



## COUNCIL AGENDA

**DATE:** Tuesday, January 28, 2020 **FROM:** 9:00 AM – 3:00 PM

Page 1 of 2

Agenda Item		Objective	Attachment
<b>1.0</b>	<b>Call to Order &amp; Land Acknowledgement</b>		
<b>2.0</b>	<b>Declaration of Conflict of Interest</b>		
<b>3.0</b>	<b>Approval of Agenda</b>	Decision	✓
<b>4.0</b>	<b>Draft Minutes</b>		
	<b>4.1</b> Draft Council Minutes of October 24, 2019	Decision	✓
<b>5.0</b>	<b>Registrar's Report</b>		
	<b>5.1</b> Registrar's Written Report	Information	✓
	<b>5.2</b> Presentation: <i>Operational Status Report for Q2 2019-2020</i> (15 min) by Elinor Larney, Registrar		
	<b>5.3</b> Priority Performance Report	Decision	✓
	<b>5.4</b> Risk Management Report	Decision	✓
<b>6.0</b>	<b>Finance</b>		
	<b>6.1</b> November (Q2) 2019 Financial Report	Decision	✓
	<b>6.2</b> Lease Update	Information	✓
<b>7.0</b>	Presentation: College Performance Measurement Framework (10AM) By: Thomas Custers, Ministry of Health		
<b>8.0</b>	<b>Governance</b>		
	<b>8.1</b> Governance Review by Stamatis Kefalianos, Manager, Regulatory Affairs	Decision	✓
	<b>8.2</b> Appointment of Nominations Standing Committee	Decision	✓
	<b>8.3</b> Strategic Plan – Leadership Outcomes (1:00 – Carolyn Everson)	Decision	✓
	<b>8.4</b> Governance Policy Review – Allowable Expenses & Honoraria	Decision	✓
<b>9.0</b>	<b>New Business</b>		
	<b>9.1</b> Standards for Acupuncture	Decision	✓
<b>10.0</b>	<b>Roundtable</b>		
<b>11.0</b>	<b>Committee/Task Force Reports</b>		
	<b>11.1</b> Executive	Information	✓
	<b>11.1.1</b> Practice Issues Subcommittee	Information	✓
	<b>11.2</b> Registration	Information	✓

Agenda Item		Objective	Attachment
<b>11.3</b>	Inquiries, Complaints & Reports	Information	✓
<b>11.4</b>	Discipline	Information	✓
<b>11.5</b>	Fitness to Practise	Information	✓
<b>11.6</b>	Quality Assurance	Information	✓
<b>11.7</b>	Patient Relations	Information	✓
<b>12.0</b>	<b>Other Business</b>		
<b>12.1</b>	Council Meeting Evaluation	Complete & Submit	✓
<b>12.2</b>	Annual Council Evaluation	Complete & Submit	✓
<b>12.3</b>	Annual Council Self-Evaluation	Complete & Submit	✓
<b>13.0</b>	<b>Next Meetings</b>		
	Council Meeting: Thursday, March 26, 2020, 9:00 AM – 4:00 PM, at the College Council Meeting: Tuesday, June 23, 2020, 9:00 AM – 3:30 PM, at the College		
<b>14.0</b>	<b>Adjournment</b>		



## DRAFT COUNCIL MINUTES

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DATE: Thursday, October 24, 2019 FROM: 9:00 a.m. – 12:00 p.m.

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Page 1 of 5

### PRESENT:

Julie Entwistle, *Chair*  
Donna Barker  
John-Paul Dowson  
Mary Egan  
Allan Freedman (*via telephone*)  
Jeannine Girard-Pearlman  
Debbie Hebert  
Jennifer Henderson  
Patrick Hurteau  
Heather McFarlane  
Aruna Mitra  
Vincent Samuel  
Stephanie Schurr  
Teri Shackleton  
Peter Shenfield  
Michelle Stinson

### GUESTS:

Carolyn Everson, The Everson Company (8.1)  
Peter Pang, Hilborn LLC (1.0-6.1)

### OBSERVERS:

Sarah Kibaalya, Ministry of Health of Ontario

### STAFF:

Elinor Larney, Registrar  
Heather Binkle, Deputy Registrar  
Sandra Carter, Practice Consultant  
Stamatis Kefalianos, Manager, Regulatory Affairs  
Lesley Krempulec, Practice Consultant  
Clara Lau, Manager, Registration  
Yvonne Leung, Communications Coordinator (6.2)  
Nabila Mohammed, Director of Finance and Corporate Services  
Adrita Shah Noor, Manager, Investigations & Resolutions  
Seema Sindwani, Manager, Quality Programs  
Nancy Stevenson, Director of Communications  
Andjelina Stanier, Executive Assistant, *Scribe*

### 1.0 Call to Order

Chair Julie Entwistle called the meeting to order at 9:00 a.m. She welcomed Council members, guests and staff and reminded everyone that the focus of the College is to protect the public.

### 2.0 Land Acknowledgement

In the interest of truth and reconciliation, and in the hope to build faith and trust with our Indigenous community, the Chair started the meeting by reminding all present that we are gathered on the ancestral lands and waters of all Indigenous Peoples who have left their footprints on Mother Earth before us. We respectfully acknowledge those who have walked this land, who walk it now, and those future generations who have yet to walk upon it.

### 3.0 Declaration of Conflict of Interest

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

### 4.0 Approval of Agenda

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

MOVED BY: Mary Egan

SECONDED BY: Debbie Hebert

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

**CARRIED**

**5.0 Approval of Minutes**

**5.1 Draft Council Minutes of June 25, 2019**

The Chair called for edits to the draft Council minutes of June 25, 2019. None were reported.

MOVED BY: Jennifer Henderson  
SECONDED BY: Vincent Samuel

***THAT** the draft Council minutes of June 25, 2019 be approved as presented.*

**CARRIED**

**6.0 Annual Report / Audited Financial Statements**

**6.1 2018-2019 Audited Financial Statements**

Auditor Peter Pang provided a brief overview of the audit review process, reviewed the financial statements and responded to questions from Council. Peter left the meeting at the conclusion of this item.

MOVED BY: Peter Shenfield  
SECONDED BY: Heather McFarlane

***THAT** Council accepts the Audited Financial Statements for the 2018-2019 fiscal year.*

**CARRIED**

**6.2 Acceptance of 2019 Annual Report**

Council reviewed the annual report and provided several minor recommendations which include substituting a different image on page 2 and several wording changes.

MOVED BY: Donna Barker  
SECONDED BY: Allan Freedman

***THAT** Council accepts the Annual Report for the 2018-2019 fiscal year, including today's changes.*

**CARRIED**

**7.0 Registrar's Report**

**7.1 Registrar's Written Report**

The Registrar informed Council of two additional updates since the writing of her report:

1. Three new staff members joined the College: Stamatia Kefalianos, Manager, Regulatory Affairs; Clara Lau, Manager, Registration; and Olena Repekha, Executive Assistant – Deputy Registrar.
2. The controlled act regulation on psychotherapy was received back from the Ministry of Health (MOH) with no substantive changes and only minor recommendations to wording. The regulation will be posted by the MOH for 45 days which is in line to meet the December 31, 2019 deadline.

**7.2 Registrar's Presentation**

The Registrar reported on the eight key areas of focus for Q1 Year 3 (June 1, 2019 – August 31, 2019) related to the 2017-2020 Strategic Plan and responded to questions.

**7.3 August 2019 Financial Report**

Nabila provided an overview of the financial report and responded to questions.

MOVED BY: Peter Shenfield  
SECONDED BY: Vincent Samuel

***THAT Council receives the August 2019 Financial Report, Statement of Financial Position and Statement of Operations, as presented.***

**CARRIED**

#### **7.4 Lease Renegotiation**

Nabila explained that the College has grown and space needs for staff now exceed capacity. The College has explored options to either relocate to a larger office or renovate the existing premises to maximize workspace. Should the College elect to stay, advice has been received that prior to making a capital investment into the current premises, it would be benefit the College to enter into renegotiations at this time, to extend the current lease which will expire in September 2023. The College is seeking Council approval as required by College bylaws and governance policy RL5 to undertake such discussions.

MOVED BY: Jeannine Girard-Pearlman  
SECONDED BY: Peter Shenfield

***THAT Council delegates authority of the lease renegotiation for the current leased space at 20 Bay Street to the Executive Committee.***

**CARRIED**

#### **7.5 Priority Performance Report**

Heather reported on Council performance data for Q1 (2019-2020) related to the objectives as outlined in the 2017-2020 Strategic Plan. Overall indicators will remain the same until the end of Q4 of the current strategic priorities. New indicators will be determined once the strategic priorities for 2020-2023 are identified and related data collection and reporting will begin on June 1, 2020.

MOVED BY: Donna Barker  
SECONDED BY: Stephanie Schurr

***THAT Council receives the revised Priority Performance Report for the first quarter of 2019-2020.***

**CARRIED**

#### **7.6 Risk Management Report**

Council reviewed the report and noted the level of risk remained unchanged from the previous quarter.

MOVED BY: Jeanine Girard-Pearlman  
SECONDED BY: Allan Freedman

***THAT Council receives the Risk Management Report.***

**CARRIED**

### **8.0 Governance**

#### **8.1 Strategic Planning Debrief**

Consultant Carolyn Everson thanked Council and staff for participating in the Strategic Planning Session yesterday. Carolyn will review the feedback and develop a preliminary framework for the new strategic plan. A working group consisting of Council members and senior management will work to draft the final 2020-2023 strategic plan which will be brought to Council in January. The following Council members volunteered to form the working group: Julie Entwistle, Debbie Hebert, Aruna Mitra, Jennifer Henderson and Vincent Samuel.

## **8.2 Council Policy Review**

As part of the regular policy review cycle, 17 policies and one guideline were presented for consideration. In addition to one minor change brought forward for policy CRL4, Council further recommended two minor changes to wording for policies GP7 and GP8. No material concerns were expressed.

MOVED BY: Peter Shenfield

SECONDED BY: Aruna Mitra

***THAT Council approves the amended policies as listed, including today's changes:***

- GP1 – Global Governance Commitment, October 2016*
- GP3 – Governing Style, October 2016*
- GP4 – Council Role, October 2016*
- GP5 – President's Role, October 2016*
- GP6 – Vice-President's Role, October 2016*
- GP7 – Council Member's Role and Code of Conduct, October 2016*
- GP8 – Non-Council Member's Role and Code of Conduct, October 2016*
- GP9 – Committee Chairperson's Role, October 2016*
- GP10 – Council Committee Principles, October 2016*
- GP11 – Cost of Governance, October 2016*
- GP13 – Confidentiality and Disclosure of College Information, October 2016*
- GP15 – Commitment to Strategic Planning, October 2016*
- GP17 – Elections and Appointments for Professional Members, October 2016*
- CRL1 – Global Council Registrar Linkage Policy, October 2016*
- CRL2 – Unity of Control, October 2016*
- CRL3 – Accountability of the Registrar, October 2016*
- CRL4 – Delegation to the Registrar, October 2016*
- Use of Evaluations of Committee Effectiveness, August 2016*

**CARRIED**

## **9.0 Business Arising**

### **9.1 Guide: *Child, Youth and Family Services Act, 2017* – Revised**

Sandra Carter explained that originally the Guide to the Child and Family Services Act, 1990 (CFSA) was issued in 2001, revised in 2012 and repealed in 2018 when the Child, Youth and Family Services Act, 2017 (CYFSA) came into effect. The Practice Issues Subcommittee (PISC) identified the review of the CFSA as a priority for the 2018-2019 workplan. Following extensive review by the Practice Issues Subcommittee and consultation obtained by legal counsel, the Guide has been revised and includes a title change, significant redrafting and changes to policy content to align with current legislation.

MOVED BY: Donna Barker

SECONDED BY: Heather McFarlane

***THAT Council approves the revised Guide: Child, Youth and Family Services Act, 2017 for publication, including today's changes***

**CARRIED**

## **10.0 Committee Reports**

### **10.1 Executive – Report by Julie Entwistle, Chair**

**10.1.1 Practice Issues Subcommittee** – Report by Donna Barker, Chair

**10.2 Registration** – Report by Jennifer Henderson, Chair

**10.3 Inquiries, Complaints & Reports** – Report by Teri Shackleton, Chair

**10.4 Discipline** – Report by Donna Barker, Chair

**10.5 Fitness to Practise** – Report by Patrick Hurteau, Chair

**10.6 Quality Assurance** – Report by Mary Egan, Chair

**10.7 Patient Relations** – Report by Jeannine Girard-Pearlman, Chair

**11.0 Round Table**

This item was added to the agenda. Council members provided various updates on changes in systems and information of interest that impact the practice of occupational therapy.

**12.0 Other Business**

**12.1 Council Meeting Evaluation**

Members were asked to complete the evaluation following the afternoon education session and to provide feedback on both the Council meeting and the education session. The Chair encouraged members to provide recommendations for future improvements.

**13.0 Next Meetings**

- Council Meeting: Tuesday, January 28, 2020, 9:00 a.m. – 3:30 p.m., at the College
- Council Meeting: Thursday, March 26, 2020, 9:00 a.m. – 4:00 p.m., at the College
- Council Meeting: Tuesday, June 23, 2020, 9:00 a.m. – 3:30 p.m., at the College

**14.0 Adjournment**

There being no further business, the meeting was adjourned at 11:43 p.m.

MOVED BY: Jeannine Girard-Pearlman

*THAT the meeting be adjourned.*

**CARRIED**



## REGISTRAR'S REPORT Council Meeting of January 28, 2020

### Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this January report will include policies categorized as "A" or Ends policies.

There are major changes recommended to the ends policies due to our strategic planning processes this year. The strategic planning working group has changed the title to Leadership Outcomes instead of Ends, to clarify the language and intent of the document. The Leadership Outcomes set the direction for staff to develop operational plans for the 2020-2023 years. This document is on the main Council agenda and Carolyn Everson, our strategic planning consultant will be on hand to assist with its review.

### Governance Process Policies

Policies that guided decisions during this period:

- GP 3 – Governing Style – The Annual Council Evaluation and Council Member Self-Evaluation are underway.
- GP14 – Council Evaluation has guided the discussion around the process for 2019
- GP15 – Commitment to Strategic Planning has guided the strategic planning process Council has embarked on to plan long term goals for 2020-2023
- GP17 – Elections and Appointment for Professional Members has guided the Elections process in Districts 2 and 4.
- RL5 – Financial Condition and Activities, and RL6 – Asset Protection, guided the process to renew the lease for the current premises.

### Registrar Limitation Policies

I am pleased to inform Council that I am not in contravention of any of the Registrar Limitation policies.

### For Your Information:

### **ENDS PRIORITY #1: CONFIDENCE IN OCCUPATIONAL THERAPY REGULATION**

### REGISTRATION PROGRAM

Registration has been busy processing new applications and transferring those who currently hold provisional to general registration after receiving the results of the National Occupational Therapy Certification Examination (NOTCE).

#### Between September 1, 2019 and November 30, 2019:

- Number of people who submitted applications – 176 (82 in September; 49 in October; 45 November)

As compared to Q2 2018-2019 - 146 (62 in September; 42 in October; 42 in November)

This number includes a mix of both provisional and general certificates. There has been an increase of 20.5% for the number of applications received in Q2 of 2019-2020 as compared to Q2 in 2018-2019.



- Number of provisional registrations issued – 184 (129 in September; 36 in October; 19 in November)

As compared to Q2 2018-2019 148 (95 in September; 31 in October; 22 in November)

There has been a 24.3% increase from the number of provisional registrations issued in Q2 of 2019-2020 as compared to Q2 in 2018-2019

The increase in Q2 is consistent with the overall growth of membership of 2% as seen in previous fiscal years.

## COMMUNICATIONS

Council nominations for elections in Districts 2 and 4 are currently open. Nominations close January 29. Voting runs February 19 – March 4, 2020. On November 19, Elinor Larney, College Registrar, and Donna Barker, Professional Academic Member of Council, hosted a webinar to answer questions about getting involved with professional regulation and becoming a Council member. A recording is available at <https://youtu.be/cnwZNgfOzWY>

The College continues to leverage social media to build awareness.

- On our LinkedIn platform, we're regularly sharing content and engaging with professionals interested in our work as a regulator of occupational therapy in Ontario. We have more than 400 new followers on the platform since February 2018. In the past year, the College gained 255 new followers (32% increase) and recently surpassed 1000 followers in December 2019. This recent growth was bolstered by increased engagement on the platform, as the College generated 50+ likes and 10+ shares over the month of December.
- A sponsored video campaign on Facebook ran from December 20, 2019 to January 3, 2020. This campaign promoted our "What to expect from your occupational therapist" video. The video reached 39,900 users, with 13,642 individuals watching the video for at least 10 seconds or longer.
- New videos and resources posted on our YouTube channel are promoted on our website, in newsletters, and via social media. Latest video additions include: 'How to Share a Concern or File a Complaint' and 'What to Expect from Your Occupational Therapist'. Both videos were developed in consultation with the Citizen Advisory Group.
- A reminder, our Facebook and Twitter handle is @CollegeofOTs. You can find us on LinkedIn and YouTube under "College of Occupational Therapists of Ontario".

## **ENDS PRIORITY #2: QUALITY PRACTICE BY OCCUPATIONAL THERAPISTS**

### QUALITY ASSURANCE PROGRAM

- The 2019 Self-Assessment (SA) and Prescribed Regulatory Education Program (PREP) were due on October 31
  - Final Compliance: **99%**
- Quality Assurance Committee met on January 8, 2020 to issue decisions for **17 non-compliance with annual QA requirements cases.**
- In December 2019, **30** registrants received letters notifying them of their requirement to participate in a peer and practice assessment by May 31, 2020 given they met the criteria of: clinical practice, registered with the College for at least five years and never previously participated in a competency assessment process
- The project vendor selected to deliver on the competency assessment project - The Brondesbury Group (TBG) - is progressing well with Phase 1 of the project:

- The vendor has conducted an extensive scan of the literature regarding risk-related characteristics and is beginning to synthesize this to inform development of the Extended Risk Register (the process for selecting OTs that participate in competency assessment each year).
  - An all-OT survey was developed to gain information about risks in practice; a focus group of 15 OT volunteers provided input into development of the survey
  - 720 OTs responded to the survey
  - Analysis of survey results has begun
- Once the Extended Risk Register and process for selecting OTs for competency assessment has been established, the project team will turn their focus to the competency assessment instrument or tool which will be used to identify gaps in OT competence.
- Development of the 2020 PREP: Managing Risks in Occupational Therapy Practice is well underway

### **PRACTICE RESOURCE PROGRAM**

The practice program launched a new interactive webinar series entitled “Conversations with the College”. These webinars will be delivered each quarter on topics most relevant to OT practice. Almost 300 sites/individuals attended the first webinar on the topic of OTs and Psychotherapy. As a follow up we prepared a frequently asked question resource and have that posted this on the website for reference.

- Two McMaster University students on a remote placement within the practice resource service for the winter/spring period. They will be reviewing how practice data is captured, conduct an analysis of the inquiries and suggest future recommendations for registrant training and education options.
- The practice team is mapping the detailed process of developing and/or revising a practice document e.g., Standard of Practice, Guideline. Once complete this process will be used to inform an electronic tracking system to guide future document development.
- Educational outreach engagements in the fall included:
  - McMaster University
  - Ottawa University
  - Niagara College
  - Queens University

### **INVESTIGATIONS AND RESOLUTIONS PROGRAM (I&R)**

- In November 2019, I&R began the College’s annual professional liability insurance audit to ensure that all registrants have complied with the College’s insurance requirements for 2019-2020. The College must ensure that OTs hold adequate professional liability insurance as it is an important aspect of public protection.
- Maintaining professional liability insurance that meets the coverage requirements set out in the College bylaws is a mandatory requirement of registration for all OTs, regardless of their practice area or practice status. Professional liability insurance helps protect clients and the OTs who serve them by ensuring there is a means of compensation available for any client who sustains a loss or injury as a result of the occupational therapy service delivered.
- In addition to purchasing new insurance prior to their preceding policy’s expiration date (to avoid a lapse in coverage occurring), OTs are required to report their updated insurance information to the

College within 30 days of a change occurring. The insurance renewal period generally takes place in October of each year.

- Registrants' compliance with insurance requirements following the 2018/2019 and 2019/2020 insurance renewal periods is summarized below:

#### **2018/2019 Insurance Renewal Period**

In 2019, the College took follow-up action against approximately 78 OTs who incurred a lapse in coverage and/or failed to report their updated insurance information within the 30-day timeline to do so. Seven of these OTs were revoked for failing to provide proof of insurance. Seven OTs were repeat offenders and were non-compliant with insurance requirements on a previous occasion.

#### **2019/2020 Insurance Renewal Period**

Following the 2019/2020 insurance renewal period, 87 OTs were identified as having incurred a lapse in coverage and/or having failed to report their updated insurance information within the 30-day timeline to do so. Nine of these OTs were repeat offenders.

An additional 6 OTs are still being investigated to determine if they incurred a lapse and/or failed to report their updated information within the 30-day timeline to do so.

Less than 1.5% of registrants have been non-complaint with the College's insurance requirements in the past two years.

### **ENDS PRIORITY #3: SYSTEM IMPACT THROUGH COLLABORATION**

#### **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**

- CORECOM - ACOTRO has engaged with the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP) to work together towards developing one set of competencies for the profession. The three organizations form the Steering Committee for the project. The project has now received its funding, engaged a project manager, and has contracted with a vendor named CamProf to lead the development of the competency document. The steering committee work is well underway, and meetings are conducted regularly with the steering committee to oversee the work. Selected OTs from across the country have formed a working group and are working with the vendor. We expect that there will be much consultation required from all OTs in the country.
- Ministry of Health in British Columbia. ACOTRO prepared a letter outlining the implications to national OT regulatory endeavors, of a proposed amalgamation of colleges, including the College of Occupational Therapists in BC (COTBC). There is an anticipated negative effect on the national Substantial Equivalency Assessment System (SEAS), exam agreements, and other collaboratives projects such as the CORECOM project. It is hoped that this can be taken into account prior to finalizing any plans and processes for BC that involve COTBC.
- An ACOTRO board meeting is planned for February 2020.

#### **Federation of Health Regulatory Colleges of Ontario (FHRCO)**

- The Federation has changed their name to the Health Profession Regulators of Ontario (HPRO)
- HPRO has been focused on collaborative initiatives to enhance regulatory practices. No decisions have been made yet on the actual initiatives.

### **Ministry of Health (MOH)**

- Psychotherapy – The College received word from the Ministry of Health at the end of December 2019, that the regulation for OTs performing the controlled act of psychotherapy is now in force. See the letter in your FYI package.
- The Ministry has been working on an initiative to develop performance measurement indicators for all health colleges. Heather Binkle has been part of this working group on behalf of the College. No decisions have been made yet on what the final measurement indicators will be, however, it is understood that the Ministry staff will be finalizing the indicators early this winter.
- On December 12, the Ontario Government passed Bill 116, Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019. The bill seeks to establish and maintain, within Ontario Health, a Mental Health and Addictions Centre of Excellence, the purpose being to lay a foundation to support a mental health and addictions strategy in Ontario.
- The government sees this as an important step in recognizing that mental health and addictions care is a core component of an integrated health care system.
- This may impact OTs coming at a time when the College regulation on the controlled act of psychotherapy has just been approved by the government. As such, the OTs are more likely to become increasingly involved in providing services in mental health field.

### **Financial Service Regulatory Authority (FSRA)**

- Our College, along with other related colleges, continue to have positive conversations with FSRA to understand each other's roles with a goal to positively impact the system in which OTs provide services. FSRA replaces the previous FSCO (Financial Services Commission of Ontario).

### **Canadian National Association of Regulators (CNAR)**

- Several staff, as well as Julie Entwistle, Council President, attended this national regulatory conference. This conference brings together regulators from across Canada as well as internationally to discuss trends, advancements and best practices in the world of regulation. A general theme was on governance and the models of regulation that are increasingly under scrutiny.

## **ENDS PRIORITY #4: EFFECTIVE FINANCIAL, ORGANIZATIONAL AND GOVERNANCE PRACTICES**

### **2019-2020 Operational Planning**

- The second quarter of the year has passed, and an update will be presented at Council on the status of initiatives.
- The College is in the final year of the current strategic plan, and staff are looking forward to the strategic planning discussions that will inform our 2020-2023 operational plan.

### **College Operations**

- Our renovation plans are well underway. Currently the process to select the general contractor is almost complete and we expect construction to start at the beginning of February.

### **Staffing Update**

- Karina Guerra has joined the staff as an associate in the Registration Program.

See you at the meeting! Elinor



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
**Subject:** Priority Performance Report – Q2 (September 1, 2019 – November 30, 2019)

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Page 1 of 1

### Recommendation

*THAT Council receives the Priority Performance Report for the second quarter of 2019-2020.*

### Background

Council is presented with quarterly data in alignment with the 2017-2020 strategic directions outlined in the Ends policies. The data reflects performance for the second quarter (Q2) of the fiscal year, June 1, 2019 – May 31, 2020.

The overall indicators will remain the same until the end of Q4 for the duration of the current strategic priorities. As the strategic priorities are confirmed at this meeting for 2020-2023, work will begin in Q3 to develop the report, for the next strategic priority reporting period beginning Q1 FY 2020-2021.

Executive is asked to note the increase in website traffic on page 1 and page 5:

Indicator	Q1	Q2	% increase
Total # of coto.org website visits	30,137	62,375	107%
Average # of website users/month	5,977	10,761	80%
Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)	3,802	10,069	164%

This increase is attributed to registrants accessing the site:

- to complete the required prescribed regulatory education program (PREP) and accessing the standards, guidelines and other resources to complete that in October,
- to view newly created video content,
- to view resources related to the psychotherapy webinar in November.

### Discussion

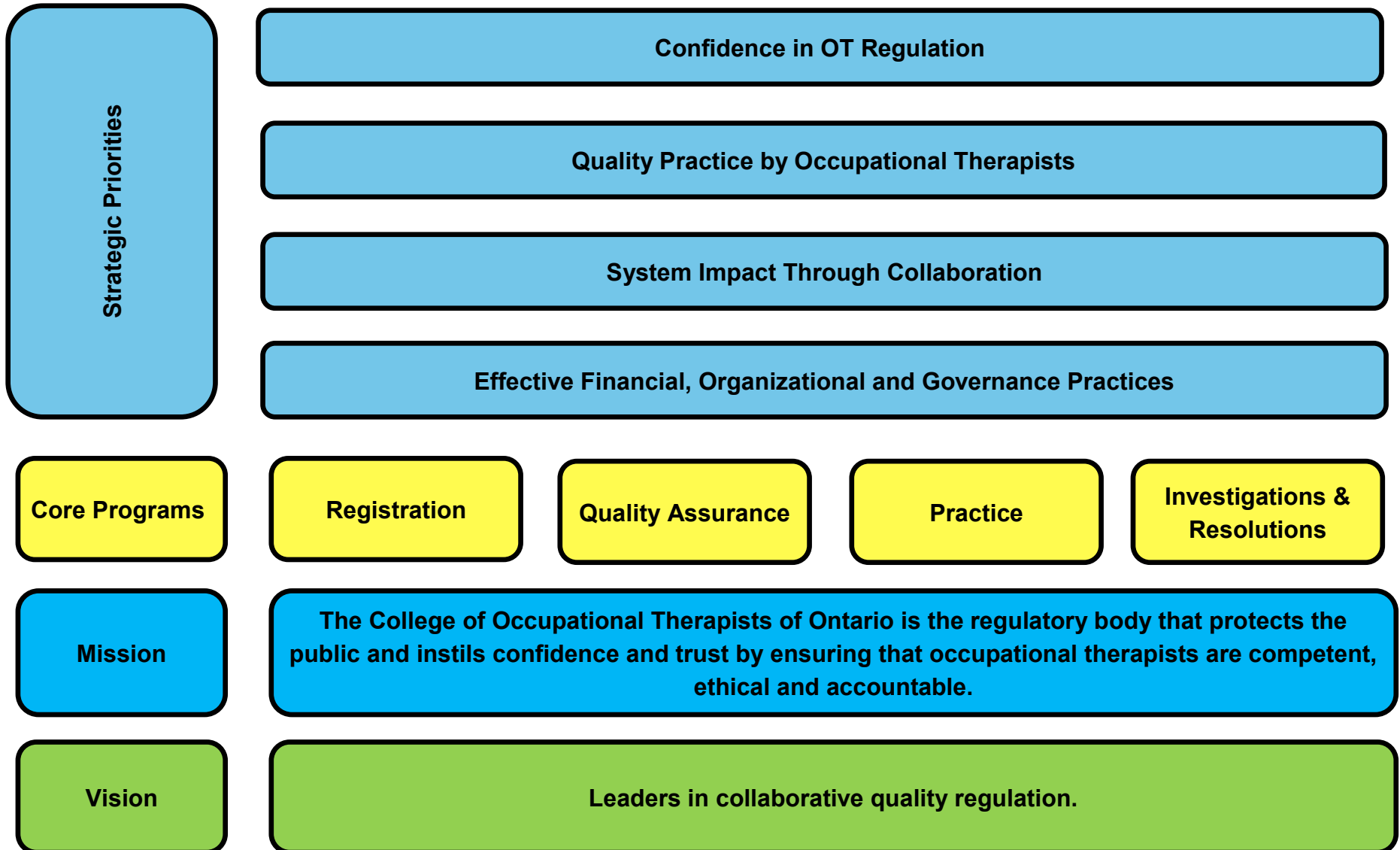
Council is invited to ask questions and provide comments on the Priority Performance Report.

### Attachment

1. Strategic Priority Performance Report – Q2 (September 1, 2019 – November 30, 2019)



## Strategic Framework 2020





**Priority Performance Report 2019-2020**  
Q2 September 1, 2019 - November 30, 2019

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q2	FY18-19 YTD	
Registrant Demographics	Registrant Demographics	Total number of active registrants	N/A	6125	6352			N/A	6135	N/A	As of November 30, 2019
		% of registrants in clinical practice	N/A	74%	73%			N/A	75%	N/A	<b>4615</b> registrants as of Nov 30, 2019
		% of registrants in mixed practice	N/A	14%	14%			N/A	14%	N/A	<b>868</b> registrants as of Nov 30, 2019
		% of registrants in non-clinical practice	N/A	8%	8%			N/A	8%	N/A	<b>528</b> registrants as of Nov 30, 2019
		% self-employed registrants	N/A	25%	24%			N/A	25%	N/A	<b>1532</b> registrants as of Nov 30, 2019
Confidence in OT Regulation	The public trusts occupational therapy regulation.	Total # of general information queries	N/A	414	651			1,065	595	952	<b>363</b> calls to zero line and <b>288</b> emails to info@coto.org
		% general information queries from members of the public	N/A	64%	36%			50%	41%	45%	<b>232/651</b> queries were received from non-registrants, applicants and individuals who did not verify their status.
		Total # of Practice Resource Service queries	N/A	294	405			699	350	683	<b>405</b> Total Practice calls and emails for Q2 2019-2020 including <b>29</b> questions from Psychotherapy Webinar Q&A
		% queries to the Practice Resource Service from members of the public	N/A	22%	14%			18%	15%	15%	<b>57/405</b> queries from non-registrants for Q1 2019-2020
		Average # of visits to the public register/month	N/A	8,295	9,774			9,034	8,011	7829	<b>29,321</b> is the total number of visits to the public register over Q2 2019-2020, average is <b>9,774</b> per month
		Average # of unique visits to the public register/month	N/A	3,507	4,362			3,934	3,597	4361	<b>13,085</b> is the total number of unique visits to the public register over Q2 2019-2020, average is <b>4,362</b> per month
		Total # of coto.org website visits	N/A	30,137	62,375			92,512	33,695	60,330	Total number of visits to coto.org over the quarter
		Average # of website users/month	N/A	5,977	10,761			8,369	8696	6910	Average number of visits to coto.org per month

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q2	FY18-19 YTD	
	The College's input to government priorities and legislative initiatives is valued.	Total # of Consultation Submissions	N/A	0	0			0	1	2	No formal consultation submissions completed
	Stakeholders understand the role of the College and its value.	# Education/Outreach Sessions Offered	N/A	3	6			9	10	11	Education and outreach sessions provided to: University of Ottawa, Queen's University, Zoomer Show, Niagara College, Psychotherapy Webinar, and McMaster University



Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q2	FY18-19 YTD	
Confidence in OT Regulation	College decision-making processes are open, transparent, and accountable.	# of Registration Committee decisions appealed to HPARB	N/A	0	0			0	1	1	
		% of Registration Committee decisions upheld by HPARB	100%	N/A	N/A			N/A	100%	100%	Q4 2018-2019 appeals are in process
		# of applications reviewed by Registration Committee	N/A	2	3			5	4	4	Including one case to impose TCLs on a Temporary Certificate
		Registration Statutory timelines are met	100%	100%	100%			100%	100%	N/A	3 of 3 sent
		# of ICRC Decisions appealed to HPARB	N/A	1	2			3	0	0	
		% of ICRC Decisions upheld by HPARB	100%	N/A	N/A			N/A	N/A	N/A	No HPARB decisions returned during Q2. Appeals from Q1 + Q2 in process
		# of complaints received	N/A	4	7			11	9	16	
		# of Registrar's investigations initiated	N/A	4	6			10	5	12	Includes 3 mandatory reports
		ICRC 14 day acknowledgement notification timeline met	100%	100%	100%			100%	100%	100%	2 of 2 sent
		ICRC 150 day delay notifications sent to registrants and complainants by required date	100%	100%	100%			100%	100%	100%	5 of 5 sent
			90-99%								
			<90%								
*Percentage of Registrants with incomplete QA requirements for 2019 and brought to QAC for review	N/A	<0.1%	N/A			<0.1%	<0.5%	<0.5%	Non-Compliance case files will be brought to QAC in January 2020: To be reported on in Q3 *Indicator language modified to reflect all QA requirements independent of due date		
# of Step 2 OTs issued a SCERP by QAC	N/A	1	0			1	0	0			
QA statutory timelines are met	100%	100%	N/A			100%	N/A	100%	No decisions made by the QAC in Q2		

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments		
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q2	FY18-19 YTD			
Quality Practice by Occupational Therapists	Occupational Therapists are accountable for quality, safety, and ethics in practice – <b>OTs are competent.</b>	Registrant compliance with completion of mandatory 2019 QA requirements (Self-Assessment, PD Plan, PREP)	100%	N/A	99%			N/A	99%	99%	PD Plan is not included in this number as it's due in May 2020. Compliance is 99% for 2019 SA and PREP (6004/6057 for PREP and 3425/3474 for SA)		
			90-99%										
			<90%										
		% registrant compliance with updating liability insurance information within 30 days of the scheduled expiry date.	100%	N/A	98%			N/A	99%	100%		112/6328 registrants at November 1, 2019 failed to update insurance information within 30days of expiry date	
			90-99%										
			<90										
	# of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).	N/A	0	1				1	3	An OT was also issued an undertaking to never re-apply to the College. As this is a separate type of undertaking than the one prescribed by this indicator, it is not reflected in this number			
	Occupational Therapists are accountable for quality, safety and ethics in practice – <b>OTs understand and apply professional standards and ethical reasoning .</b>	% of queries to the Practice Resource Service from OTs	N/A	78%	86%			82%	85%		85%	348/405 queries received from OTs including 29 Psychotherapy Webinar questions	
		% of general information queries from OTs	N/A	36%	63%			49%	60%		53%		409/651 general information queries from OTs
		Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)	N/A	3,802	10,069			13,871	3,999		6,020		
		# of new and returning applicant "Practising Without Authority" cases (per quarter)	0-1	0	2			2	1	2	1 applicant and 1 reported non-OT individual received from a member of public		
	2												
	>3												
The College engages OTs to advance quality, ethical practice.	% Practice Resources circulated for stakeholder feedback (standards, guidelines)	100%	N/A	N/A			N/A	100%	100%	No resources circulated for consultation in Q2			
	Response Rates to College Consultations	N/A	N/A	N/A			N/A	96	N/A	No consultations this quarter			
	Open Rate on College enewsletter	70%	60%	86%			73%	76%	73%	2 newsletter eblasts in this quarter for the months of September and October.			
		>55%											
		40-54%											
		<40											

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q2	FY18-19 YTD	
	The College engages OTs to advance quality, ethical practice.	Click through rate on College newsletter	TBD	20%	18%			19%	30%	26%	2 <b>newsletter</b> eblasts in this quarter for the months of September and October.
		# of Views of relevant YouTube Videos	N/A	438	2300			2738	2315	2986	Total views of all College YouTube videos. 65.1 watch time hours. An increase of 28 subscribers. (PREP)
	Professional standards reflect evolving practice.	% of practice standards that are current and comply with the Framework for College publications.	90-100%	75%	75%			75%	77%	76%	24 practice service documents in total; 18 are up to date according to College publication standards. Number of documents exceeding College publication standards: 2 Standards over 5 years; 1 Position statement over 3 years; 2 Guidelines over 4 years; 1 Guide being updated due to legislation change
			70-89%								
<69%											
System Impact Through Collaboration	The College is recognized as a regulatory leader.	# of Presentations delivered to external stakeholders	N/A	3	0			3	4	4	
	The public contributes to College decision-making.	# of key issues brought to the attention of the public and feedback sought – public input to key decisions.	N/A	0	0			0	0	1	
	Collaboration with stakeholders supports the College's effectiveness and influence as a regulator.	% of College management team actively collaborating with external stakeholders on shared initiatives.	90-100%	100%	100%			100%	100%	100%	
			70-89%								
			<70%								
	Collaboration promotes systems alignment to support quality practice by occupational therapists.	# of formal interactions with system partners	N/A	9	6			15	1	1	HPRO; CoreCom; ACOTRO; ORAC; FSRA, MOH CPMF Engagement with each system partner counted once only.
		# of queries received from employers (general information and practice)	N/A	7	16			23	14	24	10 general information and 6 practice queries from employers
# of mandatory reports received from employers (competence, capacity)		N/A	2	2			4	0	0		

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q2	FY18-19 YTD	
		# of mandatory privacy breach reports received from health information custodians (HICs)	N/A	0	0			0	0	0	

Acronym	Full Name
ACOTRO	Association of Canadian Occupational Therapy Regulatory Organizations
CAG	Citizen's Advisory Group
CAOT	Canadian Association of Occupational Therapist
CORECOM	One Competency Document for Occupational Therapists in Canada (Project)
CPMF	College Performance Measurement Framework (Working Group)
CPO	College of Psychologists of Ontario
CRPO	College of Registered Psychotherapists of Ontario
FHRCO	Federation of Health Regulatory Colleges of Ontario
FSRA	Financial Services Regulatory Authority
FY	Fiscal Year
HIC	Health Information Custodians
HPARB	Health Professions Appeal and Review Board
HPRO	Health Professionals Regulatory Organizations
ICRC	Inquiries, Complaints, and Reports Committee
MOF	Ontario Ministry of Finance
MOH	Ontario Ministry of Health
OCSSW	Ontario College of Social Workers and Social Service Workers
OFC	The Office of the Fairness Commissioner
ORAC	Ontario Regulators for Access Consortium
OSOT	Ontario Society of Occupational Therapists
OT	Occupational Therapist
OTA	Occupational Therapist Assitants
OTOC	Occupational Therapy Ontario Collaborative
PD Plan	Professional Development Plan
PREP	Prescribed Regulatory Education Program
PT	Physiotherapists
PTA	Physiotherapist Assistant
Q	Quarter
QA	Quality Assurance
QAC	Quality Assurance Committee
SCERP	Specified Continuing Education or Remediation Programs



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
**Subject:** Risk Management

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Page 1 of 5

### **Recommendation**

*THAT Council receives the risk management report.*

### **Issue**

Council in its policy RL12, requires that information on risks, to aid Council in discharging its risk management oversight role, shall not be incomplete or inappropriate. Council has delegated the oversight of the Risk Management Program to the Executive Committee, who has reviewed the report and recommends Council receive the current report.

The full risk register is reviewed and updated quarterly by the College. The following are the high or critical risks that have been identified by staff and reviewed by Executive.

### **Discussion**

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

Risk Category	STRATEGIC
<p><b>Risk #1</b></p>	<p>Council not properly constituted due to lack of public appointments, or minimum number of public appointments causing high workload for existing public members.</p> <p>Council is currently constituted and operating with the minimum numbers of public members (5/7 members). There continues to be a potential risk that the public members will not be able to fulfill the additional committee responsibilities and quorum for committee decisions may not be met.</p> <p>As of March 2020, 2 public members terms will be ending and in May 2020, 1 public member term will end. This creates a new potential risk that the public members will not be able to fulfill the additional committee responsibilities and quorum for committee decisions may not be met.</p>
<p><b>Control Procedure(s)</b></p>	<p>Public members are appointed to multiple statutory committees to ensure quorum</p>
<p><b>Action Plan &amp; Monitoring Process</b></p>	<p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Continue to proactively liaise with public appointment's office to facilitate the appointments process.</li> </ol>
<p><b>Risk #2</b></p>	<p>Regulatory Modernization – Unknown significant changes to College operations and mandate.</p>
<p><b>Control Procedure(s)</b></p>	<ol style="list-style-type: none"> <li>1. Membership with Health Profession Regulators of Ontario (HPRO)</li> <li>2. Strategic Planning</li> <li>3. Government consultation in strategic planning process</li> <li>4. Government priorities presented to Council</li> <li>5. Capitalizing on consultation opportunities</li> <li>6. Establishing and sustaining positive government relationships</li> </ol>
<p><b>Action Plan &amp; Monitoring Process</b></p>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. HPRO meetings and working group participation</li> <li>2. Ministry updates</li> <li>3. College networking updates</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Monitor actions in BC following Cayton report</li> <li>2. Internal College Governance working group started in April 2019</li> <li>3. College Performance Measurement Framework to be implemented as per MOH timelines.</li> </ol>

Risk Category	STAKEHOLDERS
<b>Risk #1</b>	Lack of awareness, understanding or trust of the regulation of OTs by the public
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Identified as a strategic priority</li> <li>2. Active involvement in HPRO</li> <li>3. Promotion of Ontario Health Regulators (OHR) website.</li> <li>4. HPRO public awareness campaign</li> <li>5. Plain language content regarding how the College protects the public</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. Effectiveness of Ontario Health Regulators public awareness campaign</li> <li>2. Metrics and media scanning</li> <li>3. Monitoring of political messages</li> <li>4. Environmental scanning</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Strategic planning objectives – public communication objective</li> <li>2. Partnership with Citizen Advisory Group to gain patient perspective and ensure effective messaging (most recent consultation - August 2019 regarding upcoming planning for COTO strategic priorities)</li> <li>3. Incorporation of metrics to demonstrate value and impact of regulation</li> <li>4. Website refinement</li> <li>5. COTO public engagement campaign – social media, videos</li> <li>6. Outreach activities i.e. Google ads, Zoomer show and targeted Zoomer publications.</li> <li>7. Targeted outreach to employers to promote partnerships with the College to ensure safe, effective OT services</li> </ol>



Risk Category	QUALITY
<b>Risk #1</b>	OTs with competency deficits may be continuing to practice, unchecked by the College, as the Quality Assurance (QA) program is undergoing redesign.
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Competency enhancement (mandatory tools) in place for all OTs (Prescribed Regulatory Education Program (PREP), self-assessment and professional development plan)</li> <li>2. Monitoring of compliance metrics (MyQA) with mandatory QA tools</li> <li>3. Peer assessment process in place for deferred and follow-up cases</li> <li>4. Liability insurance requirements for all OTs</li> <li>5. Complaints mechanism in place</li> <li>6. QA program redesign project underway: Phase 1 is to redesign the competency assessment process, moving to a more risk-based approach. External project manager contracted to support successful implementation</li> <li>7. Interim competency assessment process initiated for 2019-2020</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. Bi-monthly review of program redesign progress and approval by Quality Assurance Committee</li> <li>2. Quarterly registrar report</li> <li>3. Priority Performance Report</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Project plan outlining steps required to redesign QA program</li> <li>2. Project plan well underway to identify and recommend a future competency assessment process</li> <li>3. Collaboration with key stakeholders on relevant current QA programming initiatives</li> </ol>

Risk Category	OPERATIONAL
<p><b>Risk #1</b></p>	<p>Current information systems/IT infrastructure not meeting the growing organizational needs.</p> <p>NOTE: Risk level changed from HIGH residual risk to MODERATE (9 Dec 2019)</p> <p><b>Moving forward will remove this risk from report.</b></p>
<p><b>Control Procedure(s)</b></p>	<ol style="list-style-type: none"> <li>1. Dedicated resources for IT operations</li> <li>2. External vendors providing support</li> <li>3. Contracts with vendors with service level agreements</li> <li>4. Security audit completed. Priority actions resolved</li> </ol>
<p><b>Action Plan &amp; Monitoring Process</b></p>	<p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Enterprise wide system review planned for the 2019-2020 fiscal year. External project manager contracted and work progressing according to plan</li> <li>2. Ongoing financial reserves created for development and maintenance of this critical College infrastructure</li> </ol>
<p><b>Risk #2</b></p>	<p>College human resources needs exceed existing space</p> <p>NOTE: Risk level changed from HIGH residual risk to MODERATE (9 Dec 2019)</p> <p><b>Moving forward will remove this risk from report.</b></p>
<p><b>Control Procedure(s)</b></p>	<p>Renovation plan underway to address space needs</p>
<p><b>Action Plan &amp; Monitoring Process</b></p>	<p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Renovation plan underway</li> </ol>



## FINANCIAL REPORT

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**Date:** January 28, 2020  
**To:** Council  
**From:** Nabila Mohammed, Director, Finance and Corporate Services  
**Subject:** Q2 Financial Report (June to November 2019)

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Page 1 of 5

### Recommendation

*THAT Council receives the November 2019 Financial Report, Statement of Financial Position, and Statement of Operations, as presented.*

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of statutory remittances and filings;
3. Financial Statements:
  - **Statement of Financial Position** as at November 30, 2019;
  - **Statement of Operations** for the period June 1, 2019 to November 30, 2019;

### HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

*(Please refer to the attached Statement of Financial Position as at November 30, 2019)*

For interim financial reports prepared throughout the year, the short-term marketable securities balance will not align with the monthly BMO Investment Reports as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end only. Variances to prior year reflect a combination of additional investments made into our portfolio during Q2 to Q4 in FY18/19.

Deferred Revenue consists of funds that cannot be recognized as income until later in the fiscal year. It represents annual renewal fees collected in FY18/19 for FY19/20. These funds are applied monthly at the rate of approximately \$331,500 per month. The current balance in Deferred Revenue will be recognized as revenue over the remaining fiscal year. All other fees collected since June 1, 2019 will be recognized as revenue as it is received during the current fiscal year.

The HST payable balance of \$(23,173) represents the amount of HST collected on revenue for the quarter less HST paid to suppliers for the purchase of goods and services. This is in a refund position for Q2. The second quarter return has been filed.

The 'Net Assets' section of the Statement of Financial Position reflects the net surplus of \$467,394 for the period June 1, 2019 to November 30, 2019.

**HIGHLIGHTS OF STATEMENT OF OPERATIONS**

*(Please refer to the attached Statement of Operations for the period of June 1, 2019 to November 30, 2019)*

The net surplus of revenues over expenses for the six months ending November 30, 2019 was \$467,394. The budget had projected a surplus of \$78,324 for the same period. This means that the Q2 results are approximately \$389,070 favourable to budget, however it is important to note that expenses have picked up since Q1.

The major items making up this favourable variance to budget are noted below:

- Revenue has exceeded budget by \$77,500, which is a 4% increase.
- Salaries and benefits are favourable to budget by \$129,400, which is due to various factors:
  - There was a delay in hiring the Executive Assistant, Deputy Registrar. This role was filled at the end of September 2019 instead of July 2019 as planned.
  - There were two vacancies which provided cost savings greater than anticipated for the period. These included an Associate, Investigations and Resolutions and the Senior Manager, Registration and Information Systems. The College onboarded two Associate, Investigations and Resolutions staff in August 2019 and a new Manager, Registration in October 2019.
  - A reversal of the year end vacation accrual has also caused the salaries and benefits expenses to be lower than budgeted.
- Program expenses are favourable to budget by \$103,000 due to:
  - The reversal of the year end Investigations and Resolutions accrual.
  - The vacancy in the Registration program has caused program expenses to be lower than expected. Also, an independent medical exam was budgeted for, which did not occur.
  - The timing of peer assessments in Quality Assurance. Those who have been selected for an assessment have been notified and it is expected that the majority of peer assessments will be completed by the end of the fiscal year.
- Operational initiatives are favourable to budget by \$63,000 due to:
  - The QA Continuing Competency project which started a month after planned. In addition, there was a shift in the timing of project deliverables for this initiative which contributed to this variance. It is expected that the full project budget will be spent by the end of the fiscal year.
  - A delay in the Enterprise Wide Systems project commencing. This was due to the departure of the Senior Manager, Registration and Information Systems. Work on this project commenced in September 2019 and has been progressing well. Through the work completed in this project to date, it was determined that the separately planned Document Management project would be best if rolled into the Enterprise Systems project. It is anticipated that this project will be under budget by the end of the fiscal year.
  - The Communications Video Series project which will not be completed this fiscal year. This is due to staff turnover and other priorities that have come up to date.

- Communications expenses are \$30,000 lower than plan due to the timing of website improvements and content development projects. It is expected that we will be caught up with these expenses by the end of the fiscal year.
- Depreciation is favourable to budget by \$18,600 due to a delay in the planned renovation.

### HIGHLIGHTS OF STATEMENT OF RESERVES

*(Please refer to the attached Statement of Reserves as of November 30, 2019)*

In addition to expenses incurred during the regular course of operations, certain expenditures are made against the designated reserves funds in accordance with approved Council Guidelines for Establishing and Maintaining Reserve Funds. To date, the only impact is to the amount invested in fixed assets, which reflects the net of additions and accumulated amortization.

### STATUTORY REMITTANCES AND FILINGS

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

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Council per diems	Monthly	Up to date
Remittance of Employer Health Tax	Remittance for fiscal year is a set 1.95% of calendar year payroll over \$490,000.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly	Up to date, HST return filed up to November 30, 2019.  Next filing due March 31, 2020 for the period December 1, 2019 to February 29, 2020.
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date, filed February 2019 for the year ended December 31, 2018.
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2019	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2019.	Up to date

**College of Occupational Therapists of Ontario**  
**STATEMENT OF FINANCIAL POSITION**  
**As of November 30, 2019**

	30-Nov-19 \$	30-Nov-18 \$
<b>ASSETS</b>		
Current Assets		
Cash	2,200,165	3,131,947
Short-term marketable securities	4,191,334	2,785,531
Accounts receivable and prepaid expenses	14,836	45,564
Total Current Assets	6,406,336	5,963,042
Property and equipment, net of accumulated amortization	88,827	154,865
<b>TOTAL ASSETS</b>	<b>\$6,495,163</b>	<b>\$6,117,906</b>
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable and accrued liabilities	126,703	162,357
HST payable	(23,173)	(717)
Deferred revenue	1,988,728	1,949,800
Total Current Liabilities	2,092,257	2,111,439
Total Liabilities	2,092,257	2,111,439
<b>NET ASSETS</b>		
Reserve Funds	2,883,000	2,456,212
Invested in Fixed Assets	88,827	154,865
Unrestricted	963,684	839,415
Net income for the period	467,394	555,976
Total Net Assets	4,402,906	4,006,467
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$6,495,163</b>	<b>\$6,117,906</b>

**College of Occupational Therapists of Ontario**  
**STATEMENT OF OPERATIONS**  
**June 2019 through November 2019**

	Actual YTD for 6 months ended November 2019 \$	6 Months Budget FY19/20 \$	Variance %
<b>REVENUES</b>			
Registration Fees	2,176,611	2,196,000	-1%
Application Fees	60,400		100%
Professional Corporation Fees	11,250		100%
Interest Income & Other Income	25,221		100%
<b>TOTAL REVENUES</b>	<b>2,273,483</b>	<b>2,196,000</b>	<b>4%</b>
<b>EXPENSES</b>			
Salaries and Benefits	1,176,452	1,305,872	10%
Programs	35,086	138,102	75%
Communications	27,144	62,330	56%
Council	89,904	99,582	10%
Rent	143,467	145,200	1%
Information Technology	75,349	68,595	-10%
Other Office Operations	98,451	82,517	-19%
Operational Initiatives	81,302	144,352	44%
Professional Fees	53,909	27,500	-96%
Depreciation	25,024	43,626	43%
<b>TOTAL EXPENSES</b>	<b>1,806,089</b>	<b>2,117,676</b>	<b>15%</b>
<b>SURPLUS (DEFICIT)</b>	<b>467,394</b>	<b>78,324</b>	

<b>STATEMENT OF RESERVE FUNDS</b>			
	Opening Balance Jun 1, 2019	Spent to Date/Change	Closing Balance Nov 30, 2019
Hearings Fund	\$ 350,000	\$ -	350,000
Sexual Abuse Therapy Fund	18,000	-	18,000
Contingency Fund	1,590,000	-	1,590,000
Premises Fund	800,000	-	800,000
Invested in Fixed Assets	104,816	(15,989)	88,827
Enterprise Wide Systems	125,000	-	125,000
Unrestricted	947,695	15,989	963,684
Surplus (Deficit) for the Period		467,394	467,394
<b>TOTAL RESERVES</b>	<b>\$3,935,511</b>	<b>\$ 467,394</b>	<b>\$ 4,402,905</b>



## MEMO

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**Date:** January 28, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
Nabila Mohammed, Director, Finance and Corporate Services  
Executive Committee  
**Subject:** Lease Update

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Page 1 of 2

### Background

In the October 24, 2019 Council meeting the Executive Committee was delegated the authority to negotiate the lease for the existing premises at 20 Bay Street. The existing building is one of three buildings known collectively as the WaterPark Place.

Current vacancy rates within the Oxford portfolio are at 3% and the vacancy rate in the financial core for A class buildings is 2.8%. This means the market is very tight and options for relocation are very limited. Given this information, the Executive Committee advised to secure the existing premises for as long as possible.

Devencore Realities Corporation Canada Limited, Brokerage was engaged to manage the negotiation process on behalf of the College. Additionally, legal expertise in corporate real estate law from WeirFoulds LLP was engaged throughout the process.

There were multiple rounds of negotiations and on November 14, 2019 the Executive Committee approved the final negotiated proposal. Once the terms of the proposal were accepted the lease negotiations began. The College entered a newly executed lease on December 23, 2019. This lease was signed by Julie Entwistle, President and Elinor Larney, Registrar on behalf of the College. The new lease term is from January 1, 2020 to September 30, 2033.

### Overview of the Executed Lease

The Lease is based on the Landlord's standard form, as well as the terms set out in the Proposal to Amend and Extend Lease approved November 14, 2019. We have had the opportunity to negotiate some changes from the Landlord's standard form of lease, which are to the College's benefit.

The lease negotiated with Oxford added an additional ten years to the end of the College's existing lease. This means the current premises of the College has been secured until September 30, 2033. It is important to note that the College has the option to sublet the existing space if organizational needs change before the end of the lease.



In the approved lease, there will be a new rent per square foot rate effective January 1, 2020. The College was able to negotiate a blended rate for the remaining term of the old lease, which would have expired on September 30, 2023. This blended rate smooths the increase in rent per square foot over the life of the new lease instead of causing a significant increase on October 1, 2023. As a result, on average, the increase to the College's annual rent expense will increase by approximately 17% to the end of the initial term. The rates negotiated for all future years are competitive with current market rates.

The WaterPark Place has achieved LEED Platinum for Existing Buildings: Operations & Maintenance certification by the Canada Green Building Council (CaGBC) This means that our building has entered the top 8% of buildings in Canada which have the same designation. As such, the new lease also includes sustainability standards and protocols which includes requirements for the College to abide by in order to support this certification standard.



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Governance Working Group  
**Subject:** COTO Governance Review

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Page 1 of 13

### Issue

- Council is asked whether it supports the Governance Working Group's (GWG) recommendations for governance reform that require legislative and non-legislative changes.

### Public Interest in this Issue

- Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system through transparency and accountability.

### Background

- The College, along with other health regulatory colleges, have been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes.
- There is considerable value in aligning with other colleges who are considering governance modernization. Because the governance work completed by the College of Nurses is comprehensive and thorough, other Colleges such as the College of Physicians and Surgeons and the College of Pharmacists have made submissions to government in support of governance modernization and reform.
- In March 2019, Council established a GWG to examine the governance structure and processes at the College and a governance consultant was retained to assist with this review.
- GWG meetings were held with the consultant in the spring and summer which culminated with an agreement on the recommendations which were presented in an education session to Council in October 2019.
- In January 2020 the GWG met to understand best practices in governance, to review literature reviews and trends in regulatory governance as well as understand the mechanics of other governance models. The GWG committed to refining the recommendations and bringing them back to January Council for decision.

### Literature Review

- Research on board best practices supports a small governing board made up of an equal number of public and professional members, with all members having the skillset required to support the function of the board, and separation of board and statutory committees.

- Literature indicates that this structure aligns with best practice governance principles, meets the changing expectations of society and strengthens the ability of the College to protect the public.
- A high-level overview of some of the research as well as the results of governance reviews by other regulatory organizations were considered by the GWG. Many of these studies were conducted by international leaders in governance (Appendix 1).

## Discussion

- The size and composition of Council as well as the requirements for the Inquiries, Complaints and Reports and Discipline Committees are set in the Occupational Therapy Act, *Regulated Health Professions Act* (RHPA) and the Procedural Code. Most of the significant structural changes require support from government in that they require legislative or regulatory change.
- Where flexibility allows within the current legislative framework, changes can be made to advance the governance reform and implement best practices for which direction from Council is needed.
- Considering the consultant's recommendations presented at the October education session, along with the literature on broad best practices and trends in regulatory governance, Council will be considering the following key concepts on governance and is asked whether it supports the recommendations of the GWG that require both legislative and non-legislative changes. Key governance concepts include:
  1. Council composition
  2. Council size
  3. Selection of Council (election vs. appointment)
  4. Separation of Council and statutory committees
  5. Role of Executive Committee
  6. Change of titles and terminology

### 1. Council composition

- Internationally, regulators see value and are moving towards an equal number of professional and public members sitting on their council. In the UK and Australia, health regulatory councils are balanced equally.
- Under the *Occupational Therapy Act*, at full compliment College council consists of 11 professional members (9 professional + 2 members from among the OT faculty), and 7 public members.
- Currently, College council consists of 11 professional members (9 members of the profession plus 2 academic members) and 5 public members. Public members comprise only 31% of council. If government appoints the full complement of 7 public members, council will comprise 39% of public members.
- The current 70/30 or 60/40 split of professional over public members, reflects a concern that the public voice has not been given enough volume and that the professional voice has been too loud.
- Striving for balanced number of public and professional members will ensure that the perspective of the public is well represented.

### Decision

- Does Council support the GWG recommendation that Council be comprised of 50% professional members and 50% public members? (legislative change may be required)

## 2. Council Size

- Literature suggests that many Councils are simply too large and that groups of 8-12 people are most effective in decision-making, meet more frequently, and avoid “social loafing” that occurs with larger councils.
- Both the CNO Vision 2020 report and the Harry Cayton report on the BC Dentists recommended a Council size of 12 members. A reduction in Council size would help to ensure boards provide effective strategic decision making and oversight.
- Currently, the size of council is 16, with a full complement of public members the size of council goes up to 18.

### Decision

- Does Council support the GWG recommendation that Council size be reduced to 12 members? (legislative change required)

### Non-legislative option

- Council could opt to amend the bylaws so that only the minimum number of professional members will be elected in order to reduce the size of Council to the minimum amount required under the *Occupational Therapy Act*.
- *Occupational Therapy Act* requires that the smallest Council could be is 12 (6 elected and 1 academic) and 5 public members. Note, Council does not have control over the number of public members appointed by the Ministry. We currently have 5 public members however the Occupational Therapy Act allows up to 7 public members.

### Decision

- Does Council support the GWG recommendation to reduce Council size to the minimum amount required under the *Occupational Therapy Act* to 12-14 members (5-7 public members; 6 professional members; and 1 academic)?

## 3. Selection of Council (election vs. appointment)

- Currently professional members are elected to Council. The election model has continued to promote the misconception that Council members are accountable to those who have elected them, rather than accountable to protect the public interest.
- A common recommendation presented in all literature reports believes that Councils should be appointed rather than elected and that those appointments should be based on an individual’s skills and competencies being matched to the needs of the College.
- An example of desirable competencies of a regulatory board can be found in the Attributes and Competencies Framework developed for the CNO. The board profile, intended to be used for

identifying and recruiting qualified candidates for Council, includes both competencies (the ability to do things successfully) and attributes (a quality which is a characteristic).

- A full list of the competencies and attributes contained in the framework can be found here: <http://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/board-profile/>
- The consultant's recommendation involves competency-based appointments whereby the appointments process is administered by the College through a Nominating and Governance Committee.

#### Decision

- Does Council support the GWG's recommendation that the Council remove elections and be composed of members who together, have desired attributes and competencies (i.e. competency-based)? (legislative change required)

#### Non-legislative option

- College could introduce a transparent and independent governance process to oversee the recruitment, selection, evaluation and orientation/training mechanisms for both Council and Committees members.
- College could establish the competencies they are looking for and candidates for election would demonstrate they have the right skills and competencies to be a board member before standing for election.
- Electoral districts could be removed, and competence of elected board members could include defined expertise in the client population that the profession serves such as acute, rural, independent practice, northern/remote areas.

#### Decision

- Does Council support the GWG's recommendation that the Council introduce a transparent and independent governance process to oversee the recruitment, selection, evaluation and orientation/training mechanisms for both Council and Committees members?

#### **4. Separation of Council and Statutory Committees**

- Separation of the Council and statutory committees is considered best practice.
- This is in part because the role of Council members and statutory committees are quite different (strategic v. member specific decisions). Distinction in Council membership also introduces an important element of independence to these entities.
- There is potential to bring bias and perceptions of bias from the Council to statutory committees and vice versa. With separate Council and statutory committee members, individuals can develop expertise in specific roles.
- Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health.

Decision

- Does Council support the GWG recommendation that there be no overlap in membership between statutory committees and the Council? (legislative change required)

Non-legislative option

- Section 10(3) of the Health Professions Procedural Code (Schedule 2 to the RHPA) requires the composition of committees to be set out by bylaws, although a number of sections in the Code set composition and quorum requirements for the following statutory committee panels: Registration; Inquiries, Complaints and Reports; Discipline; and Fitness to Practise.
- Consider making changes to the bylaw that adds to the number of members of the public (who are not public appointees appointed by Lieutenant Governor in Council) to College committees.

Decision

- Does Council support the GWG recommendation that the composition of committee set out in bylaw be changed to minimize any overlap of council and committee where possible?

**5. Role of Executive Committee**

- Currently, the Executive Committee is a statutory committee of the Procedural Code of the *Regulated Health Professions Act* and has all the powers of Council in between meetings.
- Aligned with international trends, the CNO has recommended the removal of an Executive Committee.
- Since a smaller Council would be able to meet more frequently and respond to emerging issues, an Executive Committee may not be necessary.

Non-Legislative Option

- College of Pharmacists in their governance review have decided to maintain an Executive Committee due to risk of Council becoming unconstituted when public members are not fully appointed by government.
- If an Executive Committee is to remain, Council will want to expressly identify its expectations of this committee and redefine on what is urgent or considered an emergency.
- Council might merge the duties of the Executive Committee set out in the RHPA with another standing committee(s) of the Council (e.g. Finance and Audit; Governance and Nominations.)

Decision

- Does Council support the GWG recommendation that Executive Committee be maintained?

**6. Change of titles and terminology**

- The GWG investigated changing the titles of the people and groups who govern the College to makes their roles and responsibilities clearer to the public and registrant understanding.
  - Council of College to Board of Directors of College
  - Council Member(s) to Director(s)

- President of Council to Chair of the Board of Directors
- Vice-President of Council to Vice-Chair of the Board of Directors

Decision

- Does Council support the GWG recommendation for the change in terminology?

**Additional governance reforms that don't require regulation change**

- The consultant's recommendations presented to Council in October included several recommendations that don't require regulation change. Listed below are some those concepts. Council may consider making additional recommendations as identified in the literature review and has been identified as best practice related to governance. It is not an exhaustive list and other ideas may arise and can be added.

1. Board member orientation and education
  - a. Enhance board orientation and education and reinforce and support role and focus of Council.
  - b. Research on best practices highlights the value in having board members with governance experience or related skills on the board.
  - c. Mandating successful completion of induction program (i.e. education) before becoming eligible to be appointed or run for election.
  - d. Consider implementing a mentor program for new council members
  - e. Get independent third party to assess council performance
2. Create advisory boards that will provide needed information to Council
  - a. Create new committees related to Finance and Audit, Human Resources and a Governance & Nominating Committee
  - b. Redefine terms of reference for executive committee (what is urgent or considered an emergency)
3. Create transparent competencies for Council and Committee (both public and professional members)
4. Revise and update code of conduct and conflict of interest policy
  - a. Redo and update to reflect one document applicable to both council/committees.
5. Review bylaws and update accordingly.
  - a. Include a cooling off period for council and committee members who are directors of a professional association.
  - b. Tighten up eligibility requirements to run for election or be included as non-council member or academic.
6. Revise governance manual
  - a. Move away from policy governance manual to a College governance manual  
Specifically amend:

- Roles and Responsibilities:
    - Council, council member, committee chair, President, VP, and Registrar
  - Council role descriptions and competencies
    - Orientation and mentoring of new Council members
    - Rules of order
    - Council evaluation and performance
  - Finance
  - Governance policies
7. Terms of references for any new standing committees that Council creates (i.e. finance and audit; governance and nomination committee; HR/Compensation) as well as update all statutory committees to reflect best practices.

Decision

- Does Council support GWG additional recommendations that do not require legislative change?

**Next Steps**

- A workplan for the proposed governance changes, along with proposed timelines will be presented to Council in March 2020.
- Enabling the first bylaw amendments to be drafted for consideration by Council in June 2020.
- The College will develop a communications strategy to outline College's commitment to governance reform.
- The GWG will continue to be constituted until the end of March. It is recommending that a Governance Committee be established and will be reconstituted along with all other Committees in April 2020.



## Appendix One

*Listed below is a high overview of some of the governance reviews by other regulatory organizations that the GWG considered. Links are provided after each report if Council wants to access the full document.*

### College of Nurses of Ontario – Final Report: A Vision for the Future (May 2017)

The College conducted a top-to-bottom review of its governance operations and structure to make sure it was keeping pace with the public's changing needs. The Council established a governance task force. The task force reviewed global governance trends, best practices and expert advice. The main recommendations of the CNO Task Force were as follows:

1. The size of Council would be reduced from 37 to 12.
2. The composition of the Council would be changed to complete parity: 6 professional members and 6 public members.
3. The term of the office would be three years – with a two-term maximum.
4. The professional council members would be selected as opposed to appointed.
5. The appointment of professional members and public members would be based on competencies. A competency screen would be developed.
6. The appointment of all Council members, committee members, and statutory chairs would be facilitated by a college nominating committee.
7. An induction or boot camp process would be required for every incoming Council and committee member.
8. The Council will only deal with policy matters and Council members will not sit on committees.
9. An external audit will be performed every three years to assess their effectiveness. This audit will be made publicly.
10. The executive committee would be disbanded.
11. Public members and professional members would be compensated equally.
12. The Council would be renamed as a Board.

Click [here](#) to access CNO report.

### KPMG Governance Review of the Real Estate Council of Alberta (August 2017)

The Alberta government engaged KPMG to conduct a review of the Real Estate Council of Alberta's performance against established criteria. KPMG considered findings in light of common and leading governance practices for non-profit and regulatory entities of a similar scale and has provided advice in this report to the Minister on recommended actions relating to Council's governance.

Among other things, KPMG found that the board had been spending too much time on internal and administrative matters, adding that focus committees had been left empty, meetings had not been held and there had been a lack of oversight on finances and spending. Specific recommendations include the following:

1. Dismiss the current Council and appoint an Administrator if they do not do the following:
  - Complete a formal dispute resolution process with external mediator.

- Implement the recommendations in the Review in timely manner and provide monthly status updates.
  - Welcome the appointment of a monitor who would attend Council meetings.
2. Amend the legislation to address the composition of Council.
  3. Minister should monitor how Council allocates its efforts to ensure it focuses enough attention on the strategic and regulatory mandate.
  4. Minister should approve all bylaw changes.
  5. Minister should require Council to establish and follow a defined annual performance management process.
  6. Council should implement a formal performance evaluation process and use evaluations of its individual members as a criterion in determining eligibility for reappointment.

Click [here](#) to access KPMG report.

Professional Reliance Review: The Final Report of the Review of Professional Reliance in Natural Resource Decision Making (May 2018)

This report looked at the management of five professions in the natural resources field in British Columbia. A major section of the report addressed improvements in the regulation of the professions. Observations and recommendations included the following:

1. Governing Councils and committees should be chosen through a merit-based selection process, receive governance training, and have a significant proportion of public members.
2. The authority of regulators should apply not only to individuals, but to corporations (entities) engaging in regulated activities.
3. Regulators and government have a shared responsibility to develop practice standards and guidelines. Standards and guidelines should be proactively developed based on risk rather than reactively developed after a pattern of problems has emerged.
4. On complaints and discipline, the report said “There are strongly held differences of opinion on whether disciplinary processes are working as expected. [Regulators] are confident that they are fulfilling their responsibilities diligently and proportionally, while many government employees, professionals, and members of the public do not have confidence that the system is working as intended”.
5. The report argued against dual mandates for regulators stating: “Having a venue for advocacy is important for professionals, because they have unique insights into the issues they face dealing with laws, codes and industry practices; however, someone other than the professional regulator should play this role”.
6. Natural resources regulators should have one oversight body and should report through one Ministry.

Click [here](#) to access report.

Professional Standards Authority (PSA) – Review of the Engineers and Geoscientists of British Columbia (July 2018)

The Professional Standards Authority of the United Kingdom reviewed legislation and governance documents of the Engineers and Geoscientists and compared the organization's structure and activity against standards the PSA has used for other regulators. Some of the PSA's observations and recommendations are as follows:

1. The dual role of the regulator involved an inherent conflict of interests between its public protection role and its professional support functions. An example was the requirement for two-thirds approval by professional members for bylaw changes. This requirement prevented the regulator to introduce mandatory professional development requirements because the membership rejected the proposal twice.
2. The proportion of publicly appointed members of the board should be increased from under 25% to 50%. The selection process should be rigorous including ensuring a good mix of skills and experience. The report recommended that public members have a larger representation on regulatory committees.
3. The size of council should be reduced from 17 members to a more manageable size.
4. The Code of Conduct for board members should be mandatory (e.g. some board members decline to take an Oath of Office despite its being expected).
5. The report commended the regulator on its introduction of risk management to its regulatory functions through its Audit Committee.
6. The report generally commended the regulator for its transparency but recommended that Board minutes include not just the decisions, but also some details of the discussion.
7. While the report was positive about the regulator's governance choices, there were several governance recommendations. For example, it recommends that Board members not serve on operational committees. Of particular interest is the comment "it remains our view that voting on motions is an appropriate form of organizational governance for a regulator. In our experience, modern practice in governance favours a board-like management structure. Decision-making in such structures usually proceeds by discussion and agreement on course of action" (paragraph 4.73).

Click [here](#) to access PSA report.

#### Fit for Future: Report of the Independent Review of Legal Services Regulation in Scotland (October 2018)

The purpose of the review was to make independent recommendations to reform and modernize the framework for the regulation of legal services in Scotland. There are several key recommendations set out in the report including:

1. There should be a single regulator for all providers of legal services in Scotland. It would be independent from the government and the professions. The regulators would be accountable to the Scottish Parliament and would be subject to audit (by a body like an Auditor-General).
2. The regulatory system should be principled, risk based and proportionate.
3. There should be an equal number of professional and non-professional members of the board, resulting in a slight plurality of non-professional members. Non-professional members have not had any past legal experience.
4. The appointment of the board should be based on a competency system.

5. The Chair of the board would come from outside the profession and be appointed by a parliamentary/legislative committee, with a specific term and removal only for cause. The chair and board members should have experience in corporate governance.
6. The appointment of board members should be based on a competency system.

Click [here](#) to access report.

#### College of Teachers of Ontario (November 2018)

The Ontario College of Teachers released a report from an independent review of its governance structure and processes. The review, conducted by Governance Solutions Inc., was done as part of the College's commitment to greater efficiency and effectiveness and included the following recommendations.

1. Reducing the size of College council from 37 members, comprising 24 teachers and 14 public appointees to 14 members – 7 teachers and 7 public appointees.
2. Replacing the current elections process, through which teachers nominate and elect their representatives to council, with one where College chooses council members from a qualified pool.
3. Selecting Council members from a separate pool for the College's Statutory, Regulatory, Standards of Practice and Education Committees.
4. Altering the composition of Council committee to ensure an equal number of teachers and public members for the Investigation, Discipline and Fitness to Practice Committees, a majority of public members (appointed by the government) for the Audit and Finance, Governance and Nominating and Human Resources Committees, and a majority of members from the profession on the Standards of Practice and Education Committee.
5. Changing the tenure of Council members from two three-year terms to up to four renewable two-year terms.
6. Changing the terms that Chairs can serve on committee to a one-year renewable term from a three-year Council term.
7. Reducing the role of Chair of the College Governing Council to part-time from full-time and eliminating the role of Vice-Chair completely.
8. Making the Executive Committee a Committee of the Whole with a changed mandate and change the manner in which meetings would be conducted.
9. The name of the College of Teachers be changed to "The Ontario Teachers Regulatory Authority" because the public was "confused" about what the College actually did.

Click [here](#) to access Teachers report.

#### Professional Standards Authority – Inquiry into the College of Dental Surgeons of British Columbia (April 2019)

The Professional Standards Authority (headed at the time it was written by Harry Cayton) was in response to a crisis of governance at the College of Dental Surgeons. The report has two parts, the first dealing with issues specific to the College and the second with the Health Professions Act and the statutory framework for health professional regulation in BC. A summary along with the report's main recommendations is provided below:

### **Part 1 – College of Dental Surgeons of British Columbia**

1. Much of the report focusses on Mr. Cayton’s review of the College with respect to governance, performance, external relationships and protection of the public. The report identified significant problems:
  - Lack of trust between staff and the board
  - Inappropriate conduct of the board towards staff
  - Lack of transparency in decision-making
  - Inappropriate operational involvement by the board
2. In terms of performance, the report concluded that the College was meeting only 17 of the 28 International Standards of Good Regulation. The inquiry concluded that the College was not focused on the safety of patients.
3. Boards should focus on three things:
  - Ensuring the college complies with its mandate and the law
  - Setting strategy and monitoring compliance
  - Holding the Registrar to account for delivery
4. Secret meetings (in the absence of staff) should be extremely rare and require centrally maintained minutes.
5. Candidates for selection to the Board from within the profession should be required to participate in an “induction programme” before being chosen.
6. Officers or representatives from the professional association or similar bodies should have a three-year cooling off period before they can serve with the regulator.
7. The Board cannot see itself as the College. Its role is to govern the College and oversee its performance. It is the College staff that runs and manages the College.
8. The regulator does not have an effective process for identifying, assessing, escalating and managing organizational risks
9. Board oversight does not include the effective use of key performance indicators and a corporate risk register.
10. The report stated plainly that the relationship between the regulator and the professional association was too close and strongly recommended the severing of many of those ties. The College does not have an advocacy role.

### **Part 2 – Replacing the Health Professions Act; professional regulation for the future**

The report suggests replacing the existing health regulation model to achieve structural reform. Recommendations include:

11. The College was reading its mandate of “serving and protecting the public” too broadly. The report suggests that the mandate of regulators is to “protect the safety of patients, to prevent harm and promote the health and well-being of the public”.
12. Replace “membership” with “registrant”.

13. The size of Council should be reduced in size; the most effective size for a board is generally agreed to be between 8 to 12.
14. The composition of the Council would be changed to achieve parity between public and professional members. Members of Council will be fully appointed based on competencies. A competency screen would be developed.
15. Board members hold three-year terms, renewable for a further three years.
16. Reduce the number of statutory committees.
17. Adjudication of complaints and disciplinary matters should be removed from the College and performed by an independent body.

Click [here](#) to access Dentist College report.

#### Modernizing the Provincial Health Profession Regulatory Framework in British Columbia (November 2019)

The Ministry of Health outlined its proposal for modernizing B.C.'s health regulatory framework. This proposal came in response to recommendations made by Harry Cayton in his report, An Inquiry into the College of Dental Surgeons and the Health Professions Act. The consultation report provides for proposed changes in four key themes:

1. **Improved Governance:** Regulatory colleges would be governed by a council consisting of 8-12 people, half of whom would be members of the public. Eliminating council elections and replacing them with a transparent, competency-based appointment process overseen by an independent oversight body. All council members (professional and public members) will be compensated equally.
2. **Reduction in the number of Regulatory Colleges:** The twenty current colleges would be combined into five colleges: Nursing, Medicine, Pharmacy, Oral Health Professions, and all of the other currently regulated professions would be governed by the Health and Care Professions College. The College of OT in BC would be part of this College.
3. **Strengthening the Oversight of regulatory colleges:** Creating an independent oversight body to increase accountability and consistency of health regulatory colleges. Its functions will include auditing, reviewing and investigating the performance of regulatory colleges, creating template standards, approving regulatory College bylaws, recommending changes to the regulation of health professions, and operating a single public register of all health practitioners.
4. **Complaints and Discipline:** Simplifying the complaints and discipline process to provide a clear focus on patient safety and public protection. Complaints would still be conducted by the Colleges through a more streamlined process with timelines for individual stages in the process. Discipline hearings will be removed from the Colleges and be conducted by independent, unified, discipline panels managed by the oversight body.

Click [here](#) to access BC government report.



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Executive Committee  
**Subject:** Appointment of Nominations Standing Committee

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Page 1 of 1

### **Recommendation**

*THAT Council approves the appointment of (determined at Council) to the Nominations Committee.*

### **Purpose**

Council nominates two members at its meeting in January to fulfill the governance process of managing the elections to Executive in March.

### **Public Interest in this Decision**

It is in the public interest that a fair process be followed to elect members of Council to the Executive Committee. In addition, the public interest is served when competent Council members hold leadership positions and are free from conflict of interest.

### **Background**

Election of officers – the Executive Committee for the College occurs each March. Prior to this, Council is guided by the Nominations Committee Terms of Reference that sets out the process prior to the election which is held just after the Council meeting in March.

### **Discussion**

Council should nominate two Council members to the nominations committee who will not be standing for election as an officer.

### **Attachments**

1. Nominations Committee, Terms of Reference



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Nominations Committee
<b>Reference:</b>	GP10j
<b>Date Prepared:</b>	June 2002
<b>Date Revised:</b>	March 2010, January 2018
<b>Date Reviewed:</b>	June 2017

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**Legislative Reference:** N/A

### **Purpose and Powers**

The purpose of the Nominations Committee is to oversee the development of a slate for the election of officers in accordance with Part 7.01 of the bylaws. The Nominations Committee has authority as delegated by Council.

The Nominations Committee calls for nominations. The Nominations Committee reviews the Council member nomination forms, ensures there are candidate(s) for each officer position, ensures the consent of nominated members to stand for election, and requests a candidate statement from each individual standing for election.

The Nominations Committee communicates the completed slate to staff for distribution at the elections meeting. In addition, the slate and statements of candidacy will be made available to Council members by electronic mail prior to the commencement of the election.

### **Type of Committee**

Standing

### **Membership**

The Nominations Committee consists of:

- a. One professional and one public member where possible;
- b. at least two members of Council who are retiring from Council; or,
- c. if fewer than two members of Council are retiring, then the Nominations Committee shall include one or two members who do not intend to stand for election as an officer.

Committee members are selected annually at the January meeting of Council and are active until the March meeting at which time the officer election process is completed.

### **Chair**

The Chair of the committee is selected annually by the committee.

### **Frequency of Meetings**

The Nominations Committee meets as necessary for development of the slate.

### **Reporting**

The Chair of the committee reports as required to Council.





## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Strategic Planning Working Group  
**Subject:** Leadership Outcomes

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Page 1 of 1

### **Recommendation**

*THAT Council approves the Leadership Outcomes*

### **Issue**

The Strategic Planning Working Group has been working diligently with staff and our strategic planning consultant to develop clear outcomes for staff. Council is asked to review the proposed outcome statements with a view to their approval.

An important addition was made to the Values of the college which the Council is also asked to consider, with a view to approval.

### **Public Interest in this Issue**

Strategic planning that focuses on the public interest and results in clear direction to staff regarding the direction set by Council provides the public with confidence that the organization is working in their interest.

### **Background**

Council embarked on a strategic planning process in 2019 which has culminated in a new set of Leadership Outcomes. An environmental scan was conducted in 2019 which informed Council discussions at their strategic planning retreat on October 23, 2019, whereby several themes were raised. A Strategic Planning Working Group was formed at the Council meeting on October 24, 2019. Since that time, the working group has met several times, both in person and via teleconference to finalize the Leadership Outcomes presented today.

### **Implications**

Once approved by Council, staff will embark on a process to develop operational initiatives to implement the Leadership Outcomes. These plans will commence in our next fiscal year, June 2020.

### **Attachment(s):**

- 01 - Draft Leadership Outcomes



**Policy Type:** Mission/Vision/Values  
**Policy Title:** Leadership Outcomes  
**Reference:** O1  
**Date prepared:** January 2020  
**Date revised:**  
**Date reviewed:**

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*Excellence in regulatory leadership*

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

***Anchored in our values and commitments***

***Partnering for quality***

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

***Maintaining trust and confidence***

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

***Treating everyone with dignity and respect***

*We listen. We consider the uniqueness of each situation. We respond respectfully and sensitively.*

*We respect and support equity, diversity and inclusion.*

**1. Public Confidence**

- 1.1 The public trusts occupational therapy regulation.
  - 1.1.1 College decision-making prioritizes public protection.
- 1.2 The public understands the role of the College and its value.
  - 1.2.1 The public has access to information about occupational therapists.
  - 1.2.2 The public has access to information about what to expect when working with an occupational therapist.
  - 1.2.3 The public has access to clear information about oversight provided by the College to ensure safe, quality care.
  - 1.2.4 The College's Performance Measurement Report is comprehensive and accessible to the public.
- 1.3 College governance is responsive, effective, competency-based and accountable.
  - 1.3.1 College governance structure reflects best practice.
  - 1.3.2 Appointments to Council are competency-based.
  - 1.3.3 Training and education support effective governance.
- 1.4 College decision-making processes are open, transparent, and accountable.
  - 1.4.1 The public understands how College decisions are made in the public interest.



1.4.2 Decision-making processes are available and accessible to the public.

1.5 College operations are transparent, effective and efficient in serving and protecting the public interest:

1.5.1 College operations are optimized through collaboration and through responsible stewardship of resources.

1.5.2 Principles of risk management are applied to policy and program decision-making.

## **2. Qualified Registrants**

2.1 Entry to practice requirements and processes are effective for ensuring qualified practitioners.

2.2 Decisions about registrants are transparent and accessible.

2.3 The public register provides accurate information about current or former registrants.

1.3.1 The College communicates the importance of visiting the public register for accurate information.

## **3. Quality Practice**

3.1 Occupational therapists are competent, safe, effective and accountable

3.1.1 Occupational therapists are competent and adhere to high professional expectations including essential competencies and standards of practice.

3.1.2 Occupational therapists at risk of falling below the professional standard are identified through quality assurance measures and action is taken.

3.1.3 Occupational therapists are accountable

3.1.3.1 Occupational Therapists understand and apply professional standards and ethical reasoning.

3.1.3.2 Occupational Therapists comply with continuing competence requirements.

3.2 College complaints and discipline processes are effective, fair and accessible to the public.

3.2.1 Appropriate action is taken to mitigate risks to public protection

3.2.2 Mechanisms are in place to identify practitioners who have acted, or are at a higher risk of acting incompetently, unsafely, or unethically.

3.3 The College engages occupational therapists to advance quality, ethical practice.

3.4 Professional standards are up-to-date and reflect evolving practice.

3.4.1 Professional standards focus on patient-centered care and patient safety.

3.5 Educational programs and outreach support continuous quality improvement

## **4. System Impact**

4.1 The College is a collaborative, effective regulatory leader

4.1.1 The College provides input to government priorities and legislative initiatives to inform health planning and access to quality occupational therapy services.

4.2 Collaboration supports the College's effectiveness and impact as a regulator.

4.3 Collaboration promotes systems alignment to support quality practice by occupational therapists.

*Within the annual budgeting process, allocation of resources will reflect a balanced approach to achieving these leadership outcomes, with consideration of available resources, priorities, and established Council financial policies.*



## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Executive Committee  
**Subject:** Review of Governance Policies

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Page 1 of 1

### Recommendation

*THAT Council approves the amended policies as listed:*

- *Allowable Expenses*
- *Honoraria*

### Issue

The attached policies are Council approved policies that are reviewed annually.

### Public Interest in this Issue

Ensuring that policies are up to date and functioning well is in the public interest so that the organization can function appropriately in completing its public protection duties.

### Background

These policies are part of the Guidelines for Elected Council and Non-Council Members. They outline the allowable expenses that may be claimed, the rules for claiming Honoraria, and the rates applicable. Both documents have been updated to provide additional clarity.

In the Allowable Expenses document a rate change is proposed for both the mileage and daily meal allowance. These rates are in line with the provincial government rates.

### Implications

Once approved by Council, any recommended changes will be in effect immediately.



## ALLOWABLE EXPENSES

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### Guidelines for Elected Council and Non-Council Members

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An elected or appointed member who incurs allowable expenses while conducting College business will be reimbursed. Every attempt will be made by a member to consider economy and necessity when incurring expenses.

#### Definition

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

#### Claim Procedure

1. The member shall submit allowable expenses on the Expense and Reimbursement Form ~~n expense statement~~ provided by the College. Receipts for expenses must be included, with the exception of mileage ~~by car~~ claims.
2. Claim fForms will be reviewed by the Registrar, ~~or~~ Deputy Registrar, or other appropriate College staff member on submission prior to approval. ~~Forms, which are not complete, Incomplete forms~~ will be returned to the claimant.
3. Claim fForms will be paid according to the payroll schedule of the College on the 15<sup>th</sup> day of each month. The deadline to submit for payment is the 9<sup>th</sup> day of ~~the~~ each month.

#### Travel

**Rate:** ~~\$0.570/km-kilometre.~~

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

#### Accommodations

1. Hotel arrangements can be made at College approved hotels to ensure that the College receives the benefit of the corporate rate. However, if a more economical alternative is found, that is acceptable also.
2. Except for Council and Executive Committee meetings, members are to make arrangements for their own accommodations as per provided policy.
3. Private accommodation may be used in lieu of the approved hotel where a member

can stay with friends or relatives. A maximum of \$35.00 per night may be claimed.

4. No reimbursement shall be made where the member resides within fifty (50) kilometers of the meeting venue, unless the member is required to attend on two or more consecutive days. Only 1 night will be reimbursed between meeting days.
5. Charges of a personal nature made at a hotel, such as laundry, in-house movies, or personal phone calls will not be reimbursed.
6. Internet charges will be reimbursed in the event they are not included in the cost of the accommodations.

### **Meals**

- **Rate:** The daily maximum rate is ~~\$70.00~~\$90.00, which includes breakfast, lunch and dinner.

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

### **Internet Charges**

1. Members will be reimbursed for the cost of additional internet charges relative to College business. Receipts are required.

### **Dependent Care**

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

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

Created: May 1994

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

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

Rates Revised: January 2020



## HONORARIA

### Guidelines for Elected Council and Non-Council Members

A member who prepares for and attends meetings respecting College business will be paid an honorarium.

#### Definition

##### Per Diems:

The College offers up to three types of per diems: Attendance (or Teleconference), Travel and Preparation. Each per diem is governed by their unique conditions. Only one per diem payment is payable to a member per calendar day.

##### Per Diem Attendance:

An attendance or teleconference per diem is the amount payable for onsite or remote dial-in work periods in excess of three hours. When less than three hours of work is involved, one-half of the per diem rate is paid. ~~Only one per diem payment is payable to a member per calendar day.~~ The per diem base is deemed to be 7.5 hours.

##### Travel Time:

When travel ~~time~~ is required the night day before a meeting in order to attend, those who live over 250 kilometers from the College may claim \$150. Same day travel as the date of attendance will not be reimbursed.

##### Preparation Time:

Council, Executive, Sub -Committee and Working Group Meetings: Preparation time is an hourly rate, up to a maximum of 2 hours per meeting. For an exceptionally large amount of reading, an additional allowance of preparation time will be at the discretion of the Chair. ~~required beyond two hours per meeting for~~

ICRC, Hearings, Registration, Quality Assurance and decision writing: Preparation time is an hourly rate, not to exceed the maximum scheduled length of the meeting. ~~ICRC, Hearing decision writing, Registration and Quality Assurance Committee is not to exceed the maximum scheduled length of the meeting.~~

~~For other committees and Council meetings, preparation time up to a maximum of 2 hours per meeting may be claimed. For an exceptionally large amount of reading, an additional allowance of preparation time will be at the discretion of the Chair.~~

#### Rate

Council and committee members	\$250.00
Chairperson (of Council or Chair of a Statutory or Standing Committee)	\$325.00
Vice-President	\$275.00

Preparation time is \$45 per hour.

### Procedure

1. Council members shall submit their honoraria and reimbursement expense claims on an Expense Reimbursement Form ~~Expense Statement form~~ provided by the ~~office~~College.
2. Honoraria may be claimed for onsite attendance, teleconference and ~~at meetings as well as~~ preparation time. Preparation time will be paid in instances where this is of major importance in effectively conducting Council business.
- ~~2.3. Travel claims per diems shall be claimed for travel incurred on a date prior to the scheduled date of the meeting date.~~
- ~~3.4. The increased~~ per diem amount of Chair or Vice-President is payable only when acting in the capacity of Chair or Vice-President of Council, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Council. Participation in other committees is remunerated at the standard rate of \$250.00 per diem.
- ~~4.5. Where a member is requested to participate in a meeting for which that person is entitled to fees and that meeting is canceled without notice of at least 48 hours, the person shall be entitled to request and receive a maximum half day~~ honoraria/attendance/teleconference per diem.
- ~~5.6. Where an onsite meeting~~ onsite meeting or, including teleconference calls, is less than 1.5 hours ~~in length~~, the half day per diem charged will include any preparation time completed for that meeting. When ~~re~~ a meeting is over a 1.5 ~~hours~~ period preparation time may be billed in addition to the per diem.
- ~~6.7. Per diem rates will be reviewed annually.~~

Created: May 1994

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

Revised: January 2016, March 2018, January 2019, January 2020—

Rates Revised: January 2016 ( per diems), January 2019 ( Preparation time rate)





## COUNCIL BRIEFING NOTE

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**Date:** January 28, 2020  
**To:** Council  
**From:** Executive Committee  
**Subject:** Revised Draft Standards for Acupuncture

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Page 1 of 3

### **Recommendation**

*THAT Council approves the revised draft Standards for Acupuncture for stakeholder consultation.*

### **Public interest in this Issue**

Controlled acts are procedures or activities that pose an elevated risk to the public if not performed by a qualified practitioner. OTs using acupuncture as a modality are expected to comply with the Standards for Acupuncture. The Standards for Acupuncture outline minimum expectations to ensure the public is receiving safe, ethical, competent and accountable acupuncture from Ontario OTs.

### **Background**

The Standards for Acupuncture were originally issued in June 2009. Acupuncture is a procedure performed on tissue below the dermis, which is a controlled act. Through a legislative exemption under the RHPA, (Ontario Regulation 107/96, Controlled Acts, s. 8(2)), OTs are permitted to perform acupuncture on their own authority, without delegation. The acupuncture exemption applies to OTs performing the activity of acupuncture within the occupational therapy scope of practice. OTs are not permitted to delegate acupuncture to anyone.

### **Internal Scan**

According to the Framework for College Publications the Standards for Acupuncture have exceeded the recommended five-year review timeline. An internal review revealed the following information related to acupuncture:

### **Practice Data**

Practice inquiries received from 2014 - present indicated that there were 24 inquiries pertaining to acupuncture in occupational therapy practice. Themes that arose from the practice inquiries were:

- Competency to practice acupuncture
- Acupuncture courses and certification
- Reporting the practice of acupuncture to the College

### **Registration Program**

Currently there are 14 OTs in Ontario that have indicated they are performing acupuncture during the 2019 annual renewal.

### **Investigations, Complaints and Resolutions Data**

To date there has not been any complaints to the College relating to the performance of acupuncture.

**Quality Assurance**

There were no current concerns related to acupuncture identified by the Quality Assurance Program.

As part of the document review, Practice Issues Subcommittee considered several factors:

1. **Legislation** – There have been no significant legislation changes that will impact the Standard.
2. **External Scan** – College staff completed an external scan of other regulatory bodies and their standards on acupuncture. Despite the variations in approaches to presenting standards, staff found that the expectations of the COTO Standards for the performance of Acupuncture aligned with those of other regulated professionals performing the controlled act.
3. **Internal Scan - Website Analytics** - There were 25 searches on the College website for “acupuncture” since August 2016. The Standards for Acupuncture have been downloaded 266 times.
4. **Content Review** – Upon initial review of the content and format of the Standards for Acupuncture, Subcommittee was satisfied that the Standards remained relatively current and aligned with the content from other regulatory Colleges. The subcommittee requested that the revised standard include a clearer definition of controlled acts, and clarification around minimum expectations to obtain competency.

**Results of the Document Review**

Upon review of the Standards for Acupuncture, Practice Issues Subcommittee has recommended a document revision.

Review

- Document stays the same, no revisions required.
- Typos, corrections needed.

Revision

- Minor revisions updates needed.
- Significant revisions - no implications for policy**
- Revision – possible implications for policy.
- Significant re-drafting, changes to policy content

**Key Changes to the Standards for Acupuncture:**

1. **Format** - The Standards have been reformatted to comply with College brand standards. Language and terms changed to reflect current practice.
2. **Preamble** – The preambles were removed where possible.
3. **Integration of Standards** – In response to committee feedback performance indicators were merged to reduce duplication.
4. **Appendix** – Practice case examples were removed, for consistency with other Standards. Case scenarios will be developed as part of the education to inform registrants how to apply the Standards

**Discussion**

Once Council has completed their review, it is recommended that the standards approved for circulation for feedback from stakeholders. Further subcommittee review, legal review and a full edit will follow this consultation

**Attachment(s):**

1. Revised draft Standards for Acupuncture (2019)
2. Standards for Acupuncture ([www.coto.org](http://www.coto.org))



# Standards for Acupuncture

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DRAFT

January 2020

Originally Issued: June 2009

## Introduction

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The College of Occupational Therapists of Ontario supports the use of acupuncture within occupational therapy practice. Since acupuncture is a procedure performed on tissue below the dermis it is considered a controlled act. Controlled acts are procedures or activities which pose a risk to the public if not performed by a qualified practitioner. Through a legislative exemption, occupational therapists (OTs) are permitted to perform acupuncture without delegation (Ontario Regulation 107/96, Controlled Acts, s. 8(2), Regulated Health Professions Act, 1991 (RHPA). OTs are not permitted to delegate acupuncture.

OTs performing acupuncture are expected to practice within the scope of the profession. OTs must be aware of the minimum expectations for the performance of acupuncture as outlined in the Standards for Acupuncture.

OTs are reminded that the title acupuncturist or acupuncture practitioner, is restricted to members registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.

## Application of the Standards for Acupuncture

- The following Standards describe the minimum expectations for OTs.
- The performance indicators listed below each standard describe more specific behaviours that demonstrate the Standard has been met.
- It is not expected that all performance indicators will be evident all the time. It is expected that the performance indicators could be demonstrated by the OT if requested.
- There may be some situations where the OT determines that a particular performance indicator has less relevance due to client factors or environmental factors. Such situations may call for the OT to seek further clarification.
- It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the Standards of the profession.
- It is expected that OTs will be able to provide reasonable rationale for any variations from the Standard.

**In the event of any conflict or inconsistency in these Standards for Acupuncture with any other College Standards, the Standards with the most recent issued or revised date prevail.**

College publications contain practice parameters and Standards which all OTs practising in Ontario should consider in the care of their clients and in the practice of the profession. College Standards are developed in consultation with OTs and describe current professional expectations. College Standards may be used by the College or other bodies in determining whether appropriate Standards of practice and professional responsibilities have been maintained.

Pursuant to the Regulated Health Professions Act, 1991 (RHPA), the College is authorized to make regulations in relation to professional practice. The College's Professional Misconduct Regulation

establishes that “contravening, by act or omission, a Standard of practice of the profession or failing to maintain a standard of the profession” constitutes grounds for professional misconduct.

## Overview of the Standards for Acupuncture

1. Scope of Practice
2. Competence
3. Maintaining Competence
4. Consent
5. Record Keeping
6. Students/Occupational Therapist Assistants/Health Practitioners
7. Risk Management

### 1. Scope of Practice

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#### Standard 1

The occupational therapist will perform the procedure of acupuncture within the scope of OT practice.

#### Performance Indicators

##### An OT will:

- 1.1 Perform acupuncture safely, effectively and ethically in accordance with all the Standards of Practice, the Code of Ethics and relevant legislation;
- 1.2 Register with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario if using the protected title Acupuncturist Practitioner or if performing acupuncture techniques outside the scope of occupational therapy practice;
- 1.3 Provide the clinical rationale for using the modality of acupuncture within the OT treatment plan;
- 1.4 Obtain appropriate delegation<sup>1</sup> if performing additional techniques of acupuncture that fall under other controlled acts (for example, medicinal application, use of analgesics);
- 1.5 Refer clients to other qualified practitioners of acupuncture if the client requires treatment beyond the scope of practice of occupational therapy or beyond the limits of the OT’s knowledge, skill and judgement.

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<sup>1</sup> Note: Delegation refers to the transfer of authority to perform a controlled act from one practitioner who has the authority to perform the controlled act to another practitioner who has the knowledge, skill and judgement to perform the procedure safely and effectively.

## 2. Competence

### Standard 2

The occupational therapist must have successfully completed training in acupuncture and demonstrate knowledge, skill and judgement prior to performing acupuncture.

### Performance Indicators

#### An OT will:

- 2.1** Have formal acupuncture training that includes instructional, theoretical, and practical components by a qualified acupuncture practitioner;

The course will include the following components:

- Introduction to traditional Chinese acupuncture
- Acupuncture points:
  - location of the 361 classical points on the 14 meridians and the 48 extraordinary points; and
  - alphanumeric codes and names, classifications of points, direction and depth of insertion of needles, actions and indications of the commonly used points selected for basic training.
- Applications of acupuncture in modern Western medicine:
  - principle clinical conditions in which acupuncture has been shown to be beneficial;
  - selection of patients and evaluation of progress/benefit; and
  - planning of treatment, selection of points and methods of needle manipulation, and the use of medication or other forms of therapy concurrently with acupuncture.
- Guidelines on infection control and safety procedures in acupuncture
- Treatment techniques:
  - general principles; and
  - specific clinical conditions<sup>2</sup>.

- 2.2** Provide verifiable documentation of the completion of an educational program in acupuncture upon request;

- 2.3** Assess client(s) as candidates for acupuncture based on knowledge of current evidence

<sup>2</sup> Adopted from the College of Chiropractors of Ontario

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and effectiveness of the acupuncture treatment;

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**2.4** Understand the indications, contraindications, benefits and limitations of the acupuncture techniques;

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**2.5** Refrain from performing any acupuncture technique that is outside the OT's knowledge, training, skills, and abilities.

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### 3. Maintaining Competence

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#### Standard 3

The occupational therapist will maintain competence by engaging in ongoing acupuncture specific learning activities.

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#### Performance Indicators

##### An OT will:

- 
- 3.1** Participate in professional development activities that ensure the maintenance of knowledge, skills, judgement and training to perform acupuncture safely and effectively:  
Some examples can include:
- recognized acupuncture education and training programs,
  - workshops,
  - conferences,
  - learning modules.
- 

### 4. Consent

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#### Standard 4

The occupational therapist will ensure that informed and ongoing consent is obtained from the client/Substitute Decision Maker (SDM) to perform acupuncture, in accordance with the Standards for Consent.

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#### Performance Indicators

##### An OT will:

- 
- 4.1** Obtain informed consent for acupuncture as outlined in the Standards for Consent ensuring the client/SDM understands that the modality of acupuncture is within the occupational therapy scope of practice:
-



- a) The nature of the proposed procedure;
- b) The benefits, risks, limitations and side-effects of acupuncture to the client;
- c) Alternative treatments, and
- d) The option of the client to withdraw consent at any time during the process;

**4.2** Respect the client's choice not to proceed with acupuncture; and offer alternative treatment options.

## 5. Record Keeping

### Standard 5

The occupational therapist will document the performance of acupuncture in accordance with the Standards for Record Keeping.

#### Performance Indicators

##### An OT will:

- 5.1** Maintain client records as outlined in the Standards for Record Keeping;
- 5.2** Document details about the performance of acupuncture (i.e. needle points used, length of needle, depth, direction, retention time and any stimulation or manipulation) and the outcome and effectiveness of the procedure.

## 6. Students/Occupational Therapist Assistants/Health Practitioners

### Standard 6

The occupational therapist will not delegate or assign any part of the controlled act pertaining to acupuncture.

#### Performance Indicators

##### An OT will:

- 6.1** Not delegate or assign any part of acupuncture to students, occupational therapist assistants or any other health practitioner.

## 7. Risk Management

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## Standard 7

The occupational therapist will be responsible for minimizing the risks to the client, self and others associated with the performance of acupuncture before, during and after the procedure.

### Performance Indicators

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#### An OT will:

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- 7.1** Comply with the Standards for Infection Prevention and Control:
    - 7.1.1 Maintain required standards of cleanliness, skin disinfection technique, needling technique;
    - 7.1.2 Ensure needles used for treatment are single-use, pre-packaged, pre-sterilized, unexpired, manufactured for use in acupuncture, intended for the specific kind of acupuncture being performed, and disposed of properly at the end of the treatment;
    - 7.1.3 Ensure the number of needles inserted into the client reconciles with the number of needles removed from the client;
  - 7.2** Establish policies and implement precautions necessary to prevent adverse events or injury when performing acupuncture;
  - 7.3** Recognize and manage adverse reactions or complications during, or as a result of, acupuncture treatment;
  - 7.4** Implement a risk management process to assist with tracking incidents, identifying trends, to inform quality improvement processes.
- 

## References

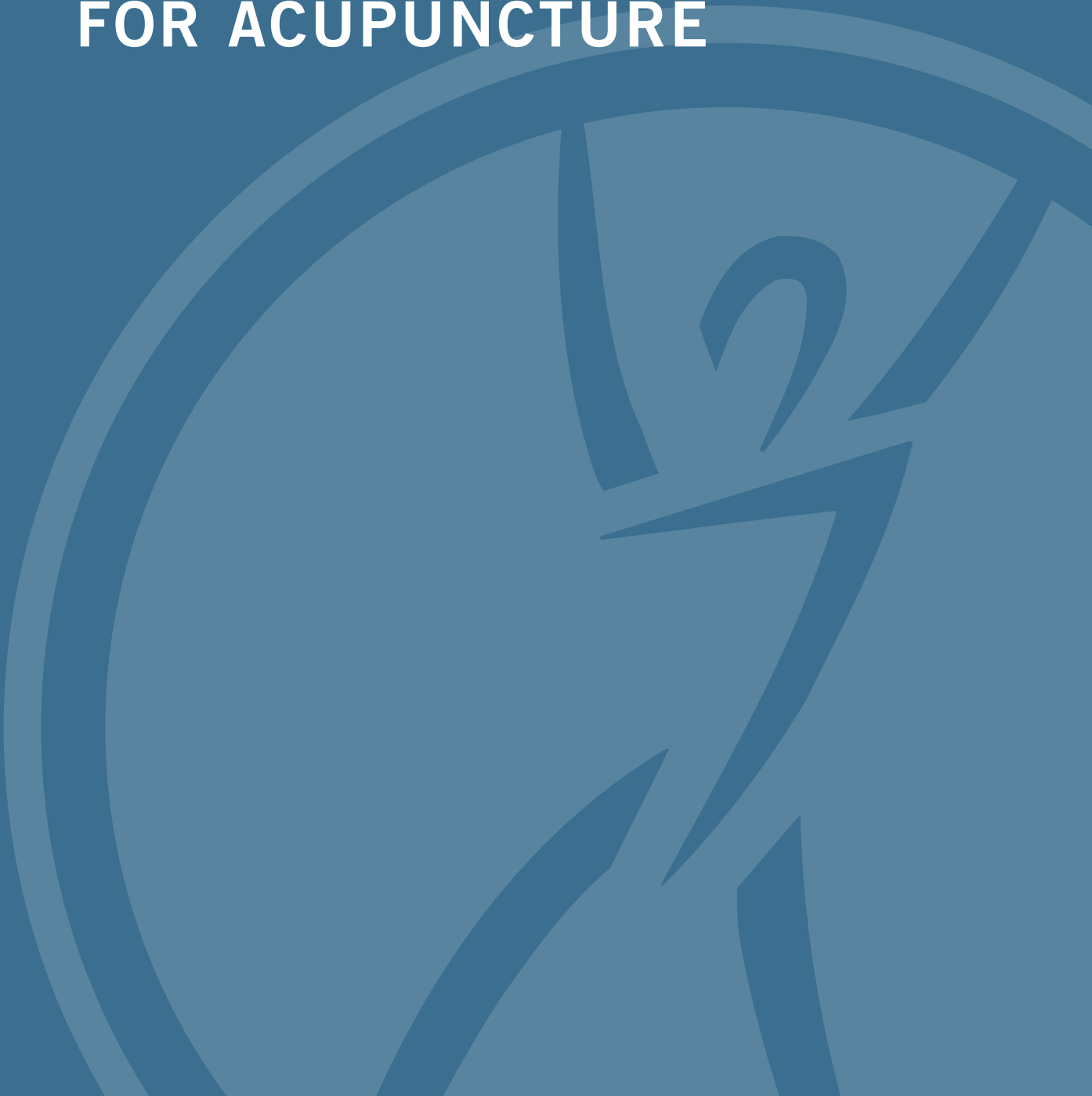
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1. College of Occupational Therapists of Ontario. (2016). *Standards for Record Keeping*.
2. College of Occupational Therapists of Ontario. (2017). *Standards for Consent*.
3. College of Occupational Therapists of Ontario. (2018). *Guide to Controlled Acts and Delegation*.
4. College of Occupational Therapists of Ontario. (2019). *Standards for Infection, Prevention and Control*.
5. Regulated Health Professions Act, 1991



College of Occupational  
Therapists of Ontario

# STANDARDS FOR ACUPUNCTURE







# STANDARDS FOR ACUPUNCTURE

Available on the College website in the *Resource Room*

## Introduction

The *Regulated Health Professions Act (1991), as amended*, acknowledges occupational therapists as autonomous practitioners. Regulation of the profession requires that occupational therapists practice according to established standards and principles of practice, and apply these consistently in a responsible and intentional manner within the health care environment.

Prior to the passing of the *Traditional Chinese Medicine Act* in December of 2006, acupuncture was entirely exempt from the controlled act of “performing a procedure below the dermis” and anyone was able to perform this activity. However, with the passing of the *Traditional Chinese Medicine Act*, acupuncture is no longer entirely exempt from this controlled act.

A controlled act is any one of the actions/activities defined in Subsection 27(2) of the *Regulated Health Professions Act (RHPA, 1991) as amended*.

Occupational therapists will continue to be exempt from the prohibition against performing the controlled act of acupuncture, under an exemption for controlled acts contained in a regulation made under the authority of the RHPA (Ontario Regulation 107/96, Controlled acts).

When College Registrants perform any controlled act, whether it is one directly authorized to them or one permitted by another authorization method, it is to be performed in keeping with the requirements of the law and standards of practice of the profession.

The College of Occupational Therapists of Ontario supports the use of acupuncture as a modality within an occupational therapy practice by qualified occupational therapists.

Further, when performing the procedure of acupuncture, Registrants must ensure they are acting within the scope of the profession of occupational therapy. Acting within the scope of occupational therapy is a condition of using the controlled acts exemption. The legislated scope of practice of occupational therapy from the *Occupational Therapy Act (1991)* reads:

## STANDARDS FOR ACUPUNCTURE

The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure. (1991, c. 33, s. 3).

The purpose of this document is to ensure that occupational therapists in Ontario are aware of the minimum expectations for performance of the procedure of acupuncture.

These *Standards for Acupuncture* are in force and approved for use by occupational therapists in Ontario. These Standards are subject to review and revision based on future proclamation of legislation.

### Definitions

**Controlled Acts** are those activities and procedures where risk of harm to the client is perceived to be significant. The concept of controlled acts authorized to designated professions is linked to the RHPA's central goal of protecting the public by restricting performance of potentially harmful or high-risk acts. A list of the 13 controlled acts is found in section 27(2) of the *Regulated Health Professions Act* (1991).

**Delegation** is a term that has been given specific meaning in the RHPA. It refers *only* to controlled acts and speaks to the transfer of authority from one practitioner to another to perform the controlled act.

### Application of the Standards of Practice for Acupuncture for Occupational Therapists

Performing acupuncture within the scope of practice is a condition of using the controlled acts exemption.

- The following **standards** describe the minimum expectation for occupational therapists.
- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the standard has been met.
- It is not expected that all performance indicators will be evident at all times, but could be demonstrated if requested.
- There may be some situations where the occupational therapist determines that a particular performance indicator has less relevance due to client factors and/or environmental factors. Such situations may call for the occupational therapist to seek further clarification.
- It is expected that an occupational therapist will always use her/his clinical judgment to determine how to best meet client needs in accordance with the standards of the profession.
- It is also expected that an occupational therapist will be able to provide a reasonable rationale for any variations from the standard.

Pursuant to the *Regulated Health Professions Act* (1991), the College of Occupational Therapists of Ontario is authorized to make regulations in relation to professional practice. The College's *Professional Misconduct*

*Regulation* establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession,” constitutes grounds for professional misconduct.

College publications contain practice parameters and standards which should be considered by all Ontario occupational therapists in the care of clients and in the practice of the profession. College publications are developed in consultation with occupational therapists and describe current professional expectations. It is important to note that these College publications may be used by the Colleges of other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

#### **OVERVIEW OF THE STANDARDS FOR ACUPUNCTURE**

1. Scope of Practice
2. Competency Attainment
3. Continuing Competency
4. Evidence-Based Practice
5. Informed Consent
6. Safety Considerations
7. Record Keeping
8. Delegation of Components of Acupuncture to Support Personnel or Others
9. Accountability

### 1. SCOPE OF PRACTICE

Occupational therapists have been given access to perform the procedure of acupuncture according to the standard of practice of the profession through an exemption in the RHPA. In order to perform acupuncture outside the scope of occupational therapy practice and use the title acupuncturist/acupuncture practitioner, one must register with the College of Traditional Chinese Medicine Practitioners and Acupuncturists.

#### Standard 1

The occupational therapist will perform the procedure of acupuncture within the scope of practice of the profession of occupational therapy, and will have the knowledge, skill and judgment to perform the procedure safely, effectively and ethically.

#### Performance Indicators

An occupational therapist will:

- 1.1 Determine how the use of the modality of acupuncture practice fits within her/his scope of practice of occupational therapy;
- 1.2 Practice within the parameters of professional and personal competence (knowledge, skill and judgment), including any limitations to perform acupuncture safely, effectively and ethically;
- 1.3 Perform acupuncture in accordance with the standards of practice and the code of ethics for the profession;
- 1.4 Obtain Registrant status with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario if one wishes to perform acupuncture outside the scope of occupational therapy practice and/or use the title acupuncturist/acupuncture practitioner;
- 1.5 Only perform adjunctive techniques of acupuncture that are controlled acts (e.g. electric stimulation of needles, medicinal application, e.g. the use of analgesics) with appropriate delegation;\* and
- 1.6 Refer to other providers of acupuncture if the client requires treatment beyond the scope of practice of occupational therapy and/or beyond the limits of the clinician's knowledge and skill.

\*Note: "Delegation" refers to the transfer of authority to perform a controlled act from one practitioner who has the authority to perform the controlled act to another practitioner who has the knowledge, skill and judgment to perform the procedure safely and effectively.



## 2. COMPETENCY ATTAINMENT

Occupational therapists have education and training in anatomy, physiology and pathophysiology. These baseline educational components are necessary to perform acupuncture safely and effectively. Occupational therapists wishing to perform the controlled act of acupuncture are expected to ensure they have adequate background knowledge, skills, abilities and specific training to perform this procedure safely and effectively. The specific acupuncture educational program should be taught by someone who is legally able to perform acupuncture, and should test individuals on both theoretical and practical components of the procedure of acupuncture. While programs that are provided by an accredited educational program may have more merit, there is no accreditation system in place in Ontario for education in acupuncture at the time of development of these Standards that is officially recognized by any regulatory authority or ministry.

### Standard 2

The occupational therapist will, prior to performing acupuncture, successfully complete a rigorous educational program.

#### Performance Indicators

An occupational therapist will:

- 2.1 Ensure that her/his background knowledge in anatomy, physiology and pathophysiology is current and sufficient;
- 2.2 Prior to performing acupuncture, complete an educational program in acupuncture that consists of the following components:
  - 2.2.1 Is taught by someone legally authorized to perform acupuncture,
  - 2.2.2 Tests individuals on both the theoretical components and practical components of acupuncture,
- 2.3 Retain documents which reflect her/his competency to perform acupuncture in accordance with the College of Occupational Therapists of Ontario educational requirements, such that she/he is able to present these to the College of Occupational Therapists of Ontario upon request; and
- 2.4 Meet all the educational requirements, as well as any other statutory, regulatory and professional obligations that apply.

### 3. CONTINUING COMPETENCY

#### Standard 3

The occupational therapist will maintain ongoing competency by engaging in professional development, including updating her/his knowledge of currently accepted practice with regards to acupuncture.

#### Performance Indicators

An occupational therapist will:

- 3.1 Participate in regular and systemic professional development activities that ensure current ongoing knowledge, skill, ability and judgment to perform the procedure of acupuncture;
- 3.2 Demonstrate her/his competency to perform acupuncture in accordance with current best practice;
- 3.3 Assume full responsibility to seek out and utilize support and resources as required to maintain competency;
- 3.4 Be able to provide the rationale and intent behind her/his actions with respect to using the modality of acupuncture;
- 3.5 Maintain the knowledge and skill required to continue to provide quality care if continuing to provide acupuncture as part of occupational therapy services; and
- 3.6 Decline to perform acupuncture if the performance of the procedure is outside of her/his current professional knowledge, skill and judgment.

### 4. EVIDENCE-BASED PRACTICE

Evidence-based practice reflects the use of best research evidence in conjunction with clinical expertise, and knowledge of client status, preferences and values in evaluating ongoing decisions about whether acupuncture is appropriate for a specific client.

#### Standard 4

The occupational therapist will be accountable for determining that the client's condition warrants the use of acupuncture and for assessing the clinical results/outcomes of the procedure. The occupational therapist will make decisions about the performance of the procedure of acupuncture based on client preference and status, clinical expertise, and research evidence.

### Performance Indicators

An occupational therapist will:

- 4.1 Critically appraise literature and supporting scientific evidence to make informed decisions about performing the procedure of acupuncture;
- 4.2 Engage the client and other stakeholders, if applicable, in a collaborative approach;
- 4.3 Consider the information known about the client (e.g. desired outcomes/goals, cultural, environmental, socio-economic, ethnic, health and/or disability related factors) to make informed decisions about performing the procedure of acupuncture;
- 4.4 Determine a reasonable rationale for all decisions about performing acupuncture on a specific client; and
- 4.5 Determine the need for acupuncture using reliable and valid assessment methods as relevant to the practice of occupational therapy.

## 5. INFORMED CONSENT

### Standard 5

The occupational therapist will ensure there is informed and ongoing consent from the client to perform acupuncture, as per the *Standards for Consent* (COTO, 2008) which will include a discussion of the following:

- a) The nature of the proposed procedure;
- b) The benefits, risks, limitations and side-effects of acupuncture to the client;
- c) Alternative treatments, including no treatment; and
- d) The option of the client to withdraw consent at any time during the process.

### Performance Indicators

An occupational therapist will:

- 5.1 Present the occupational therapist's role in the provision of acupuncture in relation to other services provided by the occupational therapist and the team;
- 5.2 Comply with the *Standards for Consent* (COTO, 2008);
- 5.3 Consider and discuss alternative treatment(s) with the client and provide other suitable options; and
- 5.4 Respect the client's choice to be the final decision-maker in treatment options and refuse the procedure.

### 6. SAFETY CONSIDERATIONS

When performed by a competent practitioner, acupuncture is generally a safe treatment (World Health Organization, 1999; 2002). Occupational therapists should practice within the guidelines that minimize the risk of infection and accidents, be alert to contraindications, and be able to manage complications occurring during treatment. The importance of clinical safety in the procedure of acupuncture is evidenced in the literature. Inappropriate practice may lead to adverse effects that can be severe and life threatening. The following standard is consistent with the College's *Standards for Infection Control* (2006).

#### Standard 6

The occupational therapist will be responsible for minimizing the risks to the client, self and others associated with the performance of acupuncture before, during and after the procedure. The occupational therapist will appropriately manage any adverse reactions or complications arising during or after the procedure.

#### Performance Indicators

An occupational therapist will:

- 6.1 For every individual client who may be interested in acupuncture, assess the risk of performing the procedure of acupuncture, including a consideration of contraindications for this procedure;
- 6.2 Discuss any risks and/or contraindications involved with performing acupuncture with each individual client;
- 6.3 Establish and/or apply policies and procedures for recognizing and managing adverse reactions or complications during, or as a result of, acupuncture treatment;
- 6.4 Maintain current certification in a First Aid and CPR course to assist in managing any adverse reactions or complications;
- 6.5 Comply with the *Standards of Infection Control* (COTO, 2008);
- 6.6 Develop and apply current evidence-based infection control protocols to minimize risk factors for infection when performing the procedure of acupuncture; and
- 6.7 Develop and maintain a risk management process to assist with tracking incidents, identifying trends, and implementing quality improvement processes.

## 7. RECORD KEEPING

### Standard 7

The occupational therapist will document the provision of acupuncture as per the College of Occupational Therapists of Ontario's *Standards for Record Keeping* (2008).

#### Performance Indicators

An occupational therapist will:

- 7.1 Comply with the *Standards for Record Keeping* (COTO, 2008); and
- 7.2 Document in the client's health record the details of the controlled act that has been performed and the outcome of the procedure.

## 8. DELEGATION OF ACUPUNCTURE TO SUPPORT PERSONNEL OR OTHERS

Delegation is a term used in the *Regulated Health Professions Act* (1991) that has been understood as the transfer of the legal authority to perform a controlled act or a component of a controlled act to a person, regulated or unregulated, who is not normally authorized to perform the act. As occupational therapists have been given access to perform acupuncture through an exemption in the RHPA, this type of legal authority does not allow the delegation of acupuncture from an occupational therapist to anyone.

### Standard 8

An occupational therapist will not delegate the whole or parts of the controlled act of acupuncture to anyone including students<sup>1</sup>, support personnel, or other health professionals.

#### Performance Indicators

An occupational therapist will:

- 8.1 Perform the entire procedure of acupuncture on her/his client; and
- 8.2 If teaching acupuncture to occupational therapy students in a core occupational therapy program, do so only within one's personal competence and providing an appropriate level of supervision before, during and after the procedure, including being physically present during the entire procedure.

<sup>1</sup>While students cannot perform acupuncture under the delegation of an Occupational Therapist, there is an exemption, found in clause 29(1)(b) of the *Regulated Health Professions Act*, which permits students to perform acupuncture as a part of their core occupational therapy educational program under the supervision of an occupational therapist trained in acupuncture.

### 9. ACCOUNTABILITY

#### Standard 9

The occupational therapist will be accountable for determining when to initiate acupuncture, the entire procedure, assessment of clinical outcomes, and follow-up.

#### Performance Indicators

An occupational therapist will:

- 9.1 Be responsible for the decision to perform acupuncture;
- 9.2 Assume responsibility in judging her/his own current competency to perform acupuncture;
- 9.3 Accept personal and professional responsibility for the performance of acupuncture;
- 9.4 Appreciate when an acupuncture procedure she/he does not have the knowledge, skill or judgment to perform is indicated and refer the client to a practitioner who is able to perform the procedure;
- 9.5 Be responsible for performing the procedure of acupuncture within the occupational therapist's competence, including managing any adverse reactions or complications;
- 9.6 Be aware of relevant national and provincial statutes, as well as professional regulations, essential competencies, standards, guidelines, and employer policies that relate to the delivery of acupuncture;
- 9.7 Assume responsibility to make the client and the referral source aware of any limitations on the service of acupuncture within the scope of occupational therapy practice; and
- 9.8 Present suitable options and appropriate recommendations, when the most appropriate services for a client cannot be offered by the occupational therapist.

### **Legislative References:**

*The Occupational Therapy Act (1991)*

*The Regulated Health Professions Act (1991)*

*The Traditional Chinese Medicine Act (2006)*

### **College References:**

*Guideline on the Controlled Acts and Delegation (2002)*

*Principled Occupational Therapy Practice (2002)*

*Standards for Consent (2008)*

*Standards for Infection Control (2006)*

*Standards for Record Keeping (2008)*

*Competency Review and Evaluation: Step 1 Guide 2008/2009*

### **Other References:**

Ernst, E. (1999). Adverse effects of acupuncture in W.B. Jonas & J.S. Levin (Eds.) *Essentials of Complementary and Alternative Medicine* (p.172-174). Philadelphia: Lipponcott Williams & Wilkins.

Townsend, Elizabeth A., Polatajko, Helene J., *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being, and Justice Through Occupation; Canadian Association of Occupational Therapists, 2007.*

World Health Organization. (2002). *Review and Analysis of Reports on Controlled Clinical Trials.*

World Health Organization. (1999). Guidelines on basic training and safety in acupuncture. Available at [http://whqlibdoc.who.int/hq/1999/WHO\\_EDM\\_TRM\\_99.1.pdf](http://whqlibdoc.who.int/hq/1999/WHO_EDM_TRM_99.1.pdf)

### Acupuncture: Frequently Asked Questions

#### **Q: When is acupuncture within the scope of practice of occupational therapy?**

**A:** Acupuncture may be performed within the practice of occupational therapy to assist with occupational performance. Research suggests that the benefits of acupuncture can include, but are not limited to pain relief, decreased swelling, general and muscle relaxation, decreased anxiety, decreased headaches and improved sleep. Such benefits allow one to be able to increase participation in meaningful activities with greater ease and efficiency.

#### **Q: What type of training does an OT need to undertake in order to be able to perform acupuncture? How can an OT determine what is rigorous?**

**A:** The College of Occupational Therapists of Ontario does not offer suggestions regarding specific courses for acupuncture training. However, the level of training should coincide with how an OT will apply the procedure. For example, if an OT is trained to perform acupuncture only on a certain area, she/he may not perform it on any other area unless additional training is sought. Nevertheless, an OT should ensure she/he has the basic and current knowledge of anatomy, physiology and pathophysiology, in addition to specific acupuncture training.

Training would be considered rigorous by its method of teaching/learning (theoretical and practical), its depth of knowledge, opportunities given to practice, knowledge received about intended and potential outcomes and safety, and qualifications of the instructor.

For further details you may refer to the Competency Attainment Standard that can be found in the Acupuncture Standards.

#### **Q: Can I call myself an acupuncturist?**

**A:** Occupational therapists have been authorized to perform acupuncture according to the Standards of Practice of Occupational Therapy. Only if an OT wishes to perform acupuncture outside the scope of occupational therapy practice and use the title acupuncturist/acupuncture practitioner, are they to register with the College of Traditional Chinese Medicine Practitioners and Acupuncturists and meet the practice requirements.

#### **Q: Which adjunctive techniques of acupuncture are considered controlled acts?**

**A:** There are some practitioners who use electrical stimulation of needles or medical agents on the needles. They are considered to each be controlled acts in their own right. OTs do not have authority to perform this without specific delegation from someone who is legally authorized to perform these controlled acts.

#### **Q: What type of safety precautions do I need to take in order to perform acupuncture safely?**

**A:** Prior to offering acupuncture as a treatment modality, an occupational therapist must use her/his professional judgment to recognize whether she/he has the appropriate training and competency to perform such treatment. An occupational therapist that performs acupuncture should adhere to standard precautions and infection control practices.

Generally acceptable safety precautions include:

- Performing acupuncture in a clean working environment;



- Following appropriate hand hygiene;
- Using only sterile, single-use, disposable needles and equipment and storing them in proper storage;
- Using aseptic technique;
- Carefully managing and disposing of used needles and swabs; and
- Minimizing the risk of needle stick accidents by capping/tubing needles.

An occupational therapist performing acupuncture should also be able to follow appropriate procedures in case of adverse reactions or complications, such as a client fainting, a broken or stuck needle, needle stick injury, and injury to a vital part of the body. Thus, an occupational therapist should maintain current certification in CPR and First Aid.

In order to assist with tracking incidents, identification of trends, and the implementation of quality improvement processes, an OT may consider keeping incident reports.

**Q: Can I still perform acupuncture at my workplace if the facility will not allow me to perform the procedure there? If not, can I perform acupuncture privately?**

**A:** OTs are expected to adhere to policies and procedures set in the workplace and are accountable to her/his employers. Therefore, if your employer does not allow you to perform acupuncture within her/his facility you may not do so. However, if you feel your client would benefit from the procedure you may refer her/him to another resource.

You may perform acupuncture privately within OT practice. However, these types of situations may present a conflict of interest if it is perceived that your referrals are being solicited through your position in the facility. As regulated professionals, OTs are required to clearly demonstrate service in the client's best interest. OTs are also expected to identify and manage real or perceived conflicts of interest.

For further details, it is suggested that you refer to the College's Guide to Independent Practice, which can be found on the College of Occupational Therapists of Ontario's website ([www.coto.org](http://www.coto.org)) in the *Resource Room*.

**Q: Can my students or support personnel perform any part of acupuncture?**

**A:** No. Since OTs have been given access to perform acupuncture through an exemption in the RHPA, this type of legal authority does not allow the delegation of acupuncture from an OT to anyone.

**Q: Can a physiotherapist and occupational therapist share parts of the procedure of acupuncture?**

**A:** If both professionals are qualified to perform acupuncture, this would be considered shared care, not delegation. However, it is recommended that, in order to promote consistent patient care, including the ability to monitor and manage outcomes, one professional take responsibility for performing the entire procedure. It is necessary to be clear upon whom the responsibility for the procedure rests and who would be accountable for it, the OT or the PT.



**College of Occupational Therapists of Ontario**

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## COMMITTEE REPORT TO COUNCIL

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**Committee:** Executive  
**Chair:** Julie Entwistle  
**Date:** January 28, 2020

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Page 1 of 2

### Tasks completed since the last Council Meeting

Executive has had one teleconference and two in-person meetings since the last Council meeting on October 24, 2019. Executive key priorities since the last Council meeting were to review and approve the lease agreement.

#### Activities included:

- Reviewed, revised and approved the Risk Management Report for approval by Council.
- Reviewed and approved the Risk Register.
- Reviewed and approved the Committee Work Plan.
- Reviewed and approved the Priority Performance Report
- Reviewed all policies up for renewal.
- Reviewed and approved the proposed Lease for the current premises
- Reviewed and recommended to Council, approval to circulate the revised Standards for Acupuncture
- Drafted the Council agenda for January meeting.
- Reviewed and approved the November 2019 Financial Statement for approval by Council.
- Reviewed the progress on the 2020 Elections for Council
- Reviewed the Council nominations process, for the 2020 Executive Committee election
- Reviewed the process for committee appointments for 2020
- Reviewed the October Council Meeting Evaluation.

### Key Priorities

Oversight of the Strategic Planning Process  
Oversight of Financial Statements  
Oversight of the Risk Management Program  
Approval of renewed Lease of the Premises

### Leadership Priorities

- 1. Confidence in occupational therapy regulation:**  
Oversight to ensure the strategic planning process is completed in the public interest.
- 2. Quality practice by occupational therapists:**  
Ongoing support to the Practice Issues Subcommittee that provides guidance to occupational therapists on safe effective practice.

**3. System impact through collaboration:**

n/a

**Items for Decision/Discussion**

- Policy Review
  - Allowable Expenses
  - Honoraria
- Priority Performance Report
- Risk Management Report
- November 2019 Financial Statements
- Standards for Acupuncture – Approval for Circulation



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Practice Issues Subcommittee  
**Chair:** Donna Barker  
**Date:** January 28, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

- Practice Issues Subcommittee had one in-person meeting on December 2nd, 2019.
- Practice Issues Subcommittee workplan was reviewed and items prioritized

### Key Priorities

The Subcommittee continues to work on priority items as identified in the 2019-2020 Workplan:

- Developing and updating College publications.
- Responding to new and evolving practice environments through identification and prioritization of issues impacting OT practice and service delivery.

### Leadership Priorities

#### 1. Confidence in occupational therapy regulation:

- Subcommittee decisions are informed by Practice, ICRC, QA data and changes in Legislation

#### 2. Quality practice by occupational therapists:

- Subcommittee has recommended revisions to the following College documents for 2019-2020:
  - Practice documents related to Privacy
  - Standards for Acupuncture
  - Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis
  - Guide to Discontinuation of Service
  - Guidelines for Social Media

#### 3. System impact through collaboration

N/A

### Items for Decision/Discussion:

- The revised draft Standards for Acupuncture is before Council for review and approval for stakeholder consultation.



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Registration Committee

**Chair:** Jennifer Henderson

**Date:** January 28, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

The Committee met twice since the last Council meeting. The Committee meeting was held via teleconference on November 28, 2019. The Committee meeting was held in person on January 16, 2020.

### Cases Reviewed

5 cases reviewed.

### Health Professions Appeal and Review Board

2 reviews in process.

### Key Priorities

The Committee ensures applicants are competent and qualified to practice occupational therapy safely and ethically.

### Leadership Priorities

1. **Confidence in occupational therapy regulation:** No new updates
2. **Quality practice by occupational therapists:** No new updates
3. **System impact through collaboration:** No new updates.

### Items for Decision/Discussion

None



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Inquiries, Complaints and Reports Committee  
**Chair:** Teri Shackleton  
**Date:** January 28, 2020

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Page 1 of 2

### Tasks completed since the last Council Meeting

Since the last report to Council, the Committee has held 2 in-person panel meetings. Both Panel A and Panel B met once. A summary of the ICRC's case reviews is detailed in the table below:

Date of Meeting	Type of Case	Source of Case	Oral Decisions
November 15, 2019 Panel B	2 complaints 5 Registrar's investigations	1 complaint from client 1 complaint from client's family member 5 investigations based on mandatory report from former/current employer	4 Take No Action 2 Remedial Agreement 1 Advice and Guidance
December 12, 2019 Panel A	7 complaints 3 Registrar's investigations	5 complaints from client 2 complaints from interprofessional team member 2 investigations based on mandatory report from former employer 1 investigation based on information from insurance company	5 Take No Action 3 Advice and Guidance 1 Remedial Agreement 1 No decision – require Legal Opinion/Prosecutorial Viability Assessment (PVA)

**Key Priorities**

Continuing to ensure efficient and timely processing of complaints and reports.

**Leadership Priorities**

1. **Confidence in occupational therapy regulation:** No new updates
2. **Quality practice by occupational therapists:** No new updates
3. **System impact through collaboration:** No new updates

**Items for Decision/Discussion:**

No items to be brought forward for Council discussion.





## COMMITTEE REPORT TO COUNCIL

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**Committee:** Discipline Committee  
**Chair:** Donna Barker  
**Date:** January 28, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

Since the Discipline Committee last reported to Council, it has not held any hearings and no reinstatement applications are currently pending.

No new referrals from the Inquiries, Complaints and Reports Committee (ICRC) were received.

In the Committee's last report to Council, it was noted that 1 referral from the ICRC was received. A pre-hearing conference has been scheduled for March 12, 2020 for that matter.

### Key Priorities

The Discipline Committee hears and determines allegations of professional misconduct and/or incompetence. It also hears and determines reinstatement applications for certificates of registration that have been revoked or suspended as a result of disciplinary proceedings. The Committee wishes to continue to ensure fair, efficient and timely processing of all Discipline hearings and reinstatement applications.

### Leadership Priorities

- 1. Confidence in occupational therapy regulation:** No new updates
- 2. Quality practice by occupational therapists:** No new updates
- 3. System impact through collaboration:** No new updates

### Items for Decision/Discussion

None



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Fitness to Practise  
**Chair:** Patrick Hurteau  
**Date:** January 28, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

There have been no meetings of the Fitness to Practise Committee since the Committee's last report to Council and there are no pending referrals from the Inquiries, Complaints and Reports Committee.

### Key Priorities

No new updates since the Committee's last report to Council.

### Leadership Priorities

- 1. Confidence in occupational therapy regulation:**  
No new updates.
- 2. Quality practice by occupational therapists:**  
No new updates.
- 3. System impact through collaboration:**  
No new updates.

### Items for Decision/Discussion

There are no items that require discussion or investigation at this time.



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Quality Assurance Committee  
**Chair:** Mary Egan  
**Date:** January 28, 2020

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Page 1 of 2

### Tasks completed since the last Council Meeting

Committee participated in one teleconference on November 15, 2019 and held one in-person meeting on January 8, 2020 since the last Council Meeting.

#### At the November 15, 2019 teleconference, QAC:

Was provided with an update on the Assessing OT Continuing Competence Project, which included:

- The vendor has conducted an extensive scan of the literature regarding risk-related characteristics and is beginning to synthesize this to inform development of the Extended Risk Register (the process for selecting OTs that annually participate).
- The vendor has begun development of an online OT member survey to inform development of the Extended Risk Register.
- COTO will communicate with all OTs informing them about the project and asking for 8-10 OT volunteers – representing different practice settings and geographic locations – to provide input into development of the online member survey.
- Once the Extended Risk Register and process for selecting OTs for competency assessment has been established, the project team will turn their focus to the competency assessment instrument or tool which will be used to identify gaps in OT competence.

#### At the January 8, 2020 in-person meeting, QAC:

- Received a QA Program Update, which included:
  - The 2019 Prescribed Regulatory Education Program (PREP) and 2019 Self-Assessment (SA) final compliance is: 99%.
  - 30 letters were sent to OTs selected to participate in a peer and practice assessment in 2020; six deferrals have been granted. Open teleconferences are being held to answer any questions about the process. A teleconference was also held with the registrant selected from Nunavut.
  - 720 OTs completed the Assessing OT Continuing Competence Project Survey on Risks in Practice (as of January 7, 2020; survey open until January 12, 2020).
  - The College has updated and enhanced web content about the QA program and processes.
- Reviewed a revised QA Compliance policy as amended based on feedback from a plain language consultant; policy to be approved by committee after consultation with legal.

- Approved revisions to the 2020 PREP learning objectives; the learning objectives were revised to more accurately reflect the content and flow of the PREP.
- Reviewed the results of the Committee Effectiveness Survey and established quality improvement initiatives to further enhance committee functioning going forward.
- Issued decisions on one peer and practice assessment case and 17 non-compliance with QAC requirements cases. These non-compliance cases include OTs who were either non-compliant with the 2019 PREP and the 2019 SA OR were non-compliant with at least one of the 2019 PREP or 2019 SA and a QA requirement from 2018.
  - Peer and practice case decision: QAC intends to issue a Specified Continuing Education and Remediation Program (SCERP).
  - 17 non-compliance case decisions:
    - QAC intends to require two registrants to participate in a peer and practice assessment as well as require them to complete their outstanding QA requirements.
    - QAC intends to issue 15 written notices requiring registrants to complete their outstanding QA requirements. Where failure to comply was not due to extreme circumstances or likely technical issues, a policy reminder regarding the requirement to comply with QA obligations going forward will also be given.

### **Key Priorities**

- Continued oversight of the development of the new competency assessment process;
- Continued oversight of interim processes related to peer and practice assessments as the competency assessment process is redeveloped;
- Continued monitoring of registrant non-compliance with annual QA requirements;
- Continued oversight of the development of the 2020 PREP: Managing Risks in Occupational Therapy Practice.

### **Leadership Priorities**

#### **1. Confidence in occupational therapy regulation:**

The Committee continues to offer support and decision-making to inform best next steps with respect to:

- Decisions on QA case files;
- Managing registrant non-compliance with annual QA requirements; and
- Development of the new competency assessment process;

#### **2. Quality practice by occupational therapists:**

- The Committee is dedicated to guiding the development of the 2020 PREP to protect the public by providing education and resources on how to minimize risks in OT practice.

#### **3. System impact through collaboration:**

N/A

### **Attachments - None**



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Patient Relations Committee

**Chair:** Jeannine Girard-Pearlman

**Date:** January 28, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

Patient Relations Committee has met once since the October Council meeting on January 7 2020, via teleconference.

### Key Priorities

Patient Relations Committee's key priorities are the implementation of the enacted provisions of the Protecting Patients Act, 2017, proactive planning for proposed regulations under the Act, and meeting legislative mandate of the Committee as it pertains to the administration of the sexual abuse counselling fund, the education of registrants, Council and staff on professional boundaries and the prevention of sexual abuse of clients.

Work continues to review and make appropriate revisions to the Code of Ethics (2011) (Reformatted in 2016) and the Guide to the Code of Ethics (2012) (Reformatted in 2016) as per the agreed workplan.

Discussions also continue to develop a policy and procedure related to the Sexual Abuse Counselling Fund.

Work will continue to progress the above items.

### Leadership Priorities

- 1. Confidence in occupational therapy regulation:**  
Develop a policy and procedure related the administration of the Sexual Abuse Counselling Fund.
- 2. Quality practice by occupational therapists:**  
Progressing review of the Code of Ethics and the Guide to the Code of Ethics.
- 3. System impact through collaboration:**  
No new updates.

### Items for Decision/Discussion

There are no items for decision at this time.



## Council Meeting Evaluation

January 28, 2020

Please assess how well Council adhered to the expectations we have set:

Item	Yes	Most of the time	No	Please provide comments to support your rating, as appropriate
1. Council members were given an opportunity to declare any conflict of interest prior to the start of the meeting.				
2. Information was provided in a clear, succinct and timely manner in advance of the meeting.				
3. An agenda was followed in the meeting. Council's time was spent on issues of public interest and safety. Furthermore, Council's focus was on outcomes or intended long term ends rather than on the means to attain those effects.				
4. Council deliberations were fair, open and thorough but also timely, orderly and kept to the point.				
5. Each Council member was given an adequate opportunity to participate in discussion and decision-making.				

Item	Yes	Most of the time	No	Please provide comments to support your rating, as appropriate
6. The discussions and options considered for each agenda item were sufficient in breadth and quality to support effective decision-making.				
7. Diversity in viewpoints was not discouraged.				
8. The process for collective or group decision-making was made without undue influence of any individual Council member. Once decisions were made, the process supported speaking with one voice.				
9. Council's treatment of all persons was courteous, dignified and fair.				
10. Council adhered to a semblance of order in the meeting.				

**Your suggestions for improvement?**

Understanding that effective leadership involves continual growth and development, what advice would you ask Council to consider in order to strengthen our effectiveness in the future?

**Any additional comments?**

Please provide any additional comments that you feel may be helpful to this evaluation process. For example, you may wish to highlight where our discussion and decision-making process worked well today and where it may not have been as effective.





## Annual Council Evaluation

Period: April 1, 2019 – January 28, 2020

Name: \_\_\_\_\_

### Instructions:

Please assess your view of our collective performance as Council during the past year using the scales provided below. Comments are an important aspect of evaluation as they provide insight and clarity. In each section, there is a space for your comments. You are encouraged to add your thoughts where appropriate.

### Section One – Adherence to Governance Process Policies

#### Council-Community Linkage (GP2)

*Council recognizes its accountability to the public interest for whom the organization exists to benefit. It is to all Ontarians that Council holds itself accountable and from The Regulated Health Professions Act that Council obtains its authority.*

The Council-Community linkage is sustained through the critical roles assumed by Council. These include:

1. Transparent decision making;
2. identifying opportunities to gather information to share with Council colleagues to assist in policy development;
3. sharing information with the public and the College's stakeholders about Council meetings; and
4. consulting with the public and stakeholders for input on changes to College policies and positions.

**Please assess how well Council has met these expectations:**

Item	Yes	Sometimes or most of the time	No and thus needs improvement	Please provide comments to support your rating, as appropriate
In your reflection, do you feel that Council has met these expectations with respect to Council-Community Linkage?				
Please rate how well Council prioritized and focused on the public interest in decision-making over the past year.				



**Governing Style (GP3)**

Council will govern with an emphasis on:

- Strategic/policy leadership rather than administrative detail
- Evidence-based decision-making
- Accountability
- Clear distinction of Council and Registrar roles
- Encouragement of diversity in viewpoints
- Collective rather than individual decisions, and
- Being proactive rather than reactive.

**Please assess how well Council has met these expectations:**

Item	Yes	Sometimes or most of the time	No and thus needs improvement	Please provide comments to support your rating, as appropriate
1. Council assumes responsibility for excellence in governance through the establishment and adherence to policy.				
2. Council's focus is on group responsibility rather than individual responsibility for decision-making.				
3. Council's focus is on outcomes or intended long term ends rather than on the means to attain those effects.				
4. Council encourages diversity in viewpoints. Council members are encouraged to express their views fully in all matters discussed.				
5. A clear distinction between Council and staff roles is maintained at all times.				
6. Council monitors and discusses Council's process and performance at each Council meeting.				



**Council's Role (GP4)**

The role of Council is to determine and demand appropriate organizational performance. Accordingly,

1. Council will produce written governance policies that, at the broadest levels, address each category of organizational decision:
  - a. Ends
  - b. Registrar Limitations
  - c. Governance Process
  - d. Council-Registrar Linkage
2. Council will evaluate the Registrar's performance against *Ends* and *Registrar Limitations* policies

**Please assess how well Council has met these expectations:**

Item	Yes	Sometimes or most of the time	No and thus needs improvement	Please provide comments to support your rating, as appropriate
1. Council has set annual priorities that are highlighted in the College's Ends policies and have been derived from a multi-year strategic plan.				
2. Council receives regular monitoring reports that inform you of progress in efforts to achieve the College's Ends.				
3. Council is informed about the environment in which it and the College operate.				
4. Council monitors adherence to Registrar Limitations.				
5. The monitoring reports you received are effective based on the following criteria: <ul style="list-style-type: none"> <li>• Received on time according to the monitoring schedule established in our policies, and</li> <li>• Alert you, in advance, to any possible or potential contravention of our policies.</li> </ul>				
6. Council honours the accountability of the Registrar and, as per CRL3 policy, does not give instructions or evaluate any staff other than the Registrar unless requested to do so.				



Item	Yes	Sometimes or most of the time	No and thus needs improvement	Please provide comments to support your rating, as appropriate
7. The performance of the Registrar is measured against the accomplishment of Council policies on Ends and operations within the boundaries established in Council policies on Registrar Limitations.				

### **Section Two – Council Development**

#### **Council Growth and Development**

Understanding that effective leadership involves continual growth and development, what advice would you have for Council to assist us to become even more effective?

**Please provide comments, as appropriate.**



**Any additional comments?**

Please provide any additional comments that you feel may be helpful to this evaluation process.

*Thank you very much for your participation in this important process.*



## Council Member Self Evaluation January 28, 2020

In addition to Council assessing its own performance as a governing body, individual Council members should also reflect their own performance and contribution to the work of Council. The first two pages of this tool are provided for ***your information only***. Mindful responses can help you best pay attention to your performance as a Council member and can help you formulate a personal development plan for the coming year.

In addition, we do hope that you will complete page three and submit it to the College so that we can best support you in your development plan.

**Please assess how well you feel you have met the expectations Council has set for your roles and responsibilities:**

Statement	Yes	Some of the time	No
1. I understand the role of Council and my legal and ethical responsibilities including confidentiality as a Council member.			
2. I focus my attention on issues that are appropriate for me to consider as a member of Council rather than on matters that are appropriately managed by staff. I focus is on the "ends" to be achieved not on the "means" to achieve them.			
3. I have attended all Council meetings, committee meetings and other events requiring my participation.			
4. I prepare for each meeting by fully reviewing the package of material sent to me. I contact the Chair with any questions I have in advance of the meeting.			
5. I make decisions and raise concerns about issues in the public interest.			
6. I declare my conflict of interest, wherever appropriate, and avoid participation in Council issues which are self-serving.			
7. I contribute to the depth and breadth of discussion at meetings. I always present my views in a collegial and professional manner. Furthermore, I always listen and consider the views of my colleagues.			
8. I hold professional and respectful regard for others during meetings.			
9. I have constructively shared my opinions and voted my conscience but have spoken with one voice with Council decisions.			
10. I find serving on Council to be a meaningful and rewarding experience.			

**Reflection**

If I answered “*No*” or “*Some of the time*” to any of the above statements, I should ask myself why and identify what, if any, action I will take. Furthermore, I should consider how I wish to grow in my role as a Council member and strengthen my effectiveness in the coming year.

**Council Member Self Evaluation**  
**Optional Action**  
**Januray 28, 2020**

Please provide us with a sense of your personal development needs. Your response to the question below will help us to schedule either an individual training opportunity or a Council-wide educational opportunity. Please complete this form and return this page to the Registrar at the meeting to be collated and brought to the Member at Large of Education.

**My development or educational requirements:**

I believe that my contribution to the College would be improved with education and/or training in the following: