



## COUNCIL AGENDA

**DATE:** Tuesday, June 23, 2020 **TIME:** 9:00 a.m. – 2:30 p.m.

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Agenda Item		Objective	Attachment
<b>1.0</b>	<b>Call to Order and Traditional Land Acknowledgement</b>		
<b>2.0</b>	<b>Council Orientation</b> by Julie Maciura, Steinecke, Maciura, LeBlanc, College Counsel and Nabila Mohammed, Director of Finance and Corporate Services		
<b>3.0</b>	<b>Declaration of Conflict of Interest</b>		
<b>4.0</b>	<b>Approval of Agenda</b>	Decision	✓
<b>5.0</b>	<b>Consent Agenda</b>		
	<ul style="list-style-type: none"> <li>• Draft Council Minutes of March 26, 2020</li> <li>• Draft Council Election Minutes of March 26, 2020</li> <li>• Draft Special Council Minutes of April 7, 2020</li> <li>• Registrar's Written Report of June 23, 2020</li> <li>• Committee Reports/June 23, 2020 for: Executive, Practice Issues Subcommittee, Quality Assurance, Discipline, Inquiries Complaints &amp; Reports, Fitness to Practise, Registration, and Patient Relations</li> </ul>	Decision	All included
<b>6.0</b>	<b>Registrar's Update</b>		
	<b>6.1</b> College's Strategic Response to COVID-19	Information	✓
	<b>6.2</b> Presentation: <i>Operational Status Report for Q4 2019-2020</i> by Elinor Larney, Registrar	Information	
	<b>6.3</b> Presentation: <i>2019-2020 (Y3) Outcomes, Operational Plan for 2020-2023</i> by Elinor Larney, Registrar	Information	✓
	<b>6.4</b> Priority Performance Report	Decision	✓
	<b>6.5</b> Risk Management Report	Decision	✓
	<b>6.6</b> Registrar's Evaluation Process	Information	
<b>7.0</b>	<b>Finance</b>		
	<b>7.1</b> June 2019 to April 2020 Financial Report	Decision	✓
	<b>7.2</b> FY20/21 Projected Budget	Decision	✓
	<b>7.2.1.</b> Targeted Relief through a Financial Hardship Process	Decision	✓

Agenda Item		Objective	Attachment
<b>8.0</b>	<b>Council Education</b>		
	<b>8.1</b> Presentation: <i>Making Risk-Based Regulation a Reality</i> by Seema Sindwani, Manager, Quality Assurance	Information	
	<b>8.2</b> Proposed New OT Continuing Competency Assessment Process	Decision	✓
<b>9.0</b>	<b>Governance</b>		
	<b>9.1</b> Reappointment of Non-Council Member - Patient Relations Committee	Decision	✓
	<b>9.2</b> Reappointment of Non-Council Member - Practice Issues Subcommittee	Decision	✓
	<b>9.3</b> Reappointment of Non-Council Member - Practice Issues Subcommittee	Decision	✓
	<b>9.4</b> Appointment of Non-Council Member - Quality Assurance Subcommittee	Decision	✓
	<b>9.5</b> Council Policy Review <ul style="list-style-type: none"> <li>• GP2 – Council -Community Linkage</li> <li>• In Camera Sessions</li> <li>• Anti-Violence &amp; Anti-Harassment in the Workplace</li> </ul>	Decision	✓
	<b>9.6</b> Revised Terms of Reference - All College Committees	Decision	✓
<b>10.0</b>	<b>Business</b>		
	<b>10.1</b> Revised Standards for Acupuncture	Decision	✓
<b>11.0</b>	<b>Environmental Scan</b>		
<b>12.0</b>	<b>Other Business</b>		
	<b>12.1</b> Council Meeting Evaluation	Complete	<i>Link to follow</i>
<b>13.0</b>	<b>Next Meetings</b>		
	<ul style="list-style-type: none"> <li>• <b>PLEASE NOTE</b> re: Council Education Session: Wednesday, October 28, 2020 is canceled. <i>Session will be held as part of the Council Meeting on October 29.</i></li> <li>• Council Meeting: Thursday, October 29, 2020 (9:00 – 3:00 via video conference)</li> <li>• Council Meeting: Thursday, January 28, 2021 (Time and Place TBA)</li> <li>• Council Meeting: Thursday, March 25, 2021 (Time and Place TBA)</li> <li>• Council Meeting: Thursday, June 24, 2021 (Time and Place TBA)</li> </ul>		
<b>14.0</b>	<b>Adjournment</b>		



## DRAFT COUNCIL MINUTES

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**DATE:** Thursday, March 26, 2020 **FROM:** 9:00 a.m. – 3:00 p.m.

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**PRESENT:**

Julie Entwistle, *Chair*  
Donna Barker  
Allan Freedman  
Jeannine Girard-Pearlman  
Jennifer Henderson  
Patrick Hurteau  
Heather McFarlane  
Aruna Mitra (5.1-5.5)  
Vincent Samuel  
Stephanie Schurr  
Teri Shackleton  
Peter Shenfield  
Michelle Stinson

**OBSERVERS:**

Sarah Kibaalya, Ministry of Health (MOH) (4.0-5.2)  
Carol Mieras (5.5-12.0)

**STAFF:**

Elinor Larney, Registrar  
Sandra Carter, Practice Consultant  
Stamatis Kefalianos, Manager, Regulatory Affairs  
Nabila Mohammed, Director, Finance and Corporate Services  
David Pham, Information and Resource Associate (1.0-6.1)  
Nancy Stevenson, Director, Communications (5.1-12.0)  
Andjelina Stanier, Executive Assistant, *Scribe*

**REGRETS:**

John-Paul Dowson  
Mary Egan

### 1.0 Call to Order and Traditional Land Acknowledgement

Chair Julie Entwistle welcomed everyone and called the meeting to order at 9:02 a.m. She started the meeting by paying tribute to the late Debbie Hebert, professional Council member from District 1. Debbie passed away on March 19, 2020 and is remembered by colleagues, students and friends as a kindhearted, warm and compassionate person who during her professional career, mentored and supported many OTs. Debbie was dedicated to protecting the public by supporting OTs through her work on the Practice Issues Subcommittee. She leaves behind a remarkable legacy as an occupational therapist and teacher. The Chair recognized the contributions of public member John-Paul Dowson and professional member Patrick Hurteau. John-Paul, unable to attend today due to increased work responsibilities related to the COVID-19 pandemic, will complete his term on Council on May 1, 2020. He has decided to not seek reappointment due to time constraints. John-Paul served on the Registration, Fitness to Practise and Inquiries Complaints and Reports Committees. The Chair invited public member, Jeannine Girard-Pearlman to speak about outgoing professional member, Patrick Hurteau. Jeannine expressed words of appreciation for his hard work and dedication to the College's mandate of protecting the public. Patrick thanked Jeannine, Council and staff for all the support he received over the past 3 years. Patrick will complete a 3-year term after the meeting today and he has decided to not seek re-election. In addition to serving on Council, Patrick also served as member and Chair of the Fitness to Practise and Nomination Committees and member of the Patient Relations Committee.

In the interest of truth and reconciliation, and in the hope to build faith and trust with our Indigenous community, the Chair reminded 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

## **2.0 Declaration of Conflict of Interest**

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

## **3.0 Approval of Agenda**

The Chair asked if there were any additions or other changes to the agenda. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

*THAT the agenda be approved as presented.*

**CARRIED**

## **4.0 Consent Agenda**

The Consent Agenda format was introduced today. Elinor explained that the purpose is to move routine items along quickly to allow more time for discussion on more important items. In the future, all items included on the Consent Agenda will be individually listed. Today's Consent Agenda items for approval include: Draft Council Minutes of January 28, 2020, Registrar's Written Report, Annual Council Evaluation Summary, Executive Committee Report, Practice Issues Committee Report, Quality Assurance Committee Report, Discipline Committee Report, Inquiries, Complaints and Reports Committee Report, Fitness to Practise Committee Report, Registration Committee Report, Patient Relations Committee Report, Nominations Committee Report

MOVED BY: Donna Barker

SECONDED BY: Teri Shackleton

*THAT Council approves the consent agenda items as presented.*

**CARRIED**

## **5.0 Registrar's Report**

### **5.1 Registrar's Presentation**

The Registrar reported on the specific areas of focus for Q3 (December 1, 2019 – February 29, 2020) related to the 2019-2020 Strategic Plan.

### **5.2 Priority Performance Report**

Council reviewed and discussed performance data for Q3 2019-2020 related to the College's progress on objectives as outlined in the 2017-2020 Strategic Plan.

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Jennifer Henderson

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

**CARRIED**

### **5.3 Risk Management Report**

Elinor reviewed the report and highlighted two risks, 1) As Public Member Jeannine Girard-Pearlman was reappointed for one more year, the possibility of Council not being properly constituted remains a possibility after May 1, 2020 when John-Paul Dowson's term will expire and if a new public member is not appointed by then. Elinor remains in regular contact with the Public Appointments Office on this issue; 2) The emergence of COVID-19 as a global pandemic and Ontario's declaration of a state of emergency. The College is participating on a daily teleconference with Ontario's Chief Medical Officer and sharing resources with other colleges

and the Health Profession Regulators of Ontario (HPRO). Staff is fully equipped to work remotely from home and College processes are being adjusted as needed.

MOVED BY: Donna Barker  
SECONDED BY: Stephanie Schurr

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

**CARRIED**

**5.4 COVID-19 Update**

Elinor and Nancy provided an update on current Ministry information as well as an update on the impact the pandemic has had on daily College operations and priorities. The College's Pandemic Contingency Plan, developed in 2009, has provided valuable guidance. While all program areas of the College are affected, three key areas have redeployed resources in response: 1) Practice Program, by responding to a significant amount of calls from registrants, 2) Registration Program, by ensuring here are no delays for OTs to register as well as postponing registration renewal to August 31, and 3) Communications Program, by creating resources for OTs through regular eblasts and the College website.

**5.5 Enterprise Systems Project Update**

Nabila presented on the status of the Enterprise Systems Project and responded to questions.

MOVED BY: Peter Shenfield  
SECONDED BY: Heather McFarlane

***THAT Council approves the recommendation to move forward with the Enterprise Systems Project.***

**CARRIED**

**Welcome to Carol Mieras and Introductions**

The Chair welcomed new Council member from District 4, Carol Mieras, as an observer. Council members and staff introduced themselves. Carol will begin her term on Council at the Council Elections meeting immediately following this Council meeting.

**6.0 Finance**

**6.1 January (Q3) 2020 Financial Report**

Nabila Mohammed presented the financial report and responded to questions.

MOVED BY: Peter Shenfield  
SECONDED BY: Vincent Samuel

***THAT Council receives the January 2020 Financial Report, Statement of Financial Position and Statement of Operations, as presented.***

**CARRIED**

**6.2 Annual Investment Report**

Nabila presented the Annual Investment Report as of January 2020 and responded to questions.

### **6.3 Reserve Fund for Year End 2019-2020**

Council reviewed the memo from the Registrar which directs the allocation of monies into the reserve funds. She reviewed the recommended amendments to policy, *Establishing and Maintaining Reserve Funds – Guidelines for Council Members*

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Patrick Hurteau

***THAT Council approves the amended policy, Establishing and Maintaining Reserve Funds – Guidelines for Council Members, as presented.***

**CARRIED**

## **7.0 Governance**

### **7.1 Governance Project Plan**

Council approved the new governance framework in January 2020. Since then, the Governance Working Group met and developed a 3-year project plan which incorporates the main elements of governance reform as outlined in the briefing note. Council reviewed the document and made several recommendations. It is understood that this is a live document which will be adjusted and revised through this process. This item was included for information purposes only.

### **7.2 Terms of Reference – Executive Committee, Governance Committee**

Stamatis explained that with Council's direction at the January Council meeting to formalize the Governance Committee as a new standing committee, a draft Terms of Reference was created and presented today for approval. As a result, revisions to the Executive Committee Terms of Reference was required to transfer the governance responsibilities to the new standing committee. Council recommended several minor changes to the draft Governance Terms of Reference.

MOVED BY: Donna Barker

SECONDED BY: Heather McFarlane

***THAT Council approves the new Terms of Reference for the Governance Committee and the revised Terms of Reference for the Executive Committee including today's changes.***

**CARRIED**

### **7.3 Reappointment of Non-Council Members**

#### **7.3.1 Investigations, Complaints and Reports Committee**

Non-Council member Hricha Rakshit's first 3-year term will end on June 30, 2020 and she has agreed to stay on for a second term if approved by Council. Hricha is a valued and consistent member of the Inquiries, Complaints and Reports Committee and her reappointment is strongly recommended by the committee.

MOVED BY: Teri Shackleton

SECONDED BY: Jeannine Girard-Pearlman

***THAT Council approves the reappointment of Hricha Rakshit as Non-Council Professional Member of the Inquiries, Complaints and Reports Committee for a second 3-year term commencing on July 1, 2020***

**CARRIED**

### 7.3.2 Discipline Committee

Non-Council member Zuher Ismail's first 3-year term will end on June 30, 2020 and he has agreed to stay on for a second term if approved by Council. Zuher is a valued and consistent member of the Discipline Committee and his reappointment is strongly recommended by the committee.

MOVED BY: Donna Barker  
SECONDED BY: Jennifer Henderson

*THAT Council approves the reappointment of Zuher Ismail as a Non-Council Professional Member of the Discipline Committee for a second 3-year term commencing on July 1, 2020.*

**CARRIED**

### 7.3.3 Fitness to Practise Committee

Non-Council member Hunaida Abboud's first 3-year term will end on June 30, 2020 and she has agreed to stay on for a second term if approved by Council. Hunaida is a valued and consistent member of the Fitness to Practise Committee and her reappointment is strongly recommended by the committee.

MOVED BY: Patrick Hurteau  
SECONDED BY: Teri Shackleton

*THAT Council approves the reappointment of Hunaida Abboud as a Non-Council Professional Member of the Fitness to Practise Committee for a second 3-year term commencing on July 1, 2020.*

**CARRIED**

### 7.4 Reappointment of Academic Member

Donna Barker declared a conflict of interest in this decision. Donna Barker's 3-year term on Council will expire on March 29, 2020. The academic chairs notified the Registrar in February 2020 of their selection of Donna to be reappointed for a second 3-year term and Donna has agreed to stay on if approved by Council.

MOVED BY: Peter Shenfield  
SECONDED BY: Heather McFarlane

*THAT Council approves the reappointment of Donna Barker as Academic Council Member for a second 3-year term commencing on March 30, 2020.*

**CARRIED**

**(Abstention: Donna Barker)**

## 8.0 Business

### 8.1 Code of Ethics

The Patient Relations Committee (PRC) brought before Council a revised draft Code of Ethics. Originally issued in 2011 and reformatted with the new College branding and style in 2016, the Code was identified for review because it exceeded the five-year review cycle timeline in accordance with the College Document Management Framework. The purpose for the review is to ensure it is still up to date and meeting registrant and other stakeholder needs. This document requires Council's approval for stakeholder consultation.

MOVED BY: Jeannine Girard-Pearlman

SECONDED BY: Allan Freedman

***THAT Council approves the draft Code of Ethics for consultation to registrants and other stakeholders.***

**CARRIED**

## **8.2 Sexual Abuse Policy**

The College is legally required to establish a therapy and counselling funding program for clients alleging sexual abuse by an occupational therapist. It's recommended that the College go beyond this requirement and support other expenses that may make it difficult for victims of sexual abuse to access therapy and counselling or to participate in College investigations related to the issue. Council is asked to increase the reserve fund for therapy and counselling to cover those related expenses. A correction was noted that the current fund is in the amount of \$18,000 and not \$17,000 as stated in the briefing note.

MOVED BY: Jeannine Girard-Pearlman  
SECONDED BY: Michelle Stinson

***THAT Council approves the reserve fund for therapy and counselling be increased up to \$25,000 from \$18,000 to cover other possible related expenses as outlined in the proposed policy***

**CARRIED**

## **8.3 Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis / Guide to Controlled Acts and Delegation**

In accordance with the College Document Management Framework 3-year cycle for the review of position statements, the Practice Issues Subcommittee (PISC) identified for review the *Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis*. Following a full review, the subcommittee recommended the position statement be retired, and relevant information be incorporated into the *Guide to Controlled Acts and Delegation*. Executive recommended several additional minor changes.

MOVED BY: Donna Barker  
SECONDED BY: Jeannine Girard-Pearlman

***THAT Council approves the retiring of the Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis and incorporating the relevant information into the Guide to Controlled Acts and delegation, as presented and including today's changes.***

**CARRIED**

## **8.4 Standards for Occupational Therapist Assessments**

The Practice Issues Subcommittee (PISC) undertook the revision of this document as part of the College Document Management Framework 5-year review cycle. Significant re-drafting including title change and changes to policy content were incorporated following a thorough review process. This document requires Council's approval for stakeholder consultation.

MOVED BY: Donna Barker  
SECONDED BY: Heather McFarlane

***THAT Council approves the draft revised Standards for Occupational Therapist Assessments as presented, for public and stakeholder consultation.***

**CARRIED**



**9.0 Environmental Scan**

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

**10.0 Council Meeting Evaluation**

The Chair asked members to complete the meeting evaluation and encouraged all to provide recommendations for future improvements. An electronic evaluation form was sent by email.

**11.0 Next Meeting**

- Tuesday, June 23, 2020, 9:00 a.m. – 3:30 p.m., at the College.
- Meeting invitations will be sent for dates from October 2020 – June 2021.

**12.0 Adjournment**

There being no further business, the meeting was adjourned at 1:00 p.m.

MOVED BY: Teri Shackleton

*THAT the meeting be adjourned.*

**CARRIED**



## DRAFT MINUTES – ELECTION FOR COUNCIL OFFICERS

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**DATE:** Thursday, March 26, 2020 **FROM:** 1:00 – 1:45 p.m.

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**PRESENT:**

Elinor Larney, Registrar, *Chair*  
Donna Barker  
Julie Entwistle  
Allan Freedman  
Jeannine Girard-Pearlman  
Jennifer Henderson  
Heather McFarlane  
Carol Mieras  
Aruna Mitra  
Vincent Samuel  
Stephanie Schurr  
Teri Shackleton  
Peter Shenfield  
Michelle Stinson

**STAFF PRESENT:**

Stamatis Kefalianos, Manager, Regulatory Affairs  
Nabila Mohammed, Director, Finance and Corporate Services  
Nancy Stevenson, Director, Communications  
Andjelina Stanier, Executive Assistant, *Scribe & Scrutineer*

**REGRETS:**

John-Paul Dowson  
Mary Egan

**1.0 Call to Order**

Chair Elinor Larney called the meeting to order at 1:05 p.m. Having completed his term, Patrick Hurteau left the meeting and new Council member, Carol Mieras was invited to join Council. Andjelina Stanier was appointed scrutineer.

**2.0 Approval of Agenda**

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

MOVED BY: Peter Shenfield  
SECONDED BY: Carol Mieras

*THAT the agenda be approved as presented.*

**CARRIED**

**3.0 Elections**

**3.1 Election of Officers**

The Chair reminded Council that according to the bylaws, the Executive Committee must be composed of two professional and two public members. She stated she would read the slate prior to the vote for each position and additional nominations would be accepted from the floor. A call for nominations would be made three times before declaring the nominations closed for each position. She reminded Council that the final slate and statements of candidacy were provided to members for their review in advance of the meeting.

The Chair proceeded with the election as follows:

**PRESIDENT**

Mary Egan, Julie Entwistle and Jennifer Henderson were nominated for the position of President. Mary Egan withdrew her nomination. No further nominations were received, and nominations were declared closed. Ballots were completed.

***Julie Entwistle was declared elected by majority of votes as President.***

**VICE-PRESIDENT**

Julie Entwistle, Jeannine Girard-Pearlman, Jennifer Henderson, Stephanie Schurr and Peter Shenfield were nominated for the position of Vice-President. Julie Entwistle's name was removed from the slate. No further nominations were received, and nominations were declared closed. Ballots were completed. A majority was not declared. Peter Shenfield, having the lowest number of votes, was removed from the ballot. The remaining candidates were Jeannine Girard-Pearlman, Jennifer Henderson and Stephanie Schurr. Ballots were completed.

***Jeannine Girard-Pearlman was declared elected by majority of votes as Vice President.***

**MEMBER AT LARGE, FINANCE**

Jeannine Girard-Pearlman, Vincent Samuel and Peter Shenfield were nominated for the position of Member at Large, Finance. Jeannine Girard-Pearlman's name was removed from the slate. No further nominations were received, and nominations were declared closed. Ballots were completed.

***Peter Shenfield was declared elected by majority of votes as Member at Large, Finance.***

**MEMBER AT LARGE, EDUCATION**

Jeannine Girard-Pearlman, Jennifer Henderson, Aruna Mitra, Vincent Samuel, Stephanie Schurr and Peter Shenfield were nominated for the position of Member at Large, Education. The names of Jeanine Girard-Pearlman and Peter Shenfield were removed from the slate. Aruna Mitra withdrew her nomination. Public Member, Vincent Samuel's name was removed from the slate given that two public members had already been elected. No further nominations were received, and nominations were declared closed. The two remaining candidates were Jennifer Henderson and Stephanie Schurr. Ballots were completed.

***Jennifer Henderson was declared elected by majority of votes as Member at Large, Education.***

**3.2 Motion to Destroy Ballots**

According to the bylaws, ballots from the election may only be destroyed with Council approval.

MOVED BY: Carol Mieras

SECONDED BY: Teri Shackleton

***THAT the ballots for the 2020 Election of Officers be destroyed.***

**CARRIED**

Elinor passed the Chair to the newly elected President, Julie Entwistle.

**4.0 New Business**

**4.1 Statutory Committee Form**

The Chair asked members to complete their Statutory Committee Selections by means of the survey link which was sent by email today.

**4.2 Annual Signing**

The Chair asked members to complete their Annual Confidentiality, Code of Conduct, and Conflict of Interest forms and submit them to the Registrar.

**5.0 Next Meeting**

The next Council Meeting will be held on Tuesday, June 23, 2020, 9:00 a.m. – 3:30 p.m., via video teleconference. Calendar invitations will be sent for the October 2020, January 2021 and March 2021 meetings.

**6.0 Adjournment**

There being no further business, the meeting was adjourned at 1:30 p.m.

MOVED BY: Heather McFarlane

*THAT the meeting be adjourned.*

**CARRIED**



## DRAFT SPECIAL COUNCIL MINUTES

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**DATE:** Tuesday, April 7, 2020 **FROM:** 6:00 – 7:00 p.m.

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**PRESENT:**

Jeannine Girard-Pearlman, *Interim Chair*  
Donna Barker  
Mary Egan  
Allan Freedman  
Jennifer Henderson  
Heather McFarlane  
Carol Mieras  
Aruna Mitra  
Vincent Samuel  
Stephanie Schurr  
Teri Shackleton  
Peter Shenfield  
Michelle Stinson

**STAFF PRESENT:**

Elinor Larney, Registrar, *Chair during voting*  
Stamatis Kefalianos, *Manager, Regulatory Affairs, Scrutineer*  
Andjelina Stanier, *Executive Assistant, Scribe, Scrutineer*

**REGRETS:**

John-Paul Dowson

### 1.0 Call to Order & Land Acknowledgement

Interim Chair Jeannine Girard-Pearlman called the meeting to order at 6:06 p.m. She welcomed everyone and began by stating that in the interest of truth and reconciliation, and in the hope to build faith and trust with our Indigenous community, she reminds 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.

The Chair informed Council that with Julie Entwistle's resignation from Council, Council was convened today to elect a new president.

### 2.0 Approval of Council to Waive Notice Period for Meeting

As per **Bylaw 11.04.2**, a five-day notice period must be given prior to special meetings:

*A Notice of a Special Meeting shall be given in writing to all Council members at least five days prior to the proposed date, and where possible, sent by mail, electronic mail, or similar method.*

As per **Bylaw 11.04.3**, Council can waive the five-day notice period for special meetings:

*No regular or special meeting shall be made void because of an inadvertent or accidental error or omission in giving notice. Any Council members may waive notice of a meeting and ratify, approve and confirm any proceedings taken at the meeting.*

MOVED BY: Carol Mieras

SECONDED BY: Teri Shackleton

*THAT the five-day notice period be waived.*

**CARRIED**

### **3.0 Conflict of Interest**

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

### **4.0 Approval of Agenda**

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

MOVED BY: Carol Mieras

SECONDED BY: Heather McFarlane

*THAT the agenda be approved as presented.*

**CARRIED**

### **5.0 Elections**

The Chair passed the floor to Elinor to preside over the election.

#### **5.1 Election of President**

Chair Elinor Larney stated that according to the bylaws, the Executive Committee must be composed of two professional and two public members. With two public members currently holding Executive positions, Council would be voting amongst the professional members for this vote. The Chair said she would read the slate of nominees prior to the vote and additional nominations would be accepted from the floor. A call for nominations would be made three times before declaring the nominations closed. Candidates would be invited to address Council prior to the vote. Andjelina Stanier and Stamatis Kefalianos were appointed as scrutineers.

The Chair proceeded with the election as follows:

#### **PRESIDENT**

Jennifer Henderson and Carol Mieras were nominated for the position of President. Additional nominations from the floor were received for Jeannine Girard-Pearlman and Peter Shenfield. Jeannine Girard-Pearlman accepted her nomination and Peter Shenfield declined his nomination. No further nominations were received, and nominations were declared closed. Candidates addressed Council. Ballots were completed.

***Jeannine Girard-Pearlman was declared elected by majority of votes as President.***

With the election of Jeannine Girard-Pearlman as President, the position of Vice President became vacant, and the Chair stated a vote would be held to elect a Vice President. With two public members currently holding Executive positions, Council would vote amongst the professional members for this vote. The Chair said she would call for nominations from the floor three times before declaring the nominations closed. Candidates would be invited to address Council prior to the vote.

**VICE-PRESIDENT**

Jennifer Henderson, Carol Mieras and Stephanie Schurr were nominated from the floor for the position of Vice President. No further nominations were received, and nominations were declared closed. Candidates addressed Council. Ballots were completed.

***Stephanie Schurr was declared elected by majority of votes as Vice President.***

**5.2 Motion to Destroy Ballots**

According to the bylaws, ballots from the election may only be destroyed with Council approval.

MOVED BY: Teri Shackleton  
SECONDED BY: Carol Mieras

***THAT the ballots for the April 7, 2020 Election of Officers be destroyed.***

**CARRIED**

Elinor passed the Chair to the newly elected President, Jeannine Girard-Pearlman.

**6.0 New Business**

Chair Jeannine Girard-Pearlman thanked Council for their responsiveness and participation in today's meeting given the short notice.

**7.0 Adjournment**

There being no further business, the meeting was adjourned at 6:48 p.m.

MOVED BY: Peter Shenfield

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

**CARRIED**



## REGISTRAR'S REPORT Council Meeting of June 23, 2020

### Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this June report will include policies categorized as B or Registrar Limitations (RL).

### Registrar Limitation Policies

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

Policies of this category that guided decisions during this period:

- The RL4 – Financial Planning and Budgeting and E1 – Ends Policies guided the development of the 2020-2021 Projected Budget.
- RL5 – Financial Condition and Activities – guided the allocation of funds to the Reserves.
- As per RL8 – External Audit, auditors of the office of Hilborn LLP will conduct an audit of the financial performance of the College for 2019-2020.
- RL12 – Risk Management – guided the information to be presented to Council on the Risk Management Program.
- CRL5 – Monitoring Registrar Performance– guided the discussion of process to monitor Registrar performance
- GP-17 Elections and Appointments for Professional Members guided the discussion at Executive about vacancies in Districts 1 and 2

### For Your Information:

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

#### **COVID – 19 UPDATE**

- The past quarter has been significantly focused on managing the workload due to the pandemic. A verbal report on the strategic response to this unprecedented circumstance will be presented at the meeting. A briefing note on the College's strategic response is in your package.
- The college continues to operate remotely. All programs are in full operation.

### Registration Program

The registration program focuses on registration renewal in the 4<sup>th</sup> quarter of each year. Note, that the renewal deadline was extended from May 31 to August 31 which makes the statistics a bit incomparable to last year.

The registration program assisted the Ministry of Health with its recruitment strategy in response to the pandemic by reviewing lists of volunteers who offered to help by being redeployed in areas of need. These individuals were either currently registered or recently retired. Anyone not currently registered, but eligible, would be registered temporarily at no cost for 4 months. In addition, anyone needing a temporary registration from out of province to assist with the pandemic, would be registered for no extra cost. In addition, the College alerted the provincial and national associations, who provide liability insurance coverage for occupational therapists of this initiative and they endeavoured to provide insurance for these individuals for a reduced cost.

Some Stats:



### Total Number of Registrants

- There are 6481 registrants as of June 4, 2020.
- 531 registrants joined the College between June 1, 2019 and May 31, 2020 – this includes new applicants and previous members.

### Renewal

- Due to the COVID-19 pandemic, registration renewal was extended until August 31, 2020 to alleviate some of the financial hardships occupational therapists may be facing at this time. Registrants have until August 31, 2020 to either renew or resign their resignation.
- As of this renewal cycle, registrants have been invited to declare, on a voluntary basis, if they identify as indigenous. This is part of the College's efforts to monitor and report on numbers of indigenous occupational therapists with a view to their increase over time.

### Resignations

- About 134 individuals resigned their registration between June 1, 2019 and May 31, 2020 (some may have rejoined already and therefore not included in count. **Annual renewal was also extended to August 31, 2020 and so more registrants may hold onto registration until then**).
- See below for reasons indicated for resigning and the number of individuals:

Reason	Count
Leave of absence	49
Retiring	28
Other	15
Leaving province	29
Leaving country	7
Changing profession	5
Resigned	1
Returned to school	0
<b>Grand Total</b>	<b>134</b>

### Communications Program

Communications efforts have focused on supporting the organization and delivering timely information during the global COVID-19 pandemic. The team has worked closely with stakeholders, other regulators, and the College practice advisors to share messages to support occupational therapists and public safety. Electronic newsletters, dedicated website content, social media channels and video have been used to provide up-to-date messaging.

Other College communications initiatives have been placed on hold at this time.

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

#### Quality Assurance Program

- Staff in the QA program started this quarter by assisting the practice program to manage the increased workload due to COVID-19. They have now returned to regular operations.
- A decision was made to suspend the requirements for registrants to complete their professional development plans this year. (OTs were far too busy, preoccupied with coping with the pandemic, and any learning activities previously planned would probably have been moot.)

- While half of the scheduled onsite peer and practice assessments were completed prior to the start of the pandemic, they were subsequently put on hold, but will resume at a later date, when it is considered safe to do so.
- Deadlines for the 2020 Prescribed Regulatory Education Program (PREP) and 2020 Self-Assessment (for those OTs required to complete one), have been extended to December 31 from October 31, to provide more time for OTs coping with the increased demands due to the pandemic.
- The topic for the 2020 PREP is 'Managing Risks in Occupational Therapy Practice'. This learning will support registrants to provide safe, effective services and was released on schedule, in spite of the pandemic. A preface was released in conjunction with the launch of the PREP to link the timeliness of the topic to the current landscape.
- The topic for the 2021 PREP was approved: Ethics and Professionalism.
- A presentation on the status of the QA program's competency assessment project will be delivered during the Council meeting, with a decision on next steps to be approved by Council.

### Practice Resource Program

- The practice resource service was mainly devoted to addressing issues relating to COVID-19 and occupational therapy practice.
- Between mid-March and May 31<sup>st</sup>, 2020, the practice service fielded about 736 individual inquiries (phone/email) and almost 500 were directly related to COVID-19.
- The team developed a webinar that was watched by more than 1,500 viewers and worked collaboratively to create and update many frequently asked COVID-19 questions and other guidance documents that were posted to the COVID-19 specific webpage as guidance for occupational therapists.
- Outreach to OT and OTA students continued as Practice was able to shift to online presentations.
- Amidst this pandemic our team was also committed to providing meaningful student placements to three students from two universities. These students have assisted the practice team in revising practice guidelines, developing practice resources, improving the way we collect and analyze practice data and making suggestions to inform future educational opportunities for registrants.

### Investigations and Resolutions Program (I and R)

- The I&R program has been busy preparing for the orientation sessions of the Discipline and Fitness to Practise Committees, as well as the June orientation and meeting of the Inquiries, Complaints and Reports Committee (ICRC).
- With a Discipline Committee hearing approaching, the program area has also been focused on tasks related to the hearing, which included both procedural and substantive matters.
- This last quarter, I&R also took steps to finalize operational projects such as a survey being developed for the complaints process and an external audit being conducted of the department.
- Finally, in April, three I&R team members attended a training session on conducting virtual regulatory investigations which has assisted them to manage these processes during the pandemic.

### I&R Statistics:

COMPLAINTS	
FISCAL YEAR	# COMPLAINTS
2013 / 2014	24
2014 / 2015	19
2015 / 2016	24
2016 / 2017	33
2017 / 2018	25
2018 / 2019	34

2019 / 2020	15
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<b>REGISTRAR'S INQUIRIES &amp; INVESTIGATIONS</b>	
<b>FISCAL YEAR</b>	<b># REPORTS</b>
2013 / 2014	17
2014 / 2015	15
2015 / 2016	16
2016 / 2017	53
2017 / 2018	59
2018 / 2019	30
2019 / 2020	30

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

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

- I continue as President of ACOTRO. The ACOTRO AGM was held by teleconference on April 22, 2020, their annual report is in your FYI package.
- The College participated in a virtual forum, this spring, sponsored by the College of Occupational Therapists of British Columbia to explore means of filling gaps for Internationally Educated OTs who have gone through the Substantial Equivalency Assessment System (SEAS), and have learning needs, or gaps. This is a challenging topic as the numbers of individuals this involves is too small to develop sustainable programs for just this group. This is the second of two such events on this topic.
- 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 is well underway. Currently the Steering Committee is undertaking the work to get the draft competencies, prepared by the vendor, ready for general consultation with occupational therapists and stakeholders. The project was presented, virtually at the Canadian Association of Occupational Therapists National Conference by members of the Steering Committee and the vendor. The vendor has outlined their processes to date as well as the consultation plan to the ACOTRO board, the ACOTUP Board and the CAOT Board. The website for the project is [www.corecomcanada.com](http://www.corecomcanada.com).
- The Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) has been monitoring the impact of COVID-19 on systems that it shares – such as the National Occupational Therapy Certification Exam and the Substantial Equivalency Assessment System (SEAS) for internationally educated occupational therapists. The exam scheduled for July was postponed to September, however other options and contingencies are being considered. Ontario applicants can practice under a provisional certificate of registration until they can write the first available exam. So, they are eligible for employment while they wait to write. The SEAS program is developing a process to move to remote competency assessments, so once that is completed, the full SEAS program will be in operation. This is expected to commence sometime this summer. In the meantime, the program continues to process applications, but the final stage cannot yet be completed.
- Members of ACOTRO – meaning, occupational therapist regulatory organizations who use the National Occupational Therapy Certification Exam, renewed their agreements with the Canadian Association of Occupational Therapists – the exam administrator, for another two years.

#### **Health Profession Regulators of Ontario (HPRO) formerly the Federation of Health Regulatory Colleges of Ontario (FHRCO)**

- I have been re-elected as Vice President of this organization. Being part of the management committee of HRPO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.

- HPRO has been focused on collaborative initiatives to assist colleges in fulfilling their regulatory roles. For example, HPRO has suggested that regulatory governance and the performance measurement framework are two initiatives that will benefit from collaborative efforts. In addition, colleges have been working together to share resources and information related to COVID-19.

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

- Public Member appointments – As you will all know, we have recently had three new public members appointed to our Council. We are now in a good position for optimum functioning with 7 of 7 public member positions filled. However, the public appointments process will be ongoing as all of our new members have only been appointed for one year, as opposed to the three-year terms of previous appointees. In addition, two of our other public members have terms that expire around March next year. ( Next March, 5 of 7 public members will have their terms expire)
- College Performance Measurement Framework – The College continues to work with the MOH and other HPRO representatives to finalize what this will be. The College is anticipating a significant impact of this initiative on our resources. The enterprise system planning underway will assist the college to address data and information needs now and into the future.

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

#### **2019/20 Operational Planning**

- The fourth quarter of the year has passed, and an update will be presented at Council on the status of initiatives.
- This is the time of year where Council and Executive review the performance of the organization and the Registrar. The information presented today during the Registrar's report will assist Council to reflect on the outcomes for the organization in the previous year and communicate to the Registrar their level of satisfaction.

#### **2020/21 Operational Planning**

- A new fiscal year has started – June 1, and the operational initiatives for implementation within the first year of the strategic plan will be presented at the meeting. Given the continuing state of emergency as a result of the pandemic, we anticipate the plan to be reviewed and revised as the situation changes.

#### **College Operations**

- Renovations – our renovations are now almost complete. We have had to make some amendments to accommodate for more physical distancing and to comply with public health measures that were not contemplated prior to the pandemic. In addition, the building has been working on strategies for safe reopening that we will have to implement when staff return. While the space may be usable, we anticipate continued work from home for staff and committees throughout the summer months. This will be evaluated closer to the end of the summer.

#### **Staffing Update**

- We are pleased to have Aoife Coghlan back at the College following her parental leave. Prior to resuming full time in the Investigations and Resolutions Program, she has been working with me on special projects and managing work related to the Governance initiative.
- Adrita Shah Noor, who is currently the acting Manager of Investigations and Resolutions will return to her role as Case Manager in the program this summer.
- Finally, we are pleased to be welcoming Julie Entwistle in August, as our new Deputy Registrar.

See you at the meeting! Elinor



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Executive  
**Chair:** Jeannine Girard-Pearlman  
**Date:** June 23, 2020

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### Tasks completed since the last Council Meeting

The Executive Committee held three meetings via video conference and one electronic meeting/vote since the last Council meeting on March 26, 2020.

#### Activities included:

- Conducted the Executive Committee Orientation Session
- Reviewed the 2019-2020 Work Plan and developed the 2020-2021 Work Plan
- Discussed COVID-19 implications for OTs, College services and staff
- Reviewed, revised, and approved the Risk Management Report for approval by Council
- Reviewed the Annual Risk Register
- Reviewed the Priority Performance Report
- Approved the appointment of Chairs for the 2020-2021 Statutory Committees
- Approved the 2020-2021 Statutory Committee Composition
- Approved the revised 2020-2021 Statutory Committee Composition to include 3 newly appointed public members
- Appointed public member as Liaison to the Public Appointments Secretariat
- Appointed Chair to the Practice Issues Subcommittee.
- Reviewed and recommended approval by Council of the April 2020 (Q4) Financial Statement
- Reviewed and recommended approval by Council of the 2020-2021 projected budget
- Reviewed and proposed to Council, draft revisions to the Terms of Reference for the Executive Committee
- Reviewed and proposed to Council draft revisions to the Terms of Reference for the Practice Issues Subcommittee
- Directed the Registrar to hold an election in Districts 1 & 2 to fill 2 vacancies on Council
- Reviewed the March Council Meeting Evaluation.
- Met with the Auditor to review the process for the audit of College finances
- Reviewed the process for the annual performance review of the Registrar
- Recommended the reappointment of two non-Council committee members for approval by Council
- Reviewed and recommended to Council the approval of the revised Standards for Acupuncture
- Discussed and planned the Council Education Session in October
- Drafted the June Council agenda

### Key Priorities

Oversight of Council Elections  
Oversight of Financial Statements

Oversight of the Risk Management Program  
Oversight of the Annual Financial Audit

**Leadership Priorities**

- 1. Confidence in occupational therapy regulation: N/A**
- 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**

- Priority Performance Report
- Risk Management Report
- April 2020 Financial Statements
- 2020-2021 Projected Budget
- Executive Committee Terms of Reference
- Practice Issues Subcommittee Terms of Reference
- Annual Registrar Evaluation Process
- Reappointment of non-Council members to the Practice Issues Subcommittee
- Revised Standards for Acupuncture



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Practice Issues Subcommittee

**Chair:** Jennifer Henderson

**Date:** June 23, 2020

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### Tasks completed since the last Council Meeting

- Practice Issues Subcommittee had one online virtual meeting on May 22<sup>nd</sup>, 2020
- Practice Issues Subcommittee received their annual orientation
- Practice Issues Subcommittee reviewed and provided feedback for the College COVID-19 reopening guidance document
- Subcommittee reviewed the revised Terms of Reference for Practice Issues Subcommittee and approved the motion for Executive approval
- Subcommittee approved the motion to Executive to reappoint Janet Becker and Matt Derouin each for a second Non-Council 3-year term on Practice Issues Subcommittee

### 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:

- Standards for Acupuncture (review completed)
- Standards for Occupational Therapy Assessments (awaiting stakeholder consultation)
- Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis (retired) content incorporated into the Guide to the Controlled Acts and Delegation
- Guide to Discontinuation of Service (under review)
- Guidelines for Social Media (under review)

#### 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 publication
- The revised Terms of Reference are before Council for review and approval
- Re-appointments for Mat Derouin, and Janet Becker, non-Council Committee members.





## COMMITTEE REPORT TO COUNCIL

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**Committee:** Quality Assurance

**Chair:** Stephanie Schurr

**Date:** June 23, 2020

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### Tasks completed since the last Council Meeting

Committee participated in two virtual meetings – one in May 2020 and one on June 11, 2020.

At the May 2020 Virtual Meeting, the Quality Assurance Committee (QAC):

- **Received** an orientation to the Quality Assurance Program and the role of the Quality Assurance Committee

At the June 11 Virtual Meeting, the QAC:

- **Decided to recommend to Council to approve the College's new competency assessment process** of: using a **risk-based selection method** to select a **sampling of registrants** to participate in a **virtual interview** which will trigger those OTs with potential gaps in competency to participate in a revised **on-site peer and practice assessment**
- **Approved** the learning objectives for the 2021 PREP: *Ethics and Professionalism*
- **Decided to recommend** Debra Kennedy **to Council** for appointment to the Quality Assurance Subcommittee for a three-year term
- **Decided to recommend to Council to approve the revised Terms of Reference** for the Quality Assurance and Quality Assurance Subcommittees
- **Received an update on the QA program**, including successful launch of the 2020 QA requirements, survey feedback on the use of coaching in peer assessments and final survey feedback on the 2019 PREP
- **Issued decisions on three cases:**
  - One case, QAC final decision: Terms, Conditions and Limitations issued on registrant's certificate re: not supervising students or mentoring OTs (*to be posted on public register*) and registrant issued a written notice requiring missed SCERP (specified continuing education and remediation program) items and the meeting of all future SCERP/QA program requirements and due dates, otherwise a referral to the Inquires, Complaints and Reports Committee (ICRC) will be made.
  - One case, QAC final decision: registrant issued a written notice reminding of QA policy and requirement to meet all aspects of QA program and due dates going forward, otherwise re-referral to QAC.
  - One case, QAC final decision: registrant issued a written notice requiring completion of outstanding QA requirements, otherwise referral to ICRC.

### Key Priorities

- Continued oversight of the implementation and piloting of the new competency assessment process and tools;
- Continued oversight of interim processes related to peer and practice assessments as the competency assessment process is redeveloped and as the College manages the impact of COVID-19;
- Continued monitoring of registrant non-compliance with annual QA requirements; and
- Continued oversight of the development of the 2021 PREP: Ethics and Professionalism

### **Leadership Priorities**

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

The Committee continues to offer timely support and conscientious decision-making regarding:

- QA case files;
- Managing registrant non-compliance with annual QA requirements;
- Next steps related to implementation of the College's new risk-based competency assessment process

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

- Committee's support of the new direction of the competency assessment process demonstrates its commitment to governing an evidence and risk-based, innovative QA program designed to best identify OTs who require support to ensure quality and competent practice;
- Committee's approval of the 2021 PREP topic on Ethics and Professionalism demonstrates its commitment to protecting the public through the provision of another resource that will strengthen the knowledge base and foundation upon which occupational therapists can shape their practice to be safe and competent.

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

- Committee continues to support stakeholder consultation as part of the competency assessment project to collaborate on the sharing of best practices.

### **Decisions for Council**

- Terms of Reference for Quality Assurance Committee
- Quality Assurance New Assessment Process



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Discipline  
**Chair:** Donna Barker  
**Date:** June 23, 2020

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### 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 October 2019 report to Council, it was noted that 1 referral from the ICRC was received. A pre-hearing conference for that matter took place on March 12, 2020. The Discipline Committee hearing for that matter is scheduled for July 20, 21, 23, 24, 27, 28 and 31, 2020.

The Discipline Committee also attended a joint education and training session with the Fitness to Practise Committee that took place via videoconference on May 22, 2020. The session was conducted by independent legal counsel to the Discipline Committee, Brian Gover, Partner, Stockwoods LLP.

### 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

The Committee is bringing forward for Council's approval revised Terms of Reference of the Discipline Committee. This is addressed in a separate agenda item. The revised Terms of Reference were approved by the Committee at its meeting on May 22, 2020.



## COMMITTEE REPORT TO COUNCIL

**Committee:** Inquiries, Complaints and Reports

**Chair:** Heather McFarlane

**Date:** June 23, 2020

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### Tasks completed since the last Council Meeting

Since the last report to Council, the Committee has held 1 panel meeting via teleconference. Another virtual meeting is scheduled for June 5, 2020 (via videoconference) and as of the date of preparing this report, has not yet taken place. Panel A met once and the entire Committee (both Panels A and B) is expected for the June meeting. During this group meeting, the Committee will engage in a training session with the Investigations and Resolutions Manager, Adrita Shah Noor. In addition to orienting all members to the Committee, the training will look at the role and jurisdiction of the Committee and set out the legislative framework within which it operates. The training will also explore how the *Human Rights Code* applies to the work of the Committee.

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
March 18, 2020 Panel A	4 Complaints 6 Registrar's investigations	4 complaints from client 2 investigations based on mandatory report from former employer 1 investigation based on information from insurance company 3 investigations based on information from College staff	1 Referral to Panel for Health Inquiry 2 Undertaking 1 Health Undertaking 2 Advice and Guidance 3 Take No Action 1 No decision due to lack of quorum on the day of meeting
June 5, 2020 Entire Committee	2 Complaints 2 Registrar's Investigations	1 complaint from client 1 complaint from client's family member 1 investigation based on information from an anonymous reporter 1 investigation based on information from former employer	Outcomes not known at the date of writing this report

**New ICRC Panel Composition**

ICRC	
Panel A	Panel B
Heather McFarlane (Committee Chair)	Carol Mieras (Chair of Panel B)
Shaheeza Hirji	Leanne Baker
Vincent Samuel	Daniel Fyke
Hricha Rakshit	Evelyn Chau
Julie Sutton	

**Key Priorities**

Continuing to ensure efficient and timely processing of complaints and reports (case files) and continue to ensure that the Committee's investigation and decision-making processes are fair, neutral and fulfill the Committee's public protection mandate.

**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**

The ICRC is bringing forward for Council's approval revised Terms of Reference of the ICRC. The revised Terms of Reference have been provided to the ICRC for its review and will be discussed at the upcoming meeting on June 5, 2020. This matter is addressed in a separate agenda item.



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Fitness to Practise

**Chair:** Teri Shackleton

**Date:** June 23, 2020

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### Tasks completed since the last Council Meeting

The Fitness to Practise Committee attended a joint education and training session with the Discipline Committee that took place via videoconference on May 22, 2020. The session was conducted by independent legal counsel to the Discipline Committee, Brian Gover, Partner, Stockwoods LLP.

No referrals from the Inquiries, Complaints and Reports Committee (ICRC) were received since the Committee last reported to Council.

### 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

The Committee is bringing forward for Council's approval the revised Terms of Reference for the Fitness to Practise Committee. This is addressed in a separate agenda item. The revised Terms of Reference were approved by the Committee at its meeting on May 22, 2020.



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Registration Committee

**Chair:** Vincent Samuel

**Date:** June 23, 2020

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### Tasks completed since the last Council Meeting

The Committee met once since the last Council meeting. The Committee meeting was held virtually using GoTo Meeting on May 29, 2020.

### Cases Reviewed

Currency Review – 1

In addition, the Registration Committee reviewed the revised Terms of Reference and recommends to Council that it approve the revised Terms of Reference. Improving how the College is governed and increasing consistency across College Committees will strengthen the College's delivery of its public protection mandate and enhance public confidence in the regulatory system.

Furthermore, the following registration policies were revised to be written in Plain Language and approved by the Registration Committee at its meeting on March 19, 2020.

- Alternative Documents for Registration (8-110)
- Applicant Access to Application File (8-170)
- Authorization to Work in Canada (8-100)
- Currency Requirement for Annual Renewal (8-50)
- Language Fluency Requirement (8-81)
- Practising without Authority (8-140)
- Vulnerable Sector Screening (8-71)

**Health Professions Appeal and Review Board:** None

### 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:

**Registration Committee Orientation:** An orientation session was provided by the Manager of Registration at the meeting. Topics covered included: code of conduct, mandate, authority, composition, entry-to-practice requirements, and types of case reviews.

A legal orientation to the Registration Committee and to the decision-making process was provided by Julie Macuira, College legal counsel, at the meeting. Topics covered included: human rights considerations, bias, exemptions, and the Office of the Fairness Commissioner.

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

No new updates.

**3. System impact through collaboration:**

No new updates.

**Items for Decision/Discussion**

Terms of Reference, Registration Committee





## COMMITTEE REPORT TO COUNCIL

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**Committee:** Patient Relations Committee  
**Chair:** Jeannine Girard-Pearlman  
**Date:** June 23, 2020

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### Tasks completed since the last Council Meeting

Patient Relations Committee has met once, virtually, since Council's March 26, 2020 meeting.

### Key Priorities

The Committee's key priorities are to effectively oversee the management of the Patient Relations Program which aims to enhance relations between registrants and clients, implementation of the enacted provisions of the Protecting Patients Act, 2017, proactive planning for proposed regulations under the Act, and meeting the legislative mandate of the Committee as it pertains to the administration of the sexual abuse counselling fund and the measures implemented for preventing and dealing with the sexual abuse of patients/clients.

At its May 20, 2020 meeting, the Committee motioned to recommend to Council that it both reappoint non-Council Committee member, Tina Siemens, for another 3 year term, commencing June 1, 2020, and that it adopt revised Terms of Reference for the Committee. Both matters are being brought forward for consideration by Council under separate agenda items.

The Committee also reviewed its workplan and requested College staff to obtain relevant information on some of the items noted so that the Committee may finalize the plan at its next meeting which will occur sometime in early August 2020.

### Leadership Priorities

- 1. Confidence in occupational therapy regulation:**  
No new updates.
- 2. Quality practice by occupational therapists:**  
Commence reviewing the Standards for Prevention and Management of Conflict of Interest.
- 3. System impact through collaboration:**  
No new updates.

### Items for Decision/Discussion

Patient Relations Terms of Reference.

Re-appointment of Non-council Committee Member – Tina Siemens



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
**Subject:** College's Strategic Response to the COVID-19 Pandemic

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### Recommendation

This is for information purposes only.

### Issue

As a healthcare system stakeholder, responding to the COVID-19 pandemic requires considerable College activity and resources to help support occupational therapists and the broader healthcare system. The activities this health crisis necessitates, requires a nimble, strategic, and adaptive approach and includes participation of all College programs as we work collaboratively with the Ministry of Health, our professional health regulatory colleagues, and other key stakeholders. This update highlights the primary College activities and initiatives delivered to date in response to the pandemic.

### Public interest in this Issue

The COVID-19 global health crisis has impacted every facet of Ontario's healthcare system. From the outset of the pandemic up to the present, the College has played a key role in ensuring occupational therapists are well positioned to meet the evolving direction and requirements of the government so the people of Ontario are kept safe from the spread of COVID-19, while mitigating the risks associated with restricted access to healthcare services.

### Background

In December 2019, international media began reporting that the people of Wuhan, China were facing a significant health crisis as a result of a new virus, the novel coronavirus (2019-nCoV), officially named SARS-CoV-2, and now commonly referred to as COVID-19. Due to the rapid global spread of COVID-19, on January 30, 2020, the World Health Organization (WHO) declared the outbreak a public health emergency of international concern.

The first "presumptive" case of COVID-19 occurred in Ontario on January 25, 2020, when a man travelled to Toronto from Wuhan. By mid-March the Ontario government declared a state of emergency and took decisive action to close down large sections of the economy in attempts to slow the spread of the virus, enabling the healthcare system to further prepare itself to meet the demands the virus might present if large portions of the province were to contract it simultaneously.

In January, the College began participating in regular stakeholder calls with the Emergency Operations branch of the Ministry of Health. Calls focused on key aspects of the provincial pandemic response and provided the opportunity for stakeholder input.

## **College COVID-19 Pandemic Response – Past, Present and Future**

### **1. Registration and Health Human Resource Planning**

- As part of a broader health human resource initiative within the Ministry of Health, the College participated in the process to recruit occupational therapists to voluntarily return to the workforce during the pandemic to address potential health human resource shortages. In addition to promoting the initiative directly to current and past registrants, the College registration program assisted the Ministry of Health with its recruitment strategy by:
  - reviewing lists of volunteers of current OTs or former registrants, recently retired, offering to help through redeployment in areas of need,
  - developing and implementing a new registration process to quickly register recently retired former registrants at no cost to them,
  - developing and implementing a new process to quickly register out of province occupational therapists on a temporary basis for the purposes of assisting with the Ontario response to the pandemic, also at no extra cost to them,
  - alerting the provincial and national occupational therapy professional associations to issues relating to professional liability insurance coverage for occupational therapists during the pandemic so the associations could work with the insurance providers on behalf of their members to provide insurance to returning members at a reduced cost.
- The registration program extended the annual renewal deadline from May 31 to August 31, to allow occupational therapists whose earnings were impacted due to the pandemic additional time to save the renewal fee so Ontarians could continue to have access to occupational therapy services during the pandemic.
- The registration program developed and implemented a new process to allow renewing occupational therapists the option of paying their renewal fee in monthly installments.

**Next Steps:** If approved by Council, under the direction of the Executive Office and in collaboration with Policy, develop and implement a Financial Hardship Process to provide targeted relief by way of a reduced renewal fee for those occupational therapists most severely financially impacted as a result of the pandemic.

### **2. Occupational Therapist COVID-19 Pandemic Resources & Communications**

- The College recognizes that the COVID-19 pandemic has placed significant additional stress on registrants. The College plays a vital role in educating OTs on appropriate practice and College expectations during the pandemic. As pandemic related information quickly evolves and new updates become available from both levels of government and their agencies on a daily basis, the College is:
  - considered and deliberate in all communications with registrants,
  - playing a supportive role when communicating directly with registrants,
  - being flexible on professional expectations and College deadlines, where such flexibility is possible.

- The College developed a dedicated COVID-19 webpage providing access to key resources, directives, and guidance that is regularly updated as new information and resources become available. This webpage includes FAQs identified by the College's Practice Consultants, which are based on questions they receive as well as key information shared during their Health Professions Regulators of Ontario (HPRO) Practice Advisors COVID-19 bi-weekly meetings. The FAQs are routinely monitored for currency and updated as questions and concerns evolve due to changing information.
- Through eblasts, social media posts, and webinars, the College provides updates on major pandemic related developments, which have included updates on matters such as the Ministry of Health's recruiting efforts, the government's requirement for healthcare organizations to report their PPE inventories, and guidance respecting the Chief Medical Officer of Health's directive that all non-essential and elective healthcare services be ceased or reduced to minimal levels.
- The College collaborated on two webinars with the Ontario Society of Occupational Therapists (OSOT) to provide guidance to occupational therapists on key COVID-19 related developments in the auto insurance sector and hospital settings.
- The College has engaged in dialogue and provided direct guidance and support to specific practice areas that have contacted the College such as children's treatment centres.
- The College communicated with universities about the impact of COVID-19 on student practical experiences and the implications for future registration. This communication was also held nationally with OT regulators from other provinces as well as the Academic Accreditation Council.
- The College is also in regular communication with our exam provider, the Canadian Association of Occupational Therapists regarding the National Occupational Therapy Certification Exam to assist with decisions regarding its deployment during the pandemic.
- The College redeployed staff from the Quality Assurance program to help the Practice Consultants provide timely responses to the increased inquiries received from occupational therapists.
- The College worked with healthcare system stakeholders and government agencies to ensure accurate and timely information was and is provided to occupational therapists including communicating with the Emergency Operations Centre (EOC), Public Health Ontario and the Ministry of Health.
- The College released two guidance documents for occupational therapists: *Guidance on Occupational Therapy Services During COVID-19*; and in collaboration with the rehabilitation Colleges to help achieve consistent reopening guidance, *COVID-19 Return to Work Guidance for Occupational Therapists*.
- In recognition of increased demands due to the pandemic, the Quality Assurance program exempted all registrants from completing the 2019 Professional Development (PD) Plan and extended the deadline to complete the 2020 Prescribed Regulatory Education Program (PREP) and Self-Assessment from October 31 to December 31. The Quality Assurance Program also developed a preface for the 2020 PREP highlighting the applicability of the topic, (Managing Risks in Occupational Therapy Practice) in the context of the pandemic.

- The Practice team recorded two webinars to provide additional information and guidance on the primary concerns raised by occupational therapists as the pandemic evolved. The first webinar occurred on April 16 and focused on the ramping down of services and virtual considerations. The second webinar launched on June 4 and focused on considerations relating to the gradual restart of non-essential and elective services.

**Next Steps:** In collaboration with other rehabilitation Colleges and Public Health Ontario, a webinar will be delivered on June 25 to help practitioners understand best practice to prepare and maintain their place of employment from an Infection Prevention and Control standpoint. The College will continue to provide support and updated information to registrants and stakeholders through its communication channels.

### 3. Client Resources

- In partnership with our professional health regulatory partners, the College participated in a Citizen Advisory Group (CAG) focus group on the resumption of regular healthcare services. The feedback received helped ensure the patient/client voice informed the activities and guidance provided on this topic.
- The College developed website content on its COVID-19 webpage, highlighting key government and Public Health Ontario resources developed for the public to provide information on matters such as what to do if you are sick, and how to recognize symptoms. The College also provided information highlighting mental health resources available to the public during the pandemic.

**Next Steps:** Using the feedback received from the Citizen Advisory Group respecting the resumption of regular healthcare services, and data from COVID-19 related calls and emails received from the public, the College will develop FAQs for the public to help them understand what they can expect from their occupational therapist during the pandemic. The College Patient Relations Committee will be consulted on the development of the public facing content.

### 4. Remote Operations

- To fulfill health and safety obligations with respect to employees, the College began complete virtual operations on March 16, 2020. This was unprecedented as teleworking at the College is relatively new and not meant for full-time operations. Corporate Services worked with each program area to help implement and support processes required for virtual operations. This included the purchase of new software, hardware and licenses so all College services could continue to be delivered throughout the pandemic. Additionally, to prevent the risk of contracting and spreading COVID-19, the College switched to virtual Council and committee meetings, and from paper to electronic meeting packages.

**Next Steps:** Finalize the development of a Health and Safety during COVID-19 policy, setting out the process to be followed to ensure staff safety when asked to return to working from the office.



## 2017-2020 Strategic Priorities, Outcomes for 2019-2020

ENDS	ACTIVITY	OUTCOME to support Strategy
<b>1.</b>	<b>Confidence in occupational therapy regulation</b>	
<b>1.1</b>	<b>The public trusts occupational therapy regulation</b>	
	Risk management program implemented across organization. Risk management practices integrated and operationalized. College strategy, operations and project selection informed by College risk management program. Quarterly reports provided to Council.	Integration of a robust risk management program helps the College avoid potential threats, minimize their impact should they occur and cope with the results. This understanding informs decisions regarding strategy and operations, in support of the College mandate and strategic goals.
	Continued monitoring of OT compliance with professional liability insurance coverage and reporting.	The College's annual professional liability insurance audit allows for effective monitoring of OT compliance with the College's insurance requirements. Due to the College's targeted and timely communications respecting insurance requirements and the follow-up action taken against non-compliant OTs, less than 1.5% of registrants have been non-compliant with the College's insurance requirements in the past two years (as per November 2018 and November 2019 audits).
	Annual renewal process invites voluntary self-identification as Indigenous or First Nations. All data is voluntary and confidential and will be used in aggregate to inform actions to address gaps in in health care.  Policy team working with representatives of the Indigenous Community to ensure initiatives effectively support Truth and Reconciliation Commission Calls to Action.	The College would like to help to increase the number of Indigenous occupational therapists in Ontario. To this end, the College would like to know how many Indigenous occupational therapists are practising in Ontario currently. This information will help us to monitor progress in addressing gaps over time. This outcome is reflective of the College commitment to equity, diversity, and inclusion.
	Fifth story news articles: The College developed three articles with News Canada/Fifth Story for a public awareness campaign about what occupational therapists do and the role of the College.	The articles appeared in 39 community papers and digital publications, including online and print editions. Notable papers include the Kingston Whig-Standard, the Mississauga News, the Brampton Guardian, the Burlington Post, and the Etobicoke Community Update.

ENDS	ACTIVITY	OUTCOME to support Strategy
	<ul style="list-style-type: none"> <li>• Home modifications help seniors age in place (27 publications/papers)</li> <li>• Is your child struggling at school? Get help from the right professional (7 publications/papers)</li> <li>• Living better with arthritis (5 publications/papers)</li> </ul>	<p>The article had a potential reach of a total of 3,123,256 people (based on readership of community papers and traffic to related websites). Reach refers to the number of people or potential customers who are exposed, at least once, to a medium and have the potential to see the advertisement or promotional messages. Messages build understanding of the role of the College in public protection and encourages members of the public to visit the public register to confirm registration status and view up-to-date information.</p>
	<p>Ongoing participation in collaborative Ontario Health Regulators’ (OHR) initiative to communicate value and role of regulation and health Colleges to people of Ontario. Website presents a gateway to all health regulators and provides information in 10 languages and links directly to public registers of each professional College.</p> <p>The OHR website was promoted via targeted news articles in Zoomer and Canadian Association of Retired Persons (CARP) publications, Facebook campaigns and Google ads. *additional activities placed on hold in response to COVID</p>	<p>Increased public awareness and engagement via cross-College outreach initiatives to deliver clear, consistent message about value of health care regulation and Colleges as trusted resource. Collaboration with other health regulators strengthens message and contributes to clarity of messaging.</p> <p>The Ontario Health Regulators’ booth at the Zoomer show in Toronto in October 2019 provided members of the public the opportunity to interact with practice advisors of multiple Colleges, including COTO. Booth volunteers showed visitors how to use the public register to verify information about registered health professionals. Questions posed by the public drive the development of messages and materials to clarify the College role. Multiple requests were made for speakers from the Ontario Health Regulators to engage with community groups. This method of outreach will be explored soon (post-COVID).</p> <p>Results include 30,000+ visits to the OHR website from June-December 2019 and 6,000+ views for OHR video campaign, and 3,000+ clicks to through Zoomer enewsletter campaigns in 2019, topics include where to find reliable information about health care providers. OHR campaign was part of 1.2 million emails delivered through Zoomer during 2019</p>
	<p>Increased use of social media to communicate with members of the public and OTs and provide clarification and information.</p>	<p>Engagement across channels may indicate heightened awareness of the College role. Public inquiries provide an opportunity to build awareness of regulatory role and scope.</p>

ENDS	ACTIVITY	OUTCOME to support Strategy
	Channels leveraged as means to share up-to-date COVID-19 information.	<ul style="list-style-type: none"> <li>○ 367 LinkedIn posts, 1446 followers (up 72%), 1405 clicks, 303 likes, 44 shares</li> <li>○ 344 Twitter tweets, 479 followers (up 57%), 89 retweets, 29 replies, 213 likes, 521 link clicks</li> <li>○ 223 Facebook posts, 659 followers (up 27%), 294 likes, 69 shares, 649 link clicks, 82 comments</li> <li>○ 14 YouTube videos, 102 subscribers (up 123%), 5968 views, 400 watch time hours</li> </ul>
	Public awareness social media campaign: two -week Facebook campaign about “What to expect from an OT,” explaining to the public their rights and the role of the College in public protection. The video displayed in the feed of 39,906 Facebook users and 13, 642 users viewed the video for at least 10 seconds. There we 1,450 clicks to play the video, visit the link or view our Facebook profile. The video was developed in collaboration with Citizen Advisory Group to ensure public input and comprehension.	Connects College with new audiences to build understanding and trust and complements existing channels and website.
	Expanded French resources on the website (including dedicated Ontario Autism Program web page and Understanding Consent article); and through consultation (Consultation on standards conducted in French and English.	Information for French-speaking audience provides greater access and increased transparency.
	Short FAQ videos created with practice advisors to provide plain language information for the public about occupational therapists and the public protection role of the College. Content created as a result of Citizen Advisory Group feedback and includes FAQ such as Do I Need a Referral to See an OT? (Launch postponed due to COVID-19. Videos will be promoted on website and via social media later this year.)	Explains what to expect when working with a licensed health professional and builds understanding of role and value of College.



ENDS	ACTIVITY	OUTCOME to support Strategy
	The practice service responds to inquiries from public regarding OT practice. 77 public inquiries addressed, primarily by phone to ensure questions or concerns are fully addressed.	Nature of calls and inquiries assessed across programs to inform messaging and outreach and improve College service delivery.
<b>1.2</b>	<b>Stakeholders understand the role of the College and its value.</b>	
	“What to Expect From Your OT” and “How to Share a Concern or File a Complaint” videos produced, published and promoted on social media. Content available on YouTube channel and continued promotion planned post-COVID.	Builds understanding of the role of the College in ensuring qualified registrants’ delivery of safe, ethical care.
	Employer focused campaign ‘Safe, Quality Practice: A Partnership’ promotes 3 ways to partner with the College to ensure safe, quality care. Launched online in 2019. Pilot employer campaign on LinkedIn to promote employer resource page appeared 8,000 times for targeted users on LinkedIn in 3 weeks (June-July 2019). Campaign targeted specific industries where OTs are employed (for example, hospitals). Generated 42 clicks to the employer page and 81 engagements. Average <b>click through rate</b> (CTR) on LinkedIn is 0.3%, our CTR for this campaign was 0.5% so above average. Next steps will be revisited post-COVID. Next steps will be revisited post-COVID.	Built understanding of the College role and value to employers. Occupational therapists (OTs) have legal obligations to ensure safe, quality practice – and so do their employers. Use of public register to confirm and verify registration, and fulfillment of reporting obligations supports patient and client safety.
	Ontario Autism Program (OAP) webpage developed in response to referral traffic to our website from the Ontario government’s Ontario Autism Program website. Initially users from the government of Ontario website were being directed to the homepage of our website. We created the OAP page to inform individuals with autism and their families about occupational therapy practice and autism, how to find an OT, and more.	Dedicated content provides clarification of role of College and value to client and caregivers connected to the Ontario Autism Program. More than 1000 visits to web page since February 2020 launch.
	College partnered on May 2020 Citizen Advisory Group working group to develop reopening guidance with public confidence following COVID.	Public engagement builds understanding of role and value of the College. Thoughts and experiences are invaluable in shaping the College’s work and informing initiatives to build greater understanding.

ENDS	ACTIVITY	OUTCOME to support Strategy
	<p>Key College messages shared via 6 electronic newsletters to all registrants 69.3% open rate, 22.8% click rate</p> <p>18 dedicated COVID electronic updates delivered to all registrants. 70% open rate, 19.5% click rate</p> <p>73 news items posted to coto.org.</p> <p>Dedicated COVID-19 web page created to provide up-to-date information.</p>	<p>Timely delivery of messages supports understanding of College as valued reliable source of information. Anecdotal evidence indicates occupational therapists appreciative of COVID communication and College guidance.</p>
	<p>Education sessions delivered to Ontario occupational therapy university programs. Practice Resource Service presentations addressed scope of practice, record keeping, professional boundaries, and ethical decision making. Practice team also presented to McMaster and Niagara College OTA programs</p>	<p>Engaging future occupational therapists in their understanding of the role of the College, regulation, their obligations as a regulated health professional as well as resources to support safe, ethical, and competent practice. Students received education on COTO in preparation for practice.</p>
	<p>Practice Resource Service supervised three occupational therapy students during their placements at the College</p>	<p>Supporting the education and development of future occupational therapists through knowledge translation and understanding of professional accountabilities once registered with the College. Students assist the College with valuable work.</p>
	<p>23 outreach sessions were delivered by the practice team to stakeholders including employers, OTs, OT and OTA academic programs - targeted practice topics and sector specific groups</p>	<p>Demonstrates leadership to motivate and engage stakeholders to promote competent, safe, and quality OT practice with the focus on public protection. Outreach sessions included - Professional boundaries, controlled acts, record keeping, supervision of OTA, Consent.</p>
<p><b>1.3</b></p>	<p><b>The College's input to government priorities and legislative initiatives is valued</b></p>	
	<p>Continued participation as member of Ministry-led working group on the development of a College Performance Management Framework.</p>	<p>College input informs development of framework to support transparency and accountability in regulation across all regulated health professions colleges in Ontario.</p>
	<p>The College was invited to provide input to the Ministry of Health and the Ministry of Children, Community and Social Services on their consultation regarding behavioural clinician's practice in Ontario and the development of an oversight framework. The College conducted a survey of its registrants and received 388 responses, which informed a detailed submission to the Ministry.</p>	<p>College input informs development of framework to support transparency and accountability in regulation across all regulated health professions colleges in Ontario.</p>

ENDS	ACTIVITY	OUTCOME to support Strategy
	The College participated in the Ministry of Training, Colleges and Universities - OTA/PTA program standards review	College response to consultations increases understanding of the College mandate and allows the College to contribute a public protection perspective to inform decisions.
	The College participated in the consultation on the Driver Care Plan reforms of the: 1. Catastrophic Impairment Default Benefit Limit; and 2. Care, Not Cash Default – Ministry of Finance – Auto - September 2019	Meaningful responses demonstrate value of collaboration and participation in Ministry consultations.
	Continued participation in Daily Ministry of Health COVID 19 updates and communication with MOH as it relates to OT practice.	Ensures College is aware of and responsive to changes affecting stakeholders and informed to deliver all relevant information during public health emergency
<b>1.4</b>	<b>College decision-making processes are open, transparent, and accountable</b>	
	Expanded website information related to registrant involvement in the QA program including Quality Assurance Committee decision outcomes and QA compliance policy. All content reviewed for plain language.	Revisions enhanced clarity and transparency and foster increased accountability by all parties.
	All peer and practice assessment materials revised to support pilot selection and refreshed direction. A guide for peer assessors and process flowchart were created to build clarity., etc. “Top 5 Myths about the College’s Peer and Practice Assessment (PPA)” article was published to offer clarity to registrants about the PPA process. The “5 Tips for Completing Your 2019 PREP” video was created to help registrants complete their PREP modules before the deadline.	Revisions enhanced clarity and transparency and foster increased accountability by all parties.
	Obtained a readability assessment of all College’s registration policies	Readability assessment report serves as a guidance tool to help those involved in policy development at the College understand the rationale and benefits of the clear-language approach. Plain language also provides greater clarity and transparency for occupational therapists and the public when trying to obtain information
	Achieved reduction in case completion times by Investigations & Resolutions Program. Case completion times refer to the number of days it takes to resolve a complaint or Registrar’s investigation. It is calculated from the date the Inquiries,	Achieved reduction in case completion times by Investigations & Resolutions Program. Case completion times refer to the number of days it takes to resolve a complaint or Registrar’s investigation. It is calculated from the date the Inquiries, Complaints and Reports Committee (ICRC)

ENDS	ACTIVITY	OUTCOME to support Strategy
	Complaints and Reports Committee (ICRC) issues its decision and reasons to the parties from the date the complaint or report is received.	<p>issues its decision and reasons to the parties from the date the complaint or report is received.</p> <ul style="list-style-type: none"> <li>• Average number of days for all complaints resolved in this fiscal reduced to 290 (318 in previous fiscal).</li> <li>• Average number of days for the complaints resolved that were also initiated this fiscal year was 204 (230 in previous fiscal)</li> <li>• Average number of days for all registrar's investigations resolved reduced to 572 in this fiscal (611 in previous fiscal).</li> </ul>
<b>2.</b>	<b>Quality practice by occupational therapists</b>	
<b>2.1</b>	<b>Occupational therapists are accountable for quality, safety, and ethics in practice</b>	
	2019 PREP: Critical Thinking and Professional Judgement through an OT lens provided foundational information to support OTs decision-making for quality, safe and ethical practice.	<p>PREP completion is mandatory for all registrants. Feedback reflects value of continuing education in supporting quality care:</p> <p>90% (260/289) of survey responses indicate PREP was effective in raising issues and challenges that had relevance in their practice setting</p> <p>93% (273/292) of survey responses indicate PREP was relevant to their practice</p> <p>87% (248/286) of survey responses indicate PREP increased their knowledge of the topic</p> <p>85% (246/290) of survey responses indicate this PREP will have a positive impact on their practice</p>
	QA program implemented a risk-based approach; peer assessors implemented a 'coaching model' that allows for immediate feedback to OTs to implement positive practice changes, reduce risk and to support quality care to clients.	Preliminary survey responses indicate registrants would make changes in their practice based on feedback from the peer assessor.
	College worked with government to support the passing of the Psychotherapy controlled act.	Controlled act regulation passed in December 2019.
<b>2.1.1</b>	<b>Occupational therapists are competent</b>	

ENDS	ACTIVITY	OUTCOME to support Strategy
	99% registrant compliance with completion of two of three mandatory quality assurance requirements (self-assessment and PREP), noted for the second year in a row.	High level of compliance can be a demonstration of professional accountability and ethics in practice.
	13 peer assessments completed. Refreshed forms, documents and guides used to facilitate the process and build efficiency. Other peer assessments suspended due to COVID-19.	All registrants who participated in the peer assessment process received appropriate and timely feedback regarding next steps and ongoing requirements, to support their continuing competence.
	<p>Redevelopment of the competency assessment process progressed with clear deliverables.</p> <p>Risk-based selection confirmed for new competency assessment process; will allow for active screening of all registrants and increased likelihood that the most appropriate OTs are identified for support and remediation, thereby enhancing confidence the program mandate is achieved.</p>	Redeveloping the competency assessment process ensures improved identification of OTs requiring support to address gaps in competency, elevates the QA program to be innovative and risk-based in its approach and further supports the College mandate of public protection through care being received from competent OTs.
<b>2.1.2</b>	<b>Occupational therapists understand and apply professional standards and ethical reasoning.</b>	
	Practice Resource Service responded to an increase in the volume of inquiries from OTs and the public and other stakeholders	Practice inquiry volumes increased. There were 1584 inquiries to practice from June 1, 2019, compared to 1363 the year prior. The goal is to ensure OTs have access to guidance and advice to enhance competencies to provide safe and ethical care to recipients of OT services. Practice resources support clinical and ethical decision-making.
	Practice Resource developed Q & As to address specific practice issues identified in the interest of public protection.	Selection and development of Case of the Month and Q & A topics reflects current environment. Q & As provide an opportunity to disseminate practice direction in a clinical case to educate, with the goal mitigate risks to the public. Dialogue and inquiries indicate content is topical and valuable. 8,000+ website views of Q&A; 7,400+ website views of cases.
	<p>In response to COVID-19 the practice resource provided:</p> <ul style="list-style-type: none"> <li>▪500+ direct responses to email or voice inquiries</li> <li>▪OT and COVID-19 webinar with 1500+ views</li> <li>▪Guidance documents and FAQs for OTs on dedicated COVID-19 web page.</li> </ul>	Dedicated COVID 19 Response from Practice Resource Service supports OT application of government directives and professional standards during global pandemic. Responsive to registrant, client, and employer queries during the pandemic, providing guidance and clarity of the MOH directive, Gov't of Ontario orders and public health materials. Response to support OTs with up to date information so anticipate and respond to changing needs and demands associated with the pandemic and state of emergency.

ENDS	ACTIVITY	OUTCOME to support Strategy
	Practice team conducted outreach to worksites: Oakville Trafalgar Hospital, Michael Garron Hospital, Closing the Gap, John McGivney Children’s centre, St. Joseph’s Health Centre, London allows opportunity to build clarity and enhance relationships.	Addressed Practice questions and provides clarification about the College position, OT obligations and questions relevant to the practice setting.
	To identify common themes for outreach activities to the public and other stakeholders occupational therapy students assisted the practice resource service in reviewing the type of data the program collects and how that data is analysed and used to support safe and ethical practice.	This work will identify gaps in knowledge, key areas of inquiry and will help to inform timely outreach activities such as case studies and themes for the future ‘Conversations with the College’ Webinar series etc.
<b>2.2</b>	<b>The College engages occupational therapists to advance quality, ethical practice</b>	
	A focus group of OTs provided input into an all-OT survey used to gain feedback about risks in practice to support progression of the continuing competency project. 720 responses submitted.	Soliciting feedback from this focus group ensured the questions were phrased in the most meaningful way for OTs to best understand risks in practice and therefore respond with project deliverables (as possible) to advance quality care.
	Occupational therapists were provided with an opportunity to provide comments on revised practice resources through public consultation processes: <ul style="list-style-type: none"> <li>• Standards for Acupuncture (March 2020) received 68 responses</li> <li>• Standards for Occupational Therapist Assessments (pending – delayed by pandemic)</li> </ul>	Feedback from OTs is analyzed and incorporated into practice resources to ensure practice standards reflect the generally accepted practice across the province and incorporate relevant changes in response to the evolving occupational therapy practice. Seeking input from all relevant stakeholders ensures the standards of practice outline clear expectations for safe and competent practice from Ontario OTs.
	Educational Framework Development – Year 1 activities pilot project roll out - 2 Webinars – Conversations with the College – Psychotherapy, COVID 19 delayed by response to the pandemic	Developing an educational outreach and engagement framework to establish yearly outreach and engagement priorities for knowledge translation and information dissemination between the registrants and the College. <ul style="list-style-type: none"> <li>▪250 individuals/organizations attended psychotherapy webinar and an extensive FAQ document was produced to address inquires such as competence, supervision, and the controlled act.</li> </ul>
<b>2.3</b>	<b>Professional standards reflect evolving practice.</b>	

ENDS	ACTIVITY	OUTCOME to support Strategy
	<p>Practice documents reviewed and revised in 2019-2020</p> <ul style="list-style-type: none"> <li>• Guidelines for Private Practice</li> <li>• Guide to Child Youth and Family Services Act</li> <li>• Guide to Controlled Acts and Delegation Standards for Infection, Prevention and Control</li> </ul>	<p>Practice documents revised to ensure accuracy and relevance of content. The documents are intended to clearly outline and describe the expectations for competent, ethical, and accountable OT services.</p>
<b>3.</b>	<b>System impact through collaboration</b>	
<b>3.1</b>	<b>The College is recognized and respected as a regulatory leader</b>	
	<p>Registrar serves as Chair of the national project to develop one set of core competencies for OTs in Canada. The project is halfway through and is due to be concluded in March 2021. Funded by federal government.</p>	<p>Multi- stakeholder collaboration with academics and association together with regulators. Ensures consistent level of competency and expectation in the delivery of occupational therapy services.</p>
	<p>Participation on HPRO Committees College staff serve on HPRO Committees, including Discipline Orientation, Communications, Practice, Consent &amp; Capacity, and Quality Assurance.</p>	<p>College is recognized through this leadership.</p>
	<ul style="list-style-type: none"> <li>• Invited to participate in a virtual panel with four other regulatory Colleges for Cornwall Hospital: Community Addictions and Mental Health Services with (OCSWSSW, CPO, CRPO) Record Keeping and Consent</li> <li>• Invited by College of PT to present to the OT, PT, OTA/PTA staff at Michael Garron Hospital – Topic: Role of the College and supervision of OTA/PTA</li> <li>• Collaborative project: Scope of Practice Resource with College of Occupational Therapists of BC - to address emerging alternate modalities in practice</li> </ul>	<p>Offered an opportunity for Practice Resource to promote cooperation between regulatory bodies to address common practice issues where consistent messaging amongst Colleges can be achieved.</p>
<b>3.2</b>	<b>The public contributes to College decision-making</b>	
	<p>The College engaged the Citizen’s Advisory Group (CAG) to inform its strategic plan.</p>	<p>The strategic plan for 2020-2023 received tremendous advice and input from the CAG, which was shared with Council during their discussions and informed the final leadership objectives.</p>
<b>3.3</b>	<b>Collaboration with stakeholders supports the College’s effectiveness and influence as a regulator</b>	

ENDS	ACTIVITY	OUTCOME to support Strategy
	Collaborated with other Colleges on the initiative to refocus the direction of the Federation of Health Regulators of Ontario to collaboration and consistency where possible. Group was renamed Health Professional Regulators of Ontario - HPRO	Initiative to develop consistent shared focus for the Health Professions Regulator of Ontario demonstrates collaborative focus of regulators.
	The College participated in three sessions designed to enhance collaboration between health professional regulators and the Financial Services Regulatory Authority (FSRA).	FSRA licenses all health service providers who bill auto insurance companies for accident benefit related goods and services. These sessions allowed the College to engage in meaningful discussions about issues facing OTs and other regulated health professionals in the auto-insurance sector and how the regulators and FSRA could more effectively protect clients/claimants in this system.
	College staff undertook a review of the OCF 18 Assessment and Treatment form to understand its use within OT practice	Consultation with privacy legislation experts and Financial Service Regulatory Authority (FSRA) to glean a better understanding of SABs legislation and the OT's professional accountability when applying signature on an OCF 18. This enhanced the guidance Practice consultants were able to provide to registrants practicing in auto insurance and protect clients by providing clarity around limitations of scope
<b>3.4</b>	<b>Collaboration promotes systems alignment to support quality practice by occupational therapists</b>	
	COVID response communicated across sectors to ensure public and registrant safety.	All College operations maintained virtually. Collaboration with sector stakeholders ensures consistent approach to pandemic response.
	Practice team delivered two COVID 19 Webinars – Auto Sector & Hospital Sector In collaboration with the Ontario Society of Occupational Therapists (OSOT)	To lead and support stakeholders to promote the interest of public when providing guidance to OTs to deliver safe care
<b>4.</b>	<b>Effective financial, organizational and governance practices</b>	
<b>4.1</b>	<b>College governance is responsive, effective, and accountable</b>	
	Governance Working Group established. Working Group recommendations for governance reform that require legislative and non-legislative changes were approved in principle. 3-year implementation plan approved in March 2020.	Council now has a comprehensive plan to move forward on governance modernization.
<b>4.2</b>	<b>College operations are efficient, effective, and accountable.</b>	



ENDS	ACTIVITY	OUTCOME to support Strategy
	Finalized renovation plans to enable the College to meet the immediate and anticipated staffing needs.	Renovation work commenced in February 2020 and is well underway. The renovation is 90% complete and will be completed once COVID-19 restrictions are eased and work can re-start.
	Developed and implemented a College-wide Telework Policy.	Telework Policy enabled remote work to commence in advance of renovations. Effective virtual operations in place allowed work to continue during the COVID-19 pandemic.
	Completed the exploratory Phase 1 of the Enterprise Systems project, which included a Request for Information as well as current and future desired state mapped out.	The Enterprise Systems project Phase 1 was completed with a vision to move forward. This project included a desired future state with efficiencies in mind with respect to technology, business processes and utilization of resources. Phase 2 was approved by Council to proceed with a Request for Proposal.
	Implemented a new structure for the evaluation of employee performance and development. Completed an employee engagement survey and analyzed the results.	Updated College structure to align to best practices. Employee survey analyzed and plan developed to support goal of efficient and effective operations.



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
**Subject:** Priority Performance Report – Q4 (March 1, 2020 – May 31, 2020)

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### Recommendation

*THAT Council receives the Priority Performance Report for the fourth 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 fourth quarter (Q4) of the fiscal year, June 1, 2019-May 31, 2020.

The overall indicators have remained the same for the final quarter of the 2017-2020 strategic priorities period. For the 2020-2023 strategic directions, work will begin to update the report for the next strategic priority reporting period. Indicator definitions will also be created to support consistency moving forward.

Council is asked to note the increase in queries to the Practice Resource Service on page 1:

Indicator	Q1	Q2	Q3	Q4	Previous FY – Q4	% increase from Previous FY
Total # of Practice Resource Service queries	294	405	339	736	382	92%

There has been an increase of 92% in total number of Practice Resource Service Queries in the fourth quarter. Increase is due to questions regarding OT practice during the COVID-19 pandemic. A College eblast sent on April 16, 2020 also referred members to a video resource and presentation on the topic titled *COVID-19 and Occupational Therapy*.

### Discussion

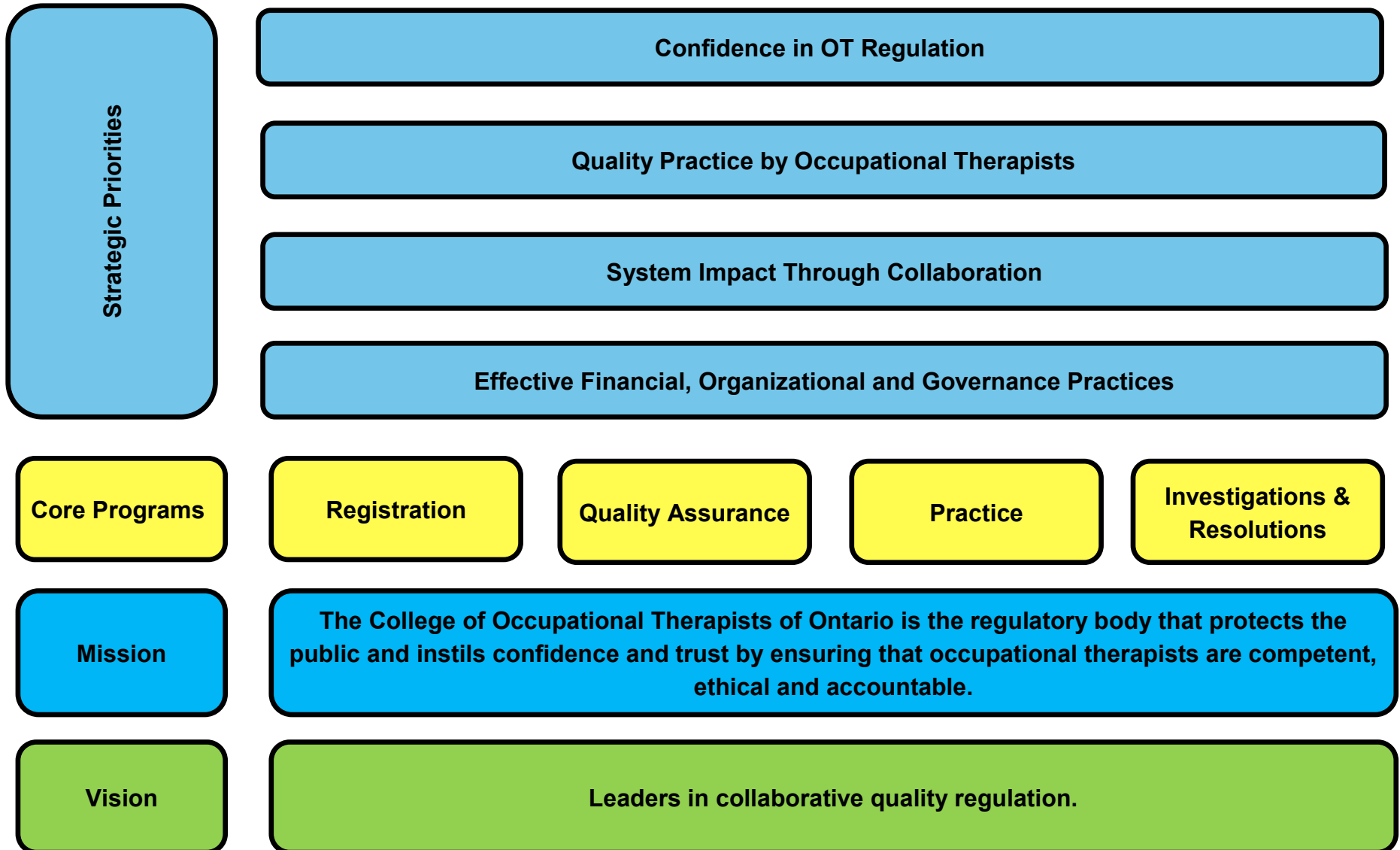
Council is invited to ask questions and provide comment on the Priority Performance Report.

### Attachment

- Strategic Priority Performance Report – Q4 (March 1, 2020 – May 31, 2020)



## Strategic Framework 2020





**Priority Performance Report 2019-2020**  
Q4 March 1, 2020 - May 31, 2020

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 YTD	
Registrant Demographics	Registrant Demographics	Total number of active registrants	N/A	6125	6352	6468	6473	N/A	6113	N/A	As of May 31, 2020
		% of registrants in clinical practice	N/A	74%	73%	72%	72%	N/A	75%	N/A	<b>4686</b> registrants as of May 31, 2020
		% of registrants in mixed practice	N/A	14%	14%	13%	14%	N/A	14%	N/A	<b>888</b> registrants as of May 31, 2020
		% of registrants in non-clinical practice	N/A	8%	8%	8%	8%	N/A	8%	N/A	<b>529</b> registrants as of May 31, 2020
		% self-employed registrants	N/A	25%	24%	24%	24%	N/A	24%	N/A	<b>1544</b> registrants as of May 31, 2020
Confidence in OT Regulation	The public trusts occupational therapy regulation.	Total # of general information queries	N/A	414	651	208	429	1,702	618	1,900	<b>224</b> calls to zero line and <b>205</b> emails to info@coto.org
		% general information queries from members of the public	N/A	64%	36%	61%	39%	50%	39%	48%	<b>167/429</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	339	736	1,774	382	1,382	<b>736</b> Total Practice calls and emails for Q4 2019-2020
		% queries to the Practice Resource Service from members of the public	N/A	22%	14%	19%	11%	16%	20%	17%	<b>80/736</b> queries from non-registrants for Q4 2019-2020
		Average # of visits to the public register/month	N/A	8,295	9,774	8,825	7,469	8,591	9,143	8,215	<b>22,408</b> is the total number of visits to the public register over Q4 2019-2020, average is <b>7,469</b> per month
		Average # of unique visits to the public register/month	N/A	3,507	4,362	4,059	3,321	3,812	4,139	4,056	<b>9,9963</b> is the total number of unique visits to the public register over Q4 2019-2020, average is <b>3,321</b> per month
		Total # of coto.org website visits	N/A	30,137	62,375	41,665	66,730	200,907	53,105	145,370	Total number of visits to coto.org over the quarter
		Average # of website users/month	N/A	5,977	10,761	9,259	13,456	9,863	9,248	7,575	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 Q4	FY18-19 YTD	
	The College's input to government priorities and legislative initiatives is valued.	Total # of Consultation Submissions	N/A	0	1*	0	0	1	0	2	No formal consultation submissions completed this quarter. <b>*Addition to Q2:</b> Regulation of Behavioural Personnel/Clinicians - Survey to Registrants; initiative with MOH and other stakeholders
	Stakeholders understand the role of the College and its value.	# Education/Outreach Sessions Offered	N/A	3	6	3	7	19	4	17	Education and outreach sessions provided to: University of Toronto, Mohawk College, University of Western Ontario, OSOT, COVID-19 Webinar

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	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	0	0	2	3	
		% of Registration Committee decisions upheld by HPARB	100%	N/A	N/A	N/A	100%	N/A	N/A	100%	2/2 - Two HPARB decisions returned and both upheld the decisions of the Registration Committee
		# of applications reviewed by Registration Committee	N/A	2	3	5	1	11	2	11	
		Registration Statutory timelines are met	100%	100%	100%	100%	100%	100%	100%	N/A	5 of 5 sent
		# of ICRC Decisions appealed to HPARB	N/A	1	2	3	2	8	3	3	
		% of ICRC Decisions upheld by HPARB	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	2/2 – Two HPARB decisions received and both upheld the decisions of the ICRC
		# of complaints received	N/A	4	7	3	1	15	5	29	
		# of Registrar’s investigations initiated	N/A	3	6	7	7	23	8	24	5 were mandatory reports
		ICRC 14 day acknowledgement notification timeline met	100%	100%	100%	100%	N/A	100%	100%	100%	No 14-day notice and acknowledgment letters needed to have been sent out within this quarter. The 1 complaint received this quarter resulted in the complainant withdrawing their complaint shortly after their submission and prior to the 14-day deadline
		ICRC 150 day delay notifications sent to registrants and complainants by required date	100%	100%	100%	75%	100%	100%	100%	100%	5 of 5 sent
Percentage of Registrants with incomplete QA requirements for 2019 and brought to QAC for review	N/A	<0.1%	N/A	<1%	<1%	<0.1%	<0.1%	<0.1%	3 non-compliance cases were brought to QAC for review		
# of Step 2 OTs issued a SCERP by QAC	N/A	1	0	1	0	2	N/A	0			
QA statutory timelines are met	100%	100%	N/A	100%	100%	100%	100%	100%	5 decision letters sent		

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments	
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	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%								PD Plan is not included in this number as all registrants are exempt from completing it due to COVID-19. Compliance is 99% for 2019 SA and PREP.	
			90-99%	N/A	99%	N/A	99%	99%	99%	99%		
			<90%									
		% registrant compliance with updating liability insurance information within 30 days of the scheduled expiry date.	100%									34 people total had insurance expiring this quarter and failed to update. Registrants are being followed up with in Q1 of FY 20/21.
			90-99%	N/A	98%	100%	99%	99%	97%	99%		
			<90%									
	# of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).	N/A	0	1	2	2	5	0	6			
	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%	81%	89%	84%	80%	83%	656/736 queries received from OTs	
		% of general information queries from OTs	N/A	36%	63%	38%	59%	49%	61%	52%	255/429 general information queries from OTs	
		Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)	N/A	3,802	10,069	4,955	5,463	24,289	3,905	12,573	4,686 views for Standards for Practice and 777 views for A-Z resources	
		# of new and returning applicant "Practising Without Authority" cases (per quarter)	0-1									
	2		0	2	0	0	2	0	4			
	The College engages OTs to advance quality, ethical practice.	Practice Resources circulated for stakeholder feedback (standards, guidelines)	N/A	N/A	N/A	N/A	1	100%	N/A	100%	Standards for Acupuncture Practice	
Response Rates to College Consultations		N/A	N/A	N/A	389	68	389	N/A	N/A	68 Responses on the Revised Draft Standards for Acupuncture from March 2 – March 30, 2020. It should be noted that only a small number of OTs practice		
Open Rate on College enewsletter		70%								As a result of the evolving pandemic, The College has been sending important information and updates to its members at a more frequent and quicker pace than previous periods. In this quarter, 16 COVID-19 related eblasts were sent to members		
		>55%	60%	86%	63%	72%	70%	72%	72%			
	40-54%											
	<40%											

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments	
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 YTD		
	The College engages OTs to advance quality, ethical practice.	Click through rate on College newsletter	TBD	20%	18%	22%	22%	21%	20%	25%		
		# of Views of relevant YouTube Videos	N/A	438	2,300	981	2,300	6,019	1,032	4,694	Total views of all College YouTube videos. 247.9 watch time hours, and 9 additional subscribers.	
	Professional standards reflect evolving practice.	% of practice standards that are current and comply with the Framework for College publications.	90-100%	75%	75%	75%	79%	76%	78%	77%	24 practice service documents in total; 19 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	0	2	5	2	9	Role of the College presentations to University of Ottawa and Queen's University students	
	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	1	1	0	1	CAG - Feedback sought related to reopening	
	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%	100%	100%		
			70-89%									
	<70%											
			# of formal interactions with system partners	N/A	9	6	8	4	27	4	5	HPRO, ACOTRO, CAOT, OSOT
	Collaboration promotes systems alignment to support quality practice by occupational therapists.	# of queries received from employers (general information and practice)	N/A	7	16	13	9	45	20	58	7 general information and 2 practice queries from employers	
N/A			2	2	2	2	8	0	3	Duplicate number. Count also included in Registrar's investigations		



Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q4	FY18-19 YTD	
		# of mandatory privacy breach reports received from health information custodians (HICs)	N/A	0	0	0	1	1	0	1	



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
**Subject:** Risk Management Report

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### 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 risk register in its entirety was reviewed by Executive at their June meeting. The risks that have been categorized as high or critical risks are now brought forward to Council for review.

### Discussion & Update

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

- The following risk was presented in the March 5, 2020 Risk Management report and has moved from being categorized as a HIGH to a MODERATE risk and has therefore been removed from the current report:

Risk Category	STRATEGIC
Risk -Strategic	<b>Council not properly constituted due to lack of public appointments, or minimum number of public appointments causing high workload for existing public members.</b>

- **Rationale for change of risk category to MODERATE:** This has been a strategic priority over the past few years. Several control procedures have been implemented and action taken to address this risk. Council is currently constituted and as of May 2020 is operating with the maximum number of public members (7/7 members). This mitigates the risk that public members will not be able to fulfill additional committee responsibilities and that quorum for committee decisions will not be met.

**The following five risks have been identified for review in this quarter:**

Risk Category	STRATEGIC
<b>Risk:</b>	<b>Regulatory Modernization – Unknown significant changes to College operations and mandate.</b>
<b>Control Procedure(s)</b>	<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> <li>7. Collaborating with the Ministry of Health (MOH) on the College Performance Measurement Framework</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<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	QUALITY
<b>Risk:</b>	<b>OTs with competency deficits may be continuing to practice, unchecked by the College, as the Quality Assurance (QA) program is undergoing redesign.</b>
<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. Liability insurance requirements for all OTs</li> <li>4. Complaints mechanism in place</li> <li>5. QA program redesign project well underway: Quality Assurance Committee (QAC) has approved the risk categories and indicators for use of a risk-based selection approach as part of the new process. Council to approve full process in June 2020.</li> <li>6. Interim competency assessment process initiated for 2019-2020; to continue into 2020-2021 as was suspended due to COVID-19</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 actively followed</li> <li>2. Project well underway</li> <li>3. Ongoing collaboration with key stakeholders on relevant current QA programming initiatives</li> </ol>

Risk Category	OPERATIONAL
<b>Risk:</b>	<p><b>Current information systems/IT infrastructure not meeting the growing organizational needs.</b></p> <p>NOTE: Risk level changed from HIGH residual risk to MODERATE (9 Dec 2019) and then changed back to HIGH (20 Feb 2020).</p>
<b>Control Procedure(s)</b>	<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>
<b>Action Plan &amp; Monitoring Process</b>	<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</li> <li>2. External project manager contracted and work progressing according to plan</li> <li>3. Ongoing financial reserves created for development and maintenance of this critical College infrastructure</li> </ol>

Risk Category	OPERATIONAL
<b>Risk:</b>	<p><b>College operations disrupted as a result of a pandemic (i.e. COVID-19)</b></p>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Pandemic planning documentation revised and updated</li> <li>2. Technology in place to support operational functioning remotely</li> <li>3. Pandemic task force in place to triage decision-making</li> <li>4. Re-deployment of staff in priority areas as required</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. Regular calls with stakeholders and pandemic task force</li> <li>2. Practice team provides regular updates about challenges experienced on front line to support College priorities and communications</li> <li>3. Regularly reviewing Ministry directives to inform College communications and decisions impacting stakeholders</li> <li>4. Regular monitoring of Ministry of Health actions through daily updates</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Ongoing review and monitoring of legislation to inform decision-making</li> <li>2. Ongoing discussions regarding registrant challenges to further inform decision-making</li> <li>3. Document developed to assist occupational therapists to plan for re-opening</li> <li>4. Updating and documenting of business continuity plan</li> </ol>

<b>Risk Category</b>	<b>OPERATIONAL</b>
<b>Risk:</b>	<b>Revenue is less than previous years due to COVID-19</b>
<b>Control Procedure(s)</b>	<ol style="list-style-type: none"> <li>1. Timely reporting of renewal numbers and bookkeeping to ensure we know how many registrants have renewed</li> <li>2. Options to liquidate investments explored and strategy in place</li> <li>3. Regular monitoring of renewal numbers to assess ongoing revenue</li> </ol>
<b>Action Plan &amp; Monitoring Process</b>	<p><b>Monitor through:</b></p> <ol style="list-style-type: none"> <li>1. Weekly updated financials to track revenue received through annual renewal</li> <li>2. Limited spending in Q1 of FY20/21 to conserve cash until annual renewal amounts are known</li> <li>3. Regular communication with stakeholders to inform constraints and requirements for spending</li> </ol> <p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Adjust priorities once annual renewal numbers are known at the end of Q1</li> <li>2. Prepare a contingency plan if annual renewal numbers are not sufficient to support operations</li> <li>3. Evaluate options for a loan/line of credit/government relief</li> <li>4. Further funding options to be explored including loans and eligibility for government relief</li> </ol>



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Nabila Mohammed, Director, Finance and Corporate Services  
**Subject:** June 2019 to April 2020 Financial Report

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Page 1 of 6

### Recommendation

*THAT Council approves the April 2020 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 April 30, 2020;
  - **Statement of Operations** for the period June 1, 2019 to April 30, 2020;

### HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

*(Please refer to the attached Statement of Financial Position as at April 30, 2020)*

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 additional investments made into our portfolio during Q2 to Q4 in FY18/19.

Deferred revenue consists of funds that are collected in one fiscal year but recognized in the following fiscal year. A portion of the current amount represents the 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 remaining deferred revenue balance consists of annual renewal fees for FY20/21 to date. Deferred revenue is significantly lower as compared to the same period last year due to the decision to extend the annual renewal deadline from May 31 to August 31 in light of the COVID-19 pandemic. This has significantly slowed the rate at which registrants are renewing their membership with the College as compared to last year.

The HST payable balance of \$3,359 represents the amount of HST collected on funds received in March and April 2020 less HST paid to suppliers for the purchase of goods and services for the same period. This is also significantly lower as compared to the same period last fiscal year due to the decision to extend the annual renewal deadline (i.e. the College has taken in less funds to date as compared to last year). The next filing is due at the end of June 2020 for Q4.

Overall, 'Total Assets' have declined by just over \$545,000 due to the annual renewal deadline extension. This is something that we will continue to monitor as the renewal period progresses.

The 'Net Assets' section of the Statement of Financial Position reflects a net surplus of \$410,321 for the period June 1, 2019 to April 30, 2020.

### **HIGHLIGHTS OF STATEMENT OF OPERATIONS**

*(Please refer to the attached Statement of Operations for the period of June 1, 2019 to April 30, 2020)*

The net surplus of revenues over expenses for the 11 months ending April 30, 2020 was \$410,321. The budget had projected a surplus of \$166,045 for this period. The results are \$244,276 favourable to budget.

Major items making up the favourable variance to budget are noted below:

- Salaries and benefits are favourable to budget by \$137,500 due to various factors:
  - There were multiple vacancies that provided greater cost savings than anticipated. These included an Associate, Investigations and Resolutions (I&R), the Senior Manager, Registration and Information Systems, the Coordinator, Registration, and the Deputy Registrar. The College onboarded two I&R staff in August 2019, a new Manager, Registration in October 2019, and a new Associate, Registration in November 2019 to fill the vacancies. Recruitment is underway for a new Deputy Registrar.
  - The Executive Assistant, Deputy Registrar role was filled at the end of September 2019 instead of July 2019 as planned.
- Program expenses are favourable to budget by \$142,900 due to:
  - Quality Assurance (QA) budgeting for 35 peer assessments. However due to COVID-19 these have been put on hold and will be completed next fiscal year. As a result, it is expected that this budget will not be fully spent.
  - The staff turnover in the Registration program caused program expenses to be lower than expected due to changing priorities. Additionally, an independent medical exam was budgeted for that did not occur to date this fiscal year.
- Operational initiatives are favourable to budget by \$85,400 due to:
  - Work on the Enterprise Wide Systems project starting later than planned because of staff turnover. This project commenced in September 2019. As the project progressed, it was determined that the separately budgeted Document Management project should be combined with the Enterprise Systems project. Phase 1 of this project is complete, and it 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 impeding the progress of the project and other priorities that have arisen.
- Depreciation is favourable to budget by \$42,400 due to a delay in the planned renovation and furniture not requiring capitalization.



- Communications expenses are \$39,000 lower than budget due to the timing of website improvements and content development projects. It is expected that these expenses will be caught up by the end of the current fiscal year.
- Reversal of year end accruals of \$140,000 for salaries and I&R have also caused a favourable variance to budget, however this is a timing difference which is adjusted for at year end when accruals for the current fiscal year are made.

There are some line items that have exceeded the budgeted amount for the reporting period. Major items unfavourable to budget include:

- Professional fees are over budget by \$147,300 due to:
  - The budget being heavily phased in Q4.
  - Renovation consultant expenses.
  - Greater than anticipated operational needs.
- Other Office Operations are over budget by \$69,400 due to:
  - Furniture costs budgeted for the renovation have been expensed directly as they are not required to be capitalized.
  - Greater than anticipated operational needs.

#### **HIGHLIGHTS OF STATEMENT OF RESERVES**

*(Please refer to the attached Statement of Reserves as of April 30, 2020)*

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.

At the March Council meeting, changes to the limits of specific reserve funds were approved. These changes are reflected in the Statement of Reserves. Specifically, the following funds have been adjusted:

- Hearings and Independent Medical Exam Fund – increased by \$50,000
- Sexual Abuse Therapy and Counseling Fund – increased by \$7,000
- Contingency Fund – increased by \$10,000
- Enterprise Wide IT System Fund – increased by \$310,000

To date, there have been \$9,500 of expenses incurred in preparation for an upcoming hearing. This is reflected in the Hearings and Independent Medical Exam Fund. Additionally, the amount invested in fixed assets has changed to reflect the net of additions (due to the renovation) and accumulated amortization.

**STATUTORY REMITTANCES AND FILINGS**

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

<b>Description</b>	<b>Frequency/Timing</b>	<b>Status</b>
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 (EHT)	There has been an adjustment to the exemption limit for EHT due to COVID-19. This is for the 2020 calendar year only and retroactive to January. The temporary exemption limit for 2020 is 1.95% of calendar payroll over \$1,000,000.  In 2021, the exemption limit will return to 1.95% of calendar payroll over \$490,000.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly	Up to date, HST return filed up to February 29, 2020.  Next filing due June 30, 2020 for the period March 1, 2020 to May 31, 2020.
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date, filed February 2020 for the year ended December 31, 2019.
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 April 30, 2020

	04/30/2020	04/30/2019
	\$	\$
<b>ASSETS</b>		
Current Assets		
Cash	1,480,858	1,262,061
Short-term marketable securities	3,291,334	4,075,531
Accounts receivable and prepaid expenses	61,647	63,298
Total Current Assets	4,833,840	5,400,890
Property and equipment, net of accumulated amortization	175,750	154,865
<b>TOTAL ASSETS</b>	<b>5,009,589</b>	<b>5,555,754</b>
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable and accrued liabilities	87,274	84,987
HST payable	3,359	126,304
Deferred revenue	582,639	1,199,508
Total Current Liabilities	673,272	1,410,799
Total Liabilities	673,272	1,410,799
<b>NET ASSETS</b>		
Reserve Funds	3,250,485	2,456,212
Invested in Fixed Assets	175,750	154,865
Unrestricted	499,762	840,384
Net income for the period	410,321	693,495
Total Net Assets	4,336,317	4,144,956
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>5,009,589</b>	<b>5,555,754</b>

**College of Occupational Therapists of Ontario**  
**STATEMENT OF OPERATIONS**  
 June 2019 through April 2020

	Actual YTD for 11 months ended April 2020 \$	11 Months Budget FY19/20 \$	Variance %
<b>REVENUES</b>			
Registration Fees	3,889,171	4,026,000	-4%
Application Fees	78,734		
Professional Corporation Fees	18,750		
Interest Income & Other Income	58,924		
<b>TOTAL REVENUES</b>	<u>4,045,578</u>	<u>4,026,000</u>	<u>0%</u>
<b>EXPENSES</b>			
Salaries and Benefits	2,292,255	2,429,731	-6%
Programs	91,608	234,474	-156%
Communications	47,022	85,995	-83%
Council	141,779	146,938	-4%
Rent	275,444	268,136	3%
Information Technology	136,362	132,690	3%
Other Office Operations	242,480	173,118	29%
Operational Initiatives	172,223	257,642	-50%
Professional Fees	198,549	51,250	74%
Depreciation	37,536	79,981	-113%
<b>TOTAL EXPENSES</b>	<u>3,635,258</u>	<u>3,859,955</u>	<u>-6%</u>
<b>SURPLUS (DEFICIT)</b>	<u>410,321</u>	<u>166,045</u>	

<b>STATEMENT OF RESERVE FUNDS</b>			
	Opening Balance Jun 1, 2019 \$	Spent to Date/Change \$	Closing Balance Apr 30, 2020 \$
Hearings and Independent Medical Exam Fund	350,000	40,485	390,485
Sexual Abuse Therapy Fund	18,000	7,000	25,000
Contingency Fund	1,590,000	10,000	1,600,000
Premises Fund	800,000	-	800,000
Enterprise Wide Systems	125,000	310,000	435,000
Invested in Fixed Assets	104,816	70,933	175,749
Unrestricted	947,695	(447,933)	499,762
Surplus (Deficit) for the Period		410,321	410,321
<b>TOTAL RESERVES</b>	<u>3,935,511</u>	<u>400,806</u>	<u>4,336,317</u>



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
Nabila Mohammed, Director of Finance and Corporate Services  
**Subject:** FY20/21 Projected Budget

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Page 1 of 3

### Background

The governance policies direct the budget planning process each year. The Registrar Limitations Policy RL4 – Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing the FY20/21 Projected Budget.

Per RL4, the Registrar will not allow financial planning that budgets a deficit greater than 3% of the revenue conservatively projected in any fiscal year unless directed by Council. Due to the anticipated impact to revenues resulting from the COVID-19 pandemic, the FY20/21 Projected Budget prepared will require Council approval. This is because it projects a deficit budget which is 6.17% of the conservative revenue projection. The projected deficit budget would come out of unrestricted reserves.

### Discussion

Although there has been a consistent 3% growth in the number of registered occupational therapists in Ontario year over year, this trend is not expected to continue for FY20/21. This is due to the anticipated impact of the COVID-19 pandemic on the number of new registrants at the College. Also, it is expected that fewer registrants will renew before the annual renewal deadline due to their jobs being impacted. The timing of students registering with the College has been considered as delays are anticipated, which will result in less fees being collected per the College's fee schedule. The FY20/21 Projected Budget has conservatively projected revenues based on these factors and the College anticipates minimal overall growth in revenue for FY20/21.

On March 19, 2020 the College extended the annual renewal period in response to the COVID-19 pandemic from May 31, 2020 to August 31, 2020. This means the College will have less cash available to fund operations until the effect of the pandemic on annual renewal is known in the beginning of Q2 (September 2020).

When considering the comments noted above, the budget for FY20/21 projects an overall deficit. This budget was prepared based on the following considerations and assumptions:

- Overall revenues will increase by a modest 0.30%.
- There will be no growth in the number of staff and the College will maintain its staffing levels in FY20/21.
- There has been an increase in the College's lease commitment due to the lease extension and renegotiation that came into effect in January 2020.

- Investigations and Resolutions (I&R) anticipates two hearings, both of which are expected to take place in FY20/21. The Hearings and Independent Medical Exam reserve fund will be used to pay for these hearings. Based on current processes this fund is topped up at the end of each fiscal year and the expenses are recognized in the year incurred.
- There will be increased payment processing costs for the Registration program resulting from extension of the annual renewal deadline. Payment processing fees that would have been incurred in FY19/20 for the 2020-2021 membership year will now be pushed into FY20/21. Also, payment processing fees for the 2021-2022 membership year will also be incurred in FY20/21.
- Most operational initiatives will be placed on hold until the College can review how much revenue is received through annual renewal, which will be known at the beginning of Q2. The current amount budgeted for operational projects is broken down below:
  - The Governance Modernization, QA Continuing Competence and Enterprise Systems projects are budgeted to be ongoing throughout the fiscal year. Actual funding for these projects will be determined after annual renewal.
  - The Communications Video Series project is planned for Q2.
- The purchase of a new server is required, and the cost will be capitalized over three years. The depreciation has been budgeted for.
- There will be minimal travel (including council, non-council and staff) due to increased use of virtual meetings as a result of COVID-19. It is unknown when the physical distancing measures will be lifted and to what extent.
- Operations expenses will be greater than prior budgets due to implementation of return to work measures resulting from COVID-19. This includes modifications to furniture that will be required.

**Attachments**

**College of Occupational Therapists of Ontario  
Budget Summary 2020 - 2021**

		<b>FY19/20 Budget \$</b>	<b>FY20/21 Budget \$</b>
<b>Income</b>			
	Registration fees	4,392,000	4,363,281
	Other income	-	41,700
		<u>4,392,000</u>	<u>4,404,981</u>
<b>Expenses</b>			
	Salaries and benefits	2,644,325	2,778,280
	Programs	304,435	459,630
	Communications	112,160	123,500
	Council	202,164	153,500
	Rent	292,820	343,730
	Information technology	143,035	198,996
	Office operations	198,209	219,580
	Operational initiatives	323,600	227,660
	Professional fees	84,000	116,000
	Depreciation	87,252	57,200
		<u>4,392,000</u>	<u>4,678,076</u>
<b>Net Income</b>		<u>-</u>	<u>(273,095)</u>



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
Nabila Mohammed, Director, Finance and Corporate Services  
**Subject:** Targeted Relief through a Financial Hardship Process

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Page 1 of 3

### Recommendation

*THAT Council approves the Registrar's recommendation that the College set up a process to manage requests from those occupational therapists experiencing significant financial distress as a result of the COVID-19 pandemic by providing a one-time reduction in renewal fees with any resulting shortfall in revenue being financed from unrestricted reserves.*

### Issue

The College has heard from several occupational therapists (OTs) and the Ontario Society of Occupational Therapists (OSOT) about financial difficulties experienced by OTs as a result of the pandemic. Among other things, they are requesting a reduction in College fees. While the College has the legal ability to reduce fees for some or all registrants, there are significant implications in doing so. The College should not put its ability to meet its mandate in jeopardy by sacrificing its fiscal health. However, compassion may be called for during these unprecedented times. It is understood that not all OTs have been affected to the same degree and therefore, it is recommended that a process be instituted for those under the most duress. Those OTs not significantly affected will be, in essence, supporting their fellow OTs who are experiencing hardship.

### Public interest in this Issue

The College has a duty, in consultation with the Ministry of Health, to ensure the people of Ontario have access to adequate numbers of qualified, skilled, and competent occupational therapists. The proposed Financial Hardship Process is intended to help working OTs continue their registration despite financial hardship that might otherwise prevent them from registering and enable them to continue to provide occupational therapy services to the people of Ontario.

### Background

In response to the COVID-19 pandemic, the Ontario government shut down large portions of the economy to help slowdown the spread of the virus. On March 19, 2020, the Chief Medical Officer of Health directed that all non-essential and elective health care services be stopped or reduced to minimal levels. While many OTs were able to continue to work and provide essential and urgent services, OTs were only allowed to resume deferred, non-essential health care services on May 26<sup>th</sup>, 2020, and only if they first met the government's operational requirements which includes having the appropriate level of personal protective equipment (PPE) if resuming in-person service delivery.



These restrictions have impacted the income of many OTs. While the College expects that most OTs are in a position to gradually resume service delivery in the coming weeks, there will continue to be a number of OTs who, for various reasons, will find themselves disproportionately financially impacted by the wider ramifications of this pandemic.

The College received requests from approximately 30 OTs asking that it use its financial reserves to waive the 2020/2021 renewal fee in its entirety for all OTs or, significantly reduce it. Additionally, OSOT wrote to the College requesting that Council consider:

- A one-time renewal fee reduction for all OTs
- Offering an option to pay the renewal fee in installments and/or
- A one-time renewal fee reduction for OTs who make specific application.

### **Discussion**

The College anticipated some impacts on OTs due to the pandemic, so the first action taken to immediately assist OTs with renewal fees was to delay the annual renewal deadline for three months, (from May 31 to August 31), giving OTs a 5 month window to renew. This was in the hope that the economy would reopen and allow OTs to resume service delivery. In addition, OTs have been offered the option of paying fees in installments during this window of time.

Despite these efforts, some OTs have continued to raise issues with meeting their financial obligations as well as highlighting losses to their normal income which has caused them distress.

In reviewing the options available to the College, the following was considered:

Despite inflation and increasing operational costs to meet regulatory demands, the College has not raised its renewal fee, which is currently \$657.55 plus \$85.48 HST, since 2007. The College has achieved this stable fee due to growth in numbers of registrants as well as managing the organization in a fiscally prudent manner, garnering cost savings and efficiencies on an ongoing basis. The College receives requests to reduce its fees from a small percentage of OTs every year during annual renewal. However, given the College's legislative mandate, the College's programs and certain projects cannot be stalled or delayed due to a lack of financial resources. On average, the College's monthly operating costs stand at approximately \$300,000 per month. The College's renewal fee ensures the College has adequate financial resources to fulfil its statutory duties and functions. Renewal fees also enable the College to cover variable and/or unforeseen costs and expenses by establishing and maintaining specific reserve funds. The reserve funds the College currently has include a discipline hearings and independent medical exam fund, a sexual abuse therapy and counselling fund, a fund for unforeseen events and circumstances, and other funds for largescale operational projects.

Given the intended use of the College's reserves and its operating costs, it is not in a financial position to offer a significant reduction to the renewal fee for all OTs. However, the College believes there is opportunity to offer targeted relief for the OTs most severely financially impacted by this pandemic. To effect this targeted relief, it is being proposed that the College access up to \$200,000 of its unrestricted reserves as needed. The College's bylaws enable the Registrar in exceptional circumstances to waive all or part of any fee, provided the reason for the waiver is documented. It is proposed that the Registrar exercise this discretion in the administering of this process.

If Council is in agreement with reserve funds being used in this manner, OTs who are having difficulty paying the annual renewal fee by the August 31<sup>st</sup> deadline, due to pandemic related financial hardship, will be able to contact the Registration Program to see if they are eligible for a reduced fee. The details of how this process would operate and any prescribed eligibility criteria have yet to be developed. However, this will likely involve some type of attestation of hardship. Refunds for OTs who have already paid their annual renewal fees will not be issued.

The College is also proposing that, for OTs who will not be working as of August 31<sup>st</sup> and decide to resign from the College, the reinstatement fee will be waived for a prescribed period of time, likely until sometime in 2021, so that they are not penalized for resigning once they are able to return to work.

As can be seen from the attached survey information provided by Ontario's association for occupational therapists, OSOT, 26% of their members reported experiencing significant financial hardship and those most severely impacted are primarily independent contractors, private practitioners or business owners working in the auto insurance sector, private practice, or home and community care. The College currently has 721 OTs who identify as working in the auto insurance sector, 493 OTs who work in homecare and community care, and 790 OTs who work in private clinics exclusively with privately funded clients. This represents 31% of the College's registrant base. Not all OTs in these sectors will be affected equally or will experience the same hardships.

### **Implications**

Using a portion of the College's unrestricted reserves in this manner will impact timing and ability to operationalize important projects linked to the new strategic plan, including the identification and implementation of an Enterprise System. In addition, the College is already anticipating reduced revenue this year and may have to access reserves to fund normal operating expenses. Equally, if there is a second or third wave of this virus, the negative impact to the College's FY20/21 revenues might be greater than anticipated in the projected budget, which will place additional strain on the College to meet its operational and project costs. And finally, if the pandemic has lasting or longer implications on the finances of the profession, the College will also be financially impacted negatively, in the next renewal cycle, FY21/22.

### **Attachments**

- Letter from Ontario Society of Occupational Therapists dated June 5, 2020

June 5, 2020

Elinor Larney  
Registrar  
College of Occupational Therapists of Ontario  
10 Bay Street  
Toronto, ON

Delivered by email

Dear Elinor,

On behalf of the membership of the Ontario Society of Occupational Therapists I am writing to identify concerns relating to the upcoming College registration period which we would ask be brought to the attention of the College Council.

The COVID-19 pandemic has certainly created challenges across the health system and for all health professionals. We are proud of Ontario occupational therapists who have weathered the past three months with resilience. Many are working extended hours in situations with great risk, others are working hard to transition to virtual service delivery models, others have experienced reductions or cessation of referrals or clients and are coping with the resulting fiscal challenges. While professional lives have been disrupted, there has also been an impact in therapists personal and family lives. Parents have lost access to daycare and are coping with children at home, families are coping with the challenge of remotely supporting senior parents or vulnerable family members, partners may be out of work, anxiety about the pandemic may be prevalent, the stresses of altered work patterns are coming to bear...the list goes on. These have been challenging times for Ontarians and occupational therapists.

In a recent OSOT survey of members, 60% of all respondents identified that they have experienced a loss of income since emergency measures were put in place. 26% of all respondents reported a significant loss of income. Analysis of this data reflects the expected; that those members working as independent contractors or private practitioners or business owners experienced most significant impacts as reflected in the following data:

<b>Sector</b>	<b>% Moderate Loss of Income</b>	<b>% Significant Loss of Income</b>
Auto Insurance Sector	20%	48%
Private Practice	15%	45%
Home & Community	14%	27%
Combined of above	16%	40%

While this reflects a concerning loss of occupational therapists' earnings over the pandemic period to *date*, this does not include impacts that families may experience as a result of spouse/partner loss of income. Nor does it reflect the ongoing challenges of the slow re-opening of health services in the province and the ongoing impact this will have on member's finances. 30% of our private practice and independent contractor respondents identified significant concern about restoring their client base and capacity to increase earnings quickly upon re-opening of services. 20% of all survey respondents are concerned and uncertain about childcare for their children, potentially resulting in limitations to work.

**We share these comments as context for a request on behalf of members for consideration of strategies to mitigate the upcoming hardship that many will experience with the College's \$743 annual fee (\$657.55 +\$85.48 (HST)) due between now and August 31, 2020.**

With COTO's registration deadline extension, dues payable for many practising Ontario OTs will include: COTO (\$743), OSOT (\$223.) and/or CAOT (\$285.) and professional liability insurance (approx. \$70.) all within a 1-month period. We have already heard, and anticipate further membership concern, about the fiscal implications of this compounding of fees. For our part, the OSOT Board of Directors considered the fiscal implications of our own OSOT registration fee which is due by October 1, 2020, and has agreed to implement a one time 20% reduction in membership fees for fiscal 2020-21. Additionally, we will offer a staggered payment option. This is in full understanding that this may result in loss of income and therefore some projects and programs may need to be delayed.

Our goal is to ensure that Ontario occupational therapists don't experience additional hardship to that already experienced. To this end, on behalf of our members, we ask the College to consider making a similar adjustment to the College fees to help mitigate further financial hardship for registrants.

Like the Society, COTO's financial resources are publicly reported and it will be clear to members that there is reserve fund that can be accessed in extenuating circumstances.

We propose that the pandemic has presented such extenuating circumstances and therefore requires deliberate and reflective analysis of options to enable occupational therapists to continue to meet their professional obligations without undue financial hardship, including their ongoing obligations to maintain currency of practice, professional development, etc. We are aware that some provincial colleges have reduced fees this year or are considering this option.

The following suggestions are presented as examples of suggestions for your consideration:

- A one-time annual registration fee reduction for all registrants
- An option to pay the annual registration fee in installments
- A one-time annual registration fee reduction for members who make specific application. The College may/may not determine to engage specific eligibility criteria.

The Society's Board of Directors hopes that the Council will see the importance of providing relief for occupational therapists during this unprecedented period. We look forward to hearing of your deliberations and decisions.

Sincerely,



Martha Bauer, OT Reg. (Ont.)  
President



55 Eglinton Ave. E., Suite 210  
Toronto, ON M4P 1G8  
416-322-3011



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Quality Assurance Committee  
**Subject:** Proposed New OT Continuing Competency Assessment Process

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### Recommendation

*THAT Council approves the proposed new OT continuing competency assessment process.*

### Background

- The purpose of the *Assessing OT Continuing Competence Project* is to develop a new, evidence-informed process and tools to assess the continuing competence of occupational therapists (OTs) across practice contexts and trigger when additional assessment is required.
- The first phase of the project is focused on developing the new process and tools, including the process of selecting OTs that participate. COTO procured services from The Brondesbury Group (TBG), a research and consultancy firm with expertise in risk-based assessment for assistance with this phase.
- Future phases of the project are to focus on the use of technology and aligning the new process and tools with other components of the College's programs.
- At the Quality Assurance Committee (QAC) meeting in March 2020, the Committee approved the three risk categories and 18 risk indicators (the "Risk Based Selection Algorithm") as proposed by the project vendor to form the basis of how occupational therapists will be selected to participate in the College's new competency assessment process. This information was communicated to Council at their March meeting.
- At their meeting on June 11, 2020, the QAC recommended that the proposed new OT continuing competence process outlined in this briefing note be brought forward for approval by Council.

### Why this is in the Public Interest

- Ensures a process is put into place that better identifies OTs with gaps in competence in order to provide targeted remediation and support safe client care and public protection.
- Enhances stakeholder and public confidence that the College is focused on continuous quality improvement by developing a more accurate, efficient, and measurable Quality Assurance Program.

### Discussion / Updates

- The College is proposing the high-level steps for the new continuing competence assessment process as was recommended by the Quality Assurance Committee at the June 11, 2020, meeting. See an overview of the proposed process in the Appendix.

- This proposed process was developed after:
  - Discussions with the project vendor (based on their expertise and their review of the research, COTO data & information, and processes used by other Colleges);
  - Discussions with other experts in the area of competency assessment;
  - Discussions with internal colleagues (including COTO Peer Assessors with experience in competency-based assessment), as well as external colleagues (including from other Colleges); and
  - A thorough review of possible alternatives.
  
- **The rationale for moving forward with the proposed process steps:**
  1. The Risk Based Selection Algorithm, with 3 risk categories and 18 indicators, is comprehensive, rooted in evidence and is based on identified risks in OT practice; see attached for the project vendor's final report for more information on the risks.
  2. The 'Sampling Method':
    - Provides a 'control group' mechanism for ongoing validation and quality improvement as a percentage of OTs will be selected from each of the risk categories;
    - Minimizes any stigmatization of OTs in the higher risk categories;
    - Allows the College to adjust the percentages of occupational therapists that are selected from each category at any time, for example a greater number of OTs may be selected from higher risk categories.
  3. The Additional Screening step, which will likely include a remote/virtual interview between the OT being assessed and a College Peer Assessor:
    - Will provide insight into an OT's practice;
    - Serves as an excellent trigger for those requiring additional, more in-depth assessment through the on-site Peer and Practice Assessment;
    - Acts to address the shortcomings of other assessment tools (such as online tests) particularly related to assessing areas including: critical thinking, professional judgement, and clinical reasoning;
    - Is likely to be more acceptable and better received by OTs (compared to an online test, for example) as it provides a "humanistic" approach; an opportunity for 1:1 feedback, assessor 'probing' of additional input when needed, and 'real-time' growth for the OT.
  4. The Peer and Practice Assessment will continue to be the final step in the competency assessment process as has always been planned. A review and improvement of the Peer and Practice Assessment process is also being proposed as part of the scoping for the next phase of the project. This review will include:
    - Development of a scoring rubric as required;

- Reliability and validity testing;
  - Streamlining through use of technology;
  - Collaborating and combining technology solutions with the College's Enterprise Systems project, as possible.
  - Incorporating the new National Competencies (CORECOM) earlier on in the project phasing, then originally planned. See attached for more information on the CORECOM project.
- Alternatives reviewed and the rationale for not moving forward with these options:
    1. Use the Risk Based Selection Algorithm and sampling method to select OTs who would then directly participate in a Peer and Practice Assessment (and not have the additional or interim screening step).
      - It was determined that without an interim step (as is being proposed), the targeted percentage of OTs to be assessed annually, would not be possible from a human and cost resource perspective; and
      - Given the terms of reference for the QAC, reviewing such a high number of peer and practice assessment reports would not be feasible.
    2. Use the Risk Based Selection Algorithm and have OTs complete one or more multiple choice question tests. This is a viable option as it can be used consistently and reduces assessor subjectivity, however, it can be cumbersome and expensive to develop and administer tests annually and may not provide additional quality information on the continuing competence of OTs with respect to deeper learning. As well, OTs may not be supportive of the testing approach.
    3. The use of a 'mystery shopper' method, using actors who feign disorders to participate in interviewing, was also reviewed as an option to assess OTs in their practices. This option can be beneficial as the assessment happens in a 'real life' practice setting, however, it can be very costly and difficult to administer and is not necessarily an approach that builds trust between the College and OTs.

### **Implications**

- If the proposed new continuing competency assessment process is approved by Council, the next phases of work will be scoped and an RFP will be developed to procure expert services to develop the 'Additional Screening' step and conduct a review of the existing Peer and Practice Assessment.
- It is anticipated that the proposed new process – or at least the main components of the new process – will be in place starting in the next fiscal 2021/22.

### **Consultation**

- The details of the RFP process and next phases of work will be brought to future QAC meetings before proceeding and updates provided to Council.

**Financial Implications**

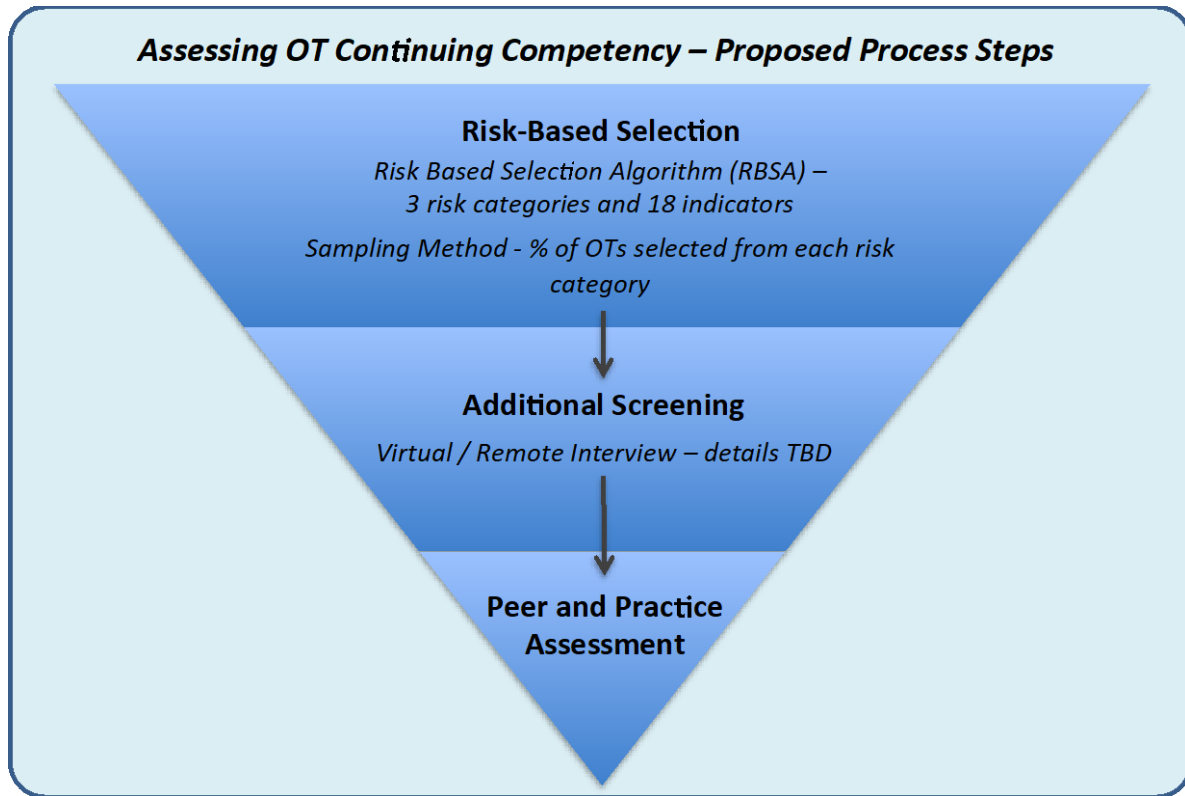
- The costing for the next phases of work will be determined. Preliminary estimates have been gathered.

**Attachments**

- The Brondesbury Group Selection Criteria Final Report March 2020
- CORECOM April 2020 Project Communique



**APPENDIX: Proposed OT Continuing Competency Assessment Process**



## ***Selection Criteria-Final (5 March 2020)***

The selection criteria derived from the literature were included in our original progress report. We have used variables from iMIS and MyQA to create measures of risk. At this stage, we have created eighteen risk indicators, each with a value of one point. With a theoretical maximum risk of 18 points, we note that no individual has a score above 8 points and 90% have scores in the 0-3 range. Risk levels for competency drift<sup>1</sup> are quite low in our view. “Drift” easily occurs when people do not or cannot keep up with best practices in the profession and when they are called upon to use skills that are “rusty” in new situations.

**No single indicator can possibly dominate the risk score and selection of individuals for screening will be based on the number of risks identified and/or the number of risk categories (i.e., practice, isolation, QA). Furthermore, we have established that the three risk categories are not meaningfully correlated ( $r \sim .01-.10$ ).** Note that weighting each risk variable equally yields a more robust risk score than creating separate weightings for each indicator. Equal weighting also makes it easier to change the algorithm as OT practices and regulations change over time.

The accompanying codebook shows the full range of contents of the OT information file we have built from iMIS and MyQA information. While many things in the codebook are abbreviated, the label for the variable name typically corresponds to a field in your iMIS, so you can reference it. If desired, we can also provide the program we created to measure risks. It should be easy for anyone with a programming background to understand the logic of what we have done.

**Practice Risks (10 indicators):** These are risks to competence based on the nature of an individual’s practice. About 45% of all OT’s have practice risks. Using an approximate number of 6000 registrants this works out to approximately 2,700 OTs. Most of these risks are related to a lack of opportunity to work in a consistent manner and/or get meaningful professional feedback. Practice risk indicators are listed below along with the iMIS variables [variable name] we used to define them. Practice risk scores range from 0-5 out of a possible score of 10.

- High number of employers – **More than 3 employers [sitegt3]**
- Temporary primary employment—employer relationship [emprel1]
- Casual primary employment—employer relationship [emprel1]
- Low Practice hours – number and distribution—**Employment hours per week [emphrs1]**
- Limited Currency – **currency requirement met in 2017-2019 [rqmet17-rqmet19]**
- Shift from non-clinical to clinical or mixed practice
- Suitability to practice indicators—**Several indicators from 2017-2019 including Finding/facing misconduct, incompetence or incapacity; Finding negligent malpractice; Previous conduct; Guilty authority offence; and conditional restriction [findmii17-facing19]**
- Practice includes medically delegated acts – **Risk if any medically delegated act is part of practice [diagnosis17-acupunc19]**

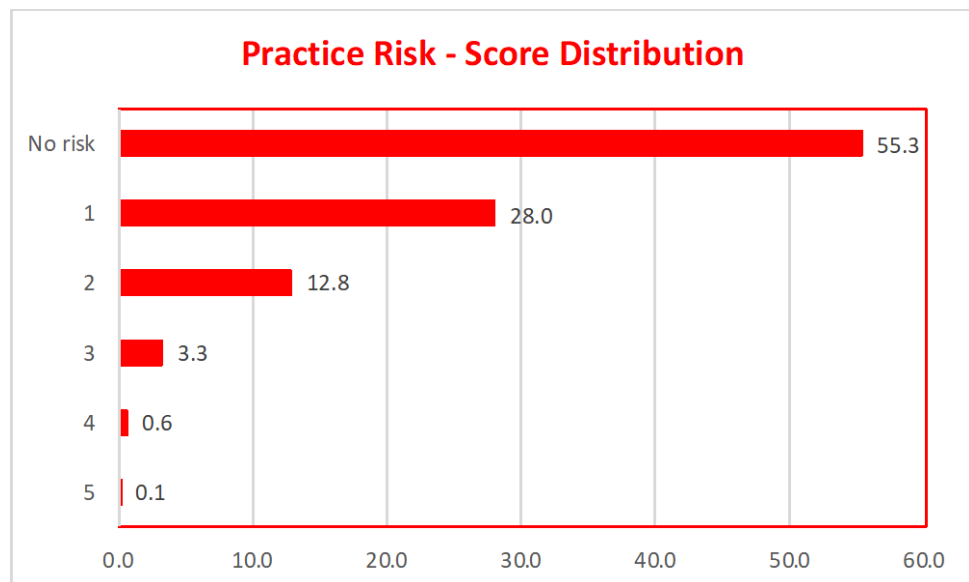
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<sup>1</sup> Competency “drift” is an unintentional, undesired and unanticipated deviation from externally dictated standards and expectations, as well as from an internally defined and constructed professional self-identity. In Hodges B, Lingard L, eds. The Question of Competence: Reconsidering Medical Education in the Twenty-first century. Ithaca NY: ILR Press; 2012.

Proxy Indicators: We don't know about a shift over the past two years, so we used client age and primary practice setting differences among current employers as an indicator

- Shift in client age range served in the past two years – Client age [clientage1, clientage2, clientage3]
- Shift in primary practice setting in the past two years – Practice setting [setting1, setting2, setting3]

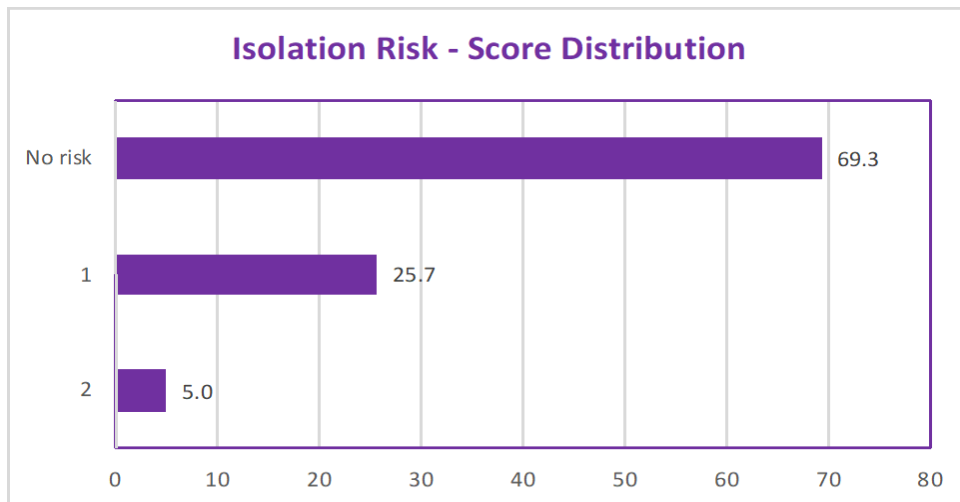
No metrics for these risk indicators: Shift in primary role; shift in major service; frequent change of employer; and inquiries/complaints/reports. We could create proxy indicators for the “shift” risks in primary role and major service using the same procedure as we used above. We didn't do so because we believed it would place too much emphasis on the risk of multi-employer work.



**Isolation Risks (3 Indicators):** Research on competency drift points to “professional isolation” as a key factor in competency drift. Nearly one-third (31%) of all OTs have isolation risks. Using an approximate number of 6000 registrants this works out to approximately 1,860 OTs. Isolation can result when an OT has no colleague to speak with about contentious judgment issues and has no regular contact with other OT professionals. Isolation issues identified in the literature are measured to the extent possible. Isolation scores range from 0-3.

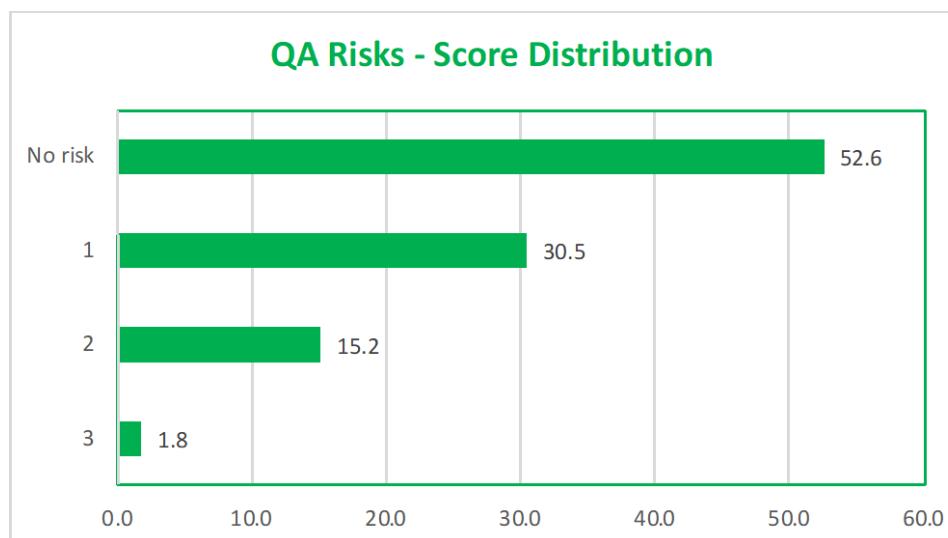
- Many years since graduation—More than 25 years since OT graduation [otdegyr]
- Casual status at primary employer – Based on casual employer relationship [emprel1]
- Self-employment/Solo practice – Based on self-employment in employer relationship [emprel1]

We can find no indicator for working in a geographically isolated setting, but we suggest COTO add this, if it is allowed given human rights concerns. We can help you develop such a measure, possibly based on postal code.

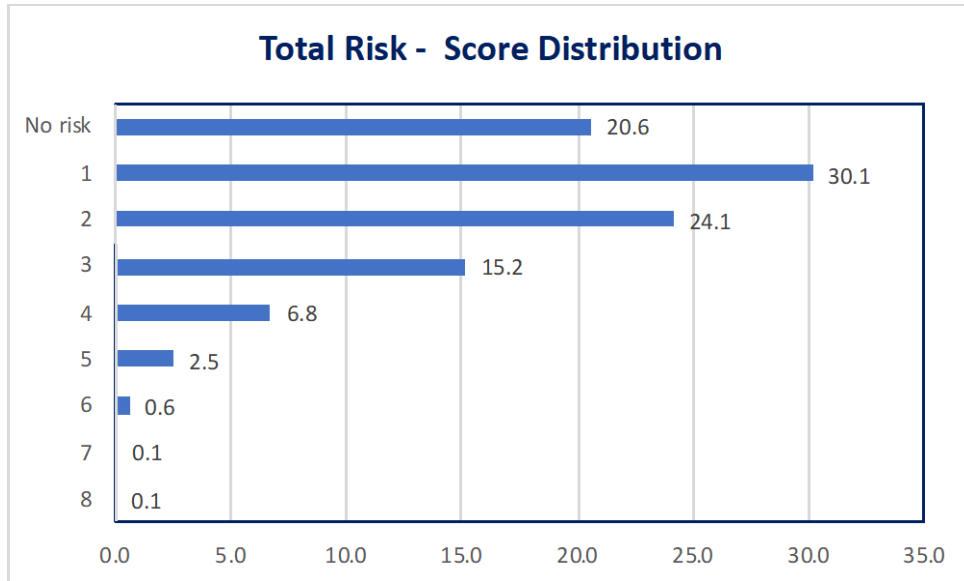


**QA behavioral risks (5 indicators):** These relate to information available about QA filings. We are mainly looking for indicators related to inattentive self-assessments. Indicators related to non-compliance have been removed as the College already addresses this through other channels and policy. QA risk scores range from 0-4. Almost half (47%) of all OTs have QA risks. Using an approximate number of 6000 registrants this works out to approximately 2,820 OTs.

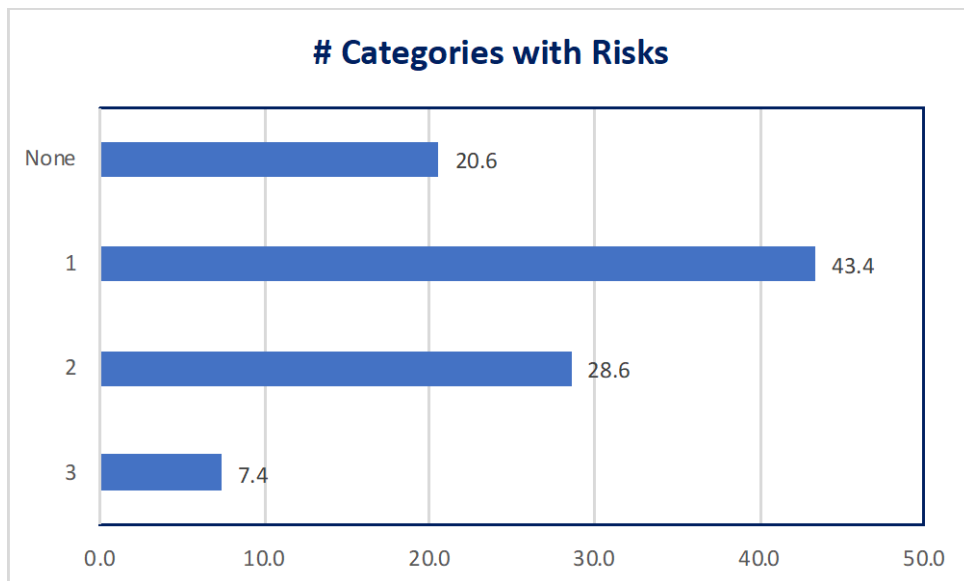
- Rating fewer than one-quarter of competencies;
- Not setting any competency priorities;
- Stating no need for any professional development on any competency;
- Bullet rating – Giving more than 90% of competencies the same rating; and
- Bullet priorities – Giving all competencies the same priority.



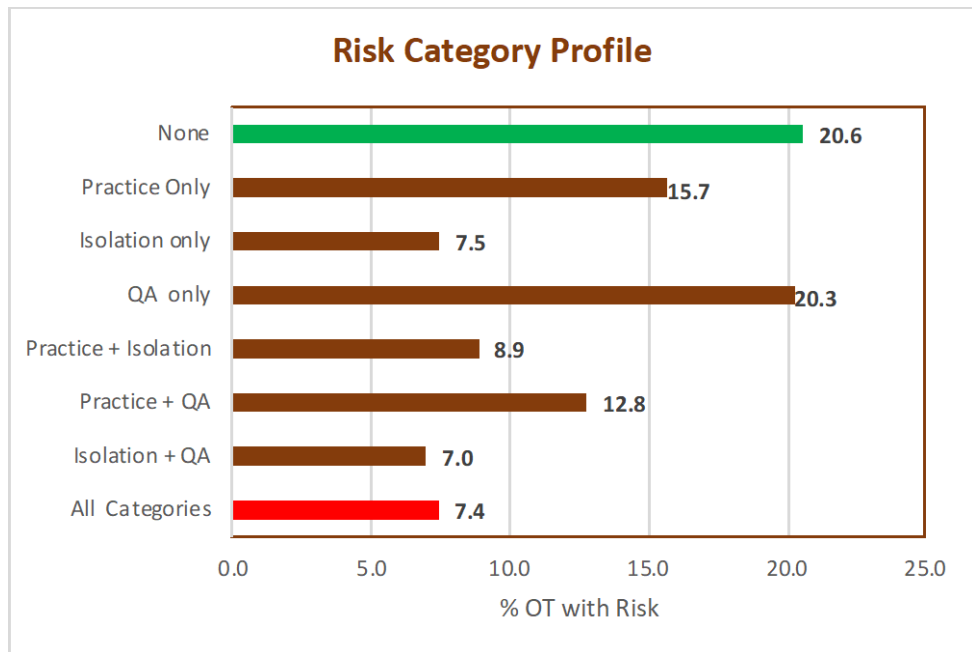
**Total Risk Score** is the sum of the risk scores for each of the three categories. As we mentioned earlier, the scores range from 0-8 despite a possible high score of 18 points. About 90% have scores of 0-3, but only 2 out of 10 have no risks at all. In theory, higher scores should represent greater risk of competency drift.



There is another way to look at this data, that is to say, that people with risks in more risk categories (practice, isolation, QA) are the riskier ones regardless of score because their risks derive from different independent (i.e., uncorrelated) sources. This approach focuses our attention on the roughly 7% of OTs that manifest all three types of risk.



Taking a closer look at how the risk categories distribute, both individually and in combination, also gives you a sense of how the results would change if you decided to use fewer than three risk categories for selection of OT's for screening (i.e., competency assessment tool). Here we note that more than one-third of OT's have at least two types of competency risk.



### Sampling Approaches -- Selection for screening

There are fundamentally three approaches to sampling: random, proportional (probability) and no sampling at all. Any of these approaches may be used at different stages, if as is likely, the competency assessment is designed to increasingly focus more resources on those who are most likely to pose a risk.

This means that we may do no sampling at all in the first stage of competency assessment (CA); but follow this with a more comprehensive assessment for those who fail to meet the threshold success rate in the initial CA plus those identified as risky by our selection algorithm. As a second step, we propose moving to a proportional sampling based on risk of competency drift.

For proportional sampling, the logic would require grouping of categories and then forming a judgment about the relative risk of the categories. **Based on our work on the selection algorithm, we will use four risk categories.** In creating a proportional sample, we must make assumptions about the relative risk posed by each category. The proportion of people we take from the high-risk category would then be higher than the proportion we take from the low risk category, etcetera. Everyone eventually gets selected over a several year span, but people in the higher risk categories get selected sooner and more often. Someone shifting into a different risk category who was recently assessed, should be treated accordingly with timing driven by their new risk group.



## WHAT IS CORECOM?

CORECOM is a national collaborative initiative to develop a single competency document that will outline entry to practice competencies and describe competencies used throughout occupational therapy practice.

CORECOM is a two-year project governed by a Tripartite Steering Committee with representatives from each of the three national participating organizations. The CORECOM name reflects its focus on core competencies.

2019	KEY MILESTONES - REVISED	
March	Government Funding Received	✓
May	Project Website Created / Governance Put in Place	✓
June	RFP for Competency Team Released	✓
August	Vendor Selected for Competency & Indicator Services	✓
October	Competency Framework Confirmed	✓
November	Competency Development Work Begins	✓
2020		
Spring	Indigenous leaders, practitioners, students engaged	
Summer	Draft Competencies Ready for Consultation	
Fall	National Competency Validation Process Begins	
Fall	User Impact Assessment Completed	
Winter	Final Editions of Competencies & Indicators	
Winter	Implementation Planning	
2021	Project Ends in March	

## TRIPARTITE STEERING COMMITTEE MEMBERS

ACOTRO	<b>Elinor Larney</b> , OT Reg (ON) President, Registrar COTO <b>Kathy Corbett</b> , Reg. OT (BC) Board Member, Registrar, COTBC <b>Philippe Boudreau</b> , erg. (QC) Board Member, Directeur général et secrétaire, OEQ
CAOT	<b>Catherine Backman</b> , PhD, Reg. OT (BC), President <b>Hélène Sabourin</b> Chief Executive Officer
ACOTUP	<b>Lori Letts</b> , PhD, OT Reg. (ON) Board of Directors <b>Sara Saunders</b> , PhD, OT(C), erg (QC) Board of Directors

## WHAT'S THE CURRENT STATUS?

In March, thirteen registered and currently practicing OTs from across Canada met in person in Toronto to complete their work in drafting a preliminary version of competencies and indicators. They worked closely with CamProf Inc. – a four-person consultant team with expertise in this area. The draft competencies are now before the Steering Committee for review and comment.

The Work Group, Steering Committee and CamProf noted the importance of engaging more directly with Indigenous leaders, practitioners, students and Canadian university educators to create a draft competency document. The Steering Committee and CamProf will participate in a series of engagement, education, and planning sessions to ensure the draft competencies work toward fulfilling the aims of the Truth and Reconciliation Commission and the profession. Engagement activities will take place over several months with future engagement activities continuing for the duration of the project.

## HOW HAS COVID-19 IMPACTED THE PROJECT?

*Consultation activities will be deferred to the Fall. At that time, all Occupational Therapists in Canada will be invited to participate in a national on-line survey*

The Steering Committee is closely following the developments across Canada regarding COVID-19. We thank all Occupational Therapists for the significant contribution they have made and will continue to make in ensuring the health and wellbeing of their families, clients and communities during this unprecedented and challenging time.

Several project milestones will be deferred to the Fall / Winter to allow participating organizations and Occupational Therapists to respond to COVID-19's demands on the health care system. The shift in timelines also allows more time for Indigenous engagement and ensures that the Tripartite Steering Committee governing bodies have ample time to review and comment on the draft competencies before their release across Canada.

Occupational Therapists will be notified of the consultation / validation process through their provincial regulatory body and the national participating organizations – stay tuned and stay safe!

## WANT INFORMATION? HAVE A QUESTION or COMMENT?



Visit the Project [Website](http://www.corecomcanada.com)  
[www.corecomcanada.com](http://www.corecomcanada.com)



Canadian Association of Occupational Therapists  
Association canadienne des ergothérapeutes



ASSOCIATION OF CANADIAN OCCUPATIONAL  
THERAPY REGULATORY ORGANIZATIONS



ASSOCIATION CANADIENNE DES ORGANISMES  
DE RÉGLEMENTATION EN ERGOTHÉRAPIE



Association of Canadian Occupational Therapy University Programs  
Association canadienne des programmes universitaires en ergothérapie



Funded, in part, by the Government of Canada's  
Page 8 of 8 Credential Recognition Program



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Patient Relations Committee  
**Subject:** Reappointment of Non-Council Member - Patient Relations Committee

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Page 1 of 1

### Recommendation

*THAT Council approves the reappointment of Tina Siemens as a non-Council Committee member of the Patient Relations Committee, for a second 3-year term, to commence on July 1, 2020.*

### Public Interest in this Issue

Ensuring statutory committees are properly constituted enables the committees to discharge its duties, including any decision-making functions.

### Background

Tina Siemens was appointed to the Patient Relations Committee (“Committee”) as a non-Council Professional Member for a three-year term on July 1, 2017. Ms. Siemens is approaching the end of her first term. Having considered the matter, the Committee is recommending that Council approve her reappointment as a non-Council Professional Member of the Committee for a second 3-year term, commencing on July 1, 2020.

### Discussion

Ms. Siemens has a Master of Science degree in Muscle Physiology and a Master of Science degree in Occupational Therapy from Queen’s University, which she obtained in 2013 and 2015, respectively. Ms. Siemens also has a Bachelor of Arts degree in Kinesiology (Honors) from the University of Western Ontario, which she obtained in 2008. She is currently employed at Providence Care Hospital.

During her first term, Ms. Siemens provided valuable insights from her practice experience to the work of the Committee. Reappointing Ms. Siemens will enable continuity in the Committee’s work and will support the overall effectiveness of the Committee.

The Committee’s Terms of Reference stipulate that Committee membership consists of at least:

- (a) Two members of the Council who are members of the College;
- (b) Two members of the Council appointed by the Lieutenant Governor in Council; and,
- (c) One non-Council member.





## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Executive  
**Subject:** Reappointment of Non-Council Member – Practice Issues Subcommittee

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Page 1 of 1

### **Recommendation**

*THAT Council approves the reappointment of non-Council member, Janet Becker, to the Practice Issues Subcommittee for a second 3-year term commencing on October 1, 2020.*

### **Background**

The Practice Issues Subcommittee is a non-statutory committee of the College and is accountable directly to the Executive Committee. The Practice Issues Subcommittee's primary function is to explore, debate and provide recommendations on current OT Practice issues relevant to the mandate of the College.

Janet Becker's term as a non-Council member of the Practice Issues Subcommittee will expire on October 31, 2020. Non-Council members of the subcommittee are appointed for a maximum of 2 three-year terms.

### **Discussion**

Janet Becker has been practicing occupational therapy since 2004 and has worked within a variety of settings, both in the public and private sectors. In the past 10 years of her practice, she has primarily focussed on providing community-based services within the auto sector. She received her Master of Science degree in Occupational Therapy from the University of Toronto.

During her first term, Janet Becker provided valuable insights from her practice experience to the work of the Practice Issues Subcommittee. Reappointing Janet Becker will enable continuity with the current work and support the overall effectiveness of the Subcommittee.



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Executive  
**Subject:** Reappointment of Non-Council Member – Practice Issues Subcommittee

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Page 1 of 1

### **Recommendation**

*THAT Council approves the reappointment of non-Council member Matt Derouin to the Practice Issues Subcommittee for a second 3-year term commencing on October 1, 2020.*

### **Background**

The Practice Issues Subcommittee is a non-statutory committee of the College and is accountable directly to the Executive Committee. The Practice Issues Subcommittee's primary function is to explore, debate and provide recommendations on current OT Practice issues relevant to the mandate of the College.

Matt Derouin's first term as a non-Council member of the Practice Issues Subcommittee will expire on October 31, 2020. Non-Council members are appointed for a maximum of two 3-year terms.

### **Discussion**

Matt Derouin has a diverse background in clinical practice and currently works as an occupational therapist with an Assertive Community Treatment Team in the Ottawa area. After graduating with a Master of Occupational Therapy from University of British Columbia in 2010, he started working with a mental health outreach team on the downtown east side of Vancouver. Matt has additional experience working in physical health rehabilitation both in the private automobile insurance sector and hospital setting.

During his first term, Mr. Derouin provided valuable insights from his practice experience to the work of the Practice Issues Subcommittee. Reappointing Mr. Derouin will enable continuity with the current work and support the overall effectiveness of the Subcommittee.



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Quality Assurance Committee  
**Subject:** Appointment of Non-Council Member - Quality Assurance Subcommittee

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Page 1 of 2

### Recommendation

*THAT Council approves the appointment of Debra Kennedy for a three-year term on the Quality Assurance Subcommittee commencing on July 1, 2020.*

### Background

Since March 2019, 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.

At their March meeting, the Council approved the formal retaining of the Governance Committee so it may examine the governance structures and processes at the College and provide recommendations regarding areas for possible improvement and gaps relative to best governance practices moving forward.

As part of these recommendations, the College implemented a competency-based appointment process, for non-council appointments, for all statutory and non-statutory Committees.

There is currently one vacancy on the Quality Assurance Subcommittee. Four candidates were interviewed by telephone in April and May 2020 by College staff for consideration for appointment to the Quality Assurance Subcommittee for a three-year term. The interview was based on a defined set of competencies pre-determined by college staff.

At present, the Quality Assurance Subcommittee is comprised of five professional Non-Council members. The current need of the Subcommittee is for recruitment of a professional member with a non-clinical or mixed practice and experience in/with:

#### Paediatrics

- collaboration, committees, group work
- writing, developing educational materials
- research
- best practices, development of guidelines or policies

**Why this is in the Public Interest**

Using a competency-based approach to Committee member appointment supports the College's direction towards Governance best practices and regulatory modernization, thereby strengthening the College's delivery of its public protection mandate and enhancing public confidence in the regulatory system.

**Discussion**

Two candidates were presented to the Quality Assurance Committee at their June 11, 2020 meeting. Their selected candidate is brought forward for Council approval. Please see Appendix A for a summary of practice areas currently represented on the QA Subcommittee.

**Attachments**

- Debra Kennedy Resume (Not provided to the public to protect private information)

**APPENDIX A – Practice Areas and Geographies Currently Represented on Quality Assurance Subcommittee (Updated April 23, 2020):**

- Clinical Practice – General Hospital, Adults Acute Care, Neurological; Thunder Bay (District 6; North West)
- Clinical Practice – General Hospital, Adults, Mental Health & Addiction; Brantford (District 2; Central West)
- Mixed Practice – Rehab, Auto Insurance, All Ages, Practice Leader; London (formerly Etobicoke) (District 3; West) (formerly District 1; Central East)
- Clinical Practice – Client's Environment/Visiting Agency, Adults, Service Provider – Direct Care, Mental Health & Addiction; Ottawa (District 4; East)
- Clinical Practice – General Hospital, Service Provider – Professional Leader, Adults, Acute Care, Neurological, Orillia (District 1; Central East)



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar and Stamatis Kefalianos, Manager, Regulatory Affairs  
**Subject:** Council Policy Review

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Page 1 of 1

### **Recommendation**

*THAT Council approves the revisions to the following policies and guidelines:*

- *GP2 Council- Community Linkage*
- *In Camera Sessions of Council*
- *Anti-Violence and Anti-Harassment in the Workplace*

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

Ensuring key policies are up to date strengthens our processes and enhances public confidence in the regulatory system.

### **Background**

There are several other policies or guidelines that are at the three-year time frame, however, it is expected that these will all be worked on over the next year with the governance review. They are:

- GP14 Council Evaluation,
- Role Descriptions for, Council, Council Member, Non-council Member, Executive Members, Committee Chair
- Conflict of Interest
- Code of Conduct
- Guidelines for Council – Acting in the Public Interest
- Implications of the Public Interest Duty of Council Members

### **Implications**

The policy and guidelines that are being reviewed will be forwarded to Council for approval, if recommended by Executive Committee.

### **Attachments**

- GP2 Council- Community Linkage
- In Camera Sessions of Council
- Anti-Violence and Anti-Harassment in the Workplace



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Council-Community Linkage
<b>Reference:</b>	GP2
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, March 2017 <sup>1</sup>
<b>Date Reviewed:</b>	<b><u>June 2020</u></b>

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*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.



## ***IN CAMERA* SESSIONS OF COUNCIL**

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### **Guidelines for Council Meetings**

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In accordance with section 7(2) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act*, Council may exclude the public from any meeting or part of a meeting for reasons as follows:

1. Matters involving public security may be disclosed;
2. financial or personal matters or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle of having meetings open to the public;
3. where a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
4. personnel matters or property acquisitions will be discussed;
5. where instructions or opinions are to be received from the solicitors for the College; or
6. where Council will deliberate whether to exclude the public or to prevent publication of matters disclosed.

Where a portion of a meeting is conducted *in camera*, the discussion and decision(s) will not be recorded in the minutes, unless explicitly directed so by Council.

#### **Procedure:**

1. The Chair of Council shall indicate to those present at the meeting that an *in camera* session is to take place, and the reason, as stipulated in the Act, that it is being conducted in camera.
2. All guests and staff members shall leave the Council chambers at the time indicated.
3. The Registrar may remain in the session if directed to do so by the Chair.
4. Discussion and any decisions will be recorded by the Vice-President. While *in camera*, Council will vote on whether or not the *in camera* discussion should be minuted as part of the regular minutes, or as separate confidential minutes.
5. When Council is to reconvene, the Chair will give notice, and provide opportunity for guests and staff to return to the Council chambers. Where in the public interest, a verbal report will be provided as to any decisions made while in camera.
6. The Vice-President will advise the recording secretary as to the format for minutes as agreed to during the *in camera* session.
7. Where Council has directed that minutes remain confidential, minutes will be stored **confidentiality in a sealed envelope** in the College filing system, with a copy of the regular minutes. The regular minutes will note only the reason for the *in camera* session.

Reviewed: October 2000, October 2011, March 2017, March June 2020



## ANTI-VIOLENCE AND ANTI-HARASSMENT IN THE WORKPLACE

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### Guidelines for Council and Non-Council Members

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This document is provided to assist Council and non-Council members with reference information related to governance process policies GP7 and GP8.

In 2009, the Ontario Legislature passed the Occupational Health and Safety Act which outlaws violence and harassment in the workplace. Due to increased incidences of violence and harassment in the workplace, the provincial government sought to address these issues by strengthening the already existing Occupational Health and Safety Act (OHSA) that protects workers from health and safety hazards.

According to this Act, workplace violence entails a threat (statement or behavior), attempt or actual exercise of physical force by a person against a worker in a workplace that causes or could cause personal injury to the worker. Violence and explicit threats of violence constitute workplace violence. The Act further defines workplace to include telephone and electronic communication, social and other work-related functions.

In 2016, the Ontario Government further strengthened this Act to include sexual harassment or sexual solicitation/advance as a form of workplace harassment. Workplace harassment now means engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known to be unwelcome. It also means making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows that the solicitation or advance is unwelcome.

In the Act, Council and non-Council members, volunteers and contractors are regarded as College workers and are thus expected to comply with the legislation.

It is important for Council and non-Council members to be cognizant of the types of situations that may arise and are covered by the Act:

- A Council or non-Council member may feel harassed, threatened or attacked by a College staff member
- A Council or non-Council member may harass, threaten or attack a staff member
- A Council or non-Council member may be harassed, threatened or attacked by another Council or non-Council member
- A Council member may be aware of threats to staff or office safety which may or may not be related to their professional life e.g. from disgruntled spouse or registrant
- Outside violence or harassment e.g. domestic violence which may spill over to the College offices.

If harassed or threatened with violence, the Act requires that they immediately inform the employer (College Registrar or ~~their designate~~ President). The Act though, does not apply to members of the public. For example, if a member of the public was harassed or subjected to violence by a Council, non-Council or staff member, the member of the public is not protected by the Violence and Harassment Act. However, if the College became aware of this act of violence, the College can initiate investigation into the conduct of the Council member. Registrants may also be regarded as members of the public as far as the Act is concerned since they don't work for the College. If, for instance, a Council or non-Council member was attacked by a registrant, the Act may not be applicable since the registrant is answerable to the policy in his or her workplace.





However, this does not mean that the Council or non-Council member cannot use other College policies, guidelines or regulations to settle the matter (e.g. Professional Misconduct Regulation, Ontario Regulation O.REG. 95/07). Alternatively, if a Council or non-Council member harassed or attacked a registrant and the College becomes aware of it, the Act may be used to sanction him or her as well as utilize other College tools like the Code of Conduct Policy.

The government has placed a great deal of importance on this Act and requires that all employers of more than five workers develop written policies and procedures to prevent violence and harassment in their workplaces. The employer shall also develop and maintain a program to implement the policy and procedures. This program should include measures and procedures to control risks identified, to summon immediate assistance when workplace violence occurs and for workers to report workplace violence or harassment. The measures should also outline steps to make a complaint and to investigate allegations of workplace violence or harassment. The College has developed [a Violence and Harassment Policy](#) to ensure compliance with the Act.

The government legislation also requires employers to ensure that their workers (including Council members, non-Council members and independent contractors) are aware of the procedures their organization has put in place to protect them from harassment and violence while in the workplace. The procedure the College has developed requires all workers to:

1. Leave the situation and report to the Registrar [or President](#) immediately if subjected to workplace violence.
2. Orally or in writing tell the offender to stop their behavior, if subjected to workplace harassment. If this does not work, approach the Registrar [or President](#) to discuss other options.
3. Remain calm and get as much information as possible. If threatened over the phone, redirect the call to the Registrar.
4. Remain calm and notify the security by phone and the Registrar, if an individual presents in the office and threatens a worker. Use personal judgement to ensure own and other workers' safety.
5. Document details of any workplace violence or harassment that is experienced or witnessed including date, time, other witnesses and the incident.
6. Cooperate with investigations to resolve workplace violence or harassment.
7. Maintain confidentiality related to investigations, except when disclosure is necessary or authorized by law.

Anyone who contravenes or fails to comply with this Act is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 or imprisonment for a term not more than 12 months or both. If a corporation contravenes or fail to comply with the [Act](#), it is liable to a maximum fine of \$500,000 on conviction.

Created: January 2011  
Revised: March 2017, [June 2020](#)



## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Stamatis Kefalianos, Manager, Regulatory Affairs  
**Subject:** Revised Terms of Reference for All College Committees

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Page 1 of 2

### Recommendation

*THAT subject to any additional stylistic edits being made by College staff for the sake of consistency, as well as the inclusion of any amendments which may be agreed to during the discussion of this item, Council approves the revised Terms of Reference as presented for the following committees:*

- *Executive Committee*
- *Registration Committee*
- *Inquiries, Complaints and Reports Committee*
- *Discipline Committee*
- *Fitness to Practise Committee*
- *Quality Assurance Committee*
- *Quality Assurance Subcommittee*
- *Practice Issues Subcommittee*
- *Governance Committee*
- *Patient Relations Committee*
- *Nominations Committee*

### Public interest in this issue

Improving how the College is governed will strengthen the College's delivery of its public protection mandate and enhance public confidence in the regulatory system through transparency and accountability.

### Background

Since March 2019, the College has been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in the College as a regulatory institution. This is an issue that has gained momentum in recent times with regulators such as the College of Nurses of Ontario, the College of Physicians and Surgeons of Ontario, and the Ontario College of Pharmacists making submissions to government in support of governance modernization and reform.

At your meeting in March, Council approved the formal retaining of the Governance Committee so it may examine the governance structures and processes at the College, and provide recommendations regarding areas for possible improvement and gaps relative to best governance practices moving forward.

As part of this process, and in alignment with the Governance Project Plan also presented at your March meeting, each statutory and non-statutory committee reviewed and provided feedback on the revised Terms of Reference being presented for Council's approval. Terms of reference describe the purpose, composition, duties, and authority of committees to carry out their stated duties.

### **Discussion**

The changes proposed to all of the College's committees' Terms of Reference include adding new content, such as highlighting the committee members' duties as it relates to confidentiality, conflicts of interest and voting, as well as adding clarifying language. These changes are intended to follow current governance best practices and ensure accuracy and consistency amongst all the terms of references of the various College committees.

Each College committee motioned to recommend that Council approve its revised Terms of Reference, except for the Nominations Committee. Review of the revised Terms of Reference for this committee rests with Council alone, in circumstances where this committee will not be constituted until January 2021, as per the authority delegated to it by Council through its Terms of Reference.

### **Attachments**

- Draft Revised Executive Committee Terms of Reference
- Draft Revised Registration Committee Terms of Reference
- Draft Revised Inquiries, Complaints and Reports Committee Terms of Reference
- Draft Revised Discipline Committee Terms of Reference
- Draft Revised Fitness to Practise Committee Terms of Reference
- Draft Revised Quality Assurance Committee Terms of Reference
- Draft Revised Quality Assurance Subcommittee Terms of Reference
- Draft Revised Practice Issues Subcommittee Terms of Reference
- Draft Revised Governance Committee Terms of Reference
- Draft Revised Patient Relations Committee Terms of Reference
- Draft Revised Nominations Committee Terms of Reference



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Executive Committee
<b>Reference:</b>	GP10d
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2012, June 2015, June 2017, March 2020 June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Statutory

### **Mandate**

The Executive Committee of the Council of the College of Occupational Therapists of Ontario (the “College”) enhances the effectiveness of Council by providing a degree of flexibility and ability to respond to time sensitive business and legal matters between regularly scheduled Council meetings.

### **Accountability and Authority**

The Committee is a statutory committee of the College and is established pursuant to section 10(1)(1) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

The Committee is empowered to act on behalf of Council between meetings on matters that require immediate attention except for anything relating to the making, amending, or revoking of a College bylaw or regulation. Council members will be apprised of any action taken by the Committee on the Council’s behalf in a timely manner, with an opportunity being provided for the Council to review such decisions at the Council’s next scheduled meeting.

The Committee is also authorized to dispose of reinstatement applications on behalf of the College in accordance with section 74 of the Code; as well as carry out any powers and duties delegated to it by the Council through the College bylaws.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Monitoring proper operations of the College in cooperation with the Registrar;
- Advising the Council on the financial affairs of the College and making recommendations to the Council on financial matters;



- Establishing and administering a process for assessing the effectiveness of Council, and its committees;
- Appointing Committee Chairs to statutory committees;
- Appointing Council Members to statutory committees;
- Initiating and holding an inquiry should there be reasonable grounds to doubt or dispute the validity of the election of any member of Council;
- Conducting the evaluation of the Registrar's performance in accordance with agreed upon strategic priorities and review and decide on compensation;
- Investigating complaints respecting conduct in Committee or Council against members of Council or Committee members;
- Regularly reviewing, considering and making recommendations to Council for changes to applicable legislation, regulations, College bylaws, policies, strategic goals, programs, Rules of Procedure, standards and guidelines, that fall within the scope and purpose of the Committee; and,
- Performing such other duties and tasks as assigned to the Committee by Council or as authorized under the Code.

### **Composition of Committee**

The Committee shall be composed of the Chair, the Vice-Chair and two (2) members-at-large and is constituted by:

- a. two members of Council who are registrants of the College; and,
- b. two members of Council appointed to Council by the Lieutenant Governor in Council.

### **Term of Office**

The Committee shall be elected annually by Council.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitutes quorum.

### **Selection of the Chair**

The Chair of the Executive Committee shall be the Chair of Council.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.



### **Voting**

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

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

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Registration Committee
<b>Reference:</b>	GP10c
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2014, June 2017, June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Statutory

### **Mandate**

The Registration Committee (the “Committee”) is mandated to ensure protection of the public interest by providing strategic direction to the College and to the Registrar with regards to the registration processes of the College.

### **Accountability and Authority**

The Registration Committee is a statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is established pursuant to sections 10(1)(2) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Oversee on behalf of Council, the College’s review of its registration practices to ensure they are transparent, objective, impartial and fair;
- Advise Council on the Registration Requirements of the College, including education, examinations and qualifications criteria;
- Develop policies and procedures necessary to administer the Registration program;
- Meeting in the form of panels to make decisions regarding applications for registration, referred to it by the Registrar in accordance with the Code, the regulations and College policy;
- Consider applications for registration referred to it by the Registrar when the Registrar:
  - Has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements;
  - Is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration; or
  - Proposes to refuse the application



- Consider applications to remove or modify a term, condition or limitation that was imposed as a result of a Registration proceeding;
- Consider applications and applicants' submission and make order with respect to the disposition of the application in accordance with the Code;
- Oversee the College's participation in hearings or reviews of the Registration Committee's decisions before the Health Professions Appeal and Review Board;
- Prepare a fair registration practices report annually or at such other times as the Fairness Commissioner may specify;
- Oversee the implementation of registration practices audit as required by the Fairness Commissioner;
- Provide other reports and information to the Fairness Commissioner as required; and
- Develop amendments to the registration portion of the General Regulation, for approval by Council and the Ministry of Health.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. two members of Council who are registrants of the College;
- b. two members of Council appointed to Council by the Lieutenant Governor in Council; and,
- c. one non-Council member who is a registrant of the College.

### **Term of Office**

Non-Council Committee members are appointed for a maximum of two (2), three (3)-year terms by Council. Council Committee members are appointed annually by the Executive Committee.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum.

### **Selection of the Chair**

The Chair of the Registration Committee is a member of Council appointed by the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.





### **Voting**

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

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

The Chair, as a member of the Committee, may vote. In the event of a tie vote, the motion is defeated.

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Inquiries, Complaints and Reports Committee
<b>Reference:</b>	GP10a
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2012, June 2014, June 2017, June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Statutory

### **Mandate**

The Inquiries, Complaints and Reports Committee (the “Committee,” the “ICRC”) is mandated to protect of the public interest by:

- Establishing policies and procedures to direct the actions of the College of Occupational Therapists of Ontario (the “College”) or its staff with respect to complaints and reports received about registrants of the College; and,
- Appointing panels to review Complaints and consider Reports about registrants of the College

### **Accountability and Authority**

The Committee is a statutory committee of the Council of the College and is established pursuant to section 10(1)(3) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Advise Council on the development and maintenance of policies and procedures governing the inquiries, complaints and reports processes;
- By way of panels appointed by the ICRC Chair, investigate complaints, review the submissions from the member(s), make reasonable efforts to ensure a thorough investigation has occurred and take appropriate action in accordance with the requirements of the Code;
- Dispose of complaints where possible, within the timeframes allowed in the Act;
- By way of panels appointed by the ICRC Chair, consider Reports submitted by the Registrar, review the submissions from the member(s), make reasonable efforts to ensure that all relevant information has been obtained and take appropriate action in accordance with section 26 of the Code;



- By way of panels appointed by the ICRC Chair, inquire into whether a member is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code;
- To consider the need for interim orders and emergency appointments of an investigator where required;
- To issue to the parties a written decision with reasons (with certain statutory exceptions);
- To issue to the parties a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board (for complaint matters only);
- To consider the feedback provided, where available, from the Health Professions Appeal and Review Board as related to complaint decisions of the ICRC;
- Develop amendments to the Professional Misconduct Regulation, for approval by Council and the Ministry of Health; and,
- Recommend material to be posted publicly in compliance with legislation and transparency principles.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. two members of Council who are registrants of the College;
- b. two members of Council appointed to Council by the Lieutenant Governor in Council; and,
- c. four non-Council members who are registrants of the College.

An ICRC panel must be composed of at least three (3) Committee members, at least one (1) of whom must be a person appointed to the College's Council by the Lieutenant Governor in Council.

### **Term of Office**

Non-Council Committee members are appointed for a maximum of two (2), three (3)-year terms by Council. Council Committee members are appointed annually by the Executive Committee.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum. When sitting in panels, three (3) members of a panel constitute a quorum.

### **Selection of the Chair**

The Chair of the ICRC is a member of Council appointed annually by the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.



### **Voting**

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

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

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario in the public interest, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Discipline Committee
<b>Reference:</b>	GP10b
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2012, October 2014, June 2017, June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Statutory

### **Mandate**

The Discipline Committee (the “Committee”) is mandated to protect the public interest by establishing and maintaining a framework for dealing with matters referred to it for a discipline hearing by the Inquiries, Complaints and Reports Committee (the “ICRC”).

Although the Committee is a committee of the College of Occupational Therapists of Ontario (the “College”), it is independent of the College. It fairly and impartially holds hearings between the College and registrants of the College.

### **Accountability and Authority**

The Committee is a statutory committee of the Council of the College and is established pursuant to section 10(1)(4), of the *Health Professions Procedural Code* (the “Code”) being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- To review and update all policies and documents of the College with regard to the Disciplinary process;
- To hold hearings, by way of panels, on specified allegations of a registrant’s professional misconduct and/or incompetence referred by the ICRC, in accordance with the requirements of the legislation;
- To hold hearings, by way of panels, on a registrant’s application for reinstatement of a certificate of registration, if the certificate was revoked on the grounds of professional misconduct or incompetence;
- To consider applications from persons who are not parties to the hearing, to participate in the hearing according to the circumstances defined in section 41.1 of the Code and to determine the extent of the participation;
- To make orders excluding the public from a hearing or a part of a hearing in accordance with the circumstances defined in section 45 of the Code;



- To make orders preventing public disclosure of matters discussed at the hearing in accordance with section 45 of the Code;
- To, upon request of a witness in a sexual abuse case, make an order that no person shall publish the identity of the witness in accordance with section 47 of the Code;
- To, when a registrant has been found to have committed an act of professional misconduct or to be incompetent, make an order(s) for penalty or costs in accordance with section 51, 52, 53 and 53.1 of the Code;
- To have written decisions and reasons and ensure that the findings of a hearing are made public;
- To review and approve the Rules of Procedures of the Committee.

### **Composition of Committee**

The Committee shall be composed of at least:

1. two members of Council who are registrants of the College;
2. two members of Council appointed to Council by the Lieutenant Governor in Council; and,
3. one non-Council member who is a registrant of the College.

### **Panels**

Panels may be selected by the Chair to consider alleged registrant professional misconduct and incompetence referred to it by the ICRC. In accordance with the Code, panels shall be composed of at least three (3) members, at least two (2) of whom shall be members appointed to Council by the Lieutenant Governor in Council and at least one (1) of whom shall be a member of both the College and Council.

Where necessary, hearing panel members may be selected from the members of the Fitness to Practice (FTP) Committee.

No person shall be selected for a panel who has taken part in the investigation of what is to be the subject-matter of the panel's hearing.

### **Term of Office**

Non-Council Committee members are appointed for a maximum of two (2), three (3)-year terms by Council. Council Committee members are appointed annually by the Executive Committee.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum. When sitting in panels, pursuant to the requirements of the Code, a minimum of three (3) members of a panel, at least one (1) of whom must be a member appointed to Council by the Lieutenant Governor in Council, constitute quorum.

### **Selection of the Chair**

The Chair of the Discipline Committee is a member of Council appointed by the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to



delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**

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

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

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario in the public interest, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Fitness to Practise Committee
<b>Reference:</b>	GP10e
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2014, June 2017, June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Statutory

### **Mandate**

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

Although the Committee is a committee of the College of Occupational Therapists of Ontario (the “College”), it is independent of the College. It fairly and impartially holds closed hearings between the College and registrants of the College.

### **Accountability and Authority**

The Committee is a statutory committee of the Council of the College and is established pursuant to section 10(1)(5) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- To review and update all policies and documents of the College with regard to the Fitness to Practise process;
- To hold closed hearings, by way of panels, on general allegations of a registrant’s capacity to practise the profession as referred by the ICRC, in accordance with the requirements of the legislation;
- To hold closed hearings, by way of panels, on a member’s application for reinstatement of a Certificate of Registration if the Certificate was revoked on the grounds of incapacity;
- To, if a panel finds a member to be an incapacitated member, make orders in accordance with section 69 of the Code;
- To issue to the parties a written decision with reasons at the conclusion of the proceedings;





- To review and approve the Rules of Procedure of the Committee;

### **Composition of Committee**

The Committee shall be composed of at least:

1. two members of Council who are registrants of the College;
2. two members of Council appointed to Council by the Lieutenant Governor in Council; and,
3. one non-Council member who is a registrant of the College.

No member shall be selected for a panel who has taken part in the investigation of what is to be the subject-matter of the panel's hearing or who has taken part in a matter before the ICRC or Quality Assurance Committee relating to the same registrant who is the subject of the panel's hearing.

### **Panels**

Panels may be selected by the Chair to investigate whether a registrant is incapacitated. In accordance with the Code, panels shall be composed of at least three (3) members, at least one (1) of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

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

### **Term of Office**

Non-Council Committee members are appointed for a maximum of two (2), three (3)-year terms by Council. Council Committee members are appointed annually by the Executive Committee.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum. When sitting in panels, pursuant to the requirements of the Code, a minimum of three members of a panel constitute a quorum.

### **Selection of the Chair**

The Chair of the Fitness to Practise Committee is a member of Council appointed by the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**



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

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

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario in the public interest, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Quality Assurance Committee
<b>Reference:</b>	GP10f
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2012, June 2014, June 2017, June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Statutory

### **Mandate**

The Quality Assurance Committee (the “Committee”) is mandated to protect the public interest by establishing and maintaining a program to assure the quality of the practice of the profession and to promote continuing evaluation, competence and improvement among the members.

The Committee is responsible to ensure that members provide quality service to the public by practicing according to current and future practice standards and guidelines, and continually upgrading their skills, knowledge and judgement.

### **Accountability and Authority**

The Committee is a statutory committee of the Council of the College of Occupational Therapists of Ontario (the “College”) and is established pursuant to section 10(1)(6) of the *Health Professions Procedural Code* (the “Code”), being Schedule 2 to the *Regulated Health Professions Act, 1991*.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Develop and modify/refine a Quality Assurance Program (the “Program”) that includes, but is not limited to:
  - Continuing education or professional development;
  - Self, peer and practice assessments; and
  - A mechanism for the College to monitor members’ participation in and compliance with the Program.
- Monitor members’ participation in the Program which includes:
  - Facilitating members participation;
  - Ensuring members have participated adequately; and
  - Following up on members whose participation is found to be unsatisfactory.
- Establish such policies and procedures necessary to administer the Program;



- Appoint and arrange for the training of assessors for the purposes of the Program;
- Receive and review reports from assessors for members that have been assessed and take such action as is, in the opinion of the Committee, permitted under section 80.2 of the Code to ensure the continued competence of the member;
- Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated (Code, s. 80.2(1)(4)); and,
- Develop amendments to regulations of the Act, for approval by Council and the Ministry of Health.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. two members of the Council who are members of the College;
- b. two members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- c. two non-Council members who are members of the College.

### **Term of Office**

All Committee members will be appointed annually by Executive. Non-Council Committee members are appointed for a maximum of two three (3)-year terms. Council Committee members are appointed annually by the Executive Committee.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum.

### **Selection of the Chair**

The Chair of the Committee is a member of Council appointed by the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**

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

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



The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Quality Assurance Subcommittee
<b>Reference:</b>	GP10h
<b>Date Prepared:</b>	January 2004
<b>Date Revised:</b>	June 2004, January 2019, June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Non-Statutory

### **Mandate**

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

### **Accountability and Authority**

The Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the "College") and is accountable directly to the Quality Assurance Committee.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- To provide recommendations on the QA program components as directed by the Quality Assurance Committee;
- To review and consider evaluative information related to the components and tools of the QA program, including Competency Enhancement (Self-Assessment, Professional Development Plan and Prescribed Regulatory Education Program (PREP), Competency Assessment and Competency Improvement, as well as to review and consider Information and Technology Process and Management and make recommendations to modify or enhance the program tools, components or processes;
- To support development of the annual PREP including topic selection, identification of learning objectives, case scenario development, content review, reflective practice exercise development and online testing as possible;
- To support ongoing development of reflective practice resources including Self-Assessment and Professional Development Plan;



- To make recommendations on the development and implementation of additional tools to assess occupational therapists' performance related to the Essential Competencies of Practice, as required.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. Six (6) to eight (8) non-Council members from a cross-section of current OT practice including geographical representation of the province;
- b. At least four members should have five (5) or more years of practice experience; and,
- c. At least one member should be in a non-clinical practice role;

Additional attributes:

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

### **Term of Office**

Members are appointed for a maximum of two (2), three (3)-year terms by Council.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum.

### **Selection of the Chair**

The Chair of the Committee is selected from among the Committee members and approved by the Quality Assurance Committee annually.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**

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



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

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities to the Quality Assurance Committee on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991*, to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee is especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.





<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Practice Issues Subcommittee
<b>Reference:</b>	GP10i
<b>Date Prepared:</b>	
<b>Date Revised:</b>	June 2017, June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Non-Statutory

### **Mandate**

The Practice Issues Subcommittee's (the "Committee") primary function is to explore, debate and provide recommendations on current OT Practice issues relevant to the mandate of the College of Occupational Therapists of Ontario (the "College").

### **Accountability and Authority**

The Committee is a non-statutory committee of the College and is directly accountable to the Executive Committee.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- To conduct a regular environmental scan on practice issues which effect professional regulations;
- To identify current practice issues for consideration and possible action by the Executive Committee;
- To act as an advisory committee on OT practice;
- To make recommendations for action on specific practice issues; and,
- To develop, review and revise College resources related to practice as directed by Council.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. One member of the Executive Committee;
- b. One member of Council who is a registrant of the College; and,
- c. Four to six non-Council members who are registrants of the College, representing a cross section of current OT practice

### **Term of Office**

Non-Council Committee members are appointed for a maximum of two (2), three (3)-year terms by Council. Council Committee members are appointed annually by the Executive Committee.



### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum.

### **Selection of the Chair**

The Chair of the Practice Issues Subcommittee is a professional member of the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**

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

Unless specifically provided for otherwise under the *Health Professions Procedural Code* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the Regulated Health Professions Act, 1991 to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.



### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.

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<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Governance Committee
<b>Reference:</b>	GP10k
<b>Date Prepared:</b>	March 2020
<b>Date Revised:</b>	June 2020
<b>Date Reviewed:</b>	

### **Committee Category**

Non-statutory

### **Mandate**

The Governance Committee (the “Committee”) is responsible for research, review and recommendations to enhance the quality of the Council of the College of Occupational Therapists of Ontario’s work through best governance practices.

### **Accountability and Authority**

The Committee is a non-statutory committee of the College of Occupational Therapists of Ontario (the “College”) and is accountable directly to Council.

### **Limitations**

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

Review all governance policies and processes and recommend to Council changes within the College’s control. This includes, among other things:

- a. The terms of reference for all committees and roles on Council and committees;
- b. the bylaws and rules of procedure as they apply to Council or committee meetings; and,
- c. all governance policies and related bylaws.

### **Composition of Committee**

The Governance Committee consists of at least:

- a. The Chair of Council;
- b. two members of Council who are registrants of the College; and,
- c. two members of Council appointed to Council by the Lieutenant Governor in Council.

The Governance Committee may also include non-Council ad hoc members.

### **Term of Office**

Council Committee members shall be appointed annually by the Executive Committee. Non-Council ad hoc Committee members shall be appointed, as needed, with or without voting rights as determined by Council.



Ad hoc Committee members are appointed for a maximum of two terms, of up to three years each, by Council.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum.

### **Selection of the Chair**

The Chair of the Governance Committee is to be selected by the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**

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

Unless specifically provided for otherwise under the *Health Professions Procedural Code*, being Scheduled 2 to the *Regulated Health Professions Act, 1991* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.



### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.

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<b>Policy Type:</b>	Governance Process
<b>Policy Title:</b>	Terms of Reference – Patient Relations Committee
<b>Reference:</b>	GP10g
<b>Date Prepared:</b>	December 2009
<b>Date Revised:</b>	March 2010, October 2014, June 2017, June 2020
<b>Date Reviewed:</b>	

## Committee Category

Statutory

## Mandate

The Patient Relations Committee (the “Committee”) is mandated to ensure there is a comprehensive patient relations program, which includes the administering of the Funding for Therapy and Counselling Program, in compliance with the relevant legislation.

## Accountability and Authority

The Committee is a statutory committee of the Council of the College of Occupational Therapists of Ontario (the “College”) and is established pursuant to section 10(1)(7) of the *Health Professions Procedural Code* (the “Code”), being Scheduled 2 to the *Regulated Health Professions Act, 1991*.

## Limitations

The Committee shall only exercise the authority, and fulfill the duties and responsibilities authorized under the *Regulated Health Professions Act, 1991*, the *Occupational Therapy Act, 1991*, and the regulations and bylaws made under these acts.

## Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Advise Council on the Patient Relations Program of the College, which shall include the following:
  - Develop and recommend to Council measures for preventing and dealing with the sexual abuse of patients, including but not necessarily limited to:
    - Educational requirements for members.
    - Guidelines for the conduct of members and their patients.
    - Training for the College’s staff.
    - The provision of information to the public.
- Develop and implement resources and measures to promote professional and accountable patient-therapist relationships.
- Review and revise College resources related to the patient relations program.
- Administer on behalf of Council the Funding for Therapy and Counselling Program of the College, including:
  - Developing policies and procedures governing the administration of requests for funding.
  - Developing appropriate forms for patients to seek funding for counselling, therapy or other expenses which may be allowed under this program.



- Processing any requests for funding in a timely manner.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. two members of Council who are registrants of the College;
- b. two members of Council appointed to Council by the Lieutenant Governor in Council; and,
- c. one non-Council member who is a registrant of the College.

### **Term of Office**

Non-Council Committee members are appointed for a maximum of two (2), three (3)-year terms by Council. Council Committee members are appointed annually by the Executive Committee.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum.

### **Selection of the Chair**

The Chair of the Patient Relations Committee is a member of Council appointed by the Executive Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**

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

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

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities at every Council meeting on activities that have been undertaken since the last report. The Committee prepares an annual report of its activities at the end of each fiscal year.





### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**

The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.



<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, June 2020
<b>Date Reviewed:</b>	June 2017

### **Committee Category**

Non-Statutory

### **Mandate**

The Nominations Committee's (the "Committee") primary function is to oversee the development of a slate for the election of officers in accordance with Part 7.01 of the College of Occupational Therapists of Ontario's (the "College") bylaws.

### **Accountability and Authority**

The Committee is a non-statutory committee of the College and is directly accountable to Council.

### **Limitations**

The Committee shall only exercise the authority as delegated by Council, and fulfill the duties and responsibilities authorized by these Terms of Reference.

### **Duties and Responsibilities**

The Committee shall be responsible for the following activities:

- Calling for nominations;
- Reviewing the Council member nomination forms;
- Ensuring there are candidate(s) for each officer position;
- Ensuring the consent of nominated members to stand for election;
- Requesting a candidate statement from each individual standing for election;
- Communicating the completed slate to College staff for distribution at the elections meeting; and,
- Ensuring College staff make the slate and statements of candidacy available to Council members by electronic mail prior to the commencement of the election.

### **Composition of Committee**

The Committee shall be composed of at least:

- a. Where possible, one member of Council who is a registrant of the College and one member of Council appointed to Council by the Lieutenant Governor in Council;
- 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 Committee shall include one or two members of Council who do not intend to stand for election as an officer.



### **Term of Office**

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.

### **Meetings**

Meetings shall, whenever possible, be held at a place and on a date set in advance and shall occur at regular intervals and at such frequency as is necessary for the Committee to conduct its business.

### **Quorum**

Pursuant to section 14.01.06 of the College bylaws, a majority of members of the Committee constitute quorum.

### **Selection of the Chair**

The Chair of the committee is a member of Council and is selected annually by the Committee.

In the event that the Chair is unable or unwilling to preside at the meeting, the Chair shall designate an acting Chair from among the Committee members to preside at the meeting. If the Chair is unable to delegate his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

### **Voting**

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

Unless specifically provided for otherwise under the *Health Professions Procedural Code* or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

The Chair, as a member of the Committee, may vote.

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

### **Reporting**

The Committee shall provide a report of its activities as required to Council. The Committee prepares an annual report of its activities at the end of each fiscal year.

### **Conflict of Interest**

All Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Committee members have a duty to uphold and further the intent of the *Regulated Health Professions Act, 1991* to regulate the professional practice of occupational therapy in Ontario, and not to represent the views of advocacy or special interest groups.

Comprehensive information regarding conflict of interest obligations is included in the College bylaws.

### **Committee Records**



The Committee Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained at the College office.

### **Confidentiality**

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to Council.

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

### **Evaluation**

The Committee terms of reference will be reviewed annually and amended where necessary, for example in response to statutory, regulatory, or policy amendments. Any amendments to the terms must be approved by Council.

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## COUNCIL BRIEFING NOTE

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**Date:** June 23, 2020  
**To:** Council  
**From:** Executive Committee  
**Subject:** Revised Standards for Acupuncture

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Page 1 of 4

### Recommendation

*THAT Council approves the revised Standards for Acupuncture as presented, for publication.*

### 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 Regulated Health Professions Act, 1991 (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.

College staff completed an external scan of other regulatory bodies and their standards on acupuncture. Despite the variations in approaches to Standards, staff found that the expectations outlined for OTs in the Standards for Acupuncture aligned with those of other regulated professionals performing the controlled act.

Following a comprehensive review, the following changes were made to the current Standards for Acupuncture:

- 1. Format** - The Standards have been reformatted to comply with new College brand. FAQs at the end of the Standard have been removed to limit the length of the document. The FAQs format will be included in future educational resources for registrants.
- 2. Introduction** – The introduction has been revised to streamline content and now includes the College stance on electrostimulation.
- 3. Preamble** – The preambles before each Standard have been removed. This approach is consistent with recently revised Standards.
- 4. Competence** – Outlines additional requirements for competence (knowledge and training) to practice acupuncture.

5. **Maintaining Competence** – The language has been revised to be consistent with the expectations for maintaining competence outlined in the Standards for Psychotherapy.
6. **Risk Management** – This Standard has been updated and refers to the recently revised Standards for Infection, Prevention and Control.
7. **Integration of Standards** – In response to Subcommittee recommendations certain standards and performance indicators were merged to reduce duplication. Standard 4 - Evidence Based Practice and Standard 9 - Accountability were removed and certain performance indicators merged and incorporated under Standard 1 - Scope of practice and Standard 2 – Competence.
8. **Terminology** – All outdated language in the Standard has been changed to reflect current terminology.

At the January 2020 meeting, Council approved the revised Standards for Acupuncture for circulation to seek stakeholder feedback. The survey was administered over a 4-week period. The College received 62 online responses to the consultation, and two individuals provided written feedback. The response rate was not as robust as anticipated as this consultation commenced at the height of the COVID 19 pandemic.

### Summary of Stakeholder Consultation Results

#### *Demographics:*

- 90% of respondents were OTs and 10% other health practitioners
- 32% of respondents worked in a hospital setting, 12% in a rehabilitation setting, 20% from community settings, 17% clinics/treatment centres, 8% private practice, 12% other settings
- The nature of practice was 78% clinical, 15% mixed practice, 7% non-clinical
- 32% of respondents had greater than 20 years of practice experience, 33% between 11-20 years and 35% between 6-10 years of experience.

#### *In response to the survey questions:*

- *Do you currently perform acupuncture?*
- *Are you interested in performing acupuncture?*
- *Is the standard clear and easy to understand? (yes/no/Comment)*
- *Do you think the standard outlines the behaviours necessary for safe performance of acupuncture practice? (yes/no/Comment)*
- *Could any parts of the standard be reworded or removed? (yes/no/Comment)*
- *Please indicate how any of the indicators could be changed or expanded? (yes/no/Comment)*

#### *Overall Impressions:*

- 12% of the respondents performed acupuncture, 88% of respondents did not
- 50% of the respondents were interested in performing acupuncture
- 77% of the respondents were aware that OTs can perform acupuncture
- 87% of the respondents stated Standard 1 on Scope of Practice are clear and understandable

- 94% of the respondents indicated Standard 2 on Competence are clear and understandable
- 97% of the respondents stated Standard 4 on Consent and Standard 5 on Recording Keeping are clear and easy to understand
- 94% of the respondents noted that Standard 6 is clear, emphasizing that acupuncture cannot be delegated or assigned
- 97% of the respondents stated that Standard 7 about risk management clearly outlined the minimum expectations for OTs

*Survey comments requiring clarification:*

- “Remove the notion about traditional Chinese medicine in favor of current terminology such as western medicine “
- “How often is competence to be completed?”
- “Not safe enough – expand what is necessary to be a safe practitioner”
- “How does the public know OTs can perform acupuncture without a special designation?”
- “Too prescriptive for the course requirements - OTs do not use the 361 points -standard 2”
- “Standard 3 needs to be a more prescriptive yearly requirement for maintaining competence?”
- “Why can’t we bring back sterilization of needles to be more environmentally friendly”
- “Useful to include a list of appropriate training courses approved by the College (to protect the public)”
- “Link acupuncture to the uniqueness of scope of OT practice”
- “OTs should not be performing acupuncture - should be left to professionals”
- “clearer position on electrical stimulation”
- “It is not clear if I need to or when to register with College of Traditional Chinese Medicine”

**Incorporation of Feedback into the Revised Standards**

All survey comments were reviewed, and the following revisions were made to the revised Standards for Acupuncture:

- The introduction now includes the College’s view on electrostimulation
- A hyperlink to the Occupational Therapy Act, 1991 was added to provide a quick reference to the occupational therapy scope of practice
- The expectations for Competence Standard 2 were revised (specific references to alphanumeric codes and 361 acupuncture points were removed)
- A requirement for the acupuncture program to have a practical evaluation component was added
- Standard 4 - Consent now includes discussion about side effects and adverse reactions and the disclosure of fees
- Indicator 5.1 removed as the reference to the Standards for Record Keeping was redundant

- Indicator 5.2 reworded to clarify expectations for documentation
- Reorganization of Standard 7 - removed indicator 7.1.3 and included as an example under performance indicator 7.3 with a reference to safe sharps disposal

**Discussion**

Once Council provides final approval, the Standards will be rigorously edited and formatted by communications for publication.

**Attachment(s)**

- Revised Standards for Acupuncture (2020)
- Standards for Acupuncture ([www.coto.org](http://www.coto.org))





# Standards for Acupuncture

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DRAFT

June 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 are permitted to perform acupuncture without delegation (Ontario Regulation 107/96, Controlled Acts, s. 8(2), Regulated Health Professions Act, 1991 (RHPA). The use of electrostimulation is a modality that can be used to augment regular acupuncture. Electrostimulation involves the passage of a small electric current between acupuncture needles. The use of electrostimulation does not fall under any of the prescribed forms of energy outlined in the Controlled Acts Regulation under the RHPA. OTs who wish to use electrostimulation as part of acupuncture treatment must be trained and have the knowledge, skill, and judgement to use this modality safely and provide a clinical rationale for its use. OTs are not permitted to delegate any parts of acupuncture.

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

Occupational therapists who use acupuncture are reminded that the use of 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 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 all the time. It is expected that the performance indicators could be demonstrated by the occupational therapist if requested.
- There may be some situations where the occupational therapist determines that a particular performance indicator has less relevance due to client factors or environmental factors. Such situations may call for the occupational therapist to seek further clarification.
- It is expected that occupational therapists 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 occupational therapists 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 occupational therapists 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 occupational therapists and other stakeholders 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.

In accordance with 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 occupational therapy practice.

#### Performance Indicators

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#### An occupational therapist will:

- 1.1 Perform acupuncture safely, effectively, and ethically in accordance with all the Standards of Practice, the Code of Ethics, [scope of occupational therapy practice](#) 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 occupational therapy treatment plan;
- 1.4 Obtain appropriate delegation<sup>1</sup> if performing additional techniques of acupuncture that fall

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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.

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under other controlled acts (for example, medicinal application);

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- 1.5** Refer clients to other qualified practitioners of acupuncture if the client requires treatment beyond the scope of occupational therapy practice and competence of the occupational therapist.
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## 2. Competence

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### Standard 2

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

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### Performance Indicators

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#### An occupational therapist will:

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- 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 the theories, philosophy, and principles of acupuncture
  - Acupuncture points:
    - anatomy, acupuncture points, acupuncture meridians
  - Applications of acupuncture in modern Western medicine:
    - clinical conditions in which acupuncture has been shown to be beneficial
    - selection of patients, planning of treatment, and evaluation of progress/benefit;
    - hands on practice of point location, safe needle insertion and removal
    - Practical evaluation as part of the program
  - Infection, prevention, control, and safety procedures in acupuncture
  - Treatment techniques:
    - common principles, and techniques;
    - specific clinical conditions;
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- 2.2** Provide verifiable documentation of the completion of an educational program in acupuncture upon request;
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- 2.3** Assess client(s) as candidates for acupuncture based on current evidence 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** Not perform any acupuncture technique that is outside the occupational therapist's
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training, knowledge, skills, and judgement.

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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

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##### An occupational therapist will:

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- 3.1** Participate in regular and as needed professional development activities to ensure ongoing competence to perform acupuncture safely and effectively;  
Some examples can include:
- recognized acupuncture education and training programs,
  - workshops,
  - conferences,
  - learning modules.
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### 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

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##### An occupational therapist will:

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- 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 being used within the occupational therapy scope of practice:
- a) The nature of the proposed acupuncture procedure
  - b) Disclose benefits, risks, limitations and side-effects and adverse reactions of acupuncture to the client
  - c) Alternative treatments
-

- d) The option of the client to withdraw consent at any time during the process
- e) Disclose any fees associated with the treatment prior to performing acupuncture;

**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 occupational therapist will:

- 5.1** Document relevant details about the performance of acupuncture (for example record keeping may include but not limited to needle points used, length of needle, depth, direction, 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 occupational therapist will:

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

## 7. Risk Management

### 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 occupational therapist 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;
  - 7.2 Establish policies and implement precautions necessary to prevent adverse events or injury when performing acupuncture (for example, ensure the number of needles inserted into the client reconciles with the number of needles removed from the client, disposing of needles in accordance with public health guidelines for sharps safety);
  - 7.3 Recognize and manage adverse client reactions or complications during, or as a result of, acupuncture treatment;
  - 7.4 Have written procedures and protocols to manage emergency situations, and processes to track adverse incidents, to inform quality improvement.
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## 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. *Occupational Therapy Act, 199*. <https://www.ontario.ca/laws/statute/91o33>
6. *Regulated Health Professions Act, 1991*. <https://www.ontario.ca/laws/statute/91r18>



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.

