

BOARD MEETING AGENDA

DATE: Thursday, June 18, 2026 **TIME:** 9:00 a.m. to 3:00 p.m. *virtual meeting*

Agenda Item		Objective	Attach	Time (min)
1.0	Call to Order			
2.0	Public Protection Mandate			
3.0	Territorial Acknowledgement*			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda			
	5.1 Board Agenda for June 18, 2026	Decision	✓	2
	<i>THAT the agenda be approved as presented.</i>			
6.0	Consent Agenda			
	1. Report of Registrar & CEO, June 18, 2026 2. Draft Board Minutes of March 26, 2026 3. Draft Board Elections Minutes of March 26, 2026 4. Executive Minutes of March 5, 2026 5. Executive Minutes of April 22, 2026 6. Finance & Audit Minutes of March 16, 2026 7. Governance Minutes of November 19, 2025	Decision	✓	5
	<i>THAT the Board adopt the consent agenda items as listed.</i>			
7.0	Registrar's Report			
	7.1 Presentation: Year in Review - Status of Projects for Year 2 of the 2024-2027 Strategic Plan By: Gillian Slaughter, Registrar & CEO	Information		30
	7.2 Board Workplan 2026-2027	Decision	✓	5
	<i>THAT the Board receive the proposed 2026-2027 Workplan (Thuy Luong)</i>			
	7.3 Quarterly Performance Report	Decision	✓	20
	<i>THAT the Board receive the FY2025-2026 Q4 Quarterly Performance Report.</i>			

Agenda Item		Objective	Attach	Time (min)
	(Adrian Malcolm)			
	7.4 Risk Management Report	Decision	✓	5
	<i>THAT the Board receive the Q4 FY2025-2026 Risk Management Report.</i> (Pathik Shukla)			
	7.5 Code of Ethics Consultation	Decision	✓	20
	<i>THAT the Board approve the proposed Code of Ethics, 2026 and Guide to the Code of Ethics</i> (Tina Siemens)			
8.0	Presentation: Board Orientation By: COTO Leadership			90
Lunch (12:00-1:00)				
9.0	Finance			
	9.1 Draft FY2026-2027 Annual Operating Budget	Decision	✓	15
	<i>THAT the Board approve the FY2026-2027 Annual Operating Budget, as presented.</i> (Lucy Kloosterhuis)			
	9.2 Reclassification of Internally Restricted Premises Fund to Unrestricted Funds	Decision	✓	5
	<i>THAT the Board approve the reclassification of the Internally Restricted Premises Fund as Unrestricted.</i> (Lucy Kloosterhuis)			
10.0	Governance Committee			
	10.1 Strategic Planning Process	Discussion	✓	15
	<i>THAT the Board receive the proposed strategic planning process</i> (Kara Machado)			
11.0	Committee Appointments and Reappointments			
	11.1 Public Director Appointments (Ratification: Vincent Samuel and Bibi Azim)	Decision	✓	5

	Agenda Item	Objective	Attach	Time (min)
	<p>THAT the Board ratify the appointment of Vincent Samuel to the Finance and Audit Committee for a three-year term and his reappointment to the Registration Committee for a second three-year term.</p> <p>THAT the Board ratify the appointment of Bibi Azim to the Governance and the Quality Assurance Committees for a three-year term.</p> <p>(Jennifer Kerr)</p>			
11.2	Academic Appointment	Decision	✓	5
	<p>THAT the Board appoint Mary Forhan to the Board as an Academic Appointee</p> <p>(Mary Egan)</p>			
11.3	<p>Reappointments to the Inquiries, Complaints and Reports</p> <p>(Ratification: Sarah Dodds & Kellen Baldock)</p>	Decision	✓	5
	<p>THAT the Board ratify the reappointments of Sarah Dodds and Kellen Baldock to the Inquiries, Complaints and Reports Committee</p> <p>(Vaishali Prasad)</p>			
11.4	<p>Committee Reappointments</p> <p>(Amanda Mowbray, Sylvia Boddener, Cassandra Boushey, Heather Jones, Bethany Brewin, Greg Clarke, Jennifer Henderson, Peter Shenfield)</p>	Decision	✓	15
	<p>THAT the Board reappoint Amanda Mowbray as a committee appointee to the Patient Relations Committee effective immediately</p> <p>THAT the Board reappoint Cassandra Boushey as a committee appointee to the Discipline Committee and the Fitness to Practise Committee effective immediately</p> <p>THAT the Board reappoint Heather Jones as a committee appointee to the Discipline Committee and the Fitness to Practise Committee effective immediately</p> <p>THAT the Board reappoint Sylvia Boddener as a committee appointee to the Discipline Committee and the Fitness to Practise Committee effective immediately</p> <p>THAT the Board reappoint Bethany Brewin as a committee appointee to the Quality Assurance Subcommittee effective immediately</p> <p>THAT the Board reappoint Jennifer Henderson as a committee appointee to the Nominations Committee effective immediately</p>			

	Agenda Item	Objective	Attach	Time (min)
	<p><i>THAT the Board reappoint Peter Shenfield as a committee appointee to the Nominations Committee effective immediately</i></p> <p><i>THAT the Board reappoint Greg Clarke as a committee appointee to the Nominations Committee effective immediately</i></p> <p>(Julie Reinhart)</p>			
12.0	Environmental Scan			
13.0	Recognition of Outgoing Board Directors			
14.0	Other Business			
	14.1 Board Meeting Evaluation for June 18, 2026	Complete	Provided at Meeting	
15.0	Next Meetings (in person)			
	<ul style="list-style-type: none"> • Board Education Session/Strategic Planning: Monday, October 19, 2026, 9:00 a.m. – 4:00 p.m., Westin Harbour Castle Hotel, Toronto • Board Meeting: Tuesday, October 20, 2026, 9:00 a.m. – 3:30 p.m., at the College • Board Meeting: Thursday, January 28, 2027, 9:00 a.m. – 3:30 p.m., at the College • Board Meeting: Thursday, March 25, 2027, 9:00 a.m. – 4:00 p.m., at the College • Board Meeting: Thursday, June 17, 2027, 9:00 a.m. – 3:30 p.m., at the College 			
16.0	Adjournment			

***Territorial Acknowledgement**

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

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

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

REPORT of the Registrar and CEO

BOARD MEETING June 18, 2026

The final quarter of the College's fiscal year has been a productive and busy time! We look forward to discussing the quarterly performance reports, the results of the Code of Ethics consultation, the draft annual operating budget for fiscal year 2026-2027, and the strategic planning process with the Board. Staff will provide an orientation for the Board. We will present the "Year in Review" recapping the results of the second year of our strategic plan. The Board will be asked to consider multiple reappointments to committees and to recognize the contributions of outgoing Board Directors.

UPDATES ABOUT GOVERNANCE

Public Appointments to the Board

By Orders in Council dated March 26, 2026, Bibi Azim was appointed to the College's Board for a three-year term, to March 25, 2029 and on April 30, 2026, Vincent Samuel was reappointed to the College's Board for a three-year term, to April 29, 2029. The Orders in Council for Bibi Azim and Vincent Samuel are attached as an appendix to this report.

Congratulations and welcome to Bibi and Vincent!

REGULATORY DEVELOPMENTS

Expanding Scopes of Practice of Several Professions

On May 11, the Ministry announced [Ontario Expanding Scope of Practice for Pharmacists and Other Health Professionals | Ontario Newsroom](#). The government has now officially directed Ontario's regulatory colleges for optometrists, physiotherapists, chiropractors, dental hygienists, denturists, and audiologists and speech-language pathologists to begin developing the regulatory frameworks that would further expand scopes of practice in their fields. Examples of the scope changes include ordering certain x-rays (physiotherapists, denturists, and dental hygienists), ordering diagnostic ultrasound (physiotherapists, chiropractors, speech-language pathologists), removing foreign bodies from the eye (optometrists), and administering local anesthetic by injection (dental hygienists). These changes are not yet in effect.

The government also expanded the pharmacists' scope of practice, enabling pharmacists to administer additional publicly funded vaccines (Tetanus, Pertussis, Diphtheria, Pneumococcal, RSV, and Shingles vaccines). Starting in July 2026, they will assess and prescribe for an additional nine ailments, including as nasal congestion, dandruff, dry eye, head lice, and more.

Ontario is not proceeding with scope of practice expansions related to psychologists at this time, pending the outcome of the voluntary governance review involving the College of Psychologists and Behaviour Analysts of Ontario.

BC Health Professions

On April 1, 2026, the Health Professions and Occupations Act took effect. The legislation, originally passed four years ago, creates six regulatory colleges in BC, of which the College of Health and Care Practitioners (CHCPBC) is one. The CHCPBC includes nine professions: occupational therapists, audiologists, dietitians, hearing instrument practitioners, opticians, optometrists, physical therapists, psychologists, and speech-language pathologists.

Significantly, the Act establishes the Health Professions and Occupations Regulatory Oversight Office with the mandate of ensuring colleges are focused on protecting the public. It also creates an independent centralized disciplinary hearing process and a tribunal, with a director appointed by the government. Under the Act, colleges must maintain a public registry with details such as all disciplinary actions against regulated health professionals. Colleges will no longer elect board members; instead, all regulatory college boards are government-appointed with equal public and professional members. Notably, the Act requires regulatory colleges to make by-laws that include anti-discrimination and cultural safety measures.

CHCPBC is working to consolidate and/or align standards, policies, and procedures across the professions it regulates.

We do not anticipate that the Ontario government is likely to replicate this model in Ontario. The College will continue to monitor the outcomes of the Act on professional regulation in BC and elsewhere.

Entry to Practice Changes at College of Psychologists and Behaviour Analysts of Ontario

In December 2025, the Council of the College of Psychologists and Behaviour Analysts approved changes to entry-to-practice requirements. These amendments followed several months of consultation with members of the profession, the public, and other interested parties. During this process, members of the profession expressed opposition to the proposed changes. The amendments include recognition of international training programs, plus revisions to academic credential requirements and to work experience and supervision criteria for applicants seeking registration. Discussion of these changes continued into 2026, reflecting the challenges of aligning registration standards across jurisdictions and for internationally trained applicants while modifying established licensure requirements.

STRATEGIC PRIORITY #1: MEANINGFUL ENGAGEMENT

Public Awareness

This spring, the College ran three public engagement campaigns. The campaigns aim to build awareness and understanding of the role of the College in public protection and what to expect when working with a licensed occupational therapist.

- The first is a NewsCanada radio and article campaign comprising a radio ad and a series of public awareness articles, all of which were in English and French. The campaign has now reached over 12.5 million people and has been picked up by nearly 400 outlets.

- The second was a clinic campaign. The College created postcards and a brochure in English and French for display in 180 Ontario clinics, along with a 30-second COTO video. The materials are on the College’s website, coto.org

You deserve care you can trust

Occupational therapists work with people of all ages and all abilities.

Every child develops and learns in their own way. Understanding who’s qualified to support them matters. Here’s what you can expect from a registered occupational therapist in Ontario.

1-800-890-6570
 info@coto.org
 coto.org/ot

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

Vous méritez des soins fiables

Les ergothérapeutes travaillent avec des gens de tous âges et de toutes capacités.

Que vous soyez en période de rétablissement ou essayiez de maintenir votre indépendance, vous recevrez des soins de qualité d’un ergothérapeute inscrit. Renseignez-vous sur la protection offerte par la réglementation.

1 800 890-6570
 info@coto.org
 coto.org/ot-fr

COTO Ordre des ergothérapeutes de l’Ontario
 Organisme de réglementation des ergothérapeutes en Ontario

- The third was a handout, published in the 10 most spoken languages in Ontario, titled “What to Expect from Your Occupational Therapist”. The handout is published on the College’s website and will be promoted for use by registrants and the public: [What to Expect from Your Occupational Therapist \(Multiple Languages\) | College of Occupational Therapists of Ontario](#)

Registrant Engagement: Joint Webinar on June 24, “Building a Trauma-Informed Practice: Key Principles for Rehab Professionals”

On June 24 from 12:00 to 1:30 p.m., the College is co-hosting a free 90-minute online seminar about strategies to build a trauma-informed practice for registrants. Our partners are the College of Physiotherapists of Ontario and the College of Kinesiologists of Ontario. This online seminar caters to rehabilitation professionals who work with different patient/client populations and will be led by a registered psychologist.

Consultation

The College participated in a consultation about the Ontario Immigration Nominee Program, the province’s economic immigration program. Foreign workers, international students, and others apply to

the OINP for nomination. The OINP recognizes and nominates people for permanent residence who have the skills and experience the Ontario economy needs, while the Government of Canada makes the final decision to approve applications for permanent residence. OINP is proposing to consolidate the eight streams available to applicants and create a new stream for healthcare professionals to apply. If the changes are made, internationally educated occupational therapists could apply under this dedicated pathway to OINP to be nominated for permanent residence.

STRATEGIC PRIORITY #2: QUALITY PRACTICE

Registration Program

The annual renewal process ran from March 31 to May 31, 2026. The College has now registered nearly 7,300 occupational therapists. In late May, the College experienced technical challenges, such as sending confirmation emails to registrants upon receipt of payment. Consequently, some registrants overpaid and required reimbursement without delay. The College promptly notified registrants and engaged its vendor to analyze and correct the technical issues. The College is prioritizing the improvement of its registration renewal processes.

Quality Assurance Program

The College continues to gather and analyze data from its competency assessments spanning 2024-2026. This data informed the College's new resource, released in May 2026, available in English and French, titled "[Conflicts of Interest in Practice: Not Always Obvious, Always Important](#)".

Practice

The public consultation about the draft Code of Ethics and accompanying guidance document closed on Feb 2, 2026. Staff have analyzed the results and will present them at the June Board Meeting.

Professional Conduct

The Health Professions Discipline Tribunal issued its inaugural annual report. The HPDT is a group of administrative tribunals that hold hearings for the ten participating regulatory colleges, this College being one, using a shared set of rules and procedures. The annual report cites interesting facts:

- HPDT conducted 69 half-day hearings and 76 full-day hearings and 9 written hearings in 2025
- All reasons were issued in 84 days or less
- Sexual abuse was alleged in 31% of cases, with 56% of hearings days related to cases with sexual abuse allegations

STRATEGIC PRIORITY #3: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

The Registrar and CEO attended the in-person ACOTRO Board Meeting in Montreal on May 10-11, 2026. Highlights of that Board meeting are:

- ACOTRO's work to evaluate and improve the Substantial Equivalency Assessment System is ongoing. On June 1, a new enterprise technology system (database) was launched to streamline processes and improve application timelines. One component of the SEAS process called the Profession Specific Credential Assessment (PSCA) has been streamlined, with a new blueprint and scoring manual developed. Five clinical practice cases to prepare internationally education occupational therapists (IEOTs) for competency assessments have been developed, translated into French, and are uploaded in the enterprise technology system for use by applicants. Further updates to the SEAS process (such as the competency assessment, jurisprudence knowledge assessment test, and more) will be reported at subsequent Board meetings.
- Board members reviewed the CIHI statistics and reflected on the methodology used to submit the annual datasets to CIHI.
- Board is supporting the development of the national Ethics eLearning module.
- ACOTRO is reviewing and comparing occupational therapy scopes of practice across the country.
- ACOTRO continues to collaborate with CAOT to develop a 20-video series about the SEAS and OEQ application processes, the Canadian health system, and navigating the regulatory system. These videos aim to support IEOTs applying to SEAS and assist them as they prepare to enter the Canadian workforce.

Canadian Association of Occupational Therapy (CAOT)

From May 13-15, 2026, the CAOT hosted its annual conference in Montreal, Quebec. As part of that conference, I attended the Occupational Therapy Canada (OTC) Reflection Day on May 13th, the topic of which was scope of practice. Supporting materials for the day included the research the College did for ACOTRO comparing scopes of practice across the provinces. Among other things, there was discussion about the need for regulators to begin discussions about alignment and to inform registrants about the differences in scope across the country. Regulators confirmed that those discussions have begun.

On May 14, 2026, Elinor Larney received the CAOT's Award for Leadership in Occupational Therapy. Each year, CAOT recognizes an occupational therapist who has made exceptional contributions and who has demonstrated national leadership in advancing the profession of occupational therapy. This is reflected in Elinor's remarkable work and impact during her time with the College.

Together with colleagues from l'Ordre des ergothérapeutes du Québec and the Alberta College of Occupational Therapists, I collaborated on a presentation titled "Document: How Much is Enough?" that was delivered on May 15, 2026.

Ontario Society of Occupational Therapy (OSOT)

On May 26, 2026, the College received a letter from OSOT providing feedback about our Response to the Coroner's Report about Lap Belts. Staff are reviewing the letter and will bring the letter to the Practice Subcommittee for review in the coming weeks. I continue to meet regulatory with the Executive Director of OSOT.

Health Profession Regulators of Ontario (HPRO)

HPRO's Annual General Meeting was held on June 4. The Honourable Sylvia Jones, Deputy Premier and Minister of Health attended. The Minister gave an update about the work of the Ontario government. The Minister encouraged HPRO regulators to continue to share best practices, and to be timely in registration practices and hearings.

At the HPRO Board Meeting that followed the AGM, the Management Committee was elected. I was acclaimed as a member at large.

HPRO's inaugural Governance Conference for regulators was held on May 1st. Neelam Bal, Tina Siemens, and Stamatis Kefalianos attended the sold-out event. The conference provided a valuable opportunity to learn from experienced speakers and to engage with current governance practices and perspectives relevant to regulators. Attendance supported ongoing professional development and strengthened understanding of governance approaches that can inform our work.

College staff continue to participate in HPRO working groups, networks, and communities of practice for their areas of responsibility.

Council on Licensure, Enforcement and Regulation (CLEAR) Toronto Symposium, May 14, 2026

Stamatis Kefalianos attended the CLEAR Toronto Symposium. I participated as a panelist for the Fireside Chat with representatives from the regulators for engineers and registered brokers, the focus of which was implementing reform under compressed timelines, using the first 90 days of "As of Right" labor mobility as a case study.

Occupational Therapy Ontario Collective (OTOC), May 7, 2026

This group is comprised of the Chairs of the five Ontario University Occupational Therapy Programs and the Executive Director of OSOT. The group discussed CIHI data, preceptorships, and placement information.

STRATEGIC PRIORITY #4: PERFORMANCE AND ACCOUNTABILITY

Staffing Updates

In May, a small organizational shuffle, mostly related to the Enterprise System, the Investigations and Resolutions and Regulatory Affairs teams, and the Practice team took effect.

In late May 2026, we said a fond farewell to Kimberly Woodland, Program Director, who began her well-deserved retirement. Throughout her tenure, Kim made meaningful contributions to the College and was a valued colleague whose knowledge, dedication, and supportive presence will be missed. Staff are grateful for the opportunity to have worked with her and wish her all the best in this next chapter.

The recruitment of a new Director of Registration and Quality Assurance is complete. There were many excellent candidates who applied for the position. I am grateful to Sandra Carter who stepped in to the Interim Director role and provided leadership to the Registration, Quality Assurance, and Practice

teams, as well as the College during this important time. I would also like to thank the Registration, Quality Assurance and Practice teams for going above and beyond these past few months.

College staff are pleased to provide the Board with the last quarter report for FY2025-2026. Our financial status is stable.

Staff Training

COTO continues its regular training for staff. Staff attended four education sessions about equity, diversity and inclusion (EDI) topics including cultural competence and humility, microaggressions, allyship and advancing Indigenous resurgence through truth and reconciliation. Staff also completed individual intercultural development inventory (IDI) assessments and participated in two group debrief sessions. The IDI Assessment is widely used and effective for building cultural competence.

Sincerely,

Gillian Slaughter
Registrar & CEO



Ontario

**Executive Council of Ontario
Order in Council**

**Conseil exécutif de l'Ontario
Décret**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 5(1)(b) of the *Occupational Therapy Act, 1991*, **Bibi Azim** of Ajax be appointed as a part-time member of the Council of the College of Occupational Therapists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 5 (1) b) de la *Loi de 1991 sur les ergothérapeutes*, **Bibi Azim** d'Ajax est nommée au poste de membre à temps partiel du Conseil de l'Ordre des ergothérapeutes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans à compter du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : MAR 26 2026

Lieutenant Governor
La lieutenante-gouverneure



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO clause 5(1)(b) of the *Occupational Therapy Act, 1991*, **Vincent Samuel** of Hamilton be reappointed as a part-time member of the Council of the College of Occupational Therapists of Ontario to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective the date this Order in Council is made.

EN VERTU DE l'alinéa 5 (1) b) de la *Loi de 1991 sur les ergothérapeutes*, **Vincent Samuel** de Hamilton est reconduit au poste de membre à temps partiel du Conseil de l'Ordre des ergothérapeutes de l'Ontario pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans à compter du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: APR 30 2026
Approuvé et décrété le :

Lieutenant Governor
La lieutenant-gouverneure

BOARD MEETING MINUTES - DRAFT

DATE: Thursday, March 26, 2026 **TIME:** 9:00 a.m. – 3:00 p.m.

In Attendance:

DIRECTORS:

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

REGRETS:

GUESTS:

OBSERVERS:

Jennifer Henderson, *Nominations Committee Chair*
Namiko Huynh, *OT Student*
Dana Lobson, *Ministry of Health of Ontario (MOH)*
Marnie Lofsky, *OSOT*
Kara Machado, *newly elected member for District 2*
Tessa Murchison, *OT Student*
Vaishali Prasad, *newly elected member for District 3*

STAFF:

Gillian Slaughter, *Registrar & CEO*
Enrique Hidalgo, *Manager, IT*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Seema Singh-Roy, *Director, Finance, People & Corp. Services*
Andjelina Stanier, *Executive Assistant, Scribe*
Nancy Stevenson, *Director, Communications*
Kim Woodland, *Program Director*

1.0 Welcome and Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 9:03 a.m. She welcomed newly-elected members for districts 2 and 3, Kara Machado and Vaishali Prasad and congratulated Julie Reinhart for her re-election in District 2. She thanked departing members Stacey Anderson and Christine Funk for their commitment and hard work over the last three years. She expressed heartfelt appreciation and congratulations to Kim Woodland for her upcoming retirement in May.

2.0 Public Protection Mandate

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

3.0 Territorial Acknowledgement*

The Territorial Acknowledgement was shared by Adrian Malcolm during a moment of reflection. With the Board's permission, the Registrar & CEO gave a personal reflection about the territorial acknowledgement and her connection to Indigenous lands in Toronto.

4.0 Declaration of Conflict of Interest

The Chair called for any conflict of interest for today's meeting. None were declared.

5.0 Approval of Agenda

The Chair called for the approval of the agenda.

MOVED BY: Thuy Luong

SECONDED BY: Stacey Anderson

THAT the agenda be approved as presented

CARRIED

6.0 Consent Agenda

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

1. Registrar and CEO's Report of March 26, 2026
2. Draft Board Minutes of January 29, 2026
3. Executive Committee Minutes of January 15, 2026
4. Finance & Audit Committee Minutes of January 15, 2026
5. Governance Committee Minutes of November 19, 2025

MOVED BY: Stacey Anderson

SECONDED BY: Pathik Shukla

THAT the Board adopt the Consent Agenda items as presented.

CARRIED

7.0 Registrar's Report

7.1 Presentation: Registrar & CEO's Remarks

The Registrar presented on the status of the operational projects for Q3 FY 2025-2026 related to Year 2 of the 2024-2027 Strategic Plan and responded to questions.

7.2 Quarterly Performance Report

The Registrar advised that changes to the reporting format of the quarterly performance were implemented to include more types of data and increased use of visual charts and graphs. The intent is to refine and reduce the length of the report while continuing to provide clear and concise performance data. Reporting on longitudinal data will begin in June 2026. The Board requested that all future Quarterly Performance reports include numbers and percentages.

MOVED BY: Tina Siemens

SECONDED BY: Julie Reinhart

***THAT** the Board receive the FY 2025-2026 Q3 Quarterly Performance Report.*

CARRIED

7.3 Risk Management Report & Risk Register

The Registrar advised that the risks and statuses identified to the Board in January 2026 through the risk register and risk management report remain unchanged and do not require any updates at this time. The College continues to monitor and update risks as required.

MOVED BY: Stacey Anderson

SECONDED BY: Mary Egan

***THAT** the Board receive the Q3 FY2025-2026 Risk Management Report.*

CARRIED

7.4 Annual Board Evaluation

Feedback from the annual Board evaluation was very positive. The Board discussed one slightly lower rating for question #6: the Board's time is to remain focused on the strategic direction instead of operational matters. The Chair encouraged and welcomed all viewpoints and suggestions for improvement.

MOVED BY: Thuy Luong

SECONDED BY: Adrian Malcolm

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

CARRIED

8.0 Presentation: Board Education Day Outcomes

The Senior Leadership Team presented the summary and outcomes from the October Board Education Day. These outcomes will inform strategic planning later this year.

9.0 Presentation: OT Across Canada – CIHI Data, 2024

Kim Woodland presented Information about the profile of occupational therapy across Canada and 2024 data from the Canadian Institute of Health Information (CIHI) and facilitated a Board discussion regarding future opportunities and partnerships to address the health human resources challenges for occupational therapists in Ontario.

10.0 Finance

10.1 FY 2025-2026 Q3 Financial Summary Report

Allan Freedman provided an overview of the financial summary report for Q3 of FY 2025-2026 stating that there is a surplus year-to-date, noting that additional expenses are anticipated in Q4 as is customary every year. All statutory remittances and filings are up to date.

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

THAT the Board receive the FY2025-2026 Q3 Financial Report, as presented.

CARRIED

10.2 Investment Portfolio

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

MOVED BY: Allan Freedman

SECONDED BY: Tina Siemens

THAT the Board receive the investment report.

CARRIED

11.0 Governance

11.1 Revised Governance Manual

Julie Reinhart and Stamatis Kefalianos advised that the Governance Manual has now undergone full external editorial review with a focus on clarity and flow, and consistency in language. The proposed revisions do not alter the substantive intent of the policies previously approved by the Board. The Governance Committee has reviewed the final version and recommends Board approval. Staff will develop a policy review schedule to ensure policies are regularly reviewed by the Board to align with evolving legislation and best practices. Once approved, the Governance Manual will be posted on the College website. The Governance Committee further recommends the previous Governance Policies be retired. The Board held a brief discussion and provided an additional change to the manual which will be incorporated.

MOVED BY: Julie Reinhart
SECONDED BY: Stacey Anderson

THAT the Board approve the revised Governance Manual as amended following editorial review, including today's change.

MOVED BY: Julie Reinhart
SECONDED BY: Pathik Shukla

THAT the Board retire the previous governance policies which will no longer be effective upon approval of the new Governance Manual.

CARRIED

11.2 Committee Appointments

The Nominations Committee previously recruited and interviewed candidates to fill vacancies for professional appointees on the Investigations Complaints and Reports Committee (ICRC) and the Quality Assurance Subcommittee. Two candidates were put forward today for appointment.

MOVED BY: Mary Egan
SECONDED BY: Jennifer Kerr

THAT the Board appoint Wesam Al Ghazawi to the Inquiries, Complaints and Reports Committee for a three-year term, commencing March 27, 2026.

THAT the Board appoint Sarah Waite to the Quality Assurance Subcommittee for a three-year term, commencing March 27, 2026.

CARRIED

12.0 Registration Committee

12.1 Revised Language Fluency Requirement Registration Policy

Pathik Shukla advised that changes to the Language Fluency Requirement Registration Policy are proposed to align the College's English and French language proficiency requirements with those approved under the *Immigration and Refugee Protection Act* (Canada). These changes will ensure more effective and efficient registration of internationally educated applicants, while protecting the public.

MOVED BY: Pathik Shukla

SECONDED BY: Adrian Malcolm

THAT the Board approve the revised Language Fluency Requirement Registration Policy.

CARRIED

13.0 Environmental Scan

The Chair invited members to share updates on changes in systems and information of interest that impact the practice of occupational therapy.

14.0 Other Business

14.1 Board Meeting Evaluation for March 26, 2026

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

15.0 Farewell

Allan Freedman and the Chair expressed appreciation on behalf of the Board to Christine Funk and Stacey Anderson for their contributions to the Board and committees over the past three years to support public protection, and wished them well in their future endeavours

16.0 Next Meetings

The next Board Meeting on June 18, 2026, 9:00 a.m. – 3:30 p.m. is virtual for all members.

17.0 Adjournment

There being no further business, the meeting was adjourned at 1:48 p.m.

MOVED BY: Vincent Samuel

THAT the meeting be adjourned.

CARRIED

APPENDIX 1: * Territorial Acknowledgement

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

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

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

DRAFT

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
March 26, 2026	THAT the Board approve the revised Language Fluency Requirement Registration Policy.	Complete
March 26, 2026	THAT the Board appoint Wesam Al Ghazawi to the Inquiries, Complaints and Reports Committee for a three-year term, commencing March 27, 2026. THAT the Board appoint Sarah Waite to the Quality Assurance Subcommittee for a three-year term, commencing March 27, 2026.	Complete
March 26, 2026	THAT the Board retire the previous governance policies which will no longer be effective upon approval of the new Governance Manual.	Complete
March 26, 2026	THAT the Board approve the revised Governance Manual as amended following editorial review, including today's change.	Complete
March 26, 2026	THAT the Board review the Annual Board Evaluation Summary and approve the action plan	Complete
March 26, 2026	THAT the Board receive the investment report.	Complete
March 26, 2026	THAT the Board receive the FY2025-2026 Q3 Financial Report, as presented.	Complete
January 29, 2026	THAT the Board approve the appointments of Jennifer Kerr and Adrian Malcolm to the Inquiries, Complaints and Reports Committee, effective immediately.	Complete
January 29, 2026	THAT the Board approve adjustments to the Request for Second Provisional Certificate	Complete
January 29, 2026	THAT the Board approve the I & R Resolution Program Policy as amended.	Complete

Board Meeting Date	Decisions	Current Status
January 29, 2026	<i>THAT</i> the Board appoint Kelly Didone to the Inquiries, Complaints and Reports Committee (ICRC) for a three-year term commencing on January 30, 2026.	Complete
January 29, 2026	<i>THAT</i> the Board approve the proposed 2% increase to Registration fees for the upcoming 2026-2027 annual renewal period.	Complete

DRAFT

BOARD OFFICER ELECTIONS MINUTES - DRAFT

DATE: Thursday, March 26, 2026 **TIME:** 2:00 p.m. – 3:10 p.m.

In Attendance:

PRESENT:

Jennifer Henderson, *Co-Chair*
Neelam Bal, *Co-Chair*
Mary Egan
Allan Freedman
Jennifer Kerr
Lucy Kloosterhuis
Thuy Luong
Kara Machado
Adrian Malcolm
Vaishali Prasad
Julie Reinhart
Vincent Samuel
Pathik Shukla
Tina Siemens

SCRUTINEERS:

Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Gillian Slaughter, *Registrar & CEO*
Nancy Stevenson, *Director, Communications*

OBSERVERS:

Namiko Huynh, *OT Student, OSOT*
Dana Lobson, *Ministry of Health*
Marnie Lofsky, *Executive Director, OSOT*
Tessa Murchison, *OT Student, OSOT*

STAFF:

Stamatis Kefalianos, *Director of Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*
Kim Woodland, *Director, Programs*

REGRETS:

1.0 Call to Order and Appointment of Scrutineers

Chair Jennifer Henderson called the meeting to order at 1:54 p.m. The following motions were put forward:

MOVED BY: Neelam Bal

SECONDED BY: Jennifer Kerr

THAT observers be permitted to observe the officer elections meeting.

CARRIED

THAT the Board appoint Nancy Stevenson, Gillian Slaughter, and Seema Singh-Roy as scrutineers.

MOVED BY: Pathik Shukla
SECONDED BY: Vaishali Prasad

CARRIED

2.0 Approval of Agenda

Chair Jennifer Henderson called for changes to the agenda. None were made.

MOVED BY: Tina Siemens
SECONDED BY: Julie Reinhart

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

CARRIED

3.0 Election of Officers & Appointment of Scrutineers

3.1 Election of Officers

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

BOARD CHAIR

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

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

BOARD VICE-CHAIR

Neelam Bal, Thuy Luong and Tina Siemens were nominated for the position of Board Vice-Chair. Neelam Bal was removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was comprised of Thuy Luong and Tina Siemens. Votes were completed. A majority was declared.

Tina Siemens was declared elected Board Vice-Chair, by a majority of votes.

BOARD OFFICER #1 - Finance

Neelam Bal, Allan Freedman, Thuy Luong, Adrian Malcolm, Pathik Shukla and Tina Siemens were nominated for the position of Officer #1 - Finance. Neelam Bal and Tina Siemens were removed from the ballot. The remaining Professional Director, Thuy Luong, was removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was comprised of Public Directors Allan Freedman, Adrian Malcolm, and Pathik Shukla. A majority was declared.

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

BOARD OFFICER #2

Adrian Malcolm and Pathik Shukla remained eligible on the ballot for the position of Officer #2. No further nominations were received, and nominations were declared closed. The vote was completed. A majority was declared.

Adrian Malcolm was declared elected Board Officer #2, by a majority of votes.

3.2 Motion to Destroy Ballots

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

MOVED BY: Jennifer Kerr

SECONDED BY: Pathik Shukla

THAT the ballots for the 2026 Election of Officers be destroyed.

CARRIED

Chair Jennifer Henderson passed the chair role to the newly re-elected Board Chair, Neelam Bal.

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

Following the election of officers, Chair Neelam Bal called for a short break to finalize the list for the 2026-2027 chair appointments and composition of committees.

4.1 2026-2027 Committee Appointments and Composition of Committees

The draft list of chairs and composition of committees for 2026-2027 was presented to the Board for consideration. One change was recommended.

MOVED BY: Pathik Shukla

SECONDED BY: Jennifer Kerr

THAT the Board approve the 2026-2027 chair appointments and composition of committees as recommended by the Nominations Committee, including today's additional change.

CARRIED

4.2 Annual Signing

Chair Neelam Bal asked members to complete the Confidentiality Agreement, and Code of Conduct and Conflict of Interest forms which were provided.

5.0 Next Meetings

The 2026-2027 meeting dates were set as follows:

- Board Education Session/Strategic Planning: Monday, October 19, 2026, 9:00 a.m. – 4:00 p.m., location TBD
- Board Meeting: Tuesday, October 20, 2026, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: Thursday, January 28, 2027, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: Thursday, March 25, 2027, 9:00 a.m. – 4:00 p.m., at the College
- Board Meeting: Thursday, June 17, 2027, 9:00 a.m. – 3:30 p.m., at the College

6.0 Adjournment

There being no further business, the meeting was adjourned at 3:10 p.m.

MOVED BY: Tina Siemens

THAT the meeting be adjourned.

CARRIED

EXECUTIVE COMMITTEE MINUTES

DATE: Thursday, March 5, 2026 **TIME:** 1:00 p.m. – 4:00 p.m. via zoom

In Attendance:

MEMBERS:

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

GUESTS:

Jodi Zigelstein-Yip, *Enliven HR Consulting* (item 10.0)

STAFF:

Gillian Slaughter, *Registrar & CEO*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

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

2.0 Public Protection Mandate

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

3.0 Territorial Acknowledgement*

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

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

The Chair asked if there were any changes to the agenda. No changes were reported, and the agenda was approved as presented.

6.0 Executive Committee Terms of Reference

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

7.0 Approval of Draft Minutes

7.1 Draft Executive Minutes of January 15, 2026

The Chair called for edits to the draft minutes of January 15, 2026. None were reported and the minutes were approved as presented.

8.0 Registrar's Report

8.1 Registrar's Verbal Report

The Registrar delivered a PowerPoint presentation of the Registrar's Report to highlight various updates and achievements of the College's strategic priorities.

Board Composition Update

Elections Results:

The elections in districts 2 & 3 were very successful. Kara Machado and returning member Julie Reinhart won in district 2 each for a 3-year term, and Vaishali Prasad won in district 3 for a 1-year term. The Board Orientation for the new members is scheduled for March 25, 2026.

Public Director Appointments:

Allan Freedman and Lucy Kloosterhuis have been reappointed by the Ministry; Allan for three years, and Lucy for six months. Vincent Samuel's term ends on March 27, 2026. The College is actively engaged with the Ministry and eagerly awaits news on his reappointment.

Outgoing Board Directors:

Special thanks to Stacey Anderson and Christine Funk for all their contributions to the Board. There will be short remarks of appreciation and farewell for both at the next Board Meeting.

Election of Executive Officers:

All four executive officer positions are contested by both professional and public directors. A vote will be held for each position.

Leadership Priority #1: Meaningful Engagement

Register Renaming

The '*Find an OT*' link on the College website has now been renamed to '*Registered Occupational Therapists List*' and all webpages and the portal have been updated accordingly.

Registrant Engagement

The College is publishing monthly newsletters and posting almost daily to social media.

Outreach Sessions

Staff presented to OT students at Queen’s University and the University of Toronto.

Leadership Priority #2: Quality Practice

Practice Program

Public consultation of the Code of Ethics, and Guide to the Code of Ethics closed on February 2. Staff are evaluating the results and will report on the consultations at the June Board meeting.

Registration Program

Preparations and testing are now underway for Annual Renewal which opens March 31, 2026.

Quality Assurance Program

College is initiating discussions with another OT regulator about join the Competency Assessment Project.

Leadership Priority #3: System Impact

Association of Canadian Occupational Therapy Regulatory Organization (ACOTRO):

- The Registrar will conduct a legislative review of the scopes of practice for occupational therapy across the country. The research will start in February, and further information will be provided to the Board at the March meeting.
- ACOTRO is actively reviewing the Labour and Mobility Support Agreement (LMSA).

Canadian Association of Occupational Therapy (CAOT):

CAOT is working to develop resources to support internationally educated occupational therapists in how occupational therapy is practiced in Ontario.

Leadership Priority #4: Performance and Accountability

Projects Include:

- Analyzing and reporting on CIHI socioeconomic data.
- Engaging vendor for AI readiness assessment.

- Ministry Reporting and Consultations:
 - Update provided to Ministry of Health about *As of Right* legislation
- Annual report to the Office of the Fairness commissioner is due end of March.
- Assistive Devices Program
- Ontario Autism Program Provider List

8.2 Risk Management Report

The Registrar & CEO advised that small changes were made to the entry in the risk register under risk ID S. 11 to recognize the 2% fee increase previously approved by the Board. There is no proposed change to the residual risk for this item. The status of the high or critical risks in the Risk Management Report as identified to the Board on January 29, 2026, remains unchanged for Q3 FY2025-2026. Executive agreed to bring the report forward for Board approval at the March meeting.

9.0 Business Arising

9.1 Committee Work Plan

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

9.2 Executive Committee Meeting Evaluation

Results of the evaluation for the Executive Meeting held on January 15, 2026, were very positive overall and no concerns were raised.

9.3 Board Meeting Evaluation Results

Feedback for the Board Meeting held on January 29, 2026, was generally very positive. Two opportunities for improvement were identified: 1) Provide calendar reminders to members for the Declaration of Conflict of Interest response deadline, and 2) Where possible, provide presentation slides prior to meetings.

9.4 Annual Board Evaluation Results

Feedback for the Annual Board Evaluation (April 2025-February 2026) was generally very positive. Executive noted a concern raised regarding the Board focusing too much on College operations instead of strategic objectives. A short discussion was held.

9.5 Annual Executive Committee Evaluation Results

Feedback received for the Annual Executive Committee Evaluation (April 2025-February 2026) was very positive and no concerns were raised.

9.6 Presentation about Board Education Day

The Registrar & CEO presented an overview of the Board Education Session held on October 29, 2025, and what, if any, action items or shift in priorities were identified following the presentations and discussions. The Registrar invited feedback from Executive on the slides in preparation for her presentation to the Board.

9.7 Revisions to Quarterly Performance Report

The Registrar advised that the Quarterly Performance Reports are being reviewed to ensure they communicate results more clearly and effectively to the Board. Staff propose moving away from more detailed, text-based reports to a reporting format that is succinct and visual which will make key trends and outcomes easier to interpret at a glance.

9.8 Draft Board Minutes

Executive reviewed the draft Board Minutes for January 29, 2026.

9.9 Draft Board Agenda

Executive reviewed and finalized the draft Board Agenda for March 26, 2026.

9.10 Draft Officer Elections Agenda

Executive reviewed and finalized the draft Board Officer Elections Agenda for March 26, 2026.

10.0 In Camera Session

The Chair called for a motion to move *in camera* to discuss a confidential human resources matter. Andjelina Stanier left the meeting. Jodi Zigelstein-Yip joined the meeting for this item.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Stacey Anderson

THAT the meeting move in camera.

CARRIED

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

THAT the meeting move out of camera.

CARRIED

11.0 Next Meeting

The next Executive Committee meeting date will be determined on March 26, 2026, once the committee has been reconstituted. Discussion was held regarding the June Board

meeting coinciding with events taking place in the city the same week. A decision was made to move to a fully virtual meeting. The Board will be notified at the upcoming meeting.

12.0 Adjournment

There being no further business, the meeting was adjourned at 3:57 p.m.

APPENDIX 1: * Territorial Acknowledgement

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

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

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

EXECUTIVE COMMITTEE MINUTES

DATE: Wednesday, April 22, 2026 **TIME:** 2:00 p.m. – 5:00 p.m. via zoom

In Attendance:

MEMBERS:

Neelam Bal, *Chair*
Allan Freedman
Adrian Malcolm
Tina Siemens

GUESTS:

STAFF:

Gillian Slaughter, *Registrar & CEO*
Cara Moroney, *Manager Investigations & Resolutions (item 10.2)*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 2:03 p.m. She stated that the meeting would follow an informal decision-making model.

2.0 Public Protection Mandate

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

3.0 Territorial Acknowledgement*

The Chair asked if members had an opportunity to read and reflect on the Territorial Acknowledgement statement (Appendix 1) and everyone replied that they had.

4.0 Declaration of Conflict of Interest

The Chair asked if there were any conflicts of interest regarding today's agenda: None were declared.

5.0 Approval of Agenda

The Chair called for changes to the agenda. None were reported and the agenda was approved as presented.

6.0 Committee Orientation

The Registrar & CEO conducted the committee orientation and responded to questions.

7.0 Executive Committee Terms of Reference

The Chair stated that the committee terms of reference document is provided with meeting materials as a reminder of the committee's mandate and encouraged members to review it prior to meetings.

8.0 Approval of Draft Minutes

8.1 Draft Executive Minutes of March 5, 2026

The Chair called for edits to the draft minutes of March 5, 2026. None were reported and the minutes were approved as presented.

9.0 Registrar's Verbal Update

9.1 Registrar's Update

Board composition:

- Bibi Azim was appointed to the Board by the Ministry and orientation will take place on April 29.
- There is no new update from the Ministry about Vincent Samuel's reappointment.

Meaningful Engagement:

- A new awareness campaign has been launched on News Canada. This includes the development of a series of stories in print as well as radio segments for the public on what OTs do. To date, we have pick-up from 211 outlets, with a reach of 9.5 million viewers and listeners.
- This month, we are giving practice presentations in Toronto and in Ottawa.
- We have retained an EDI expert to provide training for staff.

Quality Practice:

- We are working on the e-learning modules for 2026 on communications and for 2027 on ethics.
- The Competency Assessment process about which we are collaborating with The Nova Scotia Occupational Therapy Regulator (NSOTR) may be expanding to include Newfoundland and Labrador Occupational Therapy Board (NLOTB). More updates will follow.

System Impact:

- We met with a data group from Ottawa University to discuss a data framework related to the CIHI data set. We met with CIHI to discuss how to provide data and meeting their data standard in 2026 more easily.

Performance and Accountability:

- We are advancing with our work to prepare staff for using AI. We are conducting our AI readiness assessment and are engaging with a vendor to label our data and information. This will help us to exclude confidential, private and sensitive information from Copilot, and be aware of the content that is permitted to be used by Copilot. Testing and staff training will follow.

10.0 Business Arising

10.1 Committee Work Plan

The Registrar reviewed the status of items on the 2025-2026 work plan with Executive and finalized the 2026-2027 work plan accordingly.

10.2 Committee Reappointments - ICRC

Cara Maroney joined the meeting to discuss the expiring terms of two current members of the ICRC. Executive agreed to reappoint Kellen Baldock and Sarah Dodds to the ICRC as committee appointees for a three-year term, effective May 1, 2026. This decision will be brought to the Board for ratification at their meeting on June 18, 2026.

10.3 Appointment of Public Director – Bibi Azim

With the appointment of new the new public member, the Registrar & CEO considered the committee composition and provided rationale for her recommendation to appoint Bibi Azim to the Governance Committee and to the Quality Assurance Committee. Executive approved these appointments. This change will be brought to the Board for ratification at the meeting on June 18, 2026.

10.4 Draft Board Minutes

Executive reviewed the draft Board Minutes for March 26, 2026.

10.5 Draft Board Officer Elections Minutes

Executive reviewed the draft Board Officer Elections Minutes for March 26, 2026.

11.0 Next Meetings

1. Thursday, May 28, 2026, 2:00 p.m. – 5:00 p.m.
2. Wednesday, June 17, 2026, 8:00 a.m. – 9:00 a.m. *In camera meeting regarding HR matter.*

12.0 Adjournment

There being no further business, the meeting was adjourned at 4:29 p.m.

APPENDIX 1: * Territorial Acknowledgement

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

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

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

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: March 16, 2026

TIME: 8:30 a.m. to 10:30 a.m. virtual meeting

In Attendance:

DIRECTORS:

Allan Freedman, *Chair*

Lucy Kloosterhuis

Tina Siemens

Thuy Luong

GUESTS:

None

OBSERVERS:

None

STAFF:

Gillian Slaughter, Registrar & CEO

Seema Singh-Roy, Director of Finance, People and Corporate Services

Grace Jacob, Accounting and Payroll Specialist, *Scribe*

REGRETS:

None

1.0 Call to Order

The Chair Allan Freedman welcomed everyone and called the meeting to order at 8:29 a.m.

2.0 Public Protection Mandate

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

3.0 Territorial Acknowledgement*

The Chair invited members to silently read the Territorial Acknowledgement (Appendix 1)

4.0 Declaration of Conflict of Interest

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

5.0 Committee Terms of Reference

The Chair highlighted the importance of all Committee members understanding the Finance and Audit terms of reference and being aware of the key responsibilities essential to fulfilling the Committee's mandate.

6.0 Approval of Agenda

6.1 Agenda for March 16, 2026

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

MOVED BY: Tina Siemens
SECONDED BY: Lucy Kloosterhuis

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes of January 15, 2026

The Chair asked if members of the Committee had any additions or changes to the draft minutes of January 15, 2026.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Thuy Luong

THAT the draft Finance and Audit Committee minutes of January 15, 2026, be approved as presented.

CARRIED

8.0 Verbal Report

Seema informed the Committee that the College is preparing for its annual renewal, with internal OT testing scheduled for the end of the week. She noted that Finance is currently developing the FY2026/2027 budget, which will be presented at the next meeting, and is also preparing for the upcoming audit. Seema also announced that Kim Woodland would be retiring in May 2026 and that a recruitment firm has been engaged to initiate the process to fill the role.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Work Plan

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

10.0 Finance Update

10.1 FY25/26 Q3 Financial Summary Report

Seema presented the Q3 Financial summary report and proceeded to answer any questions from the Committee members.

MOVED BY: Tina Siemens

SECONDED BY: Thuy Luong

THAT the Committee recommends Board approval of the FY25/26 Q3 Financial report, as presented

CARRIED

10.2 FY25/26 Q3 Investment Report as at January 31, 2026

Seema presented a summary of the Q3 investment report to the Committee and addressed any questions.

11.0 Finance and Audit Committee Evaluation Results – January 15, 2026 Meeting

11.1 January 15, 2026, Committee Meeting Evaluation Results

Seema presented the Committee Evaluation results from the January 15, 2026 meeting to the Committee, noting that the feedback was very positive and that members consider the meetings and supporting material to be effective.

12.0 Finance and Audit Committee Annual Effectiveness Survey

12.1 Results from the Finance and Audit Committee Annual Effectiveness Survey

Seema presented the Annual Effectiveness Survey results to the Committee, noting that the feedback was highly positive. She then invited suggestions on enhancing the upcoming May Finance Orientation for new Finance and Audit Committee members to strengthen their understanding of the Committee's financial reports and overall requirements.

13.0 New Business

Gill informed the members that the Committee Orientation will be further refined and that the Board will receive updates on mentoring programs designed to support new Committee members in their roles.

14.0 Next Meetings

The next Finance and Audit meeting is to be determined.

15.0 Adjournment

There being no further business, the meeting was adjourned at 8:54 a.m.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Thuy Luong

THAT the meeting be adjourned.

CARRIED

APPENDIX

*** Territorial Acknowledgement**

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

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

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

GOVERNANCE COMMITTEE MINUTES

DATE: Wednesday, November 19, 2025 **TIME:** 1:00 p.m. to 4:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

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

STAFF:

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

GUESTS:

REGRETS :

Vincent Samuel

1.0 Call to Order

Chair Neelam Bal welcomed everyone and called the meeting to order at 1:08 p.m. She stated that the meeting would follow an informal decision-making model.

2.0 Public Protection Mandate

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

3.0 Territorial Acknowledgement

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

4.0 Declaration of Conflict of Interest

The Chair called for conflicts of interest related to the agenda. None were declared.

5.0 Approval of Agenda

The Chair called for changes to the agenda. No changes were recommended and the agenda was approved as presented.

6.0 Governance Committee Terms of Reference

The Chair stated that this committee's terms of reference were included as a resource and for review prior to the meeting

7.0 Approval of Draft Minutes

The Chair called for edits or other changes to the draft minutes of May 16, 2025. None were reported and the minutes were approved as presented.

8.0 COTO Governance Manual

Stamatis Kefalianos explained that the purpose for this item is to seek the committee's approval to proceed with an editorial review of the updated Governance Policies Manual originally approved in 2010. This project is part of the overall governance modernization initiative which began about five years ago; the Board has been reviewing and updating individual policies in stages since then, and now all, but one current policy remains, and is slated for review in 2026. In addition, one new IT policy will be developed, also planned for 2026. Both will be added to the Governance Manual once approved by the Board. The recommended editorial review will focus on style and language, as opposed to substantive matters on content which will be reviewed as policies come up for review during the regular policy review cycle. Stamatis will prepare a schedule for the policy review cycle for consideration at the next committee meeting. However, in addition to the review of style and language of the entire manual, the committee is also asked to review the content of two new policies through the lens of transparency and provide feedback by December 31, 2025. These policies are *1.1 Purpose and 1.5 Definitions*. A brief discussion was held regarding the associated costs for the external editorial review and the Registrar explained that the cost would come out of the operating budget and is anticipated to be minimal since this is only a stylistic review as opposed to a more time consuming review of the content. The goal is to bring this back to the committee in January or March 2026 for consideration. The committee agreed to move forward with the editorial review.

9.0 College of Pharmacists Governance Review

Stamatis updated the committee on the latest governance report learnings made public at the College of Pharmacists which is relevant to our own ongoing review of governance policies and practices. Key themes from the report include 1. Governance Culture: Structural changes alone do not necessarily resolve cultural or behavioural challenges within a board or committee setting; 2. Board Accountability: Effective oversight depends not only on policy but also on consistent adherence to governance principles and ongoing board and committee education, 3. Continuous Evaluation: The OCP's experience underscores the need for regular evaluation of governance effectiveness, including the use of independent reviews and self-assessment tools, 4. Change Management: Even with a modernized governance structure in place, sustained change requires intentional leadership development and commitment to governance excellence.

10.0 Environmental Scan

The committee was briefed on recent developments at the Real Estate Council of Ontario (RECO) regulator for the province's real estate industry. The Ontario government is considering taking control of RECO after an audit into its handling of a brokerage accused of misappropriating funds, concluded there were serious deficiencies in RECO's response. A decision by the Minister whether to impose a supervisor or administrator over the council is forthcoming. More to come on this.

11.0 Next Meeting

Wednesday, January 14, 2026, 1:00 – 4:00 p.m. If the Editorial review is not completed in time for this meeting, the meeting may be postponed to a later date.

12.0 Adjournment

There being no further business, the meeting was adjourned at 2:05 p.m.

APPENDIX 1: *Territorial Acknowledgement

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APPENDIX 2: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
November 19, 2025	Proceed with editorial review of the Governance Manual	Ongoing
May 16, 2025	New <i>Committee Assessment and Evaluation</i> Policy to go to the Board for final approval	Complete
May 16, 2025	Two new governance policies to go to the Board for final approval: <ol style="list-style-type: none"> 1. <i>Training and Development for Board & Committees</i> 2. <i>Training for Board Chair and Committee Chairs</i> 	Complete

BOARD BRIEFING NOTE

Date: June 18, 2026
From: Registrar & CEO
Subject: Q4 FY2025-2026 Quarterly Performance Report

Recommendation:

THAT the Board receive the Q4 FY2025-2026 Quarterly Performance Report.

Issue:

The purpose of the quarterly performance report is to provide quarterly information on program and committee and program activities that relate to the 2024-2027 identified strategic priorities and the mandate of the College.

Staff assessed quarterly performance reports to determine whether they communicate results clearly and effectively to the Board. To support better Board oversight, where appropriate, staff are transitioning committees' reports to include succinct, graphic-based reporting, such as colourful KPI dashboards that present key measures and trends at a glance

Link to Strategic Plan:

Performance and Accountability:

- 4.1 Ensures College governance is proactive, effective, competency-based, and accountable.
- 4.3 Leverages data to drive performance internally and externally to enhance service delivery.

Why this is in the Public Interest:

Board oversight of the strategic plan, committees, finance, risk, and compliance with the *Regulated Health Professions Act, 1991* are vital components of ensuring the public has access to safe, ethical, and quality care from occupational therapists. Creating a clear quarterly performance report for Board review facilitates effective Board review of committee and program activities.

Diversity, Equity, and Inclusion Considerations:

The Board must ensure its oversight of the College reflects the diverse needs and experiences of the public it serves. Reviewing quarterly committee performance reports through an EDI lens helps identify whether regulatory processes, decisions, and outcomes are fair, accessible, and

free from systemic bias. This approach strengthens public confidence by demonstrating the College's commitment to equitable and consistent protection of Ontarians.

Background:

College Committees and staff produce a quarterly performance report about committee and program activities. Those reports are being regularly reviewed for their effectiveness in clearly communicating the committee and program performance. As previously communicated to the Board, the reports are being gradually updated to present key committee and program measures more clearly and visually.

It is important for the Board, whose public directors alone sit on the statutory committees, to have a clear line of sight into committee work. It is equally important that the Board receive clear yet concise reports, particularly for those reporting quantitative results of current performance, and be able to quickly benchmark the performance and identify trends.

Discussion:

The quarterly performance report for Q4 is presented in a more succinct, graphic-based format. The Registration Committee, Quality Assurance Committee, Inquiries, Complaints and Reports Committee and the Practice Subcommittee reports include colourful KPI dashboards that display more longitudinal data to assist with trend analysis. Outcomes can be interpreted at a glance; the goal is to improve accessibility for Board members. As before, many reports have a benchmark to measure or compare performance or illustrate progress.

The move away from more detailed, text-based reports means some contextual information may be reduced or omitted. To ensure the Board continues to receive the depth of information needed for effective oversight, supplementary narrative or issue-specific briefings may still be required when complexities arise.

Attachments:

1. Q4 FY2026-2026 Quarterly Performance Report

Executive Committee		
Chair:	Neelam Bal	
Purpose:	<p>To oversee the College’s risk management framework. To monitor College operations in cooperation with the Registrar and CEO. To review and approve the agenda and briefing materials and reports for all Board meetings To act on matters of administrative urgency, reporting every action at the next Board meeting. To evaluate Registrar and CEO performance.</p>	
Strategic Priorities:	<p>Meaningful Engagement Quality Practice System Impact Performance and Accountability</p>	
Executive Committee Action:	The Executive Committee met in Q4 on March 5, April 22 and May 28, 2026.	
Committee Workplan:	Results of the Executive Committee’s workplan:	
	RHPA and/or Governance model changes	Monitor
	Registrar & CEO Transition	Complete
	Accreditation of University Programs	Underway
	Policy Review	Complete
	Strategic Planning	Underway
	Board Education (Annual)	Complete
	College Performance Measurement Framework	On hiatus in FY 2025-26
	Annual Registrar’s Evaluation	Underway
	Risk Management Process	Complete
Committee Decisions requiring Board approval:	Risk management reports for the March 26 and June 18, 2026 Board meetings; reappointments for Inquiries, Complaints and Reports Committee; appointments of Public Directors (Bibi Azim and Vincent Samuel) to Committees; reappointments for the Nominations Committee; Code of Ethics consultation.	

Committee Activities in FY 2025-26

- Reviewed risk management reports and risk register
- Reviewed Executive Committee and Board Meeting evaluation results
- Review of Code of Ethics and Guide to Ethical Practice
- Annual orientation
- Reviewed proposed registration fee increase
- Reviewed the proposed I&R Resolution Program Policy
- Received regular reports from Registrar & CEO; provides direction to Registrar & CEO
- Established a process to evaluate the Registrar & CEO's performance and initiated performance review.

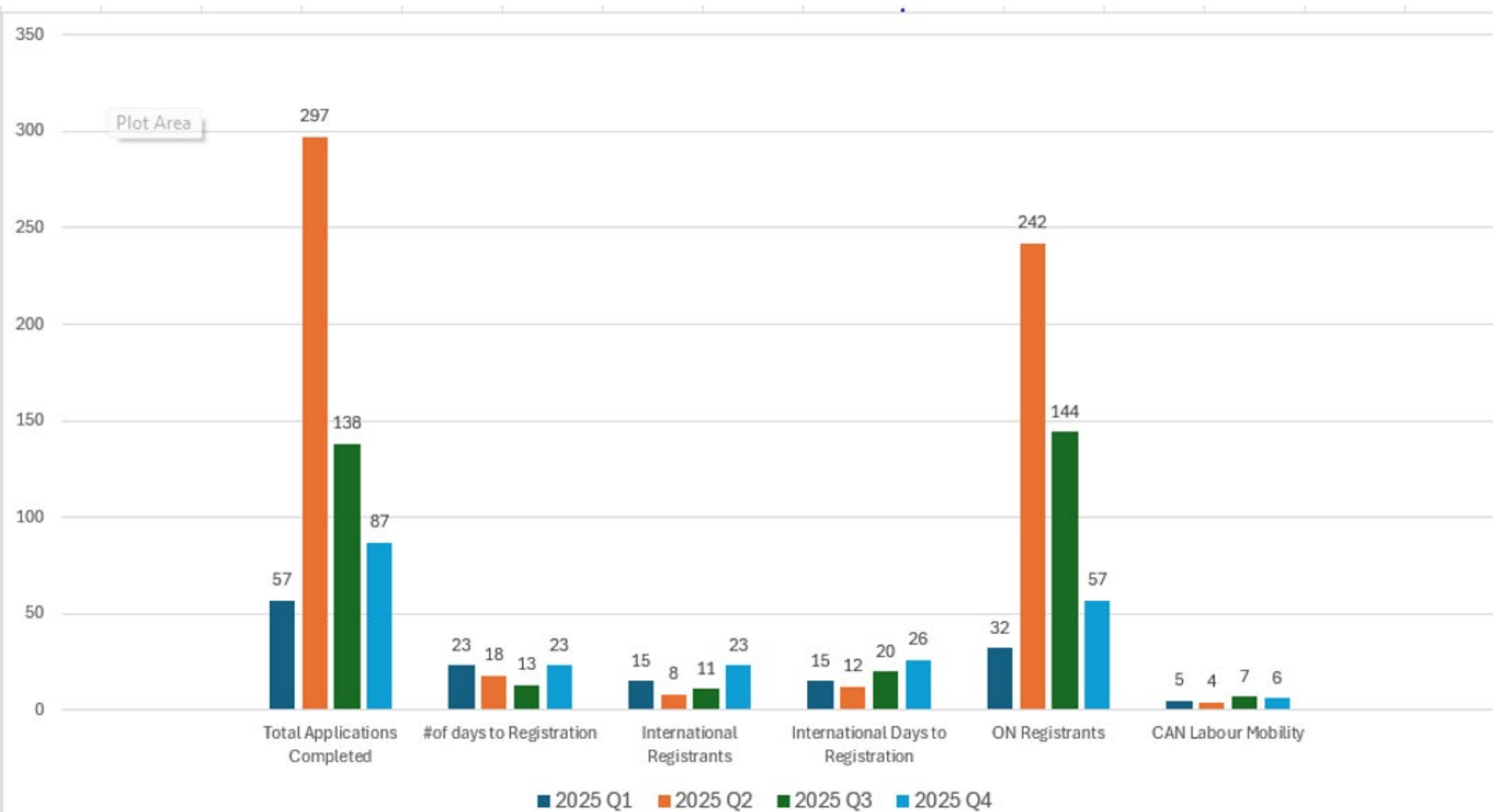
Governance Committee	
Chair:	Neelam Bal
Purpose:	<p>Finalize the governance manual</p> <p>Review and update the Code of Conduct and Conflict of Interest Policy</p> <p>Enhance onboarding for new Board Directors</p>
Strategic Priorities:	Public Confidence, Quality Practice
Governance Committee Action:	<p>The Committee met on March 11, 2026, to review the editorial revisions to the Governance Manual. The purpose of the review was to ensure consistency of terminology, improve clarity and readability, and strengthen alignment across governance policies. Following its review, the Committee approved the revised Governance Manual and recommended that the Board approve the updated Manual at its next meeting. The Committee also discussed the importance of maintaining current governance policies and directed staff to develop a policy review cycle for consideration at a future meeting. The review cycle will support ongoing policy maintenance and alignment with governance best practices.</p> <p>The Committee also reviewed an environmental scan of mentorship practices among regulatory bodies. While mentorship programs were found to be common, approaches varied considerably across organizations. The Committee agreed that a mentorship program would provide valuable support to newly appointed Directors and recommended the development of an informal, voluntary program for both mentors and mentees. The proposed program would include suggested meeting schedules and discussion topics and would be implemented during a Director's first year of service.</p> <p>The Committee directed staff to develop and implement a pilot mentorship program beginning with the newly elected Directors in 2026. Finally, the Committee reviewed the results of the annual committee evaluation. Feedback was positive, and no concerns or issues requiring follow-up were identified.</p>
Committee Decisions requiring Board approval:	Governance Manual

Finance and Audit Committee	
Chair:	Allan Freedman
Purpose:	<ul style="list-style-type: none"> • Review quarterly financial reports and annual projected budget for recommendation to the Board • Review draft audited financial statements for recommendation to the Board • Review updated five-year financial forecast • Review internal controls matrix • Review investment portfolio to determine if policy changes are warranted • Review and update policies governing financial and investment matters • Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency • Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board
Strategic Priorities:	Public Confidence, System Impact
Finance and Audit Committee Action:	The Committee met on March 16, 2026 and May 20, 2026.
Committee Decisions requiring Board approval:	The Finance and Audit Committee minutes from March 20, 2026, FY26/27 Annual Operating Budget and the reclassification of the Internally Restricted Premises Fund to Unrestricted Reserve Funds.

Committee Activities in Q4 FY2025-26	
<ul style="list-style-type: none"> • The March 16th meeting covered the review of the FY25/26 Annual Work Plan, the draft Finance and Audit Committee minutes from January 15, 2026, the FY25/26 Q3 Financial Summary Report, and the Investment Report as of January 31, 2026. 	<ul style="list-style-type: none"> • The May 20th meeting included a review of the draft Finance and Audit Committee minutes from March 16, 2026. Hilborn LLP presented the pre-audit plan for the fiscal year ending May 31, 2026. Seema Singh-Roy provided a Finance and Audit Committee orientation to all members. The Committee also reviewed the draft FY26/27 Annual Work Plan and the FY26/27 Annual Operating Budget. It was also proposed that the Internally Restricted Premises Fund be reclassified as Unrestricted Reserve Funds.

Registration Committee	
Chair:	Christine Farrell
Purpose:	<ul style="list-style-type: none"> To support effective and consistent regulatory decision-making by reviewing registration performance data, national examination updates, and external oversight and accreditation reports. This work ensures policies and processes remain current, evidence-based, and aligned with public protection.
Strategic Priorities:	<p><u>Quality Practice:</u> The College embraces leading regulatory practices to protect the public.</p> <ul style="list-style-type: none"> Monitor and review quarterly Registration Performance and Data reports to support evidence-informed recommendations regarding application and registration policies Monitor implementation of “As of Right” legislation and provide recommendations regarding policy, operational processes, and applicant resources. Receive and review reports related to the National Occupational Therapy Certification Examination (NOTCE) and provide recommendations regarding examination and registration policies. Received Annual Report of the Office of the Fairness Commissioner 2025-26, confirming that College of Occupational Therapists of Ontario (COTO) continues to be designated as low risk.
Registration Committee Action:	<p>Review of cases involving second Provisional Certificate requests and additional National Occupational Therapy Certification Exam (NOTCE) attempts</p> <p>Decision: Committee agreed to waive the examination requirement and/or to issue the applicant with a provisional practicing certificate of registration, subject to terms and conditions.</p> <p>Public Protection: The NOTCE is a standardized, evidence-based assessment designed to evaluate entry-level competency in occupational therapy. This process serves to protect the public by preventing unqualified individuals from entering the profession. It is a reasonable expectation that all occupational therapists, including those practicing under supervision, possess a verified minimum level of competence upon entry to practice</p>
Committee Decisions requiring Board approval:	N/A

Registration Data 2025-26



Key Performance Indicators

1. Total Applications Completed

- Total applications completed in Q4 2025 were 87, compared to 83 in Q4 of the previous year, showing a slight year-over-year increase.
- Overall, applications completed in 2025–26 were higher than in 2024–2025 reflecting a gradual increase compared to the previous year.

2. Average time from application completion to Registration

- The average time to registration was 23 days, which remains below the Ministry of Health benchmark. The average registration time for internationally educated applicants was 26 days this quarter. This was primarily due to delays in receiving required documentation from applicants.

Registration Activities in Q4 FY2025-26

3. Re-entry to Practice

- Program Evaluation and Continuous Improvement

Highlight: As of April 1, 2025, the College has over 30 applicants who have completed the re-entry process, with additional applications continuing to be received and processed.

4. Registration Portal Data Clean Up

- Ongoing efforts on reviewing, standardizing, and cleaning registration portal data to improve data quality, accuracy, and reporting.

5. Data Collection and Implementation

- Develop processes and dashboards to leverage existing and new data to support decision making and resources.

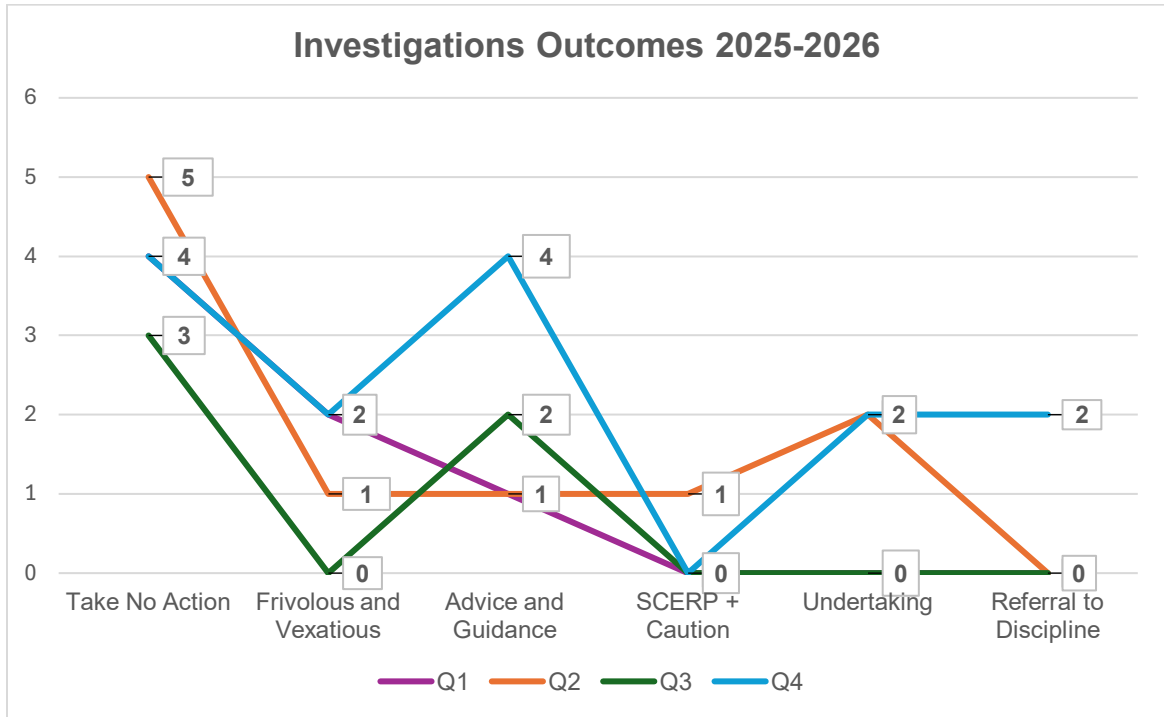
6. Resource Development

Policy Review and Updates, as Required

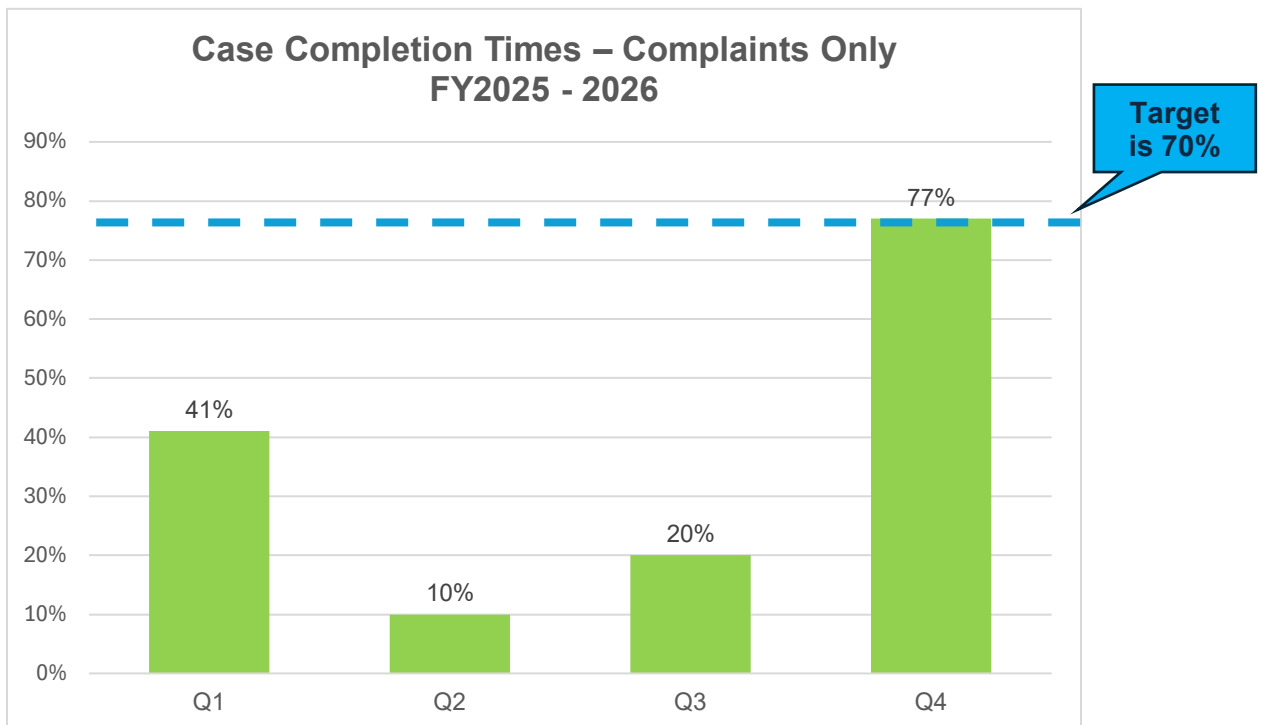
Inquiries, Complaints, and Reports Committee	
Chair:	Stephanie Schurr
Purpose:	<p>By way of the panels, decisions are made about investigations in accordance with the Health Professions Procedural Code</p> <p>Advise the Board on the development of policies and procedures governing the inquiries, complaints, and reports processes</p>
Strategic Priorities:	<p>Quality Practice: College embraces leading regulatory practices to protect the public.</p> <ul style="list-style-type: none"> • Takes an evidence-informed, risk-based approach to ensuring occupational therapists are competent, safe, effective, and accountable.
Inquiries, Complaints and Reports Committee Action:	<p>Panels of the ICRC met on three occasions (March 20, April 17, May 4) during the quarter to make decisions on files.</p> <p>The ICRC also met on May 22, 2026, for committee orientation and education activities. The session included an orientation for committee members regarding the role, mandate, and decision-making responsibilities of the ICRC within the College’s regulatory framework.</p> <p>The committee reviewed the ICRC Risk Assessment Tool, including its purpose and application in supporting consistent, risk-based informed decision-making. Members discussed the factors considered within the tool, its use in assessing risk to the public and achieving appropriate regulatory outcomes. The committee applied the Risk Assessment Tool to two case scenarios, discussed and evaluated risk factors, applied the assessment framework, and consider how the tool promotes consistency in committee decision-making.</p>
Committee Decisions requiring Board approval:	N/A

Key Performance Indicators:

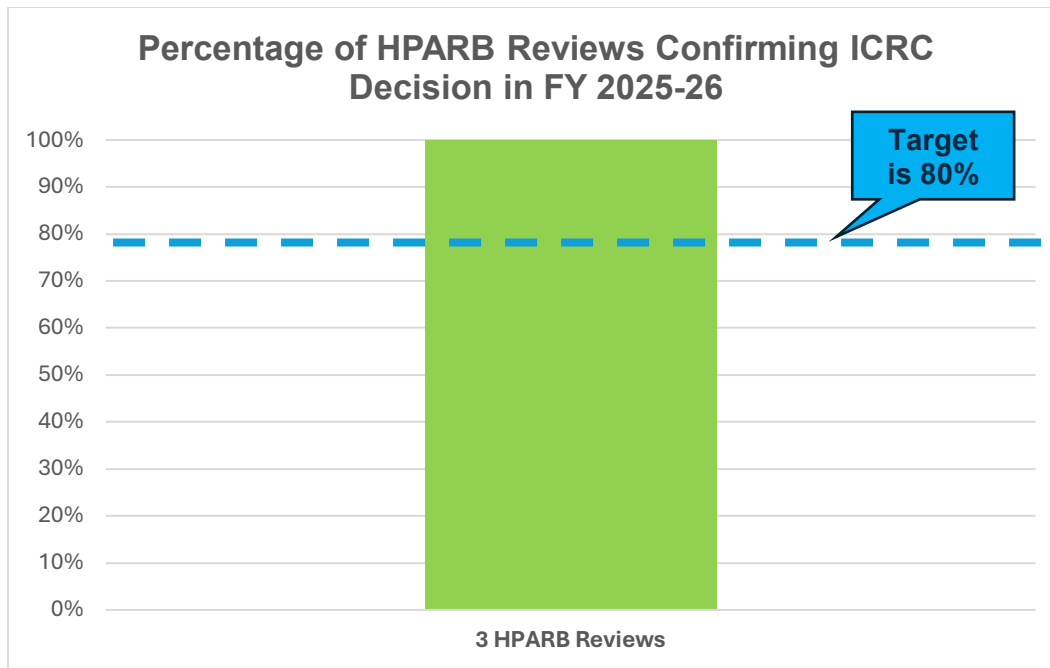
1. Investigations Outcomes FY 2025 – 2026



2. Case Completion Times – Complaints Only FY 2025-2026



3. Percentage of Health Professions Appeal and Review Board (HPARB) Reviews Confirming ICRC Decision in FY 2025-26:



HPARB confirmed the ICRC decisions in all three cases reviewed. There are six reviews still pending.

4. Total Closed Matters in FY 2025-2026 up to May 31, 2026:

Number of Closed Complaints and Reports	2025-26	2024-25
	36	24

Closed matters include all cases where the ICRC rendered a decision during the fiscal year, or where the Registrar accepted the withdrawal of a filed complaint or adopted a Resolution Agreement during the fiscal year.

5. Total Open Matters in FY 2025-2026 as of May 31, 2026:

Number of Open Complaints and Reports	2025-26	2024-25
	22	23

Open matters include those cases that are pending a final decision of the ICRC or pending the adoption of a Resolution Agreement.

Quality Assurance Committee (QAC)	
Chair:	Heather McFarlane
Purpose:	The QAC is mandated to protect the public interest by establishing and maintaining a program to ensure the quality of 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.
Strategic Priorities:	<p><u>Quality Practice:</u> The College embraces leading regulatory practices to protect the public.</p> <ul style="list-style-type: none"> • Takes an evidence-informed, risk-based approach to ensuring occupational therapists are competent, safe, effective, and accountable. • Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy services. <p><u>System Impact:</u> The College collaborates for access to the profession and consistent quality practice.</p> <ul style="list-style-type: none"> • Collaborates with national partners to further regulatory excellence.
Quality Assurance Committee Action:	Meetings: June 6 (Q1), September 23 (Q2), Jan 16 (Q3), March 5 (Q4)
Committee Decisions requiring Board approval:	<ul style="list-style-type: none"> • Approval of Enhance Activity and related policy
Quality Assurance Subcommittee (QAS)	
Chair:	Candice Silver
Purpose:	The QAS primary function is to provide recommendations to the Quality Assurance Committee on the ongoing development, implementation, and evaluation of the components of the Quality Assurance (QA) program
QAS Meetings:	<p>2025: Nov 18/25 (Q2), Oct 28/25 (Q2), Dec 11/25 (Q3)</p> <p>2026: Jan 22/26 (Q3), Feb 20/26 (Q3), Mar 6/26 (Q4), Apl 24/26 (Q4), May 7/26 (Q4), May 20/26 (Q4)</p>
QAS Actions:	<p>Content development:</p> <ul style="list-style-type: none"> • 2026 Annual eLearning Module: Communication: Cornerstone of Occupational Therapy Practice • Content development: 2027 national eLearning Module: Ethics in Occupational Therapy Practice • Question development for Enhance Activity

QAC WORKPLAN (2025-2026) Q4 Status Update

Competency assessment:

<i>In Progress</i>	Collect, monitor and revise risk-based data/ indicators as needed (ongoing)
<i>Approved</i>	Approve and implement Enhance: QA Practice Tool (implementation postponed)
<i>Complete</i>	↑ target to 147 competency assessments (2% of registrants) (actual n=144) (Q4)
<i>Complete</i>	Review of registrant cases and deliberation (Q3)
<i>In Progress</i>	EDI remediation activity (ongoing)

Annual requirements:

<i>Approved</i>	Approval of 2026 eLearning module content (Q3)
<i>Complete</i>	Review of non-compliance registrant cases (Q3)

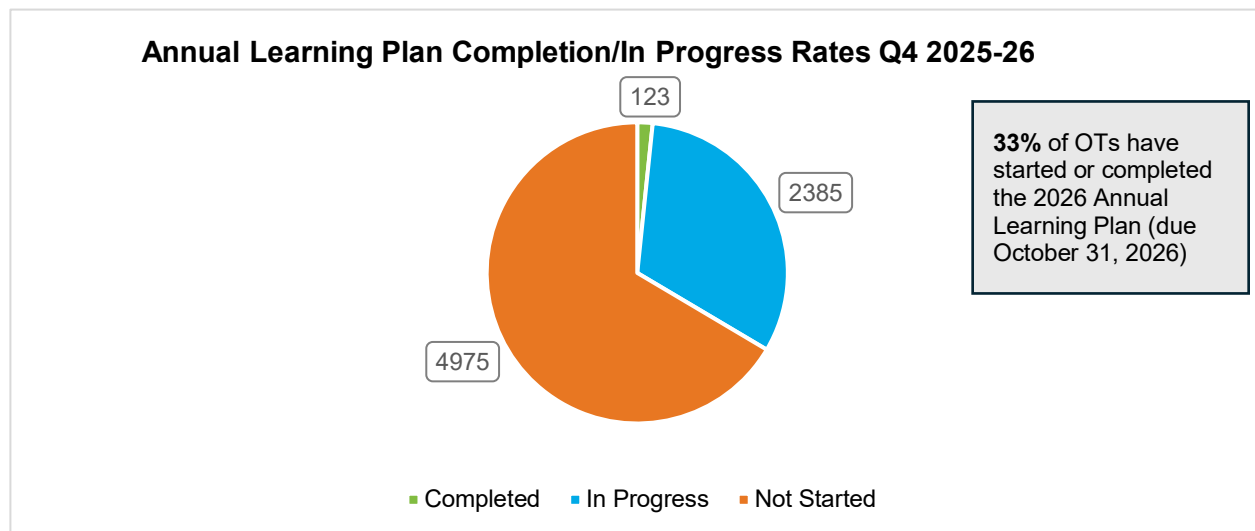
Policy:

<i>In Progress</i>	Review policy (Q3)
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Committee Activities in Q4 FY2025-26	
Registrant Deliberation	<p>REVIEW: 4 case files of non-completion of the 2025 annual requirements.</p> <p>DECISION: Refer 4 registrants to the Inquiries, Complaints and Reports Committee (ICRC) for concerns of professional misconduct or incompetence due to non-completion of the annual requirements and failure to respond to any College communication.</p>
Compliance	Confirmed compliance status for registrants with QAC directed activities
Education	<ul style="list-style-type: none"> • <i>Overview of ICRC Process</i> presentation by Cara Moroney, Manager I&R • Presentation and discussion: EDI refresh: slides from training by Janelle Benjamin (All Things Equitable) • Summary presented by Archana Bhuvitharan and facilitated discussion: <i>“Epistemic injustice in healthcare professional practice: A scoping review.”</i>

Data

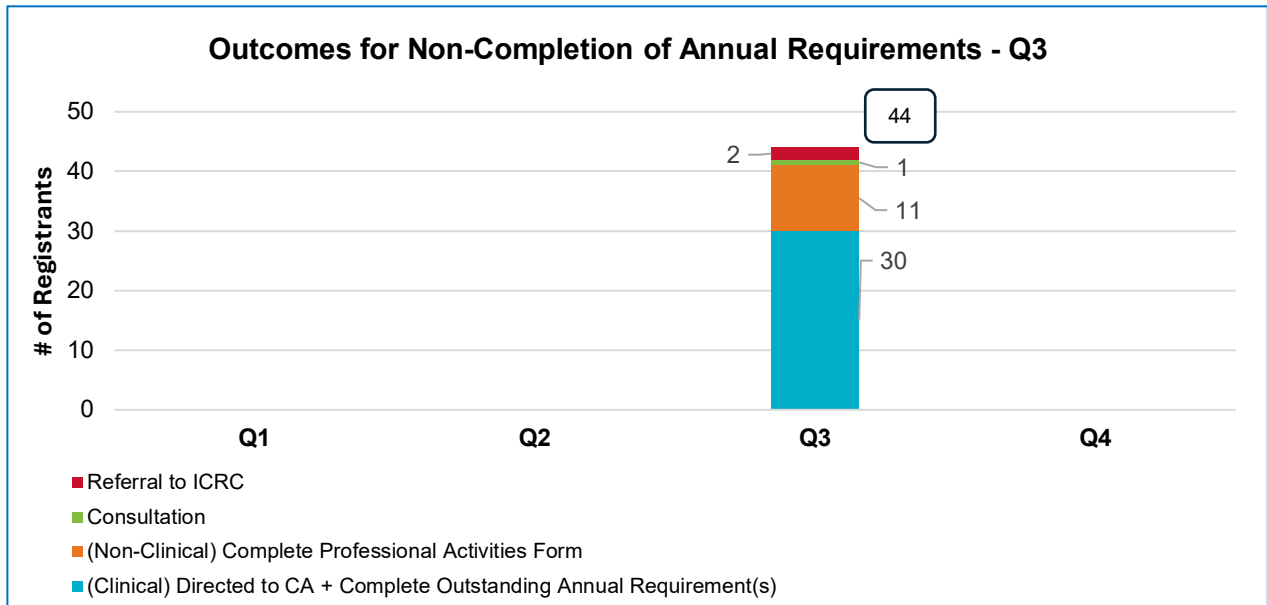
1. Annual Requirements (reported quarterly)



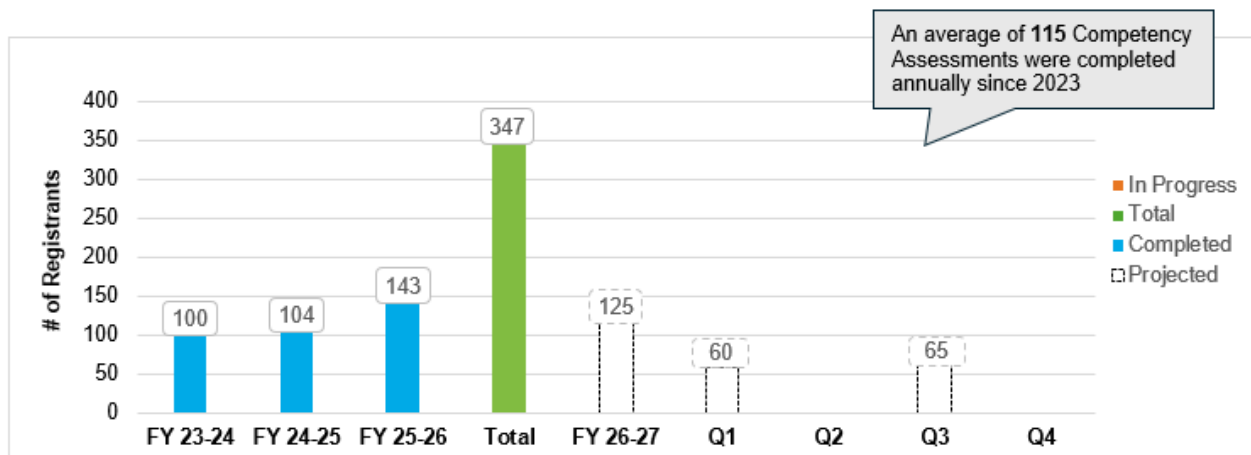
Top 5 Annual Learning Plan Goals (Q2 2025-2026)

1. Engage in ongoing learning and professional development
2. Contribute to the learning of occupational therapists and others
3. Maintain professional documentation
4. Promote anti-oppressive behaviour, culturally safer inclusive relationships and equality in practice
5. Manage the assignment of services to assistants and others

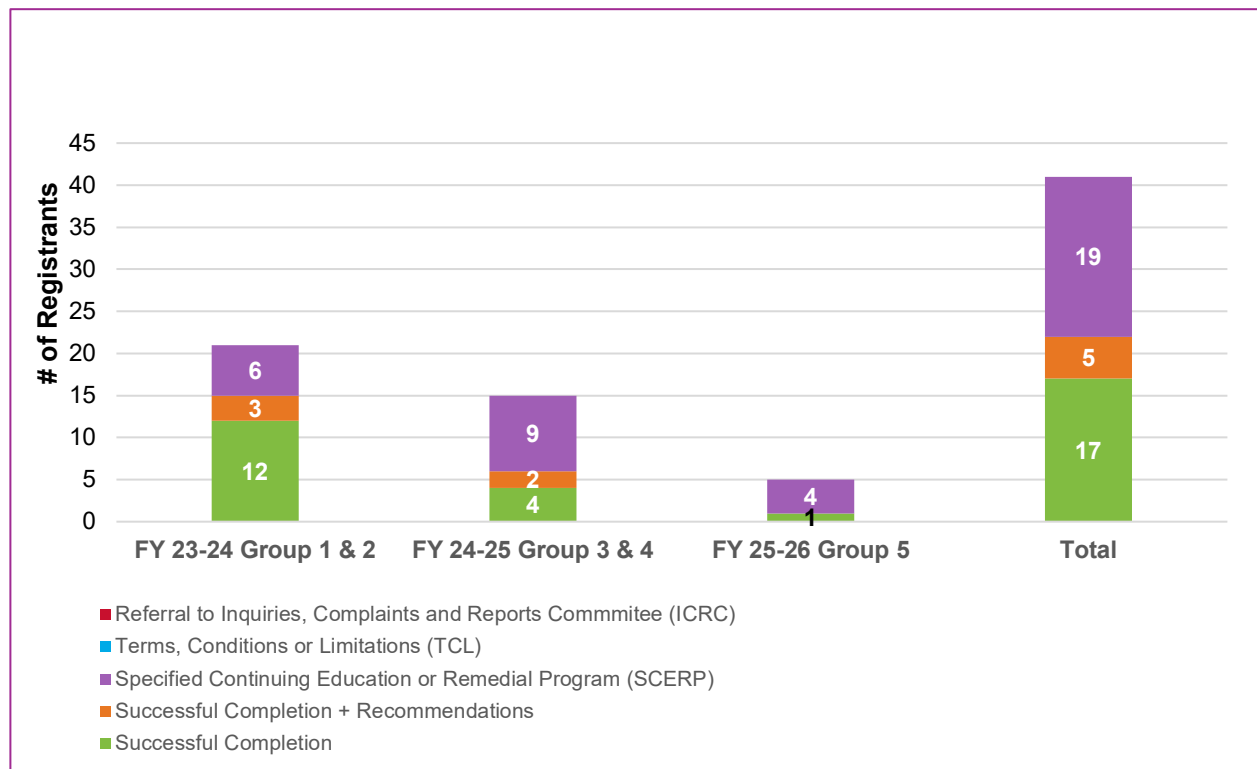
2. Quality Assurance Committee (QAC) Review and Outcomes (reported annually 2026)



3. Competency Assessment Completion Rates 2023-Present (reported quarterly)

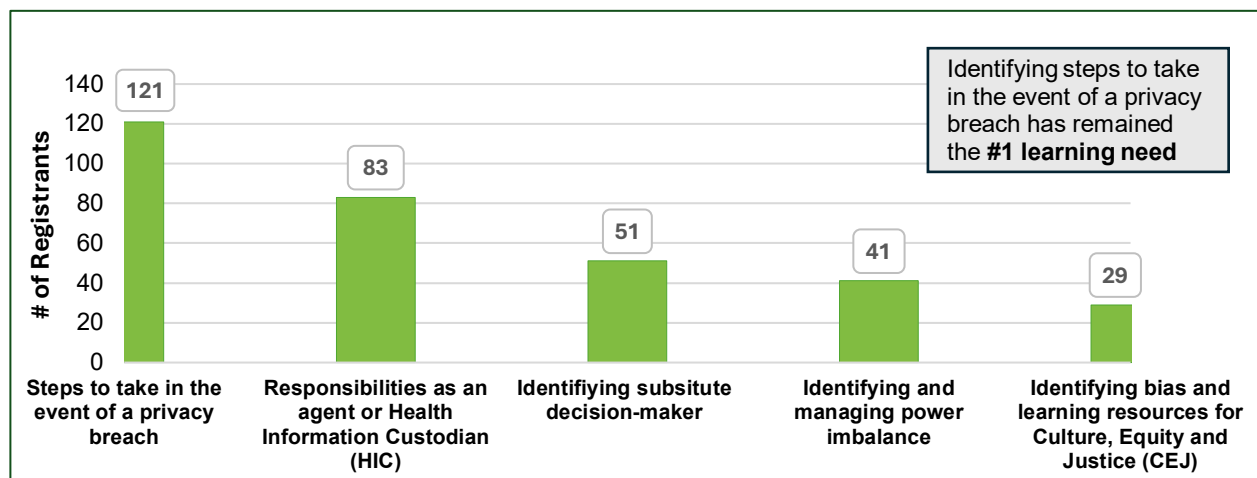


4. Competency Assessment - QAC Outcomes 2023-Present (reported quarterly)



*Data for Group 6 pending (Q1 of 2026-2027)

5. Competency Assessment Top 5 Learning Needs Identified 2023-Present (reported annually)



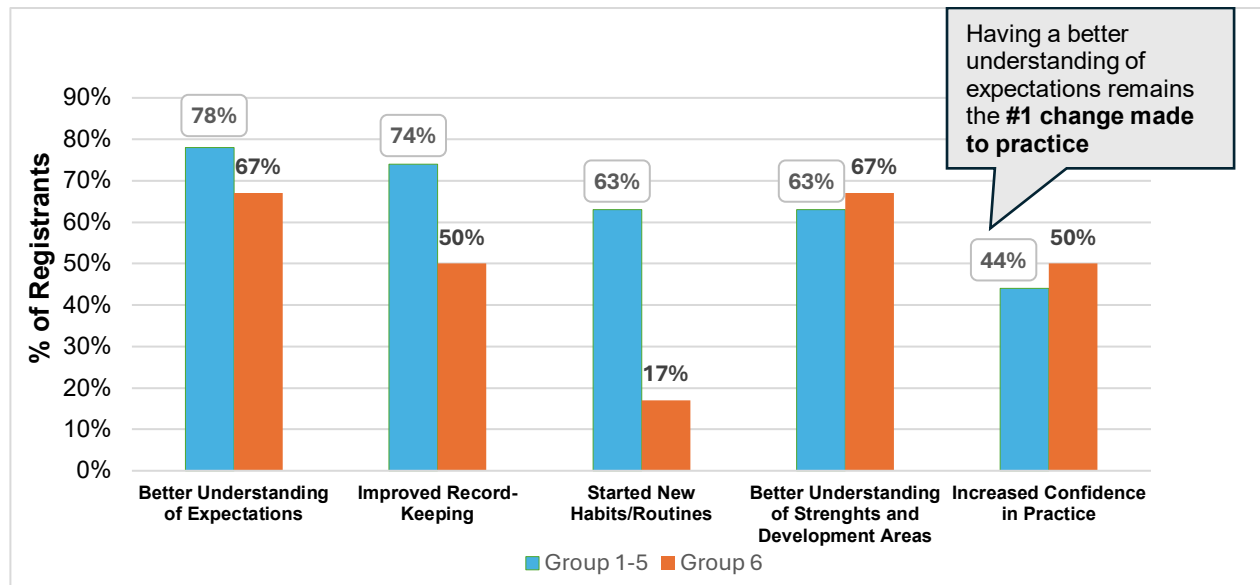
6. Competency Assessment – Registrant Experience Survey 2023-Present (reported annually)

91% of respondents shared their overall experience was Good, Very Good or Excellent

97% of Registrants made a change to their practice after completing the Competency Assessment

**Average response rate: 37% (data for Group 6 pending)*

7. Competency Assessment –Top 5 Changes Made to Practice: Q2 2025-2026-Present (reported annually)



**Complete Data for Group 6 pending (Q1 of 2026-2027)*

[Refer to policy for descriptions of activities and due dates](#)

Patient Relations Committee	
Chair:	Amanda Mowbray (Q1, Q2, Q3) Allan Freedman (Q4)
Purpose:	Education for Registrants, Public, Board and Staff about the Prevention of Sexual Abuse Oversight of the Funding for Therapy and Counselling and Expenses for clients alleging Sexual Abuse Focus on increasing awareness of available resources, enhancing engagement with public education materials, and evaluating the direct outcomes of the program
Strategic Priorities:	Quality Practice, Meaningful Engagement
Patient Relations Committee Action:	The Committee did not meet in Q4
Committee Decisions requiring Board approval:	N/A

Committee Activities in FY2025-26	
<ul style="list-style-type: none"> • Public Education: Developed a public resource to increase awareness about the Funding for Therapy and Counselling Program • Website Review: Committee provided feedback about the public resources about the prevention of sexual abuse on College webpages • Sociodemographic data: Feedback about the public interest regarding the HHR shortage 	<ul style="list-style-type: none"> • Committee provided feedback for a Q&A resource about the use of artificial intelligence • Committee provided feedback for a Q&A resource about How Occupational Therapists Protect Privacy? • Committee reviewed the Funding for Therapy, Counselling and Related Non-Therapeutic Expenses policy

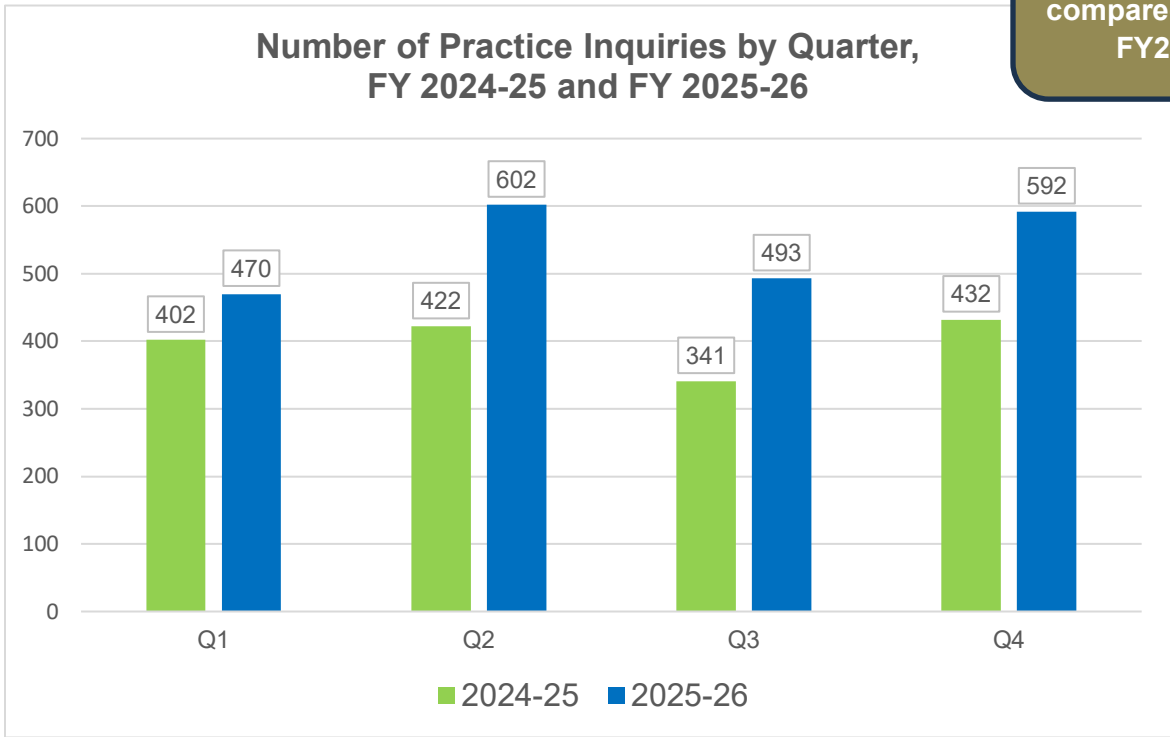
Practice Subcommittee	
Chair:	Stacey Anderson (Q1, Q2, Q3) Tina Siemens (Q4)
Purpose:	To explore, debate and provide recommendations on current OT Practice issues relevant to the mandate of the College.
Strategic Priorities:	Quality Practice, Meaningful Engagement, System Impact
Practice Subcommittee Action:	The Subcommittee met on May 28, 2026 Annual orientation Managing Risk Guidance Document Development
Committee Workplan	Complete Managing risk guidance Culture, Equity, and Justice in Occupational Therapy Guidance Document review OTA resource development Psychotherapy resource development
Committee Decisions requiring Board approval:	N/A

Program Activities in Q4 FY2025-26	
<p>1. Resource Development</p> <ul style="list-style-type: none"> • Case studies review and update • Q& A review and update • Update Outreach framework • Social Media 	<p>2. Consultation with system partners about OT practice:</p> <ul style="list-style-type: none"> • OAP • Coroner Death Review Committees • CAOT scope of practice • Children’s Treatment Centre • ACOTRO
<p>1. Outreach Events Academic</p> <ul style="list-style-type: none"> • Queens University • Centennial College • Conestoga College • University of Toronto • University of Ottawa • McMaster University • Western University 	<ul style="list-style-type: none"> • Registrant Engagement <ul style="list-style-type: none"> • St. Joseph’s Health Care London • Life Mark • Public Engagement <ul style="list-style-type: none"> • Riviero Wellness in Ottawa • Highlands Wellness in Ottawa
<p>Workplan FY 2026-2027 Expand Outreach Opportunities:</p> <ul style="list-style-type: none"> • OTA Colleges • Employer • Public 	<ul style="list-style-type: none"> • Registrant Webinar for New and Returning OTs

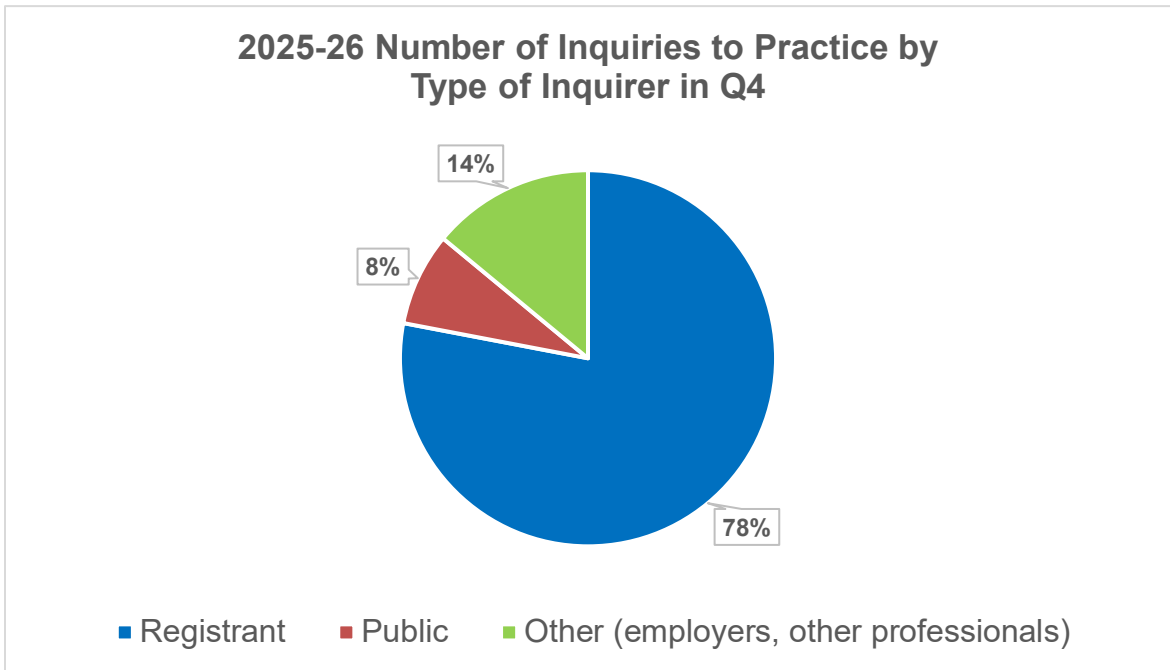
Key Performance Indicators:

1. Number of Inquiries to Practice by Quarter

2157 inquiries in
 FY2025-26
 compared to 1597 in
 FY2024-25



2. Number of Inquiries to Practice by Type of Inquirer in Q4



3. Top Practice Inquiry Themes in 2025-2026 by Quarter

	Q1	Q2	Q3	Q4
1	Record Keeping	Record Keeping	Record Keeping	Record Keeping
2	Jurisdiction	Consent	Other	Jurisdiction
3	Psychotherapy/Mental Health	Scope of Practice	Psychotherapy/Mental Health	Consent
4	Students/Provisional Practice	Psychotherapy/Mental Health	OTA/Other Health Providers	Other: OTA, A.I., Private Practice

4. Practice Resource Service Response Time

- 98% of inquiries are responded to within 2 business days
- 85% of inquiries are responded to within 1 business day

Average response time is 1-2 business days, with a target of same business day response

Nominations Committee	
Chair:	Jennifer Henderson
Purpose:	Selection and Recommendation of Candidates for Committee Appointments Board Elections Oversight of Executive Officer Nominations Process Oversight of Committee Chair Appointment Process
Strategic Priorities:	Performance and Accountability
Nominations Committee Action:	The Committee did not meet in Q4
Committee Decisions requiring Board approval:	N/A

Indigenous Insights Advisory Committee	
Chair:	Ian Connolly (Q1, Q2, Q3) Samantha Hunt (Q4)
Purpose:	To conduct a regular environmental scan of OT practices in relation to the health needs of all Indigenous Peoples To identify current practice issues impacting Indigenous Peoples for consideration and possible action by the Executive Committee To act as an advisory committee on OT practice & Indigenous Peoples to other committees
Strategic Priorities:	Meaningful Engagement, Quality Practice, System Impact
Indigenous Insights Advisory Committee Action:	The Advisory Committee met on: March 5, 2026
Committee Workplan:	Support College Truth and Reconciliation Commitments Advance Indigenous Health Human Resources Review and develop practice guidance on Indigenous Healing Practices
Committee Decisions requiring Board approval:	N/A

Committee Activities in FY2025-26	
<ul style="list-style-type: none"> • Ongoing Focus on the Truth and Reconciliation Report: outcomes for actions 18 – 24 as they relate to occupational therapy practice • Advice on the College’s Territorial Acknowledgement - completed • Terms of Reference Review - completed • Identify Community Knowledge Keepers - ongoing 	<ul style="list-style-type: none"> • Advice for recruitment of committee members – in progress • Advice on socio-demographic collection and reporting of data • Development of annual e-Learning module scenarios • Resource Development: Expectations for Practice

Equity Perspectives Advisory Committee	
Chair:	Adebimpe Egbeyemi (Q1, Q2, Q3) Kevin Reel (Q4)
Purpose:	To conduct a regular environmental scan on OT practices that address Equity, Diversity and Inclusion to address the distinct health needs of equity deserving groups. To identify current practice gaps and barriers impacting EDI and identify appropriate approaches the College can action. Identify community experts to assist the College and its work.
Strategic Priorities:	Quality Practice Meaningful Engagement
Equity Perspectives Advisory Committee Action:	The Advisory Committee did not meet in Q4
Committee Workplan:	The Advisory Committee remains committed to supporting a regulatory environment that is fair, inclusive, accessible, and responsive to the diverse communities served by registrants. Through ongoing advice to the Board, the Committee will continue advancing equity, inclusion, and public confidence while supporting excellence in professional regulation and healthcare delivery, specifically with respect to: <ul style="list-style-type: none"> • Equity considerations in regulatory policy development; • Development and review of practice guidance with an EDI lens; and • Review of and suggestion for anti-racism and anti-discrimination practices.
Committee Decisions requiring Board approval:	N/A

Committee Activities in FY2025-26	
<ul style="list-style-type: none"> • Annual Orientation • Terms of Reference Review • Scope of Practice review • Code of Ethics 	<ul style="list-style-type: none"> • Socio-demographic reporting from an EDI lens to support HHR shortage • Seeking community expertise • Scenario development for the annual e-Learning Module on Culture, Equity and Justice in OT Practice

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receive the Q4 FY2025-2026 Risk Management Report.

Issue:

Board Policy 2.1 (Board Governance) specifies that the Board is responsible for risk management. The Board must know the risks inherent in College operations and ensure that measures are in place to protect the College against such risks.

Maintaining a strong risk focus enables the College to identify, monitor, and respond to emerging challenges, supporting proactive mitigation. The accompanying Risk Management Report identifies all high and critical risks for the Board's review.

Link to Strategic Plan:

This aligns under
Performance and Accountability:

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

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

Why this is in the Public Interest:

Risk management is a core responsibility of the College. Maintaining awareness of material risks and implementing appropriate strategies to control, mitigate, avoid, or transfer them is essential to the College's integrity and stability.

Equity, Diversity, and Inclusion Considerations:

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

Discussion & Update:

A detailed risk review is undertaken at least quarterly by College leadership. Each identified risk is detailed together as are the control procedures and action plan to mitigate the risks.

BOARD MEETING BRIEFING NOTE

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While some risks are not in the College's control and can only be monitored, they are of sufficient importance to be listed so the College can move into action quickly once more is known.

The risks previously identified to the Board on March 26, 2026 in the risk report do not require any updates at this time. There have been no material or relevant changes that would alter their likelihood, impact, or overall risk profile. Current operating conditions, project scope, and external factors remain consistent with those in place during the previous assessment. As a result, the existing risk ratings and mitigation strategies continue to accurately reflect the College's exposure and remain appropriate for ongoing monitoring. If circumstances change, the risks will be reviewed and updated accordingly.

Recommendation(s):

That the Board receive the Risk Management Report which remains unchanged from Q3 FY 2025-26.

Risk Management Report

The following table details the two residual risks on the risk register classified as high in Q4 of fiscal year 2025-26. There are no residual risks classified as critical on the risk register.

Risk Category	STRATEGIC
<p>Risk (S.10):</p>	<p>Health Human Resources</p> <p>Availability of health care personnel has reached a crisis level for governments across the country. Government will be looking for data, ideas and support to implement any HHR strategies. Risk that the strategies may not align or will cause negative unforeseen consequences, such as the registration of incompetent or unprofessional individuals. Government has introduced new 'As of Right' legislation that will facilitate OTs who are regulated in another province to begin work in Ontario prior to being duly registered. There are risks to the public if someone is leaving their province due to some regulatory action such as discipline, and then that individual begins to work without any safeguards put into place for public protection.</p> <p>The risk to the public is that the public may not have access to safe, qualified occupational therapists when needed for appropriate health care.</p>
<p>Control Procedure(s)</p>	<ol style="list-style-type: none"> 1. Membership with Health Profession Regulators of Ontario (HPRO). 2. Establishing and sustaining positive government relationships. 3. Standard processing times for applications for registration.
<p>Monitoring Process</p>	<ol style="list-style-type: none"> 1. HPRO meetings and working group participation. 2. Working with ACOTRO with a goal of labour mobility in Canada. 3. Ministry updates, response to Ministry consultation. 4. College networking updates. 5. Monitoring government processes put in place for other professions.
<p>Action Plan</p>	<ol style="list-style-type: none"> 1. Working with the ACOTRO SEAS program to support their timely assessment of international applicants (Federal Project to improve application processing time at SEAS). 2. Leveraging College data. 3. Maintaining open communication with the provincial OT association, universities, and government re: any relevant initiatives. 4. Implemented the "As of Right" legislation/regulations.

Risk Category	STRATEGIC
Risk (S.11)	<p>Finances</p> <p>The College has reviewed its financial health to ensure it can operate effectively now and into the future. Budget deficits were anticipated for two fiscal years – 2023/24 and 2024/25 – resulting in decreased reserves as the reserves fund the deficit. A 2% fee increase was implemented for the 2024, 2025 and 2026 annual renewal cycles, and the bylaws allow for fee increases of up to 2% for the next two years as determined each year by the Board.</p> <p>Any increase in fees is intended to mitigate the risk to the public that the College will not have sufficient resources to complete its public protection mandate appropriately.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. The Finance and Audit Committee have carefully reviewed the budget to ensure their understanding of College finances. 2. Bylaws are in place to support up to 2% increases for the next two years if necessary.
Monitoring Process	Careful attention to budget and spending.
Action Plan	<ol style="list-style-type: none"> 1. The communications plan is being implemented during renewal, which is nearly complete. 2. Staff and the Finance and Audit Committee continue to carefully review any responses to the fee increase.

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Executive Committee
Subject: Code of Ethics Consultation

Recommendation:

THAT the Board approve the proposed Code of Ethics, 2026 and Guide to Ethical Practice.

Issue:

The revised *Code of Ethics*, including the accompanying *Guide to Ethical Practice*, is complete and presented for Board review. The scope of this project was to modernize the *Code of Ethics, 2020* by integrating the ACOTRO National Code of Ethics Template and the *Competencies for Occupational Therapists in Canada, 2021*; reflecting the College's commitment to equity, diversity, and inclusion, and addressing emerging ethical considerations related to the use of artificial intelligence (AI) technologies.

Link to Strategic Plan:

Meaningful Engagement

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

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

Quality Practice

The College embraces leading regulatory practices to protect the public.

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

System Impact

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

- Collaborates with national partners for further regulatory excellence.

BOARD MEETING BRIEFING NOTE

Performance and Accountability

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

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

Why this is in the Public Interest:

The implementation of the *Code of Ethics, 2026 (COE)* and the *Guide to Ethical Practice (Guide)* are in the public interest because it considers the *Competencies for Occupational Therapists in Canada (2021)*, the College's commitment to equity, diversity and inclusion (2024), and the emergence of the use and the risk of using Artificial Intelligence (AI) in occupational therapy practice.

Equity, Diversity, and Inclusion Considerations:

The *COE* emphasizes expectations for how registrants demonstrate their commitment to culturally safer practice, as required and outlined in the *Competencies for Occupational Therapists in Canada (2021)*.

This aligns with the College's commitment to equity, diversity and inclusion.

Background:

In October 2025, the Board approved a public and registrant consultation regarding the draft *COE* including the *Guide*. The *COE* was developed based on the National Template developed in partnership with the Association of Occupational Therapy Regulatory Organizations (ACOTRO).

The timeline for the public consultation is detailed below:

October 2025	The Executive Committee and the Board reviewed draft <i>COE</i> and approved distributing it for public consultation. Translation completed for public consultation in both French and English
December 2026 to February 2026	Public consultation held in French and English.
March - June 2026	Staff reviewed and revised <i>COE</i> based on public feedback. Final review by the Executive Committee. Pending: Request for Board review and approval of supporting resources.

The draft *COE* and *Guide* were sent out to interested parties for consultation through an on-line survey following Board approval at the October 29, 2025 meeting.

The goal of the survey was to collect high-level feedback on the proposed *COE*. The survey was circulated to interested parties, registrants, and members of the public. It was published several times on the College's social media channels.

Through this survey, respondents told us that the proposed *COE* provides and clearly describes:

- The intended purpose of the *COE* and how it is to be used by registrants

- Ethical principles that guide occupational therapy practice
- Core values that guide ethical practice
- What it means for occupational therapists to commit to ethical practice
- How the *Guide* supports ethical practice
- How to use the *COE* in everyday practice
- How to use the Ethical Practice Checklist
- Resources available to support ethical practice

Overall Findings

Response Size: A total of 123 individuals responded. The College also received one written letter of feedback and comments from the Ontario Society of Occupational Therapists.

For previous consultations, the College has been advised by a consultant firm that statisticians agree that a sample larger than 100 and smaller than 1,000 is sufficient, to rely on the information.

Survey Results:

The survey results show a strong consensus about

- 1) the purpose and principles of the *COE*.
- 2) the need for even more guidance about how to apply the *COE* in certain scenarios

Purpose and Principles

- 9 in 10 respondents agreed or strongly agreed the purpose of the *COE* and how it is to be used by registrants is clear
- 9 in 10 respondents agreed or strongly agreed the *COE* clearly describes 'ethical principles', 'core values', and 'commitment to ethical practice'
- Less than 1 in 10 disagreed or strongly disagreed with any of the above

Even More Guidance Needed

- 10 in 10 of respondents agreed or strongly agreed that the *Guide* presented background and context supporting the code
- 8 in 10 want more guidance about risk management approaches
- 8 in 10 want more guidance about trauma-informed approaches
- 9 in 10 want more guidance about ethical use of generative artificial intelligence (AI)

Survey Comments and Follow-up:

Consultation feedback about occupational therapy practice emerged in the following themes:

1. **Expand Glossary:** feedback was received requesting that definitions for unfamiliar terms be added to the glossary about risk and harm reduction. These additions have been made to the glossary.
2. **Guidance:** respondents expressed a request for more guidance about risk and application to case scenarios for occupational therapists. The Practice Subcommittee is currently developing a guidance for risk management.

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3. **Guidance about Trauma-Informed Practice:** respondents expressed a wish for more guidance and information about trauma-informed practice. This request has been shared with the Practice Subcommittee for work planning.
4. **Ethics and Ecological costs of care:** respondents expressed a wish for a Practice Standard about Professional Practice Indicator about Sustainability and the Ecological Costs of care in the *Competencies for Occupational Therapists in Canada, 2021*. This request has been referred to the Practice Subcommittee for further consideration.
5. **Plain language:** respondents expressed a wish for a plain language summary. In consultation with the Patient Relations Committee, editors, and communications team, the *Guide* will be adapted to create a 1-page companion document for use by occupational therapists and clients.
6. **Clinical Practice Practical Application:** respondents requested materials on how to apply the *COE* and the *Guide* in various scenarios. The *COE* and the *Guide* are not intended to tell registrants exactly how to act in every situation. Instead, they are intended to guide registrants on how to conduct themselves and how to navigate the wide range of ethical scenarios and dilemmas that can arise in practice. That said, subsequent practice resources and guidance documents will be developed to provide practice examples and case scenarios linked to the *COE* for:
 - Risk Management
 - Trauma informed practice
 - Social media
 - Remote (virtual) care
 - Generative artificial intelligence (AI)

Complementary materials are already underway: the Quality Assurance Program is leading the development of a National E-Learning module on Ethics for publication and release in Q1 2027.

7. **For use separately and together:** Respondents preferred the National *COE* as one continuous document-starting with the contents of the *Guide* and ending with the *COE* (1 page version). The Patient Relations Committee, the Equity Perspectives and Indigenous Insights Advisory Committees have recommended that the one-page *COE* exist as a stand-alone document for public use.

Through the consultation process, registrants requested that the *COE* and *Guide* be available as one integrated document. If the Board approves the *COE*, staff will work with communications to create flexible versions on our website.

Summarized Comments:

- "Overall, the Code of Ethics is clear and concise."
- "Love the checklist and context supplements to support use"
- "I think the document would be a lot easier to use if they were together in one document."
- "I didn't think it was clear what an OT is supposed to do with the information in the code. Yes, it provides information, but what is an OT supposed to do with it in daily practice (clinical and/or non-clinical). I think the code is too encompassing to the point of being too vague. Practical examples and applications are needed."
- "This has been very thoughtfully approached and reflects the best of the profession."
- "It is well done. Maybe we need a few clinical examples to enhance understanding more. Or make it an eLearning module one of these days."

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- “What is the ethical responsibility to address systemic barriers to occupation encountered by clients that are not internal to the system in which one works? ...”
- “What is our ethical responsibility to the land and the environment?”

Consultation Survey Limitations:

The survey itself was 17 questions long and required responses to all questions. To answer all questions, respondents needed to have read the *COE* and the *Guide*. These requirements may have impeded respondents from participating and completing the survey.

There were too few public responses to be able to draw any conclusions.

The survey was posted on the College’s website, published in its newsletter to registrants, and was posted several times on the College’s social media channels. It was also sent to interested parties. While these efforts were multipronged, it is uncertain as to whether the channels used to circulate the survey were sufficiently broad.

Discussion:

The intended outcome of this recommendation is to update the *Code of Ethics, 2020* to integrate concepts from the ACOTRO National COE Template, the *Competencies for Occupational Therapists in Canada, 2021*, the College’s commitment to equity, diversity and inclusion, and the emergence of the use and the risk of using Artificial Intelligence (AI) in OT practice.

The work plan developed to adopt the national COE template is complete including:

- Feedback from Practice Subcommittee
- Feedback from Equity Perspectives and Indigenous Insights Advisory Committees
- Feedback from the Patient Relations Committee
- Public consultation and incorporation of consultation feedback;

The Board is asked to approve the proposed *Code of Ethics, 2026* and *Guide to Ethical Practice*.

Next Steps:

If the Board approves the *Code of Ethics, 2026*, and the *Guide to Ethical Practice*, they will be published on the College’s website with accompanying resources included the *Guide*.

As noted above, staff will consult with the College’s committees on the development or the improvement of practice resources, guidance and/or standards about:

- Sustainability and ecological costs of care
- Risk management
- Trauma-informed practice
- Social media
- Remote (virtual) care
- Generative artificial intelligence (AI)

Implications:

The *COE* is value-based, principle-based and competency-based. It now incorporates the *Competencies for Occupational Therapists in Canada, 2021*, and the College’s commitment to equity, diversity and inclusion. It countenances the emergence of the use and the risk of using generative Artificial Intelligence (AI) capable of performing health provider tasks. The *COE* and the *Guide* are not intended to tell registrants exactly how to act in every situation but rather to be used to guide registrants on how to

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Code of Ethics Consultation

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conduct themselves and how to navigate the wide range of ethical scenarios and dilemmas that can arise in practice.

Attachments:

1. Schedule A: Proposed Code of Ethics (2026)
2. Schedule B: Guide to Ethical Practice (2026)

Schedule A: Code of Ethics (Final Draft for Approval, 2026)

Introduction: This Code of Ethics provides registrants with information about the College of Occupational Therapists of Ontario's (the College's) expectations for ethical practice. It outlines a set of principles and core values and is intended for use in all contexts and domains of occupational therapy practice, and in all levels of decision making. It describes the core values occupational therapists embody as members of a self-regulating profession and it can be used to help clients, colleagues and members of the public understand our ethical commitments. As a critical component of the College's programs and a resource for committee decisions, the Code of Ethics provides information that is crucial to all registrants.

The Code of Ethics is not intended to tell registrants exactly how to act in every situation but rather to be used to guide registrants on how to conduct themselves and how to navigate the wide range of ethical scenarios and dilemmas that can arise in practice.

CODE OF ETHICS

The College of Occupational Therapists of Ontario is dedicated to upholding the highest ethical standards in service to the public. This Code of Ethics guides registrants to ensure their actions foster public trust, maintain the profession's integrity, and serve the best interests of clients while reflecting societal values.

ETHICAL PRINCIPLES

Learning, Knowing and Doing Better Commit to continuous learning and improvement to ensure that our work is informed by the latest knowledge and practices, striving for excellence and competence.

Minimizing Harm Act thoughtfully to minimize harm, considering the impact of our decisions on individuals, communities, and society at large.

Respecting Autonomy Honor the right of individuals to make informed decisions by providing them with the information, support, and resources needed to act in line with their values.

CORE VALUES

Accountability Accept full responsibility for our actions and decisions, ensuring they align with professional standards and ethical conduct.

Collaboration Work cooperatively with colleagues, clients, and interested parties, recognizing that diverse perspectives lead to better outcomes.

Humility Approach our work with humility, being open to learning, feedback, and acknowledging the value of others' perspectives.

Integrity Uphold honesty, fairness, and consistency in all professional actions, adhering to both the spirit and letter of the law.

Respect Treat everyone with dignity, fairness, and respect, recognizing and honoring cultural differences and individual experiences.

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Transparency Foster trust by communicating openly and honestly, ensuring clarity in all professional interactions.

COMMITMENT TO ETHICAL PRACTICE

By following these principles and core values, registrants of College of Occupational Therapists of Ontario ensure their conduct serves the public good, fosters trust, and maintains the profession's integrity. Ethical practice requires ongoing reflection and a commitment to growth, ensuring we act in the best interests of those we serve.

Schedule B: Guide to Ethical Practice

Guide to Ethical Practice Purpose

The purpose of the Guide to Ethical Practice is to provide practice guidance and resources to guide the conduct of occupational therapists registered to practice in Ontario regardless of role, responsibilities, job title, practice area or practice setting, client population, years in practice or level of experience.

The Code of Ethics and the Guide to Ethical Practice are not intended to tell registrants exactly how to act in every situation but rather to be used to guide registrants on how to conduct themselves and how to navigate the wide range of ethical scenarios and dilemmas that can arise in practice.



BACKGROUND

Occupational therapists registered to practice in Ontario are governed by the *Regulated Health Professions Act, 1991*. The Board of the College of Occupational Therapists of Ontario is required to establish and maintain a Code of Ethics under the provisions of the *Health Professions Procedural Code* in Ontario.

The Code of Ethics outlines the ethical responsibilities and expectations for registrant conduct. It is one of the ways that the College fulfills its mandate to promote and protect the public interest.

Registrants are required to uphold the Code of Ethics and failure to do so may constitute unprofessional conduct.

The Code of Ethics emphasizes expectations for how registrants demonstrate their commitment to culturally safer practice consistent with the College's commitment to Equity, Diversity and Inclusion, and Territorial Acknowledgement.

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The following table illustrates where the Code of Ethics is situated within the overall structure of legislated and other governing authorities for the practice of occupational therapy:

Document	Description
Regulated Health Professions Act, 1991	The act that governs the practice of health professions currently regulated in Ontario. It sets out legal requirements relating to registration, continuing competence, and complaints and discipline. Section 94 (1)(k) provides for the scope of practice to be included in our bylaw.
Occupational Therapy Act, 1991	The regulation that governs the profession of occupational therapy. It outlines more detailed provisions regarding register categories, requirements for registration application and renewal, and protected title.
Bylaw, College of Occupational Therapists of Ontario	Schedule "A" Code of Ethics The Bylaw contains the Code of Ethics ("the Code"). The Code provides registrants with information about the College of Occupational Therapists of Ontario's (the College's) expectations for ethical practice
Anti-Racism Act, 2017	An Act creating a provincial anti-racism strategy that aims to eliminate systemic racism and advance racial equity.
Human Rights Code, 1990	The Code prohibits actions that discriminate against people based on a protected ground in a protected social area. Protected grounds are Age, Ancestry, colour, race, Citizenship, Ethnic origin, Place of origin, Creed, Disability, Family status, Marital status (including single status), Gender identity, & gender expression, Sex (including pregnancy and breastfeeding), Sexual orientation. Protected social areas are Housing; Contracts; Employment, Good, Services, and facilities; Membership in Unions or professional associations.
Code of Ethics (CoE)	The set of values and principles that guide the conduct of occupational therapists registered to practice
Competencies for Occupational Therapists in Canada – ACOTRO, ACOTUP, CAOT (2021)	A nationally adopted document that outlines the broad range of skills and abilities required of all occupational therapists at all stages of their career. Occupational therapists registered to practice in Canada are expected to use the competencies document to inform their practice and competence needs.
Standards of Practice (SoP)	The set of regulatory requirements that define the minimum expectations for the practice of occupational therapy that result in the provision of ethical, accountable, and effective services.
Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada – ACOTPA, ACOTRO, ACOTUP, CAOT, COTF, (2023)	The statement prepared to summarize the recommended actions each of the participating organizations has committed to undertake to address the articles in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007); the Calls to Action from the Truth and Reconciliation Commission of Canada Report (TRC, 2015) and the Calls to Justice from the report on Missing and Murdered Indigenous Women and Girls (MMIWG, 2019).

Ethical Practice Considerations:

The following approaches support ethical practice:

Reflective Practice Approach

Reflection is a process which helps gain insight into professional practice by thinking analytically about any element of it. Reflection is a process which helps you gain insight into your professional practice by thinking analytically about any element of it. The insights developed, and lessons learned, can be applied to maintain good practice and can also lead to developments and improvements for both the professional and the public. ([What is reflection? | The HCPC](#))

Different people learn in different ways and while one person may learn by reflecting on a positive outcome, another may find it most useful to focus on a situation they found challenging. It is important that reflection is done in the way that suits you best to provide the greatest benefit.

Unexpected ethical issues can arise at any time. Therefore, it is imperative that all occupational therapists be aware of the core values and uphold them by applying the principles in their everyday work.

Occupational therapists can take a reflective practice approach to what these ethical expectations mean day-to-day, and to their commitment to good practice. Reflective practice is essential to ensuring occupational therapists preserve and promote the respect and trust required to achieve the common goal of enabling individuals to engage in meaningful ways in their lives.

When an ethical issue is difficult to resolve, an occupational therapist should take a reflective practice approach and consult with colleagues, leaders, and relevant resources, such as the College Practice Supports.

Risk Management Approaches

Risk management allows occupational therapists to prioritize and address the most significant risks to client occupations, health, and wellness focusing services and enhancing overall risk to a client. Taking a risk-based approach to practicing occupational therapy is part of providing safe, effective, and ethical occupational services.

Trauma-Informed Approaches ¹

Trauma-informed approaches are policies and practices that recognize the connections between violence, trauma, negative health outcomes, and behaviours. These approaches increase safety, control and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence.

Trauma-informed approaches require fundamental changes in how systems are designed, organizations function and practitioners engage with people based on the following [key policy and practice principles](#):

1. Understand trauma and violence, and their impacts on peoples' lives and behaviours
2. Create emotionally and physically safe environments
3. Foster opportunities for choice, collaboration, and connection
4. Provide a strengths-based and capacity-building approach to support client coping and resilience

Occupational therapists that do not understand the complex and lasting impacts of trauma may unintentionally re-traumatize. The goal of trauma informed approaches is to *minimize harm to the people*

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you serve—whether you know their experiences. Taking a trauma informed approach to practicing occupational therapy is part of providing safe, effective, and ethical occupational services.

Embedding trauma-informed approaches into all aspects of policy and practice can create universal trauma precautions, which provide positive outcomes for all people. They also provide a common platform that helps to integrate services within and across systems and offer a basis for consistent and ethical ways of responding to people with such experiences.

Ethical use of Social Media, Virtual Service Provision and Generative AI Usage

The use of social media, virtual care platforms, and generative Artificial Intelligence (AI) can enhance occupational therapy service if used responsibly and ethically.

The Ethical Practice Checklist (See Appendix 1) includes ethical considerations when using social media, virtual service platforms, and AI.

For additional information about AI refer to Practice Guidance: [What Should Occupational Therapists Consider if Using Artificial Intelligence \(AI\) in Practice?](#)

HOW TO USE THE CODE OF ETHICS

The Code of Ethics is a resource for registrants and others with whom they interact. For example:

Registrants: refer to the **Code of Ethics** and the **Guide to Ethical Practice** to guide ethical conduct and decision making. When resolving ethical issues, registrants consider applicable legislated and governing authority, the Competencies, the Standards of Practice, and other college guidance documents together with what they know about their own practice context (e.g., organization policies and resources, geographic location, client population, etc.) and their clients' context.

Registrants are responsible for their decision making and actions and must, when requested by the college, be able to articulate their rationale for ethical decisions made.

The College, the Code of Ethics, helps inform the College's decisions about a registrant's conduct. The College also considers the laws, regulations, the Competencies, standards, and guidelines to define the expectations of occupational therapists. In a situation in which these resources do not explicitly address a concern or complaint, the College would turn to the principles and core values of practice in the Code of Ethics for guidance on how to respond.

Clients and the public may refer to the Code of Ethics to gain understanding of how their occupational therapist should be conducting themselves.

Employers or supervisors of occupational therapists can use the Code of Ethics and Guide to Ethical Practice to support or assist the evaluation of employee conduct.

Educators and students use the Code of Ethics and Guide to Ethical Practice to inform curriculum content and student placement or entry-to-practice expectations.

Other health professionals/service providers may use the Code of Ethics and Guide to Ethical Practice to provide insight into how they can expect an occupational therapy colleague to conduct themselves.

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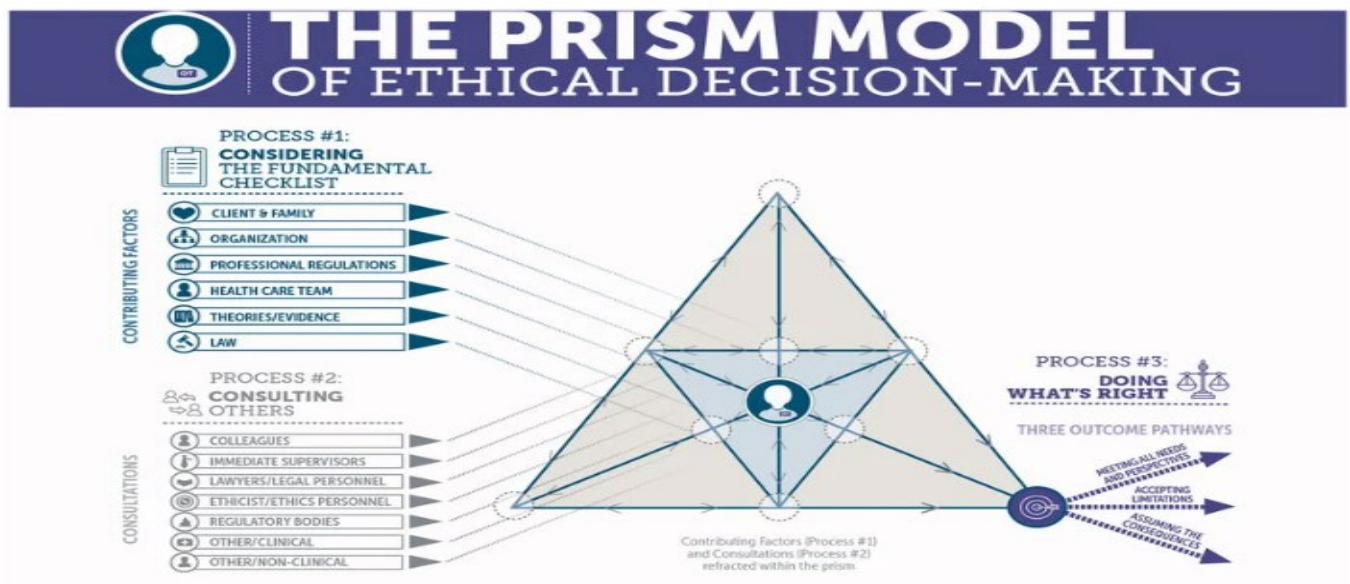
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Making Ethical Decisions:

Occupational therapists can be faced with both simple and complex decisions daily in their practice setting. The implications of these can have significant impacts on clients, occupational therapists, colleagues, organizations, and the healthcare system at large.

Gathering and contemplating all the relevant factors involved in decision-making can be overwhelming. Information may be contradictory and incomplete, those involved in the decision-making can express intense feelings, and the consequences and risks can be very high. To help ensure that relevant aspects have been considered, the College's Ethical Decision Making Framework offers key considerations for occupational therapists when faced with practice decisions.

The College Decision Making Framework, 2021: Practical experience has been blended with current research to develop this framework. Because this process is not linear, the Prism Model of Ethical Decision-Making by VanderKaay and colleagues (2020) has been incorporated in steps three and four in the Framework. This descriptive model recognizes the dynamic nature of the decision-making process and reflects occupational therapy in the Canadian context:



The Prism Model of Ethical Decision-Making.

The College's decision-making framework refers to, and is designed to work in tandem with, the Ethical Practice Checklist (Appendix A), the Standards for Practice and other College resources. See the link: [Decision-Making Framework | College of Occupational Therapists of Ontario](#).

How to Use the Ethical Practice Checklist (Appendix 1) The [Ethical Practice Checklist, 2026](#), incorporates the Professional Practice Indicators in the Competencies for Occupational Therapists in Canada, 2021 and provides a list of quantifiable characteristics of practice that point to the existence of both Ethical and Competent practice. This resource can be used in combination with the

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[Decision-Making Framework, 2021](#), to guide ethical conduct and decision making in day-to-day practice.

Acknowledgments

The Code of Ethics were coproduced as a template for use across Canada, in consultation and collaboration with registrants, college advisory committees and the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) Code of Ethics working group and board.

COTO respectfully acknowledges the content taken and adapted from the Alberta College of Occupational Therapists (ACOT) and building on the Codes of other regulatory organizations in Canada and worldwide.

Questions regarding the College's Code of Ethics and occupational therapy practice can be directed to Practice@COTO.org

GLOSSARY of TERMS ²

Accountability

Accepting full responsibility for our actions and decisions, ensuring they align with professional standards and ethical conduct.

Client

Occupational therapists work with people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large.

Collaboration

Working cooperatively with colleagues, clients, and interested parties, recognizing that diverse perspectives lead to better outcomes.

Context

Context strongly influences occupational possibilities and healthcare service. This document looks at three layers of context:

1. 'Micro' context: The client's immediate environment – their own state of health and function, family and friends, the physical environment they move through.
2. 'Meso' context: The policies and processes embedded in the health, education, justice, and social service systems that affect the client.
3. 'Macro' context: The larger socioeconomic and political context around the client – social and cultural values and beliefs, laws, and public policies.

Ethical spaces

When an occupational therapist works with someone who has a different worldview, they seek to create an 'ethical' or neutral space for dialogue. This is a space to "step out of our allegiances, to detach from the cages of our mental worlds and assume a position where human-to-human dialogue can occur" (Ermine, 2007).

Equity

Equity is different from equality. Equality means everyone has the same resources and opportunities. Equity allocates resources and opportunities based on each person's circumstances, so that they can achieve equal outcomes. We need to take an equity approach because so many barriers to equality still exist in our society.

Humility

Cultural and intellectual humility is an approach to working with people that seeks to find common ground and mutual respect. The occupational therapist knows that they cannot fully appreciate another person's culture, and they must not assume that their own culture is superior. They listen deeply to what the client says about their life and experience. They stay open to the possibility that they might need to question their own professional knowledge and beliefs.

Indicator of Ethical Practice

An indicator of ethical practice is a quantifiable characteristic of practice that is subject to measurement and can be used to describe one or more aspects of ethical practice.

Integrity

Upholding honesty, fairness, and consistency in all professional actions, adhering to both the spirit and letter of the law.

Learning, Knowing Better and Doing Better

In a rapidly changing world, where technology, globalization, climate change, growing polarization of societies, and demographic and social dynamics are reshaping every aspect of our lives, education is undergoing a transformational journey. Education is no longer confined to traditional school-based education for children but has expanded to encompass lifelong and life-wide learning.

People can no longer navigate their life course using only the skills and knowledge acquired at school, college, or university. They need to learn throughout life. Lifelong learning is an effective and transformational means of tackling current global challenges. (UNESCO, 2025)

Maya Angelou, a renowned American poet, memoirist, and civil rights activist, once said, "Do the best you can until you know better. Then when you know better, do better" (2014). *Knowing better and doing better* is committing to continuous learning and improvement to ensure that our work is informed by the latest knowledge and practices, striving for excellence and competence.

Minimizing Harm

Acting thoughtfully to minimize harm, considering the impact of our decisions on individuals, communities, and society at large.

Occupational rights

The World Federation of Occupational Therapists (2019) recognizes occupational rights for all people to:

- Take part in occupations that support survival, health, and well-being
- Choose occupations without pressure or coercion, while acknowledging that with choice comes responsibility for others and for the planet
- Freely engage in needed and chosen occupations without risk to safety, human dignity, or equity.

Privilege

In the context of equity, privilege' refers to unquestioned and unearned advantages that people enjoy when they are members of more dominant groups in a society.

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Respect

Treating everyone with dignity, and fairness, recognizing and honoring cultural differences and individual experiences.

Respecting Autonomy

Honouring the right of individuals to make informed decisions by providing them with the information, support, and resources needed to act in line with their values.

Social position and power

The words 'social position and power' are used in the competencies to refer to the concept of 'positionality.' Differences in social position and power shape personal identity and *privilege* in society. Competent occupational therapists know how to analyze their positionality in order to act in an unjust world. This means being aware of one's own degree of privilege based on factors such as race, class, educational attainment, and income.

Transparency

Foster trust by communicating openly and honestly, ensuring clarity in all professional interactions.

SUPPLEMENTAL RESOURCES

[TRC CommitmentStatement_EN_June2024.pdf](#)

Report from the Occupational Therapy Truth and Reconciliation Task Force. (ACOTPA, ACOTRO, ACOTUP, CAOT, COTF - Sep 2023)

Promoting Occupational Participation: Collaborative Relationship-focused Occupational Therapy (2022)

REFERENCES

Alliance of Canadian Occupational Therapy Professional Associations – ACOTPA
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VanderKaay et al, (2018). Prism Model of Ethical Decision-Making, VanderKaay et al, 2018

[Trauma and violence-informed approaches to policy and practice - Canada.ca](#)

[Lifelong learning for all | UNESCO](#)

[What is reflection? | The HCPC](#), the Health & Care Professionals Council, UK, 2026

APPENDIX 1 to Guide to Ethical Practice: Ethical Practice Checklist

Occupational Therapy Practice is ethical when it includes reflection, respect, meaning for the client, collaboration, and engagement with the occupational therapy profession.

A. Reflective Practice

Practice is reflective when the occupational therapist:

- Engages in reflective practice and continuous learning throughout their career to acquire, maintain, and enhance competence in practice.
- Provides services only in areas of competence and seek support and additional education, training, mentorship, or supervision when a gap in competence is identified.
- Considers degree of privilege and/or experiences of oppression and how they influence the therapist-client relationship.
- Exercises independent judgment.

B. Respectful and Meaningful Practice

Practice is respectful and meaningful when the occupational therapist:

- Acknowledges and respects the rights for all people to take part in occupations that support survival, health, and well-being without risk to safety, human dignity, or equity.
- Serves the client's best interest, by working in a transparent, honest manner and while striving to do no harm.
- Provides occupational therapy services that upholds the dignity of each client.
- Provides services to all clients in a respectful, unbiased manner. This includes not discriminating or refusing to provide services based on grounds protected under the *Human Rights Code of Ontario*.
- Seeks to create an 'ethical' or neutral space for dialogue.
- Provides services that incorporate equity-focused approaches.
- Respects and supports a client's autonomy to choose whether to proceed with occupational therapy services, including in situations when a client does not have capacity to provide informed consent.
- Respects a client's autonomy to determine their own tolerance for risk in service provision.

- Incorporates risk management approaches in service provision as appropriate for the client's priorities, needs and circumstances, and the practice situation.
- Recognizes the power imbalance inherent in the therapist-client relationship and determines and communicates boundaries appropriate for the practice situation
- Manages conflicts of interest that cannot be avoided.
- Implements measures that protect personal information, ensuring these protections when utilizing artificial intelligence (AI), social media, and virtual care tools.

C. Collaborative Practice

Practice is collaborative when the occupational therapist:

- Includes practising collaboratively with colleagues and other key partners to promote coordination and alignment of client services.
- Creates and sustains practice environments that are free from discrimination or oppression.
- Provides mentorship and guidance as needed to colleagues, students, and/or persons they are responsible for supervising.
- Seeks and receives and then uses professional judgment when acting on feedback given by colleagues or others regarding the provision of occupational therapy services and/or the registrant's conduct.

D. Professional Practice

Practice is professional when the occupational therapist:

- Maintains a level of professional conduct that promotes the respect and integrity of the profession and sustains public confidence.
- Recognizes systems of inequity in their practice context and act within their professional sphere of influence to
 - a. address and prevent racism and other forms of discrimination or oppression,
 - b. minimize the ecological costs of care.
- Acts transparently and with integrity in all professional and business activities (e.g., fees and billing; contracts or terms of agreement with clients or contracting organizations; advertising of professional services; use of social media or other online platforms; response to any real or perceived conflicts of interest; etc.)

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- Works effectively within the systems where occupational therapy services are provided (i.e., education, health, social, justice) and the policies, procedures or processes of any funding programs accessed in the provision of services.
- Shows leadership through one or more of the following:
 - contributing to the education of students, assistants, or other system partners.
 - mentoring or educating occupational therapists.
 - engaging with professional networks or communities of practice; OR
 - otherwise contributing to the occupational therapy body of knowledge.
- Engages in quality improvement activities that support the provision of quality occupational therapy services.

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Finance and Audit Committee
Subject: FY26/27 Annual Operating Budget

Recommendation:

THAT the Board approve the FY26/27 Annual Operating Budget, as presented.

Issue:

The Board to review the FY26/27 Annual Operating Budget to ensure compliance with Governance policy 6.1 “Financial Planning and Budgeting”.

Link to Strategic Plan:

This aligns under:

Performance and Accountability

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

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

Why this is in the Public Interest:

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

Equity, Diversity, and Inclusion Considerations:

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

Background:

The governance policies direct the budget planning process each year. The Registrar Limitations Policy 6.1 Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing for the FY26/27 Annual Operating Budget. Per this policy, the Registrar and CEO will ensure a balanced budget that does not deviate (+/-) from revenues by more than 3% in any fiscal year, unless otherwise directed by the Board.

BOARD MEETING BRIEFING NOTE

FY26/27 Annual Operating Budget

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Discussion:

Significant effort was dedicated to formulating a budget that advances key strategic objectives while upholding fiscal responsibility. The annual operating budget for the year reveals an overall surplus of 0.48% of revenues, attributed mostly to a decrease in I&R expenditure.

The surplus would be allocated to our Unrestricted Reserve fund. The details of all expenditures are included below under budget assumptions.

Budget Assumptions:

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

Revenue Category	Budget Assumptions
Registration	Budget increased by 5%, which is comprised of a 3% anticipated growth over the prior year and an additional 2% Board approved increase in annual renewal fees.
Application fees	Application fees budgeted at 2% of total registration fees, which is the average over the past 7 years. Professional corporation fees are also budgeted here in the same manner.
Other income	Includes an estimate for investment income and cost recovery from our contract with Nova Scotia. This category also includes an estimate for sublease revenue from ACOTRO which is offset in the "Rent and Leases" category below.

Expense Category	Budget Assumptions
Salaries and Benefits	Increase is driven by merit increases for eligible staff based on the prior year's averages and a contingency.
Programs - Quality Assurance and Professional Practice	The budget includes the following: <ul style="list-style-type: none">○ Cost recovery from Nova Scotia of \$12K○ Cost recovery from other OT colleges to support the National eLearning Module of \$28K. Planned projects within the year: <ul style="list-style-type: none">○ Peer Assessors to conduct 100 Competency assessments○ Psychometric analysis, risk indicator/selection, and technical report○ Development of annual requirement optional activity: Peer Mentorship Meetings○ Enhance tool development for non-completion of annual requirements○ National eLearning Module

BOARD MEETING BRIEFING NOTE

FY26/27 Annual Operating Budget

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Expense Category	Budget Assumptions
Programs - Investigations and Resolutions	Budget reflects a targeted allocation of resources across complaints, discipline, and adjudication activities. This budget aligns with projected cases, anticipated outsourcing needs, and recent cost adjustments based on extrapolations from actual expenditures in the current fiscal year. Decrease of \$105K from prior year.
Programs – Registration	Budget is driven by payment processing fees; mostly incurred during the annual renewal period.
Governance	Budget has been adjusted downwards based on extrapolations from actual expenditures in the current fiscal year.
Professional Fees	Budget encompasses key operational consulting, legal fees and auditor fees.
Operational Initiatives	Budget includes priority projects that align to the College’s strategic priorities and values: <ul style="list-style-type: none"> ○ EDI \$40K ○ AI Project \$30K ○ Strategic Planning \$15K ○ Public Engagement: French Translation of Website \$31K ○ QA Continuing Competency \$20K ○ Scope of Practice \$30K ○ Registration Re-entry \$6K
Communications	Budget increased for costs related to Public Outreach.
Information Technology	Budget increased to accommodate anticipated purchases of laptops and system development.
Operating Expenses	Budget has been adjusted downwards based on extrapolations from actual expenditures in the current fiscal year.
Staff, Travel, and Conferences	Budget increased based on extrapolations from actual expenditures in the current fiscal year.
Rent and Leases	Reflects lease terms for FY26/27.
Other	Includes depreciation costs, which were determined based on the carrying value of existing capital assets with an addition of \$11K for planned Wi-Fi access points upgrade.

Implications:

Overall, if approved, the FY26/27 Annual Operating Budget will be implemented and will provide the financial resources required to support operational priorities for the upcoming fiscal year.

Attachments:

1. FY26/27 Annual Operating Budget Summary



College of Occupational Therapists of Ontario
FY26/27 Annual Operating Budget Summary

	FY26/27 Budget	FY25/26 Budget
	\$	\$
Revenue		
Registration Fees	5,537,368	5,272,046
Other Income	306,035	196,045
	<u>5,843,403</u>	<u>5,468,091</u>
Expenses		
Salaries and Benefits	3,816,517	3,610,542
Programs	406,815	535,911
Governance	137,076	138,403
Professional Fees	93,933	97,742
Operational Initiatives	172,000	84,000
Communications	90,500	66,012
Information Technology	365,232	291,671
Operating Expenses	79,940	84,166
Staff, Travel, and Conferences	79,000	66,726
Rent and Leases	549,964	514,188
Other Expenses	24,430	47,817
	<u>5,815,407</u>	<u>5,537,178</u>
Surplus (Deficit) of Revenue over Expenses	<u><u>27,996</u></u>	<u><u>(69,087)</u></u>

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Finance and Audit Committee
Subject: Reclassification of Internally Restricted Premises Fund to Unrestricted Funds

Recommendation:

THAT the Board approve the reclassification of the Internally Restricted Premises Fund as Unrestricted.

Issue:

The College currently maintains an “Internally Restricted Premises Fund” in the amount of \$800,000 (refer to table below). During the Fiscal Year 24/25 audit, our external auditors, Hilborn LLP, recommended that internally restricted funds be reviewed to confirm they continue to be appropriate, are supported by current operational needs, and, where no longer required, are considered for reclassification to the Unrestricted Fund.

The College is seeking the Committee’s approval to reclassify the \$800,000 balance currently designated as internally restricted within the Premises Fund to Unrestricted. The Premises Fund was originally established to support potential future capital or facilities-related requirements; however, there are currently no approved projects, contractual obligations, or defined timelines requiring the continuation of this restriction. The funds have remained inactive, with no expenditure planned in the near future.

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2025 \$	Spent to Date/Change \$	Closing Balance Feb 28, 2026 \$
Hearings and independent medical exam fund	\$ 400,000	-	400,000
Sexual abuse therapy fund	\$ 25,000	-	25,000
Premises fund	\$ 800,000	-	800,000
IT Technology Fund	\$ 100,000	\$ -	100,000
Invested in fixed assets	\$ 197,490	\$ (35,863)	\$ 161,627
Unrestricted	\$ 2,275,503	\$ 35,863	2,311,366
Excess of revenues over expenses for the period	\$ -	578,842	578,842
TOTAL RESERVES	3,797,993	578,842	4,376,835

BOARD MEETING BRIEFING NOTE

Reclassification of Internally Restricted Premises Fund to Unrestricted Funds

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Link to Strategic Plan:

This aligns under:

Performance and Accountability

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

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

Why this is in the Public Interest:

Implementing recommendations from our external auditors and ensuring alignment with CRA guidance is essential to maintaining the College's compliance obligations and continued status as a not-for-profit organization.

Equity, Diversity, and Inclusion Considerations:

When preparing this document, consideration for diversity, equity, and inclusion were made.

Background:

The College is a non-profit organization under paragraph 149(1)(l) of the Income Tax Act and is exempt from income tax thereunder. To maintain this status, the College must ensure that it is operated exclusively for non-profit purposes and that its resources are used in furtherance of its mandate. While non-profit organizations may accumulate operating reserves, CRA guidance indicates that such reserves should be reasonable in relation to operational needs and supported by clear, documented purposes, rather than being accumulated without a defined or anticipated use.

Discussion:

The reasons to support the reclassification of the Internally Restricted Premises Fund to the Unrestricted Fund are as follows:

1. Lack of a defined purpose or commitment/inactive nature of fund

The Premises Fund no longer has a specific plan, approved capital project, contractual obligation, or defined timeline supporting its restriction. In the absence of a clear and current need, maintaining the restriction is not justified. The fund has remained unused over time, with no expenditures incurred, suggesting the original rationale is no longer relevant.

BOARD MEETING BRIEFING NOTE

Reclassification of Internally Restricted Premises Fund to Unrestricted Funds

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2. Alignment with CRA expectations

CRA guidance indicates that while not-for-profit organizations may accumulate reserves, such amounts should be reasonable and supported by a clear operational or strategic purpose. Maintaining funds in a restricted category without a defined use may not align with these expectations and cause the CRA to treat the amount as Unrestricted.

3. Consistency with auditor recommendations

External auditors have recommended reviewing internally restricted funds to ensure they remain appropriate. Reclassification aligns with this recommendation and demonstrates proactive financial oversight.

4. No impact on overall financial position

The reclassification is an internal accounting adjustment only and does not affect the organization's total net assets, cash position, or financial sustainability.

5. Board retains future flexibility

The Board can re-establish an internal restriction at any time should a specific premises-related need or capital project arise in the future.

Implications:

If approved by the Board, the Financial Statements for Fiscal Year 25/26 will reflect the reclassification of reserve funds and the Reserve Fund Policy (Policy 6.7 – Reserve Funds) will be updated accordingly.

Attachments:

1. 6.7 – Reserve Funds

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.

- ~~**The Premises Fund**~~

~~The Premises Fund is designated to minimize the impact on the operating budget of major expenses related to College property. It would cover such costs as lease hold improvements and furniture. The minimum amount to be maintained in this fund is \$500,000 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.

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Gillian Slaughter, Registrar & CEO
Subject: Building the College's Next Strategic Plan

Recommendation:

For discussion.

Issue:

The College is initiating a strategic planning process to develop its next multi-year strategic plan. Clear governance and oversight are required to ensure the process is:

- Well-structured and efficient
- Aligned with the Board's expectations
- Grounded in the College's public protection mandate

In this briefing note, staff propose a strategic planning process tailored for the College. The process reflects common practices drawn from peer regulators (such as the College of Registered Psychotherapists of Ontario, the Ontario College of Pharmacists, the Royal College of Dental Surgeons of Ontario and the Ontario College of Social Workers and Social Service Workers). It recommends structured Board engagement sessions, evidence-informed decision-making, and robust consultation with interested parties, as well as the use of an external consulting firm to guide the work.

Link to Strategic Plan:

A clear process for creating the College's next strategic plan aligns with two strategic priorities:

Meaningful Engagement:

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

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

Performance and Accountability:

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

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

Why this is in the Public Interest:

Strategic planning is in the public interest because it strengthens the College's ability to protect the public effectively, transparently, and proactively. As an Ontario health regulator whose statutory duty is public protection, strategic planning by the College is not optional. It is a key mechanism for fulfilling the public protection mandate responsibly and consistently. Strategic planning requires the College to explicitly define its priorities, the risks to the public and the outcomes it seeks to achieve. This prevents drift toward over-focus on registrant interests and reactive or complaint-driven regulation. Moreover, strategic planning identifies emerging risks (such as new models of care, workforce pressures), and encourages preventative approaches, such as the creation or refinement of standards, issuance of clear guidance, creation of quality assurance improvements and participation in the strategic work of health system and other partners.

Lastly, a published strategic plan clearly tells the public what the regulator is trying to achieve, establishes measurable goals and performance indicators and allows the Board and interested parties to track progress. Ultimately, this builds public trust and demonstrates that decisions are intentional, not arbitrary.

Equity, Diversity, and Inclusion Considerations:

The process for developing a strategic plan specifically includes input from patients, clients and the general public, registrants, and system partners from multiple communities. This process will allow us to identify real-world concerns and gaps, ensure that the College is not internally focused.

The retainer of the external consultant will also specifically include a term requiring the consultant to describe how it will engage diverse population with an inclusive methodology and specifically reflect on whether regulatory priorities and approaches do not unintentionally disadvantage certain groups or publics.

Background:

Consistent with leading practices among Ontario health regulators, strategic planning is typically overseen by a subset of the Board to enable focused direction and timely decision-making. The Board retains ultimate accountability for approving the strategic plan. It is proposed that external consultants be engaged to support facilitation, interested party engagement, and drafting.

The proposed model assigns oversight responsibility to the Executive Committee, supported by senior leadership of the College and an external consulting firm.

Purpose and Outcomes of the Strategic Planning Process:

The process will:

- Define a 3 to 5-year strategic plan aligned with the College's public protection mandate
- Establish clear strategic priorities, outcomes, and success measures
- Adhere to best practices for college governance
- Ensure responsiveness to system pressures, health equity, and evolving regulatory expectations

Guiding Principles for the strategic planning process:

The process will be anchored in the values of the College and in the principles commonly seen across Ontario regulators:

- Public interest first (core statutory mandate)
- Evidence-informed and risk-based decision-making
- Interested party-informed planning (registrants, patients/public, partners)
- Equity, diversity, and inclusion integration
- Transparency and accountability
- Governance excellence and role clarity

Discussion:

This discussion section details the proposed approach to building a strategic plan and details the mandate of the Executive Committee, key responsibilities, and the timeline with specifics about the phased timeline by which the plan will be created.

1. Executive Committee Mandate

The Executive Committee will:

- Oversee all phases of the strategic planning process
- Provide direction to College senior leadership and the external consultant
- Review key outputs (environmental scan, draft priorities, draft plan)
- Report regularly to the Board in October 2026, January and March 2027
- Recommend the final strategic plan for Board approval either in March or June 2027

2. Key Responsibilities

The **Executive Committee** will oversee:

i. Planning and Initiation

- Scope, objectives, timelines
 - Engagement of consultant
 - The creation of a project charter and/or work plan
- ii. **Environmental Scan and Engagement**
- Review findings and input from interested parties
 - Ensure consideration of system trends, risks, and equity, diversity, and inclusion matters
- iii. **Strategy Development**
- Guide identification of strategic priorities and directions
 - Support Board Education Day on October 19, 2026
- iv. **Draft Plan Development**
- Review vision, mission, priorities, and performance measures proposed by staff and the external consultant
 - Ensure alignment with mandate and the College's capacity
- v. **Finalization**
- Recommend the final strategic plan to the Board

Staff will do the following:

- Provide data, operational insight, and implementation considerations
- Initiate the search for the external consultant
- Coordinate all the meetings
- Prepare all briefing notes and materials for the Executive Committee and the Board

An external consultant:

A consultant, retained by the Registrar on behalf of the Executive Committee, will:

- Facilitate workshops and retreats
- Lead interested party engagement and environmental scan
- Bring comparative regulatory insight
- Support synthesis and drafting

Examples of possible external consultants include The Regulators' Practice, Dundee Consulting Group, and MDR Strategy Group.

3. Proposed Timeline – Phases and Activities

a) **Phase 1: Initiation & Planning (Month 1 – June 2026)**

Objectives of this phase:

- to confirm the approach, and scope of the retainer for the external consultant,
- begin to identify key interested parties.

b) Phase 2: Environmental Scan & Discovery (Months 2–4: July to September)

The objective of this phase is to build an information base to inform strategy

Key inputs sought for this information base are:

- Environmental scan of regulatory trends (modernization, right-touch regulation)
- Review of health system pressures (e.g., workforce, access, equity)
- Review of legislative and policy context
- Evaluation of the College's performance (using Quarterly Performance Reports, the Registrar's Reports, and Year in Review FY2025-2026)

c) Phase 3: Strategic Dialogue & Direction Setting (Month 5: October)

Board Education Day (October 19) will be facilitated by the external consultant and will aim to achieve two things:

- Confirm/refine the College's vision and mission and its regulatory role within the system
- Identify strategic priorities (3–5 pillars)

The Board will be asked to start to make strategic choices.

d) Phase 4: Plan Development and Validation (Months 6-10: November to March)

The objective of this phase is to translate direction into a formal plan. The draft strategic plan will be written by the external consultants. It will likely include:

- vision
- mission
- strategic priorities/pillars
- success measures (or key performance indicators)

It may indicate who are key external partners for the strategic priorities or pillars. The draft plan will be brought to the Board for initial review in January 2027, and a request for approval to issue it for public consultation (from January to March 2027).

e) Phase 5: Approval & Communication (Months 10-12: March to May)

- Consultation feedback will be analyzed and consolidated
- Recommendations about possible refinements or changes to the strategic plan will be put before the Executive Committee and Board in March 2027.
- The Board will be asked for approval of the finalized strategic plan, likely in March 2027.
- Staff will develop communications materials including a public-facing summary and registrant communications about the strategic plan.

- Staff will begin operational planning aligned to the new strategic plan, with a view to creating a 3 to 5-year operational plan that supports the Board strategic priorities.

Implications:

There are financial / resource implications to the proposed process. The implications include:

- Costs associated with retaining an external consulting firm
- Staff time to support engagement, analysis, and planning activities

These costs will be accommodated within the approved budget or brought forward for Board approval as needed.

Risks and Mitigation

Risks	Mitigation Strategies
Insufficient Board engagement	Regular reporting and structured decision points
Timeline delays	Active oversight by Executive Committee
Incomplete interested party input	Structured engagement plan led by consultant
Misalignment with mandate	Continuous focus on public protection and regulatory role

Key Success Factors for this Project

- Strong Board engagement and ownership
- Early and meaningful input from interested parties
- Clear differentiation between governance (Board) and operations (management)
- Use of external facilitation to challenge assumptions
- Alignment with public protection mandate and system expectations

Next Steps:

Staff will begin the proposal process to retain an external consultant.

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Executive Committee
Subject: Appointment of Vincent Samuel to College Committees

Recommendation:

***THAT** the Board ratify the appointment of Vincent Samuel to the Finance and Audit Committee for a three-year term and his reappointment to the Registration Committee for a second three-year term.*

Issue:

Vincent Samuel was reappointed by the Minister of Health to the Board for a three-year term effective April 30, 2026. The Board is asked to approve his appointment to the Finance and Audit Committee and his reappointment to the Registration Committee.

Link to Strategic Plan:

This aligns to:

Performance and Accountability:

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

Why this is in the Public Interest:

Public representation on committees is an important component of the College's public protection mandate. Committee Appointments help ensure that public perspectives contribute to regulatory decision-making and oversight.

Equity, Diversity, and Inclusion Considerations:

The College supports diversity and inclusion in its governance processes. The recommended appointments consider the skills, experience, competencies, and perspectives required to support effective committee performance and decision-making.

Background:

The Minister of Health appoints between five and seven Public Directors to the College. With Mr. Samuel's reappointment, the College currently has a full complement of seven Public Directors.

BOARD MEETING BRIEFING NOTE

Appointment of Vincent Samuel to College Committees

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The Executive Committee considered committee appointments for Mr. Samuel at its meeting of May 28, 2026 and appointed him to the Finance and Audit Committee and reappointed him to the Registration Committee. The Board is asked to ratify these appointments.

Discussion:

Mr. Samuel has extensive experience serving on College committees. Since joining the Board in 2019, he has served on the Executive, Committee, Inquiries, Complaints and Reports Committee (ICRC), Registration Committee (including as Chair), Governance Committee, Quality Assurance Committee, and the Fitness to Practice Committee.

Lucy Kloosterhuis' appointment to the Board concludes on August 22, 2026. Ms. Kloosterhuis currently serves on the Finance and Audit Committee, ICRC, and the Governance Committee. Staff recommended appointing Mr. Samuel to the Finance and Audit Committee in anticipation of this vacancy.

Mr. Samuel has not previously served on the Finance and Audit Committee. His experience as a long-serving Public Director and former member of the Executive Committee provides him with substantial knowledge of the College's financial oversight responsibilities.

Mr. Samuel previously served on the Registration Committee from 2019-2022, including as Chair from 2020-2021. He remains eligible for reappointment and brings valuable experience and institutional knowledge to the Committee.

Section 13.09 of the College's bylaws specifies that the Finance and Audit Committee shall be composed of at least: two Elected Directors/Academic Appointees, two Public Directors, and at the discretion of the Board, one or more Community Appointee(s).

Section 13.02 of the bylaws details that the Registration Committee shall be composed of at least: two Public Directors, one or more Professional Committee Appointee(s), and at the discretion of the Board, one or more Community Appointee(s).

Vincent Samuel's appointment and reappointment meet the criteria established in the bylaws.

Implications:

Ratification of these appointments will help ensure that the Finance and Audit Committee and Registration Committee continue to benefit from experienced public representation and maintain the expertise required to fulfill their mandates effectively.

There are no financial implications associated with these appointments beyond those already contemplated in the budget.

Attachments: None

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
To: Board
From: Executive Committee
Subject: Appointment of Bibi Azim to College Committees

Recommendation:

THAT the Board ratify the appointment of Bibi Azim to the Governance and Quality Assurance Committees for a three-year term.

Issue:

The College is pleased that Bibi Azim was appointed by the Minister of Health to the Board for a three-year term, effective March 26, 2026. As a new public Director, Bibi Azim’s participation on various College committees is expected, so that they can bring their knowledge, experience and perspective to advance the work of the College.

Link to Strategic Plan:

Performance and Accountability

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

Why this is in the Public Interest:

Ensuring that public input is provided for each of the statutory committees is part of the design of the *Regulated Health Professions Act*. Public representation on both statutory and non-statutory committees is integral to the College’s public protection mandate and ensuring a public voice.

Diversity, Equity, and Inclusion Considerations:

The College supports diversity and inclusion in its governance processes. The recommended appointments consider the skills, experience, competencies, and perspectives required to support effective committee performance and decision-making.

Background:

The Minister of Health appoints between five and seven Board Directors to the College. The College currently has seven Public Directors: Allan Freedman, Jennifer Kerr, Lucy Kloosterhuis, Adrian Malcolm, Pathik Shukla, Vincent Samuel and Bibi Azim.

BOARD MEETING BRIEFING NOTE

Appointment of Bibi Azim to College Committees - June 18, 2026

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The addition of Bibi Azim to the Board ensures that the College can continue to operate above its minimum complement of five public appointees.

The Executive Committee considered committee appointments for Ms. Azim at its meeting on April 22, 2026 and appointed her to the Governance Committee and the Quality Assurance Committee. The Board is asked to ratify these appointments.

Discussion:

1. Governance Committee.

Staff recommended and the Executive Committee agreed that Bibi Azim be appointed to the Governance Committee for two reasons. First, the Governance Committee has been instrumental in changing the structures, processes, and practices of the Board and its committees. These meetings and the Governance Committee's strong oversight function will provide a helpful opportunity for Bibi Azim to learn good governance practices, as well as the current governance policies and procedures. Second, only Board Directors are appointed to the Governance Committee. Appointing Bibi Azim to the committee will provide the Board Directors and Bibi Azim with time and an opportunity to learn from and with each other.

Section 13.08 of the College's bylaws specifies that the Governance Committee shall be composed of at least two Elected Directors/Academic Appointees, two Public Directors, and at the discretion of the Board, one or more Community Appointee(s). Bibi Azim's appointment meets the criteria established in the bylaws.

2. Quality Assurance Committee.

Staff proposed and the Executive Committee agreed on April 22 that Bibi Azim take Mr. Adrian Malcolm's position on the QAC. By substituting Bibi Azim for Mr. Malcolm on the QAC, this will achieve greater parity among the public Director appointments and may assist in reducing the large demands on Mr. Malcolm to attend four statutory committee meetings. Moreover, Bibi Azim's experience in the delivery of virtual and in-person training and professional development would complement the mandate and functions of the QAC.

Section 13.06 of the bylaws specifies that the Quality Assurance Committee shall be composed of at least one Public Director, four or more Professional Committee Appointee(s), and at the discretion of the Board, one or more Community Appointee(s). Bibi Azim's appointment meets the criteria established in the bylaws.

BOARD MEETING BRIEFING NOTE

Appointment of Bibi Azim to College Committees - June 18, 2026

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Implications:

Ratification of these appointments will help ensure that the Governance Committee and Quality Assurance Committee continue to benefit from experienced public representation and maintain the expertise required to fulfill their mandates effectively.

There are no financial implications associated with these appointments beyond those already contemplated in the budget.

Attachments: none

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Nominations Committee
Subject: Appointment of Academic Director to the Board

Recommendation:

THAT the Board appoints Dr. Mary Forhan as the Academic Representative on the Board for a three-year term, commencing on June 19, 2026.

Issue:

The *Occupational Therapy Act, 1991*, requires the Board to include at least one occupational therapist who is a faculty member in an occupational therapy program at an Ontario university in Ontario be appointed to the Board.

Link to Strategic Plan:

This aligns to:

Quality Practice:

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

Performance and Accountability:

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

Why this is in the Public Interest:

Having an academic representative on the Board ensures compliance with statutory requirements and strengthens decision-making. In addition, the academic member brings expertise in occupational therapy education, research, and professional practice. Their perspectives support informed decision-making and helps the Board act in the public interest.

Equity, Diversity, and Inclusion Considerations:

The appointment process for the academic member is coordinated through the Chairs of Ontario's five occupational therapy university programs. The Chairs encourage nominations from candidates with a range of experiences and backgrounds, supporting the College's commitment to equity, diversity, and inclusion in governance.

BOARD MEETING BRIEFING NOTE

Appointment of Academic Director to the Board

Page 2 of 2

Background:

The *Occupational Therapy Act, 1991*, requires the Board to include one academic member. This member is selected from faculty involved in occupational therapy education at Ontario universities. The five occupational therapy program Chairs recommend one candidate to the College for appointment.

Discussion:

The university chairs have recommended that Dr. Mary Forhan be appointed to the Board. She is an occupational therapist with a PhD in Rehabilitation Sciences. She is Chair of the Department of Occupational Therapy and Executive Chair of the Rehabilitation Sciences Sector. Her academic and leadership background includes serving as past President of the Association of Canadian University Occupational Therapy Programs and past Scientific Director of Obesity Canada.

Dr. Forhan brings extensive clinical experience in the areas of mental health, acute care, community and home care to her research.

Implications:

Appointment of Dr. Forhan ensures the College remains compliant with the *Occupational Therapy Act, 1991*, and maintains a duly constituted Board.

If Board approval is granted, the appointment will be formalized, and Dr. Forhan will be invited to complete standard orientation and onboarding prior to the commencement of her term.

Attachments:

1. Resume of Dr. Mary Forhan

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Executive Committee
Subject: Reappointments to the Inquiries, Complaints and Reports Committee

Recommendation:

THAT the Board ratify the decision of the Executive Committee to re-appoint Kellen Baldock as a Professional Committee Appointee to the Inquiries, Complaints and Reports Committee for a three-year term commencing June 19, 2026.

THAT the Board ratify the decision of the Executive Committee to re-appoint Sarah Dodds as a Professional Committee Appointee to the Inquiries, Complaints and Reports Committee for a three-year term commencing June 19, 2026.

Issue:

Kellen Baldock and Sarah Dobbs were initially appointed to the Inquiries, Complaints and Reports Committee (ICRC) on May 1, 2023, for a three-year term ending April 30, 2026. Both members were eligible for reappointment for one additional three-year term and expressed interest in continuing to serve on the ICRC.

As the Professional Committee appointees' terms expired prior to the Board's June 2026 meeting, the Executive Committee considered the matter on April 22, 2026, and approved both reappointments, subject to Board ratification.

Link to Strategic Plan:

This aligns to:

Quality Practice:

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

Performance and Accountability:

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

BOARD MEETING BRIEFING NOTE

Reappointments to the Inquiries, Complaints and Reports Committee

Page 2 of 3

Why this is in the Public Interest:

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

Equity, Diversity, and Inclusion Considerations:

The appointment process is designed to promote equity, diversity, and inclusion. Committee appointments and reappointments are guided by the Committee Competency Framework. Reappointing experienced members who contribute inclusive perspectives supports fair and balanced committee processes. Continuity in membership also assists the ICRC in maintaining consistent and unbiased decision-making while serving the diverse populations and communities that access occupational therapy services in Ontario.

Background:

Section 13.3 of the College's bylaws specifies that the Inquiries, Complaints, and Reports Committee shall be composed of two Public Directors, four or more Professional Committee Appointee(s), and, at the discretion of the Board, one or more Community Appointee(s).

Kellen Baldock and Sarah Dodds are currently serving on the Inquiries, Complaints and Reports Committee as Professional Committee Appointees. They meet the criteria established in bylaws.

Discussion:

During their first term, both professional committee appointees have provided valuable contributions to the ICRC's work. Kellen Baldock has served as Chair of Panel B of the ICRC, and Sarah Dodds has chaired several cases and facilitated meaningful and productive discussions that supported fair and reasonable decision-making.

Both Kellen and Sarah bring extensive clinical experience to the Committee. Kellen has worked in hospital settings, has held leadership positions, and teaches in the department of Occupational Science and Occupational Therapy at the University of Toronto. Sarah has also worked in hospitals across various acute care settings, including neurology and oncology.

Kellen and Sarah consistently foster collaborative, inclusive, and respectful discussions while keeping the public interest at the forefront of their considerations. Their re-appointments support continuity in the Committee's work and contribute to the ongoing effectiveness of the ICRC.

The Board is asked to ratify the Executive Committee's decision.

BOARD MEETING BRIEFING NOTE

Reappointments to the Inquiries, Complaints and Reports Committee

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Implications:

If the Board does not ratify one or both re-appointments, the College will initiate a call for Professional Committee Appointees to the ICRC.

BOARD MEETING BRIEFING NOTE

Date: June 18, 2026
From: Nominations Committee
Subject: Committee reappointments

Recommendation:

***THAT** the Board appoints Amanda Mowbray to the Patient Relations Committee, for a second three-year term, commencing on June 19, 2026.*

***THAT** the Board appoints Sylvia Boddener, Heather Jones and Cassandra Boushey to the Discipline Committee and the Fitness to Practise Committee, for a second three-year term, commencing on June 19, 2026.*

***THAT** the Board appoints Bethany Brewin to the Quality Assurance Subcommittee, for a second three-year term, commencing on June 19, 2026.*

***THAT** the Board appoints Jennifer Henderson, Greg Clarke, and Peter Shenfield to the Nominations Committee, for a second three-year term, commencing on June 19, 2026.*

Issue:

The Board is asked to approve the reappointment of Professional and Community Appointees whose current terms end on June 30, 2026, to support the ongoing work of the College's committees.

Link to Strategic Plan:

This aligns to:

Performance and Accountability:

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

Why this is in the Public Interest:

Committees play an important role in helping the College carry out its mandate to protect the public. Reappointing experienced committee members support consistent decision-making, and effective committee work. These reappointments will help ensure the committees continue to operate effeciently and carry out their responsibilities under the College's legislation, bylaws and governance policies.

Equity, Diversity, and Inclusion Considerations:

The College is committed to supporting diversity and inclusion in its governance processes. Committee reappointments considered the skills, experience, and perspectives needed to support effective decision-making and committee work.

Background:

The current terms of the committee members listed above will end on June 30, 2026. The Nominations Committee reviewed the committee's needs, member participation, and overall committee effectiveness, and recommends the reappointment of the identified members.

As members of the Nominations Committee could not take part in decisions about their own reappointments, the Executive Committee reviewed their reappointments separately and recommends the reappointment of the Nominations Committee for a second three-year term.

Discussion:

The members recommended for reappointment have shown strong participation and commitment during their current terms. Their experience and knowledge will support the continued effectiveness and stability of the committees. The recommended reappointments also supports the College's competency-based approach to committee composition and succession planning.

Implications:

Approving these reappointments will help ensure the committees continue to have the members needed to carry out their responsibilities effectively starting on June 19, 2026.

There are no additional financial impacts related to these appointments beyond the regular costs already included in the College's budget.