



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 judgement 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 **March 24, 2022 Board meeting**, the following Directors have confirmed that they are in compliance with the College's conflict of interest policy and no declarations were made with any items on the meeting agenda.

Jennifer Henderson, Chair
Vincent Samuel, Vice-Chair
Allan Freedman, Officer
Heather McFarlane, Officer
Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Nicholas Dzudz
Mary Egan
Carol Mieras
Aruna Mitra
Brittany O'Brien
Stephanie Schurr
Teri Shackleton
Sabrina Shaw
Michelle Stinson



BOARD MEETING AGENDA

DATE: Thursday, March 24, 2022 **TIME:** 9:00 a.m. to 3:00 p.m. (Officer Elections 3:00 p.m.– 4:00 p.m.)

[Join Zoom Meeting](#)

Meeting ID: 938 9732 3381

Passcode: 53294553

Dial by your location

+1 647 558 0588 Canada +1 647 374 4685 Canada

Find your local number: <https://zoom.us/j/93897323381>

Agenda Item		Objective	Attach	Time (min)
	Introduction of New Members			
1.0	Call to Order			
2.0	Public Protection Mandate			
3.0	Land Acknowledgement*			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda			
	5.1 Board Agenda – March 24, 2022	Decision	✓	30
	<i>THAT the agenda be approved as presented. (Floor)</i>			
6.0	Consent Agenda			
	1. Registrar's Written Report – March 24, 2022 2. Draft Board Minutes – January 27, 2022 3. Finance, Audit and Risk Minutes – January 11, 2022 4. Governance Minutes – January 12, 2022 5. Executive Minutes – January 13, 2022 6. Joint Executive & Governance Minutes – February 14, 2022 7. Nominations Committee Report – March 24, 2022	Decision	✓	10
	<i>THAT the Board adopts the consent agenda items as follows (Read list): (Floor)</i>			
7.0	Registrar's Report			
	7.1 Presentation: FY21/22 Q3 Operational Projects Status Report, by Elinor Larney, Registrar	Information		10
	7.2 Quarterly Performance Report	Decision	✓	5
	<i>THAT the Board receives the Quarterly Performance Report for Q3 of the 21/22 Fiscal Year. (Heather)</i>			
	7.3 Risk Management Report	Decision	✓	10
	<i>THAT the Board receives the risk management report. (Vincent)</i>			
	7.4 College Performance Measurement Framework (CPMF)	Decision	✓	15
	<i>THAT the Board approves the College Performance Measurement Framework report for submission to the Ministry of Health and for publication on the College's website. (Heather)</i>			

Agenda Item		Objective	Attach	Time (min)
8.0	Finance			
	8.1 FY21/22 Q3 Financial Report	Decision	✓	10
	<i>THAT the Board receives the FY21/22 Q3 YTD Financial Report as presented. (Allan)</i>			
	8.2 Investment Portfolio as at February 28, 2022	Information	✓	5
9.0	Governance			
	9.1 Revised Terms of Reference – All College Committees	Decision	✓	15
	<i>THAT the Board approves the revised Terms of References for each Committee of the College. (Vincent)</i>			
	9.2 District 1 Elections	Information	✓	2
	9.3 Change of Title for Registrar	Decision	✓	5
	<i>THAT the official job title for the Registrar be changed to CEO and Registrar. (Allan)</i>			
	9.4 Strategic Planning	Decision	✓	10
	<i>THAT the Board approves an extension of the current strategic plan for an additional year. (Vincent)</i>			
	9.5 Professional Committee Reappointment – Practice Subcommittee	Decision	✓	2
	<i>THAT the Board approves the reappointment of Leona Pereira to the Practice Subcommittee for a second three-year term commencing on June 14, 2022. (Heather)</i>			
	9.6 Professional Committee Appointments – Quality Assurance Sub	Decision	✓	2
	<i>THAT the Board appoints Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a three-year term commencing on April 1, 2022. (Teri)</i>			
	9.7 Professional Committee Reappointment – Quality Assurance Sub	Decision	✓	2
	<i>THAT the Board approves the reappointment of Andy Beecroft to the Quality Assurance Subcommittee for a second three-year term commencing on April 1, 2022. (Teri)</i>			
	9.8 Professional Committee Reappointment – ICRC	Decision	✓	2
	<i>THAT the Board approves the reappointment of Julie Sutton as a Professional Committee Appointee of the Inquiries, Complaints and Reports Committee for a second three-year term commencing on April 1, 2022. (Carol)</i>			
	9.9 Professional Committee Reappointment – Quality Assurance Cmte	Decision	✓	2
	<i>THAT the Board approves the reappointment of Elizabeth Bell to the Quality Assurance Committee, as a professional appointee for a second three-year term. (Teri)</i>			
	9.10 Annual Board Evaluation Summary	Information	✓	20
Lunch Break 12:00 -1:00 p.m.				
10.0	New Business			
	10.1 Board and Committee Meeting Policy	Decision	✓	5
	<i>THAT the Board approve the Board or Committee meeting policy which will be enacted once the college resumes in-person meetings. (Allan)</i>			

Agenda Item		Objective	Attach	Time (min)
	10.2 Client Bill of Rights	Decision	✓	20
<i>THAT the Board approves the Client Bill of Rights for circulation. (Michelle)</i>				
	10.3 Standards for Practice (One Standard Project)	Decision	✓	20
<i>THAT the Board approves the Standards for Practice draft document for public consultation. (Heather)</i>				
11.0	Environmental Scan			
12.0	Other Business			
	12.1 Board Meeting Evaluation	Complete and submit	<i>Link to follow</i>	
13.0	Next Meetings			
	<ul style="list-style-type: none"> Board Meeting: Thursday, June 23, 2022, 9:00 – 3:30, Location TBA 			
14.0	Farewell			
15.0	Adjournment – To follow with Election meeting			

*** 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.



REGISTRAR'S REPORT

Board Meeting of March 24, 2022

Governance Monitoring Report

As per Council Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, there are no specific policy groupings that are meant to be reviewed at the March meeting.

Governance Process Policies

Policies that guided decisions during this period:

- GP17 – Elections and Appointments for Professional Members - Guided the elections process in District 1.

Registrar Limitation Policies

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

Policies of this category that guided decisions during this period:

- RL-4 Treatment of Registrants – Guided the ongoing communications with registrants related to information about the Pandemic and government policy.
- RL12 – Risk Management: Guided the information to be presented to the Board about risks to the organization.
- RL 7 Investments – Guided the presentation of the investment report to Council.

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2021-22 Operational Planning

- The third quarter of the second year of the 2021-2023 strategic plan has passed, and an update will be presented at the Board Meeting on the status of initiatives.

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

Staffing Update

Since the last Board Meeting, the following changes have taken place:

- Lesley Krempulec has officially assumed the position of Manager, Quality Assurance.
- Diane Tse has officially started in her role as Practice Consultant.
- Sonia Mistry has announced her resignation and we will say goodbye to her and wish her well at the end of March.

Elections Update

- The Election process for District 1 is now concluded. We welcome back Neelam Bal, elected for a second term. Elizabeth Gartner and Sarah Milton will observe the March Board meeting and will join the Board for the Election meeting for the Executive.
- Elizabeth, Sarah and our new public member, Faiq Bilal, will have received their Board orientation prior to our meeting. Faiq will officially join the Board for the entire March meeting.

COVID – 19 Update

- In line with the move to reopening the province, the College has enacted our back to the office strategy for staff. Staff will start to attend the office one day per week in April, two days per week in May and three days in June. The plan is to continue with hybrid operations after that. We will have guests in the office on an appointment basis only for now, while we adjust to this new way of working.
- The College is starting to plan for possible in person committee meetings and a Board meeting in June. We will be sending out a survey to Board and Committee members in late April to gauge their comfort levels in this respect. We have already booked a large meeting space on the 11th floor in our building for our June Board meeting. (There is lots of competition for meeting space in June apparently!) It is expected that any needed in-person committee meetings can be accommodated in our board room. (We have added a HEPA filter to the board room). As you will note in the package, the College will be continuing with virtual methods for half-day meetings, as appropriate. Finally, we really want to continue using electronic packages vs the large paper packages we used to use. We are actively planning how we can facilitate that for in-person meetings.
- The College continues to monitor the COVID situation for any impacts on occupational therapists, clients and patients receiving occupational therapy services, and others. Communications with registrants continues when needed and our COVID webpages are updated as necessary. We continue to receive positive feedback from registrants about the communication about COVID and any related government policy changes.

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- Work is underway to prepare for annual renewal. Fees remain the same as last year, and we are anticipating a smooth renewal process this year.
- The sitting of the national exam was in late January this year, and the registration team is now managing the outcomes from the exam results for new registrants. This is quite a big job as over 300 applicants or provisional registrants to the College challenged the exam this time around.
- The registration team continues to work with our new vendor for the enterprise system to prepare the registrations systems for testing.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The QA team has also been engaged with development of the Enterprise System. This will continue into the spring as we evaluate how the system can help capture the QA processes.

Practice Resource Program

- The practice resource service provides information and resources to the public, employers, other professionals, OTs and other stakeholders about expectations for occupational therapy practice. They receive inquiries either by phone or email. COVID-19 is now becoming a waning topic of inquiry, which is encouraging.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We had our Board meeting and strategic planning session, virtually, in February 2022, and our next meeting is in May 2022.
- 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 goals are to ensure that all involved are aware of the timelines, and any coordination that is needed is facilitated.
- The College continues to work with the Exam Oversight Committee that is made up of each occupational therapy regulator from each province and representatives from the Canadian Association of Occupational Therapists (CAOT) to provide the regulatory input needed for appropriate oversight of this high stakes exam for entry to practice for occupational therapy. Most recently topics of discussion were policy review and the implementation plan for the new Competencies for Occupational Therapists into the exam blueprint.
- One of the outstanding regulatory issues nationally, is the processes and involvement of regulators in the accreditation or approval processes for university occupational therapy entry to practice programs. A review of this is underway and the College will be involved with these discussions through ACOTRO. ACOTRO currently has two representatives on the accreditation committee as part of the processes to understand and determine appropriate regulatory involvement.
- ACOTRO will be seeking funding to assist with the development of a gap-filling program for internationally educated occupational therapists (IEOTS). ACOTRO hopes to partner with an appropriate agency for the delivery of such a program. Some of this work has been started, thanks to the College of OT in BC for their financial sponsorship. In addition, ACOTRO is developing a proposal for funding to assist with the evaluation and development of components of the Substantial Equivalency Assessment Service. (SEAS) External funding is important to maintain this program, as all the funds to participate in SEAS for IEOTS go towards its operations. There are efforts to keep costs as low as possible for a primarily immigrant population.
- I will assist ACOTRO with their presentation at the national conference this year in Whistler, BC. My part of the presentation will focus on the new Competencies for Occupational Therapists.

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

- I continue to act as Vice President of this organization and have been in the role of Chair due to the unfortunate passing of the previous President. Being part of the management committee of HRPO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- HPRO has been focused on collaborative initiatives to assist colleges in fulfilling their regulatory roles. For example, HPRO has suggested that regulatory governance and the performance measurement

framework are two initiatives that will benefit from collaborative efforts. In addition, colleges have been working together to share resources and information related to COVID-19.

- Several staff and Board members will participate in HPRO organized educational events this spring, including Discipline training and Governance training.

Ministry of Health (MOH)

- Public Member appointments – We are pleased that both Nick Dzudz and Brittany O'Brien were re-appointed each, for additional three-year terms. We are also pleased to welcome Faiq Bilal as a new public appointee, also for a three-year term. While a full complement of public members is seven, and we currently have six, we are in a much better position to ensure the work of committees continues smoothly.
- College Performance Measurement Framework (CPMF) –The College has completed the 2nd edition of the CPMF. This represents a tremendous amount of work, which Stamatis coordinated with COTO staff, and other colleges through HPRO. The completed CPMF is on the agenda for Board approval, after which, it will be submitted to the MOH and posted on our website.
- As you are all aware, the College submitted its response to the MOH after a request for feedback was made about multiple changes to college governance processes and structure. In addition, several other proposals were made about which the MOH wanted feedback. Thanks to the Governance and Executive Committees for contributing their thoughts to the College response. To date, no more information about these proposals has been received from the government.

System Partners

- Office of the Fairness Commissioner (OFC) – The OFC has suspended the submission of the yearly fairness reports that the College has been submitting and posting every year. This is a welcome reprieve. However, we understand that the OFC is moving towards a risk-based process for working with colleges in the future. The College submitted information to the OFC in the last quarter about risk factors related to registration processes as part of this new direction. We are waiting to hear about any next steps.
- Canadian Institute for Health Information (CIHI) – The College has submitted information to CIHI for many years about the supply of occupational therapists in Ontario. All occupational therapy colleges in Canada submit this information. Recently, the agreement between the College and CIHI was renewed, and information will continue to flow to CIHI. To note, reports about supply of occupational therapists are available to anyone through CIHI. All data is de-identified. In future, the College, along with ACOTRO will discuss the possible collection of race-based data. If the decision is made to start collecting this data, having it collected nationally for the profession would be ideal.

See you at the meeting! Elinor



BOARD MEETING MINUTES - DRAFT

DATE: Thursday, January 27, 2022 **TIME:** 9:00 a.m. – 3:30 p.m. via Zoom

In Attendance:

DIRECTORS:

Jennifer Henderson, *Chair*
Paola Azzuolo
Neelam Bal
Donna Barker
Nicholas Dzudz
Mary Egan
Allan Freedman
Heather McFarlane
Carol Mieras
Aruna Mitra
Brittany O'Brien
Vincent Samuel
Stephanie Schurr
Teri Shackleton
Sabrina Shaw
Michelle Stinson

REGRETS:

GUESTS:

Richard Steinecke, *legal counsel, Steinecke Maciura Leblanc (9.0)*

OBSERVERS:

Robyn Lepa, *OT Student*
Laxee Nithiyananthan, *Registrant*
Vivian Pang, *Ministry of Health*

STAFF:

Elinor Larney, *Registrar*
Julie Entwistle, *Deputy Registrar*
Sandra Carter, *Practice Consultant*
Leandri Engelbrecht, *Interim Manager Investigations & Resolutions*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Lesley Krempulec, *Practice Consultant*
Tim Mbugua, *Policy Analyst*
Brandi Park, *Manager, Registration*
Seema Singh-Roy, *Director, Finance and Corporate Services*
Nancy Stevenson, *Director, Communications*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 9:04 a.m.

2.0 Public Protection Mandate

The Chair reminded members that all considerations and decisions are made in the best interest of the public.

3.0 Land Acknowledgement Statement and Commitment to Stronger Engagement*

The Chair read out the statement on Land Acknowledgement and Commitment to Stronger Engagement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

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

MOVED BY: Carol Mieras

SECONDED BY: Allan Freedman

THAT the agenda be approved as presented.

CARRIED

6.0 Consent Agenda

The Chair called for changes to the following Consent Agenda items:

- Registrar's Written Report – January 27, 2022
- Draft Board Minutes – October 28, 2021
- Governance Minutes – September 9, 2021
- Governance Minutes – December 3, 2021
- Executive Minutes – October 8, 2021
- Executive Minutes – October 18, 2021
- Executive Minutes – November 29, 2021
- Finance, Audit and Risk Minutes – September 24, 2021

MOVED BY: Nick Dzudz

SECONDED BY: Michelle Stinson

THAT the Board adopts the Consent Agenda items as listed.

CARRIED

7.0 Registrar's Report

7.1 Presentation: FY 21/22 Q2 Operational Projects Status Report

The Registrar reported on operational projects for 2021-2022 related to the strategic objectives for Year 2 of the 2020-2023 Strategic Plan.

7.2 Quarterly Performance Report

The Chair provided opportunity for discussion. No questions were raised. The Board expressed satisfaction with the quality and quantity of data and information provided.

MOVED BY: Vincent Samuel

SECONDED BY: Donna Barker

THAT the Board receives the Quarterly Report for Q2 of the 2021-2022 fiscal year.

CARRIED

7.3 Risk Management Report

Elinor reported that there are no new risks, and remaining risk-levels remain the same as the previous quarter.

MOVED BY: Heather McFarlane

SECONDED BY: Neelam Bal

THAT the Board receives the risk management report.

CARRIED

7.4 Risk Management Process

Elinor explained that the Finance, Audit and Risk (FAR) Committee has been operating for over a year. One of its original functions was oversight of the entire Risk Management program. It is recommended at this time, that FAR continue to manage oversight of risk related to financial matters, but that Executive oversee the entire Risk Management program, and delegate risk, as appropriate, to other committees. It is further recommended that Chairs of the FAR and Governance Committees be officers of the Executive Committee. If approved, FAR name change and revisions to the terms of reference for both committees would be required.

MOVED BY: Vincent Samuel
SECONDED BY: Brittany O'Brien

THAT the Board approves that the Executive Committee oversee the Risk Management program of the College, including assigning specific risks to other committee for further work, as needed.

CARRIED

8.0 Finance

8.1 FY21/22 Q2 Financial Report

Seema provided an overview of the FY21/22 Q2 Financial Report and responded to questions. The new visual format was well-received by the Board.

MOVED BY: Allan Freedman
SECONDED BY: Carol Mieras

THAT the Board receives the FY21/22 Q2 Financial Report, as presented.

CARRIED

8.2 Appointment of Auditor

Seema explained that the auditor for the College is appointed every five years or as necessary. The current auditor, Hilborn LLP, was appointed in January 2017. She reviewed the process and criteria for selecting the auditor.

MOVED BY: Allan Freedman
SECONDED BY: Stephanie Schurr

THAT the Board approves the appointment of the auditor, Hilborn LLP, as presented.

CARRIED

8.3 Reclassification on Future Financial Statements: Grouping Internally Restricted for Contingencies with Unrestricted

Seema explained that the College is an incorporated non-profit organization under the Income Tax Act, that claims an exemption from income tax under paragraph 149(1)(l). The College currently has a fund categorized as "Internally Restricted for Contingencies/Contingency Fund"

which the College's auditor advised the Canada Revenue Agency ("CRA") could view as if the College was seeking to generate surpluses via non-incidental profits. The CRA guidelines indicate that in the absence of a particular threat, non-profit organizations should operate on a going concern basis (the assumption that an entity will remain in business for the foreseeable future). Based on this fact, and on auditor (Hilborn LLP) recommendations (as presented at the September 2021 FAR Committee meeting), there is no financial justification to categorize funds as Internally Restricted for Contingencies. To avoid challenges to the College's non-profit status, it was recommended that the College combine the Internally Restricted for Contingencies Fund with the Unrestricted Fund on the Financial Statements. This would signal that the College was not seeking to maintain a large restricted operational reserve and place the College in a better reporting position with regards to CRA guidelines.

MOVED BY: Allan Freedman

SECONDED BY: Teri Shackleton

THAT the Board approves the reclassification of the Internally Restricted for Contingencies Fund to the Unrestricted Fund on our Financial Statements.

CARRIED

8.4 Enterprise System Project Budget

Seema explained that the Enterprise System project is well underway however a budget increase of \$175,125 is recommended at this time due to adjustments to timelines and increased scope of project which have affected vendor development and project management costs. The Board expressed hesitancy to approve any increases beyond this one, and to communicate such to the vendor and project manager.

MOVED BY: Allan Freedman

SECONDED BY: Brittany O'Brien

THAT the Board approves an increase to the Enterprise System Project budget and reserve fund, totaling \$175,125

CARRIED

9.0 Board Education

Richard Steinecke, College's legal counsel, presented on *Risk Management Leadership*.

10.0 Governance

10.1 Board Skills Assessment

This information was presented for information purposes only. The Chair of the Governance Committee, Jennifer Henderson, explained that 100% of Board members completed the skills assessment last December, and feedback was reviewed by the Governance committee in January. The results, provided as an average score, highlight strengths and areas for development. Board members expressed a need to delve deeper to better understand the needs for the lowest scoring skills: Financial Literacy, Technological Competence and Risk Management. Other comments centered on clearly defining benchmarks, threshold levels and acceptable ranges, and revising the assessment to define more clearly each competency level and skill, collect more detailed information by way of tick boxes, and present descriptive data.

10.2 Committee Chair/Composition Appointment Process

Elinor explained that it has been the role of the Executive to annually review and implement the process for the selection of committee Chairs and composition of committees. In our modernized governance model, the Governance Committee would assume this role from the Executive. The Executive Committee is recommending a new process to the Board, in that: The Chair of the Board automatically be the Chair of the Governance Committee, and an officer automatically be the Chair of the Finance, Audit and Risk Committee. Immediately following the election of officers at the March meeting, the new Executive would appoint the Governance Committee, and the Governance Committee would meet at their earliest opportunity or within two weeks to determine the draft slate of Chairs and committee composition for the upcoming year. The Board would then hold a virtual meeting, as soon as possible following the Governance Committee meeting to approve the Chair and committee composition.

MOVED BY: Vincent Samuel

SECONDED BY: Michelle Stinson

***THAT** the Board approves the change in process for appointment of committee Chairs and committee composition*

CARRIED

10.3 Appointment of the Officer Nominations Committee

Elinor explained that the Nominations Committee is appointed annually by the Board to oversee the officer election process which takes place at the March Board meeting. The committee is comprised of two or three Board members who are either retiring from the Board or who do not wish to stand for a position. The appointment of a combination of public and professional members is preferred but College bylaws do allow for all to be one or the other. Mary Egan, Paola Azzuolo and Neelam Bal volunteered to be appointed to the committee.

MOVED BY: Stephanie Schurr

SECONDED BY: Donna Barker

***THAT** the Board approves the appointment of Mary Egan, Paola Azzuolo and Neelam Bal to the Nominations Committee.*

CARRIED

10.4 Annual Board Evaluation/Self-Evaluation

Elinor explained that the Executive coordinates and facilitates the Annual Board Evaluation. Minor revisions to the evaluation were made in 2021 to align with governance modernization initiatives with no additional changes recommended for this year. The Executive Committee will review the feedback and the Chair will report back to the Board at the March meeting.

MOVED BY: Vincent Samuel

SECONDED BY: Brittany O'Brien

***THAT** the Annual Board Evaluation be implemented in January/February 2022.*

CARRIED

10.5 Elections Update – District 1

This item is for information purposes only. Elinor explained that nominations will close tomorrow in District 1 for professional members to fill three positions on the Board. If more than three nominations are received there will be an election and voting will take place February 17, 2022 – March 3, 2022.

10.6 Professional Committee Reappointment – Practice Subcommittee

A member of the Practice Subcommittee whose term will end in March, was put forward for reappointment.

MOVED BY: Heather McFarlane
SECONDED BY: Teri Shackleton

***THAT** the Board approves the reappointment of Shannon Honsberger to Practice Subcommittee for a second three-year term, commencing on March 8, 2022.*

CARRIED

10.7 Professional Committee Appointments – Practice Subcommittee

Two candidates were put forward to fill vacancies on the Practice Subcommittee

MOVED BY: Heather McFarlane
SECONDED BY: Neelam Bal

***THAT** the Board approves the appointment of Sophie Stasyna and Susan Cherian-Joseph to the Practice Subcommittee, each for a three-year term beginning on February 15, 2022.*

CARRIED

11.0 New Business

11.1 Policy Review

11.1.1 Honoraria & Allowable Expenses Policies - Review

Elinor explained that the Honoraria and Allowable Expenses Policies are reviewed by the Board on an annual basis. Changes to the Honoraria Policy are recommended to accurately reflect the actual time spent for half-day meetings given the use of virtual meetings during the pandemic, a practice which will likely continue to some degree once the pandemic is over. Both policies would go into effect in June 2022.

MOVED BY: Allan Freedman
SECONDED BY: Stephanie Schurr

***THAT** the Board approves the changes to the Honoraria Policy.*

CARRIED

MOVED BY: Allan Freedman
SECONDED BY: Neelam Bal

***THAT** the Board reviews and accepts the current Allowable Expenses Policy, including today's minor wording change.*

CARRIED

11.1.2 Board or Committee Meeting Policy

Elinor explained that during the COVID-19 pandemic, meetings have been held virtually out of necessity. The draft policy outlines guidelines for the scheduling of in-person and virtual meetings once the pandemic is over. A discussion ensued, with recommendations to adjust the language to make it more general and to remove all reference to the Covid-19 pandemic and focus primarily on how meetings are to be conducted. The policy will be reworked and brought back to the meeting in March.

MOVED BY: Vincent Samuel

SECONDED BY: Michelle Stinson

***THAT** the Board approves the Board or Committee meetings policy which will be enacted once it is safe to meet in person again.*

DEFEATED

MOVED BY: Sabrina Shaw

SECONDED BY: Stephanie Schurr

***THAT** the meeting pause for a short break.*

CARRIED

11.1.3 Board and Committee Appointee Vaccination Policy

Elinor explained that a new policy was developed in follow up to recommendations received at the October Board meeting to define expectations for in-person meeting attendance with respect to health and safety measures due to the pandemic. A lengthy discussion ensued. Given the dynamic environment and evolving public health guidelines, the Board recommended the following changes to the policy: 1) Add “COVID” to the title, 2) Remove #2, 3) Add option of video/remote meetings, 4) Remove all references to testing, and 5) Add item on screening.

MOVED BY: Allan Freedman

SECONDED BY: Aruna Mitra

***THAT** the Board and Committee Appointee Vaccination Policy be approved, including today's changes.*

CARRIED

11.2 Competencies for Occupational Therapists in Canada, ACOTRO, ACOTUP, CAOT, 2021

Elinor informed the Board that the new OT competencies are now complete, and the implementation phase has begun. Board members congratulated Elinor on her outstanding leadership and success in the development of this document.

MOVED BY: Heather McFarlane

SECONDED BY: Teri Shackleton

***THAT** the Board adopts the “Competencies for Occupational Therapists, 2021” for use at the College.*

**CARRIED
(Unanimous)**

11.3 Response to Coroner’s Request

Sandra explained that the College received a letter from the Coroner regarding safety concerns related to power recliner lift chairs for users with cognitive decline, with a request that the College develop a practice resource to warn of the danger. Several minor changes recommended by the Board today, will be incorporated into the final document.

MOVED BY: Heather McFarlane
SECONDED BY: Brittany O’Brien

***THAT** the Board approves the proposed practice resource to address the Coroner’s request related to the dangers of power recliner lift chairs for individuals with cognitive decline, as presented and including today’s minor changes.*

CARRIED

12.0 Environmental Scan

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

13.0 Other Business

13.1 Board Meeting Evaluation

The Chair asked members to complete the electronic Board meeting evaluation and encouraged everyone to provide recommendations for future improvements.

13.2 Annual Board Evaluation/Self-Evaluation

The Chair asked members to complete the electronic Annual Board Meeting Evaluation/Self-Evaluation and encouraged everyone to provide recommendations for future improvements.

14.0 Next Meetings

- Board Meeting: Thursday, March 24, 2022, 9:00 – 4:00, Location TBA
- Board Meeting: Thursday, June 23, 2022, 9:00 – 3:30, Location TBA

15.0 Adjournment

There being no further business, the meeting was adjourned at 3:20 p.m.

MOVED BY: Carol Mieras

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

CARRIED

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

As an important part of our commitment to reconciliation, the College of Occupational Therapists of Ontario recognizes the traditional territories on which we live and work (physically or remotely) every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potawatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca.

Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat, and the Métis Nation.

To meaningfully engage with this community, the College has reviewed the Truth and Reconciliation Commission's (TRC) report. Calls to Action 18-24 addresses the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. The College and its registrants will work to reduce these health disparities by ensuring that OTs are competent to provide services that the community has a right to and is acceptable to them.

APPENDIX 2: Status of Implementation of Decisions of the Board

Board Meeting Date	Decisions	Current Status
January 27, 2022	<i>THAT the Board approves the proposed practice resource to address the Coroner’s request related to the dangers of power recliner lift chairs for individuals with cognitive decline, as presented and including today’s minor changes.</i>	Complete
January 27, 2022	<i>THAT the Board adopts the “Competencies for Occupational Therapists, 2021” for use at the College.</i>	Complete
January 27, 2022	<i>THAT the Board and Committee Appointee Vaccination Policy be approved, including today’s changes.</i>	Complete
January 27, 2022	<i>THAT the Board approves the Board or Committee meetings policy which will be enacted once it is safe to meet in person again.</i>	In progress
January 27, 2022	<i>THAT the Board reviews and accepts the current Allowable Expenses Policy, including today’s minor wording change.</i>	Complete
January 27, 2022	<i>THAT the Board approves the changes to the Honoraria Policy.</i>	Complete
January 27, 2022	<i>THAT the Board approves the appointment of Sophie Stasyna and Susan Cherian-Joseph to the Practice Subcommittee, each for a three-year term beginning on February 15, 2022.</i>	Complete
January 27, 2022	<i>THAT the Board approves the reappointment of Shannon Honsberger to Practice Subcommittee for a second three-year term, commencing on March 8, 2022.</i>	Complete
January 27, 2022	<i>THAT the Annual Board Evaluation be implemented in January/February 2022.</i>	Ongoing
January 27, 2022	<i>THAT the Board approves the appointment of Mary Egan, Paola Azzuolo and Neelam Bal to the Nominations Committee.</i>	Complete
January 27, 2022	<i>THAT the Board approves the change in process for appointment of committee Chairs and committee composition</i>	Complete
January 27, 2022	<i>THAT the Board approves an increase to the Enterprise System Project budget and reserve fund, totaling \$175,125</i>	Complete
January 27, 2022	<i>THAT the Board approves the reclassification of the Internally Restricted for Contingencies Fund to the Unrestricted Fund on our Financial Statements.</i>	Complete
January 27, 2022	<i>THAT the Board approves the appointment of the auditor, Hilborn LLP, as presented.</i>	Complete

Board Meeting Date	Decisions	Current Status
January 27, 2022	THAT the Board approves that the Executive Committee oversee the risk management program of the College, including assigning specific risks to other committee for further work, as needed.	Complete
October 28, 2021	THAT the College proceeds to develop and implement a mandatory vaccination policy for staff, Board, Committee members and relevant contracted service providers.	Complete
March 25, 2021	THAT Council approves the draft revised Standards for the Prevention and Management of Conflict of Interest for public and stakeholder consultation.	Implementation Pending
January 28, 2021	THAT Council approves a fulsome review of the Standards of Practice for the purposes of combining, streamlining and reducing redundancies to enhance ease of use.	Ongoing

DRAFT



FINANCE, AUDIT AND RISK COMMITTEE MINUTES

DATE: Tuesday, January 11, 2022 **FROM:** 9:30 a.m. – 12:00 p.m.

Page 1 of 4

PRESENT:

Allan Freedman, *Chair*
Aruna Mitra
Paola Azzuolo

GUESTS:

Elizabeth Goff

OBSERVERS:

None

REGRETS:

None

STAFF:

Elinor Larney, *Registrar*
Seema Singh-Roy, *Director, Finance and Corporate Services*
Aida da Silva, *Coordinator, Finance and Human Resources, Scribe*

1.0 Call to Order

Aruna informed the committee that she would need to leave the meeting around 10:00 a.m. The Chair confirmed the group would still have quorum in her absence and could proceed. The Chair welcomed everyone and called the meeting to order at 9:31 a.m.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement Statement

Committee members reviewed the Land Acknowledgement Statement (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 changes to the agenda. None were reported.

MOVED BY: Paola Azzuolo
SECONDED BY: Aruna Mitra

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

The Chair asked if everyone had reviewed the Finance, Audit and Risk (FAR) Committee draft minutes of September 24, 2021 and asked if there were any addition or changes. No additions or changes were required.

MOVED BY: Paola Azzuolo

SECONDED BY: Aruna Mitra

***THAT** the draft Finance, Audit and Risk Committee minutes of September 24, 2021, be approved as presented.*

CARRIED

7.0 Verbal Report by Director, Finance and Corporate Services and New Business

The Registrar and the Director, Finance and Corporate Services provided an overview of current human resource pressures with respect to the current job market environment. The Committee was also provided with a high-level overview of upcoming activity that the College will engage in to respond to these pressures, including an HR strategic plan.

7.1 Evaluation and Appointment of Auditor

The Director, Finance and Corporate Services informed the Committee members that a Request For Proposal (“RFP”) was sent out and two vendors responded to our RFP. The Director, Finance and Corporate Services presented the options available for consideration as outlined in the briefing note. The Chair asked all members if they were in agreement with the selection of Hilborn LLP and there was a consensus.

MOVED BY: Paola Azzuolo

SECONDED BY: Aruna Mitra

***THAT** the Committee recommends to the Board approval of the evaluation and appointment of the Auditor Hilborn LLP as presented.*

CARRIED

7.2 Reclassification on Future Financial Statements; Grouping Internally Restricted for Contingencies with Unrestricted

The Director, Finance and Corporate Services provided a summary along with support of the recommendation by the auditor, Hilborn, that the College reclassify the Internally Restricted for Contingencies Fund to the Unrestricted Fund on the Financial Statements. The Chair asked members if they had any concerns. No concerns were raised.

MOVED BY: Paola Azzuolo

SECONDED BY: Aruna Mitra

***THAT** the Committee recommends to the Board approval of a reclassification of the Internally Restricted For Contingencies Fund to the Unrestricted Fund on our Financial Statements.*

CARRIED

7.3 FY21/22 Q2 Year-to-date (YTD) Financial Report

The Director, Finance and Corporate Services noted that the College updated its reporting formatting for Financial Reports to show the year-to-date actuals versus the annual budget. A review was provided of the Statement of Financial position and Statement of Operations as per the briefing note provided. The Director, Finance and Corporate Services informed the Committee that Statutory government remittances were up to date. The Chair asked members if they had any questions. All questions were addressed. Allan asked the Director, Finance and Corporate Services if the current budget was reasonable going forward, or if it should be adjusted. The Director stated that the budget was still reasonable.

MOVED BY: Paola Azzuolo

SECONDED BY: Aruna Mitra

THAT the Committee recommends to the Board approval of the FY21/22 Q2 YTD Financial Report, as presented.

CARRIED

The Chair called for a break in the meeting. Aruna informed the FAR Committee members that she would have to temporarily leave the meeting. The Chair made motion to amend the remaining order of items on agenda. Upon return from the break, the Committee would discuss 7.4, 7.5 and then 7.3.

MOVED: Paolo Azzuolo

SECONDED BY: Aruna Mitra

Break: start at 10:12 a.m. and return at 10:25 a.m.

CARRIED

7.4 Enterprise System Project Update

The Director, Finance and Corporate Services provided a brief overview of the status of the Enterprise System Project and introduced Elizabeth Goth, Project Manager for the Enterprise System. The Director requested the approval of additional funding to be released from the unrestricted reserves to complete the project due to multiple factors detailed in the briefing note. Paola asked if we were confident that we would not need to go back to the Board with additional requests. The Director, Finance and Corporate Services stated she was hopeful that this would be the case. Paola asked if there were contingencies available for the additional unforeseeable issues. Director, Finance and Corporate Services indicated that there is a 10% contingency incorporated into the calculation. The Registrar stated that there was uncertainty with the inclusion of Quality Assurance (“QA”) to the Enterprise System project. It remained to be seen if it would be included.

MOVED BY: Allan Freeman

SECONDED BY: Paola Azzuolo

THAT the Committee recommends to the Board approval of an increase to the budget and reserve fund for the Enterprise System Project totaling \$175,125.

CARRIED

7.5 FY21/22 Q2 Investment Report

The Director, Finance and Corporate Services reviewed the investment briefing note and the investment options available to the College under our investment policy. The report is for informational purposes only.

7.6 Overview of Insurance Coverage

The Chair asked if the insurance coverage was sufficient. The Registrar indicated that she felt it was appropriate coverage for the College's needs. The report is for informational purposes only.

8.0 Next Meeting

The next Finance, Audit and Risk Committee will be held on March 16, 2022.

9.0 Adjournment

There being no further business, the meeting was adjourned at 10:46 am.

MOVED BY: Paola Azzuolo

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

As an important part of our commitment to reconciliation, the College of Occupational Therapists of Ontario recognizes the traditional territories on which we live and work (physically or remotely) every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potawatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca.

Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat, and the Métis Nation.

To meaningfully engage with this community, the College has reviewed the Truth and Reconciliation Commission's (TRC) report. Calls to Action 18-24 addresses the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. The College and its registrants will work to reduce these health disparities by ensuring that OTs are competent to provide services that the community has a right to and is acceptable to them.



GOVERNANCE COMMITTEE MINUTES

DATE: Wednesday, January 12, 2022 **TIME:** 1:00 to 2:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Jennifer Henderson, *Chair*
Nick Dzudz
Carol Mieras
Vincent Samuel
Stephanie Schurr

STAFF:

Elinor Larney, *Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Jennifer Henderson welcomed everyone and called the meeting to order at 1:00 p.m.

2.0 Public Protection Mandate

The Chair reminded members that all discussions and decisions by the committee will be in accordance with the College mandate of public protection.

3.0 Land Acknowledgement and Commitment to Stronger Engagement Statement

The Chair read the statement to the committee (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair asked for declarations of conflict of interest. None were declared.

5.0 Approval of Agenda

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

MOVED BY: Nick Dzudz

SECONDED BY: Carol Mieras

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Minutes of December 3, 2021

The Chair asked for edits, additions or deletions to the draft minutes of December 3, 2021.

MOVED BY: Carol Mieras

SECONDED BY: Stephanie Schurr

THAT the draft Governance Committee Minutes of December 3, 2021, be approved as presented.

CARRIED**7.0 Skills Matrix Tool – Board Feedback**

Stamatis reminded the committee that 10 of 16 completed surveys were received by the original deadline and that feedback was reviewed by the committee at the December meeting. The remaining six completed surveys were subsequently received and have now been incorporated into the skills matrix tool presented today. Based on an average calculation across each competency, the three highest rated skills are: Leadership (#1), Board and Governance Experience (#2), Regulatory Understanding (#3), and the three lowest rated are: Financial Literacy (#1), Technological Competence(#2), Risk Management (#3). With respect to the lowest ratings, the group discussed probing deeper to better understand individual needs so that a meaningful strategy could be developed to address those needs. A suggestion for future such surveys is if an entry level rating is given, to ask for an explanation about what is needed (education, training etc.) to reach at least a foundational level. Another suggestion related to technological competence, was developing various e-learning modules, depending on the feedback received. Elinor reminded the group that an education segment on Risk Management, is planned for the next Board meeting. Elinor will work to coordinate learning sessions for public members with in-house OTs, to learn more about the OT profession. In terms of timing, the group agreed that it would be most meaningful to ask new members to complete the skills survey once they have attended at least one board meeting. A summary of the skills matrix findings will be provided to the Board in January and a discussion will be held.

MOVED BY: Carol Mieras

SECONDED BY: Stephanie Schurr

***THAT** the Governance Committee provides a summary of the findings of the skills matrix to the Board at the January 2022 meeting.*

CARRIED**8.0 Governance Project Plan**

Stamatis updated the committee on the status of current and future projects.

9.0 Next Meeting

Tuesday, March 1, 2022, 9:30 a.m. – 12:30 p.m. via Zoom

10.0 Adjournment

There being no further business, the meeting was adjourned at 1:51 p.m.

MOVED BY: Carol Mieras

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

CARRIED

APPENDIX 1*** Land Acknowledgement and Commitment to Stronger Engagement**

As an important part of our commitment to reconciliation, the College of Occupational Therapists of Ontario recognizes the traditional territories on which we live and work (physically or remotely) every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potawatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca.

Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat, and the Métis Nation.

To meaningfully engage with this community, the College has reviewed the Truth and Reconciliation Commission's (TRC) report. Calls to Action 18-24 addresses the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. The College and its registrants will work to reduce these health disparities by ensuring that OTs are competent to provide services that the community has a right to and is acceptable to them.

APPENDIX 2

Meeting Date	Decisions & Action Items	Current Status
January 12, 2022	Bring forward to the Board summary of findings of the skills matrix and hold discussion	pending
December 3, 2021	Staff and the Chair will reach out to those Directors who have not yet completed the Skills Matrix.	complete
December 3, 2021	Stamatis will present the assessment findings at the January 2022 meeting.	complete
September 9, 2021	<i>THAT the Governance Committee approves the Skills and Diversity Matrix tool as amended.</i>	Skills matrix complete, Diversity matrix pending



EXECUTIVE COMMITTEE MINUTES

DATE: Thursday, January 13, 2022 **TIME:** 9:00 a.m. to 12:00 p.m. via Zoom

In Attendance:

MEMBERS:

Jennifer Henderson, *Chair*
Allan Freedman
Heather McFarlane
Vincent Samuel

STAFF:

Elinor Larney, *Registrar*
Sandra Carter, *Practice Consultant (8.7-8.9)*
Stamatis Kefalianos, *Manager, Regulatory Affairs (8.12)*
Tim Mbugua, *Policy Analyst (8.10)*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 9:07 a.m.

2.0 Public Protection Mandate

The Chair reminded the committee that all discussions and decisions should be made in accordance with the College's mandate of public protection.

3.0 Land Acknowledgement & Commitment to Stronger Engagement

The Chair read out the statement on *Land Acknowledgement and Commitment to Stronger Engagement* (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

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

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT the agenda be approved as presented.

CARRIED

6.0 Approval of Minutes

6.1 Draft Executive Minutes of October 8, 2021

The Chair called for edits to the draft Executive Minutes of October 8, 2021. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the draft Executive Minutes of October 8, 2021 be approved as presented.

CARRIED

6.2 Draft Executive Electronic Meeting Minutes of October 18, 2021

The Chair called for edits to the draft Executive Minutes of October 18, 2021. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT the draft Executive Electronic Meeting Minutes of October 18, 2021 be approved as presented.

CARRIED

6.3 Draft Executive In Camera Meeting Minutes of November 29, 2021

The Chair called for edits to the draft Executive Minutes of November 29, 2021. None were reported.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT the draft Executive In Camera Meeting Minutes of November 29, 2021 be approved as presented.

CARRIED

7.0 Registrar's Report

7.1 Registrar's Verbal Report

College Performance Measurement Framework (CPMF)

The College is actively working on completing the next version of the CPMF. Stamatis is overseeing the project and coordinating with program areas to obtain their input. The report is different from the previous year in that it focuses mainly on those areas where Colleges did not meet the standard set by the ministry, and less on areas where they were compliant. This will require a significant amount of effort across all program areas. The completed report will come to the March meeting for Board review and approval. Submission deadline is March 31, 2022.

Health Profession Regulators of Ontario (HPRO)

Elinor continues to act as Vice President of HPRO. Work is focused on review and revision of the bylaws, preparation for upcoming officer elections, and discussions related to the possibility of a membership fee differential. This fee differential could increase the amount COTO and other larger colleges pay to accommodate smaller colleges. The group is collaborating on the CPMF initiative and on Diversity, Equity and Inclusion, for which a funding proposal has been submitted to the federal government.

2022 Elections – District 1

Elections for three positions to the Board will be held this year in district 1 (Toronto and area). A new competency-based process is in place. In addition to the Nomination Form, candidates must also submit a Candidate Eligibility and Consent Form and view the pre-election webinar. Nominations are open until January 28 and voting will run from February 17 – March 3.

New Occupational Therapy Competencies

The Competencies for Occupational Therapists in Canada, 2021, have officially been released. Elinor will represent ACOTRO on the new Occupational Therapy Competency Coordination Committee (OTCCC) which will oversee the implementation of the new competencies by the Association of Canadian Occupational Therapy University Programs (ACOTUP) and the Canadian Association of Occupational Therapists (CAOT) who provides the national exam, accreditation entities.

Occupational Therapy Ontario Collaborative (OTOC)

The chairs of the five Ontario OT university programs, the provincial association, and the College, meet two to three times per year to discuss issues which impact OTs, and various common projects. The last meeting was held in December. Topics of discussion included: Charging by private practice OTs for services rendered by OT students; changes in the OT labour market - notably increase in retirements, increase in need for OT services, increase in pressure on universities to create more spots for OT students; general increase in demand for OTs in health care; and implementation of the New OT Competencies. Christie Brenchley, Executive Director for over 30 years has retired, and Marnie Lofsky has taken over that role.

Occupational Therapy Exam Preparation Program (OTepp)

OTepp is a program through McMaster University that offers gap-filling courses for internationally-educated OTs who have gone through the SEAS process. The College was notified that the OTepp will end in spring 2022. Without this program, IEOTs who do not meet substantial equivalence have no recourse. ACOTRO has appealed to the federal government to seek funding to help to develop and facilitate the implementation of a program. The Registrar of the College of BC, Kathy Corbett, has some limited funds through the BC government which can be put towards investigating this, as a start. The Canadian Association of Occupational Therapists (CAOT) is ready to step in if needed, but this not considered a solution for the long-term.

Public Directors

Nick Dzudz and Brittany O'Brien were appointed last year, each for a one-year term only. We are awaiting word on their reappointments as well as one additional appointment.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- The next ACOTRO Board meeting with strategic planning session will be held virtually the week of Feb 7.
- ACOTRO members and Julie Entwistle are working together to develop the first e-Learning PREP module on the new Competencies for Occupational Therapists in Canada, 2021. The provinces have all contributed funds and will work together to implement the module as soon as it is ready. A French version will also be available.

- The annual update meeting with Presidents/Chairs was held in December.
- IEOTs are now able to complete their SEAS assessments virtually, from their home countries, if they are not already situated in Canada. Susan Domanski, ACOTRO staff member, is managing this process.

Internal Operations

- **Enterprise System (ES) Project:** Progress on the new system has been delayed due to some unexpected turnover of key staff with our vendor. This will impact timelines and costs. This item is on the agenda for discussion today.
- **Human Resources:**
 - Aoife Coghlan is on parental leave. Leandri Engelbrecht is temporarily in her role.
 - Grace Jacob has started as the Associate, Corporate Services
 - Lesley Krempulec, currently Practice Consultant, will become the new Manager, Quality Assurance, starting in February.
 - Diane Tse (currently a peer assessor for the College) was hired as the new Practice Consultant
- **Congratulations** to former College Council member, Helene Polatajko, for being named to the Order of Canada at the end of December. This is a huge honour for her, and the College was thrilled to hear the news and congratulate her. She is a registrant of the College.

7.2 Risk Management Report

Elinor reported on risk issues. One new risk was added related to staff turnover, which was raised by a Board member at the October meeting. Remaining risk-levels are the same as the previous quarter. Upon discussion, Executive decided to remove the risk related to staff turnover from the report because control procedures are in place and the matter is being managed with minimal impact to the College. For transparency, Elinor will include an update in her Registrar's Reports. The Board retains the option to move *in camera* should a discussion on the topic be required in the future.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

THAT Executive recommends that the Board receive the Risk Management Report.

CARRIED

8.0 New Business

8.1 Executive Work Plan

Executive reviewed the committee work plan and updated it.

8.2 Risk Register Process

Elinor explained that a review of the Risk Management Program is necessary now that the Finance, Audit and Risk (FAR) Committee has been running over the past year. Since FAR has been primarily focused on financial risk and the audit process, it is proposed that Executive is better positioned to manage strategic and operational risks. Executive discussed several options, and a motion was put forward. If approved by the Board, this change would require

revisions to the terms of reference for both committees and a name change for the FAR Committee.

MOVED BY: Allan Freedman

SECONDED BY: Vincent Samuel

***THAT** Executive retains oversight of all risk management activities which will be delegated and dealt with by the appropriate committee, as the need arises.*

CARRIED

8.3 Competencies for Occupational Therapists in Canada

Elinor reported that the new Competencies for Occupational Therapists in Canada, 2021 are now complete and the Board's approval is required for implementation at the College.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** Executive recommends that the Board adopt the Competencies for Occupational Therapists, 2021 for use at the College.*

CARRIED

8.4 Honoraria and Allowable Expenses Policies - Review

Elinor explained that the Honoraria and Allowable Expenses Policies are reviewed by the Board on an annual basis. Changes are recommended to the Honoraria Policy to accurately reflect the actual time spent for half-day meetings given the use of virtual meetings during the pandemic, a practice which will likely continue to some degree going forward.

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

***THAT** Executive recommends that the Board approve the changes to the Honoraria Policy, including today's changes.*

CARRIED

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

***THAT** Executive recommends to the Board that no changes are needed to the Allowable Expenses Policy*

CARRIED

8.5 Board and Committee Appointee Vaccination Policy

Elinor stated that this new policy was developed based on discussions which arose at the October Board meeting. The proposed draft has been reviewed by legal counsel.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

***THAT** Executive recommends to the Board that the Board and Committee Appointee Vaccination Policy be approved*

CARRIED

8.6 Board or Committee Meeting Policy

Elinor explained that this new policy was developed based on discussions which arose during the *in camera* Executive meeting in November 2021. Its purpose is to provide clarity on which meetings can be held virtually, and which will require in-person attendance.

MOVED BY: Vincent Samuel

SECONDED BY: Allan Freedman

***THAT** Executive recommends the Board approve the Board or Committee Meeting Policy which will be enacted once it is again safe to meet in person.*

CARRIED

8.7 Coroner's Request Practice Resource

Sandra explained that the College received a letter from the Coroner regarding safety concerns related to power recliner lift chairs for users with cognitive decline, and a request that the College develop a practice resource to warn of the danger. Sandra emphasized that none of the deaths occurred from equipment being recommend by health care providers.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** Executive approves the proposed practice resource to address the Coroner's request related to the dangers of power recliner lift chairs for individuals with cognitive decline.*

CARRIED

8.8 Professional Committee Appointments – Practice Subcommittee

Two candidates were put forward by the Practice Subcommittee for approval. The motion was amended to accurately reflect that the Executive is recommending the appointments to the Board for final approval.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive recommends to the Board the appointments of Sophie Stasyna and Susan Cherian-Joseph to the Practice Subcommittee, each for a three-year term beginning February 15, 2022.*

CARRIED

8.9 Professional Committee Reappointment – Practice Subcommittee

A current member of the Practice Subcommittee whose first term is ending in March was put forward for reappointment.

MOVED BY: Heather McFarlane

SECONDED BY: Vincent Samuel

***THAT** Executive recommends to the Board the approval of the reappointment of Shannon Honsberger to the Practice Subcommittee, for a second three-year term commencing on March 8, 2022.*

CARRIED

8.10 Revised Land Acknowledgement and Diversity Statement

The motion was not moved. Elinor explained that in follow up from discussions from the October 2021 Board meeting, a preliminary draft of the Land Acknowledgement and Diversity Statement was prepared. Elinor explained that while some work has been done, more work is needed including obtaining input from the Indigenous community. A draft version will be brought to the meeting in March.

8.11 Annual Board Evaluation/Self-Evaluation

Elinor explained that the Executive coordinates and facilitates the annual Board evaluation. Minor revisions to the evaluation were made last year to align with governance modernization initiatives with no additional changes recommended for this year.

MOVED BY: Vincent Samuel

SECONDED BY: Heather McFarlane

***THAT** Executive approves the Board Annual Evaluation, to be implemented January 2022.*

CARRIED

8.12 Committee Chair/Composition Appointment Process

Elinor explained that it is the role of the Executive to annually review and implement the process for selection of committee Chairs and composition of committees. The Board's newly developed competency framework can now be used to inform the selection and appointment process, which would align with best practices and governance modernization. The Governance Committee will assume this role from the Executive. Following discussion, Executive will recommend to the Board that: The Chair of the Board automatically be the Chair of the Governance Committee; an officer automatically be the Chair of the Finance, Audit and Risk Committee; immediately following the election of officers at the March meeting, the new Executive shall elect the Governance Committee; the Governance Committee shall meet at their earliest opportunity or within two weeks to determine the draft slate of Chairs and committee composition for the upcoming year; and, the Board shall hold a virtual meeting, as soon as possible following the Governance Committee meeting to approve the Chair and committee composition.

MOVED BY: Allan Freedman

SECONDED BY: Heather McFarlane

***THAT** Executive recommends a process for appointment of committee chairs and committee composition to be approved by the Board.*

CARRIED

8.13 Officer Nominations Process for 2022

Elinor explained that it is the role of the Executive to coordinate and facilitate the Officer Nominations process. This includes initiating the Nominations Committee through Board appointments at the January meeting. The purpose of the Nominations Committee is to ensure that there is at least one candidate who has agreed to stand for each of the officer positions. No process changes are recommended at this time.

MOVED BY: Heather McFarlane

SECONDED BY: Allan Freedman

THAT Executive approves the 2022 process for Nominations for the Board Executive.

CARRIED

8.14 Board Meeting Evaluation Results – October 28, 2021

Executive reviewed the feedback which was very positive overall. A recommendation was received to continue Board education in aspects of diversity and Board skills.

8.15 Draft Board Meeting Minutes – October 28, 2021

Executive reviewed the Board Minutes.

8.16 Draft Board Agenda – January 27, 2022

Executive finalized the agenda.

9.0 Next Meeting

March 8, 2022, 9:00 a.m. – 12:00 p.m. via Zoom

10.0 Adjournment

There being no further business, the meeting was adjourned at 12:03 p.m.

MOVED BY: Allan Freedman

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

As an important part of our commitment to reconciliation, the College of Occupational Therapists of Ontario recognizes the traditional territories on which we live and work (physically or remotely) every day, across what is now known as Ontario. This includes distinct groups of First Nations Peoples: Algonquin, Mississauga, Ojibway, Cree, Odawa, Potawatomi, Delaware, and the Haudenosaunee – Mohawk, Onondaga, Oneida, Cayuga, Tuscarora, and Seneca.

Other Indigenous Nations also have long standing relationships with the land in parts of this province including the Wendat, and the Métis Nation.

To meaningfully engage with this community, the College has reviewed the Truth and Reconciliation Commission's (TRC) report. Calls to Action 18-24 addresses the health disparities faced by Indigenous Peoples and how poor health outcomes are linked to the complex histories and ongoing realities of Indigenous peoples in Canada. In particular, we acknowledge how these disparities have been laid bare and magnified by the COVID-19 pandemic. The College and its registrants will work to reduce these health disparities by ensuring that OTs are competent to provide services that the community has a right to and is acceptable to them.



JOINT EXECUTIVE AND GOVERNANCE COMMITTEES MINUTES

DATE: Monday, February 14, 2022 **TIME:** 10:00 a.m. to 12:00 p.m. via Zoom

In Attendance:

MEMBERS:

Jennifer Henderson, *Chair*
Nick Dzudz
Allan Freedman
Heather McFarlane
Carol Mieras
Vincent Samuel
Stephanie Schurr

STAFF:

Elinor Larney, *Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs*
Tim Mbugua, *Policy Analyst*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

1.0 Call to Order

The Chair welcomed everyone and called the meeting to order at 10:03 a.m.

2.0 Public Protection Mandate

The Chair reminded the committee that all discussions and decisions are to be made in accordance with the College's mandate of public protection.

3.0 Land Acknowledgement & Commitment to Stronger Engagement

The Chair read out the statement on *Land Acknowledgement and Commitment to Stronger Engagement* (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for declarations of conflict of interest. None were made.

5.0 Approval of Agenda

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

MOVED BY: Heather McFarlane

SECONDED BY: Carol Mieras

THAT the agenda be approved as presented.

CARRIED

6.0 New Business

6.1 Discussion on Governance Reform – Ministry Proposal

The purpose of the meeting was to inform both committees of the January 26th letter received from the Ministry of Health, to discuss the proposals put forward, and to determine the direction for the College's response to the Ministry.

7.0 Adjournment

There being no further business, the meeting was adjourned at 11:20 a.m.

MOVED BY: Vincent Samuel

APPENDIX 1

*** Land Acknowledgement and Commitment to Stronger Engagement**

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BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Nominations Committee
Subject: Nominations Committee Report

Recommendation:

For information purposes only.

Issue:

The Nominations Committee have finished their work, and this is their final report.

Link to Strategic Plan:

1.3 College governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

Ensuring that leadership is in place so Board committees can function, is in the public interest.

Background:

The nominations committee was appointed in January, 2022 to oversee the nominations process for the election for the Executive Committee. The goal is to confirm a slate of nominees and facilitate the nomination process.

Discussion:

The Nominations Committee, comprised of Paola Azzuolo, Neelam Bal and Mary Egan, met by video conference on two occasions to review and conduct the process for the nomination of officers. Paola Azzuolo was appointed as Chair. A call for nominations was distributed and responses were received. Potential candidates were contacted to confirm their willingness to stand for positions and a candidate statement was requested from each individual. The final slate and statements of candidacy will be made available to Board members by email prior to the commencement of the election on March 24.

Items for Decision at the Elections Meeting:

1. Election of Officers
2. Deletion of ballots

BOARD MEETING BRIEFING NOTE

Nominations Committee Report

Page 2 of 2

Implications:

This committee will disband once the slate of nominees is presented at the Elections meeting on March 24, 2022.

Attachments: N/A

Quarterly Performance Report

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2020-2023 identified strategic priorities. This replaces and combines two previous 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 the Board oversees the College’s strategic plan, committees, finance, risk, and Regulated Health Professions Act (RHPA) compliance and these 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).

Response Compliance: Percent of decision letters sent to registrants on time as per the Regulated Health Professions Act (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: Jennifer Henderson

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2021/2022	Possible RHPA and or Governance model changes.
	Board Orientation, Education, and Policy Review.
	Oversight of Risk Management and Registrar.
	2022 Elections of Board Members.
	Essential Competencies for Occupational Therapists in Canada Redevelopment (CORECOM). OT Competencies
	Exam and Accreditation (high level oversight monitoring).

Q1	Committee Activities: Two meetings held.: 1) <u>June 11, 2021</u> , reviewed the risk management report, annual risk register, annual registrar performance evaluation process, revised Medical Assistance in Dying document, new Virtual Services document, proposed key messages related to Diversity, Equity and Inclusion, new Refund Policy; discussed progress of the standards revisions and streamlining project and finalized plans for the Board education session. 2) <u>July 29, 2021</u> , discussed the outcome of the annual registrar performance evaluation. During Q1 the Board approved the following documents from Practice Subcommittee (via Executive): Medical Assistance in Dying, Virtual Services, and Key Messages on Diversity, Equity, and Inclusion document development. The Refund Policy for registration was also approved by the Board.
	Decisions Not Requiring Board Approval: Annual risk register and risk management report, annual registrar performance evaluation process and outcome.
	Decisions Requiring Board Approval: Annual Report, 2020-2021, proposed amended by-laws, agents of the College policy, Culture, Equity, and Justice Practice Document.

Q2	Committee Activities: Two meetings and 1 electronic motion: 1) <u>October 8, 2021</u> , reviewed risk management report, annual report, revised Policy to Approve Agents of the College, and new Culture, Equity, & Justice document; discussed vaccine mandate and changes to committee composition and finalized Board education session 2) <u>October 18, 2021/Electronic Motion</u> : approved further changes to the committee composition, and 3) <u>November 29, 2021: In camera meeting</u> , held discussion on office reopening.
	Decisions Not Requiring Board Approval: risk report, committee appointments.
	Decisions Requiring Board Approval: vaccine mandate, annual report, Policy to Approve Agents of the College, and Culture, Equity, and Justice.

Q3	<p>Committee Activities: Two meetings held: 1) <u>January 13, 2022</u>, reviewed risk management report and revised risk register process, recommended the Board approve the following: enthusiastically recommended approval of the new Competencies for Occupational Therapists in Canada, revised Honoraria and Allowable Expenses, Board & Committee Appointee Vaccination, and Board & Committee Meeting policies, new practice resource regarding recliner chairs, committee appointments and reappointment to the Practice Subcommittee. The following were discussed: processes for annual Board evaluation, committee chair selection/committee composition process, and officer nominations, revisions to Land Acknowledgement Statement, October 2021 Board meeting evaluation and Board minutes, and finalized January 2022 Board agenda. 2) <u>February 14, 2022/Joint meeting with Governance Committee</u>. Discussed Ministry of Health’s January 26th proposal on governance reform and COTO’s response. (March Meeting held March 8, 2022)</p>
	<p>Decisions Not Requiring Board Approval: officer nominations process, Board Evaluation Process, Revised Land Acknowledgement Statement.</p>
	<p>Decisions Requiring March Board Approval: Board or Committee Meeting Policy, One Standard document for public consultation, Practice Subcommittee Reappointment, Committee Terms of Reference, Registrar Title, Strategic Planning, College Performance Measurement Framework.</p>

Governance

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, System Impact

Workplan 2021/2022	Consolidate and update conflict of interest policy.
	Develop an online orientation program for Board and Committee Members prior to election or appointment.
	Make bylaw changes to support governance modernization.
	Develop new application forms for Board elections and Committee appointments.

Q1	<p>Committee Activities: Two meetings: <u>June 1, 2021</u>: Annual Committee orientation session was conducted by staff. A revised and consolidated Conflict of Interest policy was presented which included a declaration of interest form. The Committee provided a final review of the proposed Committee competencies that are in addition to the Board Competency Framework previously approved by the Board. A set of competencies for each College Committee was determined and is based on an in-depth evaluation of the nature of the work of each committee, and discussions with individual program managers and staff. <u>June 14, 2021</u>: An emergency meeting was convened to discuss a letter from the Ministry of Health dated June 8, 2021, requesting feedback and recommendations by June 30th on governance reform. The Committee reconfirmed their support on governance reform and provided feedback to staff to prepare a response to the ministry acknowledging that the Board continues to support governance modernization. The College’s response was submitted to the Ministry and shared with all Board Directors.</p>
	<p>Decisions Requiring Board Approval: Conflict of Interest Policy, Committee Competencies.</p>

Q2	<p>Committee Activities: One meeting: <u>September 9, 2021</u>: Following direction from the Board at the June meeting, a second revised version of the conflict of interest policy was shared. The proposed version removes any references to declaration of interest as well as a register of interest. The updated policy includes a questionnaire asking five questions for Directors and Committee members to complete annually. A draft version of the Skills and Diversity Matrix was presented. This is multi-faceted tool and good governance practice used by boards which provides a comprehensive snapshot of the current skills and knowledge. The different categories and rating system for each competency was discussed and Committee provided feedback and suggestions on how to implement the tool. The Committee directed the Skills and Diversity Matrix tool be brought forward to the Board meeting in October 2021.</p>
<p>Decisions Requiring Board Approval: Conflict of Interest Policy, Skills and Diversity Matrix tool.</p>	
Q3	<p>Committee Activities: Two meetings: <u>December 3, 2021</u>: Following the October Board meeting, the Skills Assessment Matrix tool was sent to all Directors to complete. The Committee reviewed the anonymized results received to date and held a discussion. Decision was made to continue to ask Directors who have yet to complete the tool to submit at their earliest convenience. As a result, all Directors have now completed the Skills Matrix. Committee was also informed that the College received from the Ministry the 2021 version of the College Performance Measurement Framework (CPMF) reporting tool. The portion of the CPMF requirements related to governance was shared. <u>January 12, 2022</u>: Committee reviewed the summarized Director responses of Skills Matrix Tool and a discussion was held. With respect to the three lowest rated competencies (Financial Literacy, Technological Competence and Risk Management) Committee discussed probing deeper at the January Board meeting to better understand individual director needs so that a meaningful strategy could be developed to address those gaps through Board education.</p>
<p>Decisions Requiring March Board Approval: N/A</p>	

Finance, Audit and Risk

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2021/2022	<p>Review: quarterly financial reports and annual projected budget for recommendation to the Board; draft audited financial statements for recommendation to the Board; updated five-year financial forecast; internal controls matrix; risk register to ensure all appropriate risks are identified and sufficiently mitigated; investment portfolio to determine if policy changes are warranted; and property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency.</p>
<p>Review and update policies governing financial, investment and risk management matters.</p>	
<p>Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board.</p>	

Q1	Committee Activities: Met on <u>August 31, 2021</u> . Confirmed the work plan for the year. Reviewed preliminary draft audited financial statements and recommended changes to notes to clarify explanations. The five-year financial forecast was provided for discussion as to whether it should be expanded to include different forecasting scenarios; further refinement to be performed and re-presented to the Committee later. The investment portfolio was provided for information purposes. Status of the documentation project for the internal controls matrix was reported to the Committee along with management reporting that internal controls are operating effectively.
	Finance Report: The five-year financial forecast was satisfactory, requiring no action.
	Risk Report: This was not discussed as the Committee needs to seek input from other committees regarding oversight responsibilities.
	Decisions Requiring Board Approval: N/A
Q2	Committee Activities: Met on <u>September 24, 2021</u> . Blair Mackenzie (auditor) attended the meeting and reviewed the audited financial statements with the committee. The auditor answered questions and suggestions from the committee to make the report clearer. The decision to assess the relationship with the auditor was postponed to January. Agreed to recommend the approval of the 2021 Financial Statements to the Board. The fiscal year 2021/2022 Q1 Financial Report was reviewed and approved by committee. The College's Q1 Investment Report was provided for information purposes. The committee discussed the merit of acquiring additional coverage for first-party cyber insurance. The committee chose not to purchase additional coverage, as our current insurance coverage and IT infrastructure was deemed to provide the necessary safeguards.
	Finance Report: The FY21/22 Q1 Financial Report was approved; no follow up action was required.
	Risk Report: This was not discussed as the Committee needs to seek input from other committees regarding oversight responsibilities.
	Decisions Requiring Board Approval: FY21/22 Q2 Financial Report, ES Project Update Budget Request, Reclassification of Restricted for Contingency Fund with Unrestricted Fund on Financial Statements, Auditor Evaluation.
Q3	Committee Activities: Met on <u>January 11, 2022</u> . The decision was made to reappoint Hilborn LLP as the College's Auditor. Agreed to Reclassify the Restricted for Contingency Fund with the Unrestricted Fund on the Financial Statements. The fiscal year 2021/2022 Q2 Financial Report was reviewed and approved by Committee. The College's Q2 Investment Report and Overview of Insurance Coverage was provided for information purposes. The Committee and Board approved an increase to the Enterprise System Project Reserve Fund of \$175,125.
	Finance Report: The FY21/22 Q2 Financial Report was approved; no follow up action was required.
	Risk Report: This was not discussed as the Committee needs to seek input from other committees regarding oversight responsibilities.
	Decisions Requiring March Board Approval: FY21/22 Q3 Financial Report

Registration

Chair: Donna Barker

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

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

Workplan 2021/2022	Registration Committee policy review.
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Q1	Metrics												
	6454 (6480) Registrants			Application Processing Time 56.1 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates		
	82 (75) Certificates Issued		Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary	
	CAN	IE					Returning						
	24	5	53	62 (255*)	38	142.8**	32.6	2	0	1	1	3	0
Commentary: *extended renewal period in FY 2020 resulted in higher number of registrations in Q1 FY 2020 ** shortest duration was 18 days and longest was 315 days.													
Cases						Meetings Held	Response Compliance	HPARB Appeals	Policies				
Type	New	Resolved	Avg Case Time		Updated				To Review				
Currency	1		95 days		1	100% (1/1)	0 Reviewed N/A Upheld	0/18	18				
Education													
Examination		1											
Language													
Second Provisional Certificate	2												
Suitability to Practice	1												
Outcomes	Issue certificate after successful completion of the National Occupational Therapy Certificate Examination.												
Committee Activities: The committee met on <u>August 23, 2021</u> to review an application for a certificate of registration. Joshua Theodore was reappointed as a Professional Committee Appointee of the Registration Committee for a second three-year term commencing on August 1, 2021.													
Decisions Requiring Board Approval: N/A													

Q2	Metrics												
	6684 (6480) Registrants				Application Processing Time 25.4 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates	
	304 (267) Certificates Issued			Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary
	CAN	IE	Returning										
	232	6	66	72 (60)	21.8	91.8	32.2	-	86	66	4	0	0
	Commentary: Typical increase in new registrants during Q2 as new graduates of occupational therapy programs apply.												
	Cases					Meetings Held	Response Compliance	HPARB Appeals	Policies Updated				
	Type			New	Resolved					Avg Case Time			
	Currency				1	92 days	2	100% (2/2)	0 Reviewed N/A Upheld	8/18			
	Education			1									
Examination													
Language													
Second Provisional Certificate				2									
Suitability to Practice			2*										
Outcomes	*1 suitability to practise case pending from Q1, Issue certificate with additional training = 1, Issue certificate with TCLs = 1, Deferral pending additional information = 1 (applicant has since withdrawn application).												
Committee Activities: The Committee met on <u>September 15</u> and <u>October 18, 2021</u> . The Committee reviewed and approved 8 policies with updates for plain language, currency, relevancy, and diversity, equity, and inclusion. The Committee was briefed on the Office of the Fairness Commissioner (OFC)'s newly launched Risk-Informed Compliance Framework, this information was provided to the Board at its September 2021 meeting.													
Decisions Requiring Board Approval: N/A													

Q3	Metrics												
	6747 (6572) Registrants				Application Processing Time 39.85 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates	
	97 (104) Certificates Issued			Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary
	CAN	IE	Returning										
	59	8	30	34 (17)	39.4	107.8	22.6	0	9	2	2	0	0
	Commentary: Increase												
	Cases					Meetings	Response	HPARB	Policies Updated				
	Type			New	Resolved								

Type	New	Resolved	Avg Case Time	Held	Compliance	Appeals	
Currency	2	2	80 days	3	100% (6/6)	1	13/14
Education		1					
Examination							
Language							
Second Provisional Certificate	1	1					
Suitability to Practice		2					
Outcomes	Issue certificate = 1 Issue certificate with additional training = 2 Issue certificate with TCLs = 1 Refuse certificate = 2						
Committee Activities: The Committee met on December 1, 2021, January 31 and February 23, 2022. The Committee reviewed and approved 5 policies with updates for plain language, currency, relevancy, and diversity, equity, and inclusion, and retired 3 policies that were no longer relevant. The Committee received an annual update on the Substantial Equivalency Assessment System (SEAS) from Susan Domanski, Manager, SEAS. The Committee reviewed the bi-annual Committee Effectiveness Survey results and based on the results agreed to improvements in the training and orientation process, including a refresh halfway through the year.							
Decisions Requiring March Board Approval: N/A							

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Carol Mieras

Strategic Priorities: Public Confidence, Quality Practice

Investigations and Resolutions Legend:

No Risk Outcomes: Frivolous and Vexatious, Take No Action, Alternative Dispute Resolution (ADR), Administratively close with no action

Low Risk Outcomes: ADR, Advice/Guidance, Remedial Agreements (discontinued effective January 2021), Educational letter from the Office of the Registrar, Administrative Undertakings

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

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

Workplan 2021/2022	Support I&R staff with the development of a new registrant-centric system that allows for accurate, informative reporting on ICRC related activities to help inform regulatory functions.
	CORECOM project – receive training on the forthcoming National Competencies prior to implementation and review website to ensure it is consistent with any Competency-related changes.
	Arising out of quality improvement commitments given in the 2020 CPMF, provide input into the Sharing of Information with Third Parties Policy to be developed.

Q1	Cases			Meetings Held	Response Compliance	HPARB Appeals	
	Type	New	Resolved				Avg Case Time
	Registrar Reports	4 (3)	2 (3)	322 (377) days	Panel A = 2 Panel B = 1 All ICRC = 0	14 days: 100% 150 days: 100%	1 Reviewed 1 Upheld
	Registrar Administrative Action	0 (1)	4 (1)	N/A			
	Complaints	3 (4)	7 (4)	181 (194) days			
	Outcomes	ICRC: No Risk: 5, Low Risk: 3, Moderate Risk: 1, High Risk: 0 Registrar: No Risk: 1, Low Risk: 3, Moderate Risk: 0, High Risk: 0					
	Commentary: During Q1, two of the four members of the I&R team left the College to pursue other opportunities, and another took a temporary leave to attend to a personal emergency. As of Q2, the program has a full staff complement, but these situations, together with work on the ES System project, have impacted active investigations' case completion times. The I&R team expect to have the program operating at its usual efficiency by late Q3/early Q4.						
	Committee Activities: Meetings held on <u>June 3, 2021</u> , <u>July 15, 2021</u> and <u>August 26, 2021</u> to review and decide on cases.						
	Decisions Requiring Board Approval: N/A						

Q2	Cases			Meetings Held	Response Compliance	HPARB Appeals	
	Type	New	Resolved				Avg Case Time
	Registrar Reports	15 (1)	1 (8)	175 (401) days	Panel A = 1(1) Panel B = 2(0) All ICRC = 0(2)	14 days: 100% 150 days: 100%	(0) Reviewed (N/A) Upheld
	Registrar Administrative Action	0 (1)	4 (4)	N/A			
	Complaints	8 (7)	1 (4)	271 (212) days			
	Outcomes	ICRC: No Risk:0, Low Risk:1, Moderate Risk: 1, High Risk: 0 Registrar: No Risk:0, Low Risk: 4, Moderate Risk: 0, High Risk: 0					
	Commentary: There has been a significant reduction in case time on Registrar's reports. These numbers are unrealistically skewed by a couple of cases that were administratively closed. For the resolved complaint, the delay in the finalisation of this was due to factors outside of the control of staff and the ICRC. As of October 26 th we are receiving Vaccination-related termination reports. The team is working on uniform response and approach to these matters.						
	Committee Activities: Committee met on <u>October 17</u> , <u>November 18</u> , and <u>November 22</u> . The Committee effectiveness Survey was completed, and feedback will be provided to the committee in Q3. One new public member was appointed to the ICRC.						
	Decisions Requiring Board Approval: N/A						

Q3	Cases			Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved			
	Registrar Reports	6(5)	4(10)	321(488) days	Panel A = 1(1) Panel B = 1(1) All ICRC = 1(1)	14 days: 100% 150 days: 100%
	Registrar Administrative Action	1(4)	9(5)	N/A		
	Complaints	7(10)	6(2)	222*(218) days		
	Outcomes	ICRC: No Risk:3, Low Risk:5, Moderate Risk: 0, High Risk: 0 Registrar: No Risk:2, Low Risk:6, Moderate Risk: 1, High Risk: 0				
	Commentary: There is an increase in the time it took to resolve Registrar’s reports from Q2 numbers. The Q2 numbers were not a true reflection as administratively closed files impacted the numbers. It is still a significant reduction from the prior year. * One complaint was deemed Frivolous and vexatious and was not included in the day calculation.					
	Committee Activities: The committee had a group meeting in Q2 where the committee effectiveness survey results were shared. The committee had a great discussion around the process and especially onboarding and identified a couple of topics and themes to be covered in the next onboarding session					
	Decisions Requiring Board Approval: N/A					

Quality Assurance (QAC)

Chair: Teri Shackleton

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:

- Self Assessment (SA): Completed by registrants every 2 years usually due October 31.
- Professional Development Plan (PDP): Completed by registrants annually, usually due May 31.
- Prescribed Regulatory Education Program (PREP): 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.
- Non-Compliance (NC): OT did not complete one of the required tools by the completion deadline.
- * Annual Tool Completion: Of the people that are required to complete the tool, the percent that have done it to end of quarter.

Workplan 2021/2022	Approval of changes to the peer and practice assessment policies and procedures.
	Approval of policy changes including, streamlining processes relating to case decisions and annual QA requirements.
	Feedback on 2022 Prescribed Regulatory Education Program (PREP) final content.
	Oversight of integration of new competency assessment process into the QA program.
	Oversight of risk-based selection and screening tool pilot.

Q1	Metrics									
	Competency Assessment						Annual Requirement Completion*			
	Risk-Based Selection	PPA Directed	Deferrals	Screening Pending	PPA Pending		SA	PDP	PREP	
	110 (0)	0	0	110	Selected	Directed	115 of 3607	4 of 6423	300 of 6423	
					110	0	3%	<1%	5%	
	Committee: Cases / Decisions					Meetings	Statutory Compliance	Judicial Reviews	Policies	
	Type		Pending	Completed	Avg Case Time				Updated	To Review
	PPA Selected		0	9	106 days	1	100% (10/10)	0	2	17
	PPA Directed		0	0						
	Non-Compliance (NC)		1	1						
Outcomes	NC (1): Registrant issued notice of intention to issue a SCERP. PPA (9): 4 Take No Action (TNA) (including 3 perfect scores), 5 TNA with recommendation.									
Commentary: The screening pilot was launched during this quarter. This involved 110 registrants selected for both screening and PPA.										
Committee Activities: <u>Quality Assurance Subcommittee</u> met on <u>June 8, 2021</u> and <u>June 28, 2021</u> for orientation, to receive program updates and for training on a new approach to develop case scenarios for the screening tool. The screening tool was developed in August 2021. For the screening tool pilot all selected registrants will be participating in a peer and practice assessment regardless of screening outcome. <u>Quality Assurance Committee</u> met on <u>July 6, 2021</u> . Cases: 9 were decided, and staff supported Committee to implement a more streamlined case review process; Policies: approved an updated QA compliance policy and the combining of two outdated policies into one: Competency Reports, Outcomes and Decisions Policy.										
Decisions Requiring Board Approval: N/A										

Q2	Metrics									
	Competency Assessment						Annual Requirement Completion*			
	Risk-Based Selection	PPA Directed	Deferrals	Screening Completed	PPA Pending		SA	PDP	PREP	
	0	0	30 screening 10 PPAs	80	Selected	Directed	6218 of 6361	64 of 6361	3513 of 3569	
					76	1	97.8%	1.0%	98.4%	
	Committee: Cases / Decisions					Meetings	Statutory Compliance	Judicial Reviews	Policies	
	Type		Pending	Completed	Avg Case Time				Updated	To Review

PPA Selected	76 (4)	0 (0)	(N/A)	2	(N/A)	(N/A)	0	20
PPA Directed	1	0 (0)						
Non-Compliance (NC)	20 (0)	0 (0)						
Outcomes	No cases were decided by committee in Q2.							
Commentary: Leanne Worsfold is acting QA Manager and Lesley Krempulec will start the new position in February 2022. During this Quarter the Screening Pilot was completed with 80 registrants – 30 deferrals and one (1) exemption were granted by staff following the established policy.								
Committee Activities: QAC met on <u>November 8</u> and <u>November 10, 2021</u> , to discuss the screening tool standard-setting process and the root causes. The Committee approved “in principle” the screening process, noting required changes to the root cause definitions and the case questions. The Committee also requested additional information including collated data and registrant scores from the screening tool pilot to support decision-making related to the screening tool threshold. QAC Subcommittee met on <u>November 15, 2021</u> , to review and provide feedback on the 2022 PREP Module.								
Decisions Requiring Board Approval: QAC is bringing forth the two (2) new QA-subcommittee members for a three (3) year appointment.								

Q3	Metrics										
	Competency Assessment						Annual Requirement Completion*				
	Risk-Based Selection	PPA Directed	PPA Deferrals	Screening Pending	PPA Pending		SA	PDP	PREP		
	0 New (15)	1 (0)	0 (5)	0	Selected	Directed	Closed Oct 31 2021	Due May 31 2022	Closed October 31 2021		
					45 (15)	1 (0)	99.9%	1.4% Complete	99.2%		
	Committee										
	Cases / Decisions						Meetings	Statutory Compliance	Judicial Reviews	Policies	
	Type	Completed	Avg Case Time		Updated	To Review					
	PPA Selected	20 (13)	Decision Letters Pending		3	NA	0	0	20		
	PPA Directed	0 (0)	NA								
Non-Compliance (NC)	19 (18)	Decision Letters Pending									
Outcomes	Non-Compliance (n=19): 14 directed to complete the tool in 30 days or PPA will be required, 1 directed to complete the tool, 4 referred for PPA. PPA (n=20): 8 Case Closed (perfect score), 5 Take No Action, 4 Take No Action with Recommendation(s), 3 SCERP.										
Commentary: The program continues to work through the selected registrants from September 2021. No more registrants will be selected until the next fiscal year. 2021 non-compliance with the PREP and SA has been completed. On February 22 Lesley Krempulec began in the role of QA manager. Leanne Worsfold, the Interim QA Manager will support the transition into March. Committee thanks Leanne for all her support.											
Committee Activities: QAC met on <u>December 10, 2021</u> , <u>February 4 and 18, 2022</u> . The effectiveness survey was completed. All non-compliance											

	cases were completed, and several case files from the September selection were processed. The 2022 PREP module content was also reviewed and the topic for the 2023 PREP (<i>Building a Strong Foundation for Occupational Therapy Practice</i>) was approved. Two candidates were presented to QAC for approval to go to the Board for the one open appointment on Quality Assurance Subcommittee (QAS). QAS did not meet this quarter.
	Decisions Requiring March Board Approval: Appointment of QAS candidate.

Discipline

Chair: Donna Barker

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2021/2022	Ensure discipline processes are discharged in a timely and procedurally fair manner.
	Annual orientation and training and ensure new members receive HPRO's discipline orientation training.
	Develop a guide outlining discipline hearing processes and timelines, to include a glossary of legal terms, to help hearing panel members effectively discharge their duties and understand expectations.

Q1	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0	0 (1)	1 (0)				
Commentary: The updated <i>Discipline Committee Rules of Procedure</i> , as approved in March 2021, were published in both French and English on the College's website. The Divisional Court appeal in <i>COTO v. SZ</i> remains outstanding with no update.							
Committee Activities: The Committee received orientation and training together with the Fitness to Practise Committee from external legal counsel. Members of the panel selected to hear <i>COTO v. JS</i> , also received additional training from the same lawyer who acted as Independent Legal Counsel. On <u>August 18, 2021</u> , a hearing into <i>COTO v. JS</i> was held electronically (via Zoom). The hearing proceeded by way of an Agreed Statement of Facts (ASF) and Joint Submission on Penalty (JSP). The Panel accepted the ASF and JSP and found that Ms. JS committed acts of professional misconduct. A 4-month suspension was imposed together with 2 TCLs being placed on Ms. JS's certificate of registration. The Panel's written reasons for its decision were not issued in Q1.							
Decisions Requiring Board Approval: N/A							

Q2	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	1(1)	0(1)	0(0)				
Commentary: 1 new case had been referred to the disciplinary committee. The hearing is estimated to proceed in late spring, early summer of 2022. The Divisional Court appeal in <i>COTO v. SZ</i> remains outstanding with no update.							
Committee Activities: The Panel's written reasons for its decision in <i>COTO v. JS</i> were issued in Q2.							

Decisions Requiring Board Approval: N/A							
Q3	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0 (0)	1 (1)	0 (1)	N/A	N/A	N/A	N/A
	Commentary: The divisional court case for SZ was abandoned in Q3. The College and committee are taking steps to ensure the outstanding compliance matters are addressed.						
	Committee Activities: No committee activities to report.						
Decisions Requiring March Board Approval: N/A							

Patient Relations

Chair: Michelle Stinson

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2021/2022	Review, revise and update the Conflict of Interest, Professional Boundaries, and the Prevention of Sexual Abuse Standards for inclusion in the One Standard Project for Board approval.
	Finalize and post the Client Bill of Rights.
	Contribute to the development of a case study addressing the issue of sexual abuse.
	Oversee the development of sexual abuse educational content to be delivered annually to OT students.

Q1	Funding Applications: 1 newly approved application. 0 resolved applications.
	Commentary: For the first time in College history, there are 2 persons approved to access, and using, the College Sexual Abuse Funding Program.
	Committee Activities: The Committee held 1 meeting on <u>June 23, 2021</u> , the purpose of which was to review an application for funding.
	Decisions Requiring Board Approval: N/A

Q2	Funding Applications: 0 new applications received.
	Commentary: No cases received.
	Committee Activities: The meeting scheduled for Q2 was cancelled and rescheduled for Q3.
	Decisions Requiring Board Approval: N/A

Q3	Funding Applications: 0 new applications received.
	Commentary: No cases received.
	Committee Activities: Committee met on <u>December 14, 2021</u> . The draft Conflicts of Interest, and Professional Boundaries and Sexual Abuse Standards were reviewed for adding to the One Standard document. The Client Bill of Rights was approved for final approval by the Board. The workplan was reviewed and it was decided that the committee would continue with the 2020-2022 workplan, to be reviewed by the newly constituted committee in May 2022.
	Decisions Requiring March Board Approval: The Client Bill of Rights for posting.

Fitness to Practise

Chair: Neelam Bal

Strategic Priorities: Quality Practice

Workplan 2021/2022	Should a referral be received, ensure fitness to practise processes are discharged in a timely and procedurally fair manner.
	Ensure committee members receive orientation and training annually.

Q1	The Committee received orientation and training together with the Discipline Committee from external legal counsel during Q1.
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Q2	No cases or activity to report.
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Q3	No cases or activity to report.
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Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

Workplan 2021/2022	Alignment and streamlining of Standards 2021/2022 - Standards for Consent, Record Keeping, Psychotherapy under review.
	Culture, Equity, and Justice Document Development and launch.
	Privacy Document Development.
	Coroner's Request – Guidance to OTs about the dangers of sit to stand recliner chairs.

Q1	391 (329) Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	79% (86%)	4% (4%)	17% (10%)	95% (93%)	Record Keeping Jurisdiction Consent	Record Keeping Jurisdiction Students / Provisional Practice	Virtual Services Decision-Making Framework Medical Assistance in Dying
<p>Commentary: <u>Board Decisions:</u> In this quarter, the Board approved the finalized Virtual Services, the Decision-Making Framework and MAID documents, along with the key messages for the development of the new practice document on diversity, equity, and inclusion.</p> <p><u>Practice Activities:</u> Inquiries related to COVID-19 decreased slightly in June and July and increased again in August regarding vaccination. Practice created a Q & A to assist OTs in managing questions from clients about sharing their vaccine status. Calls about jurisdiction and virtual services remain consistent as OTs continue to weigh appropriate delivery options. Practice collaborates with Policy to review Ministry of Health COVID 19 Directives and public health information to understand and communicate any impact to OT practice. Practice provided support to four 2nd year OT students who assisted with the development and revisions to practice documents. <u>Outreach:</u> presented to McMaster 2nd year OT students about the complexities of entering practice.</p> <p>Committee Activities: Practice Subcommittee met by videoconference on <u>July 20, 2021</u>. Practice documents currently under review align with the Subcommittee's approved 2021/2022 workplan.</p> <p>Decisions Requiring Board Approval (Through Executive Committee): N/A.</p>							

Q2	507 (492) Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	83% (79%)	3% (<1.0%)	14% (20%)	96% (96%)	Record Keeping, Jurisdiction, Private Practice	Conflict of Interest, Consent, Ethical Conduct	Culture, Equity and Justice (release scheduled for January 2022).

	<p>Commentary: There has been an increase in practice inquiries related to record keeping, jurisdiction, and starting a private practice. Practice continues to monitor information about COVID 19 and attends the Ministry of Health updates. Practice has been working on incorporating the newly released competencies and culture, equity, and justice language into the Standards as they are reviewed and updated. Practice had 4 students over Q2, ending in Q3. As part of the review for the Standards for Psychotherapy, the College engaged a panel of OTs from across the province who met virtually 3 times to provide insight into the development of the updated document and an accompanying resource. Outreach this quarter focused on presenting foundational information to 1st year students at Toronto, Queen’s, Western, Ottawa, and McMaster Universities.</p>
	<p>Committee Activities: Practice Subcommittee met by videoconference on <u>September 21st, 2021</u>. Practice documents currently under review align with the Subcommittee’s approved 2021/2022 workplan to streamline the Standards of Practice.</p>
	<p>Decisions Requiring Board Approval (Through Executive Committee): Coroner’s Report resource, 2 Professional Committee Appointments, and 1 Reappointment.</p>

Q3	373 (470) Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	84% (81%)	3% (3.1%)	13% (4.6%)	97% (96%)	COVID-19 Jurisdiction Record Keeping	Consent COVID Find an OT	Culture, Equity and Justice in Occupational Therapy Practice 2022 Response to Coroner’s Request: Death from Power Recliner Lift Chairs
	<p>Commentary: The Practice resource continued to field COVID 19 questions stemming from issues related to the Omicron variant. The practice resource monitors the Ministry of Health communications and attends the stakeholder update meetings. Inquiries about providing virtual services across jurisdictions remain consistent. Additional program activities include: 4 OT students completed their fieldwork placement virtually with the College. Practice launched the Culture, Equity, and Justice in Occupational Therapy document. Outreach this quarter included presenting to 2nd year OT students on Record Keeping and consultation with OTs from various practice settings about psychotherapy, consent, and virtual services.</p>						
	<p>Committee Activities: Practice Subcommittee met by videoconference on <u>December 20, 2021</u> and on <u>February 15, 2022</u>. Committee work continued to include the One Standard Project which was also reviewed by both the Indigenous and Equity panels on February 15 and 17, 2022 respectively. Subcommittee provided input into the resource development for the Ontario Coroner’s request about deaths from the use of power recliner lift chairs by individuals with cognitive impairment. Subcommittee approved two new professional subcommittee member appointments and two professional subcommittee member reappointments.</p>						
	<p>Decisions Requiring March Board Approval (Through Executive Committee): One Standard readiness for public consultation, 1 Professional Committee Reappointment.</p>						



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Executive Committee
Subject: Risk Management Report

Recommendation:

THAT the Board receives 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 not be incomplete or inappropriate. The Board has delegated the oversight of the Risk Management Program to the Executive Committee. Executive has reviewed the risks and determined that the report should be forwarded to the Board.

The risk register in its entirety was reviewed by Executive at their June 2021 meeting. (it is a large multi-page excel spreadsheet). The risks that have been categorized as high or critical risks in this quarter are brought forward for review.

Link to Strategic Plan:

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

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.

Discussion & Update:

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

The following high or critical risks have been identified for review in this quarter:

Risk Category	STRATEGIC
Risk:	<p>Regulatory Modernization</p> <p>The Ministry of Health has implemented the yearly collection of a large number of metrics and evidence around various facets of all college operations through the College Performance Measurement Framework (CPMF). The second submission is due March 2022.</p> <p>The government is in the midst of consultations around governance modernization that will restructure Boards and Committees. In addition, the government has also introduced three new possible reporting obligations, that if implemented, will have a tremendous impact on College resources. It was hoped that the CPMF tool might serve as a collective accountability tool, vs adding additional resource intensive measures, and while that feedback has been forwarded to the government, the final determination has not yet been made. Fortunately, the governance restructuring scheme aligns with the work plan developed by the Governance Committee, albeit, the timelines are not yet established by government, should these government proposals be approved.</p>
Control Procedure(s)	<ol style="list-style-type: none"> 1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Governance objective on the strategic plan. 3. New ongoing Governance Committee with plan to align governance structures and processes with best practices. 4. Establishing and sustaining positive government relationships. 5. Collaborating with the Ministry of Health (MOH) on the College Performance Measurement Framework
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. Governance Committee reports at Council Meeting <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Work plan developed to implement any missing processes required by the CPMF. 2. Governance Committee work will help to fulfil some requirements. 3. The College has the updated report template for the CPMF to complete for the 2021 year and is working through the changes, new format, and updated requirements. 4. As part of the enterprise system, performance indicators and requirements that relate to the CPMF have been included.

BOARD MEETING BRIEFING NOTE

Risk Category	QUALITY
Risk:	OTs with competency deficits may be continuing to practice, unchecked by the College, as the Quality Assurance (QA) program is undergoing redesign. The updated National Competencies require QA program tool updating.
Control Procedure(s)	<ol style="list-style-type: none"> 1. The QA program annual tools (SA, PDP and PREP) are operating as usual for 2021-2022. 2. Monitoring of compliance metrics (MyQA) with mandatory annual QA requirements is ongoing. 3. Liability insurance requirements for all OTs being monitored, as a risk mitigation strategy. 4. Complaint mechanism in place, as a risk mitigation strategy. 5. The screening step was piloted in September 2021 with 78 registrants and those selected have peer assessments scheduled from November to May. 6. All competency assessments deferred or delayed from 2020 have been initiated or completed. The deferrals from 2021 selection will be completed in summer / fall 2022. 7. New competency assessment selection process (Step 1) commenced in March 2021. 8. A vendor has been working with the College to assist with competency integration and SA/PDP and Peer Assessment changes. 9. A Project Manager is assisting with the National PREP for competency education and for integration of the new Competencies for Occupational Therapists in Canada (2021), in 2022.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Compliance with mandatory requirements, case reviews by QAC 2. Competency assessment project progress and approval by Quality Assurance Committee 3. Program volumes and committee activity updates are provided through Quarterly Performance Report <p>Action Plan:</p> <ol style="list-style-type: none"> 1. New Competency Assessment screening step pilot was approved by QAC and was completed in September 2021 with 78 registrants (32 deferred). 2. Additional peer assessors were retained to build capacity. More will be hired in early 2022 to meet program needs. 3. Policies relating to the peer assessment process are being reviewed for future updating to reflect program changes.

BOARD MEETING BRIEFING NOTE

Risk Category	OPERATIONAL
Risk:	Enterprise system project development and implementation is underway; however, this project has put extra demands on staff. In addition, turnover on the vendor side have resulted in significant delays to implementation. Leadership of the project is working with the vendor to establish new timelines for deliverables. In addition, we continue to monitor the costs and scale of the project to keep within the projected budget. The pandemic may strain resource availability including both staff and vendors.
Control Procedure(s)	<ol style="list-style-type: none"> 1. Dedicated resources for IT operations 2. Extension of contract with current data base provider. 3. Leadership closely monitoring project progression and developing contingency plans. 4. Project manager closely monitoring and facilitation the progression of the work. 5. Experienced Project manager monitoring and facilitating the mitigation of increasing costs. 6. Additional staff have been retained on a contract basis to alleviate the strain on current staff during development and implementation. This will also help should the pandemic affect staffing levels.
Action Plan & Monitoring Process	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Enterprise-wide System Phase 3, implementation, has been extended into the 2022-23 fiscal year. 2. External project manager in place and work is progressing. We continue to work with the vendor to adjust timelines and work plan. 3. Ongoing financial reserves to be reviewed for development and maintenance of this critical College infrastructure. 4. Additional staff have been retained on a contract basis to alleviate the strain on current staff during development and implementation. This will also help should the pandemic affect staffing levels. 5. Cost containment efforts are underway. 6. The Board will be kept informed as this project progresses.

Risk Category	OPERATIONAL
Risk:	College operations disrupted as a result of a pandemic (i.e., COVID-19) Staff have now been operating at home for over 24 months, and there is some trepidation about any return to the office. The plan is for staff to slowly return to the office in a hybrid model starting April.
Control Procedure(s)	<ol style="list-style-type: none"> 1. Pandemic planning documentation revised and updated 2. Technology in place to support operational functioning remotely 3. College Pandemic task force in place to triage decision-making 4. Staff and Board/committee vaccine policy in place. 5. Policies in place to manage virtual/hybrid work environment and meetings.
Action Plan & Monitoring Process	<p>Monitor through:</p> <ol style="list-style-type: none"> 1. Regular calls with stakeholders and pandemic task force 2. Practice team provides regular updates about challenges experienced on front line to support College priorities and communications 3. Regularly reviewing Ministry directives and guidelines to inform College communications and decisions impacting stakeholders 4. Regular monitoring of Ministry of Health actions through scheduled updates <p>Action Plan:</p> <ol style="list-style-type: none"> 1. Ongoing review and monitoring of legislation to inform decision-making 2. Ongoing discussions regarding registrant challenges to further inform decision-making 3. Documents developed to assist occupational therapists to manage many of the practice changes they are experiencing 4. Plans for COTO office operations complete and will be reviewed prior to re-opening.



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Stamatis Kefalianos, Manager Regulatory Affairs
Subject: College Performance Measurement Framework (CPMF)

Recommendation:

THAT the Board approves the College Performance Measurement Framework report for submission to the Ministry of Health and for publication on the College's website.

Issue:

The Ministry of Health has released its College Performance Measurement Framework for the 2021 reporting year, which sets out expectations and reporting requirements for all health regulatory Colleges. The Board should review this report and make a decision about its approval for submission to the Ministry of Health.

Link to Strategic Plan:

This aligns under Public Confidence:

- 1.1 The public trusts occupational therapy regulation.
- 1.2 The public understands the role of the College and its value.
- 1.4 College decision-making processes are open, transparent, and accountable.
- 1.5 College operations are transparent, effective and efficient in serving and protecting the public interest.

Why this is in the Public Interest:

The Ministry of Health's College Performance Measurement Framework (CPMF) aims to strengthen accountability and oversight of Ontario's health regulatory colleges and to help the colleges improve their performance.

Background:

Launched last year, the Ministry requires all health regulatory Colleges to complete the CPMF report on an annual basis with the aim of assessing how well Colleges are executing their mandate to act in the public interest. For the 2021 reporting year, Colleges are required to post their completed CPMF reports on their respective websites and share them with the Ministry by March 31, 2022.

The CPMF consists of seven domains: Governance, Resources, System Partners, Information Management, Regulatory Policies, Suitability to Practice and Measurement, Reporting and Improvement. These domains relate to colleges' key statutory functions and organizational structures that allow for

BOARD MEETING BRIEFING NOTE

College Performance Measurement Framework (CPMF)

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regulatory excellence. Each Domain is further broken down into separate Standards (performance-based activities that a College is expected to achieve and against which the Colleges are measured).

Colleges are expected to complete the CPMF reporting tool annually and performance will be measured according to benchmarks and best practices.

Discussion:

In the inaugural 2020 College CPMF submission, there were a total of 40 standards in which there were 6 standards where the College marked as “partially met” or “not met” but have now moved to “met the requirement” showing our commitment to improvement.

The Ministry has made several updates to the 2021 version of the CPMF report in response to feedback from Colleges and the CPMF working group. Many of these changes were designed to make the report easier to complete. They include a drop-down menu, bookmarks, and additional interpretive guidance to assist Colleges in providing the statistical information required by the CPMF. In addition, new questions have been added to highlight the Ministry’s three new focus areas: Equity, Diversity, and Inclusion; Risk Management; and Use of Technology. Overall, there are a total of 50 standards against which Colleges are measured.

In preparing the current 2021 submission, the following action items were identified as either being partially or having not met the standard:

Measure/Evidence	Report Page	Requirement (Partially/ Not met)	Action Item
Domain 1: Governance			
3.3 (a) The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced with the organization to support relevant	25	Partially	While the College has accomplished several measures related to DEI in the 2021 reporting year, it will work to create a formal DEI plan. As well, the College will look to also create an Equity Impact Assessment tool to ensure that our policies, practices, and decision-making processes are fair and do not present barriers to any protected group.
3.3 (b) The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory	25	Not met	
Domain 6: Suitability to Practice			
13.1(a) The College’s policy outlining consistent criteria for disclosure and examples of general circumstances and type of information that has been shared between the College and other relevant system partners, within the	50	Partially	College is currently working on developing a written policy to outline the criteria for disclosing information that will be finalized in 2022.

BOARD MEETING BRIEFING NOTE

College Performance Measurement Framework (CPMF)

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legal framework, about concerns with individuals and any results.			
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The Ministry has indicated that, like last year, the purpose of this year's CPMF report is to provide a baseline information respecting a College's activities and processes and, where relevant, the College's performance improvement commitments. At this time, Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF Standards and/or how they are performing in adhering to their mandate. Instead, the Ministry will provide each College with performance feedback (and potentially identify opportunities for improvement), seek opportunities to foster collaboration among Colleges, and draft an overall systems-level report that will be posted on the Ministry's website.

Next Steps:

The College will submit the CPMF to the Ministry by March 31, 2022 and will have the report posted on the College website.

Attachments:

1. 2021 CPMF submission

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

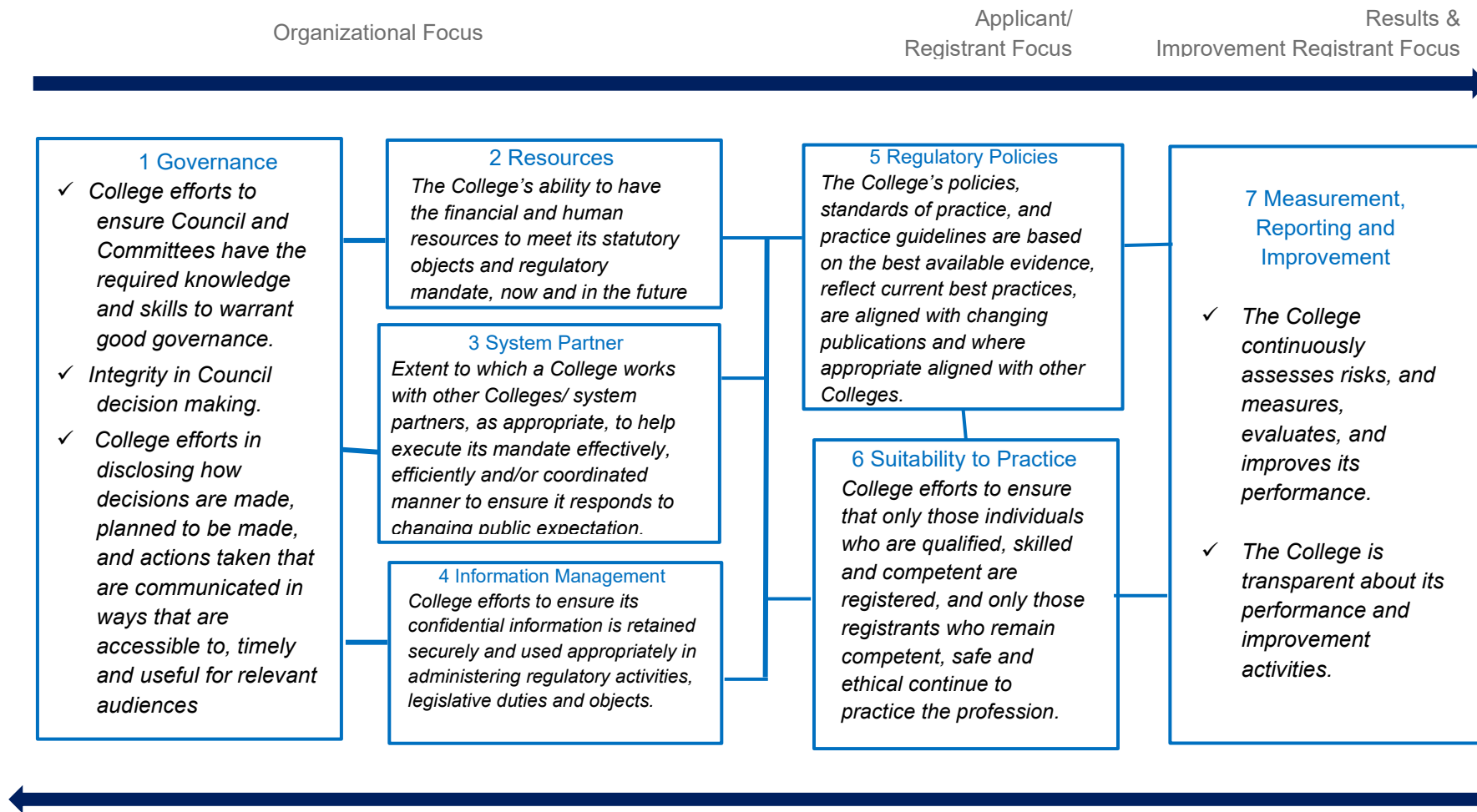


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

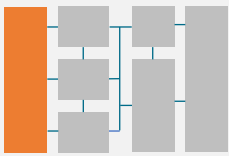
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and 	The College fulfills this requirement: <ul style="list-style-type: none"> • The competency and suitability criteria are public: <i>If yes, please insert a link to where they can be found, if not please list criteria.</i>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (optional):</i>

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. 		
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		
			<i>Additional comments for clarification (optional):</i>		
		b. Statutory Committee candidates have:	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • The competency and suitability criteria are public: • <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> 		

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
		<p><i>Additional comments for clarification (optional):</i></p>		
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	
		<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> Duration of orientation training. Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Please insert a link to the website if training topics are public OR list orientation training topics. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure	
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i>
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

Measure	
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
Required Evidence	College Response
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p>
	<ul style="list-style-type: none"> Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review.
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

		ii. accessible to the public.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> Cooling off period is enforced through: Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; Insert a link to Council meeting where cooling of period has been discussed and decided upon; OR Where not publicly available, please describe briefly cooling off policy. 	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: • Please insert a link to the most recent Council meeting materials that includes the questionnaire. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (if needed)</i></p>		

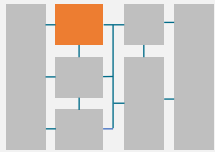
Measure	
3.1 Council decisions are transparent.	
Required Evidence	College Response
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
<i>Additional comments for clarification (optional)</i>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure				
3.2 Information provided by the College is accessible and timely.				
Required Evidence	College Response			
a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px; vertical-align: top;"> <ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. </td> <td style="width: 20%;"></td> </tr> </table>	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 		
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 			
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%;"></td> </tr> </table>			
<i>Additional comments for clarification (optional)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px;"></td> <td style="width: 20%;"></td> </tr> </table>				
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px; vertical-align: top;"> <ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. </td> <td style="width: 20%;"></td> </tr> </table>	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. 		
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. 			

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	
Measure			
3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.			
	Required Evidence	College Response	
	a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	
		<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<p>The College fulfills this requirement:</p>		
			<ul style="list-style-type: none"> Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		



Measure

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Choose an item.

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

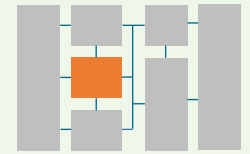
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p>		
			<ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

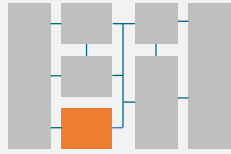


<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*



Measure

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

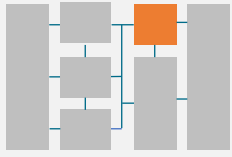
The College fulfills this requirement:

- Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	



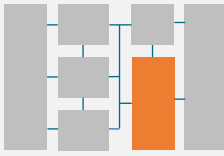
DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Measure	
8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
Required Evidence	College Response
<p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	
c. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement: <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure	
9.3 Registration practices are transparent, objective, impartial, and fair.	
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it:
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>

Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: <i>If not, please provide a brief explanation:</i>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

Measure:	
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .	
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: <i>If yes, please insert link to policy:</i>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public - Employers - Registrants - other stakeholders 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. 	Choose an item.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (if needed)</i>

Measure

11.1 The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

College Response

- a. The different stages of the complaints process and all relevant supports available to complainants are:
 - i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;
 - ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and

The College fulfills this requirement:

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

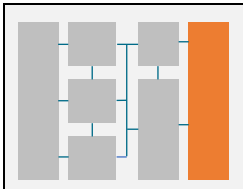
Additional comments for clarification (optional)

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
			<p><i>Additional comments for clarification (optional)</i></p>			
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>			
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p>			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
			<p><i>Additional comments for clarification (optional)</i></p>			

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	
		<ul style="list-style-type: none"> • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	
Measure			
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure 12.1 The College addresses complaints in a right touch manner.			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). 		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
			<i>Additional comments for clarification (optional)</i>		

Measure	
13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:
	<ul style="list-style-type: none"> • Please insert a link to the policy OR please briefly describe the policy. • Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
	Choose an item.
<i>Additional comments for clarification (if needed)</i>	

	<p>Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</p>		
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p>	<p>Required Evidence</p>	<p>College Response</p>
<p>a. Outline the College's KPI's, including a clear rationale for why each is important.</p>		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>
			<p>Choose an item.</p>

Measure	
14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (if needed)</i>
Measure	
14.3 The College regularly reports publicly on its performance.	
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (if needed)</i>

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

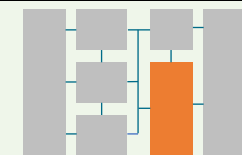
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>
Type of QA/QI activity or assessment:	#	
i. Risk-based selection		
ii. Root Cause Screening Assessment		
iii. Peer and Practice Assessment		
iv. Professional Development Plan (PDP)		
v. Self-Assement (SA)		
vi. Prescribed Regulatory Education Program (PREP)		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

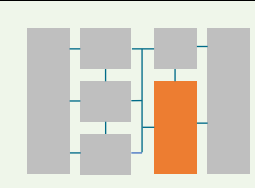
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
	#	%	What does this information tell us? <i>If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 2. Total number of registrants who participated in the QA Program CY 2021			<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.			
<u>NR</u>			
<i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

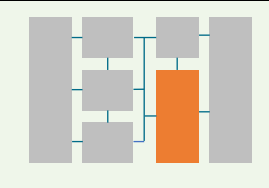
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

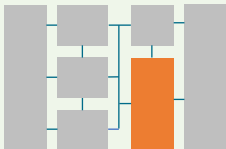
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item.				
<i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care				
V. Intent to Mislead including Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse				
IX. Harassment / Boundary Violations				
X. Unauthorized Practice				
XI. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**		100%		100%

***What does this information tell us?** This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021			<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021			
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>			
<p> ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC. </p>			
<p>Additional comments for clarification (if needed)</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice						
XI.	Other <Privacy concern>						
<p>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2021.</p> <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p>							

Table 7 – Context Measure 11

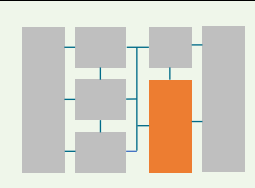
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2021		
II. A Registrar’s investigation in working days in CY 2021		
Disposal		
<i>Additional comments for clarification (if needed)</i>		

Table 8 – Context Measure 12

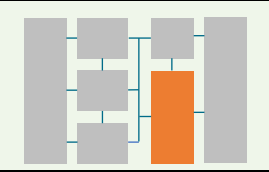
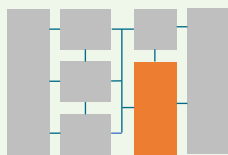
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>
I. An uncontested discipline hearing in working days in CY 2021		
II. A contested discipline hearing in working days in CY 2021		
<p>Disposal Uncontested Discipline Hearing Contested Discipline Hearing</p>		
<p><i>Additional comments for clarification (if needed)</i></p>		

Table 9 – Context Measure 13

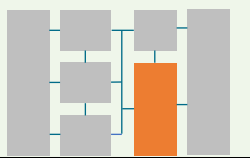
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse		<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i></p>
II. Incompetence		
III. Fail to maintain Standard		
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation		
II. Suspension		
III. Terms, Conditions and Limitations on a Certificate of Registration		
IV. Reprimand		
V. Undertaking		
<i>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</i> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR		
<i>Additional comments for clarification (if needed)</i>		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Seema Singh-Roy, Director, Finance and Corporate Services
Subject: FY21/22 Q3 YTD Financial Report

Recommendation:

THAT the Board receives the FY21/22 Q3 YTD Financial Report as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2021/2022 and advise the Board of any issues.

Link to Strategic Plan:

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

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

Why this is in the Public Interest:

The College has a duty to ensure that it has the financial resources to meet its public protection mandate and to use those resources responsibly.

Background:

This Financial Report contains three sections:

1. Financial Statement Highlights
2. Summary of Statutory Remittances and Filings
3. Financial Statements:
 - **Statement of Financial Position** as at February 28, 2022
 - **Statement of Operations** for the period June 1, 2021, to February 28, 2022
 - **Statement of Reserve Funds** as at February 28, 2022

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at February 28, 2022)

Items to note with respect to the changes to assets includes:

BOARD MEETING BRIEFING NOTE

FY21/22 Q3 YTD Financial Report

Page 2 of 8

- The balance in the investments will not align with the monthly BMO Investment Reports for interim financial reporting as standard audit adjustments (i.e. to recognize accrued interest and to reclassify certain items between cash and investments) are recorded at fiscal year-end. Variances to prior year reflect changes in the investment portfolio, including investments matured and reinvested in June 2021, recognizing the interest reinvested in the balance.
- The decrease in property and equipment year-over-year is due to depreciation from the leasehold improvements and the server. No additions or disposals have taken place this fiscal year.

Items to note with respect to liabilities for the period include:

- Deferred registration fees consist of funds that are collected in one fiscal year but recognized as revenue in the following fiscal year. A portion of the current amount represents the annual renewal fees collected in fiscal year 2020/2021. These funds are applied evenly at a rate of \$1,039,299 per quarter. The next allocation will be at the end of May 2022. The significantly higher balance in this account as compared to the prior year is a result of reinstating the May 31 payment deadline. In the prior year, with the delayed payment options provided, revenue was recognized immediately once received.

The Net Assets section on the Statement of Financial Position reflects the following:

- No additional investments in fixed assets have been made in fiscal year 2021/2022. The decrease in the amount invested in fixed assets is due to depreciation.
- A decrease in the excess of revenues over expenses for the period over the prior year is due to last year's extension of the annual renewal deadline. Instead of smoothing the recognition of deferred registration fees in the prior fiscal year, renewal fees collected were recognized in income immediately.

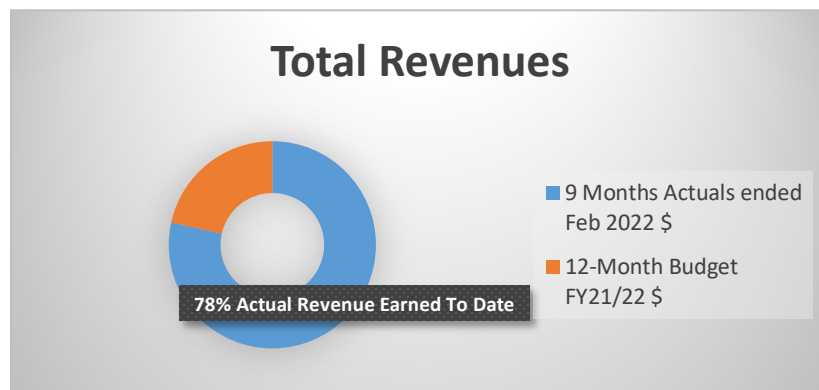
Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2021, to February 28, 2022)

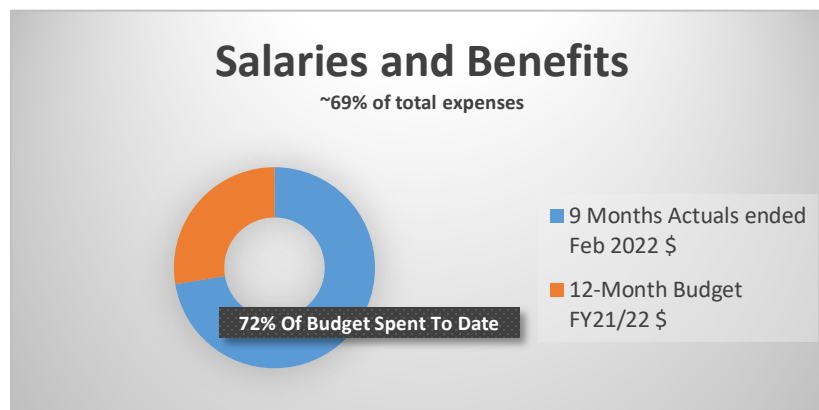
When viewing the following statement, note that a favorable nine-month position is when expenditures are less than 75% or revenues are over 75%.

The excess of revenues over expenses for the period June 1, 2021 to February 28, 2022 is \$287,233. The College's budget projects a deficit for the fiscal year of \$130,419, or, 2.9% of total revenue which will be funded from the unrestricted fund.

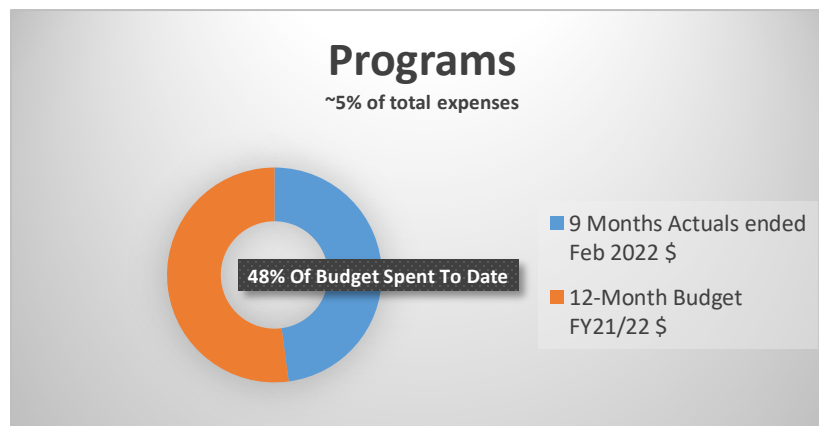
Items to note which make up this variance to the budget are included below:



Total revenues are favourable YTD to budget tracking at 78%; this represents an increase from new and returning applications. Revenue is tracking better than expected.



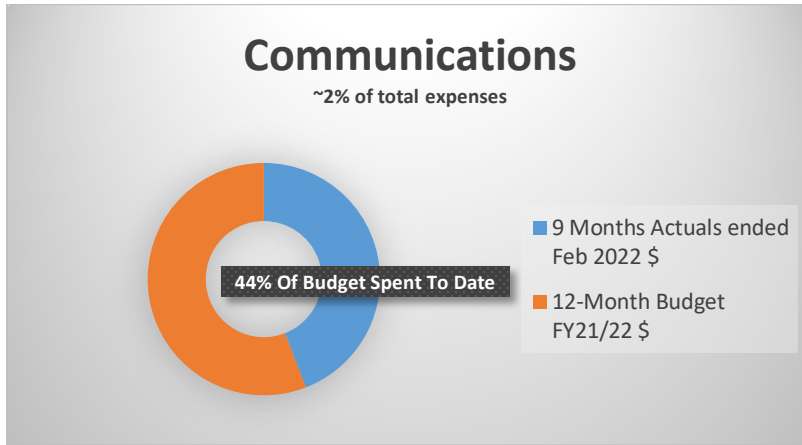
Salaries and Benefits are slightly favourable YTD to budget landing at 72% of the budget spent; this is our largest expense, representing 69% of total expenses. As you can see, any type of increase to this will have a direct impact on our bottom line – requiring a need for either other cost reductions, or, revenue increases to offset.



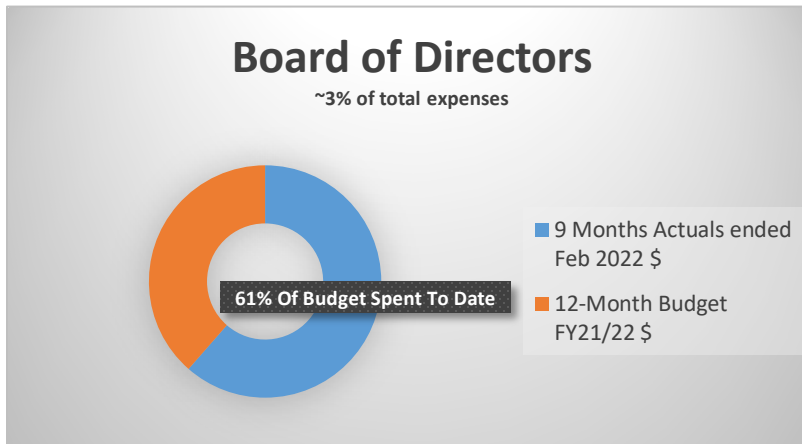
Program expenses are overall favourable to budget:
Investigations and Resolutions: Unfavourable due to increased costs related to two cases that have been referred to the Discipline Committee.
Quality Assurance: Favourable variance as this fiscal year only, the College is collaborating with other provinces to create a National PREP module, the costs for which will be shared among members (approval of the project occurred after the budget was prepared). There is also a delay in expected peer assessment costs which have yet to take place.
Registration: Favourable as the bulk of payment processing fees will occur closer to annual renewal.

BOARD MEETING BRIEFING NOTE

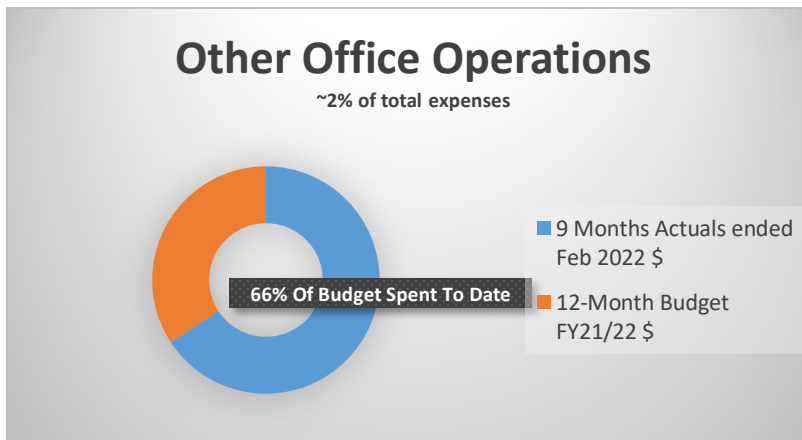
FY21/22 Q3 YTD Financial Report



Communication expenses are currently favourable due to delayed invoicing and timing of other operational projects which have a delayed impact on communications. We do anticipate that costs related to ongoing initiatives and operational projects will increase for the remainder of the year.



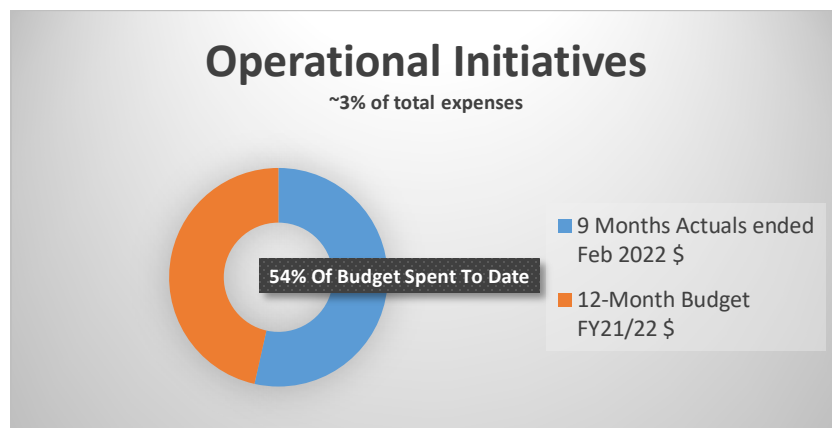
Board of Director expenses are favourable due to the ongoing pandemic. The College continues to operate virtually; the budget considered a decrease in costs due to restrictions in travel in Q1 and Q2; however, the College did budget funds in Q3 and Q4 for travel and accommodations and other return to onsite activities which have not yet occurred.



Other office operation expenses are favourable as the College continued to work remotely through to the end of February 2022. This has resulted in savings from in-office activities.

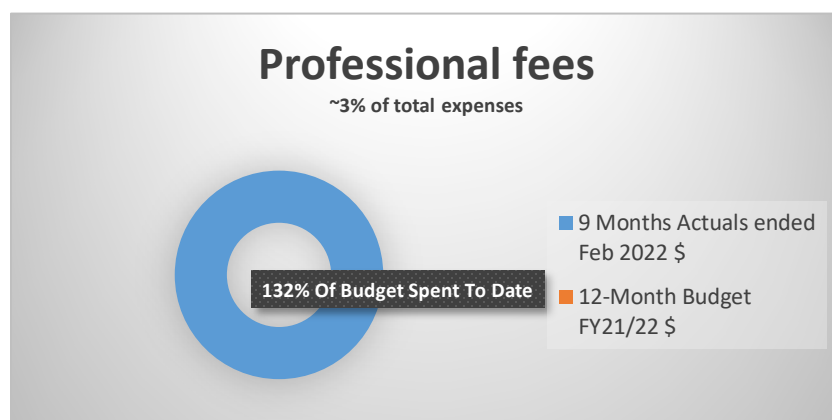
BOARD MEETING BRIEFING NOTE

FY21/22 Q3 YTD Financial Report

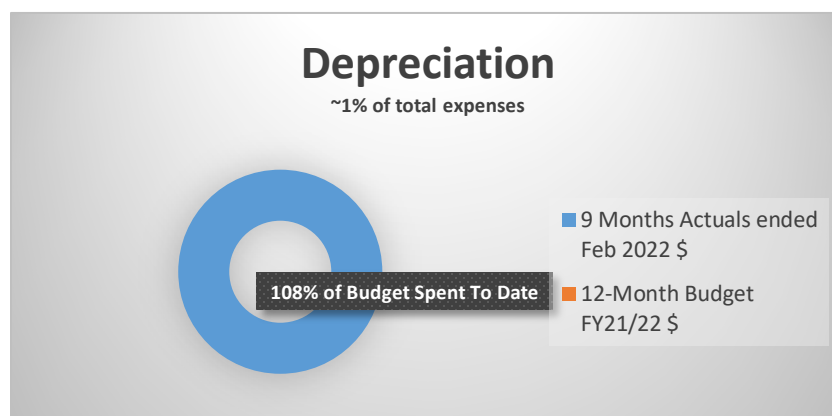


Operational initiatives are favourable mainly due to projects being under budget/delayed through to the end of February 2022:

1. The governance project was completed in-house vs outsourced as planned.
2. National prep costs being shared by other members and still in progress.
3. The One Standard project is under budget and ahead of schedule.
4. DEI – phase 1 complete; phase 2 will likely begin in Q4 with costs arising then, along with our HR Strategy costs.
5. QA initiatives are still ongoing.



Professional fees are unfavourable and this is attributable to increased recruitment costs due to turnover during the year.



Depreciation is unfavourable as additional depreciation for computer equipment and furniture was not budgeted for at the time of budget preparation. This will be an ongoing variance for the remainder of the year.

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at February 28, 2022)

In addition to expenses incurred during the regular course of operations, certain expenditures are made against the designated reserve funds in accordance with approved Council Guidelines for Establishing and Maintaining Reserve Funds. Note that pursuant to approvals made at the last Board meeting, we have now increased the budget for the Enterprise-wide IT System Fund by \$175,125 and combined the Contingency Fund of \$1,600,000 with the Unrestricted Fund.

BOARD MEETING BRIEFING NOTE

FY21/22 Q3 YTD Financial Report

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Through to the end of February, the follow expenses have been incurred:

- \$23,420 for hearings, which is reflected in the Hearings and Independent Medical Exam Fund.
- \$6,400 for Sexual Abuse Fund.
- \$132,346 for the Enterprise-wide IT System fund, which was been incurred for work completed towards the deployment of the College's new Enterprise-wide IT system.
- \$20,376 has been allocated to the Invested in Fixed Assets Fund amount and is reflective of the accumulated depreciation.

Statutory Remittances and Filings:

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

Description	Frequency/Timing	Status
Remittance of payroll withholding taxes (CPP, EI, Income Tax)	Bi-weekly	Up to date
Remittance of CPP on Council per diems	Monthly	Up to date
Remittance of Employer Health Tax	In 2021, the exemption limit of \$1,000,000 was made permanent. This means that payroll over \$1,000,000 will have EHT applied at 1.95% during the calendar year.	Up to date
Filing of Harmonized Sales Tax return (Quarterly)	Monthly Upcoming Filing Due Dates: March 31, 2022 April 30, 2022 May 31, 2022	Up to date
Filing of T4, T4A returns	Annually based on calendar year. Due last day of February.	Up to date
Filing of Corporate Income Tax Return (T2)	Annually based on fiscal year. Due November 30, 2021.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2021.	Up to date

March 24, 2022

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at February 28, 2022

	28-Feb-22	28-Feb-21
	\$	\$
ASSETS		
Current assets		
Cash	1,741,502	1,781,485
Accounts receivable and prepaid expenses	36,977	56,225
Total current assets	1,778,479	1,837,710
Investments	3,459,314	3,403,322
Property and equipment, net of accumulated amortization	234,686	265,126
TOTAL ASSETS	\$ 5,472,479	\$ 5,506,158
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	419,181	172,824
HST payable	(15,970)	-
Deferred registration fees	1,023,891	149,428
Total current liabilities	1,427,102	322,252
Total liabilities	1,427,102	322,252
NET ASSETS		
Reserve funds	1,672,959	3,034,510
Invested in fixed assets	234,686	265,126
Unrestricted	1,850,499	449,910
Excess of revenues over expenses for the period	287,233	1,434,360
Total net assets	4,045,377	5,183,906
TOTAL LIABILITIES AND NET ASSETS	\$ 5,472,479	\$ 5,506,158

**Note* Reserve Funds in the prior year included the Internally Restricted for Contingencies Fund, which, in the current fiscal year, has been grouped together with the Unrestricted Funds.*

BOARD MEETING BRIEFING NOTE

FY21/22 Q3 YTD Financial Report

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**College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
June 2021 to February 2022**

	9 Months Actuals ended Feb 2022 \$	12-Month Budget FY21/22 \$	Percentage of Spend to Budget %
REVENUES			
Registration fees	3,394,643	4,346,081	78%
Application fees	80,420	82,000	98%
Interest & other income	20,653	26,440	78%
TOTAL REVENUES	3,495,716	4,454,521	78%
EXPENSES			
Salaries and benefits	2,211,305	3,055,680	72%
Programs	148,544	310,200	48%
Communications	48,293	109,500	44%
Board of Directors	91,573	149,049	61%
Rent	308,052	437,640	70%
Information technology	123,356	156,411	79%
Other office operations	57,682	87,700	66%
Operational initiatives	98,067	183,240	54%
Professional fees	101,363	76,700	132%
Depreciation	20,248	18,820	108%
TOTAL EXPENSES	3,208,483	4,584,940	70%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	287,233	- 130,419	-220%

STATEMENT OF RESERVE FUNDS			
	Opening Balance Jan 27, 2022 \$	Spent to Date/Change \$	Closing Balance Feb 28, 2022 \$
Hearings and independent medical exam fund	\$ 400,000	(23,420)	376,580
Sexual abuse therapy fund	\$ 25,000	(6,400)	18,600
Premises fund	\$ 800,000	-	800,000
Enterprise wide systems	\$ 610,125	(132,346)	477,779
Invested in fixed assets	\$ 255,062	(20,376)	234,686
Unrestricted	\$ 1,830,123	20,376	1,850,499
Excess of revenues over expenses for the period		287,233	287,233
TOTAL RESERVES	3,920,310	125,067	4,045,377



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Seema Singh-Roy, Director, Finance and Corporate Services
Subject: Investment Portfolio as at February 28, 2022

Recommendation:

This is for information purposes only.

Issue:

Governance Policy RL7 – Investments requires that College investments not be allowed to be unprotected, inadequately maintained, or unnecessarily risked.

Link to Strategic Plan:

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

Why this is in the Public Interest:

The College has a duty to ensure that it has the financial resources to meet its public protection mandate.

Background:

This report summarizes the College's investment portfolio as at February 28, 2022 and is based on the BMO Nesbitt Burns statement as at that date. There are two categories of investments:

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

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at February 28, 2022

Page 2 of 4

The balances in each category are detailed in the chart below:

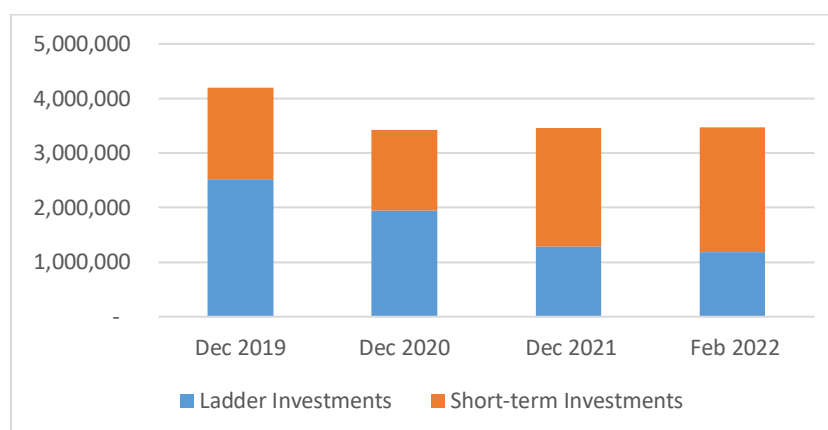
Description	Market Value \$	Maturity Date
Short-term Investments		
Cash	365,137	Investments are considered short-term if they are cashable or are due to mature within 12 months.
Bank of Montreal HISA	1,387,162	
CPN Province of Ontario	64,891	
Canadian Tire Bank GIC	100,000	
Canadian Western Bank GIC	100,000	
CPN Province of Ontario	170,551	
Concentra Bank GIC	97,150	
Total Short-term Investments	2,284,891	
Long-term (Ladder) Investments		
CPN Province of British Columbia	100,768	May-23
CPN Province of Ontario	122,788	Jun-23
Home Trust Company GIC	100,000	Dec-23
BMO Trust Company GIC	100,000	Jan-24
Equitable Bank GIC	40,000	Jan-24
Montreal TR CO of CDA GIC	100,000	Jan-24
Ville De Coaticook Bond	181,762	Feb-24
CPN Province of Ontario	281,162	Jun-25
City of Montreal	103,042	Sep-25
Province of New Brunswick	51,205	Aug-26
Total Long-term Investments	1,180,727	
Total Market Value of Investments	3,465,618	

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at February 28, 2022

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College Investment Portfolio – Historical Trends



Prior Reporting

	Dec 2019	Dec 2020	Dec 2021	Feb 2022
Ladder Investments	2,512,785	1,941,191	1,286,821	1,180,727
Short-term Investments	1,687,267	1,483,751	2,167,912	2,284,891

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

Discussion:

The College's main principle for investments is the preservation of capital. As such, it adheres to investments that are covered by the Canada Deposit Insurance Corp. (CDIC). The CDIC allows for deposit insurance coverage up to \$100,000 for a list of specified accounts and investments.

The College's current investment portfolio is maintained at BMO Nesbitt Burns; however, this provider has access to a limited number of CDIC-insured options for investment by the College. As a result, the College has accumulated investments that have matured in its high interest savings account, which will be reinvested once options become available that also provide an appropriate return on investment.

The College is in the process of opening an account with RBC Dominion Securities to provide additional options for investment. The College will continue to pursue a strategy of laddering the long-term investments and will re-assess the allocation between short-term investments and long-term investments as it continues to refine its financial forecast.

Implications:

The College should be able to reduce its concentration of risk relating to investments with the addition of a second investment manager that broadens investing options.

BOARD MEETING BRIEFING NOTE

Investment Portfolio as at February 28, 2022

Page 4 of 4

Attachments: N/A



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Executive Committee
Subject: Revised Terms of Reference - All College Committees

Recommendation:

THAT the Board approves the revised Terms of References for each Committee of the College.

Issue:

To consider and approve the revisions to the terms of references of all statutory and non-statutory committees.

Link to Strategic Plan:

This aligns under Public Confidence:

- 1.3 College governance is responsive, effective, competency-based and accountable.
- 1.4 College decision-making processes are open, transparent, and accountable.

Why this is in the Public Interest:

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

Background:

At the Board meeting on January 27, 2022, it was decided that the Executive Committee will oversee the risk management program of the College, including assigning specific risks to other committee for further work as needed. This responsibility was previously held by the Finance, Audit and Risk Committee. In addition, competencies for each committee are now added as part of the College's governance developments. Finally, the process for committee appointments was revised at the January 2022 Board meeting. It is appropriate to now adjust the terms of references to reflect these changes.

Discussion:

It is considered governance best practice that organizations review all terms of reference of the various College committees annually to ensure relevancy, consistency, and clarity of roles and mandates of each committee.

BOARD MEETING BRIEFING NOTE

Revised Terms of Reference - All College Committees

Page 2 of 2

In 2021, the Board approved the creation of two Board committees – Governance and the Finance, Audit and Risk Committee. New terms of references were created, and the existing Executive Committee’s duties and responsibilities were modified to reflect the change of responsibilities.

Besides revising the roles and responsibilities of the College Board committees (Executive and the renamed Finance and Audit Committee), additional changes proposed to the College’s committees’ terms of reference include adding the individual Committee competencies (composition matrix) that the Board approved last June. As well, general housekeeping changes were also made to reflect the current governance process, as well as removing any non-gender-neutral language and delegating risk, as appropriate, to the other Committees.

Attachments:

1. Revised terms of references for all College committees



Policy Type:	Governance Process
Policy Title:	Terms of Reference – Inquiries, Complaints and Reports Committee
Reference:	GP10a
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2014, June 2017, June 2020, <u>March 2022</u>
Date Reviewed:	

Committee Category

Statutory

Mandate

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

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Advise the Board on the development and maintenance of policies and procedures governing the inquiries, complaints and reports processes;
- By way of panels appointed by the ICRC Chair, investigate complaints, review the submissions from the member(s), make reasonable efforts to ensure a thorough investigation has occurred and take appropriate action in accordance with the requirements of the Code;
- Dispose of complaints where possible, within the timeframes allowed in the Act;
- By way of panels appointed by the ICRC Chair, consider Reports submitted by the Registrar, review the submissions from the member(s), make reasonable efforts to ensure that all relevant information has been obtained and take appropriate action in accordance with section 26 of the Code;
- By way of panels appointed by the ICRC Chair, inquire into whether a member is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code;



- To consider the need for interim orders and emergency appointments of an investigator where required;
- To issue to the parties a written decision with reasons (with certain statutory exceptions);
- To issue to the parties a notice of the right to request a review of the decision through the Health Professions Appeal and Review Board (for complaint matters only);
- To consider the feedback provided, where available, from the Health Professions Appeal and Review Board as related to complaint decisions of the ICRC;
- Develop amendments to the Professional Misconduct Regulation, for approval by the Board and the Ministry of Health; ~~and,~~
- Recommend material to be posted publicly in compliance with legislation and transparency principles; ~~and,~~
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. Four Professional Committee Appointees and;
- d. At the discretion of the Board, one Community Appointee.

An ICRC panel must be composed of at least three (3) Committee members, at least one (1) of whom must be a Public Director.

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Inquiries, Complaints and Reports Committee, will 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.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Health care terminology



- Know and understand the common terminology, acronyms and phrases used in health care.

Term of Office

Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by the Board. Directors are appointed annually by ~~the~~ the Board, Executive Committee.

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the ICRC is a Director appointed annually by the ~~Executive Committee~~ 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 ~~his or her~~ 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 Code or the College bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

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

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

Reporting

The Committee shall provide a report of its activities at every 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 in the public interest, and not to represent the views of advocacy or special interest groups.

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



Committee Records

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

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Discipline Committee
Reference:	GP10b
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, October 2014, June 2017, June 2020, <u>March 2022</u>
Date Reviewed:	

Committee Category

Statutory

Mandate

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

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

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



- To make orders excluding the public from a hearing or a part of a hearing in accordance with the circumstances defined in section 45 of the Code;
- To make orders preventing public disclosure of matters discussed at the hearing in accordance with section 45 of the Code;
- To, upon request of a witness in a sexual abuse case, make an order that no person shall publish the identity of the witness in accordance with section 47 of the Code;
- To, when a registrant has been found to have committed an act of professional misconduct or to be incompetent, make an order(s) for penalty or costs in accordance with section 51, 52, 53 and 53.1 of the Code;
- To have written decisions and reasons and ensure that the findings of a hearing are made public;
- To review and approve the Rules of Procedures of the Committee; and,
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and
- d. At the discretion of the Board, one Community Appointee.

Panels

Panels may be selected by the Chair to consider alleged registrant professional misconduct and incompetence referred to it by the ICRC. In accordance with the Code, panels shall be composed of at least three (3) members, at least two (2) of whom shall be Public Directors and at least one (1) of whom shall be a Director.

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

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

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Discipline Committee, will 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.



Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Adjudication and hearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

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

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the Discipline Committee is a Director appointed by the ~~Executive Committee~~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 his or her~~ chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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

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

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



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

Reporting

The Committee shall provide a report of its activities at every 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 in the public interest, and not to represent the views of advocacy or special interest groups.

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

Committee Records

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

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Registration Committee
Reference:	GP10c
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017, June 2020, <u>March 2022</u>
Date Reviewed:	

Committee Category

Statutory

Mandate

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

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



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

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one 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 Registration Committee, will 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.

Occupational Therapy Practice

- Familiarity with occupational therapy practice and domains of practice (clinical, education, research, and administration).

Education/Examinations



- Knowledge and experience with the development and administration of education programs and examinations

Registration Processes/Requirements

- Understand the process, procedures and requirements that underpin registration and renewal at the College and be able to evaluate information to determine eligibility.

International Health Professional/Graduate

- Understand the process for becoming a health professional in Canada with foreign credentials, or ideally have experience in navigating that process.

Term of Office

Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by the Board. Directors are appointed annually by the ~~Executive Committee~~ Board.

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the Registration Committee is a Director appointed annually by the ~~Executive Committee~~ 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 his or her~~ chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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

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

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

Reporting

The Committee shall provide a report of its activities at every 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 Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained ~~at~~by the College~~-office~~.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Executive Committee
Reference:	GP10d
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2015, June 2017, March 2020 June 2020, January 2021, <u>March 2022</u>
Date Reviewed:	

Committee Category:

Statutory

Mandate

The Executive Committee of the Board of Directors of the College of Occupational Therapists of Ontario (the “Board”) is established to act on behalf of Board when immediate action is required.

Accountability and Authority

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

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

Risk Management

- a) Leads the Board’s oversight of the College’s risk management framework;
- b) Oversees the College’s risk register on the management of material risk to the College. This includes financial, operational, legal, reputational or any other material risk to the College and evaluates risk mitigation strategies and activities;
- c) Reviews the College’s risk management controls and policies and seeks input and assistance from other Committees as appropriate; and,
- d) Reviews the appropriateness of the insurance coverage maintained by the College



Other Duties and Responsibilities

- Monitoring proper operations of the College in cooperation with the Registrar;
- Exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board;
- Review and approve the agenda for Board meetings, as prepared by the Registrar, for clarity and priority, identify items for which Board meetings may be closed to observers in accordance with s. 7(2) of the Health Professions Procedural Code and recommend closure, with rationale, to the Board;
- Review selected briefing materials for the Board for clarity, comprehensiveness, and planning;
- Call special meetings of the Board;
- Provide guidance and support to the Registrar;
- **Review and recommend to the Board the appointments of members to the Governance Committee;**
- Conducting the evaluation of the Registrar's performance in accordance with agreed upon strategic priorities and review and decide on compensation;
- Regularly reviewing, considering and making recommendations to the Board for changes to applicable legislation, regulations, College bylaws, policies, strategic goals, programs, Rules of Procedure, standards and guidelines, that fall within the scope and purpose of the Committee; and,
- Performing such other duties and tasks as assigned to the Committee by the Board or as authorized under the Code.

Composition of Committee

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

- a. two Elected Directors; and,
- b. two Public Directors

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals chosen by the Board to join the Executive Committee, will 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.

Term of Office

The Committee shall be elected annually by the Board.

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the Executive Committee shall be the Chair of 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 his or her~~ chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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

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

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

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

Reporting

The Committee shall provide a report of its activities at every 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 Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained ~~at-by~~ the College-office.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Fitness to Practise Committee
Reference:	GP10e
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017, June 2020, <u>March 2022</u>
Date Reviewed:	

Committee Category

Statutory

Mandate

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

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

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



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

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one Community Appointee.

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

Panels

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

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

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Fitness to Practise Committee, will 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.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Adjudication and hearing

- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, and an understanding of administrative law principles and procedural fairness.



Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by Board. Directors are appointed annually by the ~~Executive Committee~~ Board.

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the Fitness to Practise Committee is a Director appointed annually by the ~~Executive Committee~~ 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 his or her~~ chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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

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

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

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

Reporting

The Committee shall provide a report of its activities at every 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 in the public interest, and not to represent the views of advocacy or special interest groups.

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

Committee Records

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

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Quality Assurance Committee
Reference:	GP10f
Date Prepared:	December 2009
Date Revised:	March 2010, October 2012, June 2014, June 2017, June 2020, May 2021 <u>March 2022</u>
Date Reviewed:	

Committee Category

Statutory

Mandate

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

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

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



- Establish such policies and procedures necessary to administer the Program;
- Appoint and arrange for the training of assessors for the purposes of the Program;
- Receive and review reports from assessors for members that have been assessed and take such action as is, in the opinion of the Committee, permitted under section 80.2 of the Code to ensure the continued competence of the member;
- Disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Committee is of the opinion that the member may have committed an act of professional misconduct, or may be incompetent or incapacitated (Code, s. 80.2(1)(4)); ~~and~~,
- Develop amendments to regulations of the Act, for approval by Board and the Ministry of Health; and,-
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee *shall* be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one or more 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 Quality Assurance Committee, will 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.

Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.



Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

Professional Committee and Community Appointees are appointed *for* a maximum of two (2) three (3)-year terms. Directors are appointed annually by the ~~Executive Committee~~ Board.

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the Committee is a member of the Board appointed by the ~~Executive Committee~~ 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 his or her chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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

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

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

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

Reporting

The Committee shall provide a report of its activities at every 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 Chair *shall* ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained ~~at-by~~ the College-office.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are *especially* stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Patient Relations Committee
Reference:	GP10g
Date Prepared:	December 2009
Date Revised:	March 2010, October 2014, June 2017, June 2020, <u>March 2022</u>
Date Reviewed:	

Committee Category

Statutory

Mandate

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

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



- Processing any requests for funding in a timely manner.
- Bring recommendations to the Board, as required, on associated policies/measures that will assist in avoiding or controlling risks.

Composition of Committee

The Committee shall be composed of at least:

- a. Two Elected Directors;
- b. Two Public Directors;
- c. One Professional Committee Appointee; and,
- d. At the discretion of the Board, one 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 Patient Relations Committee, will 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.

Standards and Professional Ethics

- Knowledge and experience of the standards of practice and professional ethics that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Lived healthcare experience

- Significant personal experience or experience caring for someone with health challenges or maneuvering through the health care system.

Term of Office

Professional Committee and Community Appointees are appointed for a maximum of two (2), three (3)-year terms by the Board. Directors are appointed annually by the ~~Executive Committee~~ Board.

Meetings

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

Quorum

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



Selection of the Chair

The Chair of the Patient Relations Committee is a member of the Board appointed by the ~~Executive Committee~~ 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 his or her~~ chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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

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

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

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

Reporting

The Committee shall provide a report of its activities at every 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 Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained ~~at by~~ the College ~~office~~.

Confidentiality

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



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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.



Policy Type:	Governance Process
Policy Title:	Terms of Reference – Quality Assurance Subcommittee
Reference:	GP10h
Date Prepared:	January 2004
Date Revised:	June 2004, January 2019, June 2020, March 2022
Date Reviewed:	

Committee Category

Non-Statutory

Mandate

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

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



Composition of Committee

The Committee shall be composed of at least:

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

~~Additional attributes:~~

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

Composition Matrix

In addition to the attributes and diverse perspectives in the Board Competency Framework, the individuals appointed by the Board to join the Quality Assurance Subcommittee, will 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.

Quality Improvement

- Experience and understanding of the quality assurance and quality improvement programs and assessments in health care. Experience and knowledge in developing tools that support continuous improvement.

Research and Analytical Skills

- Experience providing evidence-based research to support a project or initiative.

Standards and Scope of Practice

- Understand the standards, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Writing/Editing

- Experience in professional and academic writing and editing.

Additional attributes:



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

Term of Office

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

Meetings

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

Quorum

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

Selection of the Chair

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

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

Voting

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

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

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

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

Reporting

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



Conflict of Interest

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

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

Committee Records

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

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee is especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Practice Subcommittee
Reference:	GP10i
Date Prepared:	
Date Revised:	June 2017, June 2020, <u>March 2022</u>
Date Reviewed:	

Committee Category

Non-Statutory

Mandate

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

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

Composition of Committee

The Committee shall be composed of at least:

- a. One member of the Executive Committee;
- b. One Elected Director; and,
- c. Four to six Professional Committee Appointees, representing a cross section of current OT practice



Composition Matrix

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

Standards and Scope of Practice

- Understands the standards of practice, competencies, and scope of practice that guide occupational therapy practice in Ontario and be able to determine where a breach or potential breach might occur.

Systems Perspective

- Knowledge of the health care system, as well as practice and industry specific understanding. For example, models of care, scope of OT practice in practice settings, practice overlap, including diverse experience with, for example, other health professions, health care employers and various practice roles.

Writing/Editing

- Experience in professional and academic writing and editing.

Term of Office

Professional Committee Appointees are appointed for a maximum of two (2), three (3)-year terms by the Board. Directors are appointed annually by the ~~Executive Committee~~ Board.

Meetings

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

Quorum

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

Selection of the Chair

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

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

Voting

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



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

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

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

Reporting

The Committee shall provide a report of its activities at every 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 Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained ~~at-by~~ the College ~~office~~.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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, <u>March 2022</u>
Date Reviewed:	June 2017

Committee Category

Non-Statutory

Mandate

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

Accountability and Authority

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

Limitations

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

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Calling for nominations;
- Reviewing the 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. Where possible, one member who is an Elected Director and one Public Director;
- b. at least two Directors who are retiring from the Board; or,
- c. if fewer than two members of the Board are retiring, then the Committee shall include one or two Directors who do not intend to stand for election as an officer.



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 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.

Term of Office

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

Meetings

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

Quorum

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

Selection of the Chair

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

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

Voting

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

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

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

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



Reporting

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

Conflict of Interest

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

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

Committee Records

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

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 – Governance Committee
Reference:	GP10k
Date Prepared:	March 2020
Date Revised:	June 2020, January 2021, <u>March 2022</u>
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 the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

- Review all governance policies and processes and recommend to 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;
- Establishing and administering a process for assessing the effectiveness of the Board, and its Committees, and make recommendations to the Board;
- ~~Review and recommend to the Board the appointments of Chairs and members to the respective statutory and non-statutory committees; *(to be implemented in April 2022)*~~
- Initiating and holding an inquiry should there be reasonable grounds to doubt or dispute the validity of the election of any Director to the Board; ~~and,~~
- ~~Oversee the process involving a potential sanction or disqualification of an Elected Director, or Professional or Community Appointee in accordance of the College bylaws; and,-~~



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

Composition of Committee

The Governance Committee shall be composed of three Board Directors and one member of the Executive Committee and is constituted by:

- a. two Elected Directors
- b. two Public Directors; and
- c. At the discretion of the Board, one 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 Governance Committee, will demonstrate the following competencies:

Governance expertise

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

Term of Office

Committee members shall be appointed annually by the Board. Community Appointees are appointed for a maximum of two terms, of up to three years each, by the Board.

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the Governance Committee is to be appointed annually by the ~~Executive Committee 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 his or her~~ chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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



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

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

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

Reporting

The Committee shall provide a report of its activities at every 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 Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained ~~in-by the~~ College records.

Confidentiality

Members of the Committee will have access to highly sensitive and confidential information which they must keep in the strictest confidence. It is understood that the duty of confidentiality for members of this Committee are especially stringent. Members of the Committee shall not discuss with anyone any information that the Committee considers, even in a general nature, except for the purposes of providing the annual report to 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 and Risk Committee
Reference:	GP10L
Date Prepared:	January 2021
Date Revised:	<u>March 2022</u>
Date Reviewed:	

Committee Category

Non-statutory

Mandate

The Finance, ~~and~~ Audit ~~and Risk~~ 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, ~~and risk management~~.

Accountability and Authority

The Finance, ~~and~~ Audit ~~and Risk~~ 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 the authority, and fulfill the duties and responsibilities authorized by these Terms of Reference.

Duties and Responsibilities

The Committee shall be responsible for the following activities:

Financial Planning and Reporting

The Committee:

- a) Analyses each financial plan and annual budget submitted by the Registrar;
- 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 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 provides the Board on a timely basis 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, 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:



- Over financial reporting and information technology; and
 - 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.
- ~~a) Leads the Board's oversight of the College's risk management framework;~~
- ~~b) Oversees the College's risk register on the management of material risk to the College. This includes financial, operational, legal, reputational or any other material risk to the College and evaluates risk mitigation strategies and activities;~~
- ~~c) Reviews the College's risk management controls and policies and seeks input and assistance from other Committees as appropriate; and~~
- ~~d) Reviews the appropriateness of the insurance coverage maintained by the College~~

Composition of Committee

The Finance, and Audit ~~and Risk~~ Committee shall be composed of three Board Directors and one member of the Executive Committee and is constituted by at least:

- a) Two Elected Directors



- b) Two Public Directors
- c) At the discretion of the Board, one 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 Finance and Audit Committee, will 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

Committee members shall be appointed annually by the Board. Community Appointees are appointed for a maximum of two terms, of up to three years each, by the Board.

Meetings

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

Quorum

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

Selection of the Chair

The Chair of the Finance, Audit and Risk 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 his or her~~ chairing duties, the Committee shall then select an acting Chair to preside at the meeting from among its members.

Voting

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

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



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

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

Reporting

The Committee shall provide a report 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 Chair shall ensure that accurate minutes of all Committee meetings and proceedings are recorded, approved and maintained by the in College ~~records~~.

Confidentiality

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



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Elinor Larney, Registrar
Subject: District 1 Elections

Recommendation:

This is for information purposes only.

Issue:

The College held elections in District 1 (Toronto and Area) this year and this is a report of the outcome.

Link to Strategic Plan:

1.3 College governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

As outlined in the OT Act, the College is required to hold elections to ensure that the Board can perform its duties to protect the public.

Background:

The College held elections this year in District 1 (Toronto and area). The election was conducted using an electronic process for nominations and elections. Six individuals put forward their candidacy and were included on the ballot. Eligible voters were required to vote for three candidates and therefore, the percentages do not add up to 100.

Discussion:

The elections processes went smoothly and there were no concerns. There were numerous email reminders to encourage voter participation. The nomination and election processes were also promoted on LinkedIn and Twitter. Despite all the promotion, there was a 1.84% decrease in the voter turnout compared to the 2019 election.

Year	2016	2019	2022
Voter Number	502	478	429
% turnout	17.88%	15.54%	13.7%

BOARD MEETING BRIEFING NOTE

District 1 Elections

Page 2 of 2

Implications:

The College is welcoming two new Professional Members to our Board, starting with the meeting to elect the new Executive. Voter turnout continues to decrease, adding to the evidence that competency-based appointments may be an acceptable development in the future.

Attachments:

1. Official Poll Results



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

Poll Result

College of Occupational Therapists of Ontario District 1- Central East (Toronto and area) Board Elections

Report date: Thursday 03 March 2022 14:05 EST

College of Occupational Therapists of Ontario District 1- Central East (Toronto and area) Board Elections

Poll ID: 171684

As at Poll close: Thursday 03 March 2022 14:00 EST

Number of voters: 429 · Group size: 3123 · Percentage voted: 13.74

Vote counting method: V1 FPTP (first-past-the-post)

Ranked by votes

Rank	Candidate ID	Candidate	Votes	%
1	16127193	Neelam Bal	327	76.22
2	16127207	Elizabeth Gartner	292	68.07
3	16127203	Sarah Milton	193	44.99
4	16127187	Susan Cherian-Joseph	191	44.52
5	16127194	Bushra Bayan	163	38.00
6	16127192	Boris Potoyants	121	28.21

Results generated by [BigPulse Online Voting](#)



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Executive Committee
Subject: Change of Title for Registrar

Recommendation:

THAT the official job title for the Registrar be changed to CEO and Registrar.

Issue:

Executive Committee has discussed it and feels it is appropriate to update the job title for the Registrar to include CEO.

Link to Strategic Plan:

The section related to public confidence links this change to the strategic change.

- 1.1 The public trusts occupational therapy regulation.
- 1.2 The public understands the role of the College and its value.
- 1.3 College governance is responsive, effective, competency-based and accountable

Why this is in the Public Interest:

Ensuring that the college is governed effectively is in the public interest. Having clear roles between the Board and its primary employer ensures the focus of work is appropriate.

Background:

The title 'Registrar' is a role outlined in the Regulated Professions Act and this has been in place at the College since its inception in 1991. Since that time, many colleges have added the title CEO (Chief Executive Officer) to both modernize and to signal the difference in roles between the board and staff. The college has worked hard over the years to move to a policy governance model and now to a modernized governance structure to align with best practices and evolution in organizational thinking. When the Governance and Executive Committees met to discuss the proposals by the Ministry of Health for governance reform of colleges, it was noted that, in addition to the proposals outlining the name changes from Council to Board, there was a notation to change the title of the Registrar to CEO. A discussion ensued and Executive agreed to discuss it at their next meeting.

BOARD MEETING BRIEFING NOTE

Change of Title for Registrar

Page 2 of 2

Discussion:

A quick environmental scan reveals that there are many colleges in Ontario: Physicians and Surgeons, Dentists, Massage Therapists, Traditional Chinese Medicine and Acupuncture, Dental Hygienists and other OT regulators in Canada – BC and Alberta that already have moved to this title change.

Implications:

If the Board agrees to update the job title for the Registrar, to CEO and Registrar, the bylaws will need to be updated at some point to reflect this change. As this title change does not affect any current job duties, the job description will have a title change.

Attachment: N/A



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Executive Committee
Subject: Strategic Planning

Recommendation:

THAT the Board approves an extension of the current strategic plan for an additional year.

Issue:

If the College follows its normal cycle, a strategic planning exercise should take place in October 2022, for a plan that will take effect in June 2023, to May 2026. The Executive Committee is charged with facilitating this process on behalf of the Board, although it is the Board's responsibility to ensure that a strategic plan is in place. The Executive Committee discussed whether or not to hold a new strategic planning process this fall and has recommended that the current plan be extended for one more year.

Link to Strategic Plan:

Relates to the overall strategic plan.

Why this is in the Public Interest:

Ensuring that the College has a plan to continue to move forward in its public protection mandate is in the public interest.

Background:

The current strategic plan has one more year, ending in May 2023 and staff are making operational plans through to the end of May 2023.

Typically, Executive determines what the strategic planning process will be and communicates this to the Board. In the past, the College has obtained the services of a strategic planning consultant who conducts an environmental scan, speaks with key stakeholders, including board members and staff, and holds a forum one day prior to the board meeting in October. At this forum, key priorities are determined with draft objectives. In January, the final plan is brought forward for Board approval. Staff then use the strategic plan to develop operational objectives that would commence in June, in this case June 2023. The usual plan is for a three-year cycle.

Discussion:

Executive discussed several considerations in making a recommendation to the Board. First, with the recent consultation request from the Ministry of Health, there are possible large-scale governance changes with unknown timelines that will impact all areas of the college. Is this the right time to do a strategic plan? We may know more by October, and this may unfold conveniently. However, we will not

want to take on too many new directions when we will need to focus on legislative changes. Also, while the College has been forging ahead with the current strategic plan, we have done this in the midst of a pandemic, so initiatives have been impacted. In addition, the Enterprise system project has taken up a lot of time, limiting staff time for initiatives. Alternately, the plan will be three years old and may need a relook or refresh. It may be decided that completing strategic planning in the midst of turmoil is exactly the right time to set the direction for the College in responding to all the changes.

There were several options available that were considered:

1. Proceed with the full strategic planning process, issue a Request for Proposals to several Strategic Planning consultants, select the consultant in early spring and proceed with the forum in October.
2. Use the same consultant as the last strategic plan and carry on with the process above.
3. Do a briefer review and update of the current plan and extend it for a year or two.
4. Extend the current plan for one year.

Following discussion, Executive decided to recommend to the Board that the College continue with its current strategic plan for an additional year. The current plan continues to be relevant and is guiding priorities for staff. In addition, should the initiatives from the Ministry of Health related to the recent consultation be enacted, staff will have the space to work on them. These Ministry initiatives would already align with current strategic priorities. Finally, this will give staff more time to implement initiatives within the current strategic plan that have been impacted by the pandemic, the work from home situation and the impact of the Enterprise System implementation.

Implications:

If the Board decides to pursue a new strategic plan, work will start on this immediately and the process will be included in the budget.

Attachments:

1. 2020-2023 Strategic Plan



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

We are always guided by our Vision, Mission and Values

Vision: *Excellence in regulatory leadership*

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

Values: *Anchored in our values and commitments:*

Partnering for quality

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

Maintaining trust and confidence

We are fair, open and responsive. We are proactive.

We hold ourselves accountable for our decisions and actions.

Treating everyone with dignity and respect

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

We respect and support equity, diversity and inclusion.

1. Public Confidence

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



- 1.3.3 Training and education support effective governance.
- 1.4 College decision-making processes are open, transparent, and accountable.
 - 1.4.1 The public understands how College decisions are made in the public interest.
 - 1.4.2 Decision-making processes are available and accessible to the public.
- 1.5 College operations are transparent, effective and efficient in serving and protecting the public interest:
 - 1.5.1 College operations are optimized through collaboration and through responsible stewardship of resources.
 - 1.5.2 Principles of risk management are applied to policy and program decision-making.
- 2. Qualified Registrants**
 - 2.1 Entry to practice requirements and processes are effective for ensuring qualified practitioners.
 - 2.2 Decisions about registrants are transparent and accessible.
 - 2.3 The public register provides accurate information about current or former registrants.
 - 2.3.1 The College communicates the importance of visiting the public register for accurate information.
- 3. Quality Practice**
 - 3.1 Occupational therapists are competent, practice safely, effectively and are accountable.
 - 3.1.1 Occupational therapists are competent and adhere to high professional expectations including essential competencies and standards of practice.
 - 3.1.2 Occupational therapists at risk of falling below the professional standard are identified through quality assurance measures and action is taken.
 - 3.2 College complaints and discipline processes are effective, fair and accessible to the public.
 - 3.2.1 Appropriate action is taken to mitigate risks to public protection
 - 3.2.2 Mechanisms are in place to identify practitioners who have acted, or are at a higher risk of acting incompetently, unsafely, or unethically.
 - 3.3 The College engages occupational therapists to advance quality practice.
 - 3.4 Professional standards are up-to-date and reflect evolving practice.
 - 3.4.1 Professional standards focus on patient-centered care and patient safety.
 - 3.5 Educational programs and outreach support continuous quality improvement
- 4. System Impact**
 - 4.1 The College is a collaborative, effective regulatory leader
 - 4.1.1 The College provides input to government priorities and legislative initiatives to inform health planning.
 - 4.2 Collaboration supports the College's effectiveness and impact as a regulator.
 - 4.3 Collaboration promotes systems alignment to support quality practice by occupational therapists.

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



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Executive Committee
Subject: Professional Committee Reappointment - Practice Subcommittee

Recommendation:

THAT the Board approves the reappointment of Leona Pereira to the Practice Subcommittee for a second three-year term commencing on June 14, 2022.

Issue:

Leona Pereira was initially appointed to the Practice Subcommittee as a Professional Committee Appointee on June 15, 2019, for a three-year term ending June 14, 2022. Leona is eligible for reappointment for one additional three-year term and has expressed interest in being reappointed.

Link to Strategic Plan:

Seeking the knowledge and expertise from the Practice Subcommittee links directly to the third Strategic Priority of Quality practice:

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

1.3 College governance is responsive, effective, competency-based, and accountable.

Why this is in the Public Interest:

This subcommittee provides a unique professional lens thereby strengthening the College's delivery of its public protection mandate and enhancing public confidence in the regulation occupational therapists. Members of the Practice Subcommittee provide insights about evolving occupational therapy practice. The College can be responsive to changes in the current practice environment, providing resources and guidance to ensure clients are the recipients of safe, ethical and competent occupational therapy services.

Background:

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

Leona has over 10 years of experience as an Occupational Therapist. She has a diverse background in clinical practice with experiences in rehabilitation, home and community care services, and assisting with COVID 19 coordination in District 1. She is currently working in a non-clinical role using her experience to support occupational therapy service delivery at a systems level.

BOARD MEETING BRIEFING NOTE

Professional Committee Reappointment - Practice Subcommittee

Page 2 of 2

Discussion:

During her first term, Leona's contributions were thoughtful and well received by Practice Subcommittee. Her frontline practice experience and knowledge has been valuable to the work of the Practice Subcommittee. Reappointing Leona will enable continuity with the current work underway and support the overall effectiveness of the Subcommittee.

Implications:

If Leona's reappointment is approved by the Board, Practice Subcommittee will have a have full compliment of appointees as per the Terms of Reference.

Attachment: N/A



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Quality Assurance Committee
Subject: Professional Committee Appointments – Quality Assurance Subcommittee

Recommendation:

THAT the Board appoints Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a three-year term commencing on April 1, 2022.

Issue:

The Quality Assurance Subcommittee is composed of six professional non-board members. The Subcommittee is hoping to add two additional members due to current and upcoming vacancies. The experiences being sought for new members are:

- community care, mental health, auto insurance, home care
- collaboration, committees, group work
- writing, developing educational materials
- research
- best practices, development of guidelines or policies.

Two candidates met the expected competencies and will complement the practice areas of the current committee composition.

The QA Committee has reviewed the information about the two candidates and is recommending the Board appoint both candidates.

Link to Strategic Plan:

The work of the Quality Assurance Subcommittee links directly to the third strategic priority of quality practice:

- 3.1 Occupational therapists are competent, safe, effective and accountable
- 3.3 The College engages occupational therapists to advance quality, ethical practice.

Why this is in the Public Interest:

Members of the Quality Assurance Subcommittee provide insights into the annual Prescribed Regulatory Education Program (PREP) through the development of case scenarios and learning activities. This ensures that the annual PREPs are representative of occupational therapy practice in Ontario whereby the registrants learn about new practice standards, legislation, and resources so they can practice safely and competently and provide quality care to clients.

BOARD MEETING BRIEFING NOTE

Professional Committee Appointments – Quality Assurance Subcommittee

Page 2 of 2

Background:

The terms of reference for Quality Assurance Subcommittee state that composition is based on 6-8 professional members. Appointing two members would bring the current composition of Subcommittee to 7 members however, the current Chair's first term will be completed at the end of March 2022. In April 2022, the composition will be 6 members with the two new appointees.

Discussion:

Two candidates are being presented for the Board's consideration. Their resumes are provided to the Board for their information. In addition, interviews with the individuals highlighted the competencies they bring to committee work.

If the Board appointed both candidates this would support the representation of two additional practice areas, paediatrics and the auto sector. The inclusion of these two new areas of practice would support the development of diverse PREP module scenarios.

Implications:

The budget allows for 2 additional candidates.

Attachments:

1. Résumé - Erin Lawson (omitted from public material to protect private information)
2. Résumé - Tanya Purevich (omitted from public material to protect private information)

Omitted to protect private information

Omitted to protect private information

Omitted to protect private information

Omitted to protect private information

Omitted to protect private information

Omitted to protect private information

Omitted to protect private information

Omitted to protect private information



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Quality Assurance Committee
Subject: Professional Committee Reappointment - Quality Assurance Subcommittee

Recommendation:

THAT the Board approves the reappointment of Andy Beecroft to the Quality Assurance Subcommittee for a second three-year term commencing on April 1, 2022.

Link to Strategic Plan:

Quality practice by occupational therapists

3.1 Occupational therapists are competent, safe, effective and accountable

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

Why this is in the Public Interest:

This subcommittee provides a unique professional lens thereby strengthening the College's delivery of its public protection mandate and enhancing public confidence in the regulation. The work of the Quality Assurance Subcommittee contributes to quality assurance tools for registrants ensuring they are practicing safely, ethically, and competently.

Background:

Andy Beecroft's first term as a Professional Committee Appointee of the Quality Assurance Subcommittee will expire on March 31, 2022. Non-Board members are appointed for a maximum of two 3-year terms.

Andy Beecroft has over 22 years of experience as an occupational therapist. He has a diverse background in clinical practice with experiences in inpatient rehab, acute medicine, and independent medical assessments in District 1. He is currently working in Orillia at Orillia Soldiers' Memorial Hospital.

During his first term, Andy provided valuable insights from his practice experience to the work of the Quality Assurance Subcommittee. Reappointing Andy will enable continuity with the current work underway and support the overall effectiveness of the Subcommittee. On February 4, 2022, Subcommittee unanimously reached a consensus that Andy Beecroft be reappointed.

Implications:

Quality Assurance Subcommittee will have a full complement of appointees as per the Terms of Reference.

BOARD MEETING BRIEFING NOTE

Professional Committee Reappointment - Quality Assurance Subcommittee

Page 2 of 2

Discussion:

The Board is asked to endorse the reappointment of Andy Beecroft to Quality Assurance Subcommittee for a second three-year term.



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Inquiries, Complaints and Reports Committee (ICRC)
Subject: Professional Committee Reappointment – Inquiries, Complaints and Reports Committee

Recommendation:

THAT the Board approves the reappointment of Julie Sutton as a Professional Committee Appointee of the Inquiries, Complaints and Reports Committee for a second three-year term commencing on April 1, 2022.

Issue:

Julie Sutton was initially appointed to the Inquiries, Complaints, and Reports Committee on April 1, 2019, for a three-year term ending March 31, 2022. Julie is eligible for reappointment for one additional three-year term and has expressed interest in being reappointed.

Why this is in the Public Interest:

Thoughtful consideration of Committee appointees is important. Varied representation of appointees serving from within and outside the profession allows the Committee to best serve and protect the public's needs and interests as they pertain to occupational therapy services in Ontario. This process supports the Committee to make fair and unbiased decisions while discharging their duties and responsibilities.

Background:

The Inquiries, Complaints, and Reports Committee shall be composed of two Elected Directors; two Public Directors; four or more Professional Committee Appointee(s); and, at the discretion of the Board, one or more Community Appointee(s). Julie is the one of Professional Committee Appointees currently serving on the Inquiries, Complaints and Reports Committee. Julie meets the criteria established in Part 12: Professional Committee and Community Appointees, section 12.01 Professional Committee Appointees.

Discussion:

During her first term, Julie provided valuable input to the Committee's work. As an occupational therapist with knowledge in both private and public sectors as well as the auto insurance sector, her contributions have been of great value to the committee. She is accountable, collaborative, inclusive, respectful, and understands and appreciates the commitment to the public protection mandate and the time required to execute the role diligently. Reappointing Julie will enable continuity with the Committee's current work and supports the overall effectiveness of the Committee.

BOARD MEETING BRIEFING NOTE

Professional Committee Reappointment – Inquiries, Complaints and Reports Committee

Page 2 of 2

Implications:

If the Board does not reappoint Julie to the Inquiries, Complaints and Reports Committee, the College will initiate a call for a Professional Committee Appointee to the Inquiries, Complaints and Reports Committee.

Attachments: N/A



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Quality Assurance Committee
Subject: Professional Committee Reappointment - Quality Assurance Committee

Recommendation:

THAT the Board approves the reappointment of Elizabeth Bell to the Quality Assurance Committee, as a professional committee appointee for a second three-year term.

Link to Strategic Plan:

Quality practice by occupational therapists

3.1 Occupational therapists are competent, safe, effective and accountable

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

Why this is in the Public Interest:

The Quality Assurance Committee is charged with the role to develop, implement, and monitor engagement, in the quality assurance program. The quality assurance program ensures occupational therapists are engaged in professional development and are providing competent, ethical, and safe services to the public. The appointment of professional committee members is critical to ensuring this legislative mandate.

Background:

Elizabeth Bell's first term as a Professional Committee Appointee commenced on April 1, 2019 and will expire on March 31, 2022. QAC professional members are appointed for a maximum of two 3-year terms. Elizabeth has provided valuable insight from her practice to support the duties of the committee.

Elizabeth has 30 years of experience working as an occupational therapist with a pediatric population and recently completed her Master of Health Science in Bioethics. She has worked in a group practice, teaches occupational therapy students, mentors occupational therapists, and owns and operates a private practice supporting pediatric clients, their caregivers, and the community.

Implications:

This appointment will ensure that QAC will have a full complement of professional appointees as per the Terms of Reference.

Discussion:

The board is asked to recommend the reappointment of Elizabeth Bell to the Quality Assurance Committee for a second three-year term.

BOARD MEETING BRIEFING NOTE

Professional Committee Reappointment - Quality Assurance Committee

Page 2 of 2

Attachment: N/A



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Executive Committee
Subject: Annual Board Evaluation Summary

Recommendation:

For discussion purposes.

Issue:

The Board conducted its annual evaluation. A summary of the results is provided for discussion.

Link to Strategic Plan:

1.3 College governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

Ensuring the Board works effectively and is accountable for its work, is in the public interest.

Background:

Each year, after the January meeting, the Board conducts an evaluation of its overall functioning. The evaluation aligns with current policies in place for governance and board decision making. This appropriately focuses the board on governance activities and not operations. Executive has discussed the results and share a high-level summary, below.

Discussion:

The following is a summary of the evaluation. 9 of 16 members responded. All but one score indicated that the Board indicates that the Board feels it meets expectations and one score for “most of the time” related to Governance process policies.

- **Adherence to Governance Process Policies – Pertains to the public interest, transparency, and consultation**
 - Board members recognize the public nature of our meetings, minutes, public member involvement and the use of the Citizen Advisory Committee for additional public input.
 - Reminders at each meeting and for each subject about the role of the Board in public protection.
 - The governance model focusing on competencies is in line with the protection of the public mandate.

BOARD MEETING BRIEFING NOTE

Annual Board Evaluation Summary

Page 2 of 3

- All this appropriately keeps the Board focused on their public protection mandate.
- A concern about the need for a full complement of public member appointees was noted.
- **Governing Style – The Board is focused on strategic/policy, not details/operations, the roles of the Board and Registrar/Staff are appropriate, collective vs individual decisions, diversity of viewpoints encouraged, proactive vs reactive.**
 - Decisions are informed by evidence and best practice and adhere to public protection mandate
 - The Board's work is informed by the strategic priorities
 - The work on the new governance model has been proactive and evidence based.
 - The Board is focused on the strategic outcomes not operational means; however, reminders might be needed.
 - College operations are highly professional and instils confidence of the Board in College leadership
 - Board engages in frank discussions and debate, with ample time allowed for diverse viewpoints. Respect demonstrated for all.
 - The roles of staff and the board are clear and work well.
 - Evaluation of each meeting is appropriate. Improvements are implemented. Protocols are followed for smooth meetings.
 - Accountability for committee work and board meetings evident in reports.
- **Board's Role – The Board's role is to determine and demand appropriate organizational performance.**
 - The Board's work clearly aligns with the strategic plan, with goals and outcomes present
 - Clear reporting at board meetings, risks are outlined
 - The Board is kept up to date about concerns in the environment in which the College operates
 - Registrar Limitations are adhered to.
- **Board Develop needs**
 - The Board is encouraged to continue to ask questions to be engaged in college work.
 - Many comments of appreciation of education opportunities despite being virtual and in a pandemic. Requests for continued learning about governance and to use information gleaned through the Board competency assessment process for further development.

Implications:

Overall, the Board evaluation revealed that of the members who completed the evaluation, there was a high degree of agreement that the expectations were met. There was much enthusiasm for college work and continued learning and growing as a Board. The Board feels very supported by a professional staff that strives to continually improve. Two areas of concern stated were; to continue to focus on the strategy and not the means or operations, and the need for additional public members to support board functioning.

March 24, 2022

BOARD MEETING BRIEFING NOTE

Annual Board Evaluation Summary

Page 3 of 3

Attachments:

1. N/A



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Elinor Larney, Registrar
Subject: Board or Committee Meeting Policy

Recommendation:

THAT the Board approve the Board or Committee meeting policy which will be enacted once the college resumes in-person meetings.

Issue:

During the COVID pandemic, all Board and Committee meetings have been held virtually out of necessity for health and safety reasons. When it is appropriate to do so again, the Board should consider the ongoing Board and committee operations to provide guidance by way of a policy around scheduling in person vs virtual meetings.

Link to Strategic Plan:

Public Confidence:

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

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

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

Why this is in the Public Interest:

The public expects the College to make appropriate decisions with effective processes. However, balancing efficiency with effectiveness will be necessary for appropriate stewardship of resources.

Background:

This policy was brought to the Board for approval in January 2022. However, the Board's recommendation was to remove the references to vaccinations and COVID, and to make this policy just about meeting times.

Prior to the COVID-19 pandemic, meetings that were 2 hours or less were held by teleconference. The experiences with teleconferencing were that any meeting longer than 2 hours was difficult to manage, both for the participant and chair. Any really complicated matters were deemed necessary to meet in person to reduce telephone fatigue and to ensure appropriate deliberation.

Since the pandemic, the College has made use of video conferencing technology which allows participants to see each other, making the meetings easier to chair, and easier for participants to actively

BOARD MEETING BRIEFING NOTE

participate. An exception to this may be the Board meetings where there are many more participants and technology sometimes gets in the way of a smoothly functioning meeting. As well, Board meetings tend to be full day meetings which can be difficult to manage for long periods of time using technology.

Discussion:

Going forward, the College should anticipate a return to safer conditions whereby it may be necessary or desirable to hold meetings in person or a hybrid. The college has untested technology to enable hybrid meetings so this may be an option if the technology works as advertised.

Setting the parameters for meeting expectations will ensure that meetings are planned for effectiveness as well as efficiency and not just for convenience.

To note, holding meetings by technology saves the college the costs for travel and accommodations. Per diems continue to apply.

The Board, at its January 2022 meeting, approved a change to per diems to align with the use of video conferencing, such that a half day meeting would be anything under three and a half hours.

With this in mind, a decision-making process that includes a time element is an objective way to make decisions. After three and a half hours, technology fatigue may be an issue for some possibly affecting the decision-making process. It is recommended that any meeting that exceeds the half day, be in person.

There may be some meetings that, even if they are less than three and a half hours, would benefit from an in-person meeting. This could be for very sensitive matters that require intense deliberation. However, it is not efficient to hold in-person meetings for meetings with a planned duration of 2 hours or less.

Implications:

This policy will not come into effect until meetings can be held safely, in person. The College will closely monitor advice from public health when making this determination.

Attachments:

1. Board or Committee Meeting Policy

BOARD OR COMMITTEE MEETINGS POLICY

1-50

Section:	Board
Applicable to:	All Staff, Board Directors and Committee Appointees
Approved by:	Board of Directors
Date Established:	March 2022
Date Revised:	

Purpose:

This policy outlines when board or committee meetings are to be conducted in-person, virtually or a hybrid of both. The College recognizes the importance and effectiveness of in-person meetings while balancing resources and efficiency via technology. Health and safety considerations are also important when meetings are held in-person.

Policy:

Decisions about how a meeting is conducted, either in-person, using technology or a hybrid of both will be made based on efficiency, effectiveness and considering the health and safety of those in attendance, for in-person meetings. The College requires anybody feeling unwell, not to attend in-person meetings at the College premises.

Procedure:

1. Meetings that are more than three and a half hours long are considered full day meetings and are encouraged to be held in person, unless prevailing circumstances, such as public health orders, make an in-person meeting unsafe or inappropriate.
2. Meetings that are three and a half hours or less, are considered half day meetings and should be held using video conferencing technology, unless there is a compelling reason to meet in person, such as the sensitive and difficult nature of the topic or cases to be discussed that make an in-person deliberation necessary.
3. Anyone who feels unwell should not attend any meeting in-person. A hybrid meeting may be used when some participants are unable to participate an in-person meeting, as technology allows.



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Patient Relations Committee
Subject: Client Bill of Rights

Recommendation:

THAT the Board approves the Client Bill of Rights for circulation.

Issue:

The Board is asked to review the final version of the Client Bill of Rights and make a decision about its approval.

Link to Strategic Plan:

This process links to the strategic priority of Public Confidence.

- 1.1 The public trusts occupational therapy regulation.
- 1.2 The public understands the role of the College and its value, Specifically,
 - 1.2.2 The public has access to information about what to expect when working with an occupational therapist.
 - 1.2.3 the public has access to clear information about oversight provided by the College to ensure safe, quality care.

Why this is in the Public Interest:

One of the ways the College achieves its public protection mandate is by ensuring the recipients of occupational therapy services know their rights and what they can expect from their occupational therapist. It is important that the public know that if they have concerns about the occupational therapy services they receive, they can file a complaint with the College.

Background:

Patient Relations Committee's role is to develop tools and measures to promote appropriate relationships between occupational therapists, their clients, and the public. As part of this role, the Patient Relations Committee developed a Client Bill of Rights as per their 2020-2021 workplan. The Bill of Rights was written in plain language and was reviewed by the Citizen's Advisory Group. In November 2021, the document was also reviewed by College Indigenous and Equity Panels for input on if additional Culture, Equity, and Justice elements needed to be added.

BOARD MEETING BRIEFING NOTE

Client Bill of Rights

Page 2 of 2

Discussion

The final document is presented for Board final approval (note that the drafted formatting is likely to change by communications). Of note, releasing this document will require a communications plan to ensure that registrants, employers of occupational therapists, and the public are aware that it exists, know where to find it, and can receive or print a copy should they wish to post this at their place of work, or provide it to clients directly. Based on the College's other communication needs for 2022 it was decided that the communications plan for this resource will be developed and implemented post June 2022.

Attachments

1. Draft Client Bill of Rights



Client Bill of Rights:

What you can expect from your occupational therapist

To be treated with dignity and respect

- ❖ You have the right to be treated with dignity and with **full respect for your human rights, your culture, and personal preferences**.
- ❖ Your occupational therapist (OT) must maintain a professional relationship with you always. They have a duty to respect your **personal boundaries**.
- ❖ Your OT should never have any sexual involvement with you - this includes sexual comments, remarks, or behaviour toward you at any time or through any means.

To receive quality, professional healthcare

- ❖ You have the right to receive safe, effective, and ethical occupational therapy services.
- ❖ Your OT must have the required knowledge and skills to provide you with effective healthcare.
- ❖ When you visit an OT at their place of work, the environment is to be clean and safe.
- ❖ Your OT has a duty to explain your service options and to answer all your questions in a way you can understand.

To have your privacy and confidentiality protected

- ❖ You have a right to know how your personal health information will be collected, used, and shared.
- ❖ Your OT must have your consent to collect your personal health information. Your OT cannot use or share this information without your consent, except in very special cases.
- ❖ Your OT must store your personal health information securely.
- ❖ If there is any breach of your privacy, your OT must tell you and immediately address the problem.
- ❖ You have the right to review your health record. It must be made available without unreasonable delays or excessive costs.

To provide informed consent for all services

- ❖ You have the right to make informed decisions about all services to be provided, both before and throughout their delivery.
- ❖ You have the right to be fully informed about all aspects of your treatment. This includes the anticipated risks and benefits, and reasonable alternatives.
- ❖ You can decline services or revoke consent anytime.
- ❖ You have a right to know who is involved in your care. This might include occupational therapy students or assistants.

To be heard and understood

- ❖ You have the right to give feedback about your care or raise concerns with your OT.
- ❖ You have the right to complain to your OT's employer.
- ❖ You have the right to file a complaint about your OT with the College of Occupational Therapists of Ontario – Learn more at <https://www.coto.org/you-and-your-ot/questions-concerns-complaints> or by calling 1800-890-6570.



BOARD MEETING BRIEFING NOTE

Date: March 24, 2022
From: Executive Committee
Subject: Standards for Practice (One Standard Project)

Recommendation:

THAT the Board approves the Standards for Practice draft document for public consultation.

Issue:

The Board is asked to review the presented document and decide if it is ready to be circulated for consultation.

Link to Strategic Plan:

- Public Confidence: the public trusts occupational therapy regulation. The public understands the role of the College and its value.
- Quality Practice: Occupational therapists are competent, safe, effective, and accountable. The College engages occupational therapists to advance quality, ethical practice. Professional standards are up-to-date and reflect evolving practice.

Why this is in the Public Interest:

The public that we protect needs to understand what to expect from occupational therapists. Currently, the College's standards are over 200 pages combined, much of which includes overlap within and across documents. These are not all written for a public audience, and a few require updating due to practice changes, or the usual 5-year review schedule. Updating, streamlining, combining, and making more clear, readable, and efficient documents will benefit the public that reviews them, and the registrants that utilize them to provide clients with safe, ethical, and competent service.

Background:

In January 2021, the Board approved that the Practice Team embark on a project of streamlining the Practice Standards into one document. There were several benefits to doing so, including reducing page count by removing redundancies, improving the review cycle, enhancing the consistency across documents, applying clear-language for ease of public use, integrating the new competencies, and to follow emerging best practice in moving towards principle-based (and shorter) regulatory documents.

Based on the size and scope of this project, it will be the main project for Practice Subcommittee for the 2021-2022-2023 years with the following project timeline:

BOARD MEETING BRIEFING NOTE

Standards for Practice (One Standard Project)

Page 2 of 6

Date	Individual(s)/Committee(s)	Action
November 2020	Discussed the plan to update the Standards of Practice with Subcommittee and the impact to the overall workplan.	Discussed the potential scope of the project and a high-level plan. PSC recommended that the Executive Committee review the proposed workplan for the One Standard project
April 2021	College Staff engaged a project manager and editor to conduct an environmental scan and explore formatting options to streamline all the Standards for Practice.	Mock-up of template and format for the streamlined Standards Example Standards to follow from external scan.
June 2021	Executive Committee approved the one Standard project College Staff proceeded to review Record Keeping and Consent. Patient Relations to review Professional Boundaries and Sexual Abuse.	New template used to draft Record Keeping and Consent Standards – move towards high level principles – redundancies removed; performance indicators merged.
July - September 2021	Practice Subcommittee reviewed and provided feedback to two drafts of Record Keeping and Consent. Mapping of the new competencies to the previous version to determine gaps.	Feedback provided with the intent to inform future revisions.
October 2021	Completion of the Culture, Equity, and Justice document to map to Competency C. Review of all Standards to include missing competency elements and language and to include Culture, Equity, and Justice practice concepts.	All documents were reviewed and updated.
November 2021	National Competencies finalized and released. Any changes were incorporated.	All documents were reviewed and updated.
December 2021	Review of Conflicts of Interest, Professional Boundaries and Sexual Abuse by Patient Relations. Review of Assessment and Intervention, Consent, Record Keeping, Psychotherapy, and Supervision of Students and OTA by Practice Subcommittee.	Feedback obtained to be incorporated.
January / February 2022	Documents were edited for language and reference review, for clear-language, and for legal input. Review by Practice Subcommittee, Indigenous and Equity Panels.	The documents together as “One Standard” were provided to input groups. Feedback was obtained and integrated.

BOARD MEETING BRIEFING NOTE

Standards for Practice (One Standard Project)

Page 3 of 6

Date	Individual(s)/Committee(s)	Action
March 2022	Executive and Board review / approval for public consultation.	If approved, translated for public consultation.
Spring / Summer	Public consultation in French and English. Review and revise all Standards supporting resources (checklists and decision trees).	To be completed by a consulting firm. To be completed by the Practice team.
October 2022	Final reviews with Practice Subcommittee, Executive and final Board approval. Review and approval of supporting resources.	Prepare for launch January 2023.

Environmental Scans of Similar Approaches

For reference, other regulators have also taken a similar approach including:

[College of Massage Therapists](#)

[College of Opticians of Ontario](#)

[College of Physical Therapists of British Columbia](#)

[Physiotherapy Alberta College and Association](#)

High-Level Document Changes

The below chart outlines the main changes to the Standards as they exist today. These are the sizable changes to focus on, and that will need to be highlighted for registrants as part of consultation and communications planning.

Overall Format	<ul style="list-style-type: none">Removed standard statements and replaced these with category subheadings.Integrated and updated the new Competencies where they were absent / lacking.Integrated Culture, Equity, and Justice language and expectations.Improved consistency of language throughout all documents and updated to current practice and Competency language use.The Standards have been put into alphabetical order based on title, feedback was obtained that this would be easiest for the public to navigate.Language has been updated to be more principle-based, clear, and direct.
Introduction	<ul style="list-style-type: none">One introduction has been developed to explain the importance of Standards and how they are to be used.
Consent	<ul style="list-style-type: none">Improved the references to PHIPA to reduce the impression that PHIPA is the only privacy legislation that applies to occupational therapy practice.Included the two forms of consent: informed and knowledgeable, and added information about the different privacy legislation that may apply.Clarified the flow to relate to how consent tends to happen.Included the Third-Party bullets into the appropriate sections.

BOARD MEETING BRIEFING NOTE

Standards for Practice (One Standard Project)

Page 4 of 6

	<ul style="list-style-type: none"> • Included information about privacy breaches as they relate to release of information.
Psychotherapy	<ul style="list-style-type: none"> • Document has been updated as per internal / external scans. • Provided clarification to most indicators based on practice data and Psychotherapy panel meetings and input. • Added sections on who the Standards do and do not apply to and created a complement resource with practice examples to further explain difficult concepts. • Enhanced description of competence and continued competence requirement, including the new expectation that occupational therapists have a minimum of 50 hours of supervision over at least the first two years of psychotherapy practice. • Clarified “supervision” and “consultation” arrangements. • Removed the minimum number of years (i.e., 5 years) required to qualify as a supervisor. • Clarified meaning of “direct” supervision with students.
Record Keeping	<ul style="list-style-type: none"> • Clarified where PHIPA applies and where other legislation for retention and destruction may apply. • Removed Lock Box as this is specific to PHIPA (note: a separate Practice Document on Privacy is being developed and will include these important pieces).
OTA and Students	<ul style="list-style-type: none"> • Combined these into one document based on overlap. • Added a new element about charging clients or insurers for services of a student.
Assessments and Intervention	<ul style="list-style-type: none"> • Integrated “treatment/intervention” competencies into this document through expanding it beyond just “assessment.” • New performance indicator “Develop and Implement Occupational Therapy Plan” • Removed references to privacy legislation - now incorporated under consent.
Professional Boundaries and Sexual Abuse	<ul style="list-style-type: none"> • Combined into one document and removed redundancies. • Practice changes that are not represented in the current Standards (determined by internal and external scans) have been integrated.

BOARD MEETING BRIEFING NOTE

Standards for Practice (One Standard Project)

Page 5 of 6

Metrics Summary:

Committee	Date	Full Update	New title	Pages		Views 2020		Views 2021		
				Start	End	Web	PDF	Web	PDF	
Patient Relations	Professional Boundaries	2015	Yes	Professional Boundaries and Sexual Abuse	19	5	1978	797	1991	869
	Conflict of Interest	2012	Yes	Same	19	3	1183	494	1266	603
	Prevention of Sexual Abuse	2018	No	NA	11	0	586	281	636	297
Practice Subcommittee	Acupuncture	2020	No	Same	7	2	184	272	438	184
	Assessment	2020	No	Same	9	3	3615	1363	4533	1625
	Consent	2017	Yes	Same	21	5	3648	1154	3533	1278
	Infection Prevention and Control	2019	No	Same	11	3	1720	747	615	354
	Psychotherapy	2018	Yes	Same	21	6	3335	952	3164	1051
	Record Keeping	2016	Yes	Same	27	5	3569	1251	3942	1590
	Supervision of Students	2018	No	Supervision of Students and OTA	14	4	644	327	886	409
	Supervision of OTA	2018	No	NA	13	0	1456	698	2499	753
	Use of Title	2017	No	Same	16	3	843	353	1048	354
				188	39					

Implications:

Updating these documents do have impact on other College programs (mainly QA and IR). However, as there is a plan to integrate the competencies into all College programs, updating the practice Standards as an initial step serves as an efficient way to implement this process.

Discussion:

As College documents have been developed and revised over time, sizable overlap both within and between documents now exists, contributing to their length and difficulties in efficient navigation. There is a move towards principle-based regulation which is leading to shorter, more concise, practice documents to explain what regulators expect of their registrants. There is also a need to ensure that the Standards reflect changing practice, including the newly released *Competencies for Occupational Therapists in Canada* (2021). These competencies have updated practice language and concepts, and a new section on Culture, Equity, and Justice that is not represented in the current practice Standards.

Attachments:

1. DRAFT Standards for Practice.
2. The links to all other standards can be found on the website and thus are not included in the package: [Standards for Practice \(coto.org\)](https://coto.org)
3. DRAFT Glossary of terms (to link in the document).
4. Competency Mapping (below - for reference).

BOARD MEETING BRIEFING NOTE

Standards for Practice (One Standard Project)

New Competencies	Location in Standards				
A1 Establish trusted professional relationships with clients					
A1.1 Co-create with clients a shared understanding of scope, expectations, and priorities	Prevention of Sexual Abuse				
A1.2 Use a mutually respectful approach to determine the nature of the services to be delivered.	COI				
A1.3 Respond to requests for service promptly and clearly.	Professional Boundaries				
A1.4 Support clients to make informed decisions, discussing risks, benefits and consequences.	COI, Assessment, Consent, OTA / Students / Acupuncture				
A2 Use occupational analysis throughout practice					
A2.1 Keep clients' occupations at the centre of practice.	Assessments				
A2.2 Facilitate clients' use of their strengths and resources to sustain occupational participation.	Assessments				
A2.3 Address the strengths and barriers in systems such as health care that could affect occupational participation	Assessments				
A2.4 Apply knowledge, evidence, and critical thinking from social, behavioural, biological, and occupational sciences to analyze occupational participation	Assessments				
A2.5 Share rationale for decisions	Assessments, Consent, Acupuncture, Psychotherapy				
A3 Determine clients' needs and goals for occupational therapy services					
A3.1 Respond to contextual factors influencing the request for client service.	Assessments				
A3.2 Develop a shared understanding of clients' occupations and goals.	Assessments				
A3.3 Decide whether occupational therapy services are appropriate at this time.	Assessments, Controlled Acts, Psychotherapy				
A3.4 Evaluate risks with the client and others.	Students/OTA, COI, Psychotherapy, Acupuncture				
A3.5 Periodically review the clients' expectations with them.	COI and PBI/SA				
A4 Assess occupational performance and engagement					
A4.1 Agree on the assessment approach	Assessments				
A4.2 Select assessment tools and methods fit for the purpose.	Assessments				
A4.3 Take account of the impact of contextual factors and location on the assessment	Infection Prevention and Control				
A4.4 Incorporate clients' perspectives and opportunities throughout the assessment process.	Assessments				
A4.5 Analyze the assessment results in context.	Assessments				
A4.6 Communicate assessment findings clearly.	Assessments				
A5 Develop plans with clients to address occupational needs					
A5.1 Agree on the service delivery approach.	Consent, Psychotherapy				
A5.2 Determine activities, outcomes, resources, and responsibilities.	Psychotherapy, Consent				
A5.3 Anticipate and address implementation difficulties.	Psychotherapy, Assessments				
A6 Implement occupational therapy services					
A6.1 Support clients in accessing and using the resources to implement their plans.	Assessments				
A6.2 Confirm shared understandings and progress of the plan.	Consent, Psychotherapy				
A6.3 Evaluate the occupational therapy results with the client and relevant others.	Psychotherapy, Assessments				
A6.4 Adjust or close occupational therapy services in collaboration with clients and relevant others	Discontinuing Services, Psychotherapy, COI, Students, OTA				
A6.5 Plan for concluding services, ongoing services, or a transition to other services.	Discontinuing Services, Assessment, PB, OTA, Acupuncture				
A7 Manage the assignment of services to assistants and others	Students and OTA				
A7.1 Identify practice situations where clients may benefit from services assigned to assistants or others.	Students and OTA				
A7.2 Assign services only to assistants and others who are competent to deliver the services.	Students and OTA				
A7.3 Monitor the safety and effectiveness of assignments through supervisions, mentoring, teaching, and coaching.	Students and OTA				
A7.4 Follow the regulatory guidance for assigning and supervising services.	Students and OTA				
B1 Communicate in a respectful and effective manner					
B1.1 Organize thoughts, prepare content, and present professional views clearly.	Record Keeping, Students, Discontinuing Services, Controlled Acts, Assessment, Consent, Use of Title				
B1.2 Foster the exchange of information to develop mutual understanding.	Consent, Assessments, Psychotherapy, Controlled Acts, PB, Discontinuation, Students				
B1.3 Employ communication approaches and technologies suited to the context and client needs	Consent, OTA, Students				
B1.4 Adjust communications in response to power imbalances that affect relationships.	COI and PBI/SA				
B2 Maintain professional documentation					
B2.1 Maintain clear, accurate, and timely records.	Record Keeping, Assessments				
B2.2 Maintain confidentiality, security, and data integrity in the sharing, transmission, storage, and management of information.	Record Keeping, Assessments, Consent, Students, OTA				
B2.3 Use electronic and digital technologies responsibly.	Record Keeping, Consent				
B3 Collaborate with clients, other professionals, and stakeholders					
B3.1 Partner with clients in decision-making and advocate for them when appropriate.	Assessments				
B3.2 Share information about the occupational therapist's role and knowledge.	Consent, Assessment, Psychotherapy, Acupuncture, Students / OTA				
B3.3 Identify practice situations that would benefit from collaborative care.	Assessments, OTA, IPAC				
B3.4 Negotiate shared and overlapping roles and responsibilities.	Assessments				
B3.5 Maintain mutually supportive working relationships.	Students and OTA				
B3.6 Participate actively and respectfully in collaborative decision making.	Consent, IPAC, Students, OTA				
B3.7 Participate in team evaluation and improvement initiatives.	Conflicts of Interest				
B3.8 Support evidence-informed, team decision making in inter-professional teams.	Assessment				
B3.9 Recognize and address real or potential conflict in a fair, respectful, supportive, and timely manner.	COI				
C1 Promote equity in practice					
C1.1 Identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples	Culture, Equity, and Justice				
C1.2 Analyse the effects of systemic and historical factors on people, groups, and their occupational possibilities.	Culture, Equity, and Justice				
C1.3 Challenge biases and social structures that privilege or marginalize people and communities.	Culture, Equity, and Justice				
C1.4 Respond to health, well-being, and occupational opportunities.	Culture, Equity, and Justice				
C1.5 Work to reduce the effects of the inequitable distribution of power and resources on the delivery of occupational therapy services.	COI, CEJ				
C1.6 Support the factors that promote health, well-being, and occupations.	Culture, Equity, and Justice				
C2 Promote anti-racist behaviours and culturally safe, inclusive relationships					
C2.1 Contribute to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive.	PB and SA, CEJ				
C2.2 Practice self-awareness to minimize personal bias and inequitable behaviour based on social position and power.	COI, CEJ				
C2.3 Demonstrate respect and humility when engaging with clients	Professional Boundaries, Record Keeping, CEJ				
C2.4 Integrate clients' understanding of health, well-being, healing, and occupation into the service plan.	Assessments				
C2.5 Seek out resources to help develop culturally safer and inclusive approaches.	Culture, Equity, and Justice				
C2.6 Collaborate with local partners, such as interpreters and leaders	Culture, Equity, and Justice				
C3 Contribute to occupational rights and self-determination					
C3.1 Raise clients' awareness of the role of and the right to occupation	Culture, Equity, and Justice				
C3.2 Facilitate clients' participation in occupations supporting health and well-being.	Culture, Equity, and Justice				
C3.3 Assist with access to available support networks and resources	Conflicts of Interest, CEJ, Psychotherapy				
C3.4 Navigate systemic barriers to support clients and self.	Culture, Equity, and Justice				
C3.5 Engage in critical dialogue on social and occupational injustices and inequitable opportunities for occupations.	Culture, Equity, and Justice				
C3.6 Advocate at population health and systems levels for environments and policies that support sustainable occupational participation	Infection Prevention and Control, CEJ				
C3.7 Raise awareness of limitations and bias in data, information, and systems	Culture, Equity, and Justice				
D1 Engage in ongoing learning and professional development					
D1.1 Develop professional development plans.	Psychotherapy, Acupuncture				
D1.2 Engage in professional development activities to improve practice and continuing competence.	Psychotherapy, Acupuncture				
D1.3 Enhance knowledge, skills, behaviour, and attitudes.	Psychotherapy, COI, IPAC, Acupuncture, Assessments				
D1.4 Ensure that skills for practice are adequate to meet client needs.	Psychotherapy, Acupuncture, Controlled Acts				
D2 Improve practice through self-assessment and reflection					
D2.1 Self-evaluate using performance and quality indicators.	Professional Boundaries, Psychotherapy				
D2.2 Learn from varied sources of information and feedback.	COI				
D2.3 Provide useful feedback to others.	Prevention of Sexual Abuse, COI, Students				
D2.4 Manage work resources and demands effectively.	Assessments, PB, Code of Ethics, Psychotherapy				
D2.5 Be mindful of occupational balance and well-being.	QA				
D3 Monitor developments in practice					
D3.1 Stay aware of political, social, economic, environmental, and technological effects on occupational therapy practice.	Professional Boundaries				
D3.2 Keep up to date with research, guidelines, protocols, and practices.	Psychotherapy, Acupuncture, Assessments, Controlled Acts, IPAC				
D3.3 Evaluate the quality of evidence related to knowledge and skills for practice.	Assessments				
D3.4 Integrate relevant evidence into practice.	Assessments, Psychotherapy, Controlled Acts, Acupuncture, IPAC				
D3.5 Consider the social, economic, and ecological costs of care	Assessment and Consent				
E1 Meet legislative and regulatory requirements					
E1.1 Respect the laws, codes of ethics, rules, and regulations that govern occupational therapy practice.	All				
E1.2 Practise within the scope of professional and personal limitations and abilities.	Assessments, Psychotherapy, Controlled Acts, Acupuncture				
E1.3 Obtain and maintain informed consent in a way that is appropriate for the practice context.	Consent, Psychotherapy				
E1.4 Protect client privacy and confidentiality.	Record Keeping, Sexual Abuse				
E1.5 Respond to ethical dilemmas based on ethical frameworks and client values.	Code of Ethics				
E1.6 Take action to address real or potential conflicts of interest.	Prevention and Management of Conflict of Interest				
E1.7 Be accountable for all decisions and actions taken in the course of practice.	Supervision of Students and OTA, Record Keeping				
E1.8 When observed, respond to and report unprofessional, unethical, or oppressive behaviour	Prevention of Sexual Abuse				
E1.9 Respect professional boundaries.	Professional Boundaries, Supervision of Students, Sexual Abuse, Psychotherapy				
E2 Demonstrate a commitment to minimizing risk					
E2.1 Follow organizational policies and procedures and take action if they are in conflict with professional standards, client values, protocols, or evidence.	Record Keeping				
E2.2 Respect clients' occupational rights and choices while minimizing risks.	Conflicts of Interest, Assessment, PB, Psychotherapy				
E2.3 Take preventive measures to reduce risks to self, clients, and the public.	IPAC, Controlled Acts, Psychotherapy, PB, Students and OTA, Record Keeping, Acupuncture, Conflicts of Interest				
F1 Contribute to the learning of occupational therapists and others					
F1.1 Contribute to entry-to-practice education, such as through fieldwork placements.	Supervision of Students				
F1.2 Facilitate continuing professional development activities	QA				
F1.3 Act as a mentor or coach.	Supervision of Students				
F2 Show leadership in the workplace					
F2.1 Supports assistants, students, support staff, volunteers, and other team members.	Supervision of Students and OTA				
F2.2 Influence colleagues to progress towards workplace values, vision, and goals.					
F2.3 Support improvement initiatives at work.	Conflicts of Interest				
F2.4 Serve as a role model	Students				
F2.5 Takes steps to reduce negative environmental and social impacts in their practice setting.	Infection Prevention and Control				
F3 Contribute to the development of occupational therapy					
F3.1 Help build the occupational therapy body of knowledge.	Conflicts of Interest, Students				
F3.2 Contribute to research in occupational therapy and occupational science, innovative practices, and emerging roles.	Conflicts of Interest				
F3.3 Participate in quality improvement initiatives, and data collection and analysis.	Conflicts of Interest				
F3.4 Collaborate in research opportunities with individuals, communities, and people from other disciplines.	Conflicts of Interest				
F4 Show leadership in the profession throughout the career					
F4.1 Promote the value of occupation and occupational therapy in the wider community.	Assessment				
F4.2 Advocate for alignment between occupational therapy standards and processes, organizational policies, social justice, and emerging best practices					
F4.3 Take part in professional and community activities such as volunteering for events and committees.					



Standards for Practice

Updated February 25, 2022



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

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Introduction

The Standards of Practice describe the minimum expectations for all occupational therapists in Ontario. They outline how occupational therapists can provide safe, quality, ethical, accountable, and effective services. The Standards apply to all registrants of the College of Occupational Therapists of Ontario (“The College”), regardless of practice setting, job title, or role. The Standards are part of a series of professional practice instructions approved by the College. These include the Code of Ethics, Competencies, Standards, and Practice Guideline Documents. Together, these documents are to be used to inform occupational therapy practice as follows.

Code of Ethics	The Code of Ethics outlines the College’s expectations for ethical practice. It includes a set of values and principles and is intended for use in all contexts and for all levels of decision-making. It forms the foundation for occupational therapists’ ethical obligations. Occupational therapists must know and follow these requirements.
Competencies	The <i>Competencies for Occupational Therapists in Canada</i> reflect the broad range of skills and abilities required of all occupational therapists. Occupational therapists are to remain familiar with the competencies to inform practice and professional development.
Standards	Standards define the level of performance, as a consensus of the profession, which forms the framework for practising and ensuring continuing competence. These are to be applied by occupational therapists as minimum expectations.
Practice Guidance Documents	Practice Guidance Documents provide information about specific practice situations or legislation. These are recommended practice.

How the Standards are developed and updated

The Standards are guideposts for the public and the profession; their development and review is ongoing and comprehensive. They are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada* (ACOTRO, ACOTUP, CAOT, 2021). The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. It consults with registrants and the public to ensure that the Standards include core practice elements before they are approved by the College’s Board of Directors. Registrant input is vital to ensuring the Standards reflect changing practice environments and expectations. Data from College committees and groups such as Quality Assurance, Investigations and Resolutions, Registration, and the Practice Resource Service help the College to keep the Standards current.

How the Standards are to be used

Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. This includes knowing that services are being provided in ways that are accessible and culturally sensitive.

The College

The College uses the Standards to ensure that occupational therapists adhere to expectations and avoid misconduct as outlined in the College's Professional Misconduct Regulation (Ontario Regulation 95/07, s. 1.1). They are used in all statutory programs to ensure applicants and registrants have the competencies and skills to practice effectively, to address questions or concerns about a registrant's practice, and to review and support quality services.

Employers

Employers of occupational therapists use the Standards to know and follow the College's expectations of occupational therapists working at their organization.

Educators and students

Educators and students use the Standards to inform curriculum and placement expectations.

Occupational therapists

Occupational therapists are expected to use these Standards in their daily practice and, when requested by the College, be able to demonstrate how their practice meets the performance indicators. Occupational therapists must be able to provide a reasonable rationale when a Standard was not met, including when contextual factors required a deviation from the expectations.

In applying the Standards, occupational therapists must use professional judgement in the following ways:

- Determine how to best meet client needs in accordance with the Standards.
- Understand that these Standards are the College's interpretation of regulatory and practice expectations. When Standards and legislation conflict, the legislation prevails.
- If workplace policies conflict with the Standards, collaborate with their employers to identify and work toward resolving the differences in the best interests of clients.

The College's Practice Resource Service is available as an additional resource to help registrants and the public if they have questions about the Standards and occupational therapy practice. The Practice Service is confidential and available at 416.214.1177 or practice@coto.org.

Use of the terms “client,” “patient,” and “service”

The College uses the term “client” to align with the *Competencies for Occupational Therapists in Canada*. It states that clients are “people of any age, along with their families, caregivers, and substitute decision makers...therapists may also work with collectives such as families, groups, communities, and the public at large” (2021, p. 20). The term “clients” applies to people occupational therapists work with in both clinical and non-clinical settings.

The *Regulated Health Professions Act, 1991* (RHPA) uses the term “patients” to refer to people receiving care from regulated health professionals. This definition is not as broad as the term “client” used in the *Competencies*. In these Standards, the College uses the broader term “client” with one exception: it remains consistent with the RHPA by using the term “patient” when referring to sexual abuse legislation.

The term “service” is used throughout these Standards to encompass all aspects of occupational therapy, including assessment, intervention, and consultation. “Service” also includes non-clinical roles or activities completed by occupational therapists in their practice setting (for example, leading education sessions, coordinating services, researching, or teaching).

How the Standards are organized

As one document, the Standards are sorted alphabetically by title. Each Standard contains

- An introduction to the main topic explaining why the Standard is important
- Performance indicators or specific behaviours that show how the Standard is to be met
- A list of further resources including legislative, regulatory, and College documents

General resources

College of Occupational Therapists of Ontario. (2020). Code of Ethics.
<https://www.coto.org/resources/code-of-ethics>

Competencies for occupational therapists in Canada. (2021). Canadian Association of Occupational Therapists, Association of Canadian Occupational Therapy Regulatory Organizations, and Association of Canadian Occupational Therapy University Programs.

Occupational Therapy Act, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Regulated Health Professions Act, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>



Standards for Acupuncture

Acupuncture is a controlled act under the law. This is because it involves a procedure performed on tissue below the dermis. Controlled acts are procedures that pose a risk to the public if not performed by a qualified practitioner. Occupational therapists who are competent to perform acupuncture are authorized to do so as an exemption (Ontario Regulation 107/96: Controlled Acts, s. 8[2] in *Regulated Health Professions Act, 1991*).

Occupational therapists are expected to

1. Obtain and maintain competence

- 1.1 Successfully complete formal acupuncture training with instructional, theoretical, and practical components taught by a qualified acupuncture practitioner or through a recognized acupuncture program. The course of study must include
 - a. Introduction to the theories, philosophy, and principles of acupuncture
 - b. Anatomy, acupuncture points, and acupuncture meridians
 - c. Applications of acupuncture including
 - i. Clinical conditions in which acupuncture has been shown to be beneficial
 - ii. Selection of clients, planning of treatment, and evaluation of progress and benefit to clients
 - iii. Direct practice of point location and safe needle insertion and removal
 - iv. Practical examination
 - d. Infection prevention and control and safety procedures in acupuncture
 - e. Treatment principles and techniques and specific clinical conditions
- 1.2 If requested by the College, provide verifiable documents showing completion of acupuncture training.
- 1.3 Assess clients as candidates for acupuncture based on current evidence of the treatment's effectiveness. Follow the Standards for Consent before proceeding.
- 1.4 Understand the indications, contraindications, benefits, risks, and limitations of acupuncture techniques.
- 1.5 Perform acupuncture safely and in accordance with all Standards of Practice and relevant legislation.
- 1.6 Use electroacupuncture only if clinically indicated and with proper training.
- 1.7 Document details of the acupuncture procedure (for example, needle points used, length of needle, depth of direction, and use of stimulation or manipulation) and the outcome or effectiveness of the procedure.
- 1.8 Take part in professional development to ensure ongoing competence (for example, recognized acupuncture educational and training programs, workshops, conferences, and learning modules).
- 1.9 Know and follow appropriate infection prevention and control methods, including
- 1.10 Maintaining required standards of cleanliness, skin disinfection, and needling technique

- 1.11 Ensuring that needles used for treatment are single use, prepackaged, presterilized, unexpired, manufactured for use in acupuncture, intended for the specific kind of acupuncture being performed, and properly disposed of

2. Work within the scope of occupational therapy practice

- 2.1 Provide the clinical rationale for using acupuncture within the occupational therapy intervention plan.
- 2.2 If using the protected title “acupuncturist” or performing acupuncture techniques outside the scope of occupational therapy practice, be registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario.
- 2.3 If clients need acupuncture beyond the scope of occupational therapy practice or the competence of the occupational therapist, refer them to another qualified practitioner.

3. Follow the rules for delegation

- 3.1 Before performing techniques of acupuncture that fall under other controlled acts, obtain delegation to perform the act. Delegation refers to the transfer of authority to perform a controlled act from one practitioner who has the authority to another practitioner who has the knowledge, skill, and judgement to perform the procedure safely and effectively.
- 3.2 Never delegate or assign any part of acupuncture to students, occupational therapist assistants, or any other health practitioner.

Related College documents

Controlled Acts and Delegation
Standards for Consent
Standards for Infection Prevention and Control
Standards for Record Keeping

Resources

Ontario Regulation 107/96, Controlled Acts. (1991). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/960107>



Standards for Assessment and Intervention

Occupational therapy service delivery includes all aspects of assessment, intervention, and consultation. Assessments are the foundation for occupational therapists' professional opinions and the interventions they recommend. All assessments and interventions are to involve a collaborative approach with clients where their occupational preferences are prioritized when possible.

Occupational therapists are expected to

1. Screen the request for services

- 1.1 Gather enough information to decide whether to proceed with services, including considering any conflicts of interest.
- 1.2 Compile client information only with implied or expressed consent.
- 1.3 Understand the laws, rules, and organizational policies relevant to the area of practice and method of service delivery.
- 1.4 Carefully consider the social, ecological, and economic implications of care.
- 1.5 Decide if it is safe to proceed with the services and what method of delivery is best (for example, in-person or virtual).
- 1.6 If it is not appropriate to proceed, explain the rationale to the client, the referral source, and any other stakeholders. Discuss any alternatives available.
- 1.7 If it is appropriate to proceed,
- 1.8 Clearly explain the occupational therapist's role and responsibilities
- 1.9 Clearly explain the scope and time frames of the services and the required next steps
- 1.10 Follow the Standards for Consent
- 1.11 Make reasonable efforts to ensure that referral information remains accurate, including any details collected from other sources

2. Assess clients within the scope of the services requested

- 2.4 Co-create an assessment process with clients that is culturally safer, is accessible, and will assess their occupational participation and needs.
- 2.5 Select assessment methods and tools that are most suitable for clients and that consider the scope of services, using current theories, relevant evidence, and best-practice approaches.
- 2.6 Know the properties of standardized assessments including reliability, validity, and administration criteria. Have the knowledge, skills, and required training to administer any assessment tools used.
- 2.7 Manage any risks or limitations to using the selected assessment tools and methods with clients (for example, culturally sensitive practices, communication needs, physical impairments).
- 2.8 Apply culture, equity, and justice considerations throughout the assessment process.

- 2.9 Collaborate and communicate with clients, other professionals, and stakeholders to support evidence-informed decision-making.
- 2.10 Seek relevant information from clients and gather collateral data from others (with consent) to identify occupational participation challenges and goals to be addressed.

3. Analyze assessment findings and recommend the services needed

- 3.1 In formulating professional opinions and recommendations, identify any gaps in the assessment findings and decide if additional information is needed, including assessments by other health professionals.
- 3.2 Ensure that assessments represent a fair and balanced evaluation of clients. Consider assessment findings with all other relevant information collected. Analyze findings and outline recommendations in the context of each client and their specific situation.
- 3.3 Analyze clients' strengths, challenges, contexts, and occupations and the impacts these have on occupational participation.
- 3.4 Develop evidence-informed recommendations based on the analysis of the information gathered.
- 3.5 Work with clients to develop context-specific occupational therapy goals and if the services of other professionals are required.
- 3.6 Should additional information become available following assessment, decide if re-evaluation is required.

4. Develop and implement the occupational therapy plan

- 4.1 Work in partnership with clients to develop personalized intervention plans. Each plan must include the client's understanding of their health, well-being, and recovery. The plan must keep clients' occupations at the centre of practice.
- 4.2 Take into consideration the resources that are available and accessible for proceeding with the services proposed.
- 4.3 Confirm that clients understand the occupational therapy plan. Review and evaluate plans regularly in partnership with clients and change them as needed. Plan and discuss setting or resetting goals, service transitions, or discontinuation.
- 4.4 Throughout service delivery, follow the Standards for Consent.
- 4.5 Collaborate with other professionals to navigate shared or overlapping roles and responsibilities.

5. Communicate assessment and intervention information effectively

- 5.1 Be clear and timely when communicating assessment and intervention information, such as results, opinions, recommendations, and updates. Use terms that clients and other stakeholders can understand. Allow time for asking and answering questions.
- 5.2 Document all services per the Standards for Record Keeping.
- 5.3 Provide contact information in case questions arise later.

- 5.4 Comply with current legislation if it is necessary to withhold any assessment or intervention information that poses a risk of harm to clients or others.
- 5.5 Ensure that clients are aware of the processes to access their record or assessment report.

Related College documents

Standards for Consent

Standards for the Prevention and Management of Conflicts of Interest

Standards for Record Keeping

DRAFT



Standards for Consent

Under the law, occupational therapists are required to obtain two types of consent:

- *Informed consent* before starting and throughout the delivery of occupational therapy services (assessment, intervention, and consultation)
- *Knowledgeable consent* for the collection, use, and disclosure of clients' personal information and personal health information

Importantly, consent is always ongoing. When occupational therapists ask clients for consent, it is expected that they consider the power imbalance in client-therapist relationships. They must ask for consent in a way that is culturally sensitive and that allows clients time to ask questions, decline all or part of the services, or withdraw from services at any time.

Occupational therapists are expected to

1. Determine client capacity to provide consent

- 1.1 Collaborate with clients using varied communication and information-gathering methods to determine capacity. Use interpreters or augmentative communication tools if needed. Allow time for clients to understand the information and ask questions before finalizing capacity decisions.
- 1.2 Assume that clients are capable of providing consent unless there is information that indicates otherwise. Do not presume incapacity based on
 - a. Age
 - b. Communication challenges
 - c. Diagnosis of a psychiatric or neurological condition
 - d. Disability
 - e. Language differences
 - f. Personal bias about social or cultural structures of marginalized groups or communities
 - g. Refusal of intervention
 - h. The fact that a guardian, power of attorney, or substitute decision-maker is in place
- 1.3 If there is an indication that the client lacks the capacity to provide consent, gather relevant information. Apply clinical reasoning and judgement to determine the client's capacity to decide on the proposed services.
- 1.4 If the occupational therapist finds that the client does not have the capacity to provide consent,
- 1.5 Explain to the client the finding of incapacity and their right to a review of the finding.
- 1.6 Use the Health Care Consent Act, 1996 hierarchy of substitute decision-makers (see Appendix) to determine who is to provide consent.
- 1.7 Inform the client that the substitute decision-maker will decide on the occupational therapy services. Involve the client in discussions about services whenever possible.

2. Obtain informed consent

- 2.11 Follow the current Health Care Consent Act to ensure that clients have all the information a reasonable person would need to decide about the occupational therapy services. This information includes
 - a. Scope and reason for the referral or services
 - b. Purpose and nature of the services
 - c. Expected benefits and risks of proceeding, including any cultural, ecological, or economic considerations
 - d. Likely consequences of not proceeding
 - e. Expected outcomes
 - f. Alternative courses of action
 - g. The right of clients to withdraw consent at any time
 - h. How services will be paid for
 - i. Any authority given through a legal process for occupational therapy
- 2.12 Allow time and opportunity for questions and discussion about the proposed services.
- 2.13 Respect clients' choice if they decide not to proceed.
- 2.14 Explain each component of the plan and get ongoing consent when moving from one component of services to another.
- 2.15 Use interpreters or augmentative communication tools to support the informed consent process.
- 2.16 Obtain consent for others who will be involved in service delivery, such as students and occupational therapist assistants. Clarify their roles and responsibilities.
- 2.17 Be clear about any fees involved (for example, for occupational therapist assistants) and ensure that they are agreed upon before services start.
- 2.18 Apply an informed consent process to third party referrals (for example, independent examinations or expert reports). Explain that the services are at the request of the third party payer. Describe the nature and scope of the occupational therapist's role and reporting responsibilities.
- 2.19 If another regulated health professional obtains client consent on behalf of the occupational therapist, confirm that an informed consent process was followed.

3. Obtain knowledgeable consent

- 3.1 Knowledgeable consent refers to the collection, use, and disclosure of personal information according to the privacy legislation that applies to the occupational therapy practice. In Ontario, one of three privacy laws applies: the Personal Health Information Protection Act, the Personal Information Protection and Electronic Documents Act, or the Privacy Act.
- 3.2 Know which privacy law or laws apply to the occupational therapist's practice and follow the legal requirements for consent and ongoing consent for the collection, use, and disclosure of information.
- 3.3 Explain to clients why information is being collected, used, and shared and with whom. Make

sure that clients understand they have a right to withdraw consent, but that the withdrawal cannot be applied retroactively to information already shared.

- 3.4 Provide professional contact details in case questions arise later about how information was collected, used, and shared during occupational therapy service delivery.
- 3.5 For third party referrals (for example, independent examinations or expert reports),
 - a. Obtain consent for the disclosure of assessment results, reports, and intervention plans to third party payers and stakeholders unless exceptions to this disclosure apply under privacy legislation
 - b. Obtain consent before reviewing any additional client health information that was provided by the third party after the original assessment services were completed (for example, other medical reports or surveillance material)

4. Handle client information respectfully and responsibly

- 4.1 Collect only as much client information as is needed to provide the services.
- 4.2 Access only records that apply to the occupational therapist's role and practice.
- 4.3 Protect the confidentiality of client information, and ensure that all information is secured against unauthorized access, loss, or theft.
- 4.4 Understand privacy and security requirements, and comply with legal and organizational policies and procedures related to record management.
- 4.5 In the case of third-party referrals, take reasonable measures to ensure that any assessment information shared is accurate and represents the occupational therapist's professional opinion.
- 4.6 Follow the applicable laws for disclosing personal information and personal health information when required.

5. Document both informed and knowledgeable consent

Documentation can take the form of a note in the client record, signed and dated consent forms,¹ or a consent policy, procedure, or guideline that is referenced in the client record.

- 5.1 Ensure that documentation is timely (determined by practice factors such as workplace policies, client risk, and reporting priorities) and includes notes on these details:
 - c. Whether or not the client understood and agreed to all, some, or none of the proposed services and plans of care
 - d. The risks, limitations, and benefits of the services and that these risks, limitations, and benefits were discussed
 - e. Any limits imposed on the collection, use, and disclosure of the client's personal information and personal health information

¹ A signed consent form does not necessarily prove that informed or knowledgeable consent has been obtained. Consent forms should not be a substitute for the communication process that must accompany proper consent. Forms, however, can be used to support the process and to standardize methods of obtaining consent.

- f. The type of alternative communication methods used or details of interpretation services
- g. Name of the substitute decision-maker. If applicable, include a copy of authorizing documents such as power of attorney for personal care

6. Manage withdrawal of consent safely and securely

- 6.1 Ensure that clients understand their right to withdraw consent and any implications of doing so.
- 6.2 If clients withdraw consent, continue the services only if immediate withdrawal poses a serious risk to the health or safety of the clients or others. Explain to clients why the withdrawal cannot be immediate.
- 6.3 Ensure that records include all services provided before consent was withdrawn and the reasons the clients withdrew consent.
- 6.4 Release only information that clients consent to having released unless required by law.
- 6.5 If clients withdraw consent for disclosure of health information, explain that withdrawal cannot be applied retroactively to information already shared.

7. Manage breaches of confidentiality or privacy securely

- 7.1 Stay informed of workplace policies and procedures for reporting a privacy breach.

If the occupational therapist is responsible for clients' personal information and personal health information, ensure that policies and procedures are in place for managing and tracking breaches.

If personal information or personal health information has been lost, stolen, released to the wrong persons, or accessed without authorization, make reasonable efforts to notify everyone involved.

Report breaches of confidential client health information as required, either to the employer or to the appropriate privacy commissioner.

Related College documents

Consent Checklist
 Decision Tree for Obtaining Consent
 Standards for Record Keeping
 Standards for Supervision of Students and Occupational Therapist Assistants

Resources

Health Care Consent Act, 1996, Statutes of Ontario (1996, c. 2, Sched. A). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/96h02>

Office of the Privacy Commissioner of Canada. (2018). *Summary of privacy laws in Canada*. https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/02_05_d_15/

Personal Health Information Protection Act, Statutes of Ontario (2004, c. 3, Sched. A). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/04p03>

Personal Information Protection and Electronic Documents Act, Statues of Canada (2000, c. 5).
Retrieved from the Justice Laws website: <https://laws-lois.justice.gc.ca/eng/acts/p-8.6/>

Privacy Act, Revised Statues of Canada (1985, c. P-21). Retrieved from the Justice Laws website:
<https://laws-lois.justice.gc.ca/eng/acts/p-21/fulltext.html>

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Appendix: Hierarchy of Substitute Decision-Makers

When a healthcare practitioner believes that a client is not capable of making a decision about assessment, intervention, admission to a care facility, or personal assistance, they must obtain consent from the substitute decision-maker unless the circumstances warrant urgent intervention.

In most situations, the substitute decision-maker does not have to be appointed by the courts. They must be at least 16 years old unless they are the parent of the client, and they must be capable of giving consent.

The *Health Care Consent Act* (s. 20[1]) provides a hierarchy of persons who can provide substitute consent. Generally, the practitioner must obtain consent from the highest-ranking person who is available and willing to be a substitute decision-maker. An exception is if a lower-ranking substitute is present and believes that the higher-ranking substitute would not object.

Based on the HCCA (s. 20[1]), the hierarchy is as follows:

Guardian of the person appointed by the courts, if the person has the authority to give or refuse consent to treatment

Attorney for personal care conferred by a written form when the client was capable

Representative appointed by the Consent and Capacity Board

Spouse or partner

Child or parent (custodial parent if the child is a minor)

Parent of the incapable person who has only a right of access

Sibling

Any other relative

Public Guardian and Trustee



Standards for Infection Prevention and Control (IPAC)

Occupational therapists protect the public by using best practices to minimize the risks of transmitting infection. Public Health Ontario defines IPAC as “evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, clients, patients, residents and visitors” (PHO, 2021).

In addition to infectious agents, occupational therapists must be aware of other environmental factors that could impact client health and safety, such as insect infestations or food-borne illnesses. Refer to Appendix 1 for IPAC resources.

Occupational therapists are expected to

1. Know and apply current, evidence-informed best practices

- 1.1 Identify and access current and best-practice IPAC resources relevant to the practice setting.
- 1.2 Develop or apply existing IPAC policies and procedures including routine practices such as hand hygiene and the selection and use of personal protective equipment. Ensure that equipment is cleaned and maintained.
- 1.3 Advocate for adequate resources to support IPAC best practices.
- 1.4 Educate clients and others about IPAC best practices as they relate to service provision.
- 1.5 Ensure that protocols are in place when risks of transmission are not preventable and that address adverse events related to IPAC. Collaborate with clients to form alternative plans and document these.

2. Control the environment

- 2.1 Understand and apply evidence-informed cleaning, disinfection, and sterilization protocols for the practice setting’s physical environment, devices, and equipment. Comply with the equipment manufacturer’s instructions for use and best practices for cleaning. Appendix 2 explains the three types of equipment and devices: non-critical, semi-critical, and critical.
- 2.2 Use clinical judgement to determine when commonly used items such as pens and measuring tapes should be reused, cleaned, or discarded.
- 2.3 Follow additional guidelines when working with practice modalities such as acupuncture.
- 2.4 As best practices for IPAC evolve, review and update protocols for cleaning, disinfecting, and sterilizing devices and equipment.

Related College documents

Standards for Acupuncture
Standards for Record Keeping

Appendix 1: IPAC Resources

Infection Prevention and Control Canada: Infection Prevention and Control Resources (n.d.)
<https://ipac-canada.org/infection-prevention-and-control-resources.php>

Public Health Agency of Canada: Infection Control Guideline Series (n.d.)

<https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections.html>

Public Health Ontario: Infection Prevention and Control (2021)

<https://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/default.aspx>

- Provincial Infectious Diseases Advisory Committee Best Practice Documents
<https://www.publichealthontario.ca/en/about/our-organization/external-advisory-committees/pidac-ipc>
 - Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings (2013)
 - Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings (2018)
 - Best Practices for Hand Hygiene in All Health Care Settings, 4th Edition (2014)
 - Infection Prevention and Control for Clinical Office Practice (2013)
- Public Health Ontario Online Learning (2020)
<https://www.publichealthontario.ca/en/education-and-events/online-learning>

Appendix 2: Classification of Equipment Used in Practice and Best Practices for Reprocessing Equipment

PHO classifies the equipment used by health professionals as non-critical, semi-critical, or critical. PHO uses the term “reprocessing” to refer to the steps for cleaning, disinfecting, and sterilizing medical equipment or devices (PHO, 2013). Occupational therapists must be knowledgeable about the PHO classifications of medical equipment and about best practices for reprocessing.

This chart outlines PHO’s classification system and notes best practices for cleaning, disinfecting, and sterilizing.

Classification of Equipment and Devices	Definitions and Examples	Best Practices for Reprocessing
Non-critical	Those that do not touch the client directly or touch only the client’s intact skin Examples: splints, goniometers, blood pressure cuffs, stethoscopes	Cleaning; may also require low-level disinfection or single use

Semi-critical	Those that encounter non-intact skin or mucous membranes but do not penetrate them Examples: respiratory equipment, probes	Meticulous cleaning followed by, at a minimum, high-level disinfection
Critical	Those that enter sterile tissues Examples: indwelling catheters, footcare equipment	Meticulous cleaning followed by sterilization

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Standards for Professional Boundaries and the Prevention of Sexual Abuse

Occupational therapists are fully responsible for establishing and maintaining professional relationships with clients, colleagues, students, and all others they encounter in their practice setting. Occupational therapists must realize that breaching clinical, financial, intimate, or social boundaries with clients demonstrates a lapse in professional judgement and jeopardizes clients' emotional and personal safety.

The most serious boundary violation is when relationships with clients become intimate, romantic, or sexual. This is *sexual abuse*. When referring to sexual abuse, both the *Health Professions Procedural Code* (s. 1[6]) and the *Regulated Health Professions Act* (Regulation 260/18) use the term "patient" to refer to anyone who receives services from an occupational therapist, even if the services were provided at no cost or were not documented. The *Health Professions Procedural Code* says that, in the context of the rules on sexual abuse, a person continues to be a patient for one year after the professional relationship ends. In these Standards, the terms "patient" and "client" are used interchangeably.

The College has a position of *zero tolerance* toward all forms of sexual abuse that may occur within client-therapist relationships. Consent is never a defence for forming inappropriate relationships with clients. The *Regulated Health Professions Act, 1991* sets out the penalties for occupational therapists who have been found guilty of sexually abusing clients. These include revoking the occupational therapist's licence to practise (see Appendix 1).

Occupational therapists are expected to

1. Form appropriate therapeutic relationships

- 1.1 Except in medical emergencies, never provide services to spouses or partners. Following the emergency, the occupational therapist must transfer care to another practitioner as soon as possible.
- 1.2 Avoid providing services to someone the occupational therapist knows personally or with whom they have a relationship. Exceptions may apply when alternative services are not available (for example, in remote communities) or in emergency situations.
- 1.3 Never form intimate, personal, or romantic relationships with current clients, their relatives, or their support people.
- 1.4 Never form intimate, personal, or romantic relationships with clients currently being serviced by colleagues, especially if the occupational therapist is or could be privy to the client's personal information.
- 1.5 Never form intimate, personal, or romantic relationships with current students or anyone under the occupational therapist's supervision.
- 1.6 Never form intimate, personal, or romantic relationships with previous clients who were especially vulnerable, no matter how much time has passed since the client-therapist relationship ended.
- 1.7 Not form intimate, personal, or romantic relationships with previous clients (or their relatives and support people) unless

- a. At least one year has passed since therapeutic services were last provided or the client was discharged from the occupational therapist's care and
- b. The occupational therapist can demonstrate that any previous power imbalance no longer exists and
- c. The person involved is not dependent on the occupational therapist and
- d. A client-therapist relationship is never resumed

2. Recognize power dynamics

- 2.1 Be aware of the power imbalance inherent in the client-therapist relationship.
- 2.2 Understand how power dynamics are related to intersectionality.
- 2.3 Be careful about sharing personal or private information and how communication is being interpreted.
- 2.4 Avoid creating situations where dependencies develop between clients and the occupational therapist.
- 2.5 Educate students, occupational therapist assistants, and others being supervised about maintaining professional boundaries.

3. Monitor and manage boundaries and boundary violations

- 3.1 Know that boundaries extend beyond clients and include those who support them. Boundaries also extend to people the occupational therapist supervises. Maintain all boundaries regardless of the actions, consent, or participation of clients, their support people, or those being supervised.
- 3.2 Respect each client's boundaries, which are unique to their beliefs, capacity, choices, culture, disability, ethnicity, gender, language, life experiences, lifestyle, past trauma, race, religion, socioeconomic status, and values.
- 3.3 Be sensitive to how the practice setting and service location (for example, in the client's or therapist's home or in a community setting) may affect boundaries.
- 3.4 Recognize and manage any shifts in clients' expectations of boundaries (in-person or online) within the client-therapist relationship.
- 3.5 Be aware of and reflect on any feelings that are developing toward clients and could result in boundary violations (for example, the desire to form intimate connections or the internalization of a client's grief).
- 3.6 Immediately take steps to document, address, and rectify boundary violations if they occur. This can include discontinuing services and facilitating a referral to another provider.
- 3.7 Address boundary risks or violations that are occurring by those under the occupational therapist's supervision or direction (for example, assistants, students, or support personnel).
- 3.8 Ensure that policies and procedures are in place to identify and manage boundary risks or violations, including those related to conflicts of interest. Policies should include the documentation process for boundary violations, resulting actions, and resolutions.

4. Prevent sexual abuse

Sexual abuse includes remarks, behaviour, or sexual relations between occupational therapists and clients. Sexual abuse is unethical and involves a serious breach of trust and a fundamental abuse of power.

- 4.1 Never engage in sexual abuse of clients including behaviour, remarks, or touching of a sexual nature, sexual intercourse, or other forms of physical sexual relations. The consequences of sexual abuse are listed in Appendix 1.
- 4.2 Always obtain informed consent before initiating any clinical services that involve touching unless in an emergency.
- 4.3 Respect clients' privacy and dignity. For example, use curtains or dividers in assessment and intervention spaces, use draping and garments to minimize exposure, and provide the option of an observer for potentially sensitive situations.
- 4.4 File a mandatory report if there is reason to believe that another regulated health professional has sexually abused a client. See Appendix 2 for details.
- 4.5 Know and follow all other mandatory reporting requirements for sexual abuse of minors or vulnerable people.

Related College documents

Code of Ethics
 Culture, Equity, and Justice in Occupational Therapy Practice
 Decision-Making Framework
 Standards for Consent
 Standards for the Prevention and Management of Conflicts of Interest
 Standards for Supervising Students and Occupational Therapist Assistants

Resources

Family Law Act, Revised Statutes of Ontario (1990, c. F.3). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/90f03>

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Ontario Regulation 260/18, Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code. (2018). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/r18260>

Schedule 2: Health Professions Procedural Code. (1991). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18#BK41>

Appendix 1: Consequences Related to Sexual Abuse of a Client

The *Regulated Health Professions Act, 1991* sets out the penalties for health professionals, including occupational therapists, who have been found guilty of sexually abusing a patient. A discipline hearing is the most serious proceeding that a regulated health professional can face under the Act.

If a panel of the College's Discipline Committee finds that an occupational therapist has sexually abused a patient, Schedule 2 of the *Health Professions Procedural Code*, s. 51(5), requires the Committee to reprimand the occupational therapist and revoke their certificate of registration if the sexual abuse includes any of the following:

- i. Sexual intercourse.
- ii. Genital to genital, genital to anal, oral to genital or oral to anal contact.
- iii. Masturbation of the [occupational therapist] by, or in the presence of, the patient.
- iv. Masturbation of the patient by the [occupational therapist].
- v. Encouraging the patient to masturbate in the presence of the [occupational therapist].
- vi. Touching of a sexual nature of the patient's genitals, anus, breasts or buttocks.
- vii. Other conduct of a sexual nature prescribed in regulations [...].

Even if the act of sexual abuse was not one to which the mandatory revocation provision applies, depending on the seriousness of the conduct, the panel of the Discipline Committee may also take one or more of the following actions (*Health Professions Procedural Code*, s. 51[2]):

Directing the Registrar to revoke the [occupational therapist's] certificate of registration.

Directing the Registrar to suspend the [occupational therapist's] certificate of registration for a specified or indefinite period of time.

Directing the Registrar to impose specified terms, conditions and limitations on the [occupational therapist's] certificate of registration for a specified or indefinite period of time.

Requiring the [occupational therapist] to appear before the panel to be reprimanded.

Requiring the [occupational therapist] to pay a fine of not more than \$35,000 to the Minister of Finance.

5.1 [...] requiring the [occupational therapist] to reimburse the College for funding provided for that patient [for therapy and counselling].

5.2 [...] requiring the [occupational therapist] to post security acceptable to the College to guarantee the payment of any amounts the [occupational therapist] may be required to reimburse [the College for funding provided to the patient for therapy and counselling].

Appendix 2: Mandatory Reports

The *Regulated Health Professions Act, 1991* requires occupational therapists to make a mandatory report when they have reasonable grounds, obtained while practising the profession, to believe that another regulated health professional (of the same or a different College) has sexually abused a client. A mandatory report must also be made by the operator of the health facility.

The mandatory report must be in writing to the alleged abuser's College. It must be made within 30 days after the obligation to report arises. However, if the occupational therapist has reasonable grounds to believe that the alleged abuser will continue to abuse the patient or will abuse others, the occupational therapist must file the report immediately.

If the occupational therapist becomes aware of the possible sexual abuse through a client's disclosure, they must inform the client that they are obliged to make a mandatory report. They must obtain the client's written consent to disclose the client's name to the College. If the client does not consent to disclose their name, the occupational therapist will withhold it from the report.

An occupational therapist may become aware of possible abuse while providing psychotherapy to another regulated health professional. They are required to make a report, and if they are able to form one, provide an opinion concerning whether the abusing practitioner is likely to sexually abuse clients in the future. The occupational therapist must make a report even if they stop providing psychotherapy to the abusing professional.

If an occupational therapist fails to make a mandatory report, they are subject to a fine of not more than \$50,000.

Health facilities that fail to make a mandatory report are subject to a fine of not more than \$50,000 in the case of an individual and \$200,000 in the case of a corporation.

In addition, if the College finds that an occupational therapist has failed to make a mandatory report, the College may find the occupational therapist to have engaged in an act of professional misconduct.



Standards for the Prevention and Management of Conflicts of Interest

Occupational therapists are required to be proactive in preventing, recognizing, and managing conflicts of interest in their practice. They must not exploit the client-therapist relationship for any form of direct or indirect benefit. They must ensure that the clients' interests and well-being are always prioritized. Practising occupational therapy while in a conflict of interest is an act of professional misconduct (paragraphs 1.1 and 1.18 of the Professional Misconduct Regulation).

Occupational therapists are expected to

1. Understand what conflicts of interest are

- 1.1 Understand the types of conflicts of interest, their relevance to the occupational therapist's practice, and the situations that may lead to them. Conflicts of interest can be
 - a. Perceived (for example, referring clients internally for other services)
 - b. Potential (for example, a close family member interviewing for a position at an organization to which the occupational therapist refers clients)
 - c. Actual (for example, receiving or making payment for referrals)
- 1.2 Recognize that client consent is not an acceptable reason to practise while in a conflict of interest.
- 1.3 If uncertain whether a conflict of interest exists, seek advice from knowledgeable individuals such as managers, peers, the College, or legal counsel.

2. Monitor and manage conflicts of interest

- 2.1 Provide fair and equitable services (for example, avoid preferential scheduling for referral sources that pay more).
- 2.2 Never take advantage of their position as an occupational therapist, and always maintain relationships of trust and confidence with clients.
- 2.3 Remain aware of and address any conflicts of interests that arise during the client-therapist relationship.
- 2.4 Understand when conflicts of interest are based on strongly held values, beliefs, or biases, or on cultural, human rights, or social grounds, and address these sensitively and carefully.
- 2.5 Avoid dual or multiple relationships with clients, such as additional financial, personal, or professional roles with clients while also providing occupational therapy services.
- 2.6 Take appropriate steps to resolve conflicts of interest in the client's best interests. This could include ending the therapeutic relationship.
- 2.7 If avoiding a conflict of interest is not possible, manage it by taking these steps:
 - a. Discuss the conflict of interest with the client and relevant stakeholders before providing services

- b. Advise the client of their right to decline services at any time and, if possible, suggest practical alternatives
- c. Document in the client record the steps taken to address the conflict

3. Avoid giving or receiving gifts or benefits

- 3.1 Know that the inappropriate exchange of gifts, money, services, or hospitality can exploit client relationships and is considered a boundary violation.
- 3.2 Exchange gifts with clients only if these have little to no monetary value, the offer is not recurring, and refusal could harm the client-therapist relationship.
- 3.3 Recommend only products or services that are appropriately indicated, and that do not involve any personal gain, relationship, or financial interest for the occupational therapist or someone close to them. This applies unless the occupational therapist can manage the conflict of interest by taking these steps:
 - a. Disclose the nature of the benefit or relationship to clients in advance
 - b. Discuss other options for products or services, and allow clients to choose
 - c. Assure clients that services will not be adversely affected should they select an alternative supplier or product
 - d. Document the discussion in the client record
- 3.4 Never give or receive any incentive or benefit in return for client referrals.
- 3.5 Avoid self-referrals or soliciting clients (for example, referring clients from an employer's practice to the occupational therapist's private practice). This applies unless alternative options are not available or are not in the clients' best interest (for example, clients are at risk of not receiving the services). In these cases, take these steps:
- 3.6 Disclose the self-referral to the occupational therapist's employer, clients, and others involved in the referral or services
- 3.7 Give clients the option of seeking alternative services
- 3.8 Document the full disclosure in the client record

4. Manage stakeholder relationships

- 4.1 Ensure that professional interactions with other stakeholders (for example, vendors or lawyers) are in clients' best interests. Recognize that the occupational therapist's primary obligation is to their clients. Relationships with stakeholders must never affect the integrity, trust, and confidence in the client-therapist relationship.
- 4.2 Provide clients with a choice of possible vendors when recommending other services, professionals, and equipment.

5. Follow protocols for client participation in research or quality projects

It is important for occupational therapists to help build their profession's body of knowledge and to contribute to research and initiatives that will innovate practice. This may involve formal or informal research studies, client and non-client participants, or quality activities in the workplace. Occupational

therapists must recognize any conflicts of interest that may arise from these initiatives and manage them appropriately.

- 5.1 Before involving clients in research activities, get approval from a Research and Ethics Board to ensure that the proposed study is ethically defensible, socially responsible, and scientifically valid. This must include disclosing to the Research and Ethics Board any conflicts of interest if the occupational therapist is acting as a researcher while also providing clients with services.
- 5.2 Obtain informed consent from clients before and throughout participation.
- 5.3 Ensure that clients are not pressured, unduly influenced, or coerced to participate, and that there is no adverse impact on them should they decline.
- 5.4 Disclose to clients any financial or other benefit that they or the occupational therapist will receive for participating.
- 5.5 Ensure that clients are fully informed about the purpose, methods, and risks, including intended use of any results.
- 5.6 Communicate the results to clients.

Related College documents

Code of Ethics
Standards for Consent
Standards for Professional Boundaries and the Prevention of Sexual Abuse
Standards for Record Keeping

Resources

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>



Standards for Psychotherapy

These Standards apply to occupational therapists who perform psychotherapy, including psychotherapy as a controlled act under the *Regulated Health Professions Act, 1991*. The *Occupational Therapy Act, 1991* was amended in 2020 to include regulations that apply to occupational therapists when performing the controlled act of psychotherapy (see Appendix). With access to the controlled act, occupational therapists can perform psychotherapy without delegation.

The psychotherapeutic services that occupational therapists provide may at times meet the definition of a controlled act and at other times may not. To ensure the greatest public protection, these Standards apply to occupational therapists performing all types of psychotherapy, including the controlled act of psychotherapy. Refer to the supporting document “When the Standards for Psychotherapy Apply: Occupational Therapy in Mental Health” for more information.

The College recognizes that clients’ disorders and levels of impairment can fluctuate during the provision of services. In response, occupational therapists providing psychotherapy are to have the competency to adapt to clients’ evolving needs.

These Standards do not apply to occupational therapists using approaches that are not psychotherapeutic, such as health teaching, supportive listening, and coaching.

Distinguishing psychotherapy as a controlled act from other psychotherapy services

The definition of the controlled act of psychotherapy is set out in section 3.1(1) of the *Occupational Therapy Act, 1991*:

A member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behaviour, communication or social functioning.

For the service to be considered a controlled act of psychotherapy, all five components of the definition are required:

- I. A client is being treated
- II. A psychotherapy technique is being applied
- III. A therapeutic relationship with the client is established
- IV. The client has a serious disorder of “thought, cognition, mood, emotional regulation, perception or memory”
- V. The client’s disorder may seriously impair their “judgement, insight, behaviour, communication or social functioning”

While “serious” is not clarified in the definition, occupational therapists are required to apply their knowledge and clinical judgement to determine what constitutes a serious disorder or impairment. Consider the risks and extent of the impact of the disorder on the client’s occupational participation (for example, in school, at work, or in social relationships).

Example: Psychotherapy as a controlled act

An occupational therapist is treating a client who works as a first responder and who was recently diagnosed with post-traumatic stress disorder. The client's occupational participation has been seriously impacted such that they are on a leave of absence from their work, are experiencing marital stress, and have withdrawn from other social relationships. The therapist is trained in psychotherapy techniques (such as the therapeutic use of self, cognitive behavioural therapy, and exposure therapy) and uses these with the client to perform the controlled act of psychotherapy.

These Standards apply because all components of the definition of the controlled act of psychotherapy are present.

Example: Psychotherapy outside the controlled act definition

An occupational therapist begins a therapeutic relationship with a client who was diagnosed with bipolar disorder. The client is currently not in an active episode, and their occupational performance is not seriously impaired. They are seeking psychotherapy to continue their recovery and improve the relationship with their partner. The occupational therapist uses behavioural, cognitive, and emotion-focused psychotherapeutic techniques including the therapeutic use of self.

Although the client may not have a current level of impairment that meets the definition of a controlled act, psychotherapy is being provided, and therefore, these Standards apply.

Occupational therapists are expected to

1. Obtain and maintain competence

Performing psychotherapy is not an entry-level practice competency. It is an intentional and defined approach, and it is not recommended to be an occasional practice. Occupational therapists must obtain and maintain competence in each psychotherapy technique they intend to use.

Occupational therapists are to obtain psychotherapy training that has these components: instructional (is instructor led, not self-taught), theoretical (is based on psychotherapeutic theories), and practical (involves supervision). Pairing supervision with instruction and theoretical training allows for the practical application of theory to practice.

Instructional and theoretical educational requirements

- 1.1 Select training that is appropriate for the occupational therapist's learning needs. At the beginning, it is expected that the instructional and theoretical components of training provide foundational understanding of the psychoeducational modalities. Afterwards, it may be appropriate to use other methods to continue competence (for example, workshops, professional networks, literature reviews, and continuous quality improvement initiatives). Factors that may contribute to the selection of education options include client needs, evidence-informed approaches, the scope of services, previous training and experience, comprehensiveness, and the integrity of the training.

Practical (supervision) requirements

Supervision is an intentional arrangement where an experienced and qualified provider of psychotherapy assists the occupational therapist being supervised in their professional growth. This structured process allows the occupational therapist to develop foundational competence and the ability to provide safe, ethical, and efficient services. Supervision can be tailored to the occupational therapist's individual needs. Methods of supervision include regular, one-to-one meetings and supervision in a small group setting. The requirements for supervision are outlined as follows:

- 1.2 Participate in a period of formal, practical psychotherapy supervision that includes the following:

Quantity: Supervision is a formal arrangement and a long-term commitment. It is to occur at regular intervals for the duration of the supervisory period, with a recommended minimum of 50 hours of supervision over at least the first two years of psychotherapy practice. This may extend longer for an occupational therapist who is not performing psychotherapy full time. Some training institutions may require specific supervision beyond this minimum.

Quality: Supervisors must be experienced, competent, and eligible to perform the controlled act of psychotherapy. Supervisors can be occupational therapists or other health professionals. They must be a member of the College of Nurses of Ontario, the College of Occupational Therapists of Ontario, the College of Physicians and Surgeons of Ontario, the College of Psychologists of Ontario, the College of Registered Psychotherapists of Ontario, or the Ontario College of Social Workers and Social Service Workers. Supervision needs to align with the occupational therapist's experience and specific psychotherapeutic approach. Occupational therapists who provide supervision do not take accountability for clients. The occupational therapist being supervised is responsible for the client services they provide.

- 1.3 Have a supervisory agreement which should include
 - a. Administrative details (for example, start and end dates, frequency of meetings)
 - b. Responsibilities of the supervisor and the occupational therapist being supervised
 - c. Confirmation of accountability for client services
 - d. Fees associated with supervision
 - e. Processes to follow in the case of emergency
- 1.4 Maintain supervisory or meeting notes that do not contain personal information or personal health information. This requirement applies to both the supervisor and the occupational therapist being supervised for at least the duration of the supervisory agreement. Notes that contain clients' information must be retained in accordance with the Standards for Record Keeping. Meeting notes can include
 - a. Meeting dates
 - b. Summary of any ethical or professional issues addressed
 - c. Any direction, recommendations, feedback, or evaluation provided
 - d. Record of payments made for supervision
- 1.5 During the consent dialogue with clients, inform them of any supervisory arrangements.
- 1.6 Never participate in supervisory arrangements solely for billing purposes. Financial records

should clearly identify who provided the direct services to clients.

- 1.7 If requested by the College, provide verifiable documentation of the completion of both an educational program and a required period of psychotherapy supervision.

After the required period of supervision, the occupational therapist can choose to continue with supervision or move to a consultation model in their psychotherapy practice. In both cases, the occupational therapist remains accountable for their services because they have the statutory authority to perform the controlled act of psychotherapy.

Consultation is less formal than supervision and enables an occupational therapist who is experienced in psychotherapy to continue their professional growth. This can follow the required formal supervision period. Methods of consultation include peer consultation and as-needed individual consultation. The individuals involved in this arrangement can determine whether consultation requires a formal agreement and documentation.

2. Practise safely

The Standards for Psychotherapy apply to occupational therapists providing psychotherapy across all sectors and settings. Because settings vary, it is important for occupational therapists to consider the cultural origins of the psychotherapy techniques and modalities being used, and use them in culturally sensitive ways. Through the therapeutic relationship, occupational therapists develop an understanding of the client's unique perspectives and personal experiences.

- 2.1 Before services begin, review the referral information to confirm that the client needs psychotherapy services. The occupational therapist must determine whether they have the competence (knowledge, skills, and judgement) to deliver the appropriate psychotherapy service, including the controlled act of psychotherapy.
- 2.2 Ensure that clients are aware they are taking part in psychotherapy services. Obtain ongoing informed and knowledgeable consent.
- 2.3 Understand and follow the laws and regulations governing the practice of psychotherapy.
- 2.4 Perform psychotherapy within the occupational therapist's role and the scope of occupational therapy practice. Make referrals to other qualified providers as needed.
- 2.5 Identify, minimize, and manage the risks associated with performing psychotherapy.
- 2.6 Establish and maintain professional boundaries as outlined in the Standards for Professional Boundaries and the Prevention of Sexual Abuse.
- 2.7 If holding a temporary certificate of registration, refrain from practising psychotherapy unless permission from the Registrar has been obtained (temporary certificates may be issued to occupational therapists who are registered in another jurisdiction and are providing in-person services in Ontario on a temporary basis).

3. Observe the limits for delegating or assigning psychotherapy services to others

- 3.1 Use clinical judgement to determine when or if it is appropriate for students or re-entry candidates (those returning to the profession after a prolonged absence) to be included in psychotherapy practice. While students or re-entry candidates may be able to independently

provide general mental health interventions, they can observe psychotherapy or employ psychotherapy techniques with clients only when their supervisor is present.

- 3.2 Never assign any part of psychotherapy practice or delegate psychotherapy to anyone else, including occupational therapist assistants.

4. Use title appropriately

Section 33.1 of the *Regulated Health Professions Act* permits occupational therapists to use the title “psychotherapist” only if they also identify themselves as members of the College by using the title “occupational therapist” as well. This applies to both oral and written communications.

- 4.1 Determine, based on their competence, when it is appropriate to add the title “psychotherapist.”
- 4.2 Use acceptable versions of title, such as
 - a. First name, Last name, OT Reg. (Ont.), Psychotherapist
 - b. First name, Last name, Occupational Therapist, Psychotherapist
 - c. First name, Last name, Occupational Therapist, practising psychotherapy

Related College documents

Standards for Consent

Standards for Professional Boundaries and the Prevention of Sexual Abuse

Standards for Record Keeping

Standards for Use of Title

When the Standards for Psychotherapy Apply: Occupational Therapy in Mental Health

Resources

Ontario Regulation 474/19, Controlled Acts. (2019). Retrieved from the Government of Ontario website:
<https://www.ontario.ca/laws/regulation/190474>

Appendix: Occupational Therapy Act, 1991: Ontario Regulation 474/19: Controlled Acts

Psychotherapy technique

1. (1) For the purposes of subsection 3.1 (2) of the Act, a member holding a general practising certificate of registration may treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning if the member meets the standards of practice set out in subsection (3) of this section.

(2) For the purposes of subsection 3.1 (2) of the Act, a member holding a temporary certificate of registration who has the approval of the Registrar may treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning if the member meets the standards of practice set out in subsection (3) of this section.

(3) It is a standard of practice of the profession that a member referred to in subsection (1) or (2) who performs the controlled act described in those subsections must comply with the following:

 - 1.1 Either have formal psychotherapy training that includes instructional, theoretical, and practical components or else have a combination of training and experience that in the opinion of the College is equivalent to such training.
 - 1.2 Maintain competence by engaging in ongoing psychotherapy-based learning activities.
 - 1.3 Have the knowledge, skill and judgment to perform the controlled act safely, effectively and ethically.
 - 1.4 Have the knowledge, skill and judgement to determine whether the individual's condition warrants performance of the controlled act.
 - 1.5 Determine that the individual's condition warrants performance of the controlled act, having considered,
 - 1.6 the known risks and benefits to the individual of performing the controlled act,
 - i. the predictability of the outcome of performing the controlled act,
 - ii. the safeguards and resources available in the circumstances to safely manage the outcome of performing the controlled act, and
 - iii. other relevant factors specific to the situation.

No delegation

2. A member shall not delegate the performance of the controlled act authorized by subsection 3.1 (1) of the Act.

[...]
3. [Omitted (provides for coming into force of provisions of this Regulation)].



Standards for Record Keeping

Client records are legal documents intended to officially capture the entirety of occupational therapy services provided. Records document

- How occupational therapists are monitoring client health status
- The processes of consent and assessment
- Professional analysis and interventions made
- Client input, intervention plans, and outcomes
- Other clinically significant events

Records are a mechanism to communicate health information to clients and other stakeholders. They enable interprofessional collaboration and continuity of care. The client record demonstrates the provision of safe, ethical, and effective occupational therapy.

In addition to complying with the Standards for Record Keeping, occupational therapists must complete and retain records according to applicable privacy laws and organization-specific policies and procedures.

Occupational therapists are expected to

1. Be sensitive to the wording of clinical notes

- 1.1 When entering information into client records, ensure that all information is truthful and ethical. Consider the subtleties of what is being said and what is not being said and how information is phrased. The occupational therapist should reflect on their own social positions and biases when documenting about clients.
- 1.2 Keep in mind how the information in the record will be received by clients and others who will read it. For example, there is a difference in tone between writing that a client “refused” versus “declined” an element of service.
- 1.3 Keep all parts of records respectful, using professional and culturally sensitive language.
- 1.4 Refer to clients by their preferred names (except when otherwise legally required).

2. Attend to administrative requirements

- 2.1 Adopt a documentation process that allows for consistent application of the Standards.
- 2.2 Date and sign every entry or page.
- 2.3 If required or relevant, indicate the duration or timing of services provided.
- 2.4 Keep records that are accurate and complete, clearly organized, legible, and in English or French.
- 2.5 Explain abbreviations in a note, or refer readers to a list of terms with explanations.
- 2.6 Complete records in a timely manner in accordance with the clinical need and organizational requirements.

- 2.7 At clients' request or when lawfully required, provide access to their record or to the process for obtaining them.
- 2.8 Retain all data that was used to inform clinical decisions but cannot be included or summarized in the record. Note the location of this data (for example, paper-based standardized assessment forms). When converting data to an electronic format, ensure that the integrity of the data is maintained.
- 2.9 If the information being collected falls under the Personal Health Information Protection Act,
 - a. Develop and follow policies and procedures for the management of lock box information
 - b. If acting as a health information custodian, have a contingency plan for unexpected events to ensure that clients continue to have access to their records

3. Know what details to record

- 3.1 Document client identifying information and referral details (for example, source and reason). Confirm client identity and the accuracy of any referral information provided.
- 3.2 Include the initial and ongoing consent of clients or substitute decision-makers.
- 3.3 Record all findings, interventions, reports, and service details. Record client input and input from others (obtained with consent) that has clinical value.
- 3.4 Document relevant clinical information about group therapy that clients take part in (for example, stated goals, client insights, and adverse events). Make notes in the client record or refer to the location of this information, such as a file containing a group's purpose, duration, attendance, and resources provided.
- 3.5 Identify tasks that have been assigned to others (for example, occupational therapist assistants or students), and confirm that client consent was obtained. If names and titles of the persons assigned are known, include that in the record or indicate any workplace protocol followed for assignment.
- 3.6 If delegating a controlled act, document the delegation and accompanying details.
- 3.7 Include relevant details when services are transferred or ending (for example, client status and input, transfer of accountability, resources provided, and recommendations and referrals).

4. Apply signature correctly

- 4.1 Apply a signature to each entry after verifying that the information is accurate and complete. The signature must include the author's designation and either their full name or if the full name is referenced or easily available, their first initial and last name or their initials.
- 4.2 Take steps to ensure the security of all signatures, including those that are electronic.
- 4.3 Where there are shared and overlapping roles and responsibilities with other professionals and combined reports are created, identify the portion of the report for which the occupational therapist is responsible. If there is no clear delineation, the occupational therapist is accountable for the entire report.
- 4.4 Review the record keeping completed by those being supervised to confirm it is accurate and follows appropriate College Standards and workplace policies. Document this review. When co-signing records completed by students or if required to co-sign for those being supervised, ensure that all entries are accurate and complete.

5. Manage record changes appropriately

- 5.1 Respond in a timely manner to requests for changes. Clients and other stakeholders can request changes to the client record verbally or in writing. The occupational therapist has 30 days to respond to the request. They are expected to correct factual errors but need not change a professional opinion.
- 5.2 When a record needs to be changed due to errors, additions, or omissions,
 - a. Maintain all original entries, or have an audit trail of changes.
 - b. Identify, date, and sign or initial changes. This is done by the occupational therapist who created the original entry or the person in the organization who is currently responsible for the record.
 - c. Use an addendum (additional note) to modify a document after distribution. The addendum includes the reason for the changes being made. Send copies of the addendum to everyone who received the original document.
 - d. When errors in the record are noted, identify both changes to the entry and the person making the change.

6. Safely store client personal information and personal health information

- 6.1 Use controls to securely store records (such as locked filing cabinets, restricted office access, a protocol of logging off devices after use, and secure passwords).
- 6.2 Travel with or transport personal information and personal health information only when it is essential for service delivery. When records and information are in transport, prevent them from being visible to others.
- 6.3 Store paper records securely, and back up all electronic records.
- 6.4 Electronically communicate client information confidentially and securely (for example, using encryption, password protection, de-identification, and secure networks).
- 6.5 Implement physical and technical safeguards to protect the privacy of health information that is disclosed. Safeguards may include
 - a. Confirming the recipient's email address, fax number, or other contact information
 - b. Periodically auditing preprogrammed numbers
 - c. Using transmission receipts or mail tracking
 - d. Place a confidentiality statement on outgoing communications, including email, fax, and paper.

7. Properly document financial transactions

- 7.1 Ensure that all records related to billing are clear and include
 - e. Full name and designation of the providers of the services or products
 - f. Full name of the client to whom the services or products were provided
 - g. Full name and address of any third party to whom fees were charged
 - h. Items sold or services delivered
 - i. Date of services or purchases

- j. Fee for services or products
- k. Method of payment
- l. Invoice or receipt of payment

Describe any differential fees charged for services (for example, reduced fees).

Transparently communicate payment policies to clients.

8. Keep equipment records

- 8.1 Maintain documents to show that the equipment used to provide occupational therapy services is safe, clean, and well-maintained (for example, sterilization protocols and routine inspection reports).
- 8.2 If not directly responsible for ensuring that equipment has appropriate service records, know where to access these records.
- 8.3 Retain equipment records for a minimum of 5 years from the date of last entry, even if the equipment is discarded.

9. Use acceptable electronic systems

- 9.1 Ensure that any electronic devices (including personal computers) used to create and maintain clinical notes or records have the following features:
 - a. Access records by client's name with client's identification validated by a unique identifier (such as date of birth)
 - b. Can produce a copy of any record in a timely manner
 - c. Allow more than one author or contributor to sign
 - d. Maintain an audit trail that records the date of each entry, the identity of the author, and any changes made to the record (while preserving the original content)
 - e. Protect against unauthorized access
 - f. Automatically back up files and allow for file recovery

10. Follow rules for retaining and destroying records

Rules on record retention and destruction vary based on the privacy laws that apply to an occupational therapist's practice or services. It is up to the occupational therapist to know and follow these rules.

- 10.1 Know the privacy legislation that applies as well as any organizational or employment policies on record retention and destruction. For records governed by the Personal Health Information Protection Act,
 - a. Records must be accessible and maintained for at least 10 years after the date of the last entry. With pediatric cases, they must be maintained 10 years after the client reached (or would have reached) 18 years of age.
 - b. Records must be maintained if there is reason to believe that the health information will be needed for a valid reason (for example, a pending legal proceeding).
- 10.2 Retain and destroy audiovisual, multimedia, and financial records as part of the entire record.
- 10.3 Follow legal requirements for securely destroying records. Prevent anyone from accessing, discovering, or otherwise obtaining the information.

- 10.4 Maintain a list of files that have been destroyed including names and dates. Destroy the list after 10 years unless organizational or practice policy indicates otherwise.

Related College documents

Standards for Consent

Resources

Personal Health Information Protection Act, Statutes of Ontario (2004, c. 3, Sched. A). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/04p03>

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Standards for the Supervision of Students and Occupational Therapist Assistants

Occupational therapists who supervise students or occupational therapist assistants remain professionally accountable for clients receiving safe, appropriate, and ethical care. These Standards also apply when supervising and assigning activities to support staff or rehabilitation workers. In all aspects of supervision and assignment, occupational therapists are to consider clients' best interests, the practice setting, and the risks associated with the service components.

Occupational therapists are expected to

1. Create an appropriate environment for those being supervised

- 1.1 Avoid supervising anyone with whom they have a current or former relationship (for example, family, friend, close personal connection).
- 1.2 Not form personal or romantic relationships with those supervised.
- 1.3 Establish clear roles and responsibilities when assigning occupational therapy service components to others.
- 1.4 Model respectful behaviours towards those supervised. Provide a safe and inclusive environment for them.
- 1.5 Recognize the power differential between the supervising occupational therapist and those supervised.
- 1.6 Create an environment where those supervised are comfortable and able to raise concerns about unfair, unsafe, or culturally inappropriate experiences. Have a clear process for reporting such problems.

2. Have competence and availability for supervision

- 2.1 Before mentoring and overseeing others, have sufficient experience in the role (1 year for preceptors).
- 2.2 Allocate the time needed for supervision and assignment.
- 2.3 Assign only components of client care that the occupational therapist is competent to perform.
- 2.4 If supervising is a new practice activity, seek the support of a mentor.

3. Be accountable for the assignment of services and the people being supervised

- 3.1 Balance the need to encourage autonomy in those supervised with a level of supervision appropriate to the situation.
- 3.2 Be clear who is assigning and responsible for specific service activities, including when there are multiple supervisors (multiple occupational therapists or other professionals).
- 3.3 Ensure that those supervised have and maintain the knowledge, skill, judgement, education,

and experience (competence) to perform all assigned services.

- 3.4 Never assign any controlled act that has been delegated to the occupational therapist, or that falls within the scope of occupational therapy (for example, psychotherapy).
- 3.5 Monitor clients' response to the services being provided by a person under supervision. Discuss any concerns with clients.
- 3.6 When assigning activities, comply with all laws and organizational policies.
- 3.7 Review documentation of those supervised, and ensure that this adheres to the Standards for Record Keeping.
- 3.8 Put in place and apply a process of observation, instruction, evaluation, and feedback throughout supervision.
- 3.9 Have a process in place for back-up supervision when the occupational therapist is not available.

4. Stop assignment when appropriate

- 4.1 Stop the assignment if no occupational therapists are available to provide supervision or to oversee the occupational therapy services.
- 4.2 Stop the assignment if the supervised person's involvement is not effective.
- 4.3 Stop the assignment if the client withdraws consent to receive services by someone under supervision.

5. Contribute to the learning and development of students

Having students on placement and acting as student preceptors is a valuable opportunity for occupational therapists to serve as role models and to share practice knowledge. This helps to build the occupational therapy body of knowledge and contributes to competencies of the profession.

- 5.1 Prioritize tasks assigned to students based on the student's learning needs, not the needs of the supervisor or organization.

For *traditional* supervisory situations where occupational therapists are on-site and working directly with the students they are supervising,

- 5.2 Ensure that sufficient orientation and training are provided. This includes orientation to the facility, organizational policies, and assigned clients or tasks.
- 5.3 Understand the student's progression within the educational curriculum including
 - a. The program requirements and expectations
 - b. The student's current learning needs, previous clinical experiences, and perceived weaknesses and strengths
- 5.4 Ensure that a documented learning contract is in place. It should outline goals and activities appropriate to the student's competence.
- 5.5 If billing clients or insurance benefits for services provided by students, ensure that
 - a. Students do not feel pressured or coerced to provide billable services

- b. Clients are not double billed for joint student and preceptor sessions or activities
- c. Clients consent to being charged for student sessions
- d. The rate charged for the student is lower than the rate charged for regular occupational therapy services
- e. Charging clients or insurer benefits for services does not exploit students or violate any placement agreements, workplace insurance or employment laws, or industry oversight regulations (for example, the Financial Services Regulatory Authority)
- f. The preceptor assumes full accountability for the services and charges
- g. The invoice clearly states that the services were provided by a student occupational therapist
- h. All other Standards are followed

For *non-traditional* or “role-emerging” placements where the occupational therapist preceptor is off-site and provides consultation and direction to students who have a separate, on-site supervisor who is not an occupational therapist,

- 5.6 Have an adequate level of comfort and competence to supervise in such a setting, considering the amount and type of supervision that can be reasonably provided.
- 5.7 To ensure accountability, create a communication and supervision plan. Outline roles and expectations. Collaborate with the on-site supervisor, placement site, students, and the educational institutions.
- 5.8 Identify how client consent will be obtained.
- 5.9 Determine who will manage client records as well as the client personal information and personal health information generated by students for the required retention period. Make a plan to co-sign student documentation or record keeping where client services have been provided.
- 5.10 Develop a plan with the on-site supervisor to address emergency situations or issues of safety involving students.

6. Clearly define roles when supervising occupational therapist assistants

- 6.1 Know the appropriate activities that can be assigned, and ensure that occupational therapist assistants can competently complete them.
- 6.2 Never assign the following activities to occupational therapist assistants:
 - a. Initiation of occupational therapy services
 - b. Aspects of assessment requiring the occupational therapist’s clinical judgement
 - c. Interpretation of assessment findings
 - d. Interventions where ongoing analysis and synthesis are necessary to closely monitor and guide client progress
 - e. Communication of occupational therapy recommendations, opinions, or findings requiring clinical judgement
 - f. Decisions involving discharge
- 6.3 Establish appropriate limits for assistants’ participation in intervention planning, goal identification, and progressing or modifying an intervention.
- 6.4 Establish a supervisory plan for providing services, including the following:

- g. Roles, responsibilities, and methods of supervision
 - h. Expectations for reporting by assistants to the occupational therapist
 - i. Activities that will be assigned to assistants
 - j. Activities that assistants can carry out if the occupational therapist is unavailable to provide direct supervision
- 6.5 Follow the Standards for Record Keeping when supervising and documenting the activities of occupational therapist assistants.

Related College documents

Controlled Acts and Delegation

OTA Decision-Tree

Standards for Acupuncture

Standards for Assessment

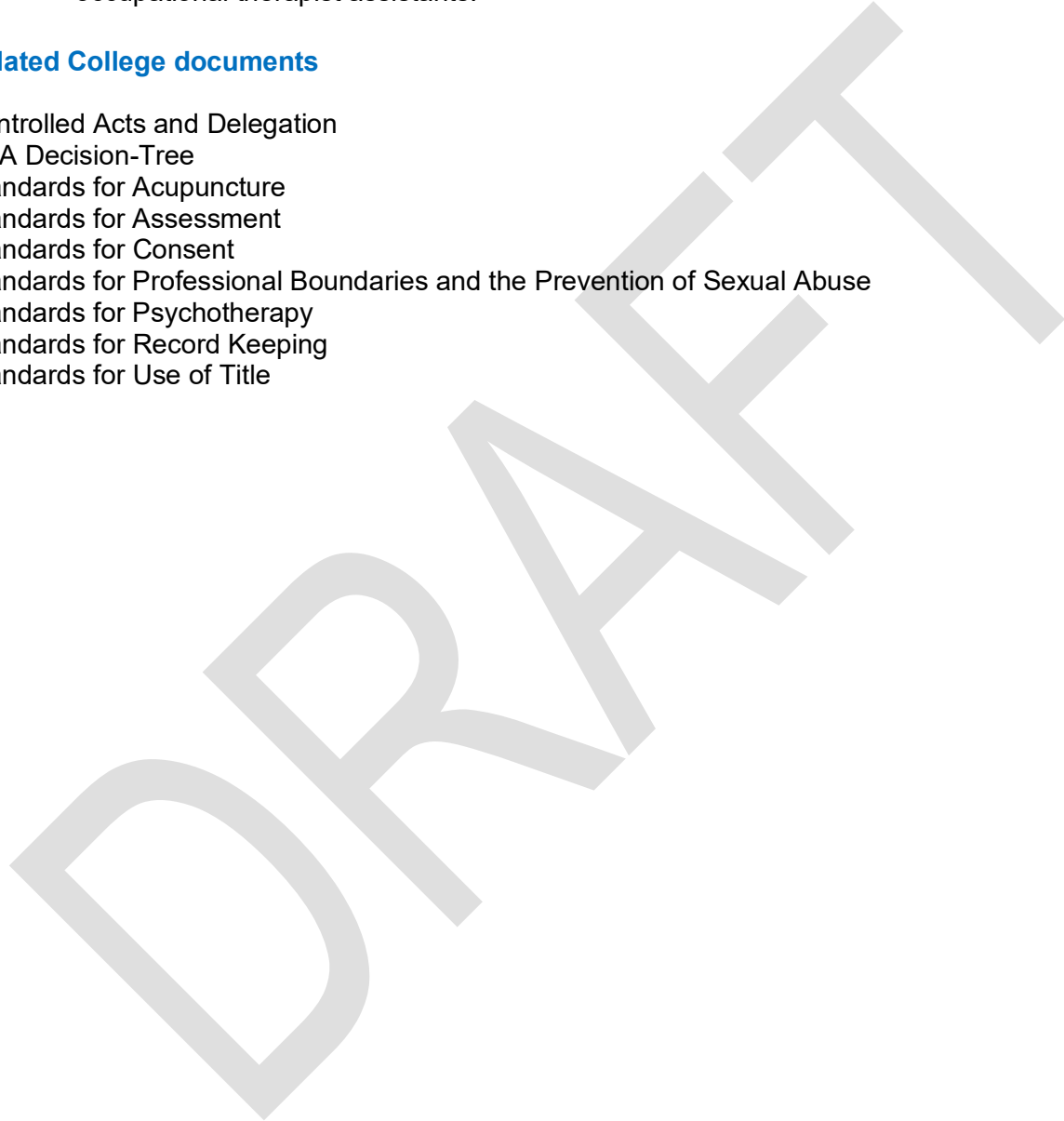
Standards for Consent

Standards for Professional Boundaries and the Prevention of Sexual Abuse

Standards for Psychotherapy

Standards for Record Keeping

Standards for Use of Title





Standards for Use of Title

Occupational therapists use a protected title that tells the public they are qualified to provide services that meet the profession's standards. At times, it may be critical that clients have the assurance that a service provider is accountable to a regulator for ongoing competence or complaints.

Occupational therapists are expected to communicate their title clearly, so that the public can easily identify them as registrants of the College. They are also expected to ensure that those under their supervision communicate their own approved titles properly.

Occupational therapists are expected to

1. Use their own title and name correctly

- 1.1 Accurately present themselves using the protected title "occupational therapist" or "OT Reg. (Ont.)." The French title is "ergotherapeute" or "Erg. Aut. (Ont.)."
- 1.2 Place the protected title in a position of prominence in all communications.
- 1.3 Stop using any protected title or designation once they have retired or resigned from the profession (see Appendix 1). Occupational therapists who misuse title can be found to be engaging in professional misconduct (Ontario Regulation 95/07, Professional Misconduct).
- 1.4 Use other titles or designations only when they are actively practising. For example, occupational therapists cannot use "Assistive Devices Program Authorizer" when they are no longer registered authorizers.
- 1.5 Practise using only their name as entered in the public register (Find an Occupational Therapist). Occupational therapists who wish to use a different name must ensure that their preferred name is recorded with the College and that it appears on the public register.
- 1.6 When choosing to communicate any university degrees to clients and the public, display the protected title "occupational therapist" or the designation "OT Reg. (Ont.);" in addition to their degrees. Even if holding a degree in occupational therapy, occupational therapists must register with the College to use any version of the title "occupational therapist."
- 1.7 When employment requires the qualification of "occupational therapist" but the designation is not part of the job title (for example, Case Manager or Practice Lead), ensure that proper use of title is maintained. One example is "First Name, Last Name, OT Reg. (Ont.), Case Manager."

2. Ensure that those they supervise use an approved title

- 2.1 Oversee that occupational therapy students use only the title "student occupational therapist" or "student OT." French: "étudiant(e) en ergothérapie" or "étudiant(e) en erg."
- 2.2 Ensure that students who are from another profession and under the occupational therapist's supervision present their student title clearly to clients, other professionals, and stakeholders.
- 2.3 Ensure that College applicants completing a refresher program under the occupational therapist's supervision use the title "candidate occupational therapist" or "candidate OT." For an explanation of the different types of applicants, including those not permitted to use these

titles, see Appendix 2.

3. Avoid specialist titles, designations, and abbreviations

- 3.1 Never use a title or designation that indicates or implies that the occupational therapist is a specialist. The College does not have specialist designations. It is considered professional misconduct to use a term, title, or designation indicating or implying specialization in the profession.
- 3.2 When communicating an area of practice within the profession of occupational therapy to the public, use a term such as “practising in” or “with a focus in.” One example is “First Name Last Name, OT Reg. (Ont.), Practising in Driver Rehabilitation.”

4. Accurately communicate additional credentials

- 4.1 Include only credentials that represent a training program that is current, evidence-informed, and theoretically sound.
- 4.2 Before communicating the credential to the public, ensure that it
 - a. Is valid and accurate
 - b. Applies to the scope of occupational therapy practice
 - c. Relates to the occupational therapist’s current area of practice
 - d. Depicts the level of credential earned
 - e. Is verifiable, with evidence to be provided by the occupational therapist upon request
- 4.3 When communicating with clients and the public, use the protected title “occupational therapist” or the designation “OT Reg. (Ont.)” and the full name of the additional credentials. One example is “First Name Last Name, MSc(OT), OT Reg. (Ont.), Certified Hand Therapist.”
- 4.4 When communicating with an audience who recognizes the credential, the occupational therapist can use an abbreviation. For example, an occupational therapist publishing research in a journal on hand therapy may use the abbreviation “CHT” to represent “Certified Hand Therapist.”
- 4.5 Maintain competence associated with additional credentials communicated to the public, and upon request, provide evidence of ongoing competence.

5. Use the title “doctor” correctly

- 5.1 Use the title “doctor” only as permitted in the Regulated Health Professions Act. The Act permits the use of this title by chiropractors, dentists, naturopaths, optometrists, physicians, and psychologists.
- 5.2 When holding a doctorate degree such as a PhD or a clinical doctorate of occupational therapy (OTD), use the title “doctor” for only non-clinical purposes.
- 5.3 Otherwise, never use the title “doctor” when providing or offering to provide healthcare services.

Resources

Association of Canadian Occupational Therapy Regulatory Organizations. (2016). *Backgrounder on use of title in retirement*. http://www.acotro-acore.org/sites/default/files/uploads/otc_backgrounder_on_use_of_title_in_retirement.pdf

Association of Canadian Occupational Therapy Regulatory Organizations. (2017). *Frequently asked questions (FAQ) on use of title in retirement*. http://www.acotro-acore.org/sites/default/files/uploads/acotro_faq_on_use_of_title_in_retirement_with_logo.pdf

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

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Appendix 1: Use of Title in Retirement or Following Resignation from the Profession

The College does not have an “inactive” or “retired” status that permits occupational therapists to maintain a certificate of registration when they are no longer actively practising. Occupational therapists who have retired from the profession or resigned from the College cannot use the protected title.

Retired or former registrants may be called upon to share knowledge with service groups, the public, students, and other occupational therapists or professionals through formats such as presentations, articles, and book chapters. In this case, former registrants should inform the audience that they are no longer registered and not entitled to practise. In many cases, it may be enough for former registrants to clearly communicate that they were educated as an occupational therapist or used to be an occupational therapist, but do not currently provide occupational therapy services.

For more information on use of title in retirement, refer to the resources from the Association of Canadian Occupational Therapy Regulatory Organizations.

Appendix 2: College Applicants

Individuals who have applied for registration with the College but are not yet registered are called “applicants.” Applicants are not legally entitled to work as occupational therapists in Ontario. Applicants awaiting confirmation of registration status from the College, for either a provisional, general, or temporary certificate of registration, are not permitted to use the protected title or designation.

Nor can applicants use the title “candidate occupational therapist.” The “candidate” title is reserved for individuals completing a College-approved clinical refresher placement under the supervision of a registered occupational therapist.

Applicants are also not permitted to start work, training, or orientation for a job as an occupational therapist. This may be considered “holding oneself out” as a registrant before being registered and licenced to practise.

One Standard Glossary of Terms

*Definition taken directly from the Competencies for Occupational Therapists in Canada, 2021.

Context (link to the Competencies for Occupational Therapists in Canada, 2021)

Context strongly influences occupational possibilities and healthcare service. There are 3 layers of context:

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

Culturally safer (link to the Competencies for Occupational Therapists in Canada, 2021)

Culturally 'safer' is a refinement to the concept of 'cultural safety'. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people – Indigenous people for example – have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the service to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, we work toward it.

Ecological (link to the Competencies for Occupational Therapists in Canada, 2021)

Occupational therapists consider the wider impact of the tools used to practice in order to support the sustainability of environmental resources. As an environmental steward where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

Intersectionality (link to Culture, Equity, and Justice document)

Intersectionality describes how a person's multiple social identities (e.g race, class, income, religion, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity and geography) combine, overlap or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad of factors affecting a client's health and disparities in access to healthcare.

Vulnerable Client

The vulnerability of a client is determined by many factors including their long-term health status, life stage, social context, ability to access to supports and resources, and the overall complexity of their condition and needs. Some indications of client vulnerability in occupational therapy practice may include those people who are at risk of being highly dependent on the occupational therapist or the services they can help them access, and where services may be prolonged or are high-risk and intensive.