



## COUNCIL AGENDA

**DATE:** Thursday, March 26, 2020      **TIME:** 9:00 a.m. – 3:00 p.m. (*Officer Elections from 3:00 – 4:00 p.m.*)

Page 1 of 2

**Council Members:** GoToMeeting [Video](#) Conference link and phone number will be emailed to you prior to the meeting.

**Members of the Public:** Council meetings are open to the public, but space is limited. To reserve a spot, please submit your request to [astanier@coto.org](mailto:astanier@coto.org). The deadline to submit a request is March 25, 2020 at 4:00 p.m. (please include your full name and email address).

Agenda Item		Objective	Attachment
1.0	Call to Order and Traditional Land Acknowledgement		
2.0	Declaration of Conflict of Interest		
3.0	Approval of Agenda	Decision	✓
4.0	Consent Agenda		
	<ul style="list-style-type: none"><li>Draft Council Minutes of January 28, 2020</li><li>Registrar's Report</li><li>Annual Council Evaluation – Summary</li><li>Committee Reports</li></ul>	Decision	✓ ✓ ✓ ✓
5.0	Registrar's Report		
	5.1 Presentation: <i>Operational Status Report for Q3 2019-2020</i> by Elinor Larney, Registrar		
	5.2 Priority Performance Report	Decision	✓
	5.3 Risk Management Report	Decision	✓
	5.4 COVID-19 Update	information	
	5.5 Presentation: <i>Enterprise Systems Project Update</i> by Nabila Mohammed, Director of Finance & Corporate Ser.	Decision	✓
6.0	Finance		
	6.1 January(Q3) 2020 Financial Report	Decision	✓
	6.2 Annual Investment Report	Information	✓

COUNCIL AGENDA

Thursday, March 26, 2020

Agenda Item		Objective	Attachment
<b>6.3</b>	Reserve Fund for Year End 2019-2020	Decision	✓
<b>7.0</b>	Governance		
<b>7.1</b>	Governance Project Plan	Information	✓
<b>7.2</b>	Terms of Reference – Executive Committee, Governance Committee	Decision	✓
<b>7.3</b>	Reappointment of Non-Council Members		
<b>7.3.1</b>	Investigations, Complaints and Reports Committee	Decision	✓
<b>7.3.2</b>	Discipline Committee	Decision	✓
<b>7.3.3</b>	Fitness to Practice Committee	Decision	✓
<b>7.4</b>	Reappointment of Academic Member	Decision	✓
<b>8.0</b>	Business		
<b>8.1</b>	Code of Ethics	Decision	✓
<b>8.2</b>	Sexual Abuse Policy	Decision	✓
<b>8.3</b>	Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis/Guide to Controlled Acts and Delegation	Decision	✓
<b>8.4</b>	Standards for Occupational Therapy Assessments	Decision	✓
<b>9.0</b>	Environmental Scan		
<b>10.0</b>	Other Business		
<b>10.1</b>	Council Meeting Evaluation	Complete & Submit	✓
<b>11.0</b>	Next Meetings		
	Council Meeting: Tuesday, June 23, 2020, 9:00 a.m. – 3:30 p.m., at the College		
<b>12.0</b>	Adjournment		



## DRAFT COUNCIL MINUTES

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**DATE:** Tuesday, January 28, 2020 **FROM:** 9:00 a.m. – 3:00 p.m.

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Page 1 of 5

**PRESENT:**

Julie Entwistle, *Chair*  
Donna Barker  
John-Paul Dowson  
Allan Freedman  
Debbie Hebert  
Jennifer Henderson  
Patrick Hurteau  
Heather McFarlane  
Vincent Samuel  
Stephanie Schurr  
Teri Shackleton  
Peter Shenfield

**REGRETS:**

Mary Egan  
Jeannine Girard-Pearlman  
Aruna Mitra  
Michelle Stinson

**GUESTS:**

Thomas Custers, Ministry of Health (MOH) (7.0)  
Carolyn Everson, The Everson Company

**OBSERVERS:**

Christie Brenchley, Executive Director, Ontario Society of Occupational Therapists (OSOT)  
Sarah Kibaalya, Ministry of Health (1.0-8.2, 8.4)  
Carol Bock, Deputy Registrar College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) (1.0-8.2, 8.4)

**STAFF:**

Elinor Larney, Registrar  
Sandra Carter, Practice Resource Liaison (1.0-10.0)  
Aida da Silva, Finance & Human Resources Coordinator (7.0-8.0)  
Stamatis Kefalianos, Manager Regulatory Affairs  
Lesley Krempulec, Practice Advisor (7.0-8.1, 9.1)  
Clara Lau, Manager, Registration  
Yvonne Leung, Communications Coordinator (7.0-8.0)  
Tim Mbugua, Policy Analyst (7.0-8.1, 8.4)  
Sonia Mistry, Quality Assurance Project Lead (7.0)  
Nabila Mohammed, Director of Finance and Corporate Services  
Adrita Shah Noor, Manager Investigations & Resolutions (1.0-10.0)  
Seema Sindwani, Manager, Quality Programs  
Nancy Stevenson, Director of Communications (7.0, 8.1, 8.3, 9.0-14.0)  
Andielina Stanier, Executive Assistant, *Scribe*

### 1.0 Call to Order and Land Acknowledgement

Chair Julie Entwistle called the meeting to order at 9:03 a.m. and welcomed everyone. She reminded the group that the mandate and focus of Council is to protect the public. In the interest of truth and reconciliation, and in the hope to build faith and trust with our Indigenous community, the Chair started the meeting by reminding all present that we are gathered on the ancestral lands and waters of all Indigenous Peoples who have left their footprints on Mother Earth before us. We respectfully acknowledge those who have walked this land, who walk it now, and those future generations who have yet to walk upon it.

### 2.0 Declaration of Conflict of Interest

The Chair asked if members had a conflict of interest to declare. It was noted that all Professional members of Council have an inherent conflict of interest with item 8.4, Governance Policy Review – Allowable Expenses & Honoraria.

### **3.0 Approval of Agenda**

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

MOVED BY: Jennifer Henderson

SECONDED BY: Teri Shackleton

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

**CARRIED**

### **4.0 Approval of Minutes**

#### **4.1 Draft Council Minutes of October 24, 2019**

The Chair called for edits to the draft Council minutes of October 24, 2019. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Vincent Samuel

***THAT** the draft Council minutes of October 24, 2019 be approved as presented.*

**CARRIED**

### **5.0 Registrar's Report**

#### **5.1 Registrar's Written Report**

Council reviewed the written report and the Registrar responded to questions. She further updated Council on measures taken by the College to keep the public, stakeholders and OTs informed about the Coronavirus. The College has sent an informational email to all registrants and has posted a link to the Ministry of Health Coronavirus page for accurate and current information that is updated daily.

#### **5.2 Registrar's Presentation**

The Registrar reported on 8 key areas of focus for Q2/Year 3 (September 1, 2019-November 30, 2019) related to the 2017-2020 Strategic Plan.

#### **5.3 Priority Performance Report**

The Registrar reported on performance data for Q2 (2019-2020) related to the objectives as outlined in the 2017-2020 Strategic Plan. She further stated that the reporting format is under revision. Metrics related to the 2020-2023 strategic objectives will be integrated, the overall report shortened, and it will align with the new measurement indicators anticipated from the Ministry of Health. Today's presentation by the Ministry will inform on those new indicators.

MOVED BY: Peter Shenfield

SECONDED BY: Heather McFarlane

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

**CARRIED**

#### **5.4 Risk Management Report**

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

MOVED BY: Donna Barker

SECONDED BY: Jennifer Henderson

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

**CARRIED**

## **6.0 Finance**

### **6.1 November 2019 Financial Report**

Council reviewed the report and Nabila Mohammed responded to questions.

MOVED BY: Peter Shenfield

SECONDED BY: Heather McFarlane

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

**CARRIED**

### **6.2 Lease Update**

The premises lease extension to September 2033 has been finalized and it entered into effect as of January 1, 2020.

## **7.0 Council Development**

Presentation by Thomas Custers, Ministry of Health (MOH)

*College Performance Management Framework (CPMF)*

## **8.0 Governance**

### **8.1 Governance Review**

Stamatis Kefalianos, Manager of Regulatory Affairs, presented and reviewed the Governance Working Group's recommendations for governance reform that require legislative and non-legislative changes.

MOVED BY: Donna Barker

SECONDED BY: Peter Shenfield

***THAT** Council members agree in principle and with the decisions as recorded in the briefing note and discussion.*

**CARRIED**

### **8.2 Appointment of Nominations Standing Committee**

The Nominations Committee is appointed by Council annually to oversee the officer election process which takes place at the March Council meeting. The committee is comprised of two Council members who are either retiring from Council or who do not wish to stand for a position. The appointment of one public and one professional member is preferred however, College bylaws do allow for the appointment of two public or two professional members. Patrick Hurteau and Allan Freedman volunteered to be appointed to the committee.

MOVED BY: Teri Shackleton

SECONDED BY: Peter Shenfield

***THAT** Council approves the appointment of Patrick Hurteau and Allan Freedman to the Nominations Committee.*

**CARRIED**

### **8.3 Strategic Plan – Leadership Outcomes**

Council reviewed the proposed 2020-2023 Strategic Plan. This document was prepared by the Strategic Planning Working Group in consultation with Carolyn Everson, based on feedback

received at the October Strategic Planning Session. Several additional recommendations by Council will be incorporated into the final document.

MOVED BY: Peter Shenfield  
SECONDED BY: Heather McFarlane

***THAT** Council approves the Leadership Outcomes, including today's changes.*

**CARRIED**

#### **8.4 Governance Policy Review**

*Allowable Expenses* and *Honoraria* policies are reviewed annually by Council. Brought forward today are various wording changes for clarity, and a rate increase in the Allowable Expenses policy. A new tracking category is added at the end of each policy to record the date when rates are revised. An additional recommendation was provided by Council today.

MOVED BY: Peter Shenfield  
SECONDED BY: Debbie Hebert

***THAT** Council approves the amended policies as listed, including today's change.*

- *Allowable Expenses – Guidelines for Elected Council and Non-Council Members*
- *Honoraria – Guidelines for Elected Council and Non-Council Members*

**CARRIED**

#### **9.0 New Business**

##### **9.1 Standards for Acupuncture - Revised**

Proposed revisions to the Standards for Acupuncture were brought forward in compliance with the College's Document Review Framework. Sandra Carter explained that significant revisions were deemed necessary by the Practice Issues Subcommittee with no implications for policy. Council reviewed the document and recommended a few minor changes prior to circulation for stakeholder consultation. A further revision, legal review and full edit will follow the consultation.

MOVED BY: Donna Barker  
SECONDED BY: Stephanie Schurr

***THAT** Council approves the revised Standards for Acupuncture for stakeholder consultation, including today's changes.*

**CARRIED**

#### **10.0 Roundtable**

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

#### **11.0 Committee Reports**

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

###### **11.1.1 Practice Issues Subcommittee** – Report by Donna Barker, Chair

##### **11.2 Registration** – Report by Jennifer Henderson, Chair

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

##### **11.4 Discipline** – Report by Donna Barker, Chair

##### **11.5 Fitness to Practise** – Report by Patrick Hurteau, Chair

**11.6 Quality Assurance** – Report by Mary Egan, Chair (Stephanie Schurr in Mary’s absence)

**11.7 Patient Relations** – Report by Jeannine Girard-Pearlman, Chair (Patrick Hurteau in Jeannine’s absence)

**12.0 Other Business**

**12.1 Council Meeting Evaluation**

Members were asked to complete and submit the Council Meeting Evaluation form.

**12.2 Annual Council Evaluation**

Members were asked to complete and submit the Annual Council Evaluation form.

**12.3 Annual Council Self-Evaluation**

Members were asked to complete and submit the Council Self-Evaluation form.

**13.0 Next Meetings**

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

**14.0 Adjournment**

There being no further business, the meeting was adjourned at 2:13 p.m.

MOVED BY: Allan Freedman

*THAT the meeting be adjourned.*

**CARRIED**



## REGISTRAR'S REPORT Council Meeting of March 26, 2020

### Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, there are no specific policy groupings that are meant to be reviewed at the March meeting. Given the evolving health situation related to the COVID-19 we are deferring any policy review to a later date.

### Governance Process Policies

Policies that guided decisions during this period:

- GP17 – Elections and Appointments for Professional Members has guided the elections process in Districts 2 and 4 for the 2020 Election.
- GP3 – Governing Style – and GP14 - One new Council Member will have received orientation to their role on Council.
- GP10h - The Executive Committee is bringing forward the updated Terms of Reference for the Executive Committee along with the Terms of Reference for the new Governance Committee.

### Registrar Limitation Policies

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

Policies that guided decision making during this period:

- RL7 - Investments – The investment report is on the agenda for Council review.
- RL10 – Compensation Administration – As a full external salary review of market conditions was conducted in 2019, the College is not doing one this year.
- RL12 – Risk Management - Given the emergence of the COVID 19 virus, the College added this to the risk register as a high risk.

### For Your Information:

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

### REGISTRATION PROGRAM

The Registration Program staff have been busy preparing for the launch of annual renewal. This year, due to the anticipated impacts from the COVID-19 virus, the college has extended the renewal period so it will open on March 30 and close, midnight August 31.

In response to the Calls to Action in the Truth and Reconciliation Commission's (TRC) final report and recommendations to increase the number of Indigenous professionals working in healthcare, the College has amended the annual renewal form to include self-identification of Indigenous registrants. Self-Identification is voluntary and confidential, and all data collected will be used in aggregate only.

Outreach speaking engagements in the third quarter included:

- University of Western Ontario: Working in Ontario

Outreach engagements at educational institutions offering occupational therapy programs will continue into the spring and the next fiscal year and will likely be held electronically due to the current health emergency.



## COMMUNICATIONS

- Communication related to the COVID – 19 virus has been a priority for the team since the last Council meeting. The College has developed a dedicated webpage and provides regular updates via email to all occupational therapists in the province.
- A reminder, our Facebook and Twitter handle is @CollegeofOTs. You can find us on LinkedIn and YouTube under "College of Occupational Therapists of Ontario".

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

### QUALITY ASSURANCE PROGRAM

At the March 17, 2020 teleconference, Quality Assurance Committee (QAC) is scheduled to:

- Receive an update on the Assessing Continuing Competence of OTs project and approve the College's new risk-based selection process for the QA program  
New Risk-based Selection process for the College's QA program:
  - Registrants will be selected based on three risk categories with 18 indicators within these categories
  - The three risk categories are:
    1. Practice Risks – for example: low practice hours
    2. Isolation Risks – for example: casual status at employer
    3. QA Risks – for example: bullet rating on the self-assessment, i.e.: giving 90% of competencies the same rating
  - As part of the update on the project QAC will also be receiving a summary of the feedback from the OT survey; the responses to which will help to inform next steps in the project related to the competency assessment process and tools
- Approve 30 peer and practice assessments to be conducted over the 2020/21 registration year using the highest risk category as identified by the College's new risk-based selection process
  - The "highest risk category" includes OTs who present with risk indicators in each of the three categories identified / approved (Practice, Isolation and QA)
  - This is comprised of approximately 7.4% of all OTs = ~ 444 OTs to select from
- Approve the topic for the 2021 Prescribed Regulatory Education Program (PREP): Ethics and Professionalism

In addition, the 2020 PREP on the topic of Risk Management, is scheduled to be released in early June after registration renewal concludes.

### PRACTICE RESOURCE PROGRAM

- The practice team continues to field questions from the public and other stakeholders, consults with OTs providing practice guidance on the application of the standards of practice, regulations, scope of practice and general expectations for OTs.
- A new focus for the team has been keeping abreast of the COVID-19 situation to respond to OTs and any public queries appropriately
- We are currently supervising two McMaster students who are analyzing Practice Resource Data
- Outreach speaking engagements in the third quarter included:
  - University of Toronto: Record Keeping (Toronto and Mississauga Campuses)

- Oakville Trafalgar Hospital
- Collaboration with Stakeholders:
  - FHRCO Practice Advisor's Group

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

- The I&R program has been busy preparing for the February and March Inquiries, Complaints and Reports Committee (ICRC) meetings.
- With the end of the fiscal year approaching, the program area has also been focused on concluding the College's 2019/2020 professional liability insurance audit and wrapping up operational projects intended to enhance the department's processes.

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

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

CORECOM - ACOTRO has engaged with the Canadian Association of Occupational Therapists (CAOT) and the Association of Canadian Occupational Therapy University Programs (ACOTUP) to work together towards developing one set of competencies for the profession. The three organizations form the Steering Committee for the project. The project has now received its funding, engaged a project manager, and has contracted with a vendor named CamProf to lead the development of the competency document. The steering committee work is well underway, and meetings are conducted regularly to oversee the work. Selected OTs from across the country formed a working group and have worked with the vendor to develop the first draft of the competencies. In addition, the Steering Committee is working with Indigenous leaders, practitioners and students to ensure that the competency document reflects entry to practice and ongoing competencies to address the needs of Indigenous Persons.

The next stage is to have consultation on this draft from each of the groups represented by the steering committee, ACOTRO, ACOTUP and CAOT. Then the draft will be translated into French and circulated to occupational therapists across the country for feedback.

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

- The Federation has changed its name to the Health Profession Regulators of Ontario (HPRO)
- HPRO has been focused on collaborative initiatives to enhance regulatory practices. It seems that governance might be a future area of focus.

#### **Government**

Before the COVID- 19 virus took hold in our province/country, two bills were introduced in the provincial and federal parliament that may impact OTs.

##### **1. Bill 175, *Connecting People to Home and Community Care Act, 2020***

Bill 175, *Connecting People to Home and Community Care Act, 2020* is part of the measures started by the new government last year to reform the entire health care system. The process started with the introduction of Bill 74, *The People's Health Care Act, 2019* which absorbed 20 health agencies into Ontario Health and provided for establishment of up to 50 Ontario Health Teams (OHT) to coordinate health care at all levels.

The new bill now brings home and community care under Ontario Health through the OHT. The bill, if passed, is expected to modernize the old *Homecare and Community Services Act, 1994*, by allowing innovative models of home and community care. Patients will benefit from primary care,

hospitals, home and community care and long-term care providers being able to collaborate directly to provide care that best meets their individual care needs.

In addition, the bill seeks to refocus the Local Health Integration Networks (LHINs) into interim and transitional organizations called Home and Community Care Support Services, to reflect their singular mandate of delivering home and community care, as well as long-term care home placement. However, in that transition period, patients and caregivers will continue to access home and community care services in the same way and use the same contacts.

### **Impact on occupational therapists**

Health care services including occupational therapy are increasingly being provided at home and in community settings. Besides shorter hospital stays which reduce congestion in hospitals, aging patients/clients prefer receiving healthcare services at home or in their community. This new legislation may potentially increase opportunities for OTs now that services will be expected to be need and resource driven instead of the current situation where services are restricted to a certain maximum. The changes hope to leverage technology which aim to create efficiencies and effectiveness of OT services. The legislation provides that an OT for instance, could check in on their client at home through video conferencing and other remote monitoring devices.

## **2. C-7, An Act to Amend the Criminal Code (Medical Assistance in Dying)**

This bill from the Minister of Justice, is meant to address some of the shortcomings in the current MAiD Act. If passed, the bill will, among other issues:

- repeal the provision that requires a person's natural death be reasonably foreseeable in order for them to be eligible for medical assistance in dying;
- specify that persons whose sole underlying medical condition is a mental illness are not eligible for medical assistance in dying;
- create two sets of safeguards that must be respected before medical assistance in dying may be provided to a person, the application of which depends on whether the person's natural death is reasonably foreseeable;
- permit medical assistance in dying to be provided to a person who has been found eligible to receive it, whose natural death is reasonably foreseeable and who has lost the capacity to consent before medical assistance in dying is provided, on the basis of a prior agreement they entered into with the medical practitioner or nurse practitioner; and
- permit medical assistance in dying to be provided to a person who has lost the capacity to consent to it as a result of the self-administration of a substance that was provided to them under the provisions governing medical assistance in dying in order to cause their own death.

OTs are not directly authorized to provide this service but may have a role in assisting a physician or nurse practitioner in the process of determining eligibility.

The College has a guide on MAiD which may need to be revised if the bill is passed.

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

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

- The third quarter of the year has passed, and an update will be presented at Council on the status of initiatives.
- The College is in the final year of the current strategic plan, and staff have been working on the three-year operational plan stemming from the Leadership Outcomes approved in January 2020 for

the 2020-2023 Strategic Plan, however, we anticipate that the COVID-19 situation may impact our ability to move forward on some strategic initiatives.

### **College Operations**

- Our renovation is well underway. The destruction is complete, and we were watching as the office slowly changes. We expect the renovations to be completed sometime early April. For now, staff are working at home due to the COVID -19 but prior to that time were alternating working from home with working in the board room. All staff are set up to work from home and can access all of their electronic documents, and their phones, from their laptops.

### **Staffing Update**

- Lesley Krempulec, Practice Resource Consultant, will be moving on to a new position in mid-April.
- Recruitment is under way for a new Deputy Registrar as well as the Practice Resource Consultant.

Talk to you at the meeting!

Elinor



## Summary - Annual Council Evaluation

Period: April 1, 2020 – January 28, 2020

10 Respondents / 12 Attendees

### Instructions:

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

### Section One – Adherence to Governance Process Policies

#### Council-Community Linkage (GP2)

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

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

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

Please assess how well Council has met these expectations:

Item	Yes	Sometimes/ Most of the time	No/Needs improvement	Please provide comments to support your rating, as appropriate
In your reflection, do you feel that Council met these expectations with respect to Council-Community Linkage?	9	1		<ul style="list-style-type: none"> <li>- Yes, always touch base with upcoming practice changes; Responses from the _____</li> <li>- I see regular communication on issues from the college</li> <li>- Meeting material posted to website</li> <li>- Council meeting highlights published in eblasts to registrants</li> <li>- Key highlights posted to "What's New" on website</li> <li>- Engagement with Citizen's Advisory Panel</li> <li>- Also willingness to expand on this through participation of more public committee members.</li> </ul>



Item	Yes	Sometimes/ Most of the time	No/Needs improvement	Please provide comments to support your rating, as appropriate
Do you feel that Council prioritized and focused on the public interest in decision-making over the past year?	9	1		<ul style="list-style-type: none"><li>- <i>I feel our public members are always invited to speak and bring great perspectives to the discussion.</i></li><li>- <i>Always</i></li><li>- <i>Is doing well to consider changing practice and public demands for more transparency. Strategic planning reflects this.</i></li></ul>



**Governing Style (GP3)**

Council will govern with an emphasis on:

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

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

Item	Yes	Sometimes/ Most of the time	No/Needs improvement	Please provide comments to support your rating, as appropriate
1. Council assumes responsibility for excellence in governance through the establishment and adherence to policy.	10			<ul style="list-style-type: none"> <li>- Always reminder of how current policy advises decisions</li> <li>- Education</li> <li>- Experts</li> <li>- Consults</li> <li>- Governance reform underway</li> </ul>
2. Council's focus is on group responsibility rather than individual responsibility for decision-making.	10			<ul style="list-style-type: none"> <li>- Decisions are made as a group</li> <li>- Consensus is key</li> </ul>
3. Council's focus is on outcomes or intended long term ends rather than on the means to attain those effects.	9	1		<ul style="list-style-type: none"> <li>- Yes, but means are sometimes evaluated if success is not as expected.</li> <li>- We are clear on our responsibilities thanks to good orientation.</li> <li>- Strategic planning helps with this.</li> <li>- Clear in governance review and other changes reflecting current needs future practice</li> <li>- We sometimes get caught up on wordsmithing</li> </ul>
4. Council encourages diversity in viewpoints. Council members are encouraged to express their views fully in all matters discussed.	10			<ul style="list-style-type: none"> <li>- Agreed. Invitation to speak</li> </ul>



Item	Yes	Sometimes/ Most of the time	No/Needs improvement	Please provide comments to support your rating, as appropriate
5. A clear distinction between Council and staff roles is maintained at all times.	9	1		<ul style="list-style-type: none"><li>- Yes, from seating in meetings. _____</li><li>- Always a delicate line to maintain</li><li>-</li></ul>
6. Council monitors and discusses Council's process and performance at each Council meeting.	9	1		<ul style="list-style-type: none"><li>- Yes</li><li>- Evaluations completed at each meeting</li><li>- Results are not always held back.</li></ul>





**Council's Role (GP4)**

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

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

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

Item	Yes	Sometimes/ Most of the time	No/Needs improvement	Please provide comments to support your rating, as appropriate
1. Council has set annual priorities that are highlighted in the College's Ends policies and have been derived from a multi-year strategic plan.	10			<ul style="list-style-type: none"> <li>- <i>Strategic Planning</i></li> <li>- <i>Absolutely clear in strat planning and operations</i></li> </ul>
2. Council receives regular monitoring reports that inform you of progress in efforts to achieve the College's Ends.	10			<ul style="list-style-type: none"> <li>- <i>In committee and Council meetings.</i></li> </ul>
3. Council is informed about the environment in which it and the College operate.	10			<ul style="list-style-type: none"> <li>- <i>Yes well-informed and work with Ministry for example.</i></li> <li>- <i>Every meeting</i></li> </ul>
4. Council monitors adherence to Registrar Limitations.	9			<ul style="list-style-type: none"> <li>- <i>(1 person answered "I was not involved")</i></li> </ul>
5. The monitoring reports you received are effective based on the following criteria: <ul style="list-style-type: none"> <li>• Received on time according to the monitoring schedule established in our policies, and</li> <li>• Alert you, in advance, to any possible or potential contravention of our policies.</li> </ul>	10			
6. Council honours the accountability of the Registrar and, as per CRL3 policy, does not give instructions or evaluate any staff other than the Registrar unless requested to do so.	9			<ul style="list-style-type: none"> <li>- <i>(1 person answered "don't know")</i></li> </ul>



Item	Yes	Sometimes/ Most of the time	No/Needs improvement	Please provide comments to support your rating, as appropriate
7. The performance of the Registrar is measured against the accomplishment of Council policies on Ends and operations within the boundaries established in Council policies on Registrar Limitations.	9			<ul style="list-style-type: none"><li>- (1 person answered "I expect so")</li><li>- Elinor's skill and experience also adds a layer of comfort to the work of the Council</li></ul>



## Section Two – Council Development

### Council Growth and Development

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

#### Please provide comments, as appropriate.

- *Suggested issues to follow*
- *Selected documents to go with articles*
- *Continue to emphasize the need for Council to focus on big-picture issues, rather than wording or grammatical issues. I realize that this can change meaning, but I do think that we should trust the working groups and staff to have put adequate thought into wording.*
- *Excellent educational sessions regarding governance, legislation etc.*
- *I appreciate:*
  - o *The Council packages that come well before the meetings so that I can feel well prepared for meetings.*
  - o *The presentations from staff, stakeholders etc. (e.g. the Ministry, other colleges) to keep us will informed.*
  - o *The Opportunities put forward to sit on various working groups to enhance my knowledge around governance.*
  - o *Thank you – Always a pleasure!*
- *Excellent development opportunities – at meetings and annually.*
- *Keep focus on governance review*
- *Follow up on governance working group recommendations related to review of roles and responsibilities, role descriptions, rules of order – these are low hanging fruit.*
- *Ongoing governance training, ministry input, advance background information regarding relevant issues to be discussed are appreciated.*

#### Any additional comments?

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

- *I might not have agreed to sit on both Patient Relations and Quality Assurance.*
- *Committees are very well operated.*
- *This College Council works well together and takes protection of the public approach.*
- *Well-organized meetings with appropriate readings sent in packages prior to the meetings. The briefing notes are excellent. Meetings are well run with good participation from Council members.*
- *It is a pleasure to participate in this Council's activities.*



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Executive  
**Chair:** Julie Entwistle  
**Date:** March 26, 2020

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Page 1 of 2

### Tasks completed since the last Council Meeting

Executive has had one in-person meeting since the last Council meeting on January 28, 2020.

Activities included:

- Discussion on COVID-19 implications for OTs, College services and staff
- Reviewed, revised and approved the Risk Management Report for approval by Council
- Reviewed and approved the Committee Work Plan
- Reviewed and approved the Priority Performance Report
- Reviewed all policies up for renewal
- Reviewed the Enterprise System project
- Reviewed and recommended to Council the approval to retire, *Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis/Guide to Controlled Acts and Delegation*
- Reviewed and recommended to Council the approval of the draft revised *Standards for Occupational Therapist Assessments* for stakeholder consultation
- Drafted the Council and Elections agendas for March meeting
- Reviewed and made recommendations for Chairs of Statutory Committees to the incoming Executive Committee
- Reviewed and approved the January 2020 (Q3) Financial Statement for approval by Council.
- Reviewed Annual Investment Report
- Reviewed Reserve Funds for Year End 2019-2020, made recommendations for Council approval of increased amounts as well as draft revisions for approval to policy *Guidelines for Council and Non-Council Members: Establishing and Maintaining Reserve Funds*
- Reviewed and proposed the draft Terms of Reference for the Governance Committee
- Reviewed and proposed draft revisions to the Terms of Reference for the Executive Committee
- Reviewed the progress on the 2020 Elections for Council
- Reviewed the results of the Executive Committee Effectiveness survey
- Reviewed the January Council Meeting Evaluation.
- Reviewed the results of the Annual Council Evaluation
- Reviewed the results of the Annual Council Self-Evaluation

### Key Priorities

Oversight of Governance Planning  
Oversight of Financial Statements  
Oversight of the Risk Management Program

### **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**

- COVID-19
- Priority Performance Report
- Risk Management Report
- January 2020 Financial Statements
- Annual Investment Report
- Reserve Funds for Year-End 2019-2020
- *Guidelines for Council and Non-Council Members: Establishing and Maintaining Reserve Funds*
- *Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis/Guide to Controlled Acts and Delegation*
- *Standards for Occupational Therapist Assessments for stakeholder consultation.*
- Executive Committee Terms of Reference
- Governance Committee Terms of Reference
- Enterprise System Update
- Annual Council Evaluation



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Practice Issues Subcommittee  
**Chair:** Donna Barker  
**Date:** March 26, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

- Practice Issues Subcommittee had one in-person meeting on February 26th, 2020.
- Practice Issues Subcommittee workplan was reviewed and items prioritized

### Key Priorities

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

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

### Leadership Priorities

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

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

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

- Subcommittee has recommended revisions to the following College documents for 2019-2020:
  - Standards for Acupuncture (public and stakeholder consultation in progress)
  - Standards for Occupational Therapy Assessments (under review)
  - Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis (content to be incorporated into the current Guide to Controlled Acts and Delegation document)
  - Guide to Discontinuation of Service (under review)
  - Guidelines for Social Media (as per 2020 workplan)

#### 3. System impact through collaboration: N/A

### Items for Decision/Discussion:

- The revised draft Standards for Occupational Therapist Assessments is before Council for review and approval for stakeholder consultation.

- Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis is before Council for a decision to retire the document and incorporate the contents of the position statement into the Guide to Controlled Acts and Delegation.



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Quality Assurance Committee

**Chair:** Mary Egan

**Date:** March 26, 2020

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Page 1 of 2

### Tasks completed since the last Council Meeting

At the time of writing this report for inclusion in the Council package, Committee is scheduled to participate in a teleconference on March 17, 2020, since the last Council Meeting.

#### At the March 17, 2020 teleconference, QAC is **scheduled to:**

- Receive an update on the *Assessing Continuing Competence of OTs* project and **approve the** College's new risk-based selection process for the QA program
  - As part of the update on the project QAC will also be receiving a summary of the feedback from the All-OT survey; the responses to which will help to inform next steps in the project related to the competency assessment process and tools
- **Approve** 30 peer and practice assessments to be conducted over the 2020/21 registration year using the highest risk category as identified by the College's new risk-based selection process
- **Approve** a revised Compliance with Annual QA Requirements policy; revisions were made to the existing policy based on a plain language review, followed by another legal review of the document
- **Approve** the topic for the 2021 Prescribed Regulatory Education Program (PREP): *Ethics and Professionalism*
- **Reappoint** Quality Assurance Subcommittee member Heather Jones for a second 3-year term; *Note:* moving forward QAC will be recommending Quality Assurance Subcommittee members for approval by Council
- Issue decisions on 5 case files:
  - One case = QAC to review a Notice of Intent to issue a Specified Continuing Education and Remediation Program (SCERP) for a final decision
  - Two cases = QAC to review telephone peer and practice assessments for a final decision
  - Two cases = QAC to review peer and practice assessments from registrants selected as per the interim selection criteria of: clinical practice, registered with the College for at least five years, and never participated in a competency assessment process in the past; *Note:* these are the first peer and practice assessments being reviewed from this method of selection



**Key Priorities:**

- Continued oversight of the development 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;
- Continued monitoring of registrant non-compliance with annual QA requirements;
- Continued monitoring of the 2020 PREP: Managing Risks in Occupational Therapy Practice, now that it has been approved for content and is moving towards on-line development; and
- Monitoring of the 2021 PREP: Ethics and Professionalism as it begins to move towards development.

**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;
- Approval of a new, risk-based selection process for the College's QA program; and
- Ongoing oversight of next steps related to development of the competency assessment process and tools for the College's QA program.

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

- The Committee approved the content of the 2020 PREP which offers education and resources to occupational therapists on how to minimize risks in practice and better protect the public.
- Through approval of the 2021 PREP topic on Ethics and Professionalism, QAC is committed 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: N/A**

**Attachments**

None



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Discipline  
**Chair:** Donna Barker  
**Date:** March 26, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

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

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

In the Committee's October 2019 report to Council, it was noted that 1 referral from the ICRC was received. A pre-hearing conference has been scheduled for March 12, 2020 for that matter and as of the date of writing this report, this pre-hearing conference has not yet taken place.

### Key Priorities

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

### Leadership Priorities

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

### Items for Decision/Discussion

None



## COMMITTEE REPORT TO COUNCIL

**Committee:** Inquiries, Complaints and Reports

**Chair:** Teri Shackleton

**Date:** March 26, 2020

Page 1 of 2

### Tasks completed since the last Council Meeting

Since the last report to Council, the Committee has held 1 in-person panel meeting. Another in-person panel meeting is scheduled for March 18, 2020 and as of the date of preparing this report, has not yet taken place. Panel B met once, and Panel A is expected to meet once. A summary of the ICRC's case reviews is detailed in the table below:

Date of Meeting	Type of Case	Source of Case	Oral Decisions
February 7, 2020 Panel B	7 Complaints 2 Registrar's investigations	5 complaints from client  1 complaint from interprofessional team member  1 complaint from client's family member  2 investigations based on mandatory report from former employer	6 Take No Action  1 Remedial Agreement  2 Undertaking
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	Outcomes not known at the date of writing this report

**Key Priorities**

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

**Leadership Priorities**

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

**Items for Decision/Discussion:**

No items to be brought forward for Council discussion.



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Fitness to Practise  
**Chair:** Patrick Hurteau  
**Date:** March 26, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

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

### Key Priorities

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

### Leadership Priorities

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

### Items for Decision/Discussion

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



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Registration Committee

**Chair:** Jennifer Henderson

**Date:** March 26, 2020

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Page 1 of 2

### Tasks completed since the last Council Meeting

The Committee touched base by email on February 21, 2020 regarding a cross jurisdictional temporary registration decision.

### Cases Reviewed

One application was approved electronically with a request for a cross jurisdictional temporary registration to allow for an occupational therapist from British Columbia to provide ongoing care to a patient in Ontario.

The Registration Committee meeting scheduled for March 19, 2020 was cancelled as we could not achieve quorum.

### Health Professions Appeal and Review Board

- 2 review in process.

### Key Priorities

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

### Leadership Priorities

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

### Items for Decision/Discussion

None



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Patient Relations  
**Chair:** Jeannine Girard-Pearlman  
**Date:** March 26, 2020

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Page 1 of 1

### Tasks completed since the last Council Meeting

Patient Relations Committee has met once since the January Council meeting on February 13, 2020, via teleconference.

### Key Priorities

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

Work continued to review and make appropriate revisions to the Code of Ethics (2011) (Reformatted in 2016) and the Guide to the Code of Ethics (2012) (Reformatted in 2016) as per the agreed workplan. In addition, a new draft policy, Funding for Therapy, Counselling and Related Expenses for Clients Alleging Sexual Abuse by an Occupational Therapists, was developed to further support victims of sexual abuse.

The committee has made a number of revisions to these documents which are now ready for Council review in today's meeting.

### Leadership Priorities:

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

### Items for Decision/Discussion

The revised draft Code of Ethics is before Council for review and approval for stakeholder consultation.

The draft Policy for Funding for Therapy, Counselling and Related Expenses for Clients Alleging Sexual Abuse by an Occupational Therapist is before Council for review and approval.



## COMMITTEE REPORT TO COUNCIL

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**Committee:** Nominations  
**Chair:** Patrick Hurteau  
**Date:** March 26, 2020

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Page 1 of 1

### **Tasks Completed since last Council Meeting**

The Committee, comprised of Patrick Hurteau and Allan Freedman, met by teleconference on two occasions to review and conduct the process for the nomination of officers. Patrick was selected to be the Chair. A call for nominations was put out and responses were received. Potential candidates were contacted to confirm their willingness to stand for positions and a candidate statement was requested from each individual. The final slate and statements of candidacy will be made available to Council members by electronic mail prior to the commencement of the election.

### **Key Priorities**

Identify and finalize the selection of officers.

Provide Council members with slate and statements of candidacy in advance of the Council meeting.

### **Items for Decision / Discussion**

1. Election of Officers
2. Destruction of Ballots





## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Elinor Larney, Registrar  
**Subject:** Priority Performance Report – Q3 (December 1, 2019 – February 29, 2020)

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Page 1 of 2

### Recommendation

*THAT Council receives the Priority Performance Report for the third 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 third quarter (Q3) of the fiscal year, June 1, 2019- May 31, 2020.

The overall indicators will remain the same until the end of Q4 for the duration of the current strategic priorities. Once the strategic priorities are identified for 2020-2023, 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.

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

Indicator	Q1	Q2	Q3	Previous FY – Q3	% increase from Previous FY
Total # of coto.org website visits	30,137	62,375	41,665	31,935	30%
Average # of website users/month	5,977	10,761	9,259	7,230	28%
Total # of Unique Website Page Views (Standards and Guidelines; A-Z Resources)	3,802	10,069	4,995	2,648	88%

Website traffic continues to increase. Of note are the following:

- Increased views of practice resources, including psychotherapy resources, likely related to the passing of the controlled act in December 2019;
- Referral traffic from Autism Ontario. A dedicated web page has been created to clarify the role of the College and how we can provide assistance to individuals looking for services;
- Traffic to the dedicated coronavirus page. The College is participating in daily stakeholder update calls with the Ministry and continues to update material as resources are provided.

### Discussion

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

## COUNCIL BRIEFING NOTE

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Priority Performance Report – Q3 (December 1, 2019 – February 29, 2020)

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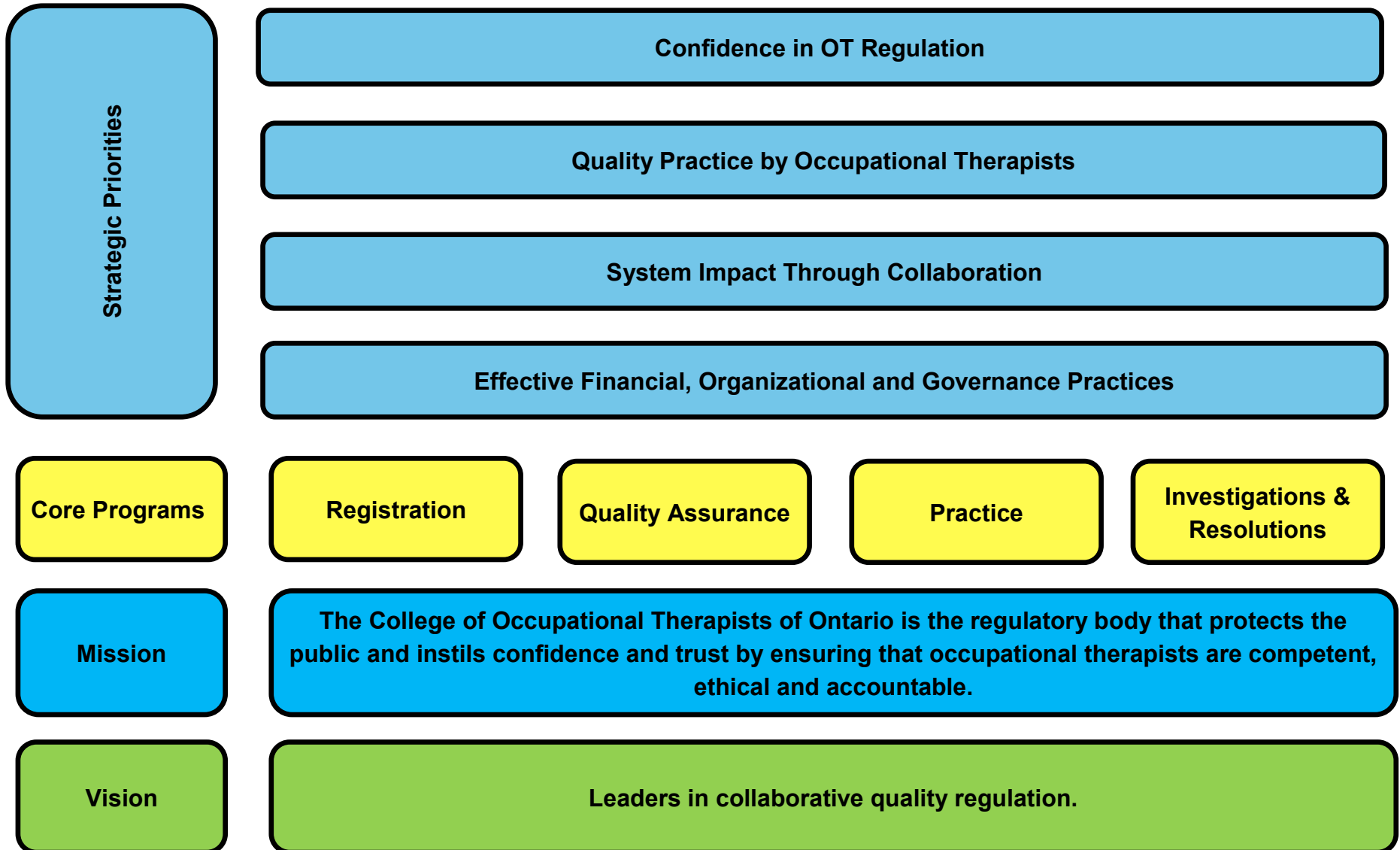
Page 2 of 2

### **Attachment**

- Strategic Priority Performance Report – Q3 (December 1, 2019 – February 29, 2020)



## Strategic Framework 2020





**Priority Performance Report 2019-2020**  
Q3 December 1, 2019 - February 29, 2020

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q3	FY18-19 YTD	
Registrant Demographics	Registrant Demographics	Total number of active registrants	N/A	6125	6352	6468		N/A	6257	N/A	As of February 29, 2020
		% of registrants in clinical practice	N/A	74%	73%	72%		N/A	72%	N/A	<b>4675</b> registrants as of Feb 29, 2020
		% of registrants in mixed practice	N/A	14%	14%	13%		N/A	13%	N/A	<b>871</b> registrants as of Feb 29, 2020
		% of registrants in non-clinical practice	N/A	8%	8%	8%		N/A	8%	N/A	<b>531</b> registrants as of Feb 29, 2020
		% self-employed registrants	N/A	25%	24%	24%		N/A	24%	N/A	<b>1541</b> registrants as of Feb 29, 2020
Confidence in OT Regulation	The public trusts occupational therapy regulation.	Total # of general information queries	N/A	414	651	208		1,273	330	1,282	<b>152</b> calls to zero line and <b>56</b> emails to info@coto.org
		% general information queries from members of the public	N/A	64%	36%	61%		53%	64%	52%	<b>126/208</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		1,038	317	1,000	<b>339</b> Total Practice calls and emails for Q3 2019-2020
		% queries to the Practice Resource Service from members of the public	N/A	22%	14%	19%		18%	18%	16%	<b>64/339</b> queries from non-registrants for Q3 2019-2020
		Average # of visits to the public register/month	N/A	8,295	9,774	8,825		8,964	8,059	7,906	<b>26,474</b> is the total number of visits to the public register over Q3 2019-2020, average is <b>8,825</b> per month
		Average # of unique visits to the public register/month	N/A	3,507	4,362	4,059		3,976	3,364	4,029	<b>12,176</b> is the total number of unique visits to the public register over Q3 2019-2020, average is <b>4,059</b> per month
		Total # of coto.org website visits	N/A	30,137	62,375	41,665		134,177	31,935	92,265	Total number of visits to coto.org over the quarter
		Average # of website users/month	N/A	5,977	10,761	9,259		8,666	7,230	7,017	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 Q3	FY18-19 YTD	
	The College's input to government priorities and legislative initiatives is valued.	Total # of Consultation Submissions	N/A	0	0	0		0	0	2	No formal consultation submissions completed
	Stakeholders understand the role of the College and its value.	# Education/Outreach Sessions Offered	N/A	3	6	3		12	2	13	Education and outreach sessions provided to: University of Toronto - University Campus, University of Toronto - Mississauga, Oakville Trafalgar Hospital

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q3	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	1	
		% of Registration Committee decisions upheld by HPARB	100%	N/A	N/A	N/A		N/A	N/A	100%	Q4 2018-2019 appeals are in process
		# of applications reviewed by Registration Committee	N/A	2	3	5		10	5	9	Including two cases to impose TCLs on a Cross-Jurisdictional Temporary Certificate
		Registration Statutory timelines are met	100%	100%	100%	100%		100%	100%	N/A	5 of 5 sent
		# of ICRC Decisions appealed to HPARB	N/A	1	2	3		6	0	0	
		% of ICRC Decisions upheld by HPARB	100%	N/A	N/A	N/A		N/A	N/A	N/A	No HPARB decisions returned during Q3. Appeals from Q1 + Q2 in process
		# of complaints received	N/A	4	7	3		14	8	24	
		# of Registrar's investigations initiated	N/A	4	6	7		17	4	16	Includes 2 mandatory reports
		ICRC 14 day acknowledgement notification timeline met	100%	100%	100%	100%		100%	100%	100%	3 of 3 sent
		ICRC 150 day delay notifications sent to registrants and complainants by required date	100%	100%	100%	75%		100%	100%	100%	4 of 4 sent ( 3 of 4 sent on time)
			90-99%								
			<90%								
Percentage of Registrants with incomplete QA requirements for 2019 and brought to QAC for review	N/A	<0.1%	N/A	<1%		<0.1%	<0.1%	<0.1%	17 non-compliance cases were brought to QAC for review		
# of Step 2 OTs issued a SCERP by QAC	N/A	1	0	1		2	0	0			
QA statutory timelines are met	100%	100%	N/A	100%		100%	100%	100%	17 decision letters sent		

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments	
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q3	FY18-19 YTD		
Quality Practice by Occupational Therapists	Occupational Therapists are accountable for quality, safety, and ethics in practice – <b>OTs are competent.</b>	Registrant compliance with completion of mandatory 2019 QA requirements (Self-Assessment, PD Plan, PREP)	100%	N/A	99%	N/A		99%	N/A	99%	QA requirements are not included this quarter as due dates are only in Q2 and Q4	
			90-99%									
			<90%									
		% registrant compliance with updating liability insurance information within 30 days of the scheduled expiry date.	100%	N/A	98%	100%		99%	100%	99%		<b>No</b> registrants at February 29, 2020 failed to update insurance information within 30days of expiry date
			90-99%									
			<90									
	# of OTs issued education and/or remediation by the ICRC with required follow-up (SCERP, caution, undertaking).	N/A	0	1	2		3	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%		82%	82%	84%	<b>275/339</b> queries received from OTs	
		% of general information queries from OTs	N/A	36%	63%	38%		46%	36%	49%	<b>79/208</b> 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		18,826	2,648	8,668	<b>4,240</b> views for Standards for Practice and <b>715</b> views for A-Z resources (Standards for Psychotherapy)	
		# of new and returning applicant "Practising Without Authority" cases (per quarter)	0-1	0	2	0		2	2	4		
	2											
	>3											
The College engages OTs to advance quality, ethical practice.	% Practice Resources circulated for stakeholder feedback (standards, guidelines)	100%	N/A	N/A	N/A		100%	100%	100%			
	Response Rates to College Consultations	N/A	N/A	N/A	389		389	1%	N/A	389 Response to Regulation of Behavioural Clinicians Survey		
	Open Rate on College enewsletter	70%	60%	86%	63%		70%	71%	72%	<b>3 newsletter</b> eblasts in this quarter for each month		
		>55%										
		40-54%										
<40												

Strategic Priority	Objective	Indicators	Targets	FY19-20 Outcomes					Previous FY		Comments
				Q1	Q2	Q3	Q4	YTD	FY18-19 Q3	FY18-19 YTD	
	The College engages OTs to advance quality, ethical practice.	Click through rate on College newsletter	TBD	20%	18%	22%		20%	25%	26%	
		# of Views of relevant YouTube Videos	N/A	438	2300	981		3719	676	3.662	Total views of all College YouTube videos. 69.1 watch time hours, and 5 additional subscribers.
	Professional standards reflect evolving practice.	% of practice standards that are current and comply with the Framework for College publications.	90-100%								
			70-89%	75%	75%	75%		75%	77%	76%	24 practice service documents in total; 18 are up to date according to College publication standards. Number of documents exceeding College publication standards: 2 Standards over 5 years; 1 Position statement over 3 years; 2 Guidelines over 4 years; 1 Guide being updated due to legislation change
		<69%									
System Impact Through Collaboration	The College is recognized as a regulatory leader.	# of Presentations delivered to external stakeholders	N/A	3	0	0		3	3	4	
	The public contributes to College decision-making.	# of key issues brought to the attention of the public and feedback sought – public input to key decisions.	N/A	0	0	0		0	0	1	
	Collaboration with stakeholders supports the College's effectiveness and influence as a regulator.	% of College management team actively collaborating with external stakeholders on shared initiatives.	90-100%								
			70-89%	100%	100%	100%		100%	100%	100%	
			<70%								
			# of formal interactions with system partners	N/A	9	6	8		23	0	1
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		36	14	38	3 general information and 10 practice queries from employers	
	# of mandatory reports received from employers (competence, capacity)	N/A	2	2	2		6	3	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 Q3	FY18-19 YTD	
		# of mandatory privacy breach reports received from health information custodians (HICs)	N/A	0	0	0		0	1	1	

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



## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Executive  
**Subject:** Risk Management Report

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Page 1 of 4

### 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 staff. Upon review, the following risks have been categorized as high or critical risks and brought forward to Executive 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 January 14, 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	STAKEHOLDERS
Risk #1	Lack of awareness, understanding or trust of the regulation of OTs by the public

- **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, including: the creation of informational videos, opening up of College communication channels using social media etc.

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

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

Risk Category	OPERATIONAL
<p><b>Risk #1</b></p>	<p>Current information systems/IT infrastructure not meeting the growing organizational needs.</p> <p>NOTE: Risk level changed from HIGH residual risk to MODERATE (9 Dec 2019)</p> <p><b>Moving forward will remove this risk from report.</b></p>
<p><b>Control Procedure(s)</b></p>	<ol style="list-style-type: none"> <li>1. Dedicated resources for IT operations</li> <li>2. External vendors providing support</li> <li>3. Contracts with vendors with service level agreements</li> <li>4. Security audit completed. Priority actions resolved</li> </ol>
<p><b>Action Plan &amp; Monitoring Process</b></p>	<p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Enterprise wide system review planned for the 2019-2020 fiscal year. External project manager contracted and work progressing according to plan</li> <li>2. Ongoing financial reserves created for development and maintenance of this critical College infrastructure</li> </ol>
<p><b>Risk #2</b></p>	<p><b>COVID-19 is now a global pandemic, Ontario has declared a state of Emergency</b></p>
<p><b>Control Procedures</b></p>	<ol style="list-style-type: none"> <li>1. College referring to Influenza Pandemic Plan developed in 2009, for assistance in planning</li> <li>2. Virtual office and Committee/Council meetings now implemented</li> <li>3. Staff travel halted</li> <li>4. Webpage created and regular emails sent to occupational therapists to keep them updated</li> <li>5. Fantastic, flexible staff</li> </ol>
<p><b>Action Plan &amp; Monitoring Process</b></p>	<p><b>Action Plan:</b></p> <ol style="list-style-type: none"> <li>1. Daily monitoring calls with MOH/Public Health</li> <li>2. Linking with HPRO, and sharing resources</li> <li>3. Resources directed to Practice Resource Service</li> <li>4. Continued monitoring and working with MOH and HPRO</li> <li>5. Adjusting college processes as needed.</li> </ol>



## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Nabila Mohammed, Director, Finance and Corporate Services  
Elizabeth Goff, Project Manager  
**Subject:** Enterprise Systems Project – Phase 1 Summary and Recommendations

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Page 1 of 3

### Recommendation

*THAT Council approve the recommendations to move forward with the Enterprise Systems Project.*

### Public interest in this issue

Providing streamlined and efficient enterprise systems will build a strong foundation to support the College and its mandate.

### Issue

The senior leadership team has identified a need to review current and anticipated system requirements of the College's growing registrant base. The goal of this review was to develop a vision for next steps around the use and progression of a registrant-based system to best support the College and its mandate.

The Enterprise Systems Project was initiated to address the above opportunity. The project was structured in three phases to support successful delivery:

- Phase 1: Investigation
- Phase 2: Planning
- Phase 3: Implementation

Phase 1 of the project investigated current process and workflow issues. It also explored what the strongest technological foundation to support the College's registrant management mandate could be.

### Background

The College has been using a system called iMIS as its central data management system to perform and manage many of its key functions since 2005.

iMIS has historically been utilized by the core program areas of the College (Registration, Quality Assurance (QA), and Investigations and Resolutions (I&R)). Though the core program areas have been using iMIS, overall needs for optimal functioning and use of the iMIS system have not been fully explored to date.

The College's current electronic solutions and their configuration have not optimized the functionality to best support efficient organizational workflows and appropriate access to data and information. By ensuring there is a clear vision for the enterprise systems and their use, the College will be able to support the best use of resources.

## **Discussion**

### **Phase 1 Overview**

During the exploratory work of Phase 1, a number of issues were identified. Some of the key issues identified are highlighted below:

- Redundant data storage – documents needed for daily activities are often stored in up to six locations.
- Workflow challenges – due to lack of system integrations and workflow functionality, there is significant complexity and administrative burden in completing tasks.
- Issue resolution – existing processes to report and resolve issues within the existing information systems has resulted in delays and unnecessary complexity.
- Reporting – a repeating theme is the inability for internal resources to easily extract meaningful data for reporting.
- Sharing documents – documents required for committees are currently printed for distribution to internal and external stakeholders. This is a manual and resource intensive process and poses potential privacy and security risks.
- Knowledge transfer – training on systems and processes across the organization is inconsistent.

As part of Phase 1 a request for information (RFI) was issued to several vendors in order to explore the environment for the systems and technologies currently provided. The RFI helped the College understand what is available in registrant management systems (RMS). Current technical and systems functionality available more broadly suggests that a “Cloud” option for a RMS may be the preferred technology. An analysis of “Cloud” based technologies will be considered if the project is approved to move to Phase 2.

Once the work was completed in Phase 1, the project team developed a vision, guiding principles, and recommendations to move forward.

### **Enterprise Systems Vision**

*Streamlined and efficient enterprise systems provide the foundation to support the College and its mandate.*

### **Guiding Principles**

The principles outlined below will guide the College through the enterprise systems journey:

- Provide quick access to accurate information.
- Share information easily with internal and external stakeholders.
- Minimize redundancy of information.
- Integrate systems to reduce unnecessary data entry.
- Securely store and protect information.

### **Phase 1 Recommendations and Next Steps**

The key recommendations made by the enterprise systems project team are highlighted below:

- The College should proceed with a formal request for proposal (RFP) to adopt one registrant management system (RMS) that will contain all registrant related information, including documents collected and created for each individual registrant.



- The College should manage all other documents (e.g. Committee packages, Practice, Policy, etc.) using one document management system (e.g. SharePoint) in place of the existing document management tool.
- The College should conduct annual reviews of information practices to determine if existing processes and system configurations continue to support the changing organizational practices.

In addition, organizational changes will be made to support these recommendations. These include:

- Defining training required to develop internal competencies for improved capability in reporting and system configuration.

If the recommendations noted above are approved, the project will progress to Phase 2. The scope for Phase 2 includes:

- Conducting a formal RFP for a registrant management system.
- Selecting a registrant management system.
- Completing the contract with registrant management system vendor.
- High level planning and timelines for implementation.

Items that would be out of scope for Phase 2 include:

- Detailed planning and implementation for a new registrant management system.
- Training for the selected information systems.

Implications and other items to note for progressing to Phase 2 include:

- Continued costs for the project manager brought on to support the project, as well as continued staff time invested in working on Phase 2.
- Implementation and ongoing costs of a system implementation have not been defined and will become clear in Phase 2.
- Council will be informed as the project progresses.

### **Conclusion**

Implementing the recommendations that made by the project team after the investigative work done in Phase 1 will support the College's enterprise systems vision toward streamlined and efficient workflow. This will aid in establishing a solid foundation for future activities and projects on which to deliver the College's mandate.

### **Attachments**

- Supplementary Information: Cloud-Based Applications
- Presentation slides for Enterprise Systems Project



## SUPPLEMENTARY INFORMATION

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**Date:** March 26, 2020  
**To:** Council  
**From:** Nabila Mohammed, Director, Finance and Corporate Services  
Elizabeth Goff, Project Manager  
**Subject:** Cloud-Based Applications

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Page 1 of 6

### It's in the "Cloud"

A "cloud" based application simply refers to an application that is accessible over the Internet. The application does not reside on an organization's internal network, which is restricted only to those users able to log in to that network.

Software as a service (SaaS) takes cloud-based applications a step further. It is rapidly becoming a common approach to technology infrastructure for many organizations, and for good reason. SaaS can remove much of the need to support technical complexity while maintaining access to important applications.

### Site Licensed vs Hosted vs SaaS

A "site licensed" (or "local") application requires an organization to manage its own servers, hardware, application software and licenses on-premise. Often, the Internet is not required as the application resides and is used on the organization's network.

A "hosted" application is a cloud-based application which allows an organization to customize and manage the application on a server that is hosted remotely by a third-party. Organizations are given access to their data on those servers via the Internet, however they are still responsible for the purchase or lease of the servers and licensing of software to use the application. Because the application can be accessed over the Internet from any location, it is considered to be in the "Cloud". The College's primary information system, iMIS, is set up using a "hosted" version of the Cloud.

With "SaaS", an organization no longer has to maintain the physical servers or the application software. Instead, organizations pay a subscription to access an already developed software application via a web browser and the Internet. There is no requirement or responsibility to purchase, lease or maintain hardware or software. However, some control is lost over the management and customization of the application.

While SaaS can be a valid alternative to maintaining systems and data in-house, there are risks to consider. It is important to weigh these against the benefits when deciding if SaaS is an appropriate solution. Any risks that cannot be avoided should have a risk mitigating strategy to reduce the exposure to the risk.

The table below considers the benefits and risks of cloud-based applications with a focus on SaaS. Risk mitigating actions are suggested to include during procurement and implementation of cloud-based applications.

Factor	Benefit	Risk	Risk Mitigation
<p><b>Privacy and Security</b></p>	<p>Third party providers keep up with security best practices.</p> <p>Reputable cloud service providers (CSP) follow best practice processes for establishing user access to systems.</p> <p>CSPs will have a high level of auditing reviews to determine appropriate access.</p> <p>CSPs will use latest technology tools to monitor systems against inappropriate access or malicious attacks.</p> <p>CSPs may incorporate multiple encryption algorithms to establish secure communications with the cloud applications.</p>	<p>Handing off security control to a CSP can raise security and privacy concerns. These organizations may be more frequently targeted by hackers. Malicious actions or software can result in risks to your systems and data.</p> <p>However, the biggest security threats are often bad security practices and human error. People within the organization or within their CSPs organization could act maliciously or could unknowingly download software that puts the systems at risk.</p> <p>Denial of service attacks could slow down the resources of the CSP, which could put productivity at risk.</p>	<p>While no solution is 100% secure, organizations can ensure that they and their CSPs have business continuity plans that include backups, tested disaster recovery plans, up to date security software on both your and your CSP's networks and devices, and appropriate policies procedures and training covering best practice, conduct and confidentiality.</p> <p>Understand where the CSP has incorporated encryption for data transfer and protection.</p> <p>Ensure that data is stored on Canadian servers and that access to those servers is strictly controlled and audited.</p> <p>Ensure the CSP conducts regular audit reviews of its systems and access.</p> <p>Ensure that staff are trained in security best practices and that these are monitored and enforced by the organization.</p>

<p><b>Offsite Management</b></p>	<p>SaaS reduces the need for internal technical resources who must stay abreast of technical advances.</p> <p>SaaS may eliminate the need for secondary software and hardware licensing as is required for “Site License” and “Hosted” solutions that may use numerous licensed components and require regular renegotiation.</p> <p>SaaS eliminates the need for space and appropriate safety requirements (e.g. air conditioning, flood protection, security alarm) for on-site “server rooms”.</p> <p>The CSP configures, manages and maintains the software, hardware, network, connectivity and licensing for your use of information systems, data storage and access. The CSP’s core business is to keep up with advancing technologies.</p>	<p>There may be more restrictions to gaining access to organizational data than if housed on-site.</p> <p>The organization will have less control over management of the application, customizations, scheduled downtimes. However, this does not mean that there are not opportunities for organization appropriate configuration.</p> <p>Difference between CSP platforms may make it more difficult to migrate from one cloud platform to another.</p>	<p>Clarify who is responsible for access (e.g. Can the organization set up users of the system, or must it go through the CSP? Who determines access permissions for certain functionality? How is that done?).</p> <p>Include the communication procedures to announce scheduled downtimes and ensure that organizational needs are considered in these procedures.</p> <p>Ensure capacity meets the immediate and near-term requirements of the organization.</p> <p>Ensure CSP has designed using cloud architecture best practices.</p>
<p><b>Support</b></p>	<p>Some CSPs have a technical support staff available 24/7. You can call, email, or chat with them online.</p>	<p>Some CSPs only have email support and their phone support is not helpful.</p>	<p>During the procurement phase for the CSP, it will be important to contact</p>

		<p>Alternate levels of support may require additional fees.</p>	<p>client references and explore online reviews if available.</p> <p>Understand the needs for support levels as an organization and include expectations for response time and resolution in your agreement.</p> <p>Clarify support level covered by your agreement and when additional fees will be applied.</p> <p>Include an escalation process in your agreement in the event that first level support does not meet your expectations.</p>
<p><b>Connectivity and Performance</b></p>	<p>Access applications and data at any time, from anywhere, from any device.</p>	<p>If the network is slow or you do not have that much bandwidth you will need to consider upgrading the network to accommodate.</p> <p>Remember that staff must be able to upload/download sizable files in a timely manner.</p> <p>One “Cloud” client with high internet traffic may impact performance of another client’s “Cloud” application on the same network. This is known as “noisy neighbours”.</p>	<p>Work with your CSP to ensure appropriate performance on both networks.</p> <p>Ensure CSP’s uptime expectations are defined in the agreement (e.g. 99.9%).</p> <p>To avoid “noisy neighbours” ensure the CSP can provide resource isolation to avoid “co-mingling” with other data.</p> <p>Ensure the appropriate level of Internet connectivity and determine whether a backup plan is required. For example, if the main Internet provider is Bell</p>

		<p>Also, there will be a dependency on the Internet for connectivity and business continuity. SaaS introduces an additional point of failure to technical infrastructure.</p>	<p>there may be a Rogers connection as backup should Bell Internet be down for an extended period (which is defined by the organization).</p> <p>Have downtime and disaster recovery procedures that cover the unexpected or planned downtime of any component of critical systems (e.g. How would work continue if the information system is down, the Internet is down, the network is down, etc.). It is important to test these procedures.</p> <p>Can the CSP offer methods to improve latency and data transfer times.</p>
<p><b>Rapid Deployment of New Functionality</b></p>	<p>Often cloud applications allow new functionality to become available in smaller “bursts” and more frequently.</p> <p>New functionality delivered in smaller increments allows an organization to take less time to incorporate into existing processes and documentation.</p> <p>Roadmaps of new functionality supports an organization to prepare for future “bursts”.</p>	<p>Some cloud applications restrict the option of custom requests. This is a change from the model of “customizing to fit an organization” to “adapting to fit an application”. Organizations may be required to adopt new functionality and there may be less opportunity for desired customizations.</p>	<p>During procurement:</p> <ul style="list-style-type: none"> <li>• Understand the vendor/application position on customizations versus configuration to meet the organization’s needs.</li> <li>• Understand update and upgrade overview and how clients are involved and affected.</li> <li>• Make sure current clients are contacted about their experiences with the vendors deployment practice.</li> </ul>

			Participate where possible in defining requirements for the ongoing development of the application to ensure that your organization’s concerns are considered.
<b>Scalability</b>	Often easier for an organization to scale up because the CSP has the resources ready to do so. For example, the organization may want to increase data storage capacity, or database capacity.	Additional, on-going fees typically apply when scaling your resources.	Clarify within the agreement what the scalable process and costs will be for any component that the cloud provider is providing.
<b>Costs</b>	<p>The most significant SaaS benefit is in terms of IT cost savings. SaaS subscription fees pay for system usage, capacity and performance.</p> <p>One subscription simplifies what can be complex and frequent processes to review and renegotiate multiple agreements and licenses in the cases of “Site license” and “Hosted” applications.</p>	The overall price could end up higher than you expect.	<p>Try not to “over-provision” services. Explore using auto scaling services if applicable and available.</p> <p>Ensure there is an option to scale down as well as up.</p> <p>Explore if other SaaS pricing options are available such as a flat rate (e.g. Office 365) or tier model (e.g. Webinar).</p>

# Enterprise Systems Project

March 26, 2020

## Project Team:

Nabila Mohammed, Director, Finance and Corporate Services

Elizabeth Goff, Project Manager

Clara Lau, Manager, Registration

Enrique Hidalgo, IT Specialist



College of Occupational Therapists of Ontario  
Ordre des ergothérapeutes de l'Ontario



# Enterprise Systems Project



## Opportunity

The senior leadership team identified an opportunity to review the College's current and anticipated system needs.

The goal was to develop a vision for a registrant-based enterprise system that will best support the College and its mandate.

# Enterprise Systems Project



## College Vision

Excellence in regulatory leadership

## Project Vision

Streamlined and efficient enterprise systems that provide the foundation to support the College and its mandate

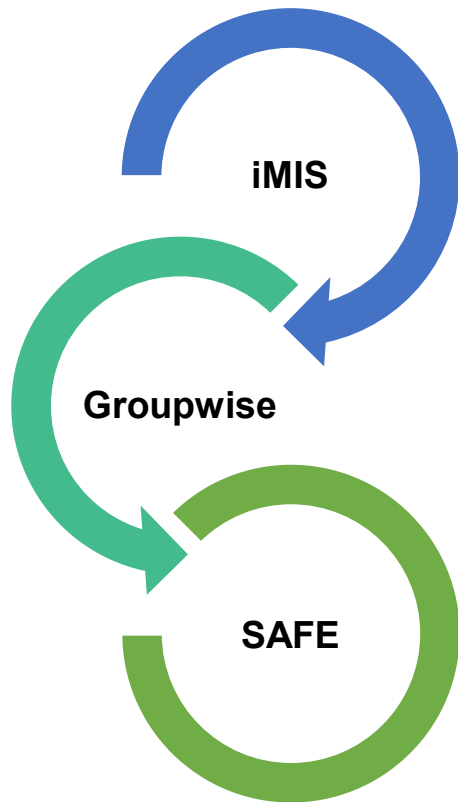
## Project Objective

To deliver an enterprise-wide registrant-based electronic system to support the delivery of the statutory College mandate in an efficient and effective manner.

# Enterprise Systems Project



## Background Information



In 2005, the ASI platform iMIS was implemented as a central data management system.

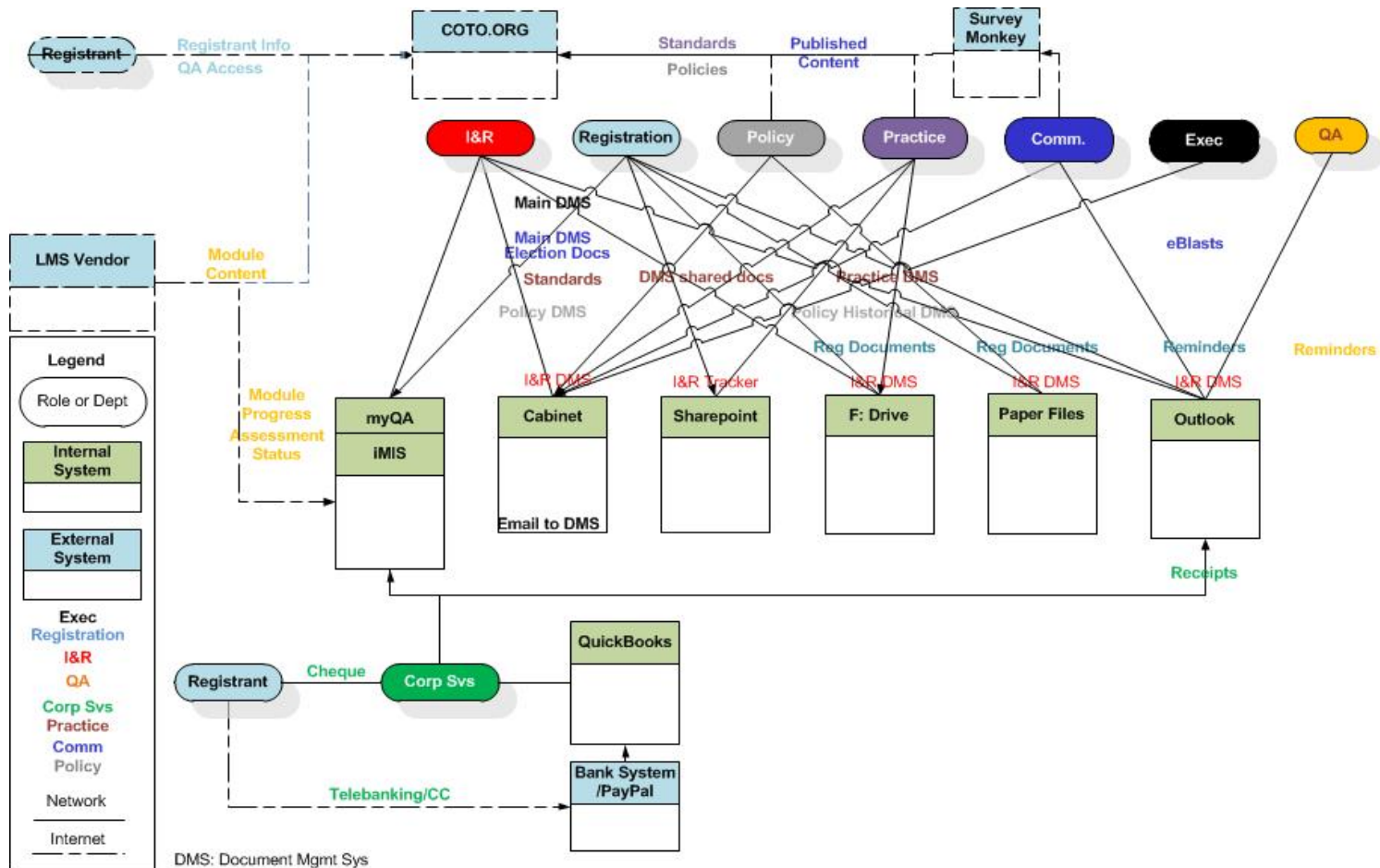
At the same time, the College used an integrated document management and email tool called Groupwise. Groupwise was retired in 2017 as it was no longer supported.

In 2017 the College implemented SAFE as a document management system. SAFE had the ability to manage registrant files through integration with iMIS, however this was never realized.

# Enterprise Systems Project



## Project Phase 1 | Current State Workflows

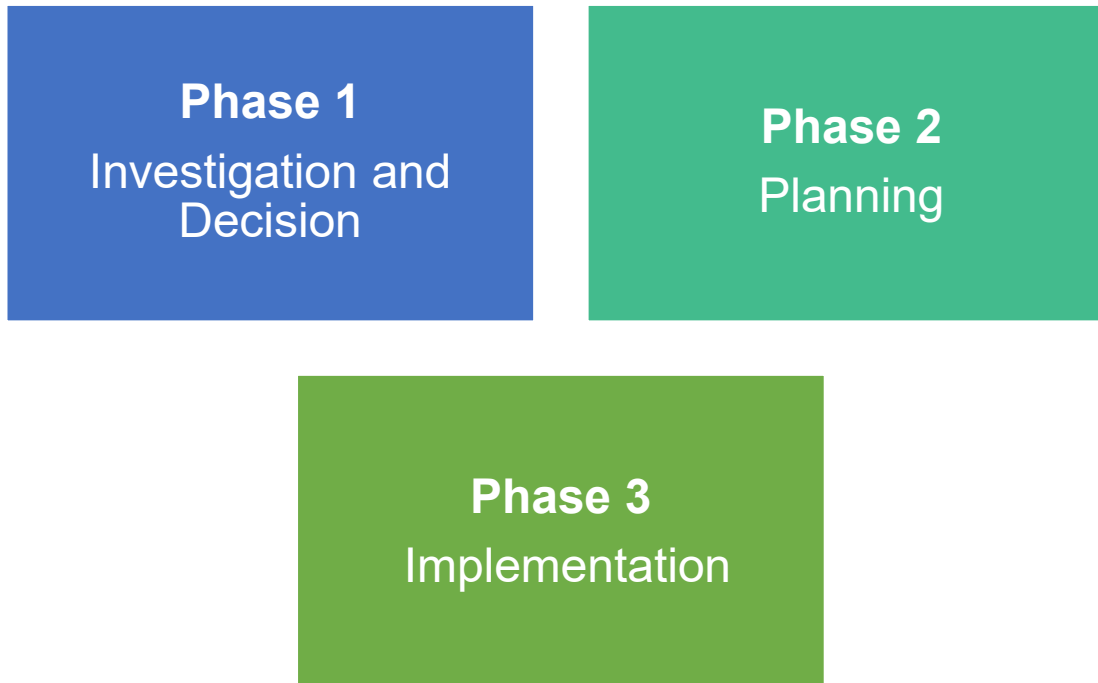


# Enterprise Systems Project



## Project Approach

The project has been planned over three years and consists of multiple phases.



# Enterprise Systems Project



## Project Phase 1 | In Scope

- Define a vision for the College about enterprise-wide, registrant-centric system to support the College's mandate.
- Investigate and identify recommendations.
- Define next steps.

# Enterprise Systems Project



## Project Phase 1 | Key Deliverables



Vision for a registrant-centric electronic solution



Current state defined, including a system diagram



High level business requirements



Desired future state defined

# Enterprise Systems Project



## Project Phase 1 | Key Deliverables



Market analysis through a request for information (RFI)



Criteria identified to support decision making



Recommendations to achieve desired future state outlined





## Project Phase 1 | Current State Issues

### Data Storage

- Multiple data management systems for registrant records
- Lack of clarity on “source of truth”
- Added effort for customization

### Workflow Challenges

- Excel files to track additional information that cannot be stored in iMIS
- Outlook used to schedule registrant activity
- Redundant data entry due to lack of integration

### Issue Resolution

- Requires numerous steps from multiple external support providers
- Results in delays and complexity to find solutions



## Project Phase 1 | Current State Issues

### Information Management

- Difficulty in creating queries and reports internally
- Sharing documents externally is difficult and usually paper based

### Knowledge Transfer

- The need for training is high due to the current set up of the system (managing the program)



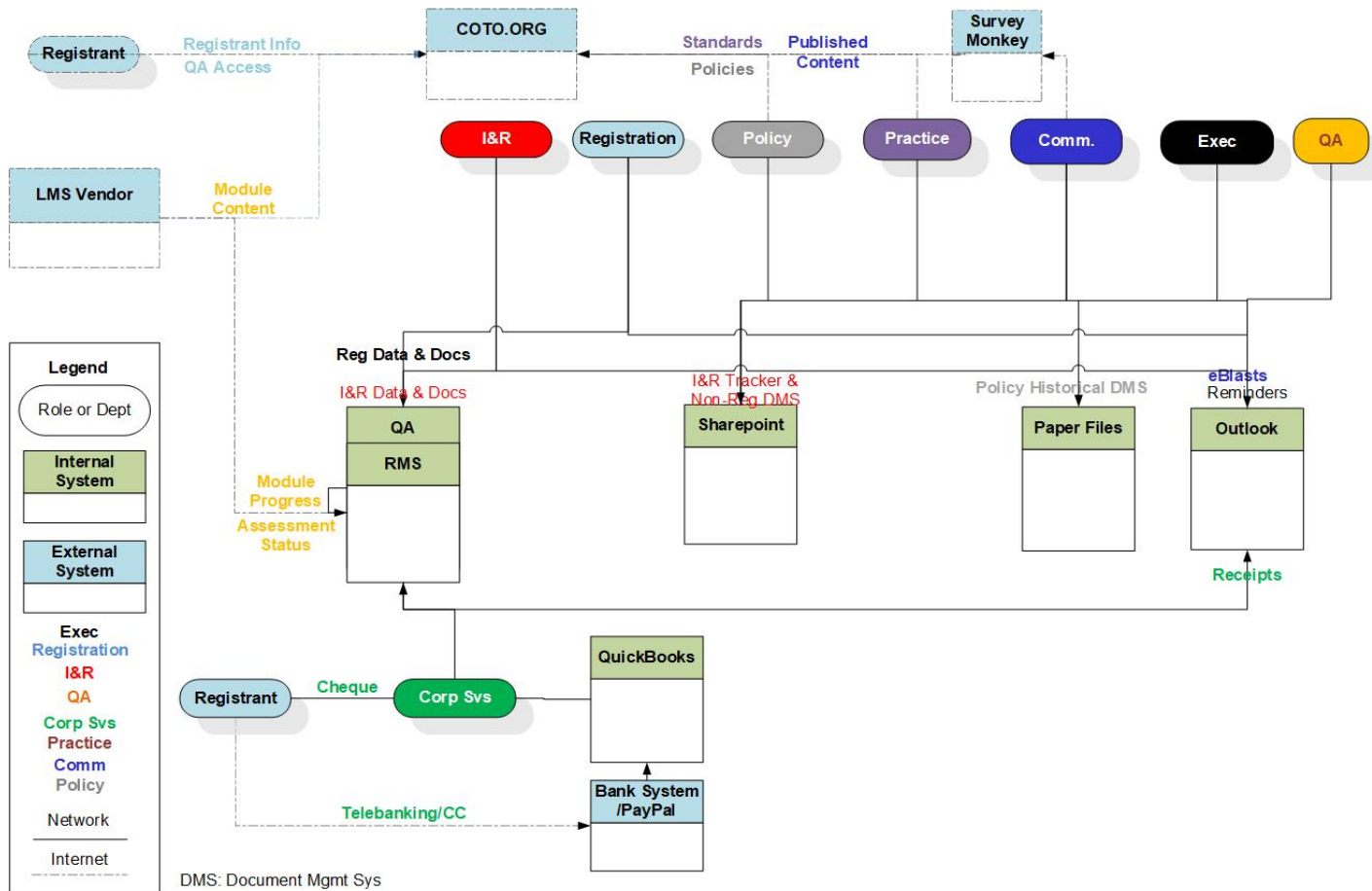
## Optimal Future State

- Minimum number of document management systems.
  - All registrant related documents stored with one registrant management system (RMS).
  - All other document managed using one document management system (DMS).
- Share documents electronically to internal and external stakeholders.
- Internal capability and capacity to develop queries and reports.
- Standardized terminology and naming conventions to support the use of minimized number of DMSs.
- Standard and complete training for all employees and changing processes.

# Enterprise Systems Project



## Optimal Future State Workflows





## Cloud Based Applications

Current technical and systems functionality for registrant management suggests that a “Cloud” option for a RMS may be the preferred technology.

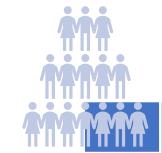
An analysis of “Cloud” based technologies will be considered if the project is approved to move to Phase 2.



# Enterprise Systems Project



## Project Phase 1 | Key Recommendations



### Registrant Management System

Proceed with a formal request for proposal (RFP) to adopt one RMS that will contain all registrant related information.



### Document Management System

In place of SAFE, all other documents are to be managed using one document management system (e.g. SharePoint).



### Annual Reviews

Annual reviews of information practices to determine if existing processes and system configurations continue to support organizational practices.

# Enterprise Systems Project



## Project Phase 1 | Additional Organizational Changes Identified

- Defining training and resources required to develop internal competencies for improved capability in reporting and system configuration.

# Enterprise Systems Project



## Project Phase 2: Planning | In Scope



*The RMS has been determined as the first priority for the College. Further planning and rollout of a DMS will be informed by the RMS and worked on as a separate project.*





Questions?





## FINANCIAL REPORT

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**Date:** March 26, 2020  
**To:** Council  
**From:** Nabila Mohammed, Director, Finance and Corporate Services  
**Subject:** June 2019 to January 2020 Financial Report

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Page 1 of 6

### Recommendation

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

This Financial Report contains three sections:

- Financial Statement Highlights
- Summary of statutory remittances and filings
- Financial Statements:

- Statement of Financial Position** as at January 31, 2020;
  - Statement of Operations** for the period June 1, 2019 to January 31, 2020;

### HIGHLIGHTS OF STATEMENT OF FINANCIAL POSITION

*(Please refer to the attached Statement of Financial Position as at January 31, 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 a combination of additional investments made into our portfolio during Q2 to Q4 in FY18/19.

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

The HST payable balance of \$(34,554) represents the amount of HST collected on revenue for the December 2019 to January 2020 less HST paid to suppliers for the purchase of goods and services. This is currently in a refund position. The next filing is due at the end of March 2020 for Q3.

The 'Net Assets' section of the Statement of Financial Position reflects the net surplus of \$362,565 for the period June 1, 2019 to January 31, 2020.

**HIGHLIGHTS OF STATEMENT OF OPERATIONS**

*(Please refer to the attached Statement of Operations for the period of June 1, 2019 to January 31, 2020)*

The net surplus of revenues over expenses for the eight months ending January 31, 2020 was \$362,565. The budget had projected a surplus of \$153,837 for the same period. The results are \$208,727 favourable to budget. The rate of expenditures has picked up since Q1 as the year has progressed.

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

- Revenue has exceeded budget by \$72,900, which is a 2% increase over the projected budget.
- Salaries and benefits are favourable to budget by \$125,900 due to various factors:
  - There were multiple vacancies which provided cost savings greater than anticipated for the period. These included an Associate, Investigations and Resolutions (I&R), the Senior Manager, Registration and Information Systems, and the Coordinator, Registration. The College onboarded two I&R staff in August 2019, a new Registration Manager in October 2019, and a new Registration Associate in November 2019 to fill the vacancies noted.
  - The Executive Assistant, Deputy Registrar role was filled at the end of September 2019 instead of July 2019 as planned.
  - A reversal of the year end vacation accrual has also caused the salaries and benefits expenses to be lower than budgeted.
- Program expenses are favourable to budget by \$91,600 due to:
  - The reversal of the year end I&R accrual.
  - The timing of peer assessments in Quality Assurance (QA). Those selected for a peer assessment have been notified and it is expected that the majority of assessments will be completed by the end of the fiscal year.
  - The vacancies in the Registration program has caused program expenses to be lower than expected. Additionally, an independent medical exam was budgeted for that did not occur to date this fiscal year.
- Operational initiatives are favourable to budget by \$50,300 due to:
  - Work on the Enterprise Wide Systems project began later than planned due to the departure of the Senior Manager, Registration and Information Systems. This project commenced in September 2019 and has been progressing well. Through the work completed to date, it was determined that the separately budgeted Document Management project should be rolled into the Enterprise Systems project. Overall, it is anticipated that this project will be under budget by the end of the fiscal year.
  - The Communications Video Series project will not be completed this fiscal year. This is due to staff turnover and other priorities that have come up to date.
- Depreciation is favourable to budget by \$33,100 due to a delay in the planned renovation and furniture not requiring capitalization.
- Overall Communications expenses are \$26,000 lower than plan due to the timing of website improvements and content development projects. It is expected that we will be caught up with these expenses by the end of the fiscal year.

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 \$130,000 due to:
  - The budget being heavily phased in Q3 and Q4.
  - Renovation consultant expenses.
  - Greater than anticipated operational needs.
- Other Office Operations are over budget by \$45,000 due to:
  - Furniture costs budgeted for the renovation that have been expensed instead of capitalized.
  - Greater than anticipated operational needs.

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

*(Please refer to the attached Statement of Reserves as of January 31, 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. To date, the only impact is to the amount invested in fixed assets, which reflects the net of additions and accumulated amortization.

**STATUTORY REMITTANCES AND FILINGS**

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

<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	Remittance for fiscal year is a set 1.95% of calendar year payroll over \$490,000.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Quarterly	Up to date, HST return filed up to November 30, 2019.  Next filing due March 31, 2020 for the period December 1, 2019 to February 29, 2020.
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date, filed February 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 January 31, 2020

	31-Jan-20 \$	31-Jan-19 \$
<b>ASSETS</b>		
Current Assets		
Cash	1,441,300	2,148,360
Short-term marketable securities	4,191,334	3,175,531
Accounts receivable and prepaid expenses	26,885	21,389
Total Current Assets	5,659,519	5,345,280
Property and equipment, net of accumulated amortization	91,262	154,865
<b>TOTAL ASSETS</b>	<b>\$5,750,781</b>	<b>\$5,500,145</b>
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable and accrued liabilities	161,440	176,464
HST payable	(34,554)	(27,549)
Deferred revenue	1,325,818	1,299,867
Total Current Liabilities	1,452,705	1,448,782
Total Liabilities	1,452,705	1,448,782
<b>NET ASSETS</b>		
Reserve Funds	2,883,000	2,456,212
Invested in Fixed Assets	91,262	154,865
Unrestricted	961,250	840,384
Net income for the period	362,565	599,903
Total Net Assets	4,298,076	4,051,363
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$5,750,781</b>	<b>\$5,500,145</b>

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

	Actual YTD for 8 months ended January 2020 \$	8 Months Budget FY19/20 \$	Variance %
<b>REVENUES</b>			
Registration Fees	2,882,825	2,928,000	-2%
Application Fees	72,494		
Professional Corporation Fees	14,500		
Interest Income & Other Income	31,060		
<b>TOTAL REVENUES</b>	<b>3,000,879</b>	<b>2,928,000</b>	<b>2%</b>
<b>EXPENSES</b>			
Salaries and Benefits	1,680,461	1,806,396	-7%
Programs	49,432	141,058	-185%
Communications	36,290	62,330	-72%
Council	117,145	100,262	14%
Rent	195,983	194,084	1%
Information Technology	105,406	108,665	-3%
Other Office Operations	160,370	114,682	28%
Operational Initiatives	110,702	161,018	-45%
Professional Fees	157,501	27,500	83%
Depreciation	25,024	58,168	-132%
<b>TOTAL EXPENSES</b>	<b>2,638,314</b>	<b>2,774,163</b>	<b>-5%</b>
<b>SURPLUS (DEFICIT)</b>	<b>362,565</b>	<b>153,837</b>	

<b>STATEMENT OF RESERVE FUNDS</b>			
	Opening Balance Jun 1, 2019	Spent to Date/Change	Closing Balance Jan 31, 2020
Hearings Fund	\$ 350,000	\$ -	350,000
Sexual Abuse Therapy Fund	18,000	-	18,000
Contingency Fund	1,590,000	-	1,590,000
Premises Fund	800,000	-	800,000
Enterprise Wide Systems	125,000	-	125,000
Invested in Fixed Assets	104,816	(13,555)	91,261
Unrestricted	947,695	13,555	961,250
Surplus (Deficit) for the Period		362,565	362,565
<b>TOTAL RESERVES</b>	<b>\$3,935,511</b>	<b>\$ 362,565</b>	<b>\$ 4,298,076</b>



## COUNCIL BRIEFING NOTE

**Date:** March 26, 2020  
**To:** Council  
**From:** Executive  
**Subject:** Annual Investment Portfolio as at January 2020

Page 1 of 2

### Background

This report summarizes the College's investment portfolio as at December 31, 2019 and is based on the BMO Nesbitt Burns and RBC statements as of that date. There are two categories of investments:

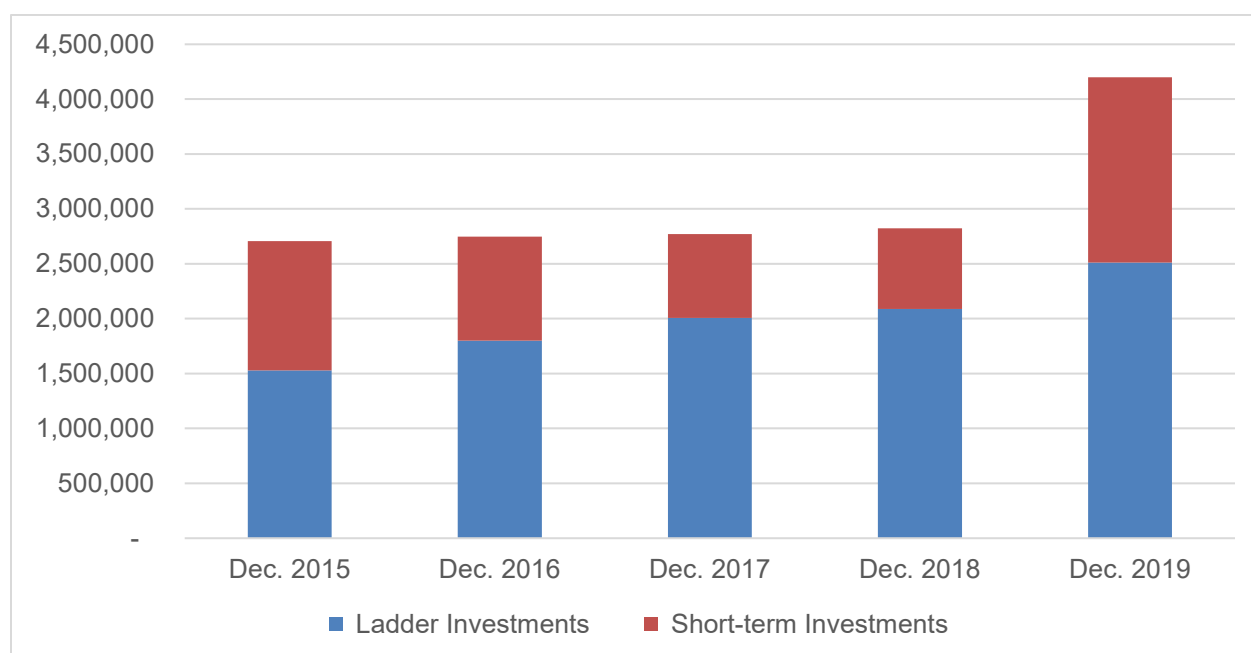
- Short-term investments (which includes cash) and
- Longer term discounted notes (also referred to as "ladder" investments) which were purchased at a discount and will be held for up to ten years in accordance with Governance Policy RL7 – Investments.

Description	Market Value (\$)	Maturity Date
<b>Short-term Investments</b>		
Cash and High Interest Savings	290,232	Investments are considered short-term if they are cashable or are due to mature within 12 months.
Equitable Bank GIC	66,529	
Vancity GIC	100,000	
Bank of Montreal Mortgage GIC	100,000	
CPN Province of British Columbia	145,506	
Peoples Trust GIC	85,000	
Royal Bank of Canada GIC	900,000	
<b>Total Short-term Investments</b>	<b>1,687,267</b>	
<b>Long-term (Ladder) Investments</b>		
HSBC Bank of CDA GIC	100,000	Feb-21
Bank of Montreal GIC	100,000	Jun-21
Homequity Bank GIC	100,000	Jun-21
Laurentian Bank GIC	100,000	Jun-21
Manulife Bank of CDA GIC	100,000	Dec-21
CPN Province of Nova Scotia	135,121	Dec-21
Royal Bank of CDA GIC	100,000	Jan-22
National Bank of CDA GIC	100,000	Feb-22
CPN Province of Ontario	62,078	Jun-22
Canadian Tire Bank GIC	100,000	Jun-22
Canadian Western Bank GIC	100,000	Jun-22
CPN Province of Ontario	162,507	Dec-22
Concentra Bank GIC	97,150	Jan-23
CPN Province of British Columbia	95,948	May-23



CPN Province of Ontario	116,746	Jun-23
Home Trust Company GIC	100,000	Dec-23
BMO Trust Company GIC	100,000	Jan-24
Equitable Bank GIC	40,000	Jan-24
Montreal TR CO of CDA GIC	100,000	Jan-24
Ville De Coaticook Bond	182,053	Feb-24
CPN Province of Ontario	266,388	Jun-25
City of Montreal	103,767	Sep-25
Province of New Brunswick	51,028	Aug-26
<b>Total Long-term Investments</b>	<b>2,512,785</b>	
<b>Total Market Value of Investments</b>	<b>4,200,052</b>	

**COTO Investment Portfolio – Historical Trends**



	<b>Dec-15</b>	<b>Dec-16</b>	<b>Dec-17</b>	<b>Dec-18</b>	<b>Dec-19</b>
Ladder Investments	1,528,413	1,801,093	2,006,803	2,089,879	2,512,785
Short-term Investments	1,179,384	945,141	764,739	733,305	1,687,267

While the total value of investments has grown year of year, the relative proportion of short-term versus ladder investments will vary as the portfolio is fine-tuned to take advantage of the interest rate environment.



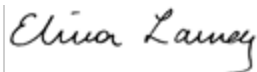
## MEMO

**Date:** March 26, 2020  
**To:** Nabila Mohammed, Director, Finance and Corporate Services  
**From:** Elinor Larney, Registrar  
**Subject:** Direction to Allocate Funds to the Reserve Funds

Reserve funds have been established in policy. As of this date, the amounts in the designated reserve funds need to be reflected as presented in the chart below.

Allocated Reserve Fund	Reserve Fund Recommended Levels by Policy	Allocations at Year End for FY19/20
Hearings and Independent Medical Exam Reserve Fund	\$350,000	\$400,000
Sexual Abuse Therapy & Counseling Reserve Fund	\$18,000	\$25,000
Contingency Reserve Fund	Minimum three to maximum six months expenses: \$989,368 - \$1,978,736	\$1,600,000 (4.9 months)
Premises Fund	Minimum: \$500,000	\$800,000
Enterprise Wide IT System Fund	Minimum: \$100,000	\$435,000

The remainder of the funds after the above amounts have been identified in the allocated reserve funds will remain as unrestricted. Where expenditures have occurred in these designated funds during the FY20/21, please ensure that the funds are topped up to these levels.



Elinor Larney, MHSc., OT Reg. (Ont.)  
Registrar

**Attachment(s)**

- Establishing and Maintaining Reserve Funds – Guidelines for Council Members



## ESTABLISHING AND MAINTAINING RESERVE FUNDS

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### Guidelines for Council Members

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In order to cover variable and/or unforeseen costs and expenses, the College shall establish and maintain specific reserve funds. Council will approve the designated amounts/percentages.

1. Reserve Funds will be established for:

a. Hearings and Independent Medical Exam Reserve Fund

The Hearings and Independent Medical Exam Reserve Fund is designated to cover costs, including legal costs, for conducting discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeal hearings, ~~and~~ other hearings that may arise related to regulating the profession, and independent medical exams.

The amount to be maintained in this fund is ~~\$350,000~~400,000 or such other amount as may be determined by the Council.

b. Sexual Abuse Therapy and Counselling Reserve Fund

The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is ~~\$48,000~~25,000 or such other amount as may be determined by the Council.

c. Contingency Reserve Fund

The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget or to fund the College's obligations in extreme circumstances as determined and approved by Council including in the event that the College ceases to exist as a corporate statutory body.

The minimum amount of 3 months of budgeted operating expenses to a maximum of 6 months or such other amount as may be determined by Council.

d. The Premises Fund

The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of \$500,000 or such other amount as may be determined by Council.

e. Enterprise Wide IT System Fund

The Enterprise Wide IT Fund is designated to provide for the cost of implementing and/or maintaining an enterprise-wide, registrant-based electronic system that will support the delivery of the statutory College mandate in an efficient and effective manner. The minimum amount to be maintained in this fund is \$100,000 and maximum amount to be maintained in this fund is \$500,000 or such other amount as may be determined by Council.

2. Appropriations from the annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar.



College of Occupational Therapists of Ontario  
Ordre des ergothérapeutes de l'Ontario

Created: February 1997

Reviewed: October 2000, March 2007, October 2010, June 2012, January 2013, January 2016,  
January 2019

Revised: October 2017, June 2019, March 2020



## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Stamatis Kefalianos, Manager Regulatory Affairs  
**Subject:** Governance Project Plan

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Page 1 of 2

### Recommendation

No action is recommended. This is for information purposes only.

### Public Interest in this Issue

The proposed governance project plan will allow the College to move toward best practices with the goal of strengthening the ability of Council to provide oversight that is transparently aligned with the mandate of the College to serve and protect the public interest and enhance public confidence in the regulatory system through transparency and accountability.

### Background

At the January 2020 Council meeting, a new governance framework was approved that reflects best practice with respect to governance in professional regulation with a view to strengthening the ability of governing boards to align with their public protection mandate and enhancing public trust in regulatory institutions and their processes.

Recognizing that the *Occupational Therapy Act, 1991* provides some flexibility, all governance reform changes Council approved in January will be made within the current legislative framework and do not require legislative change.

The main elements of governance reform approved by Council in January 2020 are as follows:

1. **Reduction in Council size:** The *Occupational Therapy Act* requires that the smallest Council could be is 12-14 (6 elected professionals, 1 academic and 5-7 public members)
2. **Council composition:** Striving for balanced number of public and professional members will ensure that the perspective of the public is well represented.
3. **Selection of Council:** Council will be appointed rather than elected and those appointments will be based on an individual's skills and competencies being matched to the needs of the College. College will also introduce a transparent, independent governance process to oversee the recruitment, selection, evaluation and orientation/training mechanisms for both Council and Committee members.
4. **Separation of Council and Statutory Committees:** As much as it is permitted by the Health Professions Procedural Code, Council members will not serve on college committees. The College will recruit professional members and, members of the public (who are not public appointees appointed by the Lieutenant Governor in Council) to College committees to represent the public voice.

5. **Role of the Executive Committee:** There are a wide variety of approaches taken by the Executive Committee of professional regulators. Council will need to identify and expressly identify its expectations of this committee and redefine on what is urgent or considered an emergency. Council might merge the duties of the Executive Committee with other standing committees of Council such as Finance and Audit or Governance and Nominations Committee.
6. **Changes of titles and terminology:** Council will be known as the Board of Directors and the President and Vice-President will be known as Chair and Vice Chair to better reflect the fundamental role of the positions.

The College has developed a project plan for Council's review that incorporates the main elements of governance reform. It is anticipated it will take at least 3 years to fully implement. The items discussed in the project plan support the completion of all governance reform with the understanding that this is a work-in-progress and as a living document will be adjusted and revised on an on-going basis.

### Attachment

- Governance Project Plan



COTO Governance Project

**Planning Governance Changes**

*Overview of Changes and Proposed Timing*

Overview of Change	Notes	Proposed Timing
<p><b>Committee TOR Changes – First Round</b></p> <ul style="list-style-type: none"> <li>Make changes to committee terms of reference documents, including adding new content, clarifying language, and ensuring consistency across documents</li> </ul>	<ul style="list-style-type: none"> <li>For all existing committees</li> <li>Includes clarifying committee member competencies</li> <li>Changes to conflict of interest and code of conduct may wait until after those changes are completed below</li> </ul>	<p><u>Complete in early fiscal year 2020/21:</u></p> <ul style="list-style-type: none"> <li>Conduct all planning and engage with committees for input at pre-scheduled meetings between now and June 2020</li> <li>Request that Council approve Committee Terms of Reference changes at June 23 meeting</li> </ul>
<p><b>Bylaw Changes – First Round</b></p> <ul style="list-style-type: none"> <li>Title changes (e.g., Council to Board of Directors)</li> <li>Cooling off period for Council/Committee members</li> <li>Election eligibility requirements for non-Council or academic members</li> </ul>	<ul style="list-style-type: none"> <li>Cooling off period is for Council and Committee members who are directors of a professional association</li> </ul>	<p><u>Complete in fiscal year 2020/21:</u></p> <ul style="list-style-type: none"> <li>Initiate planning of changes now</li> <li>First change request to Council at Oct/Sept 2020 meeting</li> <li>Post online for registrant and public feedback in Nov/Dec 2020</li> <li>Make revisions as needed</li> <li>Bring to Executive Council for review/approval in Jan or Feb 2021</li> <li>Bring to Council for approval at the March 2021 meeting (or in January if it's ready)</li> </ul>
<p><b>Council Competencies and Board Composition</b></p> <ul style="list-style-type: none"> <li>Review and revise Council member competencies and requirements for</li> </ul>	<ul style="list-style-type: none"> <li>New competencies will inform the new elections process that will be in place at the end of fiscal year 2021/22 per the proposed second round bylaw</li> </ul>	<p><u>Complete in fiscal year 2020/21:</u></p> <ul style="list-style-type: none"> <li>Conduct the planning in 2020/21</li> <li>Update policy and have Council approve in early fiscal 2021/22</li> </ul>



COTO Governance Project

Overview of Change	Notes	Proposed Timing
board composition and elections (i.e., induction program)	change (below) <ul style="list-style-type: none"><li>This is a change to the Council governance manual, however, any impact to bylaws will need to be determined</li></ul>	
<b>Code of Conduct / Conflict of Interest</b> <ul style="list-style-type: none"><li>Review and, if needed, revise the Council Code of Conduct / Conflict of Interest requirements</li></ul>	<ul style="list-style-type: none"><li>This is a change to the Council governance manual, however, any impact to bylaws will need to be determined</li><li>Note that any changes to these policies will impact Committee code of conduct and conflict of interest information in the Terms of Reference – or it will be one document for all Council and Committee members as proposed</li></ul>	<u>Complete in fiscal year 2020/21:</u> <ul style="list-style-type: none"><li>Conduct the planning in 2020/21</li><li>Update policy and have Council approve in early fiscal 2021/22</li></ul>
<b>Bylaw Changes – Second Round</b> <ul style="list-style-type: none"><li>Reduce size of Council by reducing the number of professional members</li><li>Composition of Statutory Committees (less overlap with Council membership)</li><li>New transparent and independent process for Council elections</li></ul>	<ul style="list-style-type: none"><li>Might include addition of code of conduct, conflict of interest, and/or Council competencies and composition information if it is determined that this information should be in bylaws</li></ul>	<u>Complete in fiscal year 2021/22:</u> <ul style="list-style-type: none"><li>Initiate planning of changes in winter/spring 2021</li><li>First change request to Council at Sept/Oct 2021 meeting</li><li>Post online for registrant and public feedback in Nov/Dec 2021</li><li>Make revisions as needed</li><li>Bring to Executive Council for review/approval early 2022</li><li>Bring to Council for approval at the March 2022 meeting (or in January if ready)</li></ul>





COTO Governance Project

Overview of Change	Notes	Proposed Timing
<b>Implications of Change to Current Members</b> <ul style="list-style-type: none"><li>Assess implications of changes to Council size and elections process and plan for 2022/23 or 2023/24 elections</li></ul>	<ul style="list-style-type: none"><li>Plan in advance the impact of a reduced size of Council and new election process to current Council members</li></ul>	<u>Complete in early fiscal year 2021/22</u>
<b>Committee TOR Changes – Second Round</b> <ul style="list-style-type: none"><li>Update composition of each committee terms of reference per bylaw change above to minimize overlap of committee membership with Council membership</li><li>Develop new or revise existing terms of reference for any committees impacted by revised election process in bylaw change above</li></ul>	<ul style="list-style-type: none"><li>Includes making any additional changes to committee terms of reference documents as needed (may want to align with revised Code of Conduct/ Conflict of Interest Policies, etc.)</li></ul>	<u>Complete in fiscal year 2022/23:</u> <ul style="list-style-type: none"><li>Conduct all planning and engage with committees and Council for input (if needed) at pre-scheduled meetings from June 2022 to Sept 2022</li><li>Make all proposed revisions by Dec 2022</li><li>Seek approvals by committees from Jan 2023 to Mar 2023</li><li>Seek Council approval at June 2023 meeting (or sooner if possible)</li></ul>
<b>Governance Manual Revisions</b> <ul style="list-style-type: none"><li>Make any additional revisions based on governance changes made to bylaws, etc.</li></ul>	<ul style="list-style-type: none"><li>Ensure manual is up-to-date with all changes</li><li>Perhaps add the need for a regular (annual) review of the bylaws</li><li><i>Note that changes will be made to the governance manual as</i></li></ul>	<u>Complete in fiscal year 2022/23</u>



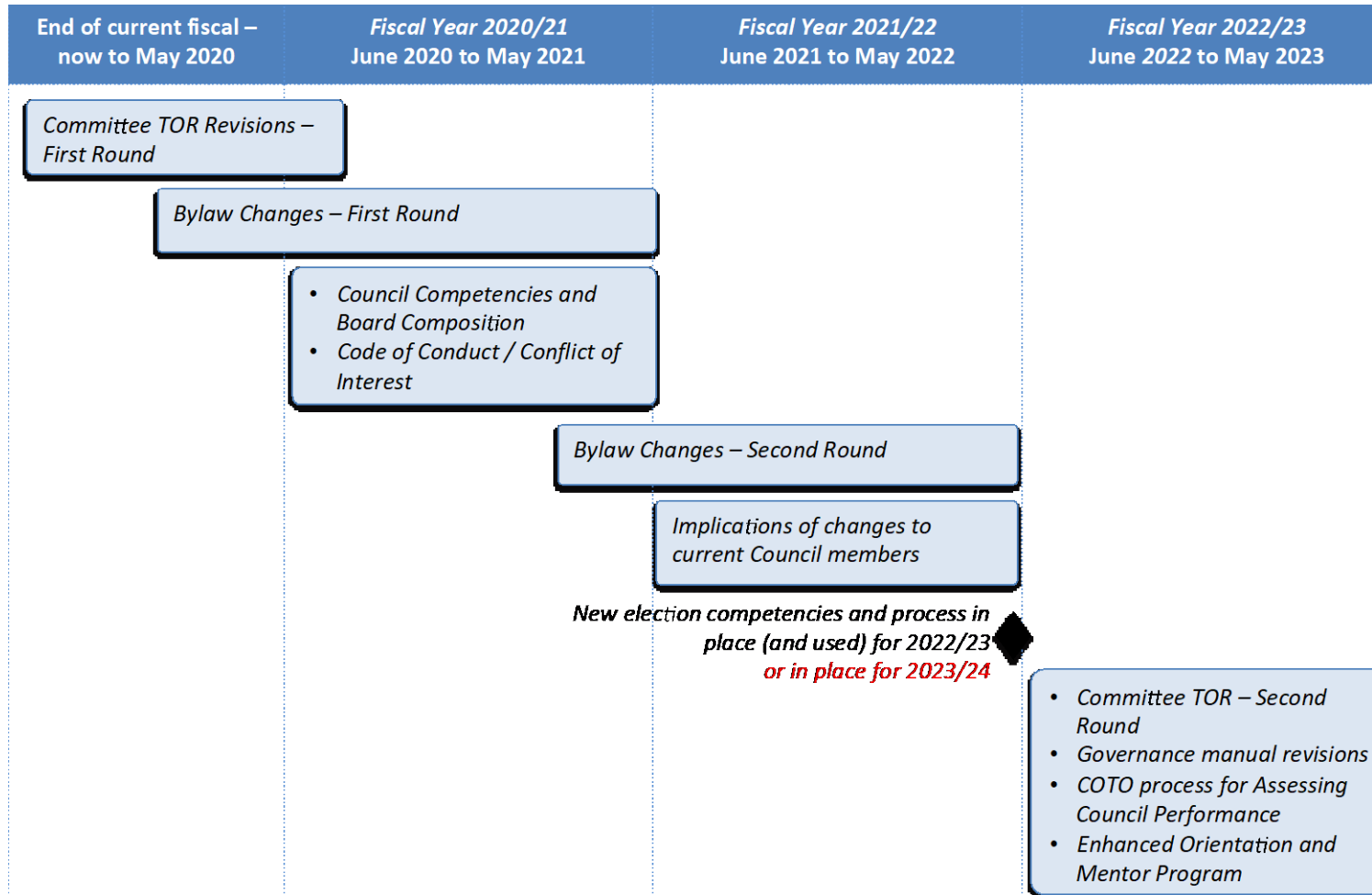
COTO Governance Project

Overview of Change	Notes	Proposed Timing
	<i>they are completed above – this item focuses on a review of the whole manual and any items not yet updated</i>	
<b>Process for Assessing Council Performance</b> (ongoing or annually)		<u>Complete in fiscal year 2022/23</u>
<b>Enhanced Orientation and Mentor Program</b>		<u>Complete in fiscal year 2022/23</u>



COTO Governance Project

*Proposed (Draft) Visual of Outcomes and Timelines*





## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Executive  
**Subject:** Terms of Reference – Governance & Executive Committees

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Page 1 of 1

### Recommendation

*THAT Council approves the new Terms of Reference for the Governance Committee and the revised Terms of Reference for the Executive Committee.*

### Public Interest in this Issue

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

### Background

At the Council meeting in February, Council indicated that the Governance Committee be formally retained to examine the governance structures and processes at COTO and provide recommendations regarding areas for possible improvement and gaps relative to best governance practices moving forward. The Governance Committee continues to consider the implementation workplan.

Though the RHPA does require all regulatory colleges to have an Executive Committee, the only legislated functions are that they act on behalf of Council between meetings and may review and make a decision about a revoked or suspended registrant. (Section 74 of the Procedural Code) Currently, Executive performs additional functions including monitoring the finances of the Council.

A few years ago, in recognition that some governance responsibilities were not assigned to any committee, these were added to the Executive Committee's terms of reference. Creation of a specific expert committee to manage such issues means that some of those additions should now be reversed. The governance role currently administered by the Executive Committee should be delineated to the new standing Governance Committee moving forward.

### Implications

If approved, these terms of reference would be functionally enacted following the March Council meeting upon reconstitution of each committee, however bylaw amendments would be required. Executive Committee will be delegating the governance functions to the Governance Committee until the bylaws are changed.

### Attachment(s)

- Proposed terms of reference for the Governance Committee
- Revised Executive Committee Terms of Reference



<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>	
<b>Date Reviewed:</b>	

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**Legislative Reference: N/A**

**Purpose and Powers**

The Governance Committee is responsible for research, review and recommendations to enhance the quality of Council work through best governance practices.

**Key Functions**

Review all governance policies and processes and recommend 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.

**Type of Committee**

Standing

**Membership**

The Governance Committee consists of at least:

- a. the Chair of the Council;
- b. two professional members of Council;
- c. two public members appointed to Council by the Lieutenant Governor in Council;
- d. and one non-Council member who is a registrant of the College.

**Chair**

The Chair of the Governance Committee is to be selected from among the Governance Committee members.

**Frequency of Meetings**

The Governance Committee will meet not less than four times annually and at the call of the Chair.

**Reporting**

The Chair of the Governance Committee prepares in writing, reports for regular Council meetings.



<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, <u>March 2020</u>
<b>Date Reviewed:</b>	

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### Legislative Reference

The Executive Committee is established pursuant to sections 10, 11, 12 and 74 of the *Health Professions Procedural Code* being Schedule 2 to the *Regulated Health Professions Act, 1991*, as amended, Parts 7.02, 7.03, 7.04, 13.01, 13.09 and 14.01 of the College bylaws.

### Purpose and Powers

The Executive Committee is responsible for enhancing the effectiveness of Council by:

1. Conducting business between meetings, on behalf of Council, with the exception of making, amending or revoking a regulation or bylaw. The Committee may also consider and make orders with respect to a registrant's revoked or suspended certificate of registration.
2. Assisting in the development of Council agendas to reflect Council priorities.
3. Confirming background material to be presented by the Committee at each meeting to inform Council decision-making.
4. Recommending, which, if any, agenda items to be discussed in camera.
5. Appointing Committee Chairs to Statutory Committees.
- 4.6. Appointing Council Members to Statutory Committees.
5. ~~Serving as a governance committee of Council to make recommendations to Council with respect to:~~
  - a. ~~The structure and functioning of Council;~~
  - b. ~~the role and function of statutory committees;~~
  - c. ~~appointment to and composition of committees;~~
  - d. ~~the appointment process for committee Chairs;~~
  - ~~the College's governance structure and governance policies; and~~
  - e. ~~an annual Council evaluation process.~~
- 6.7. Monitoring the finances of the College, including:
  - a. Monitoring the College's financial status;
  - b. reviewing the annual operating and capital budget;
  - c. approving the audited statement;
  - d. annually reviewing the College investment plan;
  - e. reviewing terms of office lease agreements as required;
  - f. assisting in the development of a policy framework related to compensation & salary administration; and



g. monitoring the compliance with financial policies.

~~7-8.~~ Providing oversight to the strategic planning process for the College.

~~8-9.~~ Conducting an annual performance review of the Registrar, including contract (re)-negotiation.

~~9-10.~~ Providing development opportunities and learning activities for Council members.

~~10-11.~~ Providing oversight to the Practice Issues Subcommittee.

~~11-12.~~ Recommending to Council any new, or revisions to, Standards of Practice, Position Statements, Guidelines or Guides that relate to governance of occupational therapy practice.

~~12-13.~~ Conducting special projects on behalf of Council.

~~13-14.~~ Assigning of a public member of the Committee to liaise with the Public Appointment Secretariat.

~~14-15.~~ Providing oversight to the College's elections process and managing any issues or disputes that may arise.

### **Type of Committee**

Statutory

### **Membership**

The Executive consists of: The Chair, the Vice-Chair, and two members-at-Large, and is constituted by two professional members of the Council and two public members appointed to the Council by the Lieutenant Governor in Council.

### **Chair**

The President is the Chair of the Committee.

### **Frequency of Meetings**

The Executive Committee meets a minimum of 6 times a year.

- a. The Committee will hold a meeting the month after the election of officers.
- b. The President and Member-at-large Finance are to attend in person the meeting, at which the auditor presents the audited financial statements.

### **Reporting**

The Chair of the Executive Committee prepares in writing, reports for regular Council meetings. All recommendations/decisions are to be reported and/or approved by the Council (s.12).



## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Inquiries, Complaints and Reports (ICRC)  
**Subject:** Recommendation to Reappoint Hricha Rakshit as a Non-Council Committee Member to the ICRC

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Page 1 of 1

### Recommendation

*THAT Council approves the reappointment of Hricha Rakshit as a Non-Council Professional Member of the ICRC for a second 3-year term commencing on July 1, 2020.*

### Background

Part 13.03.1 of the College bylaws state that the ICRC shall be composed of at least two Professional Members of Council, two Public Members of Council and four Professional non-Council Members. At present, ICRC membership is comprised of two Professional Members of Council, two Public Members of Council and five Professional non-Council Members. ICRC members have been selected based on the unique contributions each member brings from their nature of practice, practice setting and years of experience.

Hricha Rakshit's term as a non-Council Member of the ICRC, which began on July 1, 2017, will expire on June 30, 2020. In March 2020, a panel of the ICRC decided to recommend to Council the reappointment of Ms. Rakshit as a non-Council Member for a second three-year term commencing on July 1, 2020.

### Discussion

Ms. Rakshit has a master's degree in occupational therapy from the University of Toronto, which she obtained in 2006, and a baccalaureate degree in integrative biology from the University of Toronto, which she obtained in 2004. She is currently employed at St. Michaels Hospital.

During her first term, Ms. Rakshit provided valuable insights from her practice experience to the work of the ICRC. Reappointing Ms. Rakshit will enable continuity with the current work and support the overall effectiveness of the Committee.

### Attachment

- Résumé - Hricha Rakshit: For privacy purposes, this attachment is included in the confidential FYI package provided separately.





## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Discipline Committee  
**Subject:** Recommendation to Reappoint Zuher Ismail as a Non-Council Member to the Discipline Committee

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Page 1 of 1

### Recommendation

*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.*

### Background

Part 13.04 of the College's Bylaws state that the Discipline Committee shall be composed of at least two Professional Members of Council, two Public Members of Council and one Professional non-Council Member. At present, Discipline Committee membership is comprised of two Professional Members of Council, two Public Members of Council and one Professional non-Council Member.

Zuher Ismail's term as a non-Council member of the Discipline Committee, which began on July 1, 2017, will expire on June 30, 2020. In February/March 2020, a panel of the Discipline Committee decided to recommend to Council the reappointment of Mr. Ismail as a non-Council member for a second three-year term commencing on July 1, 2020.

### Discussion

Mr. Ismail has a master's degree in occupational therapy from D'Youville College, which he obtained in 2006, and a baccalaureate degree in health professions and related clinical sciences from Brock University, which he obtained in 2003. He is currently employed at Niagara Health and is also completing his PhD in leadership & policy.

During his first term, Mr. Ismail was a member of the panel of one Discipline Hearing at the College. Reappointing Mr. Ismail will support the overall effectiveness of the Committee, as he is an experienced member of the hearings pool.

### Attachment

- Résumé - Zuher Ismail: For privacy purposes, this attachment is included in the confidential FYI package provided separately.



## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Fitness to Practise  
**Subject:** Recommendation to Reappoint Hunaida Abboud as a Non-Council Member to the Fitness to Practise Committee

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Page 1 of 1

### Recommendation

*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.*

### Background

Part 13.05 of the College's Bylaws state that the Fitness to Practise Committee shall be composed of at least two Professional Members of Council, two Public Members of Council and one Professional non-Council Member. At present, Fitness to Practise Committee membership is comprised of two Professional Members of Council, two Public Members of Council and one Professional non-Council Member.

Hunaida Abboud's term as a non-Council Member of the Fitness to Practise Committee, which began on July 1, 2017, will expire on June 30, 2020. In February/March 2020, a panel of the Fitness to Practise Committee decided to recommend to Council the reappointment of Ms. Abboud as a non-Council Member for a second three-year term commencing on July 1, 2020.

### Discussion

Ms. Abboud has a baccalaureate degree in occupational therapy from McMaster University, which she obtained in 2001, and a baccalaureate degree in health professions and related clinical sciences from the University of Waterloo, which she obtained in 1999. She is currently employed at Aviva Canada.

Although there has not been a referral to the Fitness to Practise Committee or a Fitness to Practise hearing during Ms. Abboud's term, she has attended the training/teleconferences relevant to this Committee during her tenure. Reappointing Ms. Abboud will support the overall effectiveness of the Committee given her background in disability management.

### Attachment

- Résumé - Hunaida Abboud: For privacy purposes, this attachment is included in the confidential FYI package provided separately.



## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Elinor Larney  
**Subject:** Recommendation to Reappoint Donna Barker to Council as Academic Member

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Page 1 of 1

### Recommendation

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

### Background

Part 6 of the College's bylaws outline the process for appointing academic members of the profession to Council.

6.01.1 One or two person(s), at least one of whom will hold a full-time faculty appointment, shall be appointed to sit on the Council as an academic appointment.

6.01.2 The academic appointment shall be selected in the prescribed manner from members of the faculties of all programs in Ontario approved by the College of Occupational Therapists of Ontario.

The process that has been used at the College for academic appointments is to notify the Chairs of each academic occupational therapy program in Ontario about the status of their appointments and allow them to put forth a member for appointment.

Donna Barker's term on Council which began on March 30, 2017, will expire on March 29, 2020. In February 2020, Elinor Larney, Registrar, was notified by the academic chairs of their selection of Donna Barker to be reappointed for three years.

### Discussion

Donna has served on the Registration Committee, Discipline Committee, Practice Issues Subcommittee and has most recently been a part of Executive. She has consented to her reappointment.

Donna currently holds a full-time faculty position at the University of Toronto in the Occupational Science and Occupational Therapy Program, in the Faculty of Medicine.



## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Patient Relations  
**Subject:** Revised Code of Ethics

---

Page 1 of 2

### **Recommendation**

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

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

The Code of Ethics describes the expected ethical and professional obligations that ensures that the public receives safe and effective care from occupational therapists (OTs).

### **Background**

The College of Occupational Therapists of Ontario is one of 26 regulatory health Colleges governing 28 professions in the province. The Colleges were established by the *Regulated Health Professions Act, 1991*, which was created to protect the public's right to safe, competent and ethical health care. Each College does this by holding its registered health care professionals accountable for their conduct and practice. The Code of Ethics describes the expected ethical obligations and principles that clients, the profession and the public believe will guide the professional and personal conduct of all occupational therapists (OTs). These principles can be thought of more as exhibited behaviours than the knowledge and skills listed in the Essential Competencies and Standards of Practice documents.

The Code of Ethics, along with the Essential Competencies and Standards of Practice, defines professionalism in the practice of occupational therapy. OTs adhere not only to the guidelines, but also to the underlying spirit and precepts.

### **Current State**

The College's original Code of Ethics was revised in 2011 and reformatted with the new College branding and style in 2016. The Code is due for review having exceeded the five-year timeline for College publications. It is important to review the code now to ensure it is still up to date and meeting College, registrants', and other stakeholders' needs.

### **Discussion**

The Patient Relations Committee (PRC) reviewed the Code of Ethics and the accompanying Guide to the Code of Ethics.

As part of the review, the staff undertook an environmental scan of other health regulatory colleges, occupational therapy colleges and organizations in other Canadian jurisdictions. The environmental scan revealed similar values and principles run through those organizations' Code of Ethics.

The staff also contacted Kevin Reel, an occupational therapy professor at the University of Toronto and a health care Ethicist, who was closely involved in developing the revised Code of Ethics in 2011 and the accompanying Guide. He mentioned that the research that was done when the revised Code was

developed showed that registrants and other stakeholders wanted a brief and easy to grasp document. This is the reason why the code has only two values with five principles for ease of reference. He suggested changes to be made to the guide to reflect new legislative changes and reports that have been completed since the code was developed in 2011.

Another source of information was data retrieved from the College website. Statistics revealed that the Code of Ethics was the second most viewed document between October 2018 and October 2019, with total page views of 3,121. This information helped the committee to understand how frequently this document is viewed and used.

After reviewing all this information, the committee was satisfied that the Code of Ethics remained relatively current and aligned with other similar colleges. However, the committee suggested that the Code be further enriched and updated by adding the principles of maintaining appropriate professional boundaries and conflict of interest. In addition, the committee was cognizant that the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) will eventually consider developing a Code of Ethics that will be used by all occupational therapists' colleges across the country. This is expected to happen after the current ACOTRO's CORECOM project wraps up in 2021. Therefore, more changes can be expected in the future.

### **Implications**

Once reviewed and approved by Council, the Code of Ethics will be circulated for feedback from registrants and other stakeholders. The Code of Ethics is part of our bylaws, so once finalized, Council will approve the Code of Ethics be amended in the bylaws.

### **Attachments**

- Revised Code of Ethics (For decision)
-



College of Occupational Therapists of Ontario  
Ordre des ergothérapeutes de l'Ontario

Code of Ethics

# Code of Ethics

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Reformatted May 2016, Revised March 2020

Issued 2011

## ~~Commitment to Good Practice~~

## ~~Why a~~ Code of Ethics?

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### **A Code of Ethics outlines a set of values and principles.**

This Code of Ethics provides registrants with information about the College of Occupational Therapists of Ontario's (the College's) expectations for ethical practice.

The Code of Ethics is intended for use in all contexts and domains of occupational therapy practice, and in all levels of decision making. It outlines the values occupational therapists (OTs) promote as members of a self-regulating profession and it can be used to help clients, colleagues and members of the public understand our ethical commitments. As a critical component of the College's Complaints, Discipline and Quality Assurance Programs, the Code of Ethics provides information that is crucial to all registrants.

### **Ethical practice defines what is *good* – which means, what is right.**

The College expects all practitioners to commit to *good* practice. This commitment requires OTs to consciously consider what is right in furthering the interests of our clients and what is right in protecting the public interest.

The **Code of Ethics—~~Commitment to Good Practice~~** forms the foundation for OTs' ethical obligations. It is the framework for the professional and personal conduct expectations outlined in the laws, regulations, College standards and guidelines that govern the practice of occupational therapy. The Code of Ethics articulates the fundamental reference points that guide ethical practice and to which the profession aspires.

## Fundamental Values of Occupational Therapists

---

### **Values are the ethical building blocks of human behaviour and interaction. They are at the heart of all our everyday exchanges, and shape how we relate to and perceive others.**

OTs are in a position of duty and authority. They have a duty to the individuals who rely on their knowledge, skill and judgement. OTs are in a position of authority because they have access to personal and sensitive information, and provide services to people who are vulnerable. Consequently, they have a professional responsibility to uphold the College's fundamental values.

While practice can take many forms and take place in a variety of contexts, OTs must always aim for the same common goal – to enable clients to engage in meaningful ways with their world.

## Core Values

---

**OTs are guided by two fundamental values: RESPECT and TRUST.** These core values are as important as the laws, regulations, and College standards and guidelines under which OTs are governed.

Our values relate to the obligations OTs have as self-regulated professionals in whom the public places its respect and trust. The values of respect and trust give rise to the ***principles of practice*** that underpin occupational therapy practice.

### Respect

An OT promotes respect by applying the principles of:

---

#### Client-centred practice

- Determine what has meaning and purpose for the client;
  - Recognize that clients are diverse and that each client is an individual;
- 

#### Respect for autonomy

- Recognize each client's right to make choices for him or herself;
  - Honour the dignity and worth of each individual;
- 

#### Collaboration and communication

- Practise as a team member with clients and other professionals.
- 

### Trust

An OT promotes trust by applying the principles of:

---

#### Honesty

- Truthfulness is a cornerstone of trust;
- 

#### Fairness

- Practise justice and equity in dealings with others;
- 

#### Accountability

- Take responsibility for decisions, actions, professional competence and judgement;
  - Be disposed to doing good by serving the client's best interest and striving to do no harm;
- 

#### Transparency

- Full disclosure ensures integrity in relationships with clients, other professionals and society at large.
- 

#### Professional Boundaries

- Set and manage boundaries relating to personal dignity, control, professional detachment, privacy and confidentiality to ensure that the trust a client has placed in the OT is not betrayed:-
-



**Conflict of Interest**

- Proactively recognize, disclose, prevent and where that is not possible, take measures to effectively manage a conflict of interest that arises in the course of professional services provision.
- 

The above lists of principles are neither definitive nor exhaustive. Additional principles may be needed in specific situations such as a pandemic or other emergency.

## Regulating Practice

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The Code of Ethics helps guide the College's judgement about the registrant's conduct if a complaint arises ~~client files a complaint~~ about the practice of an occupational therapist.

The College also considers the laws, regulations and its standards and guidelines to define the expectations of OTs. In a situation in which these documents do not explicitly address a concern or complaint, the College would turn to the fundamental values and principles of practice for guidance on how to respond.

## Reflecting on Practice

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Unexpected ethical issues can arise at any time. Therefore, it is imperative that all OTs be aware of the core values and uphold them by applying the principles of practice in their everyday work. When an ethical issue is difficult to resolve, an OT should consult with colleagues and relevant resources, such as the College, managers or leaders.

**OTs need to reflect on what these ethical expectations mean day-to-day, and their commitment to good practice. Reflective practice is essential to ensuring OTs preserve and promote the respect and trust required to achieve the common goal of enabling individuals to engage in meaningful ways in his or her life.**

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## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Patient Relations Committee  
**Subject:** Policy for Funding for Therapy, Counseling and Related Expenses for Clients Alleging Sexual Abuse by an Occupational Therapist

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Page 1 of 2

### Recommendation

*THAT Council approves the reserve fund for therapy and counselling be increased up to \$25,000 from \$17,000 to cover other possible related expenses as outlined in the proposed policy.*

### Issue

Through legislation, the College is required to establish a therapy and counselling funding program for clients/patients who allege to have been sexually abused by an occupational therapist. However, the College wishes to go beyond this requirement and support other expenses that may make it difficult or impossible for victims of sexual abuse to access therapy and counselling or to participate in College investigations related to the issue.

### Public Interest in this Issue

It is in the public interest to ensure that a client alleging sexual abuse by an occupational therapist is given all possible support to enable them to access counselling and therapy services and to participate in other College processes to investigate the alleged abuse.

### Background

In 2017, the Ontario government passed Bill 87, *Protecting Patients Act*, which amended the *Regulated Health Professions Act, 1991* (RHPA) to make funding for clients who allege sexual abuse by health professionals automatic when a complaint is made, or is the subject of a report that alleges sexual abuse. In addition, the amendment stated, "The mandatory program for colleges to provide funding for therapy and counselling for patients who were sexually abused by members is expanded to apply to persons who are alleged to have been sexually abused while a patient, and to provide funding for other purposes provided for in regulations". These amendments were proclaimed into law in May 2018. A new government was elected last year before the said regulations were developed. Although, the regulations have not yet been developed, victims of sexual abuse by health professions may face challenges accessing therapy and counselling services. The client/patient may need further financial support to enable them to access therapy or counselling services.

It is for this reason that the Patient Relations Committee is recommending the College proactively goes beyond the current legislative requirements to ensure that those alleging sexual abuse by occupational therapists can overcome barriers that may prevent them from accessing therapy and counselling services.

## COUNCIL BRIEFING NOTE

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Policy for Funding for Therapy, Counselling & Related Expenses for Clients Alleging Sexual Abuse by an OT

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Page 2 of 2

### **Discussion**

The draft Funding for Therapy, Counselling and Related Expenses for Clients Alleging Sexual Abuse by an Occupational Therapist Policy has some implications for Reserve Fund policy that is approved by Council.

### **Attachments**

- Draft Policy for *Funding for Therapy, Counseling and Related Expenses for Clients Alleging Sexual Abuse by an Occupational Therapist*



## FUNDING FOR THERAPY, COUNSELING, AND RELATED EXPENSES FOR CLIENTS ALLEGING SEXUAL ABUSE BY AN OCCUPATIONAL THERAPIST

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Section 10

10-10

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<b>Section:</b>	Patient Relations
<b>Applicable to:</b>	Patient Relations Committee, Staff, Public
<b>Approved by:</b>	Patient Relations Committee
<b>Date Established:</b>	January 2020
<b>Date Reviewed:</b>	

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### Purpose:

The purpose of this policy is to provide guidance for the use of funding designed to assist an individual who alleges sexual abuse by an Occupational Therapist (OT), if the person was a client of the OT at the time of the abuse.

### Policy:

The College is committed to supporting individuals who allege sexual abuse by an OT, while receiving services from the OT. The College will provide funding for therapy and counselling as required by *Regulated Health Professions Act, 1991*. In addition to this legal requirement, the College will set aside funds to cover non-therapeutic expenses which could prevent the person alleging sexual abuse from accessing therapy and counselling, and will support them in participating in the College's investigation, complaints and/or discipline process.

All therapy and counselling and non-therapeutic expenses must be approved by the Patient Relations Committee before the College can release funds.

Funding for therapy and counselling can be paid directly to the provider of services. All related non-therapeutic expenses must be prepaid and original receipts and other supporting documents submitted to the Patient Relations Committee, through the College, for reimbursement to be considered.

If the Ontario Health Insurance Plan (OHIP) or a private insurance plan provides coverage for some of the costs, the College will only pay the amount not covered elsewhere.

Once approved by the Patient Relations Committee for funding, the management of the expense reimbursement will be delegated to the Registrar.

### Process:

1. To receive funding for therapy, counselling and other related expenses, an individual must submit a complaint to the College alleging sexual abuse while they were a client of an OT. They must also submit a completed application for funding for therapy, counselling and other expenses. This application goes to the Patient Relations Committee for consideration.
2. The Patient Relations Committee will review the application for funding within 30 days, once all the supporting documents are provided.



3. The Patient Relations Committee will consider any requests for refund of reasonable non-therapeutic expenses related to the individual's therapy and counselling or to support them through the complaints, investigations or discipline process, as long as there is a direct and obvious link. Some of the expenses that may be considered include:
  - Travel expenses by public means
  - Caregiving expenses for dependents
  - Medication prescribed as part of treatment program not covered by other public or private insurance programs, including OHIP
  - Other incidental expenses incurred directly as a result of therapy and counselling.
4. The Patient Relations Committee will recommend to the College to directly pay the therapist or counsellor chosen by the individual alleging sexual abuse once treatment is provided, and/or reimburse other approved non-therapeutic expenses.
5. The Patient Relations Committee will not approve reimbursement for fees charged on late or missed appointments with a therapist or counsellor nor for non-prescription medication.
6. The Patient Relations Committee will consider each application on a case by case basis and will consider all the information provided. Should the Patient Relations Committee find that additional information or clarification of any information is necessary before a decision can be reached; it will notify the applicant in writing. The applicant will then be given 30 days to supply the requested information, documentation or clarification.
7. The College will allocate up to \$25,000 to pay for therapy, counselling and other related expenses to support access to therapy and counselling services for those alleging sexual abuse by an OT.
8. The College's Patient Relations Committee (PRC) will provide approve funding for therapy and counselling equivalent to 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. This amount is approximately \$17,000.
9. The College will refund up to a maximum of \$8,000 for non-therapeutic expenses to support the individual to seek therapy and counselling treatment resulting from the alleged sexual abuse. PRC may consider ~~on~~ a specific situation where more funds than this allocation are required.

### **Applicable Legislation**

Regulated Health Professions Act, 1991

### **Regulations**

43 (1) Subject to the approval of the Lieutenant Governor in Council, the Minister may make regulations,

(y) prescribing additional purposes for which funding may be provided under the program which Colleges are required to maintain under section 85.7 of the Code, and prescribing additional persons or classes of persons to whom funding may be paid for the purposes of subsection 85.7 (8) of the Code.

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

### **Sexual abuse of a patient**

(3) In this Code,



“sexual abuse” of a patient by a member means,

- (a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
- (b) touching, of a sexual nature, of the patient by the member, or
- (c) behaviour or remarks of a sexual nature by the member towards the patient. 1993, c. 37, s. 4.

### **Funding for Therapy and Counselling**

Funding provided by College

85.7 (1) There shall be a program, established by the College, to provide funding for the following purposes in connection with allegations of sexual abuse by members:

1. Therapy and counselling for persons alleging sexual abuse by a member.
2. Any other purposes prescribed in regulations made under clause 43 (1) (y) of the Regulated Health Professions Act, 1991. 2017, c. 11, Sched. 5, s. 28 (1).

DRAFT



## COUNCIL BRIEFING NOTE

---

**Date:** March 26, 2020  
**To:** Council  
**From:** Executive  
**Subject:** Retiring the Position Statement on the Interpretation of the Controlled Act of Communicating a Diagnosis

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Page 1 of 2

### Recommendation

*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*

### Why this issue is in the public interest

OTs often have discussions with clients/families about their health status and functional implications related to disease or injury. To maintain public safety and to avoid confusion, clear information needs to be available that outlines what is within the scope of an OT to communicate. It is in the public interest to be aware that OTs cannot communicate a diagnosis.

### Background

Communicating a diagnosis is a controlled act that OTs are not authorized to perform. To support OTs' knowledge and understanding of this topic, the College published a [Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis \(May 2012\)](#). It is currently under review in accordance with the College Document Management Framework, which specifies that position papers should be reviewed every three years.

### Practice Issues Subcommittee: First Review

On December 2<sup>nd</sup>, 2019 the Practice Issues Subcommittee made the following key recommendations:

- Create a more concise version by omitting the outdated or unnecessary portions.
- Facilitate OTs understanding by including clinical practice situations.
- After reviewing COTO Framework for College Publications, the group suggested that the Position Statement may have outgrown its function as a Position Statement.

### Recommendation

It was recommended the Position Statement be incorporated into the existing [Guide to Controlled Acts and Delegation](#) document (page 10 of PDF). This document already has an existing section that provides specific guidance to OTs regarding the topic of communicating a diagnosis. Incorporating these two documents reduces duplication and offers the information in one location for ease of registrants/public access.

Please note that the above Guide has recently (2018) been reviewed and revised, therefore only this section pertaining to communicating a diagnosis will be reviewed at this time.



**Practice Issues Subcommittee: Second Review**

On February 26, 2020 Practice Issues Subcommittee provided minor edits to the revised section of the above Guide.

**Executive Committee**

On March 5, 2020, the Executive Committee provided minor edits and agreed with retiring 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. This revised excerpt has been included for Council information and review.

**Attachments**

- Position Statement: On the Interpretation of the Controlled Act of Communicating a Diagnosis
- Guide to Controlled Acts and Delegation
- Revised excerpt from Guide to Controlled Acts and Delegation



# POSITION STATEMENT: ON THE INTERPRETATION OF THE CONTROLLED ACT OF COMMUNICATING A DIAGNOSIS

Store at Tab #3 of your Registrant Resource Binder

Communicating a diagnosis is a controlled act not authorized to members of the College of Occupational Therapists of Ontario. However, occupational therapists often play an important role in collecting and interpreting data that contributes to and in some cases confirms a diagnosis.

Despite definitions from Colleges authorized to perform this act, there has been considerable confusion regarding how to differentiate “communicating a diagnosis”, from the process of communicating the results of an occupational therapy assessment. In addition, therapists have expressed concern regarding their need to discuss and/or educate the client about his/her diagnosis during the assessment and treatment process. In order to provide guidance to its members, the College of Occupational Therapists of Ontario developed the following position statement.

## Background Information

The controlled act of communicating a diagnosis in the *Regulated Health Professions Act* (1991) as amended is the act of “communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis”.

During the original development of this position statement, representatives of professions authorized to perform this controlled act\*, met and discussed the interpretation of this controlled act. It was determined at that time that one would be considered to be communicating a diagnosis when a disease or disorder has been identified from signs or symptoms, based on investigation or analysis, which uses scientific knowledge, skill, and judgement, and culminates in a statement or conclusion that will be relied upon by the individual or his or her representative.

After careful consideration of these guidelines, the College of Occupational Therapists of Ontario has derived the following assumptions regarding the parameters of “communicating a diagnosis” as they apply to the practice of occupational therapy in Ontario.

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\* These professions include: Medicine, Dentistry, Psychology, Chiropractic, Optometry and Podiatry

## **POSITION**

### **1. Communicating Assessment Findings**

In a comprehensive and consistent process, occupational therapists assess their clients' abilities to perform personally important life occupations. Occupational therapists base their clinical decisions on this assessment, and offer professional opinions, appropriate interventions and recommendations, as well as discussing the findings with the client, including a plan for follow-up with the appropriate diagnosing professional. In this process it is essential that the therapist provide the client with an explanation of the nature of the problem that includes providing a label or name for the identified dysfunction (e.g. dressing apraxia, left neglect, etc.).

This is considered by the College to be communicating a dysfunction, not a disease or disorder, and does not require delegation. If the identified dysfunction suggests the presence of a disease or disorder that has not previously been identified by a diagnosing practitioner, the therapist, with the client's consent, should communicate this assessment finding to the practitioner. If the appropriate diagnosing practitioner is the referral source, permission of the client is not required before communicating findings. If the client has no relationship with a diagnosing practitioner, the therapist will seek the client's willingness and consent for referral to an appropriate practitioner.

### **2. Explanation of the Diagnosis**

In the process of assessment and intervention, occupational therapists must often explain how the client's diagnosis may be influencing his or her occupational performance. In addition, clients often ask occupational therapists to provide them with information about the disease. Communication about a disease or disorder, when that disease or disorder has already been communicated to the client by the diagnosing practitioner, does not, in the opinion of the College, fall within the controlled act of "communicating a diagnosis".

### **3. Determining a Provisional Diagnosis**

Occupational therapists in the course of their assessment may be alerted to signs or symptoms which are indicative of a disease or disorder of which the client is unaware. In some instances occupational therapists are uniquely qualified to assess signs or symptoms and provide data that is essential for the diagnosing practitioner to arrive at a definitive diagnosis. In this case it is the occupational therapist's ethical responsibility to make the client aware of the significance of the signs or symptoms and to suggest the appropriate action. This suggestion should include referral to an appropriate diagnosing professional for definitive diagnosis. This communication should occur in a manner that will not result in the client relying upon the information as a definitive diagnosis and thus, is not considered the controlled act of "communicating a diagnosis which identifies a disease or disorder".

## **Conclusion**

This Position Statement was originally developed in consultation with members of the professions authorized to perform this controlled act. This position statement addresses concerns related to occupational therapists communicating findings obtained during an occupational therapy assessment process; occupational therapists responding to client requests for explanations related to the diagnosis; and finally delineating the occupational therapist's role in providing provisional versus definitive diagnostic information. Practice settings vary as do the relationships between clients, occupational therapists and other health care providers. Where continued uncertainty exists, OTs should always feel free to contact the College for further information.

*Developed: March 1996*

*Revised: March 2012*





# Guide to Controlled Acts and Delegation

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Updated November 2018

Originally Issued June 2000

## Introduction

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The College is committed to supporting Ontario occupational therapists (OTs) to ensure they are competent, ethical and accountable when providing service to the public. This guide is intended to help OTs interpret and apply the legislation related to controlled acts within the context of their practice.

Under Ontario law, the *Regulated Health Professions Act, 1991* (RHPA) certain acts, referred to as “controlled acts,” may only be performed by certain authorized healthcare professionals. Authorization to perform controlled acts is granted in legislation that is specific to each profession. For occupational therapy, the authorization for controlled acts and the professional scope of practice are provided for in the *Occupational Therapy Act, 1991*. Under appropriate circumstances, performance of controlled acts may also be delegated from a professional, who is authorized to perform a controlled act, to another professional who is competent to perform that same act.

## Controlled Acts

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Controlled Acts are procedures or activities which may pose a risk to the public if not performed by a qualified practitioner.

Controlled acts specified in the RHPA, section 27(2):

<b>Act</b>	<b>Controlled Acts</b>
1	Communicating to the individual or his/her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his/her personal representative will rely on the diagnosis.
2	Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3	Setting or casting a fracture of a bone or dislocation of a joint.
4	Moving the joints of the spine beyond the individual’s usual physiological range of motion using a fast, low amplitude thrust.
5	Administering a substance by injection or inhalation.
6	Putting an instrument, hand or finger <ol style="list-style-type: none"><li>beyond the external ear canal,</li><li>beyond the point in the nasal passages where they normally narrow,</li><li>beyond the larynx,</li><li>beyond the opening of the urethra,</li></ol>

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	v. beyond the labia majora,
	vi. beyond the anal verge,
	vii. or into an artificial opening into the body.

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7	Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
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8	Prescribing, dispensing, selling or compounding a drug as defined in the Drug and Pharmacies Regulation Act or supervising the part of a pharmacy where such drugs are kept.
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9	Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses other than simple magnifiers.
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10	Prescribing a hearing aid for a hearing-impaired person.
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11	Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
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12	Managing labour or conducting the delivery of a baby.
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13	Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
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14	Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.
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### Who Can Perform Controlled Acts?

Controlled acts can only be performed by a regulated health professional authorized to perform the act under his or her profession-specific legislation or where the controlled act has been appropriately delegated by an authorizer to another professional who has the knowledge, skill and judgement to safely perform the act.

Depending on the controlled act, some professions may have **complete** authorization to perform the entire act while other professions may only have **partial** authorization to perform a specific part of the act. For example, physiotherapists (PTs) have partial authorization for the controlled act of putting an instrument, hand or finger into a body opening that permits performance of tracheal suctioning and assessment/treatment of pelvic musculature but PTs cannot perform any other parts of the act without delegation.

OTs have complete authorization to perform the controlled act of psychotherapy. OTs are also able to perform acupuncture without delegation (*see Exemption*).



## Occupational Therapy Scope of Practice

Central to the discussion of controlled acts and delegation is the scope of practice for occupational therapy defined in the *Occupational Therapy Act, 1991* as follows:

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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.

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An OT must consider whether performance of a delegated controlled act falls within the occupational therapy scope of practice prior to accepting delegation.

### Psychotherapy

OTs are authorized to perform the controlled act of psychotherapy under section 27 of the RHPA. OTs are permitted to use the protected title 'Psychotherapist' when they identify themselves as an OT as set out in the section 33.1 (1) of the RHPA. OTs performing psychotherapy and using the title Psychotherapist are expected to practice according to the College Standards for Psychotherapy

## Legislation Permitting OTs to Perform Controlled Acts

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In specific circumstances, the RHPA permits health professionals to perform controlled acts without having direct statutory authorization. OTs may be permitted to perform controlled acts in the following 3 ways:

- Exemptions (Acupuncture)
- Exceptions
- Delegation (Order or Medical Directive)

Regardless of the mechanism under which OTs are permitted to perform a controlled act, OTs are expected to obtain the necessary competencies to perform the act safely and to work within the scope of the occupational therapy profession.

## Exemption

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Exemptions are modifications to the legislation that grant direct authority for a specific task that falls within the parameters of a controlled act to a profession that is not otherwise authorized to perform the controlled act.

Acupuncture is the one exemption that applies to occupational therapy.

## Acupuncture

Acupuncture is a procedure performed on tissue below the dermis, which is a controlled act. Through a legislative exemption under the RHPA (Ontario Regulation 107/96, Controlled Acts, s. 8(2)), OTs are permitted to perform acupuncture on their own authority, without delegation. The acupuncture exemption applies to OTs performing the activity of acupuncture within the occupational therapy scope of practice.

OTs performing acupuncture are expected to adhere to the Standards for Acupuncture. OTs are not permitted to delegate acupuncture to anyone.

## Exceptions

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The RHPA, section 29(1) describes five circumstances in which OTs are permitted to perform a controlled act without authority or delegation:

### 1. Rendering first aid or temporary assistance in an emergency.

OTs can provide emergency assistance that involves a controlled act without receiving delegation. For example, an OT can administer an epinephrine injection, such as an EpiPen, for a client to prevent anaphylactic shock (the controlled act of administering a substance by injection). An OT can splint a fracture (the controlled act of setting a fracture) or apply a defibrillator (the controlled act of applying a form of energy) during an emergency situation.

### 2. Fulfilling the requirements to become a registrant of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a registrant of the profession.

Student OTs may be included in the delivery of controlled acts as part of fulfilling the requirement to become a registrant of the profession. OTs have direct access to the controlled act of psychotherapy and access to acupuncture by exemption. Delegation of psychotherapy is not required for Student OTs to be included in the delivery of this controlled act. Student OTs are not permitted to perform acupuncture.

When a student is learning to perform controlled acts delegated to OTs, the supervising OT should: obtain delegation for their own involvement; provide the appropriate level of supervision to the student; and seek permission from the authorizer to involve the student in the performance of the controlled act.

### 3. Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment.

This exception does not apply to OT.

4. Treating a member of the person's household. The controlled acts allowed under this exception are communicating a diagnosis, administering a substance by injection or inhalation and putting an instrument, hand or finger into a body opening.

This means that an OT, in his or her personal capacity of caregiver, can perform these acts for his or her own family members without delegation within the role of caregiver.

5. Assisting a person with his or her routine activities of living. The controlled acts allowed under this exception are administering a substance by injection or inhalation and putting an instrument, hand or finger into a body opening.

This exception is an important one for OTs. It gives OTs the authority to assist clients with managing routine activities such as changing a catheter, inserting a tampon, assisting with toileting, administering or titrating oxygen and administering insulin injections provided the OT is competent to assist. For example, increasing the oxygen level as prescribed when engaging the client in activity is considered a routine activity of living if the client's condition is stable, oxygen therapy has been well-established for a period of time, and such oxygen titration changes are routine for the client within his or her home or community environment.

The interpretation of a routine activity of living may not always be clear. To make the distinction between a routine activity of living and the performance of controlled act requiring delegation, the OT needs to use his/her clinical judgement and consider the following questions:

- Is this activity one that is routinely taught to clients and caregivers so they can perform it in the absence of a health care provider? If it is, then it is likely a routine activity of living.
- Is the client's condition stable? If the client has a stable, ongoing condition that requires regular management, it could likely be a routine activity of living. If client's condition is in an early, acute or changing state, the client's condition may not be stable and as a result the activity might not yet be routine. Communicate with the authorizer to determine if the activity is appropriate to perform.
- Am I competent to perform the controlled act under the circumstances and am I prepared to manage any risks or outcomes associated with the performance of the act?

## Delegation

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Delegation is the legislative framework that allows the transfer of legal authority to perform a controlled act from a health professional authorized to perform the controlled act (the authorizer) to another health provider who is not authorized to perform the controlled act. In circumstances where an OT does not have authority to perform a controlled act under the legislation, an OT can accept delegation from an authorizer if the authorizer and the OT both have the competence (knowledge, skill and ability) to safely perform the act.

## Guide to Controlled Acts and Delegation 2018

A controlled act can be delegated for a specific client at a point in time (for example, doctor's order) or for a client population or group of clients over an unspecified period of time (for example, medical directive).

In every instance of delegation, the client's best interest must be considered. In deciding to receive delegation of a controlled act, the OT should consider how to achieve an appropriate balance between client need, quality and access. Controlled acts must not be delegated solely for monetary or convenience reasons and quality patient care must not be compromised by the delegation.

### Delegation and Assignment

To ensure clear and accurate communication, it is important for OTs to understand the difference between the terms delegation and assignment. Assignment is the process whereby an OT assigns components of occupational therapy service (such as range of motion exercises, ADL retraining, functional mobility, community integration, work simulation activities) that are not restricted acts, to a support person or other care provider. In these circumstances, OTs are not delegating, they are assigning the activity to the occupational therapist assistant (OTA).

For additional information regarding the process of assignment refer to the Standards for the Supervision of Occupational Therapist Assistants and the Standards for Psychotherapy.

### Sub-delegation

It is considered sub-delegation when an individual who has acquired the authority to perform a controlled act through delegation, then delegates it to another provider. OTs are not permitted to sub-delegate to other health care professionals or OTAs.

When supervising a student, the student can perform a controlled act under the supervision or direction of the OT provided the OT:

- has appropriately received delegation (directly from a health professional who has the authority to perform the controlled act);
- is competent to perform the procedure; and,
- is confident the student is competent to safely perform the procedure.

It would be prudent for the OT to seek delegation for the student when the student is learning to perform the act. It is recommended that the OT communicate with the authorizer that a student will be working with the OT and involved in performing the procedure. In addition, it is expected that the OT will practise in accordance with the Standards for the Supervision of Students.

## Delegation Process

Delegation involves the following two steps:

1. Transfer of Authority: The health professional who is authorized (the authorizer) to perform the controlled act under the RHPA *transfers authority* to the OT (the implementer).



2. Provision of Instructions: The authorizer provides *specific instructions* that must be followed by the implementer in performing the act. Direction or instruction can be provided through an order or a medical directive.

## Orders and Medical Directives

Direction provided by an authorizer can take two forms:

- a) **An order:** The criteria and conditions necessary to perform a specific controlled act for a *specific client*.
- b) **A medical directive:** The authorization to perform a specific controlled act for *multiple clients* under specific conditions.

It is prudent for the OT to obtain the specific instructions provided by the authorizer in writing. If the directive is incomplete or unclear, it is the OT's responsibility to seek clarification.

## Suggested Content of a Directive for Delegation of a Controlled Act

A directive is intended to provide guidance or parameters related to decision-making when performing a controlled act. Each directive related to a controlled act needs to be context- or situation-specific. Ideally, directives are jointly developed by the regulated health professional with the authority for the controlled act and the OT to whom the act is being delegated.

### A directive may contain:

1. a description of the controlled act being delegated;
2. specific client conditions and circumstances which must be met before the act can be implemented, including differentiating between acts that:
  - (a) require a client-specific directive/order, meaning the directive can be implemented only on delegation of the act for a specified patient or,
  - (b) may be implemented when the OT has identified that client conditions and circumstances have been met (for example, the OT may perform the controlled act on all patients referred to the team, providing the therapist identifies that conditions set out in the directive are met);
3. any contraindications for implementing the controlled act;

4. identification of who may implement the controlled act, including specified educational requirements for the implementers;
5. identification of a feedback mechanism to enable the OT(s) implementing the directive to contact the authorizer to seek clarification if needed;
6. identification of resources available if the possible outcomes of treatment are not within the OT's competence or scope of practice;
7. documentation requirements;
8. the date and signature of the administrative authority approving the directive; and
9. any additional information.

## Competence

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When accepting delegation, OTs must ensure they have the knowledge, skill and judgement to perform the activity safely and effectively and are competent to manage all aspects of the act, including environmental factors and potentially adverse reactions. The type and combination of training undertaken by the OT must be sufficient to attain the required competencies prior to performing any controlled acts. Training may include formal courses, workshops, on-the-job supervised practice, observation, rounds and/or review of current evidence in the literature.

## Controlled Acts and Appropriate Acceptance of Delegation

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The College has considered the factors related to the safe, effective performance of controlled acts. The following section outlines the acts for which the College considers it appropriate for OTs to accept delegation and the acts for which the College does not recommend OTs accept delegation.

Performance of some controlled acts fall outside the scope of practice for occupational therapy or require knowledge, skills and experience not typically addressed in occupational therapy education. For these reasons, the College recommends that OTs do not pursue or accept delegation for certain controlled acts.

For each of the 14 controlled acts, the following section outlines:

1. When it is not recommended for OTs to accept delegation for the act;
2. Activities associated with the controlled act that OTs are permitted to perform within the scope of practice of the profession; and,
3. When delegation of the controlled act to OTs may be appropriate.

**1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his personal representative will rely on the diagnosis.**

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(Refer to College Position Statement on Communicating a Diagnosis)

While OTs are not permitted to communicate a diagnosis, they do play an important role in collecting and interpreting data that contributes to and in some cases confirms a diagnosis. Since these activities are not controlled acts, they do not require delegation.

OTs are permitted to communicate assessment findings. OTs must assess a client's ability to participate in activities that are important to him or her, draw conclusions about the barriers to occupational performance and recommend appropriate interventions from these results. It is essential that the OT provide the client with an explanation of the nature of the problem, including labeling or naming the identified dysfunction, for example, ataxic gait, left neglect, fine motor delay. The College considers this to be communicating symptoms of a dysfunction, not a disease or disorder.

If the dysfunction suggests the presence of a disease or disorder that a diagnosing practitioner has not identified, the OT, with the client's consent, should communicate the findings to the practitioner. If the diagnosing practitioner is the referral source, explicit permission from the client is not required to communicate this information unless the client expressly refuses consent. If the client has no relationship with a diagnosing practitioner, the OT should seek the client's consent for referral to an appropriate practitioner.

As occupational therapy roles evolve, there may be circumstances where OTs have developed the required competency to receive delegation to perform the controlled act of communicating a diagnosis within a particular area of practice. If the authorizer and the OT are competent and procedures are in place to ensure safe performance of the act, it may be appropriate for an OT to accept delegation for this controlled act. For example, an OT with training and experience in arthritis care may have the required competencies to safely accept delegation to communicate a diagnosis of osteoarthritis of the thumb to the client.

## **2. Performing a procedure below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.**

OTs may assess and provide care for superficial wounds, pressure ulcers and burns without delegation if the stage of the wounds does not require the OT to work below the dermis.

For example, debridement of a wound may be performed by an OT when the wound is at the epidermis or dermis level. Once a wound is considered below the dermis, the OT is required to seek delegation to perform the procedure.

## **3. Setting or casting a fracture of a bone or a dislocation of a joint.**

Interventions that do not involve a fracture or dislocation, such as carpal tunnel syndrome, arthritis and post-surgical tendon repair, do not require delegation when an orthotic is required.

While orthotics are not specified in this controlled act, applying them to an unstable fracture carries a risk similar to applying a cast. Depending on the nature of the fracture and its healing stage, this treatment may require delegation.

## **4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.**

The College recommends OTs not accept delegation of this act.

## **5. Administering a substance by injection or inhalation.**

OTs are often delegated procedures within this controlled act when helping clients engage in daily activities. If the activities are routine activities of living, they do not require delegation as they fall under an exception.

However, when administering a substance by injection or inhalation is not a routine activity, delegation is required. The procedure may no longer be routine if the client's health status has changed (become unstable), the client's need for the procedure has changed or the client's response to the procedure has changed.



For example, a client with a history of Chronic Obstructive Pulmonary Disease (COPD) has been admitted to hospital following a heart attack. The client experiences shortness of breath and dizziness with minimal physical exertion, requires assistance to transfer, and has extremely low activity tolerance. This is a significant change from the client's pre-hospital admission status. Before proceeding with the controlled act of oxygen titration during a therapy session, the OT must use their clinical judgement to determine if the procedure requires delegation or falls under the routine activities of living exception.

### 6. Inserting an instrument, hand or finger into a body opening

Any or all parts of this controlled act can be delegated to an OT. For example, an OT could receive delegation to provide suctioning beyond the larynx or through a tracheotomy. An OT may also receive delegation for assessment and treatment of pelvic health conditions impacting daily function.

As previously noted, routine activities of daily living are excepted from the requirement for delegation. Once established activities for the client, assisting a client with inserting a nasal-gastric tube, tampon, urinary catheter or birth control device may not require delegation.

### 7. Applying or ordering the application of a form of energy prescribed by the regulations under the RHPA.

The forms of energy referred to in Ontario Regulation 107/96 include:

- a) electricity (for aversive conditioning, cardiac pacemaker therapy, cardioversion, defibrillation, electrocoagulation, electroconvulsive shock therapy, electromyography, fulguration, nerve conduction studies, transcutaneous cardiac pacing);
- b) electromagnetism for magnetic resonance imaging; and
- c) sound waves for diagnostic ultrasound or lithotripsy.

This controlled act is specific only to the procedures listed above. This means that while diagnostic ultrasound is a controlled act, the use of ultrasound as a treatment modality is not. Likewise, while using lasers to dissolve kidney stones is a controlled act, using lasers to treat a musculoskeletal condition, as would apply to occupational therapy practice, is not. Other procedures that involve forms of energy but are not controlled acts include:

- applying heat;
- using transcutaneous electrical nerve stimulation (TENS), other than to the heart;
- attaching electrodes that do not pierce the dermis to receive biofeedback; and,
- electrical muscle stimulation.

The ordering of x-rays is also not a controlled act. Instead it falls under the *Healing Arts Radiation Protection Act, 1990* (HARP) which does not permit OTs to order x-rays. While OTs are often interested in ordering x-rays to support their practice, it must be recognized that it is the HARP and not the controlled act that limits access to OTs.

## 8. Prescribing, dispensing, selling or compounding a drug as defined in subsection 1(1) of the Drug and Pharmacies Regulation Act, 1990, or supervising the part of a pharmacy where such drugs are kept.

This controlled act is specific to the procedures of prescribing, dispensing, selling or compounding a drug and does not include administration.

**The College recommends OTs not accept delegation of this act.**

Administration refers to everything that happens after the drug is dispensed. An OT does not require delegation to administer a medication unless it involves the controlled act, *administering a substance by injection or inhalation*, or the controlled act, *inserting an instrument, hand or finger into a body opening*. Inserting a rectal or vaginal suppository involves the controlled act of *inserting an instrument, hand or finger into a body opening*.

Administration includes preparing a dose of a drug from the client's labeled supply and providing it to the client when it is due. Similarly, administering pro re nata (PRN) medication as required does not require delegation if the medication has been dispensed to the client, is taken from his or her own medication supply and does not involve a controlled act to administer. OTs may also repackage properly dispensed medications into mechanical aids, such as a dosette, to facilitate self-administration, or administration by a family member or unregulated care provider. When administering medication, OTs must take necessary precautions to ensure accuracy and compliance with the medication prescription.

## 9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eyeglasses other than simple magnifiers.

The College recommends OTs **not** accept delegation of this act.

Page magnifiers and non-prescription reading glasses are considered simple magnifiers. Therefore, recommending or providing magnifiers is not a controlled act and OTs do not need delegation to use these assistive devices with clients.

## 10. Prescribing a hearing aid for a hearing impaired person.

The College recommends OTs **not** accept delegation of this act.

An FM system that transmits sound waves from one person (for example, a teacher) to another person (for example, a student with a hearing or attention impairment) is not considered a hearing aid. Consequently, recommending or providing such a system is not considered a controlled act and an OT does not require delegation.

### **11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.**

The College recommends OTs **not** accept delegation of this act.

Recommending a mouth guard to protect the teeth from external blows or falls does not involve a controlled act so delegation is not required.

### **12. Managing labour or conducting the delivery of a baby.**

The College recommends OTs **not** accept delegation of this act.

### **13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.**

The College recommends OTs **not** accept delegation of this act.

### **14. Treating by means of psychotherapy technique.**

OTs who are competent to perform psychotherapy are authorized to perform the controlled act and use the title Psychotherapist in compliance with the requirements set out in the RHPA. Delegation is not required. All OTs performing psychotherapy are expected to adhere to the Standards for Psychotherapy.

#### **Informed Consent**

As with all interventions, informed consent must be obtained before the OT may perform all or part of a controlled act. The client must be advised if the act has been delegated and be given an opportunity to ask questions and receive answers about the procedure. For additional information regarding informed consent refer to the Standards for Consent.

### Harm Clause

Section 30 of the RHPA includes a harm clause that prohibits *any person from treating or advising a person about his/her health in circumstances in which it is reasonably foreseeable that serious physical harm may result*. This clause regulates dangerous activities that may not be specifically listed as controlled acts. It is primarily meant to capture conduct by unregistered practitioners.

There are exceptions to the harm clause including:

- Registered practitioners acting within the scope of their profession;
- Those acting under the direction or in collaboration with a registered practitioner acting within the scope of his or her profession; and
- Persons acting pursuant to a properly given delegation

### Informing Employers and Other Stakeholders

As a regulated health professional, an OT is accountable for adhering to legislation and professional standards in all situations. If an OT is asked to perform a controlled act outside his or her competence, it poses a risk to the client. The OT is obliged under Ontario Regulation 95/07: Professional Misconduct to inform the authorizer and/or employer that he or she is unable to perform the activity.

The OT may use such a situation to inform stakeholders about controlled act legislation and the harm clause. Employers and other stakeholders need to recognize it is an offence to aid and abet a person to perform aspects of health care that the individual is prohibited from doing.

### Documenting Delegation and Performance of Controlled Acts

As with any intervention, documenting the process is important. The Standards for Record Keeping (2016), state “The occupational therapist will ensure that information is documented on all delegated controlled acts that he or she performs for a client.” Documentation should contain:

- the controlled act that has been delegated;
- any specific instructions related to the delegation;
- acceptance of the delegation; and
- the name, date, and designation of the person delegating the controlled act. For example, referencing a medical directive or order may be appropriate.

### Summary

OTs, in a variety of practice settings and areas of practice are in a position to consider accepting delegation. OTs are accountable for their actions and responsible for demonstrating competency, seeking guidance and refraining from practice beyond the OT’s competence or scope of practice.

OTs are accountable for the practice they provide to the public. Guides are issued by the College to assist the professional. They represent guidance from the College on how OTs should practice in order to comply with legislation. Guides are intended to support, not replace, an OT’s application of clinical reasoning and professional judgment in the context of their practice setting.

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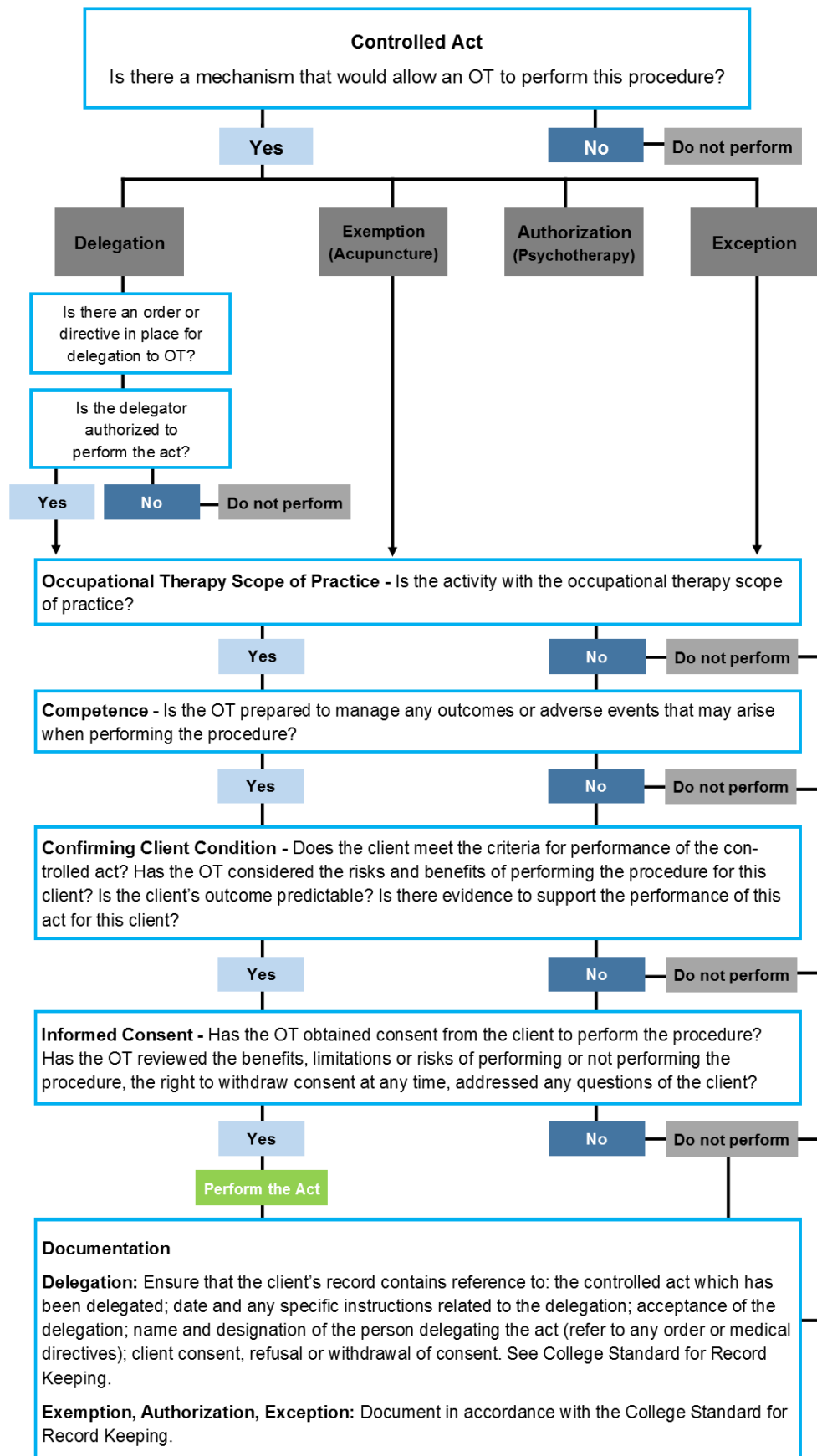
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Decision Tree for Receiving Delegation and Performing Controlled Acts





## Revised Excerpt from Guide to Controlled Acts and Delegation

**1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his personal representative will rely on the diagnosis.**

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While occupational therapists are not permitted to communicate a diagnosis, they do play an important role in collecting and interpreting data that contributes to a diagnosis.

### **Communicating Assessment Findings**

Occupational therapists do regularly communicate their assessment findings to clients and substitute decision maker (SDM). It is essential that the OT provide the client/SDM with an explanation of the nature of the problem, including labeling or naming the identified dysfunction, for example, ataxic gait, left neglect, fine motor delay. The College considers this to be communicating symptoms and does not require delegation.

If the dysfunction suggests the presence of a disease or disorder that a diagnosing practitioner has not identified, the OT, after obtaining appropriate consent from the client/SDM should communicate the findings to this practitioner. When appropriate, Occupational Therapists may be asked to comment on expected functional progress and outcomes within the scope of occupational therapy competency.

### **Explanation of the Diagnosis**

In the process of assessment and intervention, occupational therapists must often explain how the client's diagnosis may be impacting their occupational performance. In addition, clients/SDM may ask occupational therapists to provide them with information about functional abilities regarding the disease/disorder/injury. This is acceptable if the diagnosis has already been communicated to the client/SDM by the diagnosing practitioner.

### **Determining a Provisional Diagnosis**

Occupational therapists in the course of their assessment and treatment may be alerted to signs and symptoms which are indicative of a disease/disorder/injury of which the client/SDM is unaware. In some instances, occupational therapists are uniquely qualified to assess signs or symptoms and provide clinical information that is essential for the diagnosing practitioner to arrive at a definitive diagnosis. In this case it is the occupational therapist's professional responsibility to make the client/SDM aware of the significance of the signs or symptoms and to suggest the appropriate action.

Discussions with the client/SDM should occur in a manner that will not result in the client/SDM relying upon the information as a definitive diagnosis and thus, is not considered the controlled act of "communicating a diagnosis which identifies a disease or disorder." During discussions occupational therapists can refer to a cluster of symptoms but may not relay a suspected diagnosis for example;

*An occupational therapist may NOT say: "It seems like you have generalized anxiety disorder"*

*An occupational therapist may say: "most of the time you feel restless and can't stop your worry, and that you are afraid something awful might happen.... I think it would be a good idea to make an appointment with your family doctor so they can assess these symptoms."*

### **Accepting Delegation**

As occupational therapy roles evolve, there may be circumstances where occupational therapists have developed the required competency to receive delegation to perform the controlled act of communicating a diagnosis within a specific area of practice. If the authorizer determines that the occupational therapist is competent to accept the delegation and procedures are in place to ensure safe performance of the act, it may be appropriate for an occupational therapist to accept delegation for this controlled act. For example, an occupational therapist with training and experience in arthritis care may have the required competencies to safely accept delegation to communicate a diagnosis of osteoarthritis of the thumb to the client.





## COUNCIL BRIEFING NOTE

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**Date:** March 26, 2020  
**To:** Council  
**From:** Executive Committee  
**Subject:** Standards for Occupational Therapist Assessments

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Page 1 of 2

### Recommendation

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

### Public interest in this Issue

Assessments are an integral part of occupational therapy practice and serve as the foundation for clinical decisions, professional opinions and recommendations. Occupational therapist assessments can negatively impact the public if not performed by a competent practitioner. Occupational therapists performing assessments are expected to comply with the Standards for Occupational Therapists Assessments. The Standards for Occupational Therapist Assessments outline minimum expectations to ensure the public is receiving safe, ethical, competent assessments from Ontario occupational therapists.

### Background

The Standards for Occupational Therapy Assessments were originally issued in 2007 and revised in 2013. According to the College Framework for Document Publications it is recommended that College Standards be reviewed every five years for currency and relevancy of content. Recognizing that the Standards for Occupational Therapy Assessments exceeded the recommended timeline, Practice Issues Subcommittee identified a review of this document as a priority for the 2019-2020 work plan.

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

1. **Legislation** – There have been no recent significant changes to legislation impacting the Standards for Occupational Therapy Assessments.
2. **External Scan** – College staff completed an external scan of other regulatory bodies' documents pertaining to assessments. Despite variations in approaches to presenting Standards, staff found that the expectations outlined in the Standards for Occupational Therapy Assessments align with the expectations of other regulated health professionals. This finding dispelled some myths and perceptions that OTs were being held to a higher standard of practice.
3. **Internal Scan** – An internal scan involved the review of the Practice Program, and Quality Assurance Program data and a review of common ICRC complaints. The Practice Program data indicated that questions associated with OT assessments include informed consent, record keeping, OT scope of practice, conflict of interest, accountability and ethical conduct.

The most frequently identified issues arising from the QA program are associated with consent, record keeping, client centred care and professional boundaries.

A review of the ICRC case data also identified similar themes interrelated with assessment. Between the years 2014-2019 there were 43 mandatory reports and 85 complaints related to occupational therapy assessments.

4. **Content & Format Review** – Upon initial review of the content and format of the Standards for Occupational Therapy Assessments, Subcommittee recommended that significant changes were required to remove outdated references and reformat the Standards to align with the current publication formats.
5. **Website Analytics** - August 2016-2019 - The Standards for Occupational Therapy Assessments had 8924 website views and a total of 1,512 downloads. The key word used for website searches is Assessments.

### Results of the Document Review

Upon review of the Standards for Occupational Therapy Assessments, Practice Issues Subcommittee recommended a document revision.

Review		Revision	
<input type="checkbox"/>	Document stays the same, no revisions required.	<input type="checkbox"/>	Minor revisions updates needed.
<input type="checkbox"/>	Typos, corrections needed.	<input type="checkbox"/>	Significant revisions - no implications for policy
		<input type="checkbox"/>	Revision – possible implications for policy.
		<input checked="" type="checkbox"/>	Significant re-drafting, changes to policy content

The revised draft Standards for Occupational Therapist Assessments were presented to Practice Issues Subcommittee on February 26<sup>th</sup>, 2020 for approval of edits. Subcommittee recommended that Executive Committee review and approve the draft revised Standards for Occupational Therapist Assessments in anticipation that the document will be forwarded to Council for a decision to circulate for broader stakeholder consultation.

### Discussion

Key changes in the Standards for Occupational Therapist Assessment:

1. Title Change – Subcommittee reached consensus that the Standards for Occupational Therapy Assessments be retitled to the: Standards for Occupational Therapist Assessments for clarity as the expectations outlined in the Standards are for occupational therapists and not occupational therapy assessments.
2. Format - The Standards have been reformatted and case scenarios removed for consistency with other standards. Educational resources will be developed to accompany this standard that will include case scenarios and case-based learning.
3. Preamble – Removed the preambles for consistency with other Standards.
4. Integration of Standards –In response to Subcommittee concerns regarding redundancy, several Standards and sections were merged.

### Decisions

1. Council to review and consider approving the draft revised Standards for Occupational Therapist Assessments for broader public and stakeholder consultation

**Attachment(s)**

- Revised Draft Standards for Occupational Therapist Assessments
- Current Standards for Occupational Therapy Assessments



# Standards for Occupational Therapist Assessments

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March 2020

Revised: Month YYYY

## Introduction

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Assessments are an integral part of occupational therapy practice. Assessment is defined as “the process of gathering sufficient information about individuals and their environments to make informed decisions about intervention.”<sup>1</sup> It serves as the foundation for an occupational therapist’s clinical decisions, professional opinions, interventions and recommendations. Within their clinical assessment occupational therapists can incorporate standardized and/or non-standardized assessment tools. Assessment is an ongoing process throughout service delivery.

The College uses the term “client” to refer to the individual(s) who receive occupational therapy services from an OT. Under the Regulated Health Professions Act, 1991, the term “patient” is used to refer to the recipient of health care service provided by a regulated health professional. For the purpose of the Standards for Occupational Therapist Assessments, the terms “client” and “patient” have the same meaning.

Some occupational therapists will work as solo practitioners, others may function within a team-based environment (e.g. multidisciplinary or interdisciplinary). The type and format of occupational therapist assessments may vary due to many factors including: the purpose of the assessment, service delivery model, practice setting, and available resources. Occupational therapist assessments involve a comprehensive, consistent and collaborative process. Occupational therapists are expected to apply evidence-informed practices throughout the assessment process and draw on their knowledge, skills, judgement and experience to determine the most suitable approach to an assessment.

This means that the approach used to conduct assessments can differ between individual occupational therapists depending on the client’s physical, social, cognitive, emotional, behavioural, environmental, and communication needs. Assessment data can be collected using both formal and informal approaches of gathering information. Depending on the nature of the assessment, collateral information can be collected from various sources.

The Standards for Occupational Therapist Assessments reflect the most common approach to occupational therapist assessments and are based on core occupational therapy principles outlined in the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition. The purpose of these Standards is to ensure that occupational therapists in Ontario are aware of the minimum expectations for the assessment component of their practice.

### Application of the Standards for Occupational Therapist Assessments

- 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 performance indicators could be demonstrated by the occupational therapist if requested.
- There may be some situations where the occupational therapist determines that a particular

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<sup>1</sup> Christiansen & Baum, 1992, pg. 376.

performance indicator has less relevance due to client 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 complete the assessment based on the scope of the referral and specific client needs.
- It is expected that occupational therapists will be able to provide a reasonable rationale for any variations from the Standard.

**In the event of any conflict or inconsistency between these Standards for Occupational Therapist Assessments and other College Standards, the Standard with the most recent issue or revised date prevail.**

College publications contain practice parameters and standards that all occupational therapists practising in Ontario must utilize in the delivery of service to their clients and in the practice of the profession. College Standards are developed in consultation with occupational therapists and describe current professional expectations. College Standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to the Regulated Health Professions Act, 1991 (RHPA), the College is authorized to make regulations in relation to professional practice. The College's Professional Misconduct Regulation establishes that "contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession" constitutes grounds for professional misconduct.

## Overview of the Standards for Occupational Therapist Assessments

1. Service Initiation
2. Screening the Referral
3. Consent
4. Assessment
5. Analysis and Recommendations
6. Record Keeping
7. Disclosing Information

### 1. Service Initiation

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#### Standard 1

The occupational therapist will establish a personal scope of practice and demonstrate knowledge, skills and judgement to practice within this scope prior to accepting referrals.

## Performance Indicators

### An occupational therapist will:

- |     |   |
|-----|---|
| 1.1 | Determine if the assessment falls within their specific role and occupational therapy scope of practice;  |
| 1.2 | Determine if they have the required knowledge, skills and judgment needed to deliver the service;   |
| 1.3 | Have sufficient knowledge of the legislation, regulatory and organizational requirements relevant to their area of practice and method of service delivery; |
| 1.4 | Clearly explain their role and responsibilities to the client/substitute decision maker (SDM) and all stakeholders;   |
| 1.5 | Perform occupational therapist assessments in accordance with the Standards of practice and the Code of Ethics.   |

## 2. Screening the Referral

### Standard 2

The occupational therapist will screen the referral and gather sufficient information to determine whether or not to proceed with the occupational therapy assessment.

### Performance Indicators

#### An OT will:

- |     |  |
|-----|--|
| 2.1 | Determine who is the client(s) and confirm identity;   |
| 2.2 | Gather and review client information to determine whether or not to proceed with the assessment and communicate this finding to the client and referral source (if appropriate); |
| 2.3 | Prevent and manage any actual, potential or perceived conflicts of interest prior to proceeding with the assessment;   |
| 2.4 | Communicate to the client/SDM and referral source (if appropriate) the scope of the assessment; and the required processes to proceed with the occupational therapy service;     |
| 2.5 | Validate clinical information with the client and make reasonable efforts to ensure the accuracy of the information collected from other sources;                                |
| 2.6 | Communicate the reason to client/SDM or third-party stakeholder if the referral is declined;   |
| 2.7 | Determine if it is safe to proceed with the assessment and manage any identified barriers or risks;  |

- 
- 2.8** Refer clients to appropriate resources if the referral is beyond the scope of the occupational therapy service.
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### 3. Consent

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#### Standard 3

The occupational therapist will ensure the necessary consent is obtained from the client/SDM 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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- 3.1** Determine client capacity to consent and participate in the assessment;
- 
- 3.2** Obtain consent for the assessment, discussing the following with the client/SDM:
- a) The scope of the assessment and who the payer is (or confirming the financial arrangements if the client is paying directly),
  - b) The purpose and nature of the assessment including whether information will or needs to be obtained from other individuals,
  - c) The legal authority (e.g., voluntary, contractual, legislative provision) for conducting the assessment,
  - d) The identity and professional qualifications of individuals who will be involved in the assessment, (e.g., other team members, etc.),
  - e) The potential benefits and limitations of completing the assessment,
  - f) The risks associated with completing or not completing the assessment,
  - g) The expected process of the assessment, how the information will be collected, used, and disclosed,
  - h) The option of the client to withdraw consent at any time during the process,
  - i) Where appropriate, the option of the client to select another occupational therapist to perform the assessment;
- 
- 3.3** Respect client choice not to proceed with the assessment and engage client/SDM in a collaborative approach to understand the implications when withdrawing consent to participate in the assessment;
- 
- 3.4** Ensure appropriate consent is obtained to collect, use and disclose personal health information and assessment results; unless not legally required to do so;
-



- 
- 3.5** Clarify expectations at the onset of service how the information will be shared;
- 
- 3.6** Confirm that consent obtained by a third party meets the requirements outlined in the Standards for Consent.
- 

## 4. Assessment

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### Standard 4

The occupational therapist will apply and use safe assessment methods and tools that are client-centred, and evidence-informed to assess the client's occupational performance issues.

#### Performance Indicators

##### An occupational therapist will:

- 
- 4.1** Identify the occupational performance issues to be assessed based on the subjective and objective information gathered;
- 
- 4.2** Select a theoretical approach, assessment methods and tools, that are appropriate to assess the client<sup>2</sup>;
- 
- 4.3** Review the psychometric properties of the standardized assessment (reliability, validity) to determine the appropriateness of the tool to assess the client
- 4.3.1 Have the necessary training to administer the assessment tool;
- 
- 4.4** Manage any risks, contraindications or limitations of using the selected tools or methods of assessment with the client;
- 
- 4.5** Remain current, using relevant evidence and best practice approaches;
- 
- 4.6** Collaborate and communicate with the client/SDM and other stakeholders regarding the assessment approach process.
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<sup>2</sup> Townsend & Polatajko (2013). *Enabling occupation II: Advancing an occupational therapy vision for health, wellbeing, & justice through occupation.*

## 5. Analysis and Recommendations

### Standard 5

The occupational therapist will ensure they have sufficient information to proceed with the analysis in order to formulate professional opinions and recommendations.

#### Performance Indicators

##### An occupational therapist will:

- 5.1 Analyze all relevant information collected, using the subjective, objective and assessment findings;
- 5.2 Identify any gaps in the assessment findings and determine if there is a need to gather additional information;
- 5.3 Determine if the assessment represents a fair and unbiased evaluation of the client;
- 5.4 Consider the strengths and limitations of the person, environment and occupation and the impact on occupational performance issues;
- 5.5 Develop recommendations based on the analysis of the information gathered,
- 5.6 Consider access and availability of resources when making recommendations;
- 5.7 Determine the need to make a referral to other practitioners for further assessment;
- 5.8 Determine if further evaluation is required, when additional information becomes available by the client or other stakeholders following the initial occupational therapy assessment.

## 6. Record Keeping

### Standard 6

The occupational therapist will document assessment methods, processes and findings in accordance with the Standards for Record Keeping.

#### Performance Indicators

##### An occupational therapist will ensure that:

- 6.1 Client records are maintained in accordance with the Standards for Record Keeping;
- 6.2 Documentation is completed in a manner that is accurate, concise, and reflective of the assessment including: consents obtained, sources of information, assessment approach and procedures, results, analysis, professional opinions, and recommendations;

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**6.3** Documentation complies with timeframes, formats, and standards of practice established by the practice setting, legislation or third-party payer requirements;

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**6.4** Data gathered by the occupational therapist and used to inform clinical decisions, which cannot be included or summarized in the record, will be retained. The occupational therapist will document in the client record or assessment report indicating the existence and location of this data.

**Note:** Converting data to an electronic format, for retention purposes, is appropriate as long as the integrity of the data is upheld;

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**6.5** Document client participation, and any client, tool or environmental limitations associated with the assessment process;

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**6.6** Assessment documentation is complete and accurate prior to finalizing documents and applying their signature;

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## 7. Disclosing Information

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### Standard 7

The occupational therapist will ensure that relevant assessment information is communicated (results, opinions, recommendations) to the client/SDM or relevant stakeholders in a clear and timely manner.

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#### An occupational therapist will:

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**7.1** Communicate assessment results in a timely manner using terminology that the client/SDM can easily understand;

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**7.2** Discuss the outcome of the assessment with the client/SDM and provide an opportunity to obtain clarification if required;

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**7.3** Confirm client consent for the disclosure of the assessment information to third-party payers/stakeholders unless exceptions apply under privacy legislations;

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**7.4** Provide their professional contact information should there be questions about the OT assessment;

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**7.5** Comply with current legislation when withholding all or part of the client's record if sharing information will result in harm to the client or others;

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**7.6** Ensure the client/SDM is aware of the process to access the clinical record or assessment report;

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**7.7** Take reasonable measures to ensure that any occupational therapy assessment information disclosed on behalf of the occupational therapist is accurate and represents the occupational therapist's professional opinion and clinical judgement.

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Standards for Occupational Therapist Assessments

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DRAFT



College of Occupational Therapists of Ontario  
Ordre des ergothérapeutes de l'Ontario

Standard

# Standards for Occupational Therapy Assessments

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Reformatted May 2016

Revised August 2013

Originally Issued May 2007

## Introduction

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The *Regulated Health Professions Act, 1991* (RHPA) acknowledges occupational therapists as autonomous practitioners. Regulation of the profession also requires that occupational therapists practise according to established standards and principles of practice, and apply these consistently in a responsible and intentional manner within the health care environment. Although each area of practice has its own unique characteristics and issues, the principles that guide practice are constant and apply across all environments.

Assessment is core to the delivery of occupational therapy services. It serves as the foundation for all subsequent clinical decisions, professional opinion, intervention and recommendations. Completion of an occupational therapy assessment involves a comprehensive and consistent process, whether it is condensed into one visit or continued over several. The following standards and guidelines apply to all types of occupational therapy assessments; they are based on core occupational therapy principles and the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition. These standards and guidelines are also applied according to the type of service provided and the needs of the individual client.

The public views assessment as an important aspect of health care service. This may be explained by the critical gate-keeping role that assessment plays in determining the individual's need for services (health and non-health). Public concern about the assessment process and/or results is also revealed through the complaints process. Concern about the quality of assessments and assessment reports has been one of the more frequent issues raised with the College.

The purpose of these standards is to ensure that occupational therapists in Ontario are aware of the minimum expectations for the assessment component of their practice.

College publications contain practice parameters and standards which should be followed by all Ontario occupational therapists in the care of their 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 College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

## Definitions

Assessment is defined as “the process of gathering sufficient information about individuals and their environments to make informed decisions about intervention”, (Christiansen & Baum, 1992, p.376). Assessment is an ongoing, fluid process throughout service delivery that may be applied in a variety of settings. The nature of assessment is dependent on numerous factors, including the assessment environment, the purpose of the assessment, client condition and available resources. OTs need to apply the best available evidence throughout the assessment process and draw on their clinical experience to determine the best means of assessing their client and determining how to utilize the findings.

Throughout all steps of the assessment process, effective communication is very important. Effective communication involves the establishment of a feedback process and includes the appropriate use of verbal, non-verbal and written communication with the client and identified stakeholders (Guide to the Code of Ethics).

In determining how best to describe standards of the assessment process, the College adapted the five stage process described in the McMaster Model for Functional Assessment Evaluation (Strong, 2003). The stages of this assessment model describe the key processes are applicable for either a condensed or comprehensive assessment process. The titles of each stage of the process have been changed from the McMaster model to more appropriately reflect a generalized assessment process, rather than a specific functional abilities evaluation. While the process is described as a chronological progression of steps, it is expected there will be frequent overlap and fluid movement between the steps of the process.

Occupational therapists can also consult with the Canadian Practice Process Framework (CPPF).<sup>1</sup> Stage three of this framework, titled “Assess/Evaluate” directs occupational therapists to assess, consult, analyze data, and make recommendations within the assessment process (Townsend & Polatajko, 2013). Similarly, competency 4.4 of the *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition, suggests therapists, “Assess the occupational performance, engagement, and enablement needs of clients”<sup>2</sup>. It is also understood that assessment is an ongoing process that reoccurs throughout the delivery of service. Reassessment is part of the occupational therapy process and requires that each stage of the assessment process be revisited. Within an integrated system of health service delivery, it is also common for an occupational therapist to conduct an assessment as part of a team.

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<sup>1</sup> The CPPF is a dynamic and fluid process framework that guides occupational therapists through eight key action points (Townsend & Polatajko, 2013). These action points influence the therapeutic relationship and are fundamental to providing client-centered, occupational enablement in a systematic manner.

<sup>2</sup> Performance indicators 4.4.1 and 4.4.3 within Unit 4: Utilizes an Occupational Therapy Process to Enable Occupation directly pertain to the assessment process.



## Application of the Standards for Occupational Therapy Assessments

- The following standards describe the minimum expectation for each stage of the assessment process.
- The performance indicators listed below each standard describe more specific behaviours that demonstrate that the standard has been met.
- There may be some situations where the occupational therapist determines that a particular performance indicator is not relevant to an assessment due to client factors and/or environment factors.
- It is not expected that all performance indicators will be evident all the time, but could be demonstrated if requested.
- It is expected that occupational therapists will always use their clinical judgement to determine how to best complete the assessment based on the scope of the referral and specific client needs.
- It is also expected that occupational therapists will be able to provide the rationale for any variations from the standard.

# Overview of the Standards for Occupational Therapy Assessments

## Stage 1 – Initiation

- A. Assessor Preparation
- B. Screen the Referral
- C. Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent

## Stage 2 – Assessment of the Client

- A. Determine Approach to Assessment
- B. Gather Information and Collect Data

## Stage 3 – Analysis

- A. Evaluate Information
- B. Clinical Reasoning

## Stage 4 – Documentation

## Stage 5 – Use of Information

- A. Share Information with the Client
- B. Share Information with other Stakeholders

## Stage 1: Initiation

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### 1.A Assessor Preparation

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#### Standard

*The occupational therapist will establish a personal scope of practice, know the related legislative and organizational requirements and determine his/her own competency to practise within this scope prior to accepting referrals for assessment.*

#### Performance Indicators (Assessor Preparation)

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An occupational therapist will:

- |       |  |
|-------|--|
| 1.A.1 | Recognize parameters of his/her professional competence (knowledge, skill and ability), including any limitations;   |
| 1.A.2 | Clearly represent his/her role and competence to all stakeholders;   |
| 1.A.3 | Determine the social, cultural and economic factors of the client population relevant to his/her practice and service delivery;  |
| 1.A.4 | Determine legislative, regulatory and organizational requirements relevant to his/her practice and service delivery;   |
| 1.A.5 | Determine that he/she has the resources, including necessary training, needed to deliver the services offered (e.g. assessment tools, equipment, time, human resources); and |
| 1.A.6 | Manage potential risks to clients, self and others, in relation to the service to be provided.   |
-

## 1.B Screen the Referral

### Standard

*The occupational therapist will screen the referral to identify the client and determine that the request for service is appropriate, prior to, or during the initial contact with the client. The occupational therapist will gather sufficient information to determine whether or not to proceed with the assessment.*

### Performance Indicators

An occupational therapist will:

- |              |  |
|--------------|--|
| <b>1.B.1</b> | Distinguish the client from other stakeholders and determine if there are any actual, potential, or perceived conflicts of interest;                           |
| <b>1.B.2</b> | Determine if the purpose and expected outcome for the assessment is appropriate;   |
| <b>1.B.3</b> | Determine if any established inclusion or exclusion criteria for the assessment/service apply;   |
| <b>1.B.4</b> | Review relevant background information that has been provided;   |
| <b>1.B.5</b> | Determine if it is safe to proceed with the assessment and manage risks as necessary (e.g., infection control, professional boundaries, physical environment); |
| <b>1.B.6</b> | Confirm accuracy/currency of information provided about the client on the referral;  |
| <b>1.B.7</b> | Determine and communicate the outcome of the screening (accept or decline request for service); and  |
| <b>1.B.8</b> | Offer alternatives and/or options for service, when needed.  |

## 1.C Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent (refer to the Standards for Consent)

### Standard

*The occupational therapist will identify the stakeholders and clarify the occupational therapy roles and responsibilities. The occupational therapist will ensure there is informed consent from the client.*

*(Note: informed consent is an ongoing process to be re-evaluated throughout the assessment process).*

### Performance Indicators (Delineate Occupational Therapy Roles and Responsibilities and Obtain Informed Consent)

An occupational therapist will:

**1.C.1** Consider and establish professional boundaries;

**1.C.2** Clarify the occupational therapist's role in relation to other stakeholders;

**1.C.3** Establish informed consent for assessment including discussing the following with the client:

- a) The scope of the referral and who the payer is (or confirming the financial arrangements if the client is paying directly),
- b) The purpose and nature of the assessment including whether information will be obtained from other individuals or site visits,
- c) The legal authority (e.g., voluntary, contractual, legislative provision) for conducting the assessment,
- d) The identity and professional qualifications of individuals who will be involved in the assessment, (e.g., other team members, etc.),
- e) The potential benefits and limitations of completing the assessment,
- f) The risks associated with completing or not completing the assessment,
- g) The expected outcome of the assessment, how the information will be used, and with whom it will be shared,
- h) The option of the client to withdraw consent at any time during the process,
- i) Where appropriate, the option of the client to select another occupational therapist to perform the assessment,

**1.C.4** Establish informed consent for collection, use and disclosure of personal information; and

**1.C.5** Establish transparent communication appropriate to clients and stakeholders needs.

## Stage 2: Assessment of the Client

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In the process of assessing the client, the occupational therapist may use a combination of skilled observation, interview, record review, as well as standardized or non-standardized tools and methods. In order for an assessment to be complete, the following factors need to be addressed/included:

- A. Determine Approach to Assessment
- B. Gather Information and Collect Data

### 2.A Determine Approach to Assessment

---

#### Standard

*The occupational therapist will consider and apply assessment methods that are client-centred, evidence-based and supported by clinical judgement and experience.*

#### Performance Indicators (Determine Approach to Assessment)

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An occupational therapist will:

- |       |   |
|-------|---|
| 2.A.1 | Be familiar with the concepts of reliability and validity, normative data, interpretation, etc., as they relate to non-standardized and standardized tools relevant to the proposed assessment; |
| 2.A.2 | Identify the occupational performance issues to be assessed based on information gathered;  |
| 2.A.3 | Select a theoretical approach and related assessment methods and tools that are appropriate for the client (e.g., age, diagnosis, environment, etc.);   |
| 2.A.4 | Remain current with related evidence and occupational therapy practice;   |
| 2.A.5 | Engage the client and other stakeholders in a collaborative approach regarding the assessment process; and  |
| 2.A.6 | Respect client choice.  |
-

## 2.B Gather Information and Collect Data

### Standard

*The occupational therapist will use safe tools and assessment methods to gather adequate information for the analysis of the client's occupational performance issues in relation to the request for service.*

### Performance Indicators (Gather Information and Collect Data)

An occupational therapist will:

- |              |   |
|--------------|---|
| <b>2.B.1</b> | Use tools/methods that acknowledge the client as a multi-faceted individual;  |
| <b>2.B.2</b> | Identify any risks and/or contraindications of using the selected tools or methods of assessment with the client;   |
| <b>2.B.3</b> | Gather subjective and objective information from the client and other relevant sources;   |
| <b>2.B.4</b> | Make reasonable efforts to ensure currency and accuracy of information collected from other sources (see privacy legislation and other applicable legislation); and |
| <b>2.B.5</b> | Determine the reliability and validity, as well as consider the norms for any standardized tools used.  |

## Stage 3: Analysis

Following the collection of information, the occupational therapist consolidates and analyzes the information in order to formulate an opinion that guides further actions and recommendations. This analysis will include consideration of related theory, evidence, clinical judgment, clinical experience and the perspective of client(s) and other stakeholders.

- A. Evaluate Information
- B. Clinical Reasoning

## 3.A Evaluate Information

### Standard

*The occupational therapist will ensure he/she has sufficient pertinent information to proceed with analysis.*

### Performance Indicators (Evaluate Information)

An occupational therapist will:

- |              |  |
|--------------|--|
| <b>3.A.1</b> | Interpret information only if it is within the occupational therapist's own competence (knowledge, skill and ability);   |
| <b>3.A.2</b> | Evaluate the importance and relevance of each piece of information;  |
| <b>3.A.3</b> | Identify gaps in information and identify the need for further information gathering; and  |
| <b>3.A.4</b> | Determine, when gaps in information are identified, whether the assessment can be properly completed, and whether the assessment represents a fair and appropriate evaluation. |

## 3.B Clinical Reasoning

### Standard

*The occupational therapist will form an opinion and/or make recommendations based on a synthesis of the information and in relation to the request for services.*

### Performance Indicators (Clinical Reasoning)

An occupational therapist will:

- |              |  |
|--------------|--|
| <b>3.B.1</b> | Analyse all relevant information collected about the client using logic, rationale, and a balance of subjective and objective information as a basis for clinical reasoning; |
| <b>3.B.2</b> | Identify the strengths and limitations of the person, environment and occupation, and their influence on occupational performance issues;                                    |
| <b>3.B.3</b> | Develop recommendations based on the analysis of the information gathered, including the need for occupational therapy services; and   |
| <b>3.B.4</b> | Determine the resources needed and their availability in relation to the recommendations.  |



## Stage 4: Documentation

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Occupational therapists will maintain a record of the occupational therapy services provided. Documentation of the assessment should be included in the record. In many cases, the occupational therapist will be required to prepare a formal report of the assessment process and findings. This formal report may be in addition to the client record unless it includes all the required information of the assessment. Documentation of the assessment process should be in keeping with the College's Standards for Record Keeping.

### 4.A Documentation

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#### Standard

*The occupational therapist will maintain documentation that includes consent, assessment procedures used, results obtained, and analysis and opinion/recommendations. The documentation will reflect client-centered practice and clinical reasoning.*

#### Performance Indicators (Documentation)

---

An occupational therapist will:

- |       |   |
|-------|---|
| 4.A.1 | Document in a manner that is complete, accurate, concise and reflective of the assessment;  |
| 4.A.2 | Use language that is clearly understandable for the intended audience;  |
| 4.A.3 | Document sources and methods used to gather information;  |
| 4.A.4 | Retain raw data from standardized tools;  |
| 4.A.5 | Document rationale for opinions and recommendations in relation to the request for service;   |
| 4.A.6 | Document client participation in, and limitations of the assessment process (including discussions with the client and any advice given to the client) in the assessment process; and |
| 4.A.7 | Ensure assessment documentation is accurate and complete prior to applying his/her signature.   |
-

## Stage 5: Use of Information

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The occupational therapist decides how and when to share assessment information with the client and/or other stakeholders, having determined the intended purpose for the information and in compliance with privacy legislation and client autonomy.

- A. Share Information with the Client
- B. Share Information with Other Stakeholders

### 5.A Share Information with the Client

---

#### Standard

*The occupational therapist will ensure that relevant assessment information is communicated (e.g., results, opinions, recommendations) to the client in a clear and timely manner, unless doing so could result in harm to the client and/or others. The occupational therapist will provide opportunity for clarification and feedback from the client.*

#### Performance Indicators (Share Information with the Client)

---

An occupational therapist will:

- |              |  |
|--------------|--|
| <b>5.A.1</b> | Share information verbally and/or in writing in language that the client can easily understand;  |
| <b>5.A.2</b> | Offer contact information and opportunity for questions and clarification;   |
| <b>5.A.3</b> | Discuss implications of the assessment information with the client;  |
| <b>5.A.4</b> | Refer to current legislation regarding procedure to withhold all or part of the client's record when sharing information could result in harm to client or others; and                 |
| <b>5.A.5</b> | Take reasonable steps to ensure assessment results are communicated to clients by a third party, when the third party is responsible for this process. Any steps should be documented. |
-

## 5.B Share Information with Other Stakeholders

### Standard

*The occupational therapist will ensure that all information shared with other stakeholders is provided with informed client consent. The occupational therapist will share the information in a timely and relevant manner for the intended use.*

### Performance Indicators (Share Information with Other Stakeholders)

An occupational therapist will:

- |              |   |
|--------------|---|
| <b>5.B.1</b> | Confirm informed client consent for intended use and sharing of assessment information with stakeholders (there may be some exceptions where consent is implied under the circle of care concept under the <i>Personal Health Information Protection Act, 2004</i> ); |
| <b>5.B.2</b> | Share information with stakeholders using a method that maintains privacy and security of the information;  |
| <b>5.B.3</b> | Specify if there are any parameters/limitations on the interpretation and/or use of the information being shared; and   |
| <b>5.B.4</b> | Take reasonable measures to ensure that any OT assessment information issued on behalf of the OT contains relevant and accurate information.  |

## Practice Examples

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1. An occupational therapist has been contracted by a local community care agency to provide an assessment of a client's activity of daily living skills in the client's home. When the occupational therapist arrives for the scheduled appointment, the client states that they are too tired to take part in an actual physical assessment, but would be able to tell the occupational therapist what activities they are not able to complete independently. The occupational therapist feels pressured to make recommendations as the case manager is demanding a report as soon as possible. What is the best course of action for the occupational therapist to take?

### Discussion

#### Issue: Identifying the Limitations of the Assessment

Occupational therapists are faced with many differing circumstances that affect the assessment process. Assessments of clients with pain and fatigue can be one of these challenges. According to the Standards for Occupational Therapy Assessments, occupational therapists “will consider and apply assessment methods that are client-centered, evidence-based, and supported by clinical judgment and experience”. Occupational therapists will also “use safe tools and assessment methods to gather adequate information for the analysis of the client's occupational performance issues, in relation to the request for service”.

In situations such as this, occupational therapists should use clinical judgment and experience to determine when and how to approach the assessment in a safe manner. In some cases, a person may not be capable of participating fully in a physical or cognitive assessment due to their medical or physical status. It is important for the occupational therapist to consciously determine how best to approach and conduct an assessment where the process requires modification or deviation from their normal or standard assessment process. This rationale and decision-making process should be communicated to all stakeholders involved in a transparent manner. In this case, the case manager should be informed of any limitations and risks associated with the assessment that affected the actual assessment and the outcome. There may also be circumstances when occupational therapists may not be able to form an opinion, as they have been unable to gather sufficient subjective and objective information to complete the analysis. For example, in many situations, relying only on the subjective information provided by a client would not maintain the minimum standard of the practice of the profession. Again, transparent communication would be the expectation.

2. An occupational therapist works part-time in a hospital and also has a part-time independent private practice. Through the private practice, a referral is received to complete an assessment for home renovations for a client who is already being treated by this occupational therapist in the hospital. What should this occupational therapist consider?

## Discussion

### Issue: Screening for Conflicts

According to the Standards for the Prevention and Management of Conflict of Interest, the occupational therapist must consider all issues related to actual, potential, or perceived conflicts of interest. In the above scenario, there is certainly both an appearance of, and an actual conflict of interest, as the occupational therapist stands to financially gain from involvement with a client that is known through work at the hospital. However, assuming this occupational therapist has the appropriate skill and competence, they may in fact be the most appropriate professional to provide this assessment because of in-depth knowledge of the client and their needs.

According to the Standards for Occupational Therapy Assessments, the occupational therapist must screen each referral to determine who the client is and determine whether the request for service is appropriate. An evaluation of conflicts of interest is part of the screening process when deciding whether or not to accept a referral. For the above scenario, this evaluation involves taking the time to understand:

- all the conflicts of interest, perceived and actual;
- the stakeholders involved and their requests;
- any legislation or policies that might impact the occupational therapist's ability to accept the referral (e.g., the hospital may have a policy on conflict of interest or the referral source may have a policy or criteria for selecting an assessor);

And to determine:

- whether you can provide the level of objectivity required for the assessment;
- what aspects of the client's personal health information is relevant and how it will be accessed, used, shared and disclosed;
- whether the client and all stakeholders agree to those parameters;
- whether there will be any ongoing involvement or future intervention required and how that will be managed, etc.

The referral source and possibly the hospital should be advised of the other relationships and be given an opportunity to consider their appropriateness from its own perspective.

It is important to be transparent with necessary stakeholders about any dual relationships by communicating with the hospital employer about future involvement with current hospital clients. This is by no means an exhaustive list of what must be considered, but it does present some of the issues that can impact effective service delivery and quality of care.

3. A law firm sends an occupational therapist working in private practice a referral by mail with no prior notification. The lawyer is seeking a professional opinion regarding an individual. No actual clinical assessment is requested. The lawyer has requested the occupational therapist review

and comment on the enclosed orthopedic surgeon's report and a five-minute long surveillance video of an individual in a grocery store. In the referral letter, the lawyer asks whether, based on the information on the tape, this individual could return to work. What is the best course of action for the occupational therapist to take?

## Discussion

### Issue: Screening Referrals

The issue of reviewing surveillance material often comes up for the Practice Resource Service. According to the Standards for Occupational Therapy Assessments, the occupational therapist will screen the referral to identify the client and determine that the request for service is appropriate prior to or during the initial contact with the client. The occupational therapist will gather sufficient information to determine whether or not to proceed with the assessment. Also, the occupational therapist will establish a personal scope of practice, know the related legislative and organizational requirements, and determine own competency to practice within their scope prior to accepting referrals for assessment. Occupational therapists have a professional obligation to recognize the parameters of their professional competence and to screen/prepare before accepting referrals to ensure they have the competence and experience to provide the requested services.

There are a number of important considerations before even accepting a referral such as in the above scenario. Consider:

- the nature of the request, who is seeking the information and who the lawyer is working for;
- any relevant legislation that applies to this request (i.e., long-term disability insurance, auto insurance, Workplace Safety and Insurance Board, etc.) and the correlation between the legislation and what is being asked of you;
- your knowledge of the legislation in question, your experience, competence and ability to provide an ethical and sound expert opinion given the information provided to you;
- the appropriateness of the request based on the information provided to you and any limitations associated with providing an opinion on this type of information.

Consideration of all relevant issues when screening referrals reinforces a conscious decision-making approach to practicing within scope. With detailed screening, public protection increases and quality of care is enhanced. After screening, clearly communicating any limits of scope or service to stakeholders and primary clients would be the College's expectation. Occupational therapists, especially those working in the private sector, should be clear and transparent when communicating the boundaries of their services before accepting referrals. For example, in the above scenario, the occupational therapist does not have enough information to express an opinion on the issue as the request is for conjecture on the future abilities of the client. Networking with peers who have experience dealing with atypical referral scenarios can provide support and resources to validate or improve screening skills (also refer to the College's Practice Guideline: Use of Surveillance Material in Assessment).

4. An occupational therapist who works in a team setting has submitted subjective observations, objective data, analysis and recommendations from an assessment that are to be included in a larger report that contains contributions by other team members. The occupational therapist has been told that the team leader for the case will “cut and paste” needed sections from the original submission to ensure there is no duplication in the report for the client and to make sure the entire report makes sense. What is the occupational therapist’s responsibility in this situation?

## Discussion

### Issue: Accuracy and Completeness of Documentation

Integrated delivery of health care services has many benefits to offer the client if it is well managed. One difficulty with this type of reporting is maintaining the integrity of the occupational therapy information in a report. It is particularly important that the client understands which health care professional is responsible for which portion of the assessment. The occupational therapist is accountable for the occupational therapy service provided, so it is therefore important to be able to clearly distinguish what part of the report reflects occupational therapy service.

While a report may contain information that is gathered by other health care professionals, the occupational therapist needs to ensure the record includes the required information. This includes verification that the record accurately reflects the service provided and the opinions and recommendations of the occupational therapist, as well as the reasoning for any opinions or recommendations expressed.

The occupational therapist would be required to ensure that the assessment documentation that reflects the occupational therapy service is accurate and complete and has not been altered prior to applying a signature.

The occupational therapist should make every effort to ensure their portion of the report will not be altered in the future.

## Glossary

<b>Care-Protocol</b>	This term is intended to capture any care map, clinical pathway or protocol that has been developed and approved for client use.
<b>Client</b>	The client (also referred to as “the patient” in the RHPA) is the individual (or group of individuals) or the client’s authorized representative, whose occupational performance issue(s) has resulted in a request for occupational therapy service. It is the client to whom the occupational therapist has a primary duty to apply the principles of practice.
<b>Client-Centred Practice</b>	A value within the practice of occupational therapy. Demonstrated through respect for clients; client involvement and direction in decision-making; advocacy with and for clients’ needs; and recognition of clients’ experience and knowledge.
<b>Competence</b>	<p>Being competent refers to the practice at a skill level of an individual, which meets or exceeds the minimum and ongoing performance expectations. Competent practice depends on three elements:</p> <ol style="list-style-type: none"> <li>1. Context of practice</li> <li>2. Capability of individual (e.g., physical, cognitive, affective), and</li> <li>3. Competencies demonstrated by an individual<sup>3</sup></li> </ol> <p>In relation to a Discipline proceeding, Subsection 52(1) of the Health Professions Procedural Code defines incompetence as, “professional care of a patient [that] display[s] a lack of knowledge, skill or judgement of a nature or to an extent that demonstrates that the member is unfit to continue to practice or that the member’s practice should be restricted<sup>4</sup>”.</p>
<b>Essential Competencies</b>	As defined by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the <i>Essential Competencies of Practice for Occupational Therapists in Canada</i> , 3rd edition, describes the knowledge, skills and attitudes required for occupational therapists to demonstrate they are competent for occupational therapy practice in Canada for both clinical and non-clinical work. Their purpose is to guide and support occupational therapists, develop quality assurance and continuing competence programs, develop and monitor entry-to-practice, and develop and monitor standards of practice.
<b>Guidelines</b>	Guidelines are statements that describe recommended practice. They are not mandatory, but support prudent practice.

<sup>3</sup> College of Occupational Therapists of Ontario. (2011). *Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd edition

<sup>4</sup> *Regulated Health Professions Act* (1991), c. 18, Sched. 2, s. 52 (1); 2007, c. 10, Sched. M, s. 40 (1).



**Integrity**

Within the context of the client-therapist relationship, integrity relates to the sense of confidence and belief that the service provided by the occupational therapist is in the best interest of the client. Honesty and respect form the basis of integrity within the client/therapist relationship and as individuals are neither violated nor controlled.

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## References

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## Council Meeting Evaluation

March 26, 2020

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

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

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

**Your suggestions for improvement?**

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

**Any additional comments?**

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



## COUNCIL ELECTIONS AGENDA

**DATE:** Thursday, March 26, 2020 **FROM:** 3:00 – 4:00 p.m.

Page 1 of 1

**GoToMeeting Video Conference** (Please use the same link as the Council Meeting)

**Teleconference: 1 866 219 8638 Code: 2418714**

A teleconference line (by telephone) will be open should you have issues with your computer; however, callers will be muted. In this instance, should you wish to communicate with the group, you will need to use the chat to send your message to the administrator, through the GoToMeeting Video Conference screen.

**Doodle:** Voting will be conducted using Doodle polls which will be sent to your email in real time as we progress through the election. Please ensure your email is available. Your responses will be captured on the Doodle server and will remain anonymous.

	Agenda Item	Objective	Attachment
1.0	<b>Call to Order – Elinor Larney, Registrar, presiding</b>		
2.0	<b>Approval of Agenda</b>	Decision	✓
3.0	<b>Elections</b>		
	3.1 Election of Officers	Voting	
	3.2 Motion to Destroy Ballots (delete records)  <i>THAT the ballots for the 2020 Election of Officers be destroyed</i>	Decision	
4.0	<b>New Business – Newly elected Chair of the Board (President) presiding</b>		
	4.1 Statutory Committee Form		Link to follow by email at meeting
	4.2 Annual Signing: 1. Confidentiality Agreement 2. Code of Conduct 3. Conflict of Interest	Complete & Submit	✓
5.0	<b>Next Council Meetings</b>		
	5.1 Set Council meeting dates to June 2021		
6.0	<b>Adjournment</b>		



College of Occupational Therapists of Ontario  
Ordre des ergothérapeutes de l'Ontario

## CODE OF CONDUCT

### **Acknowledgement and Agreement For Council Members and Non-Council Committee Members**

I, \_\_\_\_\_, acknowledge that I have read and understood policy GP7 "*Council Member's Role and Code of Conduct*" and/or GP8 "*Non-Council Committee Member's Role and Code of Conduct*."

I agree to abide by these policies and the implied Code of Conduct.

I further acknowledge and agree that my obligations under the Code of Conduct continue beyond the expiration of my tenure as a Council member or as a non-Council committee member of the College.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Date: \_\_\_\_\_



## DISCLOSURE OF CONFLICT OF INTEREST

To the best of my knowledge, I, \_\_\_\_\_

as a member of Council  or Non-Council  of the College of Occupational Therapists of Ontario  
(the College)

DO COMPLETE SECTION 1 BELOW

DO NOT

**have an actual, potential, or perceived conflict of interest.**

An **actual** conflict of interest exists when a Council or non-Council committee member benefits, directly or indirectly, from a decision or action of the organization.

A **potential** conflict of interest exists when a Council or non-Council committee member is involved in a transaction from which, depending on the College's decision, he/she may benefit either directly or indirectly.

A **perceived** conflict of interest exists when a reasonable and objective observer viewing a transaction would conclude that a Council or non-Council committee member participating in the transaction will or may benefit, either directly or indirectly from the transaction.

A benefit is received **directly** by a Council or non-Council committee member if he/she receives the benefit himself/herself. A benefit is received indirectly if it is received by a member of his/her immediate family or by a corporation or other organization in which the Council or non-Council committee member has an interest.

**Immediate** family includes the member's parent, brother, sister, spouse, son, daughter, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandparent, grandchild, niece, nephew, aunt or uncle. **Spouse** includes someone to whom the member is married or with whom the member is living in a conjugal relationship outside marriage.

**In addition, I undertake to inform Council of any conflict of interest that may arise during the course of the coming year involving the undersigned.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Section 1:

Please clarify the nature of the conflict:



## STATEMENT OF CONFIDENTIALITY

**I acknowledge that I have read and understood the College's Confidentiality provisions of the Regulated Health Professions Act.**

**Confidential and/or personal information** refers to personal information related to registrants, employees, and volunteers; College information not yet made public, and strategic / business / operating plans.

I understand that:

- All confidential and/or personal information that I have access to or learn through my employment or affiliation with the College is confidential.
- As a condition of my employment or affiliation with the College (which includes membership on any committee), I must comply with the privacy policy and related procedures.
- My failure to comply may result in the termination of my employment or affiliation with the College and may also result in legal action being taken against me by the College and others.

I agree that I will not access, use or disclose any confidential and/or personal information that I learn of or possess because of my employment or affiliation with the College, unless it is necessary for me to do so in order to perform my responsibilities. I also understand that under no circumstances may confidential and/or personal information be communicated either within or outside of the College except to other persons who are authorized by the College to receive such information.

I agree that I will not alter, destroy, copy or interfere with this information, except with prior authorization and in accordance with the applicable College policies and procedures.

I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical and electronic access devices (for example, keys, badges, and storage devices) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the Registrar.

In the event that I have questions or concerns about any matter covered by this statement or if I have concerns about confidentiality or security matters concerning the College, I will promptly contact the Registrar.

---

**Name (please print)**

---

**Signature**

---

**Date**

---

**Witness (please print)**

---

**Signature**

---

**Date**