

Declaration of Conflict of Interest

All Directors have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board. To this end, they must avoid or resolve conflicts of interests while performing their duties for the College and to recuse themselves from any consideration of the matter at issue.

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

For the **Board meeting of June 20, 2024**, all Directors as listed below have indicated they are in compliance with the College's Conflict of Interest Policy and no conflicts were declared.

Stacey Anderson
Neelam Bal
Nick Dzudz
Mary Egan
Allan Freedman
Christine Funk
Elizabeth Gartner
Lucy Kloosterhuis
Sarah Milton
Julie Reinhart
Vincent Samuel
Sabrina Shaw
Tina Siemens

BOARD MEETING AGENDA

DATE: Thursday, June 20, 2024 **TIME:** 9:00 a.m. to 3:30 p.m.

College of Occupational Therapists of Ontario
Boardroom
20 Bay Street, #900
Toronto ON M5J 2N8

Agenda Item		Objective	Attach	Time (approx.)
1.0	Welcome and Call to Order			
2.0	Public Protection Mandate			
3.0	Land Acknowledgement*			
4.0	Declaration of Conflict of Interest			
5.0	Board Orientation (by Staff)	Information		120
	<i>Break and Group Photo</i>			20
6.0	Approval of Agenda – June 20, 2024	Decision	✓	
	<i>THAT the agenda be approved as presented.</i>			
7.0	Consent Agenda			
	1. Registrar’s Written Report of June 20, 2024 2. Draft Board Minutes of April 4, 2024 3. Draft Board Officer Election Minutes of April 4, 2024 4. Executive Minutes of March 13, 2024 5. Governance Minutes of March 21, 2024 6. Finance & Audit Minutes of March 19, 2024	Decision	✓	5
	<i>THAT the Board adopt the consent agenda items as listed:</i>			
8.0	Registrar’s Report			
	8.1 Presentation: 2020-2024 Strategic Plan Wrap Up & 2024-2027 Operational Objectives by Elinor Larney, Registrar & CEO	Information		30
	8.2 Q4 FY2023-2024 Quarterly Performance Report	Decision	✓	10
	<i>THAT the Board receive the Quarterly Performance Report for Q4 FY2023-2024. (Stacey)</i>			
	8.3 Risk Management Report	Decision	✓	10
	<i>THAT the Board receive the Risk Management Report. (Lucy)</i>			
	<i>Lunch 12:00 – 1:00 p.m.</i>			

Agenda Item		Objective	Attach	Time (approx.)
9.0	Finance			
	9.1 Financial Policies	Decision	✓	10
	<p>THAT the Board approve the updated financial policies as listed:</p> <ul style="list-style-type: none"> • RL4 – Financial Planning & Budgeting • RL5 – Financial Conditions & Activities • RL6 – Asset Protection • RL7 – Investments • RL8 – External Audit • Establishing and Maintaining Reserve Funds • Honoraria • Education Session Costs • Board Reference Material – Guide to Review of Financial Information (Allan) 			
	9.2 FY24/25 Annual Operating budget	Decision	✓	10
	THAT the Board approve the FY24/25 Annual Operating Budget, as presented. (Allan)			
10.0	New Business			
	10.1 Supporting Positive Relationships Policy	Decision	✓	10
	THAT the Board approve the new draft policy, Supporting Positive Relationships. (Stacey)			
	10.2 Role of College Committees Policy	Decision	✓	10
	THAT the Board approve the new draft policy, Role of College Committees. (Lucy)			
	10.3 Terms of Reference Revisions	Decision	✓	10
	THAT the Board approve the updated terms of reference for the Governance and the Finance and Audit committees. (Stacey)			
	10.4 Registrar Evaluation Process	Information		5
11.0	Environmental Scan			
12.0	Other Business			
	12.1 Board Meeting Evaluation for June 20, 2024	To Complete	<i>Link to follow</i>	
13.0	Next Meetings			
	<p>Board Education Session: October 23, 2024, 9:00 a.m. – 4:00 p.m., Radisson Blu Hotel, Toronto Board Meeting: October 24, 2024, 9:00 a.m. – 3:30 p.m., COTO Boardroom Board Meeting: January 30, 2025, 9:00 a.m. – 3:30 p.m., COTO Boardroom Board Meeting: March 27, 2025, 9:00 a.m. – 4:00 p.m., COTO Boardroom Board Meeting: June 19, 2025, 9:00 a.m. – 3:30 p.m., COTO Boardroom</p>			
14.0	Adjournment			

* **Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

REPORT of the Registrar and CEO Board Meeting of June 20, 2024

Focus of the Board Meeting Today

As this is the first Board meeting of the new Strategic Planning Fiscal year, I will be presenting a summary of accomplishments from the last strategic plan and then will present what staff have planned to implement the next strategic plan (2024-2027). In addition, I will outline the focus for the college in this coming year. Staff have been diligently working to plan the priorities based on the new leadership objectives.

I will outline items in my report based on the new leadership priorities.

For Your Information:

LEADERSHIP PRIORITY #1: MEANINGFUL ENGAGEMENT

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

Communications

- The College continued to build public awareness of the role of the College and expectations of occupational therapists as licensed health professionals with a series of social media campaigns promoting videos about a) using the public register and b) what to expect when working with an occupational therapist.
- Four [public awareness articles](#) and a [radio spot](#) were shared via News Canada with provincial outlets disseminating in digital and print community newspapers and sharing on local radio channels.
- As part of our commitment to equity, diversity, and inclusion (EDI), COTO's [EDI webpage](#) and "[What to Expect when Working with an Occupational Therapist](#)" video were refined to reflect updated values and commitments.

Education

The College has concluded the workshops on unconscious bias, with the last workshop being on June 7, 2024. The goal was to have all staff, board members and committee members attend an initial workshop on this topic. Unconscious bias will be included into committee orientations going forward so there is a reminder about this important topic on a regular basis.

LEADERSHIP PRIORITY #2: QUALITY PRACTICE

The College embraces leading regulatory practices to protect the public.

Registration Program

The Registration Team has completed annual renewal in the new system. Next steps will be to follow up with any needed suspensions for nonpayment of fees.

Quality Assurance Program

- A new selection of registrants is in the middle of their competency assessment process. The program is on track to have completed 103 assessments by the end of May 2024.
- Work on the yearly eLearning module is on track. Record Keeping is the topic for the spring/summer release.
- The team is feeling good about completing their 101st assessment between September 2023 and May 2024. They will be doing whatever follow up is necessary from all these assessments and contemplating the next selection of registrants for competency assessment in the next few months.

Investigations and Resolutions

- There have been two referrals to discipline which can be found on our website.
- Website content for I and R has been updated related to registrants.
- More information about the nature of complaints has been shared in the newsletter and on the website in response to registrant feedback.

Practice

- A video to support the privacy guidance has been developed and made available to OTs
- The team has met with both the provincial association, the Ontario Society of Occupational Therapists (OSOT), and the national association for OTs, the Canadian Association of Occupational Therapists, (CAOT) to discuss occupational therapy assistants.
- The practice team hosted a University of Toronto student occupational therapist, who worked on, among other things, background for a resource for OTs about Artificial Intelligence.

LEADERSHIP PRIORITY #3: SYSTEM IMPACT

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

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We held a Board Meeting in May 2024. The Board continues to value collaborative projects. Reports were received on the progression of the re-entry program planning, a national code of ethics, a possible national e-Learning module for 2025, and the collection of race-based data.
- The College has submitted a request for funding from the Canadian Institute for Health Information (CIHI) that will assist the college to implement improvements to data submitted. This will include the collection and submission to CIHI of race-based data. If the funding request is successful, we will do this work in concert with other OT regulators in Canada.

- In April 2024, ACOTRO sponsored a session on Indigenous Cultural Safety that was attended by staff and boards of OT regulatory organizations nationally. This session was well attended by COTO and well received nationally. There were about 75 participants in the session from across all ten provinces.
- ACOTRO will embark on a strategic planning exercise in September 2024.
- We continue to monitor the progress of the amalgamation of the BC College of Occupational Therapists with the other entities in BC. The colleges in BC involved continue to work towards the goal of amalgamation for June 2024.
- OT Competencies – I am part of a national group that has been formed to assist with the coordination and communication between organizations that will implement the new OT competencies. These include regulators, educators, and the national entry to practice exam and accreditation of university programs. The National Exam will officially convert to the use of the new competencies in September 2026. In addition, I have started a new group, called the OT Competency Editorial Committee that will involve all three partners, ACOTRO, the Association of Canadian Occupational Therapy University Programs, (ACOTUP) and the Canadian Association of Occupational Therapists, (CAOT), that will discuss any changes needed to the competencies, now, or in future years. Most notably, there has been some criticism of the French translation of the competencies which the committee hopes to resolve as a first step.
- ACOTRO, through the SEAS program, will undertake two projects this year to increase efficiency. We are hoping to secure funding through one of the provincial governments and have some early signs this may be possible. However, if funding is not obtained, we will proceed anyway, but the pace will be slower. In addition, the SEAS program has converted one of its positions to a full-time, from a part-time position, to assist the program to operate more efficiently.

Health Profession Regulators of Ontario (HPRO)

- I continue on the Management Committee as past chair for at least one more year. Being part of the management committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- HPRO is working with Rubicon Strategy, a government relations firm. Rubicon has provided strategic advice related to its 2024 government relations objectives. They will help identify collective priorities across our 26 colleges for HPRO to present to the government. In this capacity, Rubicon will officially register as a lobbyist with the appropriate registry.
- Irwin Glasberg, the Ontario Fairness Commissioner, attended the June HPRO meeting. Some of the points of his discussion focused on Human Health Resources and the role of the regulator to provide appropriate input into the supply and demand for their profession, including the distribution of professionals across the province.
- HPRO has now assumed leadership for the Citizen Advisory Group (CAG). We are pleased that Kim Woodland, COTO's director of programs, has been elected to be part of the organizing committee.

Ministry of Health (MOH)

HPRO was pleased to welcome the Honorable Sylvia Jones, Minister of Health and Deputy Premier to our June meeting. She made remarks to the group that highlighted the priorities in the province of access to appropriate professionals for Ontarians, removing unnecessary barriers to registration for qualified applicants, the importance of the patient experience and a team approach to patient services. She raised the issue of changes to professional scopes of practice and challenged the group to think of this topic in a collaborative manner.

LEADERSHIP PRIORITY #4: PERFORMANCE AND ACCOUNTABILITY

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

Staffing Update

Since the last Board Meeting:

- We have welcomed a paralegal student who will work with Cara Moroney in the Investigations and Resolutions program over the summer months.
- We have contracted with Rizwan Gill, a computer program developer, to work with the college until Nov/Dec 2024 to continue to develop the new database.
- While we continue to operate the office in a hybrid model, where staff work in the college offices for a minimum of three days per week, we will implement a summer process whereby the minimum in the office attendance will be reduced to once per week. Guests should make an appointment if there is a specific staff member that they need to speak with in person.

Governance

- We had committee chair training in April for all committee chairs. This was the first time an event such as this has been planned and the feedback was good.
- In addition, for most of the committees, we have moved to a consensus decision making process that will not include the need for formal motions. The challenge will be to ensure there is a clear decision made and appropriately documented within the minutes. We will continue to use the more formal process utilizing motions at Board meetings, which are larger and public.

Enterprise System

- We are pleased to report that annual renewal was completed in the new system. While we experienced some minor issues with browser compatibility for some users and the need for registrants to initially 'register' in the new system, annual renewal was processed smoothly. We still have more work to do to get the Quality Assurance tools to where we want them and to develop the Investigations and Resolutions processes and workflows in the new system. So, we note that the development of this system will continue to be a focus for this next fiscal year.

See you at the meeting! Elinor

BOARD MEETING MINUTES - DRAFT

DATE: Thursday, April 4, 2024

TIME: 9:00 a.m. – 4:00 p.m.

In Attendance:

DIRECTORS:

Teri Shackleton, *Chair*
Stacey Anderson
Neelam Bal
Nick Dzudz
Mary Egan
Allan Freedman
Christine Funk
Elizabeth Gartner
Lucy Kloosterhuis
Heather McFarlane
Sarah Milton
Vincent Samuel
Stephanie Schurr
Sabrina Shaw

REGRETS:

GUESTS:

OBSERVERS:

Jennifer Henderson, *Nominations Committee Chair*
Tiffany Mak, *Ministry of Health (MOH)*
Julie Reinhart, *New Director, District 2*
Tina Siemens, *New Director, District 3*

STAFF:

Elinor Larney, *Registrar & CEO*
Sandra Carter, *Manager, Practice*
Enrique Hidalgo, *Manager IT*
Nichelle Hughes, *OT Student*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Lesley Krempulec, *Manager, Quality Assurance Program*
Tim Mbugua, *Policy Advisor*
Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Andjelina Stanier, *Executive Assistant, Scribe*
Nancy Stevenson, *Director of Communications*
Kim Woodland, *Program Director*
Various other staff for item 12.0 Farewell

1.0 Welcome and Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 9:02 a.m.

2.0 Public Protection Mandate

The Chair stated the role of the Board is to come together to participate and collaborate in order to make the best possible decisions in the interest of the public.

3.0 Land Acknowledgement*

The Chair read out the Land Acknowledgement statement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. No were reported.

5.0 Approval of Agenda

5.1 Board Agenda for April 4, 2024

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

MOVED BY: Neelam Bal

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as presented.

CARRIED

6.0 Consent Agenda

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

1. Registrar's Written Report of April 4, 2024
2. Draft Board Minutes of January 25, 2024
3. Draft Board Minutes (Electronic Motion) of March 25, 2024
4. Executive Minutes of January 10, 2024
5. Governance Minutes of January 11, 2024
6. Finance & Audit Minutes of January 11, 2024

MOVED BY: Stephanie Schurr

SECONDED BY: Heather McFarlane

THAT the Board adopt the Consent Agenda items as listed.

CARRIED

7.0 Registrar's Report

7.1 Presentation: Q3 FY2023-2024 Operational Projects Status Report

The Registrar reported on the status of the operational projects for Q3 FY2023-2024 and responded to questions.

7.2 Q3 FY2023-2024 Quarterly Performance Report

Vincent Samuel stated that the current Quarterly Performance Report reflects committee activities for Q3 of FY2023-2024 related to the 2020-2024 Strategic Plan. The Board held a brief discussion.

MOVED BY: Vincent Samuel

SECONDED BY: Sabrina Shaw

THAT the Board receive the Quarterly Performance Report for Q3 FY2023-2024.

CARRIED

7.3 Risk Management Report

Heather McFarlane reported that risks and risk levels have remained the same since the January Board meeting. Risks include, Health Human Resources, Fee Increase, and Enterprise System Project which are monitored closely by the staff. The Board was reminded that the full

Risk Register is reviewed annually in the spring. A discussion was held, and the Registrar responded to questions.

MOVED BY: Heather McFarlane

SECONDED BY: Neelam Bal

THAT the Board receive the Risk Management Report.

CARRIED

8.0 Finance

8.1 Q3 FY2023-2024 Financial Report

Allan Freedman reported that the College remains on track with budget. There is a surplus with more costs expected to come in during Q4. It is anticipated that the College will likely land closer to the projected deficit by the end of the year. Operational initiatives are 96% of budget spent to date as most project work has been completed. Professional fees are 93% of budget spent to date. Included are leadership development costs and legal fees that weren't initially budgeted for as well. All statutory remittances and filings are up to date.

MOVED BY: Allan Freedman

SECONDED BY: Lucy Kloosterhuis

THAT the Board receive the Q3FY2023-2024 Financial Report, as presented.

CARRIED

8.2 Investment Portfolio as at January 31, 2024

Allan reported that the breakdown of College investments is outlined in the briefing note. The College continues to monitor investments and reinvest as investments mature.

MOVED BY: Allan Freedman

SECONDED BY: Neelam Bal

THAT the Board receive the Investment Portfolio report, as presented.

CARRIED

9.0 New Business

9.1 2023 College Performance Measurement Framework (CPMF)

Vincent explained that completion of the annual CPMF report is required by the ministry by all health-regulatory colleges. The College satisfied all 50 standards this year. Given the March 31st submission deadline, the Board reviewed and approved the draft report in advance of the meeting today and unanimously voted by electronic motion to approve its submission. This decision was brought forward today for ratification.

MOVED BY: Vincent Samuel

SECONDED BY: Stacey Anderson

THAT the Board ratify its unanimous decision executed by electronic motion on March 25, 2024, to approve the 2023 College Performance Measurement Framework for submission to the Ministry of Health.

CARRIED

9.2 Third Party Governance Assessment Report – Action Plan

Heather stated that in follow up to the Board decision in March, the Governance Committee developed the proposed action plan to address the recommendations for improvement which arose from the Third Party Governance Assessment Report.

MOVED BY: Heather McFarlane

SECONDED BY: Elizabeth Gartner

THAT the Board approve the action plan that addresses the recommendations from the governance report.

CARRIED

9.3 Governance Policies – New & Revised

Vincent stated that as part of a comprehensive review of the Governance Policies related to governance modernization initiatives, the following new and revised policies are brought forward for Board approval: *Mission, Vision, and Values; Role of Board Chair; Role of Board Vice-Chair, Role of Committee Chair, Role of College Committees (new policy), and Rules of Order*. The Board recommended the *Role of College Committees* policy be strengthened and brought forward for approval at a future date.

MOVED BY: Vincent Samuel

SECONDED BY: Sarah Milton

THAT the Board approve the following policies, with the exception of *Role of College Committees*:

- *Mission, Vision, and Values*
- *Role of Board Chair*
- *Role of Board Vice-Chair*
- *Role of Committee Chair*
- *Rules of Order*

CARRIED

9.4 Terms of Reference Revisions – All Committees

Allan stated that the terms of reference for all committees have undergone revisions to better align with the overall new structure of the Governance Policies and implementation of the separation of Board and committees. The Board recommended additional review of the Governance Committee Terms of Reference and that they be brought back for approval at a future meeting.

MOVED BY: Allan Freedman

SECONDED BY: Stephanie Schurr

***THAT** the Board approve the updated terms of reference, including today's recommendations, for all College committees, with the exception of those for the Governance Committee which will be further reviewed and brought forward for approval at a future meeting.*

MOTION AMENDED - CARRIED

9.5 Bylaw Amendments

Heather stated that each year the College conducts a review of its bylaws to ensure best practices. The proposed amendments include benchmarking the College bylaws against the CPMF; conducting an environmental scan of the bylaws of other regulatory colleges; undertaking an internal review to identify issues from an internal perspective; and conducting a comprehensive legal review. The Board provided additional recommendations.

MOVED BY: Heather McFarlane

SECONDED BY: Elizabeth Gartner

***THAT** the Board approve the amended bylaws as presented, including today's changes.*

CARRIED

10.0 Governance

10.1 Election Update

Elinor stated that Julie Reinhart was acclaimed in district 2 earlier this year, and Tina Siemens was elected in district 3. The voting process went smoothly and there were no concerns. Voter turnout was 12% and as this is the first election for the newly amalgamated district, there is no comparable group. Their Board Orientation session was held yesterday by the Chair and Registrar.

10.2 Reappointment to Patient Relations Committee

Sabrina Shaw stated that Melissa Aldoroty's first term as Professional Committee Appointee on the Patient Relations Committee ended on March 31, 2024. The Patient Relations Committee unanimously recommends her reappointment for a second term.

MOVED BY: Sabrina Shaw

SECONDED BY: Stacey Anderson

***THAT** the Board reappoint Melissa Aldoroty as Professional Committee Appointee to the Patient Relations Committee for a second 3-year term commencing on March 31, 2024.*

CARRIED

10.3 Reappointment to Quality Assurance Committee

Elizabeth Gartner stated that Michael Ivany's first term as Professional Committee Appointee on the Quality Assurance Committee will end on June 17, 2024. The Quality Assurance Committee unanimously recommends his reappointment for a second term.

MOVED BY: Elizabeth Gartner

SECONDED BY: Mary Egan

THAT the Board reappoint Michael Ivany as Professional Committee Appointee to the Quality Assurance Committee for a second 3-year term commencing on June 17, 2024.

CARRIED

11.0 Environmental Scan

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

12.0 Farewell

Allan, Vincent, Teri, and Sabrina Shaw spoke in recognition of the many contributions to the College by outgoing Directors, Heather McFarlane, Stephanie Schurr, Brittany O'Brien and Teri Shackleton. The Board thanked them for their commitment and hard work and wished them success in the future. Heather, Stephanie, and Teri thanked the Board and College staff for their support. The Board joined Elinor in thanking Teri Shackleton for her excellent leadership as Board Chair over the past year.

13.0 Other Business

13.1 Board Meeting Evaluation for April 4, 2024

The Chair reminded members to complete the electronic Board Meeting Evaluation for today's meeting and to provide recommendations for future improvements.

14.0 Next Meetings

- Board Meeting: June 20, 2024, 9:00 a.m. – 3:30 p.m., at the College.

15.0 Adjournment & Move to Election of Officers

There being no further business, the meeting was adjourned at 1:20 p.m.

MOVED BY: Heather McFarlane

THAT the meeting be adjourned.

CARRIED

APPENDIX 1: * Land Acknowledgement

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
April 4, 2024	THAT the Board ratify its unanimous decision executed by electronic motion on March 25, 2024, to approve the 2023 College Performance Measurement Framework for submission to the Ministry of Health.	Complete
April 4, 2024	THAT the Board approve the action plan that addresses the recommendations from the governance report.	Complete
April 4, 2024	THAT the Board approve the following policies, with the exception of Role of College Committees: <ul style="list-style-type: none"> • Mission, Vision, and Values • Role of Board Chair • Role of Board Vice-Chair • Role of Committee Chair • Rules of Order 	Complete
April 4, 2024	THAT the Board approve the updated terms of reference, including today's recommendations, for all College committees, with the exception of the Governance Committee.	Complete
April 4, 2024	THAT the Board approve the amended bylaws as presented, including today's changes.	Complete
April 4, 2024	THAT the Board reappoint Melissa Aldoroty to the Patient Relations Committee for a second 3-year term commencing on March 31, 2024.	Complete
April 4, 2024	THAT the Board reappoint Michael Ivany to the Quality Assurance Committee for a second 3-year term commencing on June 17, 2024.	Complete

BOARD OFFICER ELECTIONS MINUTES - DRAFT

DATE: Thursday, April 4, 2024

TIME: 2:30 p.m. – 3:30 p.m.

In Attendance:

DIRECTORS:

Neelam Bal, *Co-Chair*
Stacey Anderson
Nick Dzudz
Mary Egan
Allan Freedman
Christine Funk
Elizabeth Gartner
Lucy Kloosterhuis
Sarah Milton
Julie Reinhart
Vincent Samuel
Sabrina Shaw
Tina Siemens

OBSERVERS:

Jennifer Henderson, *Nominations Committee Chair*
Heather McFarlane, *Former Board Director, Scrutineer*
Stephanie Schurr, *Former Board Director, Scrutineer*
Teri Shackleton, *Former Board Director, Scrutineer*

STAFF:

Elinor Larney, *Registrar & CEO, Co-Chair*
Stamatis Kefalianos, *Director of Regulatory Affairs*
Seema Singh-Roy, *Director of Finance, People & Corporate Services*
Nancy Stevenson, *Director of Communications*
Andjelina Stanier, *Executive Assistant, Scribe*
Kim Woodland, *Director of Programs*

REGRETS:

1.0 Call to Order and Appointment of Scrutineers

Chair Elinor Larney called the meeting to order at 1:22 p.m.

2.0 Approval of Agenda

Chair Elinor Larney called for changes to the agenda. One change was noted: Add as item 3.0(a): Appointment of Scrutineers. No other changes were made.

MOVED BY: Stacey Anderson

SECONDED BY: Elizabeth Gartner

THAT the agenda be approved as amended.

CARRIED

3.0 Elections

3.0(a) Appointment of Scrutineers

Heather McFarlane, Stephanie Schurr, and Teri Shackleton were put forward to be appointed as scrutineers.

THAT Heather McFarlane, Stephanie Schurr, and Teri Shackleton be appointed as scrutineers.

CARRIED

3.1 Election of Officers

Chair Elinor Larney reminded the Board of Directors that the slate of candidates and statements of candidacy were circulated for review prior to the elections today. She stated that as per the College Bylaws, the Executive Committee will be comprised of two professional and two public directors. She stated that the slate will be read prior to the vote for each position and additional nominations will be accepted from the floor. A call for nominations from the floor for each position will be made three times before declaring nominations closed. The Chair proceeded with the election as follows:

BOARD CHAIR

Neelam Bal, Vincent Samuel, and Sabrina Shaw were nominated for the position of Board Chair. No nominations were received from the floor, and nominations were declared closed. The ballot was composed of Neelam Bal, Vincent Samuel, and Sabrina Shaw. Votes were completed. A majority was declared.

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

BOARD VICE-CHAIR

Stacey Anderson, Neelam Bal, Mary Egan, Allan Freedman, Elizabeth Gartner, Sarah Milton, Vincent Samuel, and Sabrina Shaw were nominated for the position of Board Vice-Chair. Neelam Bal was removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was composed of Stacey Anderson, Mary Egan, Allan Freedman, Elizabeth Gartner, Sarah Milton, Vincent Samuel, and Sabrina Shaw. Votes were completed. A majority was not declared. Mary Egan, Elizabeth Gartner, Sarah Milton, and Sabrina Shaw were tied with the lowest number of votes and were removed from the runoff ballot. Runoff ballot #1 was composed of Stacey Anderson, Allan Freedman, and Vincent Samuel. Votes were completed. A majority was not declared. Vincent Samuel received the lowest number of votes and was removed from the next runoff ballot. Runoff ballot #2 was composed of Stacey Anderson and Allan Freedman. Votes were completed. A majority was declared.

Stacey Anderson was declared elected Board Vice-Chair by a majority of votes.

BOARD OFFICER #1 (Finance)

Stacey Anderson, Neelam Bal, Mary Egan, Allan Freedman, Lucy Kloosterhuis, Sarah Milton, and Vincent Samuel were nominated for the position of Officer #1 (Finance). Neelam Bal and

Stacey Anderson were removed from the ballot. Professional Directors, Mary Egan and Sarah Milton were removed from the ballot. No further nominations were received, and nominations were declared closed. The ballot was composed of Public Directors Allan Freedman, Lucy Kloosterhuis, and Vincent Samuel. Votes were completed. A majority was declared.

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

BOARD OFFICER #2

Public Directors, Lucy Kloosterhuis and Vincent Samuel remained eligible to be on the ballot. No further nominations were received, and nominations were declared closed. The vote was completed. A majority was declared.

Lucy Kloosterhuis was declared elected Board Officer #2 by a majority of votes.

Chair Elinor Larney passed the Chair to newly elected Board Chair, Neelam Bal.

3.2 Motion to Destroy Ballots

Chair Neelam Bal stated that according to the College Bylaws, ballots from the election shall be destroyed by Board approval.

MOVED BY: Neelam Bal

SECONDED BY: Sarah Milton

THAT the ballots for the 2024 Election of Officers be destroyed.

CARRIED

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

5.0 Break

Following the election of officers, Chair Neelam Bal called for a short break to finalize the proposed list for the 2024-2025 committee composition.

5.1 Committee Appointments & Composition

The draft list of new committee appointees and draft 2024-2025 committee composition was put forward for approval.

MOVED BY: Stacey Anderson

SECONDED BY: Elizabeth Gartner

THAT the Board approve all the individuals recommended by the Nominations Committee to be appointed to College committees as Professional Committee or Community Appointees and that the proposed 2024-2025 committee composition be approved as presented.

CARRIED

5.2 Annual Signing

Chair Neelam Bal asked members to complete the Confidentiality, Code of Conduct, and Conflict of Interest forms which will be sent electronically following the meeting.

6.0 Next Meetings

The 2024-2025 meetings were set as follows:

- Board Education Session: Wednesday, October 23, 2024, 9:00 a.m. – 4:00 p.m., location TBD
- Board Meeting: Thursday, October 24, 2024, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: Thursday, January 30, 2025, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: Thursday, March 27, 2025, 9:00 a.m. – 4:00 p.m., at the College
- Board Meeting: Thursday, June 19, 2025, 9:00 a.m. – 3:30 p.m., at the College

7.0 Adjournment

There being no further business, the meeting was adjourned at 2:29 p.m.

MOVED BY: Elizabeth Gartner

THAT the meeting be adjourned.

CARRIED

EXECUTIVE COMMITTEE MINUTES

DATE: Wednesday, March 13, 2024 **TIME:** 1:30 – 4:00 p.m. via zoom

In Attendance:

MEMBERS:

Teri Shackleton, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

GUESTS:

STAFF:

Elinor Larney, *Registrar & CEO*
Stamatis Kefalianos, *Director of Regulatory Affairs (Item 9.3)*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 1:28 p.m.

2.0 Public Protection Mandate

The Chair reminded members that the role of the committee is to come together to participate and collaborate in order to make the best decisions possible in the public interest.

3.0 Land Acknowledgement*

The Chair invited everyone to silently read and reflect on the Land Acknowledgement (Appendix 1).

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

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

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT the Executive Committee Agenda for March 13, 2024, be approved as presented.

CARRIED

6.0 Executive Committee Terms of Reference

The committee terms of reference are included as a resource. Discussion was held to add "and reports" to bullet #4 under Duties and Responsibilities.

7.0 Approval of Draft Minutes

The Chair called for edits to the draft minutes of January 11, 2024. One was reported: Delete “October” under item 5.1.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

THAT the Executive Committee Minutes of January 11, 2024, be approved as amended.

CARRIED

8.0 Registrar’s Report

8.1 Registrar’s Verbal Report

Elections in Districts 2 & 3

Julie Reinhart was acclaimed elected for district 2, and Tina Siemens was elected with the majority of votes for district 3. Teri and Elinor will hold the orientation session on April 3, 2024. The election process went smoothly, with 12% participation.

Public Members Update

Brittany O’Brien resigned due to an increased workload from her employment. Sabrina Shaw’s first term will end in October, and she has indicated that she wishes to continue into a second term.

Health Profession Regulatory Organizations (HPRO)

Elinor will stay on the Management Committee as past chair for one more year. HPRO will manage the Citizen Advisory Committee going forward. A government relations firm was hired to help HPRO meet regulatory excellence and public protection goals and improve relationships with government.

Human Health Resources (HHR)

Elinor has met with ministry representatives, Alison Henry, Director of Health Workforce Regulatory Oversight and David Lamb, Director of Capacity and Health Workforce Planning, to discuss ways to increase the number of OTs in the workforce.

Accreditation of University of Toronto OT Program

Elinor has been invited to participate in the accreditation of the OT program at the University of Toronto which will take place on April 16, 2024.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

The BC college of occupational therapists is part of a group of seven colleges that are in the process of amalgamating with a June 2024 deadline. ACOTRO has reached out to the new CEO to facilitate a smooth transition. The next ACOTRO board meeting and AGM will be held at the end of April. Representatives for the Canadian Institute for Health Information (CIHI) attended the February meeting to discuss the changes to the data set and collection of race-based data. Funds may be available to colleges to cover the additional costs required to

implement the changes. Additional revisions were made to the Remote Practice Memorandum of Understanding which will now include Quebec. BC remains the only province that will not be signing, at this time. Development of the national re-entry to practice program is ongoing and a working group has been struck to begin work on the national Code of Ethics. The Substantial Equivalency Assessment System (SEAS) Program Coordinator role has been filled and training is underway. Feedback received for ESDC proposal for funding was that the proposal met all the requirements, however as there were so many proposals, ACOTRO's proposal was not funded. The National Exam will officially convert to the use of the new competencies in September 2026.

Occupational Therapy Ontario Collaborative (OTOC)

This group made up of provincial university OT program directors, OT provincial association, and the College, will meet in May to discuss ongoing activities including the Human Health Resource crisis, enrollment and increasing space in OT university programs.

Internal

- Enterprise System Project: New system has been launched; data migration was successful, and the portal and public register are now operational. The contract with iMIS will end on March 31, 2024. Annual Renewal begins April 1, and testing is ongoing. The Quality Assurance tools and Investigations & Resolutions processes require more work.
- External IT firm has been contracted to add to our IT support. This firm will serve as an internal Help Desk and provide 24/7 service to staff.
- Operational planning to determine actions plans for the leadership objectives for 2024-2027 is scheduled for April 8.
- DEI Plan: Staff have been working to develop a plan for initiatives related to diversity, equity and inclusion based on the work completed by HPRO. This aligns nicely with the leadership objectives set by the Board in January 2024.

Nominations Committee

The committee has been very busy over the past several months interviewing applicants to fill the committee positions that will become vacant in April with the separation of Board and committees. There are more applicants than we need, and the committee is more than satisfied with the quality of the candidates. In addition, some Board members stepping down in April, have also applied to serve on a committee. The slate for Executive Officer nominations is now set, and we are in the process of collecting candidate statements from those standing for a position. The Nominations Committee will make recommendations to the Board at the next meeting for the appointment of committee chairs. Chair training is planned for April or May.

Future Board Education:

Topics being considered for the next Board education session in October 2024 include an update on Indigenous Cultural Safety and AI in practice.

8.2 Risk Management Report

Elinor reported on three risks that are identified as high or critical and are included in the Board report. The first one on Human Health Resources, identified as a priority by governments across the country, will remain a primary focus on the 2024-2027 Strategic Plan. The second is the Registration Fee Increase which will remain on the report until June and removed if the risk is downgraded. The third is the Enterprise System which successfully launched the new portal and migrated data last month. This risk may be downgraded by June if all goes as expected with Annual Renewal which starts on April 1. Further to the Board's recommendation last January to identify practice risks to the public more clearly, staff have now determined a plan and will report to the Board in June.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** the Executive Committee recommend the Board receive the Risk Management Report.*

CARRIED

9.0 Business Arising

9.1 Committee Work Plan

The committee reviewed the work plan and updated it. A recommendation was made to include an education component at the June Board meeting on what committees do. Elinor will organize staff to prepare short presentations.

9.2 Results of Committee Effectiveness Survey

Executive reviewed the results and commented that they were overall very positive.

9.3 2023 College Performance Measurement Framework (CPMF)

Executive reviewed the report and made several recommendations. Overall, the committee was satisfied with the report and that all 50 indicators were met. With the Board scheduled to meet in April, after the March 31st submission deadline, the report will be circulated to the Board of Directors for their approval and motioned electronically in advance of the deadline.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** the Executive Committee recommend the completed College Performance Measurement Framework for 2023 be forwarded to the Board for approval, including today's changes.*

CARRIED

9.4 Draft Board Minutes – January 25, 2024

Executive reviewed the draft Board Minutes from the last meeting.

9.5 Board Meeting Evaluation Feedback

Executive reviewed feedback from the January 25, 2024, Board Meeting and noted the overall positive comments.

9.6 Annual Board Evaluation Feedback (2023-2024)

Executive reviewed the feedback and noted the suggestions provided for future Board education topics.

9.7 Annual Board Member Self-Evaluation Feedback (2023-2024)

Executive reviewed the feedback and held a discussion.

9.8 Draft Board Meeting Agenda

Executive finalized the Board meeting agenda for April 4, 2024.

9.9 Draft Board Elections Agenda

Executive finalized the Board Elections agenda for April 4, 2024.

10.0 Next Meeting

To be determined once new officers are elected.

11.0 Adjournment

There being no further business, the meeting was adjourned at 3:31 p.m.

MOVED BY: Heather McFarlane

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

CARRIED

APPENDIX 1

*** Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

GOVERNANCE COMMITTEE MINUTES

DATE: Thursday, March 21, 2024 **TIME:** 9:00 a.m. to 12:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Teri Shackleton, *Chair*
Sarah Milton
Vincent Samuel
Stephanie Schurr
Sabrina Shaw

STAFF:

Elinor Larney, Registrar & CEO
Stamatis Kefalianos, Director of Regulatory Affairs
Tim Mbugua, Policy Analyst (9.0-10.0)
Andjelina Stanier, Executive Assistant, *Scribe*

GUESTS:

REGRETS:

1.0 Call to Order

Chair Teri Shackleton welcomed everyone and called the meeting to order at 9:00 a.m.

2.0 Public Protection Mandate

The Chair stated that the role of the committee is to come together to participate and collaborate in making the best decisions possible in the public protection and interest.

3.0 Land Acknowledgement

The Chair invited the committee to silently read and reflect on the Land Acknowledgement Statement (Appendix 1).

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

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

MOVED BY: Sarah Milton

SECONDED BY: Stephanie Schurr

THAT the agenda be approved as presented.

CARRIED

6.0 Governance Committee Terms of Reference

The committee terms of reference were included for reference and review in preparation for the meeting.

7.0 Approval of Draft Minutes

The Chair called for edits or other changes to the draft minutes of January 11, 2024. None were reported.

MOVED BY: Vincent Samuel

SECONDED BY: Sabrina Shaw

***THAT** the draft Governance Committee minutes of January 11, 2024, be approved as presented.*

CARRIED

8.0 Third-Party Governance Assessment Report – Action Plan

Stamatis stated that while the results of the third-party Board evaluation were very positive overall, several opportunities for improvement were identified. The committee held a discussion on the proposed action plan developed by staff.

MOVED BY: Sarah Milton

SECONDED BY: Stephanie Schurr

***THAT** the draft Governance Committee recommend the proposed Action Plan be brought forward to the Board for approval.*

CARRIED

9.0 Updated Governance Policies

Tim Mbugua stated that one new policy was created, *Role of College Committees*, and the following five existing policies were reviewed and revised as part of the comprehensive review of the Governance policies; *Mission, Vision, and Values*; *Role of Board Chair*; *Role of Board Vice-Chair*; *Role of Committee Chair*; and *Rules of Order*. Additional recommendations provided today by the committee will be incorporated. Board approval is required.

MOVED BY: Vincent Samuel

SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee recommend the following new and current revised policies, including today's changes, be brought forward to the Board for approval:*

- *Mission, Vision, and Values*
- *Role of Board Chair*
- *Role of Board Vice-Chair*
- *Role of Committee Chair*
- *Role of College Committees*
- *Rules of Order*

CARRIED

10.0 Updated Terms of Reference – All Committees

Tim stated that the terms of reference for all College committees were reviewed and revised to align with the new structure applied throughout the revised Governance Policies. Board approval is required.

MOVED BY: Sarah Milton
SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee recommend the updated committee terms of reference be brought forward to the Board for approval.*

CARRIED

11.0 College Bylaw Review

Stamatis stated that the College conducts an annual review of the bylaws to ensure they reflect current governance best practices. Steps taken this year include benchmarking the College bylaws against the College Performance Measurement Framework (CPMF); conducting an environmental scan of other regulatory college bylaws; and undertaking a review from an internal perspective. The proposed amendments have been reviewed by legal counsel. The committee held a discussion and provided additional recommendations. Circulation to registrants and other system partners is not required. Board approval is required.

MOVED BY: Stephanie Schurr
SECONDED BY: Vincent Samuel

***THAT** the Governance Committee recommend the amended bylaws, including today's changes, be brought forward to the Board for approval.*

CARRIED

12.0 Governance Policies Manual – Status Update

This document is provided at every meeting as an update on the progress to update the Governance Policies.

13.0 Committee Effectiveness Survey Results

The Committee Effectiveness Survey will be resent so that everyone has an opportunity to complete it.

14.0 Environmental Scan

The Chair invited members to share general interest items related to governance.

15.0 Next Meeting

To be determined once the committees are reconstituted in April.

16.0 Adjournment

There being no further business, the meeting was adjourned at 11:23 a.m.

MOVED BY: Sabrina Shaw

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

CARRIED

APPENDIX 1: * LAND ACKNOWLEDGEMENT

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit, and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

APPENDIX 2: Committee Decisions & Action Items

Meeting Date	Decisions & Action Items	Current Status
March 21, 2024	THAT the Governance Committee recommend the amended bylaws, including today's changes, be brought forward to the Board for approval.	ongoing
March 21, 224	THAT the Governance Committee recommend the updated committee terms of reference be brought forward to the Board for approval.	ongoing
March 21, 2024	THAT the Governance Committee recommend the following new and current revised policies, including today's changes, be brought forward to the Board for approval: <ul style="list-style-type: none"> • Mission, Vision, and Values • Role of Board Chair • Role of Board Vice-Chair • Role of Committee Chair • Role of College Committees • Rules of Order 	ongoing
March 21, 2024	THAT the draft Governance Committee recommend the proposed Action Plan be brought forward to the Board for approval.	ongoing
January 11, 2024	THAT the Governance Committee recommend the following new and current policies be sent to the Board for approval: Board Governance Role, Role of Individual Board Directors and Committee Appointees, Social Media, Virtual Meeting, In Camera Sessions, Role of Board Chair, Role of Board Vice-Chair	complete
January 11, 2024	THAT the Governance Committee recommend that the report prepared by the third-party consultant be forwarded to the Board for their review.	complete
November 10, 2023	THAT the Governance Committee recommend the Equity Impact Assessment Policy, including today's changes, be sent to a plain language editor, and then forwarded to the Board for approval.	complete
November 10, 2023	THAT the Governance Committee recommend the Consent Agenda Policy be sent to a plain language editor and then forwarded to the Board for approval.	complete

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: Tuesday, March 19, 2024 **TIME:** 8:00 a.m. – 10:00 a.m. via video conference

In Attendance:

MEMBERS:

Allan Freedman, *Chair*
Neelam Bal
Christine Funk
Lucy Kloosterhuis

GUESTS:

None

OBSERVERS:

None

REGRETS:

None

STAFF:

Elinor Larney, Registrar and CEO
Seema Singh-Roy, Director of Finance, People and Corporate Services
Grace Jacob, Accounting and Payroll Specialist, *Scribe*

1.0 Call to Order

The Chair, Allan Freedman, welcomed everyone and called the meeting to order at 7:59 a.m.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement*

The Chair invited members to read and to consider the Land Acknowledgement Statement.

4.0 Declaration of Conflict of Interest

The Chair asked if there were any members who had a conflict of interest to declare. None were reported.

5.0 Terms of Reference

The Chair emphasized the importance of ensuring that all Committee members are familiar with the Finance and Audit terms of reference, along with the tasks essential for the Committee's fulfillment.

6.0 Approval of Agenda

6.1 March 19, 2024

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

MOVED BY: Neelam Bal
SECONDED BY: Lucy Kloosterhuis

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes – January 11, 2024

The Chair asked if members of the Committee had any additions or changes to the draft minutes from January 11, 2024. No additions or changes were required.

MOVED BY: Neelam Bal
SECONDED BY: Lucy Kloosterhuis

THAT the draft Finance and Audit Committee minutes of January 11, 2024, be approved as presented.

CARRIED

8.0 Verbal Report

Seema presented a verbal report to the FA Committee, offering a brief overview of current developments at the College. She communicated that the Enterprise System is progressing smoothly, and testing of the annual renewal form is currently in progress, with plans for it to go live in a couple of weeks. Additionally, the FY24/25 Budget has begun and will be presented to the Finance and Audit committee in a couple of months. Finance is also preparing for the annual audit. During the last Board meeting, there was a discussion about conducting an analysis of allowing registrants to pay their annual renewal fees in installments and the associated cost implications to the College. This analysis will be undertaken and presented to the Finance and Audit committee this year.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Work Plan

Seema reminded the Committee that this is a non-statutory Committee, and its main mandate is to assist the board in fulfilling its obligation and its oversight in financial planning and reporting, internal controls, investments, audit, and policies as per the committee's work plan that is included in the package. The meeting today will focus on the Q3 FY23/24 financial results and the Q3 FY23/24 investments.

10.0 Finance Update

10.1 FY23/24 Q3 Financial Summary Report

Seema provided an overview of the Q3 Financial summary report highlighting that we are on track with our projected budget which demonstrated a deficit for the year. Our current statement of financial position is aligned with last year, with any disparities attributed to timing. All statutory remittances are current, and there remains \$1.1 million of deferred registration fees to be recognized over the remainder of the year. Seema proceeded to address any queries from Committee members.

MOVED BY: Neelam Bal
SECONDED BY: Lucy Kloosterhuis

***THAT** the Committee recommends to the Board approval of the FY23/24 Q3 Financial Report, as presented.*

CARRIED

10.2 Investment Report as at January 31, 2024

Seema presented a summary of the Q3 investment report to the Committee. Ongoing monitoring of investments and their reinvestment upon maturity remains a consistent practice.

MOVED BY: Neelam Bal
SECONDED BY: Lucy Kloosterhuis

***THAT** the Committee receives the Investment Report.*

CARRIED

11.0 New Business

The Chair asked if there was any new business to discuss. No new business was discussed at this meeting.

12.0 Next Meeting

The next Finance and Audit Committee meeting to be determined after the April Board meeting.

13.0 Adjournment

There being no further business, the meeting was adjourned at 8:33 a.m.

MOVED BY: Christine Funk

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement**

We recognize that we work and live on traditional lands and territories of Indigenous Peoples. This includes the traditional territories of the Mississauga, the Anishnabeg (ah-nish-naw-bek) the Chippewa, the Haudenosaunee (hoe-duh-nuh-show-nay) and the Wendat peoples. Today, the province of Ontario is home to many diverse First Nations, Inuit and Métis (may-tea) peoples, from the Cree in the Northern reaches to the Delaware in the south. We acknowledge that we are tasked with sharing, respecting, and valuing the land, as a source of life for us all.

Q4 2023-2024 Quarterly Performance Report

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2020-2024 identified strategic priorities. This replaces and combines two different reporting mechanisms: the Priority Performance Report and Committee Reports to the Board. Some metrics have been included for information purposes, and anomalies will be explained. Any decisions being brought forward to the Board will have a separate briefing note in the Board package, and any previous Board decisions during the quarter being reported will be outlined under “Commentary.”

Importantly, this report and its contents are in the public interest as Board oversight of the strategic plan, committees, finance, risk, and Regulated Health Professions Act (RHPA) compliance are vital components of ensuring the public has access to safe, ethical, and quality care from occupational therapists. If metrics in this report differ from those in the Annual Report, those in the Annual Report would be considered most accurate.

General Legend:

Health Professions Appeal and Review Board (HPARB).

Statutory Compliance: Percent of decision letters sent to registrants on time as per RHPA requirements.

Average Case Time: Average time for closed cases from when the case is received to the date the decision is sent out.

Brackets around numbers (i.e. (34)): Corresponding data from the same quarter the previous year.

Specific program Legend's with associated acronyms are included in each section.

Executive

Chair: Teri Shackleton (March 30, 2023 - April 4, 2024), Neelam Bal (April 4, 2024 – present)

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2023/2024	Strategic Plan
	Possible RHPA and or Governance model changes
	Board Orientation, Education, and Policy Review
	Oversight of Risk Management and Registrar
	2023 Elections of Board Members
	Exam and Accreditation (high level oversight monitoring)
	Review of College Performance Measurement Framework (CPMF)

Q1	Committee Activities: Meeting held on August 9, 2023 : Reviewed outcome of the annual registrar performance evaluation. Chair subsequently met with Registrar on August 30 to discuss the results. Teri Shackleton and the Registrar/CEO signed the Emergency Regulation for final submission to the Ministry of Health.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Q2	Committee Activities: September 6-7, 2023 electronic vote held to appoint Chair to Nominations Committee. October 11, 2023 meeting held to review risk management report, finalized 2024-2027 strategic planning session and made recommendation to the Board to appoint a working group for follow up after the session, review 2022 annual report, review new document: <i>Privacy Legislation and Occupational Therapy Practice, 2023</i> , review results of committee effectiveness survey.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Ratification of appointment of Chair to Nominations Committee, risk management report, 2023 annual report, <i>Privacy Legislation and Occupational Therapy Practice, 2023</i> , appointment of 2024-2027 strategic planning working group.

Q3	Committee Activities: <u>January 10, 2024</u> : reviewed risk management report, approved terms of reference for the Equity Perspectives and Indigenous Insights advisory panels, approved the reposting of discipline decisions, and finalized the Jan 25 Board meeting agenda.
	Decisions Not Requiring Board Approval: reposting of discipline decisions
	Decisions Requiring Board Approval: risk management report, terms of reference for the Equity Perspectives and Indigenous Insights advisory panels
Q4	Committee Activities: <u>March 13, 2024</u> : Reviewed risk management report, results of committee effectiveness survey, draft 2023 College Performance Measurement Framework (CPMF), January 2024 Board meeting evaluation feedback, annual Board meeting evaluation and Board member self-evaluation feedback, finalized April 4, 2024 Board agenda. <u>May 27, 2024</u> : Conducted committee orientation, annual risk register review / risk management report, Board education day planning, annual registrar performance evaluation process, April 4, 2024 Board meeting feedback, finalized June 20 Board agenda.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Risk management report, draft 2023 CPMF

Governance

Chair: Teri Shackleton (March 30, 2023 - April 4, 2024), Neelam Bal (April 4, 2024 – present)

Strategic Priorities: Public Confidence, System Impact

Workplan 2023/2024	Operationalize the remaining pieces of the governance workplan: (i). reducing board size, (ii). establishing a nominations committee, and (iii). separation of Board and Statutory Committees
	Establish an orientation module for Committee members
	Assess Board and Committees via a 3 rd party
	Replace governance policies with a new Governance Manual

Q1	<p>Committee Activities: There were two meetings in Q1. June 15, 2023 – The College conducted an open competitive process and invited candidates to apply to the new Nominations Committee. The College received 26 applications and four candidates were selected for an in-depth interview having demonstrated evidence of meeting most of the desired competencies. Committee received each candidate’s information and selected three candidates to serve on this Committee. August 31, 2023 – The Governance Committee reviewed the plan that redistributes the electoral districts from six to three and reduces the number of elected Directors from nine to six. This requires a change to the College bylaws regarding the timing of elections for certain electoral districts. The Committee also approved a statement of work drafted by a third-party consultant on Board effectiveness. The CPMF requires boards to regularly assess their effectiveness and take measures to address recommendations for improvement. The consultant’s final report will be shared at the January 2024 Board meeting. Finally, given all the governance changes over the past three years a complete overhaul of the governance policies is necessary. The Committee reviewed the proposed table of contents and held a discussion. The plan would be to bring several revised and/or new policies and guidelines to the Governance Committee at each meeting, and following plain language consultation, these would then be brought to the Board for final approval.</p>
	<p>Decisions Requiring Board Approval: That the Board approve Greg Clark, Jennifer Henderson and Peter Shenfield to the Nominations Committee effective July 1, 2023, for a three-year term; That the Board approve the amended bylaws in s.5.02 regarding the timing of elections.</p>

<p>Q2</p>	<p>Committee Activities: There was one meeting in Q2. <u>November 10, 2023</u> – The Committee met with the external third-party consultant who updated committee on work to date on evaluating board effectiveness. The consultant observed the October 26 Board meeting and is currently conducting a survey questionnaire for Directors and Senior Leadership team. The consultant will provide a written summary and report back to the committee at its next meeting. The final report and next steps will be shared with the Board in January 2024. With all the governance changes occurring over the past three years, staff have been working on updating and revising the College’s governance manual. Some existing policies may be retired, and new policies created. The following policies have been updated and brought forward for committee review: Code of Conduct, Conflict of interest and Confidentiality. The Committee also reviewed two new proposed policies – Consent Agenda and the Equity Impact Assessment. Several recommendations provided by the Committee will be incorporated and all policies will go for plain language expertise. When all the governance policies are finalized, they will be brought forward to the Board for final approval.</p>
	<p>Decisions Requiring Board Approval: N/A</p>
<p>Q3</p>	<p>Committee Activities: There was one meeting in Q3. <u>January 11, 2024</u> – The Committee met with the external third-party consultant who provided a verbal overview of the report on Board effectiveness. The consultant’s report concluded that the COTO Board functions with an extremely high level of effectiveness and clear focus on the public interest. The report also included some opportunities for improvement. The final report was shared with the Board at the January 2024 meeting. With all the governance changes occurring over the past three years, staff have been working on updating, creating new, or retiring a number the College’s governance policies, which have been reviewed by the Committee and will be brought forward to the Board for final approval.</p>
	<p>Decisions Requiring Board Approval: Third-Party Governance Assessment Report; Approval of Updated Policies: Board Governance Role, Role of Individual Board Directors and Committee Appointees, Social Media, Virtual Meeting, and In-Camera Sessions.</p>
<p>Q4</p>	<p>Committee Activities: There was one meeting in Q4. <u>March 21, 2024</u> – The Committee reviewed the recommendations from the third-party Board evaluation and the feedback given from the Board directors from the January Board meeting. While the evaluation was very positive overall, several opportunities for improvement were identified. The Committee reviewed an Action Plan staff developed that builds on the recommendations of the report. Committee reviewed several revised governance policies and as well as staff introducing a new governance policy related to the role of college committees. Finally, because of the implementation of the final remaining governance modernization best practices, the Committee reviewed the proposed bylaw changes.</p>
	<p>Decisions Requiring Board Approval: Approval of the proposed Governance Action Plan; Approval of Updated and new Policies: Mission, Vision, and Values, Role of Board Chair, Role of Board Vice-Chair, Role of Committee Chair, Role of College Committees, Rules of Order.</p>

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2023/2024	Review quarterly financial reports and annual projected budget for recommendation to the Board
	Review draft audited financial statements for recommendation to the Board
	Review updated five-year financial forecast
	Review internal controls matrix
	Review investment portfolio to determine if policy changes are warranted
	Review and update policies governing financial and investment matters
	Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency
	Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board

Q1	Committee Activities: Meeting held: August 23, 2023 , the committee reviewed the committee mandate and work plan, draft finance and audit minutes from May 23, 2023, draft audited financial statements from Hilborn auditors for FY22/23, FY22/23 Q4 Financial summary report, FY22/23 Q4 investment report and Internal controls matrix.
	Finance Report: FY22/23 draft audited financial statements from auditors and FY22/23 Q4 Financial summary report were presented and reviewed by the committee members for information purposes only.
	Decisions Requiring Board Approval: N/A

Q2	Committee Activities: Meeting held: September 26, 2023 , the Committee reviewed the committee mandate and annual work plan and the draft finance and audit minutes of August 23, 2023. The auditors Blair Mackenzie and Usman Paracha attended the meeting and reviewed the FY22/23 Audited Financial Statements with the committee in the presence of management. The auditors answered all questions. No issues were raised by either the auditor or the Committee. The Committee went in-camera with the auditor without management present. The Committee agreed to recommend to the Board approval of the Audited Financial Statements for the fiscal year ended May 31, 2023, as presented. The Committee deferred a discussion about the auditor until all components of the audit were completed. The Committee reviewed the FY23/24 Q1 Financial Report and recommended it to the Board for approval. The Committee reviewed the Q1 Investment Report and the 5-year Financial Forecast. The proposed Registration fee increase of 2% was discussed by the committee and recommended for Board approval.
	Finance Report: The FY22/23 Audited Financial Statement were reviewed and recommended for Board approval. The FY23/24 Q1 Financial Summary Report was reviewed and recommended for Board approval. The 5-year forecast and Q1 investment report was reviewed.
	Decisions Requiring Board Approval: FY22/23 Audited Financial Statement, FY23/24 Q1 Financial Summary Report, Proposed 2% increase in Registration Fees.

Q3	<p>Committee Activities: Meeting held: January 11, 2024, the committee reviewed the committee mandate and annual work plan and the draft FAC minutes of September 26, 2023. The session included a thorough review of the FY23/24 Q2 Financial Report, Q2 Investment Report, and a comprehensive discussion on the current insurance coverage of the College. Additionally, the committee deliberated on proposed amendments to the Allowable Expense Policy and Honoraria Policy, seeking approval. They also reviewed the outcomes of the Finance and Audit Committee Effectiveness Survey. Furthermore, the committee members discussed the results of the Registration Fee Increase Bylaw – Part 18 Consultation Survey and recommended its approval to the Board.</p>
	<p>Finance Report: The FY23/24 Q2 Financial Summary Report underwent review and was subsequently recommended for Board approval. Additionally, the Q2 Investment Report and an overview of insurance coverage were presented to the committee members for informational purposes.</p>
	<p>Decisions Requiring Board Approval: FY23/24 Q2 Financial Summary Report, Allowable Expenses-Policy Amendment and review of Honoraria Policy, Consultation of proposed Registration fee increase amendments to bylaw-Part 18.</p>
Q4	<p>Committee Activities: Meeting held: March 19, 2024, the committee reviewed the committee mandate and annual work plan, along with the draft FAC minutes from January 11, 2024. The FY23/24 Q3 Financial Report and the Investment report as at January 31, 2024, were discussed and recommended for Board approval.</p> <p>Meeting held: May 21, 2024, the committee reviewed the draft FAC minutes of March 19, 2024. They also reviewed the draft FY24/25 Annual Work Plan with Terms of Reference for guidance. Hilborn LLP presented the pre-audit plan for the fiscal year ended May 31, 2024. An orientation was provided to all committee members. The committee reviewed the proposed FY24/25 Annual Operating Budget and the amendments to the financial policies.</p>
	<p>Finance Report: FY23/24 Q3 Financial Report and the FAC minutes from January 11, 2024 were approved by the Board.</p>
	<p>Decisions Requiring Board Approval: The Finance and Audit Committee minutes from March 19, 2024, the FY24/25 Annual Operating Budget, and the revisions to the Finance Policies.</p>

Registration

Chair: Sarah Milton (March 30, 2023 - April 4, 2024), Christine Farrell (April 4, 2024 - present)

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

Internationally Educated (IE): Occupational therapists that attended school outside of Canada.

Workplan 2023/2024	Registration Committee work plan
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Q1	Metrics												
	6944 Registrants			Application Processing Time 50.29 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates		
	82 Certificates Issued		Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary	
	CAN	IE					Returning						
	26	7	49	46	35.58	74.28	56.26	0	N/A	N/A	N/A	0	0
Commentary:													
Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated					
Type	New	Resolved	Avg Case Time										
Currency	1*		N/A		0	N/A	0	0/15					
Education													
Examination													
Language													
Second Provisional Certificate													
Suitability to Practice													
Outcomes	*Case to be reviewed by Registration Committee – September 2023												
Committee Activities: The Emergency Class regulation amendments were finalized with the province.													
Decisions Requiring Board Approval: N/A													

Q2	Metrics									
	7087 Registrants				Application Processing Time 23.2 (Avg in Days)			Practicing without a Certificate	Expired Certificates	
	306 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	243	10	53	45	18.7 (Shortest – 2 Longest – 152)	82.6 (Shortest – 27 Longest – 156)	28.4 (Shortest – 5 Longest – 249)	0	2	1
	Commentary:									
	Registration Committee Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated	
	Type		New	Resolved	Avg Case Time					
	Currency			1	47 days	3	100% (3/3)	0	0/15* *Reviewed suggested changes but not yet updated	
	Education									
Examination*		1	1							
Language										
Second Provisional Certificate		2	2							
Suitability to Practice										
Outcomes	<ol style="list-style-type: none"> 1. Currency case: 150-hour refresher ruling upheld. 2. Examination case: fourth attempt permitted. 3. Provisional cases: second provisional certificates granted. 									
	*Note that the examination case was also one of the second provisional request cases, same applicant but 2 issues reviewed									
Committee Activities: Approved a new refresher program to be implemented at a future date. Reviewed and discussed race-based data collection. Reviewed suggested changes to registration policies and approved them to be sent for legal/plain language review and editing, along with any amendments the Committee may make.										
Decisions Requiring Board Approval: N/A										

Q3	Metrics									
	7180 Registrants*			Application Processing Time 0 (Avg in Days) <i>--Due to the change in system, the times for this quarter cannot accurately be calculated--</i>				Practicing without a Certificate	Expired Certificates	
	112 Certificates Issued*			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	100	12	35	16	0 (Shortest – 0 Longest – 0)	0 (Shortest – 0 Longest – 0)	0 (Shortest – 0 Longest – 0)	0	0	0
	Commentary:									
	Registration Committee Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated	
	Type		New	Resolved	Avg Case Time					
	Currency		6	6	13 days**	1	100% (3/3)	0	0/15* *Reviewed suggested changes but not yet updated	
	Education									
Examination										
Language										
Second Provisional Certificate										
Suitability to Practice										
Outcomes	All 6 the cases the committee approved a temporary certificate be issued to enable applicants to complete their refresher requirements.									
Committee Activities: Approved a temporary process to handle refresher candidates after a recent change in employment legislation.										
Decisions Requiring Board Approval: N/A										

* As of 19 March 2024

** The cases are all part of the temporary process regarding the refresher program for applicants that do not meet currency. As a result of the cases all being very similar, we do have a very short average case time.

Q4	Metrics									
	7092 Registrants				Application Processing Time 25.4 (Avg in Days)			Practicing without a Certificate	Expired Certificates	
	56 Certificates Issued			Resigned ~189 (Fluctuates post- renewal in June as OTs continue to resign effective May 31, 2024)	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	12	5	39		27.3	45	22.4	0	3	0
	Commentary:									
	Registration Committee Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated	
	Type		New	Resolved	Avg Case Time					
	Currency		1	1	20 days	1	100% (3/3) (Q4 decisions have been provided to applicants informally but formal written decisions not due until next quarter)	0	0/15	
	Education									
Examination										
Language										
Second Provisional Certificate		2	2							
Suitability to Practice										
Outcomes	Currency – Issue Temporary certificate for re-entry placement duration. Requests for Second Provisional Certificate – Issue second Provisional certificates valid until next exam results released.									
Committee Activities: One meeting held - welcomed new members, orientation presentation, overview of workplan.										
Decisions Requiring Board Approval: None.										

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Neelam Bal (March 30, 2023 – April 4, 2024), Stephanie Schurr (April 4, 2024 – present)

Strategic Priorities: Public Confidence, Quality Practice

Investigations and Resolutions Legend:

No Risk Outcomes: Frivolous and Vexatious, Take No Action, Alternative Dispute Resolution (ADR)

Low Risk Outcomes: ADR, Advice/Guidance, Remedial Agreements/Undertakings

Moderate Risk Outcomes: Undertaking, Oral Caution, Specified Continuing Education and Remedial Program (SCERP)

High Risk Outcomes: Undertaking with Restrictions, Undertaking Agreeing to Resign and Never Reapply, Referral to Discipline or Fitness to Practise

Workplan 2023/2024	Improve decision making process of ICRC panels and produce more streamlined and concise written decisions
	Develop and foster leadership skills for new committee members
	Participate in committee training involving health inquiries and decision making

Q1	Cases			Meetings Held	HPARB Appeals
	Type	New	Resolved		
	Registrar’s Report Investigations	3	2	405.5 days	Panel A = 1 Panel B = 2 All ICRC = 1 None
	Complaints	5	1	122	
	Inquiries	1	0	N/A	
	Outcomes	Registrar Report Investigations: Take No Action x2 Complaints: SCERP and s.58 inquiry (1 case) Inquiries: N/A			
	Commentary: 1 of the RR Investigations had a delay due to consideration of whether an expert opinion was needed, and further information obtained, which accounts for the average case time being high				
	Committee Activities: 1 group training on June 2, 2023.				
	Decisions Requiring Board Approval: Re-appointment of ICRC member – Roselle Adler.				

Q2	Cases			Meetings Held	HPARB Appeals
	Type	New	Resolved		
	Registrar's Report Investigations	2	5	377* 293**	Panel A = 1 Panel B = 0 All ICRC = 2
	Complaints	2	2	440.5***	
	Inquiries	1	1	95	
	Outcomes	Registrar Report Investigations: Advice & Guidance x1, Undertaking x1, s.58 referral x2, Take no action x1 Complaints: Take no Action x1, TBD Inquiries: Undertaking x1 Registrar Action (no ICRC involvement): 5 reports received – Closures x4, Appointment of Investigator x1			
	Commentary: *Avg Case Time for the Registrar's Report was larger due to one case which was over 2 years due to waiting for the criminal proceeding **Avg Case time is based on the 4 investigations, and not including investigation regarding criminal charges ***These two cases involved greater complexity or delays due to the parties participation				
	Committee Activities: Group training on September 29 on health inquiries and incapacity.				
	Decisions Requiring Board Approval: N/A				

Q3	Cases				Meetings Held	HPARB Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	0	4*	272	Panel A = 1 Panel B = 2 All ICRC = 0	1
	Complaints	4	3	280***		
Inquiries	0	0**	N/A			
Outcomes	Registrar Report Investigations: 2x Take No Action, 1x Advice & Guidance + Undertaking, 1 x referral to discipline Complaints: 2x Advice and Guidance, 1 x Take No Action Inquiries: 1 x Ordered Independent Medical Examination (IME) Registrar Action (no ICRC involvement): 7 reports received – 2x closed with no action, 1x close with advice & guidance, 1x closed as same incident investigated as a complaint from client, 1x Undertaking/mentorship, 2x pending					
Commentary: *2 RRs involved 1 registrant and the same conduct – the second investigation had a wider scope and was referred to discipline – the first was a take no action, since it was encapsulated in the second investigation ** The ICRC ordered an IME; however, this is not a final outcome and therefore this is reported as a 0 still *** 1 file was over 400 days – was a joint investigation with another College and was quite complicated, however, 1 file was complete in 156 days						
Committee Activities: N/A						
Decisions Requiring Board Approval: N/A						

Q4	Cases				Meetings Held	HPARB Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	3	2	211	Panel A = 1 Panel B = 0 All ICRC = 2	0 new – 1 pending
	Complaints	7	5	299		
Inquiries	0	0	N/A			
Outcomes	Registrar Reports: 1x Referral to discipline, 1x Take No Action Complaints: 2x Take No Action, 2x Advice & Guidance, 1x withdrawal Registrar Action (no ICRC involvement): 1 new report received and closed with no action, 1 closed with advice & guidance, 1 x pending					
Commentary: N/A						
Committee Activities: N/A						
Decisions Requiring Board Approval: N/A						

Quality Assurance (QAC)

Chair: Elizabeth Gartner (March 30, 2023 – April 4, 2024), Heather McFarlane (April 4, 2024 – present)

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:

Quality Assurance Committee (QAC): Statutory committee.

Quality Assurance Subcommittee (QAS): Non-statutory committee made up of Ots that serve as subject matter experts.

Competency Assessment: Registrants participate in a 2-stage assessment process.

Annual eLearning Plan: Completed by registrants annually, usually due October 31

Peer and Practice Assessment (PPA): OT competency assessment with peer assessor when OT is selected or referred.

Specified Continuing Education and Remediation Program (SCERP): One type of decision/outcome of the QA Committee.

Risk-Based Selection (RBSA): Registrants are selected to take part in the competency assessment process based on 18 risk factors. This column indicates the latest selection of

registrants and is broken down to include: total registrants selected, # that received a deferral and total remainder (total minus deferred). Additional selections to be reflected as they occur.

% Total CA Completed: Percent of completed assessments.

Additional Q1 Directed Cas: Number of assessments conducted that originated from reasons other than through the RBSA selection.

Average case time: Calculated from the date of the letter of notification to the date of the notice of decision (excludes registrants granted deferrals and excludes time for completion of SCERP).

Policy: Review of a policy or a subsection requiring updating.

Workplan 2023/2024	Keep updated QA policies revised on a quarterly basis
	Approve annual eLearning module topic by end of Q4
	Implement revised competency assessment process by end of Q1
	Integrate QA activities into new COTO portal including single sign-on for Annual Requirements by January 1, 2024
	Continuous data driven quality improvement of QA activities on a quarterly basis

Q1	Metrics				
	Competency Assessment				
	Risk-Based Selection	Competency Assessment (CA) Completed Q1	CA in Progress	% Total Annual CA Completed	Additional Q1 Directed Cas
	Cohort 1 total = 64 Deferred/NA = 15 Accommodation = 0 Remainder = 49	0 <i>(Assessment period Sept 18th – Nov 17th, 2023)</i>	49	0	0
Annual Requirement					
	eLearning Module (due Oct 31, 2023)	N/A % completed	Annual Learning Plan (due Oct 31, 2023)		N/A% completed

Committee								
QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policies Review
Type	Deliberated	Learning Needs Identified	Outcomes					
Competency Assessment	N/A	0 = 1 = 2 = 3 = 4 = 5+ =	%_ Successful Completion %_ Successful Completion with a Recommendation %_ Specified Continuing Education or Remediation Program (SCERP) %_ Other	N/A	N/A	N/A	0	N/A
Non-Compliance with annual requirements	N/A							
Registrant Experience Survey: Value (% satisfaction), Principles (% satisfaction), Support (% satisfaction)								
<p>Commentary: The 2 annual requirements (eLearning Module and Learning Plan) were launched in the new database portal in June. Both are due October 31st and the QA team is fielding inquiries to support registrants in their access and completion of these activities. The 2024 eLearning module is currently in development with QAS. The Competency Assessment process and tools have undergone a major revision to reflect the new Competencies for Occupational Therapists in Canada and the new Standards for Practice. This new 2 step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. The interviews are being conducted September 18 – November 17th. The QA Team welcomed Laura Burrows in the role of QA Associate (maternity leave).</p>								
<p>QAC Activities: None in Q1. Upcoming meetings scheduled for November 7th and December 12th.</p> <p>QAS Activities: The subcommittee met 2 times (July 17th and August 21st) to develop the themes and content for the 2024 Annual eLearning Module on Record Keeping. QAS are currently working in small groups on specific sections to complete the draft. The next meeting is scheduled for late September.</p> <p>Peer Assessors: There are 13 peer assessors that perform the competency assessments. Two in depth training days have been held (June 27th and 14th) to prepare for the new competency assessment. Assessment notification emails were sent out August 22nd and peer assessors have contacted the registrants assigned to them and are coordinating the peer interviews which begin September 18th.</p>								
Decisions Requiring Board Approval: N/A								

Q2	Metrics										
	Competency Assessment										
	Risk-Based Selection		Competency Assessment (CA) Completed Q2		CA in Progress		% Total Annual CA Completed		Additional Q1 Directed Cas		
	Cohort 1 total = 64 Deferred/NA = 20 Accommodation = 0 Remainder = 45		45 <i>(Assessment period Sept 18th – Nov 17th, 2023)</i>		0		45		0		
	Annual Requirement										
	eLearning Module (due: Oct 31 (Nov 30 th), 2023)		99% completed (n=25 not complete)		Annual Learning Plan (due Oct 31 (Nov 30), 2023)			99% completed (N=22 not complete)			
	Committee										
	QAC Cases / Decisions						SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Revise
	Type	Deliberated	Learning Needs Identified	Outcomes (to date)							
	Competency Assessment	N/A	0=11 1=16 2=10 3=3 4=2 5=2 6=1 Total = 45	% 11 Successful Completion % 26 Successful Completion with a Recommendation % TBA: Specified Continuing Education or Remediation Program (SCERP) %TBA: Other <i>*deliberations for 5 registrants (with 4+ learning needs identified on Dec 12th)</i>							
Non-Compliance with annual requirements (1 or both)	40					0	0	TBA	1	Yes	
Registrant Experience Survey: Several (n=3) registrants have completed this new survey. All rated their "overall experience with the											

	<p><i>competency assessment</i>” as “good” or “very good”. All reported “<i>valuable insights or “take aways” by participating in the competency assessment process</i>”. All “<i>made change in (their) your practice because of the assessment</i>”. All agreed that “<i>the process reflect the program principles (i.e., quality practice, fair, transparent, just right, responsive, reciprocal)</i>”. They noted the process can be a stressful experience.</p> <p>Commentary: Compliance: The two annual requirements (eLearning Module and Learning Plan) were due October 31st and the QA team fielded inquiries to support registrants in their access and completion of these activities. Final due date was November 30th, after which time letters are sent to registrants notifying them of noncompliance and offering an opportunity to send a written response for QAC review. The QAC meets in January to review these registrants for decision. The revised Competency Assessment process and tools was implemented successfully this quarter. This new 2 step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. The interviews were conducted September 18 – November 17th. Data is being compiled for analysis. Preparations are underway for the next cohort (2) early in 2024. Resources: The 2024 eLearning module on Record Keeping is drafted and will be reviewed by QAC at the next meeting. Staffing: The QA Associate (maternity leave) role is currently vacant and recruitment underway.</p>
	<p>QAC Activities: Met once (November 7th) to review the and adapt the policy and considered updates to the QAC program and competency assessment. Upcoming meetings scheduled for December 12th and January (TBA).</p> <p>QAS Activities: Met twice (September 28th & November 13th) to continue the final content development for the 2024 Annual eLearning Module.</p> <p>Peer Assessors: Met once (October 18th) to provide feedback on the competency assessment process to date. There are 13 peer assessors that perform the competency assessments, and their wisdom and experience will help with final revisions of the tool in January.</p>
	<p>Decisions Requiring Board Approval: N/A</p>

Q3	Metrics				
	Competency Assessment				
	Risk-Based Selection	Competency Assessment (CA) Completed Q3	CA in Progress	% Total Annual CA Completed	Additional Q1 Directed Cas
	Cohort 2 total = 76 Deferred/NA = 18 Accommodation = 0 Remainder = 58	0 <i>(Assessment period (Jan 31st-May 13th 2024)</i>	58	45	0
	Annual Requirements				
	Annual eLearning Module (due: Oct 31 (Dec 1), 2023)	4 registrants non complete	reviewed by QAC in Q3. Outcome: to complete by new date or competency assessment		
Annual Learning Plan (due Oct 31 (Dec 1 st), 2023)	3 registrants non complete	reviewed by QAC in Q3. Outcome: to complete by new date or competency assessment			

Both (eModule & Plan)		4 registrants- both requirements non complete	reviewed by QAC in Q3. Outcome: to complete by new date or competency assessment					
Committee								
QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Revise
Type	Deliberated	# Learning Needs Identified	Outcomes (to date)					
Competency Assessment	N/A	In progress: data not available until Q4	In progress: data not available until Q4	1	0	50 days <i>(Date=Peer Interview until the final letter)</i>	2	Yes
Non-Compliance with annual requirements (1 or both)	N/A	11 registrants	All non-completion (n=11) registrants have completed the activities (no competency assessment needed)					
<p>Commentary: Annual Requirements (Non-Completion): The two annual requirements (eLearning Module and Learning Plan) were due October 31st, 2023, and with the 30-day extension, the final due date was December 1st 2023. After Dec 1st non completion letters were sent to 38 registrants with the opportunity to send a written response for QAC review. By the January 2024 QAC meeting, only 11 registrants had outstanding requirement(s). The QAC issued a new date for completion. Failure to complete would result in a competency assessment. All 11 registrants have now completed the requirements, and none will require follow up with a competency assessment. Resources: The content of the 2024 eLearning module on Record Keeping was approved by QAC in December. QAC approved the topic for the 2025 module to be focused on creating a culturally safer practice. This module will be developed as a national module with ACOTRO participation.</p> <p>On January 31st the QA program initiated the Competency Assessment process for the next group (cohort 2). The assessment period extends until May 13th, 2024, and includes 58 registrants. This 2-step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. Several questions around privacy of health information were strengthened in the revised peer interview tool. Data for the previous group (cohort 1) is currently being analysed by a psychometrician and results will soon be presented to QAC.</p>								
<p>QAC Activities: Met twice (Dec 12th & January 16th) to review and adapt the policy. Deliberated on 1) registrants that did not complete the annual requirements and 2) registrants with 4+ learning needs identified on the competence assessment.</p> <p>QAS Activities: Did not meet as content development is finalized for 2024 eLearning module on Record Keeping: <i>More than just a note</i>, which will be launched in June 2024.</p> <p>Peer Assessors: The group of peer assessors met once (Jan 23rd) for a full day of input and training for the competency assessment. They</p>								

provided input on the competency assessment process and tools. Training was provided by COTO staff on the Standards for Psychotherapy and the Privacy Legislation and Occupational Therapy Practice.
Decisions Requiring Board Approval: Reappointment of Candice Silver to QAS

Q4	Metrics: March 31- May 31 2024									
	Competency Assessment									
	Risk-Based Selection		Competency Assessment (CA) Completed Q3		CA in Progress		% Total Annual CA Completed		Additional Q1 Directed Cas	
	Cohort 2 Total selected= 76 Deferred/NA = 21 Directed= 1 Total active= 56 Accommodation request= 1		56 <i>(Assessment period Jan 31st-May 13th 2024)</i>		0		100% (n=101)		1	
	Annual Requirements (Oct 31, 2024, due date)									
	Annual eLearning Module		n/a		Scheduled release June 2024					
	Annual Learning Plan		n/a		Released April 2024: 485 registrants in progress, 31 complete, 6712 remaining to date					
	Both (eModule & Plan)		n/a							
	Committee									
	QAC Cases / Decisions									
Type		Deliberated	# Learning Needs Identified	Outcomes (to date)		SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Revise
Competency Assessment		Q1	In progress: data not available until Q1	In progress: data not available until Q1		1	0		1	Yes

	Non-Compliance with annual requirements (1 or both)	N/A	all complete for 2023	To review in Q2 2024			TBA <i>(Date=Peer Interview until the final letter)</i>		
<p>Commentary: Annual Requirements: There are two annual requirements due October 31, 2024. The Annual Learning Plan was successfully launched with registrants in April 2024 and the Annual eLearning module is on track for its launch in June. Resources in development: The content of the 2025 national eLearning module on <i>Cultural Humility in Occupational Therapy Practice</i> is in development. The Quality Assurance Subcommittee met to kick-off the module development and provided some practice examples as did the Indigenous Insights Advisory Committee. The QA team will be engaging with the Equity Perspectives Advisory Committee and Citizens Advisory Group in June to gather more examples so there is a broad perspective represented in the module.</p> <p>Competency Assessment. Cohort 2 finished on May 13th, 2024, and includes 56 registrants. The team is pleased to report that a total of 101 competency assessments were completed between September 2023- May 2024. This 2-step process includes a self-directed Professional Reflection on Record Keeping and a 2-hour Peer Interview. Data from assessments will be analysed with psychometric support and will identify indicators for the selection process of registrants in cohort 3 in the fall.</p>									
<p>QAC Activities: Met virtually on March 12th to 1) discuss the committee effectiveness survey results 2) make a minor adjustment to the QA policy, 3) review the decision-making framework for registrants that do not complete annual requirements(s), 4) learn about the preliminary observations from the competency assessment data and 5) discussed the direction of right touch regulation. We welcomed three new members to the QAC and orientation was provided in preparation for the June meeting.</p> <p>QAS Activities: Met in person on April 23rd to kick off the development of the 2025 national eLearning module on <i>Cultural Humility in Occupational Therapy Practice</i>.</p> <p>Peer Assessors: Met virtually on April 16th for an assessment update and to improve interrater reliability for scoring of several peer interview questions.</p>									
<p>Decisions Requiring Board Approval: Reappointment of Michael Ivany to QAC</p>									

Discipline

Chair: Neelam Bal (March 30, 2023 – April 4, 2024), Stephanie Schurr (April 4, 2024 – present)

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2023/2024	Process cases going through Discipline
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Q1	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	1	1	Not tracked	Adjourned indefinitely – accepted UT to resign and never re-apply	N/A	N/A
Commentary: None							
Committee Activities: 1 motion heard as above, 1 pre-hearing conference schedule for October 2023.							
Decisions Requiring Board Approval: N/A							

Q2	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
		1	0				
Commentary: None							
Committee Activities: None							
Decisions Requiring Board Approval: N/A							

Q3	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
		1	0				
Commentary: None							
Committee Activities: None							
Decisions Requiring Board Approval: N/A							

Q4	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	1	2	0				
Commentary: None							
Committee Activities: None							
Decisions Requiring Board Approval: N/A							

Patient Relations

Chair: Sabrina Shaw

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2023/2024	Logic Model Update-Includes developing working relationship with Equity Perspectives and Indigenous Insights Panels
	Board Orientation, Education, and Policy Review
	Oversight of Risk Management and Register as it relates to patient relations
	Review public documents/communications and recommend revisions to current publicly available Information

Q1	Funding Applications: 0 new applications received
	Commentary: There are two cases where the College Sexual Abuse Funding Program is being accessed
	Committee Activities: Meeting held on June 13, 2023 <ul style="list-style-type: none"> • Sexual abuse case study for staff, board, and registrant education finalized • Committee made aware New PR committee member term to begin • A review of the Patient Relations Committee Logic Model resulted in a transition from leadership by I&R to leadership by Manager, Practice • A review of the Patient Relations Committee Logic Model resulted in an invitation to COTO COMMS team to support the committee
	Decisions Not Requiring Board Approval: Patient Relations Committee Work Plan
	Decisions Requiring Board Approval: N/A

Q2	Funding Applications: 0 new applications
	Commentary: There are two cases where the sexual abuse fund is being accessed
	Committee Activities: No meetings held in Q2. Virtual meeting scheduled for Q3
	Decisions Not Requiring Board Approval: N/A
Decisions Requiring Board Approval: N/A	

Q3	Funding Applications: 0 new applications
	Commentary: There is one case where the sexual abuse fund is being accessed
	Committee Activities: Committee met virtually on December 7, 2023. This meeting included a review of the Patient Relations logic model and workplan. Committee discussed the purpose and utility of the Patient Bill of Rights, in particular, distribution, DEI lens and communication opportunities. Committee reviewed the Privacy Legislation in Occupational Therapy guidance document and determined an accompanying plain language resource and video is supported to educate the public.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Q4	Funding Applications: 0 new applications
	Commentary: There is one case where the sexual abuse fund is being accessed
	Committee Activities: Committee met virtually on March 19, 2024. Committee received a general orientation noting that additional committee training is pending. Committee discussed the Patient Bill of Rights and how this public resource can be improved. Committee put forward the recommendation to reappoint Melissa Aldoroty for a second three-year term. Committee received the drawdown report of the Sexual Abuse Funding Program. Committee provided feedback to communications about updating the “What to expect from an occupational therapist” client video. The Committee Terms of Reference and workplan were reviewed and updated.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

Workplan 2023/2024	N/A
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Q1	There were no Fitness to Practise matters
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Q2	There were no Fitness to Practise matters
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Q2	There were no Fitness to Practise matters
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Q3	There were no Fitness to Practise matters
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Q4	There were no Fitness to Practise matters
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Practice Subcommittee

Chair: Heather McFarlane (March 30, 2023 – April 4, 2024), Stacey Anderson (April 4, 2024 - present)

Strategic Priorities: Quality Practice, System Impact

Workplan 2023/2024	Update all practice guidance documents
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Q1	346 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	236	43	67	97%	<ul style="list-style-type: none"> Record Keeping Scope of Practice Conflict of Interest Psychotherapy 	<ul style="list-style-type: none"> Scope of Practice Jurisdiction Consent Use of Title 	Privacy Legislation in Occupational Therapy
<p>Commentary:</p> <p>Practice Data: This quarter, the practice resource service received inquiries about record keeping, scope of practice, conflict of interest and psychotherapy. The questions from the public included questions about what OTs can and cannot do. As clients are travelling, OTs are asking about virtual services across jurisdictions and clients are asking if an OT from another province can provide services in Ontario. There is a rise in employers seeking the assistance of the College to assist to fill vacant OT positions.</p> <p>Outreach: Speaking engagements in the first quarter have slowed over the summer months. This decline is consistent with previous years. Outreach included a presentation at McMaster University to second-year OT students on the complexities of entering practice. Practice and QA also presented to the OTs at the University Health Network about the updated Standards of Practice and QA requirements. The development of additional resources to support occupational therapy practice is ongoing. Practice published two Q & As in the August newsletter on Consent in Schools and Provisional registrants and Psychotherapy. A poll was sent out asking OTs if the Standards of Practice are flexible enough to support their practice area, out of 103 responses 90.3% said yes and 9.7% responded No.</p> <p>Collaboration with System Partners: The practice team engaged with professional associations CAOT and OSOT to discuss emerging issues for the profession and the impact on recipients of OT services. The topics discussed include the Interim Federal Health Program, practising across jurisdictions, Psychotherapy, and Finding an OT. The practice team has been monitoring information from the Ministry of Health and Public Health as we approach the respiratory and flu season.</p> <p>Committee Activities: The practice subcommittee met on June 7th, 2023, via Zoom. The Subcommittee reviewed and provided feedback on several practice resources: Culture, equity and justice case study, Standards of Practice webinar Q & As and psychotherapy resources. The</p>							

	<p>Subcommittee welcomed a guest speaker with expertise on requests to view surveillance as part of occupational therapy practice. This presentation and discussion were helpful as the Subcommittee moved forward in updating the outdated guidance on surveillance and working with third-party payers in occupational therapy.</p> <p>Two Subcommittee members tendered their resignation – the reasons include leaving the profession and career changes. The Subcommittee looked at the committee's composition and put forth recommendations for the competencies needed to carry out the subcommittee's mandate.</p>
	<p>Decisions Requiring Board Approval (Through Executive Committee): None in Q1.</p>

Q2	334 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	265	8	61	97%	<ul style="list-style-type: none"> ● Consent ● Record Keeping ● Conflict of Interest 	<ul style="list-style-type: none"> ● Record Keeping ● Psychotherapy ● Private Practice 	N/A
<p>Commentary:</p> <p>Practice Data: This quarter, the practice resource service received inquiries about record keeping, consent and conflict of interest. Clients continue to travel. OTs are asking about virtual services across jurisdictions and clients are asking if an OT from another province can provide services in Ontario. There is a rise in employers seeking the assistance of the College to assist to fill vacant OT positions.</p> <p>Outreach: The Practice team participated in several speaking engagements in the second quarter. Outreach included a presentation at Homewood Health, University of Toronto, Western University, University of Ottawa, Queen’s University, Humber College and Lakeridge Health.</p> <p>Collaboration with System Partners: In collaboration with the College of Kinesiologists, the practice team facilitated the Health Professions Regulators of Ontario (HPRO) practice advisors’ meetings in November 2023 via Zoom. This was an opportunity to keep abreast of legislative changes and projects undertaken by other Colleges. Practice also met with both professional associations CAOT and OSOT to discuss trending concerns for the profession and the public. The topics discussed include remote practice across jurisdictions, Psychotherapy, and working with OTAs.</p>							
<p>Committee Activities: The Practice Subcommittee met on September 18th, 2023, in person. Several practice documents were reviewed and discussed. Subcommittee also welcomed an occupational therapist guest speaker, to discuss psychotherapy practice providing insight for the review of the Psychotherapy Q & A resource. Subcommittee reviewed the committee’s mandate and current composition and put forth recommendations to be carried forward to the Nominations committee as they review candidates for the two professional vacancies.</p>							
<p>Decisions Requiring Board Approval (Through Executive Committee): Board approved the guidance document Privacy Legislation in Occupational Therapy Practice.</p>							

Q3	371 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	275	38	58	97%	<ul style="list-style-type: none"> • Consent • Record Keeping • Other • OTA 	<ul style="list-style-type: none"> • Consent • Other • OT Assessment 	N/A
<p>Commentary:</p> <p>Practice Data: This quarter, the practice resource service received inquiries about utilizing occupational therapy assistants and psychotherapy. The questions are more complex requiring consultation with other system partners, i.e. PGT, professional associations. Consent, Record keeping, and jurisdiction are ongoing themes.</p> <p>Outreach: The Practice team participated in several speaking engagements in the third quarter. Outreach included a presentation at VHA, University of Toronto, and Queen’s University.</p> <p>Collaboration with System Partners: This was an opportunity to keep abreast of legislative changes and projects undertaken by other Colleges. Practice also met with both professional associations CAOT and OSOT to discuss trending concerns for the profession and the public. The topics discussed include remote practice across jurisdictions, Psychotherapy, and working with OTAs.</p> <p>Committee Activities: The Practice Subcommittee met on February, 23 2024, virtually. Subcommittee welcomed two new professional members. Subcommittee finalized the document Working with third party payers and provided suggested edits to the virtual/remote services resource. Subcommittee recommended themes to be included in the development of a collaborative care resource. Subcommittee engaged in a fulsome discussion about the wording of occupational therapy scope of practice. Subcommittee offered suggestions about terms that are commonly recognized and in plain language to assist the public and system partners understand what occupational therapists do. An environmental scan of practice trends was undertaken, no recommendations to develop additional resources were indicated.</p> <p>Decisions Requiring Board Approval (Through Executive Committee): N/A</p>							

Q4	497 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	412	35	50	95%	<ul style="list-style-type: none"> Record Keeping Consent Conflict of Interest 	<ul style="list-style-type: none"> Scope of Practice OTA/Other health care providers/Support Other 	Updating guidance documents to align with the Standards of Practice and the Competencies for Occupational Therapists in Canada
<p>Commentary:</p> <p>Practice Data: This quarter, the Practice Resource service received inquiries about record keeping, consent and conflict of interest.</p> <p>Outreach: The Practice team participated in several speaking engagements in the fourth quarter. Outreach included university presentations to OT students about controlled acts and psychotherapy, OTA presentations to Mohawk and Conestoga colleges, and presentations to health organizations about consent, and discretionary reporting of driving. The Practice and Quality Assurance teams were also invited to speak at St Joseph’s Health Centre’s Occupational Therapy Day and gave a presentation on “Connecting with the College – Partnering for Quality Practice”. Internally, Practice has provided in-services to the Quality Assurance peer assessors and Registration team on privacy.</p> <p>Collaboration with System Partners: The Practice team provided a fieldwork placement to a student occupational therapist. Met with Ministry of Transportation to discuss discretionary reporting for OTs. Met with the HPRO Rehab Colleges to keep abreast of legislative changes and regulatory trends affecting the groups registrants, with opportunities, to share, discuss, and learn from each other. Met with HPRO Mental Health Colleges to discuss guidance for use of AI and technology. Practice met with both professional associations CAOT and OSOT to discuss trending concerns for the profession and the public. The topics discussed include collaboration for development of resources for occupational therapists working with Indigenous Communities, Psychotherapy, Privacy Legislation webinars, and working with OTAs. Practice recorded a video presentation to support OTs’ understanding of the guidance document Privacy Legislation and Occupational Therapy Practice.</p> <p>Committee Activities: The Practice Subcommittee met on May 24, 2024, virtually. The Subcommittee welcomed one new professional member, making the committee complement complete. Subcommittee received the annual orientation; and all members were reminded to register for the College’s Unconscious Bias training if they did not attend previously. Subcommittee finalized the document Remote (Virtual) Services. Subcommittee approved the key messages for the development of a Collaborative Care Guidance Document. Subcommittee was notified that the College received a Coroner’s request to develop guidance to occupational therapists; this will be added to the workplan as a priority. The next practice document to be updated as per the workplan is Working within Managed Resources – feedback was provided to inform future updates. An environmental scan of practice trends was undertaken, at this time, no recommendations to develop additional resources were indicated.</p>							
<p>Decisions Requiring Board Approval (Through Executive Committee): N/A</p>							

Nominations Committee

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence

Workplan 2023/2024	Selection and Recommendation of Candidates for Committee Appointment
	Oversight of Executive Officer Nominations Process
	Oversight of Committee Chair Appointment Process

Q1	Committee Activities: <u>August 30, 2023</u> : Committee Orientation and appointment of committee Chair.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Ratification of appointment of Chair to Nominations Committee

Q2	Committee Activities: <u>October 5, 2023</u> : Reviewed Board and Committee Competencies, Eligibility and Disqualification Requirements, and discussed reduction of overlap of Board and committees, and determined Practice Subcommittee Recruitment Plan. Approved Board & Committee Competency Profile Data Collection Policy, <u>November 21, 2023</u> : Discussed candidate applications and finalized the operationalization of interview process.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Board & Committee Competency Profile Data Collection Policy

Q3	Committee Activities: <u>December 22, 2023</u> : Discussed outcome of five interviews and selected two candidates to fill vacancies on the Practice Subcommittee; Reviewed and refined the interview process, scheduling, and materials for next recruitment of approximately 12 candidates to replace Board members on committees. <u>January 9, 2024</u> : Discussed and approved executive officer nominations and committee chair appointment processes. Confirmed and finalized timelines for recruitment.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Two candidate appointments to the Practice Subcommittee

Q4	<p>Committee Activities: <u>March 8, 2024</u> reviewed candidate applications/feedback from interviews, committee/member competency assessment results, feedback from committee chair interest survey, and discussed reappointments for the Quality Assurance (QAC) and Patient Relations (PRC) committees. <u>March 22, 2024</u> reviewed additional applicants and determined final appointment recommendations to the Board for April 4 meeting; determined draft 2024-2025 chair recommendations and committee composition, finalized draft slate for executive officer nominations. <u>April 4, 2024</u> Chair attended the Board meeting to assist with officer elections, <u>April 22, 2024</u> conducted committee orientation, reviewed current status of appointments and terms, and determined 2024-2025 work plan.</p>
	<p>Decisions Not Requiring Board Approval: N/A</p>
	<p>Decisions Requiring Board Approval: Reappointments to QAC and PRC, 12 Committee Appointment recommendations, 2024-2025 draft chair and committee composition</p>

Equity Perspectives Advisory Committee

Chair: Adebimpe Egbeyemi

Strategic Priorities: The Equity Perspectives Advisory Committee (the “Committee”) primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Equity, Diversity, and Inclusion (EDI).

Workplan 2024/2025	To conduct a regular environmental scan on OT practices & EDI
	To identify current practice issues impacting EDI for consideration and possible action by the Executive Committee
	To act as an advisory committee on EDI to other statutory and non-statutory committees
	To make recommendations for action on specific practice issues related to EDI
	To develop, review and revise College resources related to practice & EDI as directed by Board
	To make recommendations for action on specific patient relations issues related to EDI

Q4	Commentary: The Equity Perspectives Panel was officially confirmed as the Equity Perspectives Advisory Committee at the April 4, 2024, Board Meeting. Adebimpe Tabitha Egbeyemi was appointed as the advisory Committee Chair for a one-year term.
	Committee Activities: The advisory committee met on May 31, 2024, as their first official meeting as a committee. An orientation was provided and workplan reviewed to identify priorities. The advisory committee discussed the process to select an acting chair in the event the Chair is unable to attend and reviewed the workplan and discussed how to engage community expertise. The advisory committee provided advice on real-life case examples and recommendations for consideration for the 2025 annual eLearning Module for the QA program.
	Decisions Requiring Board Approval: N/A

Indigenous Insights Advisory Committee

Chair: Ian Connolly

Strategic Priorities: The Indigenous Insights Advisory Committee (the “Committee”) primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Indigenous Peoples.

Workplan 2023/2024	To conduct a regular environmental scan on OT practices in relation to the health needs of all Indigenous Peoples.
	To identify current practice issues impacting Indigenous Peoples for consideration and possible action by the Executive Committee.
	To act as an advisory committee on OT practice & Indigenous Peoples to other committees.
	To make recommendations for action on specific practice issues related to Indigenous Peoples.
	To develop, review and revise College resources related to practice & Indigenous Peoples as directed by Board.
	To make recommendations for action on specific patient relations issues related to Indigenous Peoples.

Q4	Commentary: The Indigenous Insights Panel was appointed to the Indigenous Insights Advisory Committee at the April 4, 2024, Board Meeting. Ian Connolly was appointed as the Chair of the advisory committee for a one-year term.
	Committee Activities: The advisory committee met on May 27, 2024, as their first official meeting as a committee. An orientation was provided, and training was undertaken. The advisory committee discussed the process to select an acting chair and how to engage community expertise. The advisory committee reviewed the annual eLearning Module for the QA program and provided advice and recommendations.
	Decisions Requiring Board Approval: N/A

BOARD MEETING BRIEFING NOTE

Date: June 20, 2024
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receive the Risk Management Report.

Issue:

The Board, in its policy RL12, requires that information on risks, to aid the Board in discharging its risk management oversight role, shall be complete and appropriate. The Board has delegated the oversight of the Risk Management Program to the Executive Committee. The entire risk register was presented to the Executive Committee in May 2024 so that they could review all the risks anticipated by the staff, review the treatment of each risk and affirm that the risk levels are appropriate. In addition, the high and critical risks have been identified which have been brought to the Board for their review.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

Managing risks is a fundamental responsibility of the College as it works to regulate the profession of occupational therapy in the public interest. Ensuring the College understands the risks it faces, the plans in place to control, mitigate, avoid, or transfer these risks appropriately is an important oversight responsibility of the Board.

Diversity, Equity, and Inclusion Considerations:

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

Discussion & Update:

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.

BOARD MEETING BRIEFING NOTE

Risk Management Report

Page 2 of 6

Recommendations from the evaluation report of Board effectiveness, that was presented at the January 2024 board meeting included a suggestion to outline practice risks more clearly. Staff have identified a methodology to do this and have worked over the past few months to document risks, mitigation strategies and residual risks. None of these risks are considered high or critical at the moment so aren't included in the report at this time.

It is recommended that the risk related to the Enterprise System now be removed from the report to the Board. The system is deployed and is functioning. And while work continues, this is no longer considered a high risk.

BOARD MEETING BRIEFING NOTE

Risk Category	STRATEGIC
Risk:	<p>Health Human Resources</p> <p>In the current environment, the availability of health care personnel has reached a crisis level for governments across the country. This includes Ontario. Government will be looking for data, ideas and support to implement and HHR strategies. There is a risk that the strategies may not align or will cause negative unforeseen consequences. E.g. registration of incompetent individuals.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Establishing and sustaining positive government relationships. 3. Standard processing times for applications for registration.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. HPRO meetings and working group participation. 2. Ministry updates, response to Ministry consultation 3. College networking updates 4. Monitoring government processes put in place for other professions. <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Working with the SEAS program to support their timely assessment of international applicants. 2. Leveraging our data. 3. Maintaining open communication with the provincial OT association and government re: any relevant initiatives. 4. Discussion with Ministry of Health Representatives as appropriate.

BOARD MEETING BRIEFING NOTE

Risk Category	STRATEGIC
Risk:	<p>Finances</p> <p>The College has reviewed its financial health to ensure it can operate effectively now and into the future. Budget deficits were planned for fiscal year 2023/24 and for the 2024/25 year, resulting in decreased reserves as the reserves fund the deficit. A 2% fee increase has been implemented for the 2024 annual renewal cycle, and the bylaws allow for fee increases of up to 2% for the next four years as determined each year by the Board. Based on the budget for this year, it is seeming likely that a further 2% increase will be needed for the next renewal period as well. The risk is further negative reactions from registrants if further increases are implemented but financial strain to COTO if they are not implemented.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. The Finance and Audit Committee have carefully reviewed the budget to ensure their understanding of college finances. 2. A communications plan is underway to assist with any further issues or concerns that arise once annual renewal begins. 3. Bylaws are in place to support up to 2% increases for the next 4 years if necessary.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Careful attention to budget and spending. <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Continue to implement the communications plan during renewal.

BOARD MEETING BRIEFING NOTE

Risk Category	OPERATIONAL
Risk:	Enterprise System project Updates on our system work: <ul style="list-style-type: none">• Our system is now live.• Annual renewal has occurred with the new system.• New individuals can apply.• Quality Assurance Tools available• Data is migrated and the public register is live.• Our old data base has been decommissioned as of March 31, 2024
Control Procedure(s)	<ol style="list-style-type: none">1. Dedicated resources for IT operations2. Back ups of old current data base as repository of old information.3. Leadership closely monitoring and facilitating the progression of the work.
Action Plan & Monitoring Process	Action Plan: <ol style="list-style-type: none">1. Next steps for the project will be to design the system for use with Investigations and Resolutions.2. Ongoing financial reserves to be monitored for development and maintenance of this critical College infrastructure.

It is recommended that this risk can now be removed from the report to the board. It will continue to remain on the risk register for monitoring but is recommended to be downgraded to a moderate risk from its current high risk rating.

BOARD MEETING BRIEFING NOTE

Risk Category	STRATEGIC
Risk:	Public Member Complement <p>There is a risk that the Board could become unconstituted due to lack of public appointments. The Board has 5 of 7 appointments filled which is the minimum number. In addition, as the College only has the minimum complement of public members, the result is a high workload for existing public members. We have left one public member vacancy on one of our committees.</p> <p>In addition, should we need public members for any discipline hearings we will run short of public members without a conflict of the case with another committee.</p>
Control Procedure(s)	Bylaws are in place to support actions by the Executive Committee as necessary. That is, if the Board were to become unconstituted, the Executive Committee would act in place of the Board for general decisions.
Action Plan & Monitoring Process	Monitor through: <ol style="list-style-type: none">1. Monitor Board appointments and term end dates.2. Liaise with the public appointments' office on a regular basis to confirm needs. Action Plan: <ol style="list-style-type: none">1. Proactive communications with government.

BOARD MEETING BRIEFING NOTE

Date: June 20, 2024
From: Finance and Audit Committee
Subject: Financial Policies

Recommendation:

THAT the Board approve the updated financial policies as listed:

- *RL4 – Financial Planning & Budgeting*
- *RL5 – Financial Conditions & Activities*
- *RL6 – Asset Protection*
- *RL7 – Investments*
- *RL8 – External Audit*
- *Establishing and Maintaining Reserve Funds*
- *Honoraria*
- *Education Session Costs*
- *Board Reference Material – Guide to Review of Financial Information*

Issue:

The Finance and Audit Committee has a responsibility to annually review the Financial Policies to effectively manage risk and to ensure discretionary expense policies are reasonable. The Board is asked to review the policies, and if in agreement, approve the changes.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

Ensuring that the Financial Policies are reviewed and amended as required, reflects the College's Strategic Priorities, and enables successful delivery of the College's mandate.

Diversity, Equity, and Inclusion Considerations:

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

BOARD MEETING BRIEFING NOTE

Background:

The Financial Policies are reviewed annually, and any proposed changes must be approved by the Board.

Discussion:

The following Financial Policies have undergone review, and no amendments are deemed necessary.

1. RL5 – RL8 - Financial Planning and Budgeting/Financial Condition and Activities/Asset Protection/Investments/External Audit
2. Honoraria – Guideline for Elected Board Directors and Committee Appointees
3. Education Session Costs – Guidelines for Public and Professional Board Directors

The following Financial Policies have undergone review and require amendments.

4. RL4 – Financial Planning and Budgeting
 - Replacing sentence “Budgets a deficit or surplus within 3% of the revenue conservatively projected” with “Conservatively projects a Balanced Budget that does not deviate (+/-) from revenues by more than 3% in any fiscal year, unless otherwise directed by the Board.”
5. Establishing and Maintaining Reserve Funds
 - Changing Reserve fund title of 1d. from “Enterprise-Wide IT System” to “Technology Fund”
 - Updating Reserve fund description of 1d. with “The Technology Fund is designated to provide for the cost of any technological improvements....”
6. Education Session Costs – Guidelines for Public and Professional Board Directors
Guide for Review of Financial Information
 - Changing the word ‘Council’ to ‘Board’

Implications:

If the Board gives its approval to the amendments of the Financial Policies, they will be revised to indicate the "revised" date. Financial Policies that require no amendments will be updated to show the "reviewed" date.

Attachments:

1. RL4 – Financial Planning & Budgeting – Draft
2. RL5 – Financial Conditions & Activities – Draft
3. RL6 – Asset Protection – Draft
4. RL7 – Investments – Draft
5. RL8 – External Audit – Draft
6. Establishing and Maintaining Reserve Funds – Draft
7. Honoraria – Draft
8. Education Session Costs – Draft
9. Board Reference Material – Guide to Review of Financial Information - Draft

Policy Type:	Registrar Limitations
Policy Title:	Financial Planning and Budgeting
Reference:	RL4
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022, June 2024
Date Reviewed:	June 2016, June 2023

Financial planning for any fiscal year or the remaining part of any fiscal year will be aligned with leadership outcomes and be derived from a financial plan.

Accordingly, the Registrar and CEO will ensure financial planning that:

1. Contains information to enable credible projection of revenues and expenses, and separates capital and operational items, cash flow, and disclosure of planning assumptions.
2. Provides adequate cash flow to support operations throughout the year and to support reserves without Board approval.
3. Allocates sufficient funds to satisfy operational requirements.
4. Appropriately balances resources, human, technological and financial, between the budget and the expected leadership outcomes.
5. Provides sufficient resources to support the Board's ability to perform its leadership role.
6. **Conservatively projects a Balanced Budget that does not deviate (+/-) from revenues by more than 3%**~~Budgets a deficit or surplus within 3% of the revenue conservatively projected~~ in any fiscal year, unless **otherwise** directed by the Board.



Policy Title:	Registrar Limitations
Policy Title:	Financial Condition and Activities
Reference:	RL5
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016, June 2023, June 2024

With respect to the actual, ongoing financial condition and activities, the Registrar and CEO will ensure alignment of actual expenditures to leadership outcomes.

Accordingly, the Registrar and CEO will:

1. Spend only those funds that have been received in the fiscal year to date, unless the debt guideline (below) is met or unless directed by the Board.
2. Indebt the College in any amount only if, approved by the Board.
3. Maintain Sexual Abuse Therapy and Counselling and Hearings Funds for unexpected costs related to these matters.
4. Follow the guidelines for Establishing and Maintaining Reserve Funds.
5. Settle payroll and debts.
6. Ensure tax payments or other government-ordered payments or filings are filed on time and accurately.
7. Secure an additional executive signature for disbursements over \$15,000.
8. Obtain prior approval of the Finance and Audit Committee before making a single commitment of greater than \$50,000 that is outside the budget and will notify the Board on any such single commitment.
9. Obtain prior Board approval before making any financial or service commitment greater than 5 years.

Debt Guidelines – Board Tolerance

1. Balanced budget minus 3%.
2. Comply with any covenants stipulated by the bank.
3. Zero tolerance to external debt unless approved by the Board.

Policy Title:	Asset Protection
Reference:	RL6
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019, June 2022
Date Reviewed:	June 2016, June 2023, June 2024

The Registrar and CEO will ensure the assets of the College are protected, and adequately maintained.

Accordingly, the Registrar and CEO will:

1. Insure against theft and casualty losses to at least 80% of replacement value and against liability losses to Board members, non-Board members of Board committees, staff, and the College itself.
2. Maintain an appropriate insurance policy and general liability insurance policy for the College.
3. Not unnecessarily expose the College, its Board, or staff to claims of liability.
4. Not make any purchase:
 - a. wherein normally prudent protection has not been given against conflict of interest;
 - b. without having obtained, for purchases of services over \$30,000 with a new supplier, comparative prices, and quality where prudent; and
 - c. without assuring the balance of long-term quality and cost.
5. Protect intellectual property and information from inappropriate access, loss, or significant damage.
6. Receive, process, or disburse funds under controls which are insufficient, and meet the Board appointed auditor's standards.
7. Act in the best interest of the College with respect to the College's investments.
8. Use funds of the College appropriately and ensure others do as well.
9. Not purchase, mortgage, or dispose of real property (i.e., land or buildings).
10. Obtain Executive Committee and Board approval before entering into a lease agreement for property (i.e., land or buildings)

Policy Title: Investments
Reference: RL7
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022
Date Reviewed: June 2016, June 2023, **June 2024**

The Registrar and CEO will ensure the College's investments are protected, adequately maintained, and not unnecessarily risked.

Accordingly, the Registrar and CEO will:

1. Invest in funds that allow for the preservation of capital, where "capital" is defined as the cost of the investment.
2. Maintain liquidity necessary to meet the day-to-day cash requirements for College operations and planned capital investments.
3. Invest or hold funds identified as surplus in:
 - a. Investments having a term of not more than ten years
 - b. Short-term investments
4. Present annually the investment outcomes to the Finance and Audit Committee.
5. Present annually the investment outcomes to the Board.
6. Invest in funds that are in Canadian dollars and issued by a Canadian institution.

Policy Title: External Audit
Reference: RL8
Date Prepared: December 2009
Date Revised: March 2010, June 2019, June 2022
Date Reviewed: June 2016, June 2023, **June 2024**

The Board will select an external neutral third party to perform an operational and financial audit to assess compliance with Board and operational policies.

Accordingly, the Registrar and CEO will:

1. Provide for an annual external audit of financial performance by auditors appointed by the Board.
2. Provide a review of the auditor appointment at least every five years unless directed by the Board.
3. Support and manage the audit process.
4. Allow for reasonable additional external audits if, or when, the Board requests it.

ESTABLISHING AND MAINTAINING RESERVE FUNDS

Guidelines for Board Directors

In order to cover variable and/or unforeseen costs and expenses, the College shall establish and maintain specific reserve funds. Board 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, other hearings that may arise related to regulating the profession, and independent medical exams. The amount to be maintained in this fund is \$400,000 or such other amount as may be determined by the Board.
 - 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 \$25,000 or such other amount as may be determined by the Board.
 - c. 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 the Board.
 - d. Enterprise Wide IT System Technology Fund
The ~~Enterprise Wide IT Technology~~ Fund is designated to provide for the cost of any technological improvements ~~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 the Board.
2. Appropriations from the annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar and CEO.

Created: February 1997

Reviewed: October 2000, March 2007, October 2010, June 2012, January 2013, January 2016, January 2019, June 2023

Revised: October 2017, June 2019, March 2020, June 2022, June 2024

HONORARIA

Guidelines for Elected Board Directors and Committee Appointees

A Board Director or Committee Appointee who prepares for and attends meetings respecting College business will be paid an honorarium.

Definition

Per Diems:

The College offers up to three types of per diems:

- Attendance,
- Preparation, and
- Travel.

Each per diem is governed by their unique conditions. Attendance and preparation per diems are payable per scheduled meeting with exception of meetings less than one hour as noted in #6. Multiple distinct meetings are permitted per calendar day; however, only one travel per diem is payable per trip into Toronto. (See specific condition for each per diem below)

Attendance:

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

There are three fixed rates available:

- a. One-hour rate of \$60.00: Equal to or less than one hour (1 hour)
- b. Half-day rate: Equal to or less than three hours and thirty minutes (3.5 hours) but more than one hour
- c. Full-day rate: More than three hours and thirty minutes (3.5 hours) to a maximum per day of seven hours and thirty minutes (7.5 hours)

If a meeting is scheduled for half a day but goes over the scheduled length of time, the College will pay Board Director or Committee Appointees the full-day rate.

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

If a meeting is scheduled for one hour but goes over the scheduled length of time, the College will pay Board Directors or Committee Appointees the half-day rate.



Travel:

When travel in excess of 250 km is required, Board Directors and Committee Appointees are advised to travel the day prior to the meeting and claim the travel per diem. Same day travel as the date of attendance will not be reimbursed regardless of distance travelled.

Preparation Time:

All preparation time is based on a fixed hourly rate.

Board, Executive, Subcommittee and Working Group Meetings:

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

When an exceptionally large volume of reading material is distributed, the meeting Chair will advise Board Directors or Committee Appointees if there is an increase to the maximum allowance for preparation time. This is left at the discretion of the Chair.

ICRC, Hearings, Registration, Quality Assurance, and decision writing:

Preparation time is not to exceed the maximum scheduled length of the meeting, unless approved by the Chair.

Rates:

Full-rate Attendance:

- Standard rate: Board and Committee Appointees \$250.00
- Chairperson (Board or Chair of Statutory or Standing Committee) \$325.00
- Vice-Chair \$275.00

Half-rate Attendance:

- Standard rate: Board and Committee Appointees \$125.00
- Chairperson (Board or Chair of Statutory or Standing Committee) \$162.50
- Vice-Chair \$137.50

Preparation time: \$45 per hour.

Travel: \$150 per reimbursement claim (distance traveled one way must be equal to or greater than 250 km)

Procedure

1. Board members or Committee Appointees shall submit their honoraria and reimbursement claims using the third-party online vendor platform, provided by the College.
2. Honoraria may be claimed for attendance, and preparation time. Preparation time will be paid when Board Directors or Committee Appointees are required to review materials that are distributed by the College in advance of the meeting.

3. Travel per diems shall only be claimed when travel meets the following two conditions:
 - a. Travel must occur on the date prior to the scheduled meeting date.
 - b. The distance travelled in one direction must be equal to or greater than 250 km one way.
4. The per diem amount of Chair or Vice-Chair is payable only when acting in the capacity of Chair or Vice-Chair of the Board, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Board. All other participation will be remunerated at the standard rate.
5. If a full day meeting is cancelled by the College without 48 hours of notice, Board Directors or Committee Appointees will be entitled to be reimbursed at half of the applicable Attendance rate. Full-day meetings that are cancelled will be reimbursed at half of the full-day Attendance rate; and half-day meetings will be reimbursed at half of the half-day rate. Only Board Directors or Committee Appointees who are scheduled to attend and who request reimbursement shall receive it. Board Directors or Committee Appointees are permitted to submit a reimbursement claim for preparation time as per the limits set out in this policy for their meeting.
6. Onsite meetings or remote meetings that are scheduled for less than one hour will be paid the half-day per diem. Preparation time is included in the attendance rate for meetings of less than 1 hour. When the duration of a meeting is one hour or more, preparation time may be claimed in addition to the per diem.
7. Per diem rates and policy will be reviewed annually by the Finance and Audit Committee. All changes to the per diem rates will be approved by the Board before coming into effect the following fiscal year, to allow for appropriate budgeting.
8. Board Directors or Committee Appointees can claim both a preparation per diem and travel per diem on the same date.
9. All expense claims must be submitted prior to the end of the fiscal year applicable. Board Directors or Committee Appointees are encouraged to submit their expenses as soon as possible to assist the College with providing Board Directors and Committee Appointees with accurate tax records (e.g.: T4 and T4A).

Created: May 1994

Reviewed: January 1997, June 1999, October 2000, March 2002, June 2002, March 2008, June 2008, July 2010, January 2013, January 2024, **June 2024**

Revised: January 2016, March 2018, January 2019, January 2020, January 2021, January 2022, June 2023

Rates Revised: January 2016 (per diems), January 2019 (Preparation time rate), June 2023 (Added 1-hour rate)

EDUCATION SESSION COSTS

Guidelines for Public and Professional Board Directors

A public or professional Board Director will be reimbursed for per diem and incurred expenses, (including conference registration fees), for education sessions which have received prior approval of the College, and for Public Appointees, with the prior approval of the Ministry of Health.

Public Appointee expenses excluding per diem will only be covered by the College when no funds are available from the Ministry of Health, and the Ministry has provided prior approval of the expenditures.

Procedure

1. The member shall contact the Registrar and CEO to request prior approval of Education Session costs.
2. The Registrar and CEO will review the budgetary implications and consult with the Board Chair.
3. The Registrar and CEO will contact the Ministry of Health for approval of expenses and per diem for Public Appointees.
4. The Board will be notified of the decision. Public Appointees will also be notified of the decision of the Ministry of Health.
5. Approved expenses and per diem submitted will be reimbursed as per College policies and claim procedures.

Created: October 1996

Reviewed: July 2010, January 2019, June 2022, June 2023, **June 2024**

Revised: January 2016

BOARD REFERENCE MATERIAL

Guide for Review of Financial Information

This guide is provided for Board Directors to use as a reference in their review of standard financial information that is provided in their ~~council~~ Board meeting packages.

The Financial Report provided, typically includes highlights of the financial statements, an update on statutory remittances and filings, and updated financial statements. The checklist provides general tips on what to look for when reviewing the Financial Report and also provides general tips regarding financial responsibility.

CHECKLIST FOR REVIEWING FINANCIAL INFORMATION

Financial Report:

- ✓ Review the Highlights of the Financial Statements for a summary of the overall financial picture.
- ✓ Check that the status of remittance payments is being reported.
(Note: Remittance payments are those payments a company is required to make to government. This includes HST and payroll remittances (EI, CPP, Income Tax).
- ✓ Review spending in Reserve Funds on the Statement of Reserve Funds.

Financial Statements:

- ✓ Check HST Payable on the Statement of Financial Position (verify that number is changing quarterly).
- ✓ Review the Deferred Revenue balance. If it is going down each reporting period within the fiscal year, then it is being allocated to operations on a regular basis.
- ✓ Check that the College has the funds to cover its debts.
- ✓ Ask about any negative numbers.

General:

- ✓ Feel free to ask general question at the Board meeting e.g. verify no conflict of interests exists with auditor relationship or that of any other stakeholder.

Revised: June 2019, June 2022, **June 2024**

Reviewed: June 2023

BOARD MEETING BRIEFING NOTE

Date: June 20, 2024
From: Finance and Audit Committee
Subject: FY24/25 Annual Operating budget

Recommendation:

THAT the Board approve the FY24/25 Annual Operating Budget, as presented.

Issue:

To review the FY24/25 Annual Operating Budget to ensure compliance with Governance policy RL4 “Financial Planning and Budgeting”.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

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

Background:

The governance policies direct the budget planning process each year. The Registrar Limitations Policy RL4 – Financial Planning and Budgeting outlines the requirements of the financial planning process and has been taken into consideration while preparing the FY24/25 Annual Operating Budget.

Per RL4, the Registrar will not allow financial planning that budgets a deficit greater than 3% of the revenue conservatively projected in any fiscal year unless directed by the Board.

BOARD MEETING BRIEFING NOTE

FY24/25 Annual Operating budget

Page 2 of 3

Discussion:

Significant effort was dedicated to formulating a budget that advances key strategic objectives while upholding fiscal responsibility. The annual operating budget for the year reveals an overall deficit of 5% of revenues, attributed mostly to expenditures on:

- Salaries,
- operational initiatives, and
- investigation and resolutions.

The deficit would be funded by our unrestricted reserve fund. The details of all expenditures are included below under budget assumptions.

Budget Assumptions:

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

Revenues:

Registration revenues are expected to rise by 5%, which is comprised of a 3% growth and 2% related to the Board approved registration annual renewal fee increase for FY24/25.

Revenue Category	Budget Assumptions
Registration	Budget increased by 5%, which is comprised of a 3% anticipated growth over prior year and an additional 2% related to the Board approved registration annual renewal fee increase.
Application fees	Application fees budgeted at 2% of total registration fees, which is the average over the past 6 years. Professional corporation fees also budgeted here in same manner.
Other income	Includes an estimate for interest income. This category also includes an estimate for sublease revenue from ACOTRO which is offset in the "Rent and Leases" category below.

Expenses:

Expense Category	Budget Assumptions
Salaries and Benefits	Increase is driven by merit increases for eligible staff based on prior year averages and the impact from the CPP2 Enhancement.
Programs - Quality Assurance and Professional Practice	A slight increase in the budget is driven by the following items: <ul style="list-style-type: none">○ Around 120 peer assessments planned to be completed throughout the fiscal year.○ All costs associated with the development of the Prescribed Regulatory Education Program (PREP).

BOARD MEETING BRIEFING NOTE

FY24/25 Annual Operating budget

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Expense Category	Budget Assumptions
Programs - Investigations and Resolutions	Budget increased in anticipation of significant work needed for cases this year.
Programs – Registration	Budget is driven by payment processing fees; mostly incurred during the annual renewal period.
Governance	The budget has been adjusted downwards based on extrapolations from actual expenditures in the current fiscal year.
Professional Fees	The budget encompasses key operational consulting initiatives that are in line with the College's strategic priorities, increased legal fees to accommodate anticipated costs, and auditor fees determined by contract with Hilborn LLP.
Operational Initiatives	Budget includes priority projects that align to the College's strategic priorities and values: <ul style="list-style-type: none">○ EDI \$29,000○ Race Based Data - \$15,000○ Document Management \$50,000○ QA Continuing Competency \$5,000○ Registration Re-entry \$12,000
Communications	Budget decreased as most content will now be developed in house.
Information Technology	Budget increased for inclusion of the new vendor, Horn IT Solutions for end user & system support.
Operating	Budget decreased as no minor equipment or furniture is anticipated.
Staff, Travel, and Conferences	Budget decreased based on extrapolations from actual expenditures in the current year.
Rent and Leases	Reflects lease terms for FY24/25.
Other	Includes depreciation costs, which were determined based on the carrying value of existing capital assets as well as new fixed asset additions planned for the upcoming fiscal year.

Implications:

Overall, the FY24/25 Annual Operating budget projects a deficit of 5%, to be funded by the Unrestricted Reserve Fund.

Attachments:

1. FY24/25 Annual Operating Budget Summary



**College of Occupational Therapists of Ontario
FY24/25 Annual Operating Budget Summary**

	FY24/25 Budget	FY23/24 Budget
	\$	\$
Revenue		
Registration Fees	5,027,073	4,773,085
Other Income	174,498	68,863
	5,201,571	4,841,948
Expenses		
Salaries and Benefits	3,503,119	3,389,446
Programs	596,224	427,120
Governance	165,775	210,383
Professional Fees	143,812	85,138
Operational Initiatives	111,000	120,000
Communications	62,878	89,151
Information Technology	204,966	159,416
Operating Expenses	73,122	77,395
Staff, Travel, and Conferences	80,557	99,903
Rent and Leases	475,924	468,616
Other Expenses	63,847	58,780
	5,481,224	5,185,348
Deficiency of Revenue over Expenses	-279,653	-343,400

GOVERNANCE COMMITTEE BRIEFING NOTE

Date: June 20, 2024
From: Governance Committee
Subject: Supporting Positive Relationships Policy

Recommendation:

THAT the Board approve the new draft policy, Supporting Positive Relationships.

Issue:

The Governance Committee has recommended that the attached policy be approved by the Board. The Supporting Positive Relationships policy outlines the relationships between the College and all those it engages with including the Board, Committee/Community Appointees, Staff, Registrants, and the public.

Link to Strategic Plan:

This aligns under Performance and Accountability:

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

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

Why this is in the Public Interest:

The new policy outlines the expected positive and productive engagement between the College and all those it serves, including members of the public. Positive relationships are expected to produce positive experiences and outcomes which are in the public interest.

Diversity, Equity, and Inclusion Considerations:

Supporting Positive Relationships policy, describes inclusivity measures and celebrates diversity which leads to positive experiences for equity deserving groups.

Background:

As one of the strategic interventions this fiscal year, the College is embarking on a comprehensive review of all the Governance policies. This review will ensure all the policies are up to date and where necessary, new ones developed. The new Supporting Positive Relationships policy is part of this process. It is meant to outline expected positive relationships between the College and its Board, Committee/Community Appointees, Registrants, staff, and the public members. This promotes better understanding between those concerned leading to higher productivity.

BOARD MEETING BRIEFING NOTE

Supporting Positive Relationships Policy

Page 2 of 2

Discussion:

As part of the comprehensive review of the Governance Manual, the College is eliminating the negative language in the manual in favour of more positive language and outlook. Supporting Positive Relationships policy further builds into that new approach which is expected to make it easier to understand the policies and to produce better outcomes for all those the College works with. The previous Treatment of Registrants and Treatment of Staff policies (RL2 and RL3) have been attached as backgrounder and for reference.

Attachments:

1. Supporting Positive Relationships Policy – Draft
2. Current RL2 and RL3 -Treatment of Registrants and Treatment of Staff Policies



Policy Type: Governance Process
Policy Title: Supporting Positive Relationships
Reference: RL3
Date Prepared: June 2024
Date Revised:
Date Reviewed:

Purpose

This policy provides guidance and support to enhance positive relationships and a safe work environment, free from any form of harassment, discrimination or violence.

Application

The policy applies to all Board Directors, Committee Appointees and Staff.

Policy

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

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

1. Be proactive in identifying opportunities to recognize and celebrate positive behaviour and achievements.
2. Strive to respond to the Public, Registrants, Staff, Board Directors and Committee Appointees concerns and questions in a timely manner.
3. Ensure the Public, Registrants, Staff, Board Directors, and Committee Appointees are aware of their rights and obligations under the College policies and under the appropriate laws of Ontario and or Canada.
4. Communicate openly, honestly, and respectfully with the Public, Registrants, Staff, Board Directors, and Committee Appointees.
5. Actively seek feedback from the Public, Registrants, Staff, Board Directors, and Committee Appointees to ensure their needs are being met.
6. Ensure procedures or decisions that are made regarding registrants, staff, Board Directors, and Committee Appointees are lawful, safe, and dignified and their information is treated privately and confidentially as appropriate.
7. Communicate openly, honestly, and respectfully with the Public, Registrants, Staff, Board Directors, and Committee Appointees.

8. Ensure policies that clarify procedures for staff are in place to provide effective handling of complaints and protect against wrongful condition including but not limited to, human rights violations, violence and harassment in the workplace and inappropriate preferential treatment.
9. Deal firmly, confidently, and consistently with any distressed or challenging behaviour, in line with this policy and adopt a restorative approach to restoring relationships that have deteriorated while allowing a fresh start.
10. Work in partnership with all concerned to develop and support policies which build on the College's ethos and culture.
11. Maintain an open mind, ensuring all diverse voices are heard, included, and respected in all the College work.

DRAFT

Policy Type:	Registrar Limitations
Policy Title:	Treatment of Registrants
Reference:	RL2
Date Prepared:	December 2009
Date Revised:	March 2010
Date Reviewed:	June 2016, 2019

With respect to interactions with registrants, the Registrar will not cause or allow conditions, procedures or decisions that are unlawful, unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.

Accordingly, the Registrar will not:

1. Fail to address and respond to registrants' concerns in a timely manner.
2. Fail to establish and maintain a process that communicates to registrants what may or may not be expected from the College.
3. Fail to use available methods of collecting, reviewing, transmitting or storing registrant information to protect against improper access to the material.

CURRENT



Policy Type:	Registrar Limitations
Policy Title:	Treatment of Staff
Reference:	RL3
Date Prepared:	December 2009
Date Revised:	March 2010, June 2019
Date Reviewed:	June 2016

With respect to the treatment of staff, the Registrar will not cause or allow conditions that are unlawful, unsafe, unfair or undignified.

Accordingly, the Registrar will not:

1. Operate without human resources policies that clarify procedures for staff, provide for effective handling of complaints, and protect against wrongful conditions, for example, human rights violations, violence or harassment in the workplace and inappropriate preferential treatment.
2. Fail to acquaint staff with their rights and obligations under this policy.
3. Fail to comply with applicable labor law in the province of Ontario.

CURRENT

BOARD MEETING BRIEFING NOTE

Date: June 20, 2024
From: Governance Committee
Subject: Role of College Committees Policy

Recommendation:

THAT the Board approve the new draft policy, Role of College Committees.

Issue:

The Board has been asked to review the *Role of College Committees* policy to ensure the College maintains best governance practices.

Link to Strategic Plan:

This aligns under Performance and Accountability:

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

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

Why this is in the Public Interest:

The goal of these changes is to continuously enhance public protection. The new *Role of College Committees* policy is aligned with the new structure applied throughout the revised Governance Manual. This will further strengthen public protection and enhance public confidence in our regulatory system.

Diversity, Equity, and Inclusion Considerations:

The Committee should consider whether the proposed policy raises any concerns from a diversity, equity and inclusion perspective.

Background:

This draft policy is coming back for Board consideration following the last meeting in April. It was suggested more language be added to clarify the Board's responsibility with establishing committees.

Discussion:

Following input from Board Directors at the April 2024 Board meeting, the Governance Committee is recommending adding additional language to the policy clarifying the Board's responsibility.

BOARD MEETING BRIEFING NOTE

Role of College Committees Policy

Page 2 of 2

Attachments:

1. Role of the College Committees - Draft

Policy Type: Governance Process
Policy Title: Role of College Committees
Reference: GP 10
Date Prepared: June 2024
Date Revised:
Date Reviewed:

Purpose

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

Application

This policy applies to:

- Statutory Committees of the College.
- Non-Statutory Committees of the College
- Advisory Committees of the College.

Policy

While the Board leads the College in developing and monitoring strategic plans and by making major policy decisions, College committees conduct much of the work of the College. There are three types of ongoing committees the College utilizes: statutory, non-statutory, and advisory committees. Most committee members are composed of board directors, and professional/community appointees. Except for Executive, all committee members are recommended by the Nominations Committee. ~~and are established by the Board to help fulfill its role and carry out its responsibilities. Other than committees required by legislation, the Board may establish committees and task groups to help fulfill its role and carry out its responsibilities.~~

Accordingly:

- a) A Statutory Committee is established pursuant to the Health Professions Procedural Code, which is Scheduled II of the *Regulated Health Professions Act* and are as follows:
 1. Executive Committee
 2. Registration Committee
 3. Inquiries, Complaints, and Reports Committee
 4. Discipline Committee
 5. Fitness to Practise Committee
 6. Quality Assurance Committee
 7. Patient Relations Committee
- b) A Non-Statutory Committee supports the work of the Board to help carry out its responsibilities and include the following:
 1. Finance and Audit Committee
 2. Governance Committee
 3. Nominations Committee

4. Practice Subcommittee
 5. Quality Assurance Subcommittee
- c) An Advisory Committee is a task-specific committee of the Board established to undertake specific tasks and include the following:
1. Equity Perspectives Advisory Committee
 2. Indigenous Insights Advisory Committee
1. The Board holds the ultimate responsibility for governing the organization. College committees, unless otherwise specified by the Board, do not have any independent authority to act on behalf of the Board.
 2. The Board will establish terms of reference for committees that will usually include the following:
 - a. The mandate of the committee;
 - b. The accountability and authority of the committee;
 - c. The duties and responsibilities of the committee;
 - d. Skills and expertise required of members of the committee;
 - e. Term and term limits of the committee; and
 - f. Voting and reporting requirements of the committee.
 3. The Registrar & CEO will be notified of all committee meetings and invited to attend in a non-voting capacity, but their attendance is not counted for the purpose of committee quorum requirements.
 4. If committees are established, they:
 - a. Do not speak or act for the Board except when formally given such authority for specific or time-limited purposes. Such authority will be stated through terms of reference or Board minutes.
 - b. Are to assist the Board in doing its job by recommending, analyzing, deciding and/or acting as directed by the Board.
 - c. Cannot exercise authority over staff and operations and must work within the College's mission and policy framework.
 - d. Will receive their terms of reference, specific tasks, staffing, reporting process, timelines, from the Board as the committee is established.
 5. Committee briefing notes that are presented to the Board on matters requiring decisions or actions will generally contain a recommended course of action, with supporting rationale, unless otherwise requested by the Board.

Timelines for completion of tasks and submission of reports are to be consistent with the Board's direction or mandate.

BOARD MEETING BRIEFING NOTE

Date: June 20, 2024
From: Governance Committee
Subject: Terms of Reference Revisions – Governance and Finance and Audit committees

Recommendation:

THAT the Board approve the updated terms of reference for the Governance and the Finance and Audit committees.

Issue:

The Governance Committee is recommending that the updated Governance, and the Finance and Audit committees' terms of reference, be approved by the Board.

Link to Strategic Plan:

This aligns under Performance and Accountability:

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

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

Why this is in the Public Interest:

The goal of these changes is to continuously enhance public protection. The updated terms of reference are aligned with the new structure applied throughout the revised Governance Manual. This will further strengthen public protection and enhance public confidence in our regulatory system.

Diversity, Equity, and Inclusion Considerations:

Part of the work the College is undertaking to update the Governance Manual, will include clear and consistent language that will incorporate diversity, equity and inclusion. There are specific terms of reference that support the equity and indigenous advisory committees. The goal of these committees is to enhance the College's understanding of the equity issues affecting occupational therapy practice.

Background:

As one of the strategic interventions this fiscal year, the College is embarking on a comprehensive review of all the Governance policies. This will ensure all the policies are up to date and follow the same structure.

BOARD MEETING BRIEFING NOTE

Terms of Reference Revisions – Governance and Finance and Audit committees

Page 2 of 2

Discussion:

Over the last few years, the regulatory sector has seen a lot of changes aimed at enhancing the primary mandate of public protection. Additionally, the College has embarked on regulatory modernization which has introduced changes in the way the College is governed. Updating the terms of reference will incorporate the new structure being used for all the policies.

In their last meeting, the Board realized the Governance and Nominations committees Duties and Responsibilities were identical and it was agreed that the Governance Committee terms of reference be revised and brought back to the Board for approval. The staff has revised the Duties and Responsibilities section as advised by the Board. As a backgrounder and reference, the terms of reference for the Nominations Committee are included as an attachment. In addition, the composition of the Finance and Audit Committee has been updated.

Attachments:

1. Terms of Reference - Governance Committee - Draft
2. Terms of Reference –Finance and Audit Committee - Draft
3. Terms of Reference - Nominations Committee



Policy Type: Governance Process
Policy Title: Terms of Reference – Governance Committee
Reference: GP10k
Date Prepared: March 2020
Date Revised: June 2020, January 2021, March 2022, March 2023, June 2024
Date Reviewed:

Committee Category

Non-statutory

Mandate

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Review all governance policies and processes and recommend to the Board changes within the College’s control. This includes, among other things:
 - a. The terms of reference for all committees and roles on the Board and committees;
 - b. the bylaws and rules of procedure as they apply to the Board or committee meetings;
and,
 - c. all governance policies and related bylaws.
- Regularly monitor, evaluate and recommend practices that will promote and enhance governance excellence and best practices at both the Board and Committee level;
- Establish and administer a process for assessing the effectiveness of the Board, and its Committees, and make recommendations to the Board;
- Oversee the process involving a potential sanction or disqualification of an Elected Director, or Professional or Community Appointee in accordance with the College bylaws.
- Initiate and hold an inquiry should there be reasonable grounds to doubt or dispute the validity of the election of any Director to the Board
- Review and recommend to the Board the appointment(s) of Nominations Committee members and Committee Chair

- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.
- ~~• Collaborating with the Board and College staff to determine the competencies and skills that Committee members consider necessary to possess.~~
- ~~• Implement a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees.~~
- ~~• Recommending to the Board candidates for appointment and re-appointment to Committees and Committee Chairs; and~~
- ~~• Supporting the Board to the election of officers for the Executive Committee. This includes the following activities:
 - ~~— Calling for nominations;~~
 - ~~— Reviewing the Board member nomination forms;~~
 - ~~— Ensuring there are candidate(s) for each officer position;~~
 - ~~— Ensuring the consent of nominated members to stand for election;~~
 - ~~— Requesting a candidate statement from each individual standing for election;~~
 - ~~— Communicating the completed slate to College staff for distribution at the elections meeting; and,~~
 - ~~— Ensuring College staff make the slate and statements of candidacy available to Board members by electronic mail prior to the commencement of the election.~~~~

Composition of Committee

The Committee shall be composed of at least:

- a. ~~Two~~^{three} Elected Directors/Academic Appointee;
- b. ~~Two~~^{One} Public Director; and,
- c. ~~And~~^a at the discretion of the Board, one or more Community Appointee(s).

Composition Matrix

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

Ability

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

Governance expertise

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

Human Resources

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

Cross-Cultural Experience

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

Term of Office

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

The Board approves appointments to the committee. The term of office for Committee members shall begin immediately after their appointment.

Meetings

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

Quorum

Pursuant to section 14.06.1 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the ~~Governance~~Nominations committee is to be appointed annually by the Board.

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

Voting

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

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

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

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

Reporting

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

Conflict of Interest

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

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

Committee Records

The Committee shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved, and maintained by the College. Electronic means are suitable for the maintenance of minutes and records.

Resources

The Committee is supported by the Director of Regulatory Affairs and Registrar/ Chief Executive Officer. Other staff members provide support to the Committee.

Confidentiality

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

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

Evaluation

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



Policy Type: Governance Process
Policy Title: Terms of Reference – Finance and Audit Committee
Reference: GP10I
Date Prepared: January 2021
Date Revised: March 2022, March 2023, April 2024, June 2024
Date Reviewed:

Committee Category

Non-statutory

Mandate

The Finance and Audit Committee (the “Committee”) is responsible to assist the Board of the College of Occupational Therapists of Ontario (the “Board”) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and policies.

Accountability and Authority

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

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

Financial Planning and Reporting

The Committee:

- a. Analyzes each financial plan and annual budget submitted by the Registrar/ Chief Executive Officer;
- b. Reviews all financial statements and reports prepared for the College and advises the Board on any issues with any of the following:
 - Financial plans and annual budget submitted by the Registrar /Chief Executive Officer for recommendation to the Board;
 - The appropriateness and validity of any material assumptions and estimates used in preparation of financial plans or annual budget;

- Any significant assumptions, forecasts, or targets used by Senior Leadership in preparation of the financial plans and/or annual budgets;
- c. Ensures the Registrar /Chief Executive Officer provides the Board in a timely manner meaningful financial information regarding the College's financial status, including forecasts to make decisions; and
- d. Reviews and recommends to the Board approval of the:
 - Unaudited financial statements and reports; and
 - Management discussion and analysis, if any, that accompanies the audited financial statements
- e. Considers and makes recommendations for changes to the College's fee schedule.

External Audit

The Committee:

- a. Recommends to the Board the appointment of the External Auditor and approves engagement fees;
- b. Determines whether the performance of the External Auditor is satisfactory, effective and meets the requirements of the College on an annual basis;
- c. Confirms the independence of the External Auditor, including a review of all relationships and engagements between the External Auditor and the College for non-audit services that may reasonably be thought to bear on the independence of the External Auditor;
- d. Holds annual discussion with the External Auditor prior to the presentation of the draft audited financial statements to the Board regarding the result of their audit and any issues, findings or concerns that they wish to raise relating to the College staff, accounting records, accounting practices and systems of internal control;
- e. Reviews and recommends to the Board approval of the annual audited financial statements.
- f. Holds periodic in-camera meetings with the External Auditor, if necessary, to inform them of any matters that may be relevant.

Internal Controls

The Committee:

- a. Ensures there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations, standards of ethical conduct, with respect to the College's financial affairs;
- b. Through discussion with the Registrar /Chief Executive Officer, Senior Leadership, and the External Auditor, obtains reasonable assurances that the College has implemented appropriate systems of internal control which are effective and operating continuously:
 - 1. Over financial reporting and information technology; and
 - 2. To ensure compliance with its policies and procedures and that these systems are operating effectively.
- c. Requires reporting of all fraudulent and illegal acts, whether actual or alleged, to the Committee along with Registrar's response to them.
- d. Reviews and oversees Senior Leadership's processes for identifying and responding to the risks of fraud and the internal controls established to mitigate these risks.

Investments

The Committee:

- a. Reviews and recommends to the Board policies with respect to the College's investments;
- b. Monitors the College's investments at least quarterly, to review compliance with policies.

Policy Review

The Committee:

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

Risk Management

The Committee:

- a. Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Finance and Audit Committee shall be composed of ~~four Board Directors, one of whom must be a member of the Executive Committee and is constituted by~~ at least:

- a. ~~Three-Two~~ Elected Directors/ Academic Appointee;
- b. One Public Director; and,
- c. At the discretion of the Board, one or more Community Appointee(s).

Composition Matrix

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

Financial Literacy and Expertise

- Knowledge and understanding of financial processes, accounting and reporting and internal control principles. Membership includes at least 1 CPA or equivalent financial expertise.

Business Experience

- Knowledge and experience of business management practices.

Term of Office

The term of office for Committee members shall begin immediately after their appointment. The terms of Committee members who are also members of the Board is one year and the term of Committee members who are not members of the Board is three years, with a maximum of two consecutive terms.

The Board approves appointments to the committee.



Meetings

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

Quorum

Pursuant to section 14.06.1 of the College bylaws, a majority of members of the Committee constitute quorum.

Selection of the Chair

The Chair of the Finance and Audit Committee is appointed annually by the Board.

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

Voting

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

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

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

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

Reporting

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

Conflict of Interest

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

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

Committee Records

The Committee shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved, and maintained by the College. Electronic means are suitable for the maintenance of minutes and records.

Resources

The Committee is supported by the Director of Finance, People and Corporate Services. Other staff members provide support to the Committee.

Confidentiality

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

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

Evaluation

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

Policy Type:	Governance Process
Policy Title:	Terms of Reference – Nominations Committee
Reference:	GP10j
Date Prepared:	June 2002
Date Revised:	March 2010, January 2018, June 2020, March 2022, March 2023, April 2024
Date Reviewed:	June 2017

Committee Category

Non-statutory

Mandate

The Nominations Committee assists the Board of Directors in ensuring the Board and Committees have members with the necessary competencies and attributes to enable them to fulfil their roles and public protection mandate. The Committee also fulfils specific roles related to the election of officers and the Executive Committee and recommends to the Board candidates for appointment and re-appointment to Committees.

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Collaborating with the Board and College staff to determine the competencies and skills that Committee members consider necessary to possess.
- Implement a competency-based framework established by the Board that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees.
- Recommending to the Board candidates for appointment and re-appointment to Committees and Committee Chairs; and
- Supporting the Board to the election of officers for the Executive Committee. This includes the following activities:
 - Calling for nominations;
 - Reviewing the Board member nomination forms;
 - Ensuring there are candidate(s) for each officer position;
 - Ensuring the consent of nominated members to stand for election;
 - Requesting a candidate statement from each individual standing for election;
 - Communicating the completed slate to College staff for distribution at the elections meeting; and,

- Ensuring College staff make the slate and statements of candidacy available to Board members by electronic mail prior to the commencement of the election.

Composition of Committee

The Committee shall be composed of at least:

- a. Two or more Community Appointees;
- b. And at the discretion of the Board, one Professional Community Appointee.

Composition Matrix

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

Ability

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

Governance expertise

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

Human Resources

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

Cross-Cultural Experience

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

Term of Office

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

The Board approves appointments to the committee based on recommendations from the Governance Committee. The term of office for Committee members shall begin immediately after their appointment.

Meetings

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

Quorum

Pursuant to section 14.06.1 of the College bylaws, a majority of members of the Committee constitute quorum.



Selection of the Chair

The Chair of the Nominations committee is recommended by the Governance Committee and is to be appointed annually by the Board.

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

Voting

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

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

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

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

Reporting

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

Conflict of Interest

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

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

Committee Records

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Resources

The Committee is supported by the Director of Regulatory Affairs and Registrar/ Chief Executive Officer. Other staff members provide support to the Committee.

Confidentiality

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

Evaluation

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

IN REFELECT

BOARD MEETING BRIEFING NOTE

Date: June 20, 2024
From: Executive Committee
Subject: Annual Registrar Evaluation Process

Recommendation:

For discussion.

Issue:

The Executive Committee is responsible for conducting the performance review for the Registrar and CEO each year. The Executive Committee has reviewed the process, and the next step is to ask the Board to complete a survey in the next few weeks to provide feedback about the Registrar and CEO's performance through the 2023-24 year, for the Executive Committee's consideration.

Link to Strategic Plan:

The Registrar and CEO is responsible for implementation of the strategic plan and working within the policies of the organization.

Why this is in the Public Interest:

Ensuring that the leadership of the organization meets the expectations of the Board is important for public protection.

Diversity, Equity, and Inclusion Considerations:

The process should unfold in a fair, unbiased manner.

Background:

In 2021, the College engaged an outside firm to revise the evaluation for the Registrar. Direction was given from the Executive of the 2020-21 and 2021-22 Executive committees to the consultant and the process was developed and implemented for the first time in June to August 2021, and repeated in summer 2022 and again in 2023. No concerns have been raised by anyone about the current process and the Executive Committee has reviewed and recommended it again for the current year.

Discussion:

For the Board's information, data is gathered from Board members and select staff and then collated and discussed with Executive. The Chair then relays any relevant information to the Registrar.

BOARD MEETING BRIEFING NOTE

Annual Registrar Evaluation Process

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Implications:

The Board will be asked to complete a survey that will be sent to them shortly after the June Board meeting. The Board should consider the information presented to them related to the outcomes of the strategic plan, as well as their own observations etc. when completing the survey.

New Board members (those elected or appointed in 2024) are not obliged to complete this survey, however, they may if they wish.