passed a motion to vote on the motion, or when the time allocated to the debate on the matter has concluded.

8. No Director is present in the room, participates in debate, or votes on any motion in which they have a conflict of interest, and the vote of any Director so interested is disallowed.
9. When a matter is being voted on, no Director enters or leaves the boardroom, and no further debate is permitted.
10. Any motion decided by the Board is not reintroduced during the same meeting except by a vote of two-thirds of the Directors present.
11. If a tie occurs, the Chair will cast the deciding vote.
12. Directors should exercise caution when considering abstentions. According to College bylaws, Board decisions are made by majority vote of Directors present. If a Director is present and abstains, this will equate to a "No" vote. Abstentions are noted by name in the minutes.

Amendments and Other Subordinate Motions

13. A motion that has been moved and seconded may be amended by a motion to amend. The Chair will rule a motion to amend out of order if it is irrelevant to the main motion or defeats the main motion's basic effect.
14. When a motion has been moved and seconded, no other motion may be made except a motion to do one of the following: amend the first motion; refer it to a committee; postpone the first motion, either indefinitely or to a specific meeting; call the question; adjourn the debate; or adjourn the meeting.
15. If a motion to refer a motion to a committee has been made, it will be decided before any amendment is decided, and if it is passed, no further debate or discussion will be permitted.

Preserving Order

16. The Chair preserves orders and decorum and rules on any question of order or procedure. A Director may appeal the Chair's ruling to the Board.
17. Whenever the Chair believes that a motion offered to the Board is contrary to these rules or the College bylaws, they immediately inform the Board of their opinion, rule the motion out of order, and explain why.
18. The Chair manages the speaking order or may delegate management of the speaking order.
19. When called upon, a Director addresses the Chair and confines discussion to the matter under debate.
20. The Chair may limit the number of times a Director may speak, limit the length of speeches, and impose other restrictions reasonably necessary to finish the meeting agenda.

21. If a Director believes that another Director has behaved improperly or that the Board has broken the College bylaws or these rules, the Director may state a point of order. The Chair promptly rules on the point of order, which is subject to an appeal to the Board.
22. Staff members and consultants with expertise in a matter may be permitted to answer specific questions. In addition, the Registrar & Chief Executive Officer may provide information relevant to a matter on their own initiative subject to the Chair's direction.
23. Observers at a Board meeting are not allowed to speak to a matter that is under debate, and Directors must not discuss a matter with observers while it is being debated.
24. Directors are to be silent while others are speaking.
25. At all meetings, Directors are expected to limit the use of cellular telephones and personal email to regularly scheduled breaks. During Board meetings, electronic devices must be used only to review materials related to the matter under debate and to make personal notes of the debate.

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.5 In Camera Policy and Procedure**
Date Prepared: January 2000
Date Revised: June 2020, January 2024, June 2025, March 2026
Date Reviewed: October 2011, March 2017

Purpose

To establish the circumstances under which the Board may exclude the public or staff from a meeting or portion of a meeting according to section 7(2) of the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991.*

To outline the appropriate use of in camera sessions to ensure transparency, accountability, and compliance with legislation while protecting sensitive matters.

Public Interest Aspect

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

Application

This policy applies to all Directors and Committee Appointees.

Policy

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

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

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

Procedure

1. The Chair indicates to those present at the meeting that an in camera session is to take place and states the reason according to the *Occupational Therapy Act, 1991*.
2. All non-participating guests and staff leave the meeting room as directed.
3. The Chair may invite the Registrar & Chief Executive Officer or other senior staff or guests to remain as appropriate.
4. The Chair reminds all those present at the session that all discussion, including any decisions, is strictly confidential.
5. The Vice-Chair, a Director, or another attendee whom the Chair has appointed records a summary of the discussion and any decisions made.
6. Before the end of the session or at the next in camera session, the attendees review and approve the minutes. The approved record is securely stored in the College's confidential filing system.
7. All matters discussed during the in camera session, including the minutes, remain confidential and must not be disclosed unless the Board agrees to a policy or statement about the release of specific information.

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.6 Virtual Meetings**
Date Prepared: January 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To give guidance on conducting virtual meetings. All participants in virtual meetings must clearly understand the College's expectations for appropriate etiquette and professional online behaviour, especially for public meetings, such as Board meetings.

Public Interest Aspect

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

Application

This policy applies to all Directors and Committee Appointees.

Policy

The rules of order apply to all virtual meetings but recognize that Board meetings are held in a public forum, and thus, professionalism and adherence to these protocols is even more important in such meetings. The expectations for all Committee Appointees and Directors are outlined below.

Pre-Meeting

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

- Keep your camera on. Except for observers and non-senior staff during Board meetings, all attendees are asked to have their cameras on unless they are experiencing a poor internet connection or are on only the phone due to technical arrangements. If you are on the phone, identify yourself to staff.

Meeting Navigation

- Be on time. As with in-person meetings, virtual meetings should start on time. Frequent lateness is disruptive, and the Chair addresses this directly with the Director or Committee Appointee.
- Keep your microphone off unless you are speaking. When done speaking, signal this by turning the microphone off. The Chair should then be the next to speak. Limit speaking to pertinent and relevant points as you would in-person. One to two minutes per point is preferred.
- Put your hand up if you wish to speak. By viewing those with their hand up, the Chair identifies who will speak next.
- Give page numbers when referring to documents in your package, to help others navigate to the same place.

Voting

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

Chat Function

- Use the chat function for emergency purposes only (for example, if you need to leave the meeting quickly or have technology issues).
- Keep comments short and professional. All comments in the chat are recorded, both comments directed to everyone and those directed to specific individuals. College staff monitor and manage all comments in the chat and bring forward concerns to the Chair, as appropriate.

Breaks

- Turn off your camera and microphone during breaks. To avoid delays when the meeting reconvenes, preferably **do not** disconnect from the meeting.
- Return from breaks at the time the Chair indicates.
- For public Board meetings, refrain from eating on camera.

Post-Meeting

- Safely and securely dispose of any confidential College materials.
- Delete any electronic materials from your devices and empty the deleted folder.
- Securely shred all hard copy materials. If secured shredding is unavailable to you, return the meeting materials to the College office for safe shredding.

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.7 Social Media / Media Relations**
Date Prepared: January 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To provide guidance on responsible conduct on social media. This policy protects the College's online reputation while encouraging Directors and Committee Appointees to share information about the College on their online networks, when appropriate.

Public Interest Aspect

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

Application

This policy applies to all Directors and Committee Appointees.

Policy

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

- That they are free to follow, like, and share the content of College social media platforms. The College uses Facebook and Instagram under the handle @CollegeofOTs. The College can also be found on LinkedIn and YouTube under College of Occupational Therapists of Ontario.
- Of the College's Social Media Terms of Use. See Appendix A. The terms of use include community guidelines, disclaimers, and agreements.
- Of appropriate College-related content to share on social media. If unsure, Directors and Committee Appointees should confirm with the College. The Communications Team administers all College social media platforms. This means that Communicates coordinates all appropriate content, management, and activity on these platforms.
- That only Communications staff may respond to external comments on College social media channels.

- That they should use a personal email address, not a work email address, as their primary means of identification on social media.
- That they need to be careful about what they do online to avoid attracting negative attention or posts that may embarrass the College. They must avoid posting controversial or polarizing opinions online—for example, about politics.
- That their comments could be mistakenly associated with the College's position, even when they identify themselves as the author and solely responsible for their words or posting.
- That all communication remains in cyberspace and that they should avoid writing anything they cannot say in public.
- That inappropriate activity on College social media platforms should be reported to the Registrar & Chief Executive Officer.

Appendix A: Social Media Terms of Use[1]

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

Please keep in mind that while we strive to reply to messages, call or email the College for any urgent matters.

Community Guidelines

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

[1] This content is adapted, with permission, from the College of Medical Laboratory Technologists of Ontario; the original work is available on cmlto.com.

Please notify the College's Communications Team if you see a comment, content, or user that you think does not comply with our Community Guidelines.

Disclaimers and Agreements

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

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.8 Supporting Positive Relationships**
Date Prepared: June 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To provide guidance and support to enhance positive relationships and a safe work environment free from any form of harassment, discrimination, or violence**.**

Application

This policy applies to all Directors, Committee Appointees, and staff.

Policy

The College appreciates the value and dignity of all those it interacts with, including the public, registrants, staff, Directors, and Committee Appointees. A safe and supportive work environment is founded on healthy relationships based on respect, caring, trust, empathy, and dignity, and this environment thrives in a space in which diversity is accepted and honoured. All those who interact with the College are entitled to a positive, supportive, safe, and caring environment, free from discrimination, violence, bullying, harassment, or any other inappropriate behaviour.

For those who interact with the College to feel they are a valued and connected part of an inclusive environment, the College:

- Is proactive in identifying opportunities to recognize and celebrate positive behaviour and achievements.
- Strives to respond to the concerns and questions of the public, registrants, staff, Directors, and Committee Appointees in a timely manner.
- Ensures that the public, registrants, staff, Directors, and Committee Appointees are aware of their rights and obligations under the College policies and under the appropriate laws of Ontario and Canada.
- Communicates openly, honestly, and respectfully with the public, registrants, staff, Directors, and Committee Appointees.
- Actively seeks feedback from the public, registrants, staff, Directors, and Committee Appointees to ensure that their needs are being met.
- Ensures that procedures or decisions that are made regarding registrants, staff, Directors, and Committee Appointees are lawful, safe, and dignified and that their information is treated privately and confidentially, as appropriate.

- Ensures that policies that clarify procedures for staff are in place to provide for effective handling of complaints and protect against wrongful conditions, including human rights violations, violence and harassment in the workplace, and inappropriate preferential treatment.
- Deals firmly, confidently, and consistently with any distressed or challenging behaviour, in line with this policy, and adopts a restorative approach to rebuilding relationships that have deteriorated while allowing a fresh start.
- Works in partnership with all concerned to develop and support policies which build on the College's ethos and culture.
- Maintains an open mind, ensuring that all diverse voices are heard, included, and respected in all the College's work.

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.9 Consent Agenda**
Date Prepared: January 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To establish the consent agenda policy which guides Board meetings and further strengthens governance practices while safeguarding the College's integrity.

Public Interest Aspect

The consent agenda leads to efficient use of time during Board meetings. The agenda supports Directors and strengthens governance practices in the public interest.

Application

This policy applies to all Directors.

Definition

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

Policy

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

1. When developing the Board meeting agenda, the Board Chair and the Registrar & Chief Executive Officer (CEO) determine the items to be added to the agenda.
2. The consent agenda is part of the meeting agenda, which means that all the supporting materials are included in the Board meeting package.
3. Items that require discussion and/or decision are included in the consent agenda but are brought forward in the regular agenda with a briefing note.
4. The Board collectively agrees on the items that can routinely be addressed through the consent agenda, which may include:
    - Registrar & CEO reports
    - Committee reports

- Correspondence that requires no action and is provided for information only—for example, information about a new bill in legislature.
- Formal approval of items that have been thoroughly discussed.

5. This is the process for approving the consent agenda:

5.1 At the beginning of the meeting, when seeking approval of the agenda, the Chair asks whether any of the consent agenda items should be moved to the regular discussion items.

5.2 When the consent agenda is before the Board, and before asking for a motion to approve the consent agenda in its entirety, the Chair asks whether any identified corrections need to be made on any of the components. The Chair also asks whether anyone has any questions for clarification. An affirmative response to either of the Chair's questions may give rise to a request by a Director to move a component out of the consent agenda. The remaining components on the consent agenda can then be approved.

5.3 If a Director asks that a component be moved, it must be moved. Any reason is sufficient to move a component. A Director may wish to move a component to discuss it more fully, to further query the item, or to vote against it.

5.4 Once the component has been removed from the consent agenda, the Chair may decide to take up the matter immediately or to discuss it at some later point in the meeting.

College of Occupational Therapists of Ontario
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Policy Type: **Section 5: Governance**
Policy Reference: **5.10 Equity Impact Assessment**
Date Prepared: January 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To outline the Equity Impact Assessment (EIA) as it relates to College work and guide Directors and Committee Appointees on their duty to ensure that all College policies, programs, and processes are fair and non-discriminatory.

Public Interest Aspect

This policy supports the Directors and Committee Appointees in ensuring that College policies, programs, and processes are inclusive, fair, and non-discriminatory, which is essential for serving the public interest.

Application

The policy applies to all Directors and Committee Appointees.

Definition

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

Policy

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

- EIA is reflected in the strategic planning activities and appropriately resourced within the organization to support relevant operational activities.
- Equity is embedded across the College's decision-making process so that it becomes a core value and one criterion to be weighed in all decisions.

- The College evaluates the potential impacts of any policy, program, or process on registrants and clients or patients from different demographic groups based on characteristics such as gender, sexual orientation, place of origin, ethnicity, and Indigenous identity.
- The College develops recommendations aimed at mitigating negative impacts and maximizing positive impacts on equity-deserving groups.
- The College conducts EIAs to ensure that decisions are fair and that a policy, program, or process is not discriminatory.
- The EIA tool supports the achievement of the College's long-term strategic priority of responding to the needs of diverse communities in Ontario.

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

Policy Type: **Section 5: Governance**
Policy Reference: **5.11 Competency Profile Data Collection for Directors and Committee Appointees**
Date Prepared: October 2023
Date Revised: March 2026
Date Reviewed:

Purpose

To set out the procedure for the voluntary disclosure, by current and prospective Directors and Committee Appointees, of skills and diversity information to the College for the purposes of identifying gaps in representation and promoting substantive Equity, Diversity, and Inclusion (EDI).

The College collects information which is voluntarily provided by registrants using an electronic form. The form is accessible and in accordance with the *Accessibility for Ontarians With Disabilities Act, 2005* and its regulations, and it protects the confidentiality and privacy and respects the dignity of individual Directors and Committee Appointees.

Application

The policy applies to all Directors and Committee Appointees.

Background

In keeping with its values and commitments, the College strives for organizational excellence in its mandate to serve the public interest, regulate its registrants, and be accountable and accessible to the public that it serves.

In deciding to begin to invite current and prospective Directors and Committee Appointees to share skills and diversity data voluntarily, the College recognized that advancing EDI is an important component of the College's public protection mandate. This invitation enables the College to engage in data-driven decision-making to develop benchmarks and indicators against which it can:

- Measure the effectiveness of its own strategic priorities for advancing EDI.
- Assess the degree to which its registrants, Board, and committees reflect the Ontario public that the College serves and the degree to which the Board and committees have inclusive decision-making and programming.

The College considers skills and diversity data with the underlying goal of better serving the College's mandate to protect the public interest. This policy is based on the fundamental principle that only what is measured can be effectively understood and improved.

This policy aims to collect information on current and prospective Directors and Committee Appointees to identify gaps in representation, inform recruitment strategies, and enhance onboarding and training requirements. This aim is part of the overall journey to transform the College and achieve its goals, with EDI as a priority. Becoming proactive about EDI helps to identify perspectives not present in decision-making, enhance onboarding, and determine training requirements.

Principles

The policy on Competency Profile Data Collection for Directors and Committee Appointees adheres to the following guiding principles regarding data collection:

Principle 1: Privacy, Confidentiality, and Dignity

Protect the confidentiality of information, and respect the privacy and dignity of individuals, groups, and communities.

Principle 2: Commitment

Be committed to using the information voluntarily provided by Directors and Committee Appointees to help eliminate systemic racism and advance equity.

Principle 3: Quality Assurance

Make continuous efforts to ensure the quality of the personal information collected, to conduct analysis carefully and thoroughly.

Principle 4: Organizational Resources

Use College resources in ways that fulfill the requirements of this policy.

Policy

1. **Consent to Provide Information and Withdrawal of Consent**
    - 1.1 The information collected from current and prospective Directors and Committee Appointees is based on voluntary express consent that is freely given.
    - 1.2 No program, service, or benefit will be withheld, and no consequences or disciplinary actions will occur if a current or prospective Director or Committee Appointee does not provide the information.
    - 1.3 The request for information is provided to the current and prospective Directors and Committee Appointees in writing and in an accessible manner according to the *Accessibility for Ontarians With Disabilities Act, 2005* and its regulations.

2. **Confidentiality, Secure Storage, Retention, and Disposal of Information**
    - 2.1 The handling of information voluntarily provided by current and prospective Directors and Committee Appointees to the College according to this policy strictly adheres to the confidentiality requirements of section 36(1) of the *Regulated Health Professions Act*, *1991*.

2.2 The College takes reasonable steps to maintain and protect all information using a secure database.

2.3 Access to personal information is limited to only those individuals who need it in the performance of their duties. The College determines the level of access of information that College staff and the Nominations Committee require in the performance of their duties.

2.4 The College retains information stored in its electronic database for at least five years after the day it was last used or as reasonably necessary for the purposes of identifying perspectives in decision-making and advancing equity and inclusion. Retaining personal information for at least five years allows analysis of long-term trends and longitudinal analysis.

2.5 The College takes reasonable steps to securely dispose of information maintained in records (hard copy or electronic), including:

- Taking reasonable steps so that personal information is securely destroyed in such a way that it cannot be reconstructed or retrieved.
- Securely disposing of devices with memory capabilities (for example, computers, photocopiers, and fax machines).

3. Data Analysis

3.1 The College de-identifies the personal information voluntarily provided by its current and prospective Directors and Committee Appointees and maximizes the amount of personal information in the least identifiable form possible. The College de-identifies and disaggregates all such information when conducting analysis and developing reports.

3.2 The College ensures that no individual current or prospective Director or Committee Appointee is identifiable in its reports of the data analysis.

4. Compliance Monitoring

The Registrar and Chief Executive Officer and the Director of Regulatory Affairs ensure full compliance with this policy.

5. Policy Review

The Boards reviews this policy at minimum every three years and ensures that this policy is updated with the most recent changes to relevant legislation and policy directives in Ontario and Canada.

College of Occupational Therapists of Ontario
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Policy Type: **Section 6: Finance**
Policy Reference: **6.1 Financial Planning and Budgeting**
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022, June 2024, March 2026
Date Reviewed: June 2016, June 2023, October 2025

Purpose

To establish the Board's responsibility for overseeing financial management that ensures that adequate resources are available to support the College's mandate and strategic directions. To achieve this, financial planning for any fiscal year or the remaining part of any fiscal year is aligned with leadership outcomes and derived from a financial plan.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

The Board is ultimately responsible for ensuring that appropriate strategies, policies, and processes are in place to support prudent financial stewardship. Financial planning and budgeting is an important part of this responsibility.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO's financial planning and budgeting:

1. Contains information to enable credible projection of revenues and expenses, and separates capital and operational items, cash flow, and disclosure of planning assumptions.
2. Provides adequate cash flow to support operations throughout the year and to support reserves without Board approval.
3. Allocates sufficient funds to satisfy operational requirements.
4. Appropriately balances resources—human, technological, and financial—between the budget and the expected leadership outcomes.

5. Provides sufficient resources to support the Board's ability to perform its leadership role.
6. Conservatively projects a balanced budget that does not deviate (plus/minus) from revenues by more than 3% in any fiscal year unless the Board directs otherwise.

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.2 Financial Condition and Activities**
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022, March 2026
Date Reviewed: June 2016, June 2023, June 2024, October 2025

Purpose

To establish the Board's responsibility for overseeing financial management that will ensure that financial procedures and rules are in place to guide the Finance and Audit Committee and the Registrar & Chief Executive Officer (CEO) in carrying out their financial responsibilities.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & CEO, who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

The Finance and Audit Committee ensures that the College's financial condition and activities remain aligned with approved expenditures and supports the achievement of leadership outcomes.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Spends only those funds that have been received to date unless the debt guideline (below) is met or unless the Board directs otherwise.
2. Indebts the College in any amount only if the Board approves the debt.
3. Follows all financial policies.
4. Settles payroll and debts.
5. Ensures that tax payments or other government-ordered payments or filings are filed on time and accurately.

Debt Guidelines – Board Tolerance

1. Balanced budget plus/minus 3%.

2. Compliance with any covenants stipulated by the bank.
3. Zero tolerance to external debt unless the Board approves.

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.3 Asset Protection**
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022, June 2024, March 2026
Date Reviewed: June 2016, June 2023, October 2025

Purpose

To ensure that the College's assets are effectively protected and adequately maintained.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

As part of its financial oversight responsibilities, the Board ensures, through the Finance and Audit Committee, that all College assets are well protected, secure, and adequately maintained.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Insures against theft and casualty losses to at least 80% of replacement value and against liability losses to Directors, non-Directors on Board committees, staff, and the College itself.
2. Maintains appropriate insurance policies for the College, including general liability, directors' and officers' liability, and cyber liability.
3. Does not unnecessarily expose the College, its Board, or staff to claims of liability.
4. Makes purchases only when:
    - 4.1 Appropriate safeguards are in place to prevent conflicts of interest.
    - 4.2 For services over $30,000 with a new supplier, the College has obtained comparative pricing and quality reviews where prudent.
    - 4.3 Assurance exists of a balanced consideration between long-term quality and cost.

5. Protects intellectual property and information from inappropriate access, loss, or significant damage.
6. Receives, processes, and disburses funds under controls which are sufficient and meet the Board-appointed auditor's standards.
7. Acts in the College's best interests regarding its investments.
8. Uses College funds appropriately and ensures that others do as well.
9. Does not purchase, mortgage, or dispose of real property (land or buildings).
10. Obtains Executive Committee and Board approval before entering into a lease agreement for property (land or buildings).

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.4 Investments**
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022, March 2026
Date Reviewed: June 2016, June 2023, June 2024, October 2025

Purpose

To ensure that the College's investments are protected, adequately maintained, and not unnecessarily risked.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

To ensure sound financial stewardship, the Board makes sure, through the Finance and Audit Committee, that all College investments are protected, adequately maintained, and not unnecessarily risked.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Invests in funds that allow for preserving capital, where "capital" is defined as the cost of the investment.
2. Maintains liquidity necessary to meet the day-to-day cash requirements for College operations and planned capital investments.
3. Invests or holds funds identified as surplus in:
    3.1 Investments having a term of not more than 10 years.
    3.2 Short-term investments.
4. Presents annually the investment outcomes to the Finance and Audit Committee.
5. Presents annually the investment outcomes to the Board.

6. Invests in funds that are in Canadian dollars and issued by a Canadian institution.

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.5 External Audit**
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022, March 2026
Date Reviewed: June 2016, June 2023, June 2024, October 2025

Purpose

To ensure that an external financial audit is undertaken yearly.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

To ensure accountability, transparency, and sound financial stewardship, the Board makes sure, through the Finance and Audit Committee, that an external, neutral third party annually performs a financial audit.

Procedure

The Finance and Audit Committee ensures that the Registrar & CEO:

1. Provides for an annual external audit of financial performance by an auditor appointed by the Board.
2. Provides a review of the auditor appointment at least every five years unless the Board directs otherwise.
3. Supports and manages the audit process.
4. Allows for reasonable additional external audits if, or when, the Board requests them.

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.6 Honoraria and Allowable Expenses**
Date Prepared: May 1994
Date Revised: January 2016, March 2018, January 2019, January 2020, January 2021, January 2022, January 2023, June 2023, January 2024, January 2025, October 2025, March 2026
Date Reviewed: January 1997, June 1999, October 2000, March 2002, June 2002, August 2004, October 2004, March 2008, June 2008, July 2010, June 2012, January 2013, June 2024

Purpose

To provide guidelines on how an Elected Director, Academic Appointee, or Committee Appointee who prepares for and attends meetings or who incurs allowable expenses while conducting College business is paid an honorarium or reimbursed.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- All Academic Appointees and Committee Appointees, who may receive honoraria or reimbursements.
- The Finance and Audit Committee particularly, which also supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Definitions

- **Honoraria:** Token payments to Elected Directors, Academic Appointees, and Committee Appointees who provide services to the College for which a traditional fee or payment is not typically charged or expected. These payments are expressions of appreciation and goodwill for the voluntary services that these individuals provide to the College.
- **Allowable expenses:** Accommodations, meals, gratuities, travel, internet charges, and dependant care.

Policy

An Elected Director, Academic Appointee, or Committee Appointee who prepares for and attends meetings on College business is paid an honorarium.

An Elected Director, Academic Appointee, or Committee Appointee who incurs allowable expenses while conducting College business is reimbursed. The Director or Appointee is required to consider economy and necessity when incurring expenses.

Honorarium payments are always gratuitous. The decision to provide an honorarium should have no influence on an individual's decision to participate or volunteer their time. The party providing the payment has no legal obligation to make the payment, and the recipient has no legal right to the payment.

These payments are typically made to recognize or thank individuals for their contributions, particularly when traditional compensation is not expected or legally required. The policy aims to ensure fair and consistent practices while adhering to relevant regulations and ethical considerations.

Honoraria Claims Procedure

1. Elected Directors, Academic Appointees, and Committee Appointees submit their honoraria and reimbursement claims using the third-party online vendor platform provided by the College.
2. Honoraria may be claimed for attendance and preparation time. Preparation time is paid when Elected Directors, Academic Appointees, and Committee Appointees are required to review materials that the College distributes before the meeting.
3. The per diem amount of the Chair or Vice-Chair is payable only when they are acting in the capacity of Chair or Vice-Chair of the Board or as Chair of a statutory or standing committee for the meeting of the specific Committee or Board. All other participation is remunerated at the standard rate.
4. If the College cancels a full-day meeting without 48 hours' notice, Elected Directors, Academic Appointees, and Committee Appointees will be entitled to be reimbursed at half of the full-day attendance rate. If the College cancels a half-day meeting without 48 hours' notice, Elected Directors, Academic Appointees, and Committee Appointees will be entitled to be reimbursed at half of the half-day rate. Only Elected Directors, Academic Appointees, and Committee Appointees who are scheduled to attend and who request reimbursement receive it. Elected Directors, Academic Appointees, and Committee Appointees are permitted to submit a reimbursement claim for preparation time per the limits set out in this policy for their meeting.
5. The College pays $60.00 per diem for on-site meetings or remote meetings that are scheduled for less than one hour. Preparation time is included in the attendance rate for meetings of less than one hour. When the duration of a meeting is one hour or more,

preparation time may be claimed in addition to the per diem. A one-hour meeting that is cancelled is not reimbursable.

6. The Finance and Audit Committee annually reviews per diem rates and this policy. The Board approves all changes to the per diem rates before they come into effect the following fiscal year, to allow for appropriate budgeting.
7. Elected Directors, Academic Appointees, and Committee Appointees can claim both preparation per diem and travel per diem on the same date.
8. All expense claims must be submitted before the end of the applicable fiscal year. The College encourages Elected Directors, Academic Appointees, and Committee Appointees to submit their expenses as soon as possible to assist the College with providing accurate tax records (for example, T4 and T4A slips) to Directors and Appointees.

Per Diems

The College offers up to three types of per diems:

- Attendance.
- Preparation time.
- Travel.

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

Attendance

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

Three fixed rates are available:

- One-hour rate of $60: Equal to or less than one hour.
- Half-day rate: Equal to or less than three hours and thirty minutes but more than one hour.
- Full-day rate: More than three hours and thirty minutes to a maximum per day of seven hours and thirty minutes.

If a meeting is scheduled for one hour but goes over the scheduled length, the College will pay Elected Directors, Academic Appointees, and Committee Appointees the half-day rate.

If a meeting is scheduled for half a day but goes over the scheduled length, the College will pay Elected Directors, Academic Appointees, and Committee Appointees the full-day rate.

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

Preparation Time

All preparation time is based on a fixed hourly rate.

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

When an exceptionally large volume of reading material is distributed, the meeting Chair will advise Elected Directors, Academic Appointees, and Committee Appointees if the maximum allowance for preparation time will be increased. This is left to the Chair's discretion.

Discipline Committee; Fitness to Practise Committee; Inquiries, Complaints and Reports Committee; Registration Committee; Quality Assurance Committee; and decision writing meetings: Preparation time is not to exceed the meeting's maximum scheduled length unless the Chair approves.

Travel

When travel equal to or in excess of 250 kilometres is required, Elected Directors, Academic Appointees, and Committee Appointees are advised to travel the day before the meeting and claim the travel per diem. Same-day travel of less than 250 kilometres is also reimbursed.

Rates

Full-Rate Attendance:

- Standard rate for Elected Directors, Academic Appointees, and Committee Appointees: $250
- Chair (of Board or statutory or standing committee): $325
- Vice-Chair: $275

Half-Rate Attendance:

- Standard rate for Elected Directors, Academic Appointees, and Committee Appointees: $125
- Chair (of Board or statutory or standing committee): $162.50
- Vice-Chair: $137.50

Preparation time: $45 per hour.

Travel: $150 per reimbursement claim.

Allowable Expenses Claims Procedure

1. Elected Directors, Academic Appointees, and Committee Appointees submit allowable expenses using the third-party online vendor platform provided by the College. Claimants must include all receipts except for mileage claims.

2. The Registrar & CEO, Program Director, or other appropriate College staff member reviews the submitted forms before approval. Incomplete forms are returned to the claimants.
3. The College pays expenses according to its payroll schedule, on the 15th day of each month. The deadline to submit claims for payment is the ninth day of each month.

Accommodation

1. Hotel arrangements can be made at College-approved hotels to ensure that the College receives the benefit of the corporate rate. However, a more economical alternative is acceptable also.
2. Except for Board and Executive Committee meetings, Elected Directors, Academic Appointees, and Committee Appointees are to make arrangements for their own accommodation per this policy.
3. Private accommodation may be used instead of the approved hotel when an Elected Director, Academic Appointee, or Committee Appointee can stay with friends or relatives. The Director or Appointee can claim a maximum of $40 per night.
4. No reimbursement is made where an Elected Director, Academic Appointee, or Committee Appointee resides within 50 kilometers of the meeting venue unless they are required to attend on two or more consecutive days. Only one night is reimbursed between meeting days.
5. Personal charges made at a hotel are not reimbursed; these include laundry, in-house movies, or personal phone calls.
6. Internet charges will be reimbursed if they are not included in the accommodation cost.

Meals

Rate: The daily maximum rate is $100, which includes breakfast, lunch, and dinner.

1. Meal claims are based on actual expenses incurred.
2. Elected Directors, Academic Appointees, and Committee Appointees can claim gratuities where the total cost is within the daily maximum.

Travel

Rate: $0.70/km

1. Travel comprises Economy airfare, bus, train (including VIA 1), local public transportation, taxi, or private automobile.
2. In each case, only the cost of the most economical and/or practical mode of travel may be claimed. Wherever possible, Elected Directors, Academic Appointees, and Committee Appointees are encouraged to take advantage of advance bookings, seat sale fares, or other discounts offered.

3. Costs for parking must include a receipt for reimbursement.
4. Individuals are not reimbursed for traffic and parking violations.

Internet Charges

Elected Directors, Academic Appointees, and Committee Appointees are reimbursed for the cost of additional hotel internet charges related to College business. Receipts are required.

Dependant Care

Rate: The maximum hourly rate for which elected Directors, Academic Appointees, and Committee Appointees is reimbursed is not more than minimum wage, for up to the maximum number of hours scheduled for the meeting plus one hour travelling time. Directors and Appointees should not submit claims for dependant care expenses unless they are actually incurred. Costs for dependant care are reimbursed where they are incurred over and above the regularly scheduled provision of care.

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.7 Reserve Funds**
Date Prepared: February 1997
Date Revised: October 2017, June 2019, March 2020, June 2022, June 2024, March 2026, June 2026
Date Reviewed: October 2000, March 2007, October 2010, June 2012, January 2013, January 2016, January 2019, June 2023, October 2025

Purpose

To outline how the College sets aside and manages funds for future needs or unexpected expenses while providing guidelines to the Board on maintaining specific reserve funds.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

Reserve funds are important in maintaining financial stability and helping the College to manage risks, address future needs, and ensure long-term sustainability of the College's mandate.

Procedure

To cover these variable and/or unforeseen costs and expenses, the College has established and maintains specific reserve funds.

1. Reserve funds are maintained for:

    - **Hearings and Independent Medical Exam Reserve Fund**

      The Hearings and Independent Medical Exam Reserve Fund is designated to cover costs, including legal costs, for conducting the following: independent medical exams, discipline hearings, fitness to practise hearings, registration appeal and Inquiries, Complaints and Reports Committee review hearings before the Health Professions Appeal and Review Board, other hearings that may arise related to regulating the profession, judicial reviews, and appeals before the courts of committee decisions.

The amount to be maintained in this fund is $400,000 or such other amount as the Board determines.

- **Sexual Abuse Therapy and Counselling Reserve Fund**

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

- **Technology Fund**

  The Technology Fund is designated to provide for the cost of any technological improvements that support the efficient and effective delivery of the College's mandate. The minimum amount to be maintained in this fund is $100,000 and maximum amount is $500,000 or such other amount as the Board may determine.

2. The Registrar & CEO authorizes appropriations from the annual operating surplus to the approved levels of reserve funds.

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

Policy Type:	**Section 6: Finance**
Policy Reference:	**6.8 Technology Plan / IT Policy**
Date Prepared:	
Date Revised:	
Date Reviewed:	

NEW to come

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.9 Insurance**
Date Prepared: October 2025
Date Revised: March 2026
Date Reviewed: October 2025

Purpose

To ensure that the College maintains adequate and appropriate insurance coverage to protect the organization, its Board, and staff from financial loss and liability.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer, who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Policy

The College maintains insurance coverage that is prudent and sufficient to manage its risks in alignment with best practices for health regulatory bodies. This includes general liability, directors' and officers' liability, cyber liability, and property insurance.

Procedure

1. The College maintains at least the following types of insurance coverage:
    - General liability (including cyber) and crime insurance.
    - Directors' and officers' liability.
    - Property insurance.
    - Travel and occupational accident insurance.
2. The Finance and Audit Committee reviews this policy and the College's insurance coverage annually and makes recommendations to the Board.

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

Policy Type: **Section 6: Finance**
Policy Reference: **6.10 Signing Officers**
Date Prepared: October 2025
Date Revised: March 2026
Date Reviewed:

Purpose

To outline the delegation of signing authority, approval thresholds, and related procedures.

Accountability, transparency, and sound financial stewardship are foundational principles of the College. In carrying out its public protection mandate, the College engages in a variety of financial activities, including entering contracts, purchasing services, approving payments, and managing investments.

Designated individuals are entrusted with the authority to approve commitments on the College's behalf and are accountable for doing so according to applicable policies, bylaws, and the Board-approved budget.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed financial reviews, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Definitions

- **Board-approved budget commitments**: Contracts included during the annual budgeting process and that have been approved at a Board meeting.
- **Contract:** Any written document or instrument between the College and a third party and that legally binds the College to make a payment or to purchase goods or services. (Oral contracts are strictly prohibited.) This includes any of the following that may be binding upon the College: agreement, purchase order, contract, subcontract, letter of intent, memorandum of understanding, memorandum of agreement, lease, deed, transfer, instrument, assignment, obligation, certificate, or other document.
- **Invoice:** A list of goods or services provided by a vendor for products purchased or services rendered with corresponding payment obligations outlined. Invoices must be

addressed to the College and include the seller's name, a description and price of the goods or services, and the payment terms.

- **Non-Board-approved budget commitments**: Contracts that were not included as part of the budgeting and planning process for the fiscal year's operating budget. The Board has not approved these items, and they are over the threshold as outlined in this policy.
- **Payments**: The paying of an invoice from a vendor, which can take the form of a cheque or direct payment via the bank.
- **Signing authority**: The power given to an individual to sign contracts that commit the College to a legal relationship and contractual obligations. Also refers to the power given to individuals to approve invoices, cheques, and release bank funds for payment.
- **Vendors**: Suppliers, service providers, consultants, and third parties.

Policy

To ensure responsible fund management, the College:

- Identifies the individuals authorized to sign legally binding agreements, contracts, and financial transactions on the College's behalf.
- Establishes consistent financial authorization thresholds.
- Ensures that the College's financial practices are aligned with its governance framework and fiscal responsibilities.
- Promotes transparency and accountability in the use of College funds.

Procedure

1. **Delegation of Authority**
   Signing authority may be exercised by only those individuals designated under this policy. Authority is limited by role, value threshold, and nature of the transaction. Certain transactions may require dual signatures to ensure appropriate oversight and control.

2. **Contracts and Agreements**
   All contracts must comply with the Board-approved budget unless otherwise authorized. Multi-year agreements and those involving high-value or strategic importance require Board-level approval. Contracts affecting staff employment and benefits are strictly excluded under this policy. Appendix A outlines the thresholds.

3. **Payments and Invoices**
   Payments must follow appropriate approval processes and be aligned with the approved budget. Appendix B lists thresholds and required signatories.

4. **Banking and Financial Transactions**
   All College payments must be made by cheque or through approved electronic banking

platforms. Online payments require pre-authorization and dual approval by designated signing officers, according to platform controls.

5. **Limitations**

   The Registrar & CEO may not authorize any payment where:

   - Expenditures are split to circumvent thresholds.
   - Due diligence has not been exercised regarding conflicts of interest.

Operational Procedures

1. **Initiation and Review**
   - College staff initiate contracts or invoices and verify budget availability.
   - The designated authority reviews and confirms compliance with this policy before signing.
2. **Approval and Signing**
   - Individuals must sign according to their delegated authority, as detailed in the appendices.
   - Where two signatures are required, both signatories must independently verify compliance.
3. **Documentation**
   - All executed documents must be stored in the College's designated records system with appropriate supporting documentation.
4. **Monitoring**
   - The Finance and Audit Committee oversees compliance with this policy and reviews it at least once every three years.

Appendix A: Contracts

Contracts/Agreements	Threshold per Contract Before Taxes	Required Signatures	
		One of Signature 1	One of Signature 2
Board-approved budget commitments	Less than $50,000	Registrar & CEO	
		Director of Regulatory Affairs	
		Director of Finance, People & Corporate Services	
		Program Director	
		Director of Communications	
	$50,000 and greater	Registrar & CEO	Director of Regulatory Affairs
			Director of Finance, People & Corporate Services
			Program Director
			Director of Communications
Non-Board-approved budget commitments	Less than $50,000	Registrar & CEO	Director of Regulatory Affairs
			Director of Finance, People & Corporate Services
			Program Director
			Director of Communications
	$50,000 and greater	Registrar & CEO	Finance and Audit Committee (including notification to Board)
Agreements for five years and longer	Any value	Board Chair	

Appendix B: Payment and Invoice Approval

Payment Processes	Threshold for Single Transaction Before Taxes	Required Signatures	
		Signature 1	One of Signature 2
Online direct deposits	Less than $15,000	Director of Finance, People & Corporate Services	Registrar & CEO
	$15,000 and greater	Registrar & CEO and Director of Finance, People & Corporate Services	Board Chair Board Vice-Chair Chair, Finance and Audit Committee Member at Large, Executive Committee
Cheques	Less than $5,000	Registrar & CEO or Director of Finance, People & Corporate Services	
	$5,000 to $14,999	Director of Finance, People & Corporate Services	Registrar & CEO
	$15,000 and greater	Registrar & CEO or Director of Finance, People & Corporate Services	Board Chair Board Vice-Chair Chair, Finance and Audit Committee Member at Large, Executive Committee
Invoices (per invoice)	Less than $5,000	Manager	
	$5,000 to $29,999	Manager	Registrar & CEO Director of Regulatory Affairs Director of Finance, People & Corporate Services Program Director Director of Communications
	$30,000 and greater	Registrar & CEO Director of Regulatory Affairs Program Director Director of	Director of Finance, People & Corporate Services

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

Policy Type: **Section 7: Oversight and Risk Management**
Policy Reference: **7.1 Strategic Planning**
Date Prepared: December 2009
Date Revised: March 2010, March 2026
Date Reviewed: October 2016, October 2019, October 2024

Purpose

To provide guidance and support for shaping the College's strategic directions.

Application

This policy applies to:

- All Directors, who approve the College's overall strategic directions and provide appropriate oversight to ensure that the Strategic Plan is implemented.
- The Registrar & Chief Executive Officer (CEO) and College staff, who are responsible to engage the Board in the Strategic Plan's development for Board approval. They are responsible for implementing the Board's strategic initiatives and accountable to the Board for regularly reporting progress on implementing the Strategic Plan.

Policy

The Strategic Plan articulates the College's mission, vision, and values over the long term. It also identifies strategic priorities and key performance indicators. These strategic priorities outline the College's plan and goals and identify measurable targets and other indicators by which the College will measure success against the stated objectives.

The Board recognizes its legal and moral responsibility for governing the College and for ensuring that the College's mission and vision are carried out. This is achieved by the Board developing the strategic directions that the College takes and ensuring that:

1. At least every three years, the Board dedicates a portion of its resources to focus on the College's long-term goals by overseeing the development, approval, and implementation of the Strategic Plan.
2. The plan outlines the College's mission, vision, and values.
3. The plan details strategic priorities and goals and identifies measurable objectives against which the College will evaluate success.
4. The plan takes into account the current and possible future environment in which the College operates, which may include feedback or information from multiple sources.
5. The strategic planning is based on effective and efficient risk and resources management strategies.

6. The Registrar & CEO updates the Board regularly about progress on the approved priorities.
7. The Board monitors progress made against the approved priorities, and where underperformance or other issues are identified, ensures that corrective action is taken.

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

Policy Type: **Section 7: Oversight and Risk Management**
Policy Reference: **7.2 Overseeing Financial Risks**
Date Prepared: October 2025
Date Revised: March 2026
Date Reviewed:

Purpose

To establish the Board's responsibility for overseeing financial risk and ensure that adequate resources are available to support the College's mandate and strategic directions. This policy outlines how financial risk is identified, managed, and mitigated through effective governance, oversight, and accountability mechanisms.

Application

This policy applies to:

- All Directors, who are ultimately responsible for financial oversight and risk management.
- The Finance and Audit Committee, which supports the Board by conducting detailed reviews of financial matters, providing recommendations, and overseeing specific financial policies.
- The Registrar & Chief Executive Officer (CEO), who is accountable to the Board for implementing financial decisions, maintaining effective financial controls, and reporting.

Definition

Financial risk: Any risk that may impact the College's financial health, sustainability, or compliance including:

- Budgetary risk (for example, overspending or revenue shortfalls).
- Investment risk (for example, market volatility).
- Liquidity risk (for example, inability to meet obligations).
- Compliance risk (for example, failure to follow accounting or regulatory standards).
- Fraud or misuse of funds.

Policy

The Board oversees the College's financial management with a view to identifying and mitigating risk in key areas related to financial planning, investment policy, registrant fee structure, and an auditing process that includes the Board appointing external auditors.

The Board ensures that a financial planning process is part of the College's overall strategic planning process and considers the financial implications of any new policy, action, or direction before approving it for implementation.

Procedure

Role of the Board

The Board is ultimately responsible for overseeing financial risk and ensuring that appropriate strategies, policies, and processes are in place to support prudent financial stewardship. Specifically, the Board:

- Oversees the development and approval of the annual operating and capital budgets.
- Approves and regularly reviews the College's investment policy and surplus fund strategy.
- Appoints external auditors and receives annual audited financial statements and reports.
- Ensures that financial planning is integrated into the strategic planning process.
- Considers the financial implications of new policies, initiatives, or strategic directions before approving them.
- Oversees the adequacy of insurance coverage aligned with identified and assumed risks.
- Promotes transparency and engages with system partners when financial decisions may impact them.

Following Board approval of the audited financial statements, the Chair of the Finance and Audit Committee and the Board Chair sign them.

Role of the Finance and Audit Committee

The Finance and Audit Committee acts on the Board's behalf to:

- Review and recommend for Board approval:
  - Annual operating and capital budgets.
  - Investment goals, strategies, and performance.
  - Fee structure and changes.
  - Auditors' reports and recommendations.
- Develop financial policies.
- Meet with external auditors before and after the annual audit.

Following Board approval of the audited financial statements, the Chair of the Finance and Audit Committee and the Board Chair sign them.

Role of the Registrar & CEO and Management

Under the Board's direction, the Registrar & CEO and Senior Leadership Team:

- Provide effective financial administration and internal controls.

- Ensure timely, accurate, and complete financial reporting by College staff to the Board and the Finance and Audit Committee.
- Collaborate with the Finance and Audit Committee to support implementation of Board-approved financial policies.
- Establish and maintain internal financial policies according to sound accounting principles.
- Maintain a financial risk register or equivalent documentation to support ongoing monitoring and mitigation.

Procedures for Financial Risk Oversight

To fulfill its financial oversight responsibilities, the Board:

- Approves the annual operating and capital budgets for each fiscal year.
- Appoints external financial auditors and receives their reports annually.
- Approves the College's investment policy and periodically reviews it for relevance and effectiveness.
- Ensures that the College maintains appropriate insurance based on the College's risk profile.
- Receives regular financial reporting (quarterly or as required) to monitor actual performance against the budget and flag emerging risks.
- Reviews recommendations from the Finance and Audit Committee and makes final decisions on material financial matters.

Monitoring and Review

- At least every three years or earlier if required due to legislative, regulatory, or operational changes, the Finance and Audit Committee reviews this policy and recommends updates to the Board.

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

Policy Type: **Section 7: Oversight and Risk Management**
Policy Reference: **7.3 Board's Oversight Role in Risk Management**
Date Prepared: January 2018
Date Revised: October 2024, March 2026
Date Reviewed:

Purpose

To guide and support the Board in discharging its risk oversight responsibilities.

Application

This policy applies to:

- All Directors, who are jointly and severally responsible for the College's oversight.
- The Registrar & Chief Executive Officer (CEO) and College staff, who share responsibility with the Board for identifying, analyzing, and managing risk.

Policy

The College appreciates risk management as an essential ingredient of responsive, efficient, and effective governance. While the Board provides leadership in risk management, it relies on the College to implement systems, processes, and procedures to enable the Board's risk oversight responsibilities.

The College recognizes that management and organizational risk exists in all aspects of its activities and cannot be avoided. The College must maintain a common and consistent approach to identifying and managing any risks which could prevent the organization from achieving its strategic objectives and effectively executing its responsibility. Where appropriate, the approach is transparent and uncomplicated.

The Board's oversight responsibilities include continuously reviewing the College's risk register and risk report and ensuring that the Registrar & CEO:

- Provides complete and appropriate information or reports on risks to aid the Board in its risk management oversight responsibilities.
- Disseminates to the Board risk management information or reports that contain complete and accurate details on existing and emerging risks that the College is facing.
- Explains any risk's likelihood and impact.
- Highlights actions taken or in progress to mitigate the risks' effects.
- Prepares the risk management report before each Board meeting.

- Undertakes a thorough review of the risk register annually to identify any needed project priorities for the upcoming year.
- Periodically undertakes a review of the risk management framework to maintain its relevance and effectiveness.
- Complies with all processes, procedures, and systems for risk management.
- Provides support to the Committee delegated with risk management responsibilities[2] to build and sustain risk management culture and capacity.

[2] Currently, the Executive Committee has these responsibilities, but that may change.

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

Policy Type: **Section 8: Evaluation, Training, and Development**
Policy Reference: **8.1 Board Assessment and Evaluation**
Date Prepared: December 2009
Date Revised: March 2010, March 2026
Date Reviewed: March 2017, January 2025

Purpose

To provide guidance and direction to the Board regarding the effectiveness of Board meetings and the Board as a whole. Regular evaluations are essential for improving Board performance and ensuring that meetings are productive and overall governance is enhanced. The evaluations process focuses on Board accountability, fosters a culture of continuous improvement, and drives organizational success.

Application

This policy applies to:

- All Board Directors.
- The Governance Committee.
- The Executive Committee.

Policy

The Board regularly evaluates its governance performance. The Governance Committee recommends an evaluation process to the Board for its approval. The Committee reviews the process every three years to ensure that it still meets current expectations. The Executive Committee reviews the evaluation results and recommends improvements to the Board.

Procedure

The Board is obligated to govern effectively, to ensure fulfillment of the College's public protection mandate, and to work together in building a healthy and effective Board team. Evaluation increases the Board's understanding of its own governance and deepens its commitment to good governance, including adhering to the principles of good governance.

Board evaluations involve two types, each with a specific aim:

- **Evaluation of Board meetings:** To gather feedback after each Board meeting on the meeting's effectiveness.
- **Annual Board evaluation:** To evaluate the Board's performance over the course of the year, including Board dynamics and alignment with good governance.

Evaluation of Board Meetings

1. The Board conducts meeting evaluations after each Board meeting. Immediately following each meeting, all Directors receive a survey. The survey includes quantitative and qualitative questions.

2. Key evaluation areas may include:
   - 2.1 Meeting organization
   - 2.2 Preparation
   - 2.3 Discussion effectiveness
   - 2.4 Decision-making process
   - 2.5 Individual performance
   - 2.6 General satisfaction
   - 2.7 Continuous improvement
3. The Executive Committee reviews the evaluation findings and proposes any recommendations. The author of each survey is identified to the Executive Committee only, and the Committee shares a summary of the key findings and areas for improvement with the Board.

Annual Board Evaluation

1. The Governance Committee recommends the Board evaluation that is conducted each year after the January Board meeting.
2. This evaluation may include a survey of all Directors, involving both quantitative and qualitative questions and a self-assessment.
3. The process may also involve an external facilitator to ensure objectivity and provide a third party perspective.
4. Key evaluation areas may include:
   - 4.1 Board governance
   - 4.2 Oversight and decision-making
   - 4.3 Organizational alignment
   - 4.4 Financial performance
   - 4.5 Board dynamics and collaboration
   - 4.6 Individual performance
   - 4.7 Board meetings and processes

4.8 General satisfaction

5. The Executive Committee reviews the evaluation findings and recommends improvements to the Board. The agenda at the Board meeting following the evaluation includes an opportunity for discussing the findings.

Review

The Governance Committee reviews the process and format of the meeting and annual evaluations at least every three years.

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

Policy Type: **Section 8: Evaluation, Training, and Development**
Policy Reference: **8.2 Committee Assessment and Evaluation**
Date Prepared: June 2025
Date Revised: March 2026
Date Reviewed:

Purpose

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

Application

This policy applies to:

- All Committee Appointees (including Directors appointed to committees)
- All Committee Chairs
- The Governance Committee particularly, which is also responsible for overseeing and reviewing the evaluation process

Policy

Each committee regularly evaluates its governance performance. The Governance Committee oversees the evaluation process. This involves recommending an evaluation process to the Board for approval and reviewing the process every three years to ensure that it meets the current expectations. The Chair of the committee being evaluated reviews the evaluation results and recommends improvements. For the annual evaluation, the Governance Committee also participates in this review and recommendation.

Procedure

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

Committee evaluations involve two types, each with a specific aim:

- **Evaluation of committee meetings:** To gather feedback after each committee meeting on the meeting's effectiveness.
- **Annual committee evaluation:** To evaluate the committee's performance over the course of the year, including group dynamics and alignment with good governance.

Evaluation of Committee Meetings

1. The committee Chair conducts meeting evaluations after each meeting. Immediately following each meeting, Committee Appointees receive a survey. The survey includes quantitative and qualitative questions. Committee Appointees may choose to identify themselves in the survey responses, but this is optional.
2. Key evaluation areas may include:
    2.1 Meeting organization
    2.2 Preparation
    2.3 Discussion effectiveness
    2.4 Decision-making process
    2.5 Individual performance
    2.6 General satisfaction
    2.7 Continuous improvement
3. The Governance Committee tabulates the survey results and provides them to the committee Chair, who reviews the evaluation findings, proposes recommendations for improvements, and communicates action steps to the committee at its next meeting.

Annual Committee Evaluation

1. The Governance Committee oversees the committee evaluation process that is conducted each year between January and March.
2. This evaluation may include a survey of all Committee Appointees, involving both quantitative and qualitative questions and a self-assessment.
3. Key evaluation areas may include:
    3.1 Committee mandate and purpose
    3.2 Committee meetings and processes
    3.3 Committee dynamics
    3.4 Individual performance
    3.5 General satisfaction

4. The Committee Chair and Governance Committee review the evaluation findings and make recommendations for improvements. The Chair shares the evaluation and recommendations with the committee, and the agenda for the next committee meeting includes an opportunity for discussion.
5. The Governance Committee receives a report of each committee evaluation, monitors progress on any recommended actions arising from the evaluations and may follow up with committees on implementation status.

Review

The Governance Committee reviews the process and format of the meeting and annual evaluations at least every three years.

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

Policy Type: **Section 8: Evaluation, Training, and Development**
Policy Reference: **8.3 Performance Evaluation for Registrar and CEO**
Date Prepared: December 2009
Date Revised: January 2011, January 2016, January 2019, June 2025, October 2026
Date Reviewed:

Purpose

The purpose of this policy is to establish a structured, fair, confidential and evidence-based process for evaluating the performance of the Registrar and Chief Executive Officer (CEO). The evaluation process supports accountability for the College's mandate and strategic priorities; assesses the Registrar & CEO's leadership and the College's organizational performance, provides constructive feedback and identifies professional development opportunities; informs the establishment of performance goals and provides relevant information for decisions about compensation.

Application

This policy applies to:

- the Board of Directors
- the Board Chair
- the Executive Committee
- the Registrar & CEO
- individuals invited to provide feedback
- any independent third party retained to support the evaluation process

Policy

The Board is responsible for overseeing and systematically monitoring the performance of the Registrar & CEO. The Executive Committee is responsible for:

- Overseeing the evaluation process
- Monitoring the Registrar & CEO's performance throughout the year
- Conducting the annual performance review
- Conducting a comprehensive performance review every three years
- Providing feedback and identifying professional development opportunities
- Approving annual performance goals; and

- Considering appropriate compensation for the Registrar & CEO

The Board Chair is responsible for communicating the evaluation results to the Registrar & CEO on behalf of the Executive Committee.

The Registrar & CEO is responsible for providing timely, accurate and relevant information to support ongoing performance monitoring and the annual evaluation.

Performance Criteria

The evaluation will consider both the Registrar & CEO's individual performance and measurable organizational performance. It may also consider the Registrar & CEO's competencies.

a) *Individual Performance Criteria*

Individual performance will be assessed relation to:

- the Registrar & CEO's job description
- Achievement of annual performance goals
- Implementation of Board decisions and directions
- Adherence to Board policies
- Leadership responsibilities and competencies
- Professional conduct and demonstration of the College's values

a) *Organizational Performance*

Organizational performance will be assessed using relevant evidence, which may include:

- Adherence to the Board's directives.
- Progress on the College's strategic priorities and annual operating plan.
- Achievement of key performance indicators
- Financial results and stewardship of College resources
- Risk management reports
- Overall effectiveness in meeting the College's legislative and regulatory mandate.
- Other organizational measures approved by the Executive Committee

Procedure

1. Ongoing Performance Monitoring

The Registrar & CEO will report to the Executive Committee quarterly on progress towards annual performance goals; strategic and operational performance indicators; significant operational achievements; material risks or barriers affecting performance; and adjustments or modifications to goals and plans, where appropriate.

The Executive Committee may provide feedback or identify areas requiring follow-up following each quarterly report.

The Registrar & CEO will provide a mid-year performance report to the Executive Committee, the form and content to be determined by the Registrar & CEO, but subject to Executive Committee approval.

2. Evaluation Methods

Annual Performance Review Process and/or Competency Assessment Process

An annual performance review will be completed each year following the end of the College's fiscal year, typically between June and August. The process will include:

- A self-assessment completed by the Registrar & CEO
- An evaluation survey completed by individuals approved by the Executive Committee
- The Registrar & CEO's quarterly performance reports and mid-year performance report provided to the Executive Committee
- Information about achievement of annual goals
- Relevant and strategic organizational performance data;
- Other information the Executive Committee considers relevant, which may include a competency assessment or 360 review.

Participants selected for feedback will include:

- All Board Directors

Participants selected for feedback may include:

- senior staff
- direct reports and other staff
- government or agency representatives
- regulatory peers
- external partners and/or
- other individuals with relevant knowledge of the Registrar & CEO's performance

The Registrar & CEO will select survey participants to provide an appropriate balance of perspectives, subject to Executive Committee approval, Selection will consider the participants' knowledge of the Registrar & CEO's work and their opportunity to observe performance during the evaluation period.

Performance Review and Competency Assessment Cycle

During the first two annual evaluation cycles following the appointment of a new Registrar & CEO, the Executive Committee shall oversee both:

- an annual performance review; and
- a competency assessment, which may include a 360-degree assessment or another assessment methodology approved by the Executive Committee.

The purpose of conducting both evaluations during the initial period of employment is to support onboarding, leadership development, performance feedback, and the Board's oversight of the Registrar & CEO's transition into the role.

Following completion of the first two annual evaluation cycles, the Executive Committee shall determine the evaluation approach for each subsequent year. The Committee may require:

- an annual performance review only; or
- an annual performance review together with a competency assessment or 360-degree assessment.

In making this determination, the Executive Committee may consider factors such as organizational priorities, succession planning, leadership development objectives, previous assessment results, and the needs of the College.

3. External Advisor Support

The Executive Committee may retain an independent external advisor to support either an annual or comprehensive performance review. An external advisor may be engaged to advise on evaluation methods and survey design; administer surveys or interviews; receive and protect confidential feedback; analyze quantitative and qualitative information; prepare an evaluation summary; facilitate Executive Committee discussions; or support delivery of feedback to the Registrar & CEO.

The Executive Committee will establish the external advisor's role, access to information, confidentiality obligations, reporting responsibilities, and retention or disposal requirements before the process begins.

The Executive Committee remains responsible for the evaluation and all related decisions, regardless of whether an external advisor is retained.

The Executive Committee may decide that if no external advisor is retained to delegate the administrative responsibilities of the performance evaluation to the Executive Assistant or to another staff member.

4. Executive Committee Review of Performance

The Executive Committee meet in camera, without the Registrar & CEO present to review the Registrar & CEO's self-assessment survey or interview findings; progress toward

annual goals; strategic and organizational performance information; significant contextual factors affecting performance; and proposed feedback and professional development priorities. Where a competency assessment is also completed, the Executive Committee will also review it.

The Executive Committee will prepare a written evaluation that summarizes overall performance, key achievements, areas of strength, areas requiring attention or development, professional development opportunities and any recommended follow-up actions.

The Board Chair will communicate a verbal and/or written report detailing the formal performance evaluation to the Registrar & CEO. The performance discussion will address:

- the written evaluation (a copy of which will be provided to the Registrar & CEO)
- accomplishments and strengths
- areas for development
- professional development opportunities, expectations for the coming year, and
- any follow-up actions.

The Registrar & CEO will have an opportunity to respond to the evaluation, identify relevant contextual information and note any factual corrections. Any written response from the Registrar & CEO will be retained with the final evaluation and placed in their personnel file.

5. Compensation Discussion

The Executive Committee will consider compensation separately from its assessment of performance. Following completion of the performance assessment, the Executive Committee will hold a separate in camera meeting to consider compensation options. Its consideration may include the performance evaluation, the Registrar & CEO's employment agreement, relevant market information, internal equity, the College's financial position and any other factors the Executive Committee considers relevant.

The Board Chair will communicate the compensation decision to the Registrar & CEO separately from, or following, the formal performance discussion. Any increase to salary will be retroactively applied to June 1 of that fiscal year. Any bonus amounts will be one-time in nature.

Nothing in this policy predetermines a compensation outcome based on a particular performance result.

6. Establishment of Annual Goals

Within a few weeks following the formal performance review, the Executive Committee will meet with the Registrar & CEO to review and approve performance goals for the new fiscal year.

Goals will:

- align with the College's mandate, strategic priorities, and annual operating plan;
- be clear and measurable where reasonably possible;
- identify expected outcomes and relevant indicators;
- reflect organizational capacity, resources, dependencies, and risks; and
- form part of the quarterly monitoring and subsequent annual evaluation.

The Registrar & CEO and Executive Committee may recommend adjustments to goals during the year when circumstances or priorities materially change. The Executive Committee must approve and document any material amendments.

7. Confidentiality

All information and records related to the performance evaluation are confidential and will be securely maintained.

Feedback provided by staff and other participants through surveys or interviews is confidential

Feedback will be collected using methods that support participant confidentiality and will be summarized or deidentified wherever reasonably possible. Feedback will be reported without attributed to an individual unless the individual has expressly agreed to attribution

The Board Chair may provide the Board with a confidential confirmation that the evaluation has been completed. This confirmation will not include identifiable feedback, detailed evaluation findings, or confidential compensation information.

The final written evaluation, any written response from the Registrar & CEO, and the record of any compensation decision will be retained as restricted confidential records.

Everyone participating in the process must protect the confidentiality, security, and integrity of the evaluation information during and after the evaluation.

8. Process Review

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

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

Policy Type: **Section 8: Evaluation, Training, and Development**
Policy Reference: **8.4 Succession Plan for the Position of Registrar & Chief Executive Officer (CEO)**
Date Prepared: October 2024
Date Revised: March 2026
Date Reviewed:

Purpose

To ensure continuous coverage of executive duties, which is critical to ongoing operations and organizational stability, in the event of a planned or unplanned, short- or long-term leave by the Registrar & CEO.

Application

This policy applies to:

- The Board and Senior Leadership Team (SLT), who collectively act if the Registrar & CEO is unable to perform their duties. This action ensures consistent leadership for managing the College and, when necessary, an orderly transition in Registrar & CEO succession.
- The Registrar & CEO, who ensures that a succession plan is in place.

Definitions

- **Planned absence:** A foreseen absence where the return date can be identified, such as a maternity or medical leave, or an absence with no return date.
- **Unplanned absence:** An unforeseen absence, often with little or no notice. These absences vary depending on the type of leave, either short or long term.
- **Permanent departure:** An absence from which the staff member will not return to employment, generally due to retirement, resignation, or termination of employment. A permanent departure from employment can be planned well in advance or be the result of a sudden vacancy.

Policy

To ensure that provision is made for the continuity of College leadership, the Board has a documented process in place for succession should the Registrar & CEO position become vacant due to sudden or planned absence, resignation, retirement, or termination.

Procedure

Short-Term Absences (Planned or Unplanned): These comprise absences which are three months or less, with the Registrar & CEO's anticipated return.

1. The SLT is prepared to cover the Registrar & CEO's duties and ensure business continuity.
2. The Registrar & CEO delegates signatory responsibility to an SLT member. If the Registrar & CEO is not available to make this delegation, the Director of Finance, People & Corporate Services will convene with the Executive Committee to assist them to make this delegation.
3. The Board Chair meets as necessary with the individual with delegated signatory authority, to ensure continuity and stability of operations during the Registrar & CEO's absence.
4. If the absence lengthens, the procedures for a longer duration will be implemented.

Long-Term Absences (Planned or Unplanned): These comprise absences which are more than three months and up to a year, with the Registrar & CEO's anticipated return.

1. The SLT is prepared to cover the Registrar & CEO's duties and ensure business continuity.
2. The Executive Committee meets to recommend to the Board the appointment of an Acting Registrar & CEO. This may involve the Registrar & CEO if they are available to contribute to this decision.
3. The Board Chair calls a special Board meeting to be held at the earliest time that a quorum can be arranged. This meeting may be held virtually.
4. The Board appoints an Acting Registrar & CEO according to section 9.01 of the College bylaws. Unless otherwise specified, the Acting Registrar & CEO is vested with all the responsibility and authority of the Registrar & CEO, including strategic planning, financial management, Board support, risk management, and human resources oversight.
5. The Board Chair meets regularly with the Acting Registrar & CEO, to ensure continuity and stability of operations during the Registrar & CEO's absence.

Permanent Planned Departure (Retirement): In this situation, an optimal notice given four to six months in advance and in writing to the Board provides the Board with appropriate time to organize and hire for the position and plan for a transition period.

Immediately upon notice of the Registrar & CEO's permanent departure:

1. The Board Chair calls a Board meeting to recommend individuals who will compose a Search Committee to oversee the departure, hiring, and succession process.
2. The Search Committee develops a plan to ensure that the permanent position is filled by the time of the current Registrar & CEO's last day of employment and implements and shares a transition plan with the Board and staff.

Sudden Permanent Vacancy (Resignation, Termination, or Death): If the Registrar & CEO suddenly departs or is otherwise unable to lead the College, having an emergency transition plan in place is vital.

If a sudden vacancy occurs:

1. The SLT will be prepared to cover the Registrar & CEO's duties and ensure business continuity.
2. The Executive Committee and SLT will work together to identify a potential interim successor.
3. The Executive Committee will meet to recommend to the Board the appointment of an Interim Registrar & CEO.
4. The Board Chair will call a special Board meeting to be held at the earliest time that a quorum can be arranged. This meeting may be held virtually.
5. The Board will identify interim procedures and responsibilities, including appointing an Interim Registrar & CEO according to section 9.01 of the College bylaws. Unless otherwise specified, the Interim Registrar & CEO will be vested with all the responsibility and authority of the Registrar & CEO, including strategic planning, financial management, Board support, risk management, and human resources oversight.
6. The Board Chair will meet regularly with the Interim Registrar & CEO, to ensure continuity and stability of operations until a permanent Registrar & CEO is appointed.

Further Procedures for Planned Permanent Departure or Sudden Permanent Vacancy

1. The Board appoints a Search Committee consisting of at least the Board Chair, Director of Finance, People & Corporate Services, and two Directors. The Committee must be represented by at least one Public Director.
2. The Search Committee:
    - 2.1 Reviews the Registrar & CEO's job description.
    - 2.2 Determines the search process, which may involve an internal search only or an internal and external search.
    - 2.3 If an open (internal and external) recruitment is being used, engages an executive search firm to assist with recruiting and/or selecting a new Registrar & CEO. The Director of Finance, People & Corporate Services assists in choosing the search firm. This engagement process may include a request for proposals or quotations from individuals and firms qualified to conduct this search.
    - 2.4 Determines the selection process, which may include a panel interview, presentation, or other such activities that will enable the Committee to differentiate candidates and

inform the selection process. The Director of Finance, People & Corporate Services assists in determining the selection process.

2.5 Presents to the Board, for approval, the name and qualifications of a preferred candidate for the position and any recommendations related to the employment contract.

3. The Executive Committee drafts a negotiated employment agreement, including compensation, benefits, and start date.
4. Once all parties have agreed to and signed the employment contract, the College notifies the following system partners about the hiring of the new Registrar & CEO:
   - 4.1 College staff
   - 4.2 The Ministry of Health
   - 4.3 The general public
   - 4.4 Registrants
   - 4.5 Professional associations (Canadian Association of Occupational Therapists and Ontario Society of Occupational Therapists)
   - 4.6 The Association of Canadian Occupational Therapy Regulatory Organizations

Transition Into the Role

1. The outgoing Registrar & CEO or the SLT develops a formal transition and onboarding plan for the person entering either the interim or permanent Registrar & CEO position.
2. The Executive Committee works closely with the SLT to ensure a smooth transition for the new Registrar & CEO.
3. If necessary, the Executive Committee contracts external resource assistance in such areas as executive recruitment, human resources management, and legal advice.

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

Policy Type: **Section 8: Evaluation, Training, and Development**
Policy Reference: **8.5 Board and Committee Training and Development**
Date Prepared: June 2025
Date Revised: March 2026
Date Reviewed:

Purpose

To provide direction and guidance for Directors and Committee Appointees regarding training, education, and development expectations. Effective governance requires that Directors and Committee Appointees are equipped with the knowledge, skills, tools, and support needed to fulfill their roles effectively and with competence and confidence. Effectively fulfilling their roles requires Directors and Committee Appointees to understand their responsibilities, navigate complex issues, and make informed decisions.

Application

This policy applies to all Directors and Committee Appointees.

Policy

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

Procedure

Orientation Process

Orientation for Directors and Committee Appointees occurs as soon as possible following appointment or election. The Registrar & CEO and/or senior staff collaboratively provide the orientation, which includes:

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

Board Training and Development

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

Training initiatives include:

- Annual Board-wide governance training
- Opportunities to attend external educational events
- Regular updates on emerging issues specific to occupational therapy and on regulatory trends
- Presentations about shared responsibility for ongoing development between Directors, the Board, and the College

Key training topics may include:

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

Committee Training and Development

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

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

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

Policy Type: **Section 8: Evaluation, Training, and Development**
Policy Reference: **8.6 Training for Board Chair and Committee Chairs**
Date Prepared: June 2025
Date Revised: March 2026
Date Reviewed:

Purpose

To outline the approved process for induction training and ongoing support for the Board Chair and Committee Chairs. The policy aims to ensure that they are equipped to lead effectively, facilitate meetings, and fulfill their governance responsibilities with competence and confidence. Effectively fulfilling these responsibilities requires Directors and Committee Appointees to understand their responsibilities, address complex issues, and make informed decisions.

Application

This policy applies to the Board Chair and Committee Chairs.

Policy

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

Procedure

1. **Induction Training**

   Following their election, selection, or appointment and whether new or returning to the role, Board Chairs and Committee Chairs participate in the induction training session at the beginning of each College year. The relevant College staff members deliver the training. Induction training supports chairs in developing or refreshing the skills needed to lead effectively. It also provides opportunities for them to share their insights and build peer connections. Topics may include:

   - Leading through effective chairing
   - Clarifying roles and responsibilities
   - Facilitating productive discussions and deliberations
   - Identifying and managing challenges

2. **Ongoing Collaboration and Peer Support**

To foster collaboration and shared learning, the Board Chair and the Registrar & Chief Executive Officer (CEO) may convene meetings with Committee Chairs to discuss experiences, challenges, and strategies. These meetings promote collaboration, problem-solving, and knowledge exchange.

3. **Evaluation and Improvement**

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

4. **Policy Review and Accountability**

   The Governance Committee reviews this policy every three years or as needed. The Registrar & CEO ensures its implementation and recommends any updates.