

BOARD MEETING AGENDA

DATE: Thursday, January 26, 2023 **TIME:** 9:00 a.m. to 3:30 p.m. *in person*

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

Agenda Item		Objective	Attach	Time (min)
1.0	Call to Order			
2.0	Public Protection Mandate			
3.0	Land Acknowledgement* (see page 3)			
4.0	Declaration of Conflict of Interest			
5.0	Approval of Agenda			
	5.1 Board Agenda – January 26, 2023	Decision	✓	5
	<i>THAT the agenda be approved as presented. (Floor)</i>			
6.0	Consent Agenda			
	1. Registrar's Written Report of January 26, 2023 2. Draft Board Minutes of October 20, 2022 3. Finance & Audit Minutes of September 28, 2022 4. Governance Minutes of October 6, 2022 5. Executive Minutes of September 29, 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: Q2 FY 2022-2023 Operational Projects Status Report by Elinor Larney, Registrar & CEO	Information		20
	7.2 Q2 FY2022-2023 Quarterly Report	Decision	✓	5
	<i>THAT the Board receives the Quarterly Report for Q2 FY 2022-2023 (Heather)</i>			
	7.3 Risk Management Report	Decision	✓	10
	<i>THAT the Board receives the Risk Management Report. (Vincent)</i>			
8.0	Finance			
	8.1 Q2 FY 2022-2023 Financial Report	Decision	✓	15
	<i>THAT the Board receives the Q2 FY22/23 Financial Report, as presented. (Allan)</i>			
	8.2 Allowable Expenses Policy	Decision	✓	10
	<i>THAT the Board approves the amendments to the Allowable Expenses Policy. (Allan)</i>			

Agenda Item		Objective	Attach	Time (min)
8.3	Registration Fees	Decision	✓	30
	<i>THAT the Board approves the plan for increasing Registration Fees by up to 2% annually for a maximum of 5 years (Allan).</i>			
8.4	Human Resources Matter (in camera)	Decision	✓	20
	<i>THAT the Board moves in camera. (Floor)</i>			
Lunch Break 12:00 -1:00 p.m.				
9.0	Governance			
9.1	Governance Plan – Next Steps	Decision	✓	45
	<i>THAT the Board restructures the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method. (Carol)</i>			
9.2	Appointment of Nominations Committee	Decision	✓	15
	<i>THAT the Board approves the appointment of (insert names) to the Nominations Committee. (Heather).</i>			
9.3	Ratification of Changes to Statutory Committee Composition	Decision	✓	5
	<i>THAT the Board agrees to remove Brittany O'Brien from the Inquiries Complaints and Reports Committee and appoint her to the Patient Relations Committee as determined at the January 9, 2023, Executive Committee Meeting.</i>			
	<i>THAT the Board agrees to remove Nick Dzudz from the Patient Relations Committee and appoint him to the Inquiries Complaints and Reports Committee, as determined at the January 9, 2023, Executive Committee Meeting. (Vincent)</i>			
9.4	Academic Appointment to the Board	Decision	✓	5
	<i>THAT the Board reappoints Donna Barker for a period of 3 months to end of June 30, 2023. (Allan).</i>			
9.5	Professional Reappointment to Quality Assurance Sub	Decision	✓	5
	<i>THAT the Board approves of the reappointment of Debra Kennedy to the Quality Assurance Subcommittee, for a second three-year term commencing July 1, 2023 (Teri).</i>			
10.0	New Business			
10.1	Proposed Standards of Practice	Decision	✓	20
	<i>THAT the Board approves the proposed Standards of Practice for publication. (Heather).</i>			
10.2	Diversity, Equity and Inclusion Plan	Decision	✓	15
	<i>THAT the Board receives the College's Diversity, Equity and Inclusion Plan. (Jennifer)</i>			
11.0	Environmental Scan			
12.0	Other Business			

Agenda Item		Objective	Attach	Time (min)
12.1	Board Meeting Evaluation	To Complete	Link to follow	
12.2	Annual Board Member Self-Evaluation	To Complete	Link to follow	
13.0	Next Meetings			
	<ul style="list-style-type: none"> ▪ Board Meeting: Thurs., March 30, 2023, 9:00 a.m. – 4:00 p.m. Location TBA ▪ Board Meeting: Thurs., June 22, 2023, 9:00 a.m. – 3:30 p.m. Location TBA 			
14.0	Adjournment			

*** Land Acknowledgement**

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



Declaration of Conflict of Interest

All Directors have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board. To this end, they must avoid or resolve conflicts of interests while performing their duties for the College and to recuse themselves from any consideration of the matter at issue. A conflict of interest exists where a reasonable member of the public would conclude that a Director's personal, professional or financial interest, relationship or affiliation may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

For the **January 26, 2023 Board meeting**, the Directors below have all confirmed that they are in compliance with the College's conflict of interest policy, with the exception of one as noted below.

Stephanie Schurr, Chair

Heather McFarlane, Vice-Chair

Paola Azzuolo

Neelam Bal

Donna Barker *Conflict of interest declared for item 9.4: Academic Appointment to the Board*

Faiq Bilal

Nick Dzudz

Allan Freedman

Elizabeth Gartner

Jennifer Henderson

Carol Mieras

Sarah Milton

Vincent Samuel

Teri Shackleton

Sabrina Shaw

REPORT of the Registrar and CEO

Board Meeting of January 26, 2023

Governance Monitoring Report

As per the Board Registrar Linkages Policy CRL5 - Monitoring Registrar Performance, this January report will include policies categorized as “A” or the Strategic Plan.

I am not recommending any changes to the strategic plan at this time. The strategic planning cycle commenced in October 2019 and resulted in a document called the Leadership Outcomes, also referred to as the Strategic Plan. This new direction took effect June 2020 and will go until spring 2024. This means that a regular Board strategic planning process should occur later this fall to set the 2024-2027 Leadership Outcomes, which will come into effect in June 2024.

Operationally, we have just over one year to go on the current plan. The final operational planning for this strategic planning cycle will occur this spring with staff to be enacted in the 2023-2024 fiscal year. (June 1 to May 31).

Policies that guided decisions during this period:

- GP 3 – Governing Style - Annual Board Evaluation and Board Member Self-Evaluation are underway.
- GP14 – Board Evaluation - Guided the discussion around the process for 2023
- GP-17 - Elections and Appointments for Professional Members - Guided election process for Districts 2 and 4
- RL-10 - Compensation Administration – Guided the decision to initiate a salary survey for staff to ensure fair market value for all staff positions.

Registrar Limitation Policies

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

For Your Information:

LEADERSHIP PRIORITY #1: PUBLIC CONFIDENCE

2022-2023 Operational Planning

- The second quarter of the third year of the 2020-2024 strategic plan has passed, and an update will be presented at the Board Meeting on the status of initiatives.

Staffing Update

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

- We are pleased to welcome Joe Smith-Engelhart to the College as the new Communications Associate.
- We are pleased that Leandri Engelbrecht will stay on in a permanent role as the Manager, Registration. Leandri has been covering Aoife Coghlan's parental leave (due to end in March) and will move from the acting Manager of Investigations and Resolutions to her new role as Manager, Registration. The Senior Leadership team is supporting Leandri during this transition time.
- We are also pleased to welcome Archana Bhuvitharan, OT, as the new Quality Assurance Lead.
- During this quarter, we said farewell to Brandi Park, Carli DiMinni, Anne Dmytriw, Shelby Parente and Aida Da Silva.
- We have also welcomed Tertia van Jaarsveld to the Investigations and Resolutions program in a temporary position to help the program while we re-staff.
- To assist in the Investigations and Resolutions Program while we regroup and recruit, we have outsourced some of the functions to keep the processes moving.
- All staff were involved in a session facilitated by Carl Oxholm on Leadership – It's all about Energy! This was very well received by staff and part of the strategy to support and develop our staff team.

Communications

- The communication team is currently implementing the revised College logo across all channels. The January newsletter will introduce the change to registrants, with social media channels, website material and related documents to follow.
- The team is also involved with the enterprise system project and will be sharing key messages as the roll-out progresses.
- Also, a priority is the development of a new layout for the practice standards, which will be available on the website in French and English.

The team is also supporting Board elections and was pleased to launch the new [online pre-election governance module](https://www.coto.org/elections/module/index.html#/).

LEADERSHIP PRIORITY #2: QUALIFIED REGISTRANTS

Registration Program

- Of concern to the registration program and the College is Bill 106, *Pandemic and Emergency Preparedness Act, 2022*, which has affected the registration program in two ways. First, was the requirement, by January 1, 2023, to include a new language test, used by the Federal Government for immigration purposes, as acceptable tests of English or French language skills. To set and use test scores to assess appropriate language functioning, the College must ensure the scores are a valid and reliable measure and align with previously set benchmarks specific to the occupational therapy profession. In partnership with the ACOTRO SEAS program and the national Physiotherapy Alliance, consultants were hired to do this work and a policy was approved in time for the January deadline. Second, the Act requires the College to develop a regulation instituting an emergency class of registration. We are in the midst of developing that regulation, hoping to align with other colleges. The Registration Committee will review this at the

end of January 2023, and it will come to the Board for approval to circulate to registrants and interested parties in a special meeting in early February.

LEADERSHIP PRIORITY #3: QUALITY PRACTICE

Quality Assurance Program

- The e-learning module on the new competencies was rolled out over the summer. We have had terrific feedback about this education module and will use any learnings to inform the next one.
- The QA program continues to focus on the development of the Enterprise system. This system will house the components of the program and implementation of the competency assessment processes.

Practice Resource Program

- Culture, Equity and Justice was presented via a panel presentation by Sandra Carter at the National CNAR conference in October.
- Sandra Carter and Diane Tse presented at the OSOT conference on Culture Equity and Justice – how to apply the new competencies in this area to practice.
- Diane Tse participated in a panel of the Autism Summit cohosted by OSOT and Holland Bloorview, to promote equity diversity and inclusion in the delivery of services to those with autism. (Title of summit: Empowering and enabling a neurodiversity-affirming and strength-based practice.)
- Themes of questions to the practice service have centered around virtual care and jurisdictional issues as well as record keeping.

LEADERSHIP PRIORITY #4: SYSTEM IMPACT

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. Our next Board meeting is scheduled for Toronto in February 2023. Notably, ACOTRO is working on several projects that will assist us in our work. One of them is a national review of re-entry programs. This program is used for applicants that do not meet the currency requirement. Working together to pool our resources and expertise will improve this program for everyone.
- 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. This group continues to have regular meetings.
- 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. I have been part of the group that is reviewing the governance of accreditation processes for occupational therapy programs in Canada. This work is progressing nicely, is well facilitated, and is working towards recommendations later this year.
- Employment and Social Development Canada (ESDC) has put out a call for proposals that is due at the end of January 2023. I will be leading that proposal submission process with staff and colleagues at ACOTRO for a proposal to further develop the processes in the Substantial

Equivalency Assessment Service (SEAS). We are hopeful of a successful submission which will be a tremendous help for the SEAS program in their work to assess the credentials and competencies of internationally educated occupational therapists.

- In November 2022, I conducted the yearly Presidents/Board Chairs update on behalf of the ACOTRO Board.
- I will be orientating the new ACOTRO Board members prior to our next ACOTRO Board meeting in February.

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

- I was elected as Chair of this group in June 2022 for a one-year term. Being part of the management committee of HPRO has helped me connect with other colleges and to stay abreast of the issues affecting regulation.
- HPRO continues its work, supporting regulation in Ontario. A strategic planning process for HPRO will occur this February, which is designed to assist colleges to work collaboratively and support regulatory processes in Ontario.
- The College is hoping to partner with other colleges via HPRO to conduct a salary survey to continue to ensure that our salaries are in line/competitive with other similar organizations in the industry.

Ministry of Health (MOH)

- As mentioned above, the College is currently working on the process to implement a new regulation that is required from the *Pandemic and Emergency Preparedness Act, 2022*.
- The MOH is focused on Health Human Resources, and therefore any regulatory governance changes have taken a back seat while these other more pressing matters are attended to.
- The most recent version of the College Performance Measurement Framework was released to the Colleges the week of January 9, 2023. It is due to be published on our website and submitted to the MOH March 31. Stamatis Kefalianos is leading this College-wide effort to ensure the report is completed and submitted on time. As per last year, we hope to send this to the Board prior to our Board meeting so we can facilitate its timely and efficient approval.

System Partners

- Stephanie Schurr, College Board Chair, and I were invited to present at the College of Social Work and Social Service Workers about the work that we have done on governance.
- Kimberly Woodland and I attended a meeting with the chairs of the academic programs in OT and the provincial OT association, the Ontario Society of Occupational Therapists. On the agenda of importance to the Board, was the need for an academic appointment to the Board.

See you at the meeting! Elinor



BOARD MEETING MINUTES - DRAFT

DATE: Thursday, October 20, 2022 **TIME:** 9:00 a.m. – 3:30 p.m. *in person*

In Attendance:

DIRECTORS:

Stephanie Schurr, *Chair*
Paola Azzuolo
Neelam Bal
Donna Barker
Faiq Bilal
Nick Dzudz (*virtual*)
Elizabeth Gartner
Jennifer Henderson
Heather McFarlane
Carol Mieras
Sarah Milton
Teri Shackleton
Sabrina Shaw

REGRETS:

Allan Freedman
Brittany O'Brien
Vincent Samuel

GUESTS:

Blair MacKenzie, *Hilborn LLP*

OBSERVERS:

Asna Ali, *Ministry of Health of Ontario (MOH)*

STAFF:

Elinor Larney, *Registrar and CEO*
Aida da Silva, *Manager, Finance and Payroll*
Leandri Engelbrecht, *Interim Manager, Investigations and Resolutions*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Tim Mbugua, *Policy Analyst*
Seema Singh-Roy, *Director, Finance, People and Corporate Services*
Nancy Stevenson, *Director of Communications*
Kim Woodland, *Director of Programs*
Andjelina Stanier, *Executive Assistant, Scribe*

1.0 Call to Order

Chair Stephanie Schurr welcomed everyone and called the meeting to order at 9:00 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*

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

4.0 Declaration of Conflict of Interest

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

5.0 Approval of Agenda

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

MOVED BY: Carol Mieras
SECONDED BY: Neelam Bal

THAT the agenda be approved as presented.

CARRIED

6.0 Consent Agenda

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

- Registrar's Written Report of October 20, 2022
- Draft Board Minutes of June 23, 2022
- Finance & Audit Minutes of May 10, 2022
- Finance & Audit Minutes of August 23, 2022
- Governance Minutes of May 17, 2022
- Executive Minutes of June 1, 2022

MOVED BY: Jennifer Henderson
SECONDED BY: Faiq Bilal

THAT the Board adopts the Consent Agenda items as listed.

CARRIED

7.0 Audited Financial Statements / Annual Report

7.1 FY2021-2022 Audited Financial Statements

Blair MacKenzie, auditor with Hilborn LLP, joined the meeting. Blair provided a brief overview of the 2021-2022 audit findings. He explained that Hilborn LLP is an independent external auditor tasked with providing an opinion as to the fairness of the financial statements and that the purpose of the audit is to ensure that there are no material misstatements in the financial statements. Prior to the audit, the auditors identified and prepared procedures to test risks and staff were informed of the process. The audit process proceeded normally with no disagreements with management at any point. Blair stated that the financial statements as provided today, in all material respects, present fairly the financial position of the College on May 31, 2022. The results of its operations and cash flows for the year ended are in accordance with Canadian accounting standards for not-for-profit organizations. The Board held a brief discussion and Blair left the meeting.

MOVED BY: Neelam Bal
SECONDED BY: Faiq Bilal

THAT the Board approves the audited financial statements for the fiscal year ended May 31, 2022 as presented.

CARRIED

7.2 Acceptance of 2022 Annual Report

The Board expressed utmost satisfaction with the content and visual presentation of the draft annual report and thanked staff for their excellent work. One minor recommendation will be implemented.

MOVED BY: Heather McFarlane

SECONDED BY: Paola Azzuolo

THAT the Board accepts the Annual Report for the 2021-2022 fiscal year, including today's change.

CARRIED

8.0 Registrar's Report

8.1 Presentation: Q1 FY2022-2023 Operational Projects Status Update

The Registrar presented on the status of operational initiatives for Q1 FY2022-2023 and responded to questions. Nancy Stevenson presented on recent updates to the College website and future plans to develop and launch more French content, create web pages to support the new practice standards, and continue to renew and approve content and display.

8.2 Quarterly Performance Report

Heather McFarlane reported that the Quarterly Performance Report was prepared with input from both statutory and non-statutory committees. The information provided today is an overview of the work accomplished in Q1 FY2022-2023.

MOVED BY: Heather McFarlane

SECONDED BY: Elizabeth Gartner

THAT the Board receives the Quarterly Report for Q1 of FY2022-2023.

CARRIED

8.3 Risk Management Report

Heather McFarlane provided an overview of the risk management process and how the report is structured. She reported that overall risk levels remained the same for Q1 FY2022-2023. Elinor reminded the Board of its decision at the last meeting to remove from the report the risk on the new Quality Assurance risk-based screening process given it has now been implemented and has moved into the operational stage.

MOVED BY: Heather McFarlane

SECONDED BY: Carol Mieras

THAT the Board receives the risk management report.

CARRIED

9.0 Finance

9.1 Q1 FY2022-2023 Financial Report

Neelam provided an overview of the financial report and reported that the College is on track with budget to date. Seema Singh-Roy responded to questions.

MOVED BY: Neelam Bal

SECONDED BY: Sarah Milton

THAT the Board receives the Q1 FY2022-2023 Financial Report as presented.

CARRIED

10.0 Governance

10.1 Governance Reform – Next Steps

Carol Mieras brought forward a motion based on collective discussions at yesterday's Education Session. If approved, the Governance Committee will work to develop a plan to reduce Board size and reduce the overlap of Board and statutory committee membership. A proposal for next steps will be brought forward to the Board for approval at a future date. Board members expressed satisfaction with how the Education Session was facilitated and structured and what the Board was able to accomplish.

MOVED BY: Carol Mieras

SECONDED BY: Heather McFarlane

***THAT** the Board approves, in principle, the direction to reduce the size of the Board to 12-14 members as allowed by legislation, and to reduce the overlap between Board and statutory committee membership as allowed by legislation.*

CARRIED

10.2 Board and Committee Meeting and Effectiveness Surveys

Carol explained that the Governance Committee recommends moving to best practices of accountability and transparency and is proposing that Board Directors and Committee Appointees include their name on evaluation surveys. Knowing who has responded will facilitate follow up by the Chair and staff, as needed. A discussion was held. Concern was expressed on the necessity to provide clarity and understanding about who will have access to feedback, with whom it will be shared, and how the summary reports will be stored. The Executive Committee will discuss these concerns as well as the recommendation to review the frequency of these evaluations.

MOVED BY: Carol Mieras

SECONDED BY: Sabrina Shaw

***THAT** all Board and Committee members include their name on all Board Meeting and Committee Effectiveness surveys.*

CARRIED

11.0 Environmental Scan

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

12.0 Other Business

12.1 Equity Impact Assessment Tool

Tim Mbugua explained that the Ministry of Health has developed an assessment tool to assist colleges to integrate equity considerations into new initiatives and planning. Other tools were considered but staff find the MOH tool is a good fit for the College to adopt, at this time. The Health Profession Regulators of Ontario (HPRO) is developing a similar tool however it will not be ready in time for submission of the 2022 CPMF report. Once that tool is complete, staff will review it to determine any changes to the tool the College uses going forward.

MOVED BY: Heather McFarlane

SECONDED BY: Teri Shackleton

THAT the Board approves the Equity Impact Assessment tool be used by the College.

CARRIED

12.2 College Logo

Nancy presented the revised logo and provided rationale for the updated design and addition of a tagline. She explained that the revision aims to clarify for the public the regulatory role of the College. A discussion was held.

MOVED BY: Heather McFarlane

SECONDED BY: Neelam Bal

THAT the Board adopts the new College logo for use by the College.

CARRIED

12.3 Board Meeting Evaluation

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

13.0 Next Meetings

- Board Meeting: Thurs., January 26, 2023, 9:00 a.m. – 3:30 p.m., at the College
- Board Meeting: Thurs., March 30, 2023, 9:00 a.m. – 4:00 p.m. Location TBA

14.0 Adjournment

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

MOVED BY: Heather McFarlane

THAT the meeting be adjourned.

CARRIED

APPENDIX 1: * Land Acknowledgement

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

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
October 20, 2022	THAT the Board adopts the new College logo for use by the College.	Implementation January 2023
October 20, 2022	THAT the Board approves the draft Equity Impact Assessment tool be used by the College.	Complete
October 20, 2022	THAT all Board and Committee members include their name on all Board Meeting and Committee Effectiveness surveys.	Complete
October 20, 2022	THAT the Board approves, in principle, the direction to reduce the size of the Board to 12-14 members as allowed by legislation, and to reduce the overlap between Board and statutory committee membership as allowed by legislation.	Complete
October 20, 2022	THAT the Board accepts the Annual Report for the 2021-2022 fiscal year, including today's change	Complete
October 20, 2022	THAT the Board approves the audited financial statements for the fiscal year ended May 31, 2022 as presented.	Complete
June 23, 2022	THAT the Board approves the changes to Board Policy RL9, Emergency Registrar Replacement.	Complete
June 23, 2022	THAT the Board approves the proposed changes to the Financial and Audit Governance Policies.	Complete
June 23, 2022	THAT the Board delays the decision about appointing an academic member until after the October Board Education Session.	Complete



FINANCE AND AUDIT COMMITTEE MINUTES

DATE: Wednesday, September 28, 2022

TIME: 9:33 am – 10:28 am

In Attendance:

MEMBERS:

Allan Freedman, Chair
Neelam Bal
Sabrina Shaw
Paola Azzuolo

GUESTS:

Usman Paracha, Hilborn, LLP

OBSERVERS:

None

REGRETS:

STAFF:

Elinor Larney, Registrar and CEO
Seema Singh-Roy, Director of Finance, People and Corporate Services
Aida da Silva, Manager, Finance and Payroll, *Scribe*

1.0 Call to Order

Chair, Allan Freedman, welcomed everyone and called the meeting to order at 9:33 a.m.

2.0 Public Protection Mandate

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

3.0 Land Acknowledgement*

The Chair invited members to read and to consider the Land Acknowledgement Statement.
(Appendix 1)

4.0 Declaration of Conflict of Interest

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

5.0 Terms of Reference – Finance and Audit Committee

The Chair reminded all members to read and to review the terms of reference for the Finance and Audit Committee.

6.0 Approval of Agenda

6.1 September 28, 2022

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

MOVED BY: Neelam Bal

SECONDED BY: Sabrina Shaw

THAT the agenda be approved as presented.

CARRIED

7.0 Approval of Minutes

7.1 Draft Finance and Audit Minutes – August 23, 2022

The Chair asked if all members of the Committee had reviewed the Finance and Audit (FA) Committee draft minutes from August 23, 2022. The Chair asked the attendees if they had any additions or changes to the minutes. No additions or changes were required.

MOVED BY: Neelam Bal

SECONDED BY: Sabrina Shaw

THAT the draft Finance and Audit Committee minutes of August 23, 2022, be adopted as a report of the committee.

CARRIED

8.0 Verbal Report

Seema Singh-Roy provided the verbal report to the FA Committee. Seema informed attendees that the Enterprise-Wide System is scheduled to go live in January 2023. The vendor is anticipated to provide the College with the product to allow for testing in October 2022. A new project manager has been hired to assist with the technology integration and user interface. Staff have returned to work in the office three days a week.

9.0 Committee Mandate and Work Plan

9.1 Committee Mandate Review and Annual Workplan

The Chair reiterated the need to review the FA Committee mandate and work plan at every meeting. Seema reviewed the details outlined on the workplan with the Committee members. The May and August items have been completed. The Chair asked if attendees had any questions. None were raised. The Chair provided a summary of the function and responsibilities of the Finance and Audit Committee as a non-statutory body. The Chair asked management if there were any risks that the Committee should be made aware of. Seema informed the members that there are no risk issues. Paola inquired about plans for providing education to FA Committee. Seema informed members that the guide for Directors had been provided and questions had been answered. Seema told all attendees if they had any questions pertaining to the financial concepts or the College's finances to let her know.

10.0 Audited Financial Statements

10.1 FY21/22 Audited Financial Statement by Blair Mackenzie, Auditor, Hilborn LLP

Seema informed the FA Committee members that the auditor, Blair Mackenzie was unable to attend the session and she introduced the Associate Partner, Usman Paracha. Usman supervised the audit process and provided an overview of the timing, function and processes undertaken. Usman confirmed that the audit team remained independent throughout the process, and that the audit satisfied the Canadian Accounting Standard for not-for-profit

organizations. Usman informed the FA Committee that the auditors would be giving the College a clean opinion, that no issues were identified, and all recommendations provided by the auditor had been agreed to with management. Usman reviewed the Statement of Financial Position and its key components and drivers. Usman reviewed the Statement of Operations and its key components and drivers. Usman informed the members that there were no significant differences from last year's notes. The auditor invited committee members to ask questions. He responded to all inquiries.

10.2 In-Camera with Auditor

The Committee met in-camera with the auditor. Management temporarily removed itself from the meeting.

10.3 Auditor Evaluation with Management

The Chair asked Elinor if there were concerns regarding the auditing firm, Hilborn LLP. Elinor informed the members that at this time there were no issues with auditors but would reserve final judgement until the end of the process. The full assessment will be provided in the January FA Committee and Board meetings.

MOVED BY: Paola Azzuolo

SECONDED BY: Neelam Bal

***THAT** the Committee recommends to the Board approval of the Audited Financial statements for the fiscal year ended May 31, 2022, as presented.*

11.0 Financial Update

11.1 FY22/23 Q1 Financial Summary Report

Seema provided an overview of the Q1 Financial Statements. Neelam asked if it was reasonable to assume that each quarter should correspond to approximately 25% of the annual budget. Seema informed her that this assumption would depend on the item line, for instance Registration incurs most of its costs during annual renewal at the end of the year. Seema informed members that our current position aligned similarly to last year and that we were on budget. The College is currently carrying a surplus when the Enterprise-Wide System costs are removed, as this project is being paid through the reserves. All statutory remittances are up to date. The auditor would assist the College with the annual tax return in November.

MOVED BY: Paola Azzuolo

SECONDED BY: Neelam Bal

***THAT** the Committee recommends to the Board approval of the FY22/23 Q1 Financial Report, as presented.*

11.2 FY22/23 Q1 Investment Report

Seema reviewed the investment briefing note and overview of the changes since the last FA Committee meeting. Neelam inquired about risk associated with our investments. She asked if

insurance for investments greater than \$100,000. Seema said she would provide her with a full description of the coverage.

12.0 October 2022 Board Preparation

12.1 October 2022 Board Preparation

Allan informed members that he would not be able to attend the October Board meeting and asked for a volunteer to provide the update for the Committee. Neelam volunteered to stand in Allan's place. Allan noted that Seema would provide Neelam with a script to read and be there to answer any questions. Allan ended the meeting by reiterating the importance of the Committee work.

13.0 Next Meeting

The next Finance and Audit Committee meeting to be held on January 11, 2023.

14.0 Adjournment

There being no further business, the meeting was adjourned at 10:28 a.m.

MOVED BY: Neelam Bal

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

CARRIED

APPENDIX 1

*** Land Acknowledgement**

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



GOVERNANCE COMMITTEE MINUTES

DATE: Thursday, October 6, 2022 **TIME:** 9:00 a.m. – 12:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Stephanie Schurr, *Chair*
Jennifer Henderson
Carol Mieras
Brittany O'Brien

STAFF:

Elinor Larney, *Registrar*
Stamatis Kefalianos, *Manager, Regulatory Affairs, Scribe*

REGRETS:

Vincent Samuel

1.0 Call to Order

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

2.0 Public Protection Mandate

The Chair stated that all decisions are made in the best interest of the public.

3.0 Land Acknowledgement

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

4.0 Declaration of Conflict of Interest

The Chair asked 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: Carol Mieras

SECONDED BY: Jennifer Henderson

THAT the agenda be approved as presented.

CARRIED

6.0 Governance Committee Terms of Reference

The Chair stated that the committee terms of references will be included in meeting packages going forward and encouraged members to review them prior to meetings.

7.0 Approval of Minutes

7.1 Draft Minutes of May 17, 2022

The Chair called for edits to the draft minutes of May 17, 2022. None were reported.

MOVED BY: Carol Mieras
SECONDED BY: Jennifer Henderson

THAT the draft Governance Committee Minutes of May 17, 2022 be approved as presented.

CARRIED

8.0 Committee Effectiveness Survey Results

The Chair reviewed the report with the Committee. Overall, feedback was positive. Members expressed satisfaction with the Committee functioning and accomplishments.

9.0 Governance Update – Next Steps

Stamatis reviewed the College’s initiatives to date related to governance reform and spoke on the two outstanding items left on the governance workplan: Reducing Board size, and separation of Board and committees. In preparation for the upcoming Board Education Session, a briefing note was prepared and attached for the Committee’s review which included a brief description of the issues and options for consideration for the Board to consider. The Committee felt that the briefing note provided enough background and did not provide any additional feedback. This item was for information purposes only.

10.0 Governance Update – Next Steps

Stamatis shared with the Committee the findings of a governance report on the College of Social Workers and Social Service Workers by governance consultants Harry Cayton and Deanna Williams. A discussion on some of the recommendations of the report ensued. Though this review was focused on one college, the issues and recommendations are easily transferable across most areas and are worthy of consideration for the Committee and ultimately for the Board to consider. After discussion, a motion was put forward for the College to stop with anonymized Board and Committee evaluations.

MOVED BY: Carol Mieras
SECONDED BY: Brittany O’Brien

THAT the Governance Committee recommends the Board eliminate anonymized Board and Committee evaluations.

CARRIED

11.0 Next Meeting

To be determined.

12.0 Adjournment

There being no further business, the meeting was adjourned at 10:40 a.m.

MOVED BY: Brittany O’Brien

THAT the meeting be adjourned.

CARRIED

* **Land Acknowledgement**

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

APPENDIX 2

Meeting Date	Decisions & Action Items	Current Status
October 6, 2022	<i>THAT</i> the Governance Committee recommends the Board eliminate anonymized Board and Committee evaluations.	Completed
May 12, 2022	<i>THAT</i> the Governance Committee recommends that the appointment of an Academic Director be put on hold until after the October Board Education Session discussion when more information will be available about the future.	Completed
May 12, 2022	<i>THAT</i> the Governance Committee approves the Board Pre-Election Orientation Module Framework.	Completed
March 1, 2022	<i>THAT</i> the Governance Committee recommends that the amended terms of reference be forwarded to the Board for approval.	Completed
September 9, 2021	<i>THAT</i> the Governance Committee approves the Skills and Diversity Matrix tool as amended.	Skills matrix complete, Diversity matrix pending



EXECUTIVE COMMITTEE MINUTES

DATE: Thursday, September 29, 2022 **TIME:** 9:00 a.m. – 12:00 p.m. *via Zoom*

In Attendance:

MEMBERS:

Heather McFarlane, *Chair*
Stephanie Schurr
Allan Freedman

STAFF:

Elinor Larney, *Registrar & CEO*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Tim Mbugua, *Policy Analyst*
Nancy Stevenson, *Director of Communications*
Andjelina Stanier, *Executive Assistant, Scribe*

REGRETS:

Vincent Samuel

1.0 Call to Order

Chair Heather McFarlane welcomed everyone and called the meeting to order at 9:05 a.m.

2.0 Public Protection Mandate

The Chair reminded members that all discussions and decisions are to reflect the College's public protection mandate.

3.0 Land Acknowledgement

The Chair read out the statement on Land Acknowledgement (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 and one change was reported: Move item 9.4 and make it 8.4 on the agenda.

MOVED BY: Stephanie Schurr

SECONDED BY: Allan Freedman

THAT the agenda be approved as amended.

CARRIED

6.0 Executive Committee Terms of Reference

The Chair referred to the committee Terms of Reference which were included in today's meeting materials, and said the document will be included in future meeting packages and encouraged members to review it prior to meetings.

7.0 Approval of Minutes

7.1 Draft Executive Minutes – June 1, 2022

The Chair called for edits to the draft Executive Minutes of June 1, 2022. None were reported.

MOVED BY: Allan Freedman

SECONDED BY: Stephanie Schurr

THAT the draft Executive Minutes of June 1, 2022 be approved as presented.

CARRIED

8.0 Registrar's Report

8.1 Registrar's Verbal Report

Internal

- Staff returned to the office 3-days per week as of September 1, with the option to work 2 days remotely. The office was reopened to the public.
- Kimberly Woodland has begun in her role as Director of Programs. She forms part of the 5 -member Senior Leadership Team of which any one member can take over, in Elinor's absence.
- Mila Aslan has begun in the new role, People and Culture Lead.
- Liz Deciano has begun in her role as QA Competency Assessment Lead, working closely with the Manager of Quality Assurance.
- The College is currently recruiting for the Communications Associate role.

Enterprise System Project

Elinor reported that the previous project manager resigned from her role for personal reasons and the College has now hired a new full-time project manager on a contractual basis. He has worked well so far with the vendor and has kept the program on track. The project will remain on the risk register for the time being. Testing of the new system will begin in October.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

Three senior registrars (in British Columbia, Manitoba and Prince Edward Island) will leave their positions, mainly for retirement, over the next six months. Their replacements will also attend the upcoming Board Meeting in November. The proposal for government funding to support the improvement of the Substantial Equivalency Assessment System (SEAS) is almost ready and will be submitted later this week.

National eLearning Module

The new module was launched in Ontario last July with no issues. All provinces will implement it, except Quebec which first needs approval from their Board. A French version is available.

OT Competencies Coordinating Committee (OTCCC)

Elinor is participating on the committee overseeing the overall implementation process of the new OT Competencies. The OTCCC committee is comprised of members from the Canadian Association of Occupational Therapists (CAOT), the Association of Canadian Occupational Therapy University Programs (ACOTUP), and ACOTRO. Collaboration among the groups has

been excellent. The College is on track to implement the new competencies by November 1, 2022.

Human Resources

Andjelina left the meeting. Topics related to human resources were discussed. Andjelina rejoined the meeting once the discussion concluded.

8.2 Risk Management Report

Elinor reported that risk levels remained relatively the same as the previous quarter. The Quality Assurance program was removed from the report as discussed at the last Board meeting. The risk associated to Human Resources may be removed from future reports. A discussion was held.

MOVED BY: Stephanie Schurr

SECONDED BY: Allan Freedman

THAT Executive receives the Risk Management Report.

CARRIED

8.3 Annual Report

Nancy Stevenson joined the meeting and responded to questions. She stated that the French digital version of the annual report will be ready for release once the Board has approved the English version. A discussion was held. Overall, the committee was very satisfied with the content and presentation of the report. Several minor recommendations were made which will be incorporated.

MOVED BY: Allan Freedman

SECONDED BY: Stephanie Schurr

THAT Executive recommends the Annual Report for the 2021-2022 fiscal year be put forth to the Board for approval, including today's minor amendments.

CARRIED

8.4 Update to College Logo

Nancy presented on the proposed new logo design options and rationale for each. She noted that the Citizen Advisory Group was consulted, and their overall feedback was positive, notably the increased clarity about the role of the College in the tagline. If approved by the Board, the College would implement the new logo in January 2023. A discussion ensued and a motion was put forward.

MOVED BY: Allan Freedman

SECONDED BY: Stephanie Schurr

THAT Executive recommends that the new logo and taglines in both English and French be presented to the Board for approval and implementation by the College.

CARRIED

9.0 Business Arising

9.1 Committee Work Plan

Executive reviewed the work plan. No changes were made.

9.2 Board Education Day Planning – October 19, 2022

Elinor informed the group that Carolyn Everson is confirmed to facilitate the education session. Two other guest speakers were also invited. The focus of the day will be on next steps related to governance reform, specifically on reducing Board size and the overlap of Board membership on committees.

9.3 Equity Impact Assessment Tool

Tim Mbugua and Stamatis Kefalianos joined the meeting. Executive reviewed the tool that was developed by the Ministry of Health (MOH) to assist colleges in demonstrating that their policies, programs and processes are fair and non-discriminatory. This relates to new 2021 reporting requirements of the ministry's College Performance Measurement Framework (CPMF), on Diversity, Equity and Inclusion (DEI). Stamatis explained that the Health Profession Regulators of Ontario (HPRO) is currently in the process of developing its own tool but until it is available, the College will use the MOH tool. Executive discussed the importance of educating and training staff on DEI matters and to use this tool to evaluate both new and existing programs and policies alike. A recommendation was made to include this topic and tool in the orientation portion for each committee. The motion was amended.

MOVED BY: Stephanie Schurr

SECONDED BY: Allan Freedman

THAT Executive Committee recommends to the Board to approve that the draft Equity Impact Assessment tool be used by the College.

CARRIED

9.4 Update to College Logo

Item moved to 8.4

9.5 Draft Board Minutes – June 23, 2022

Executive reviewed the draft Board minutes. One recommended change will be made.

9.6 Committee Effectiveness Survey Summary – Fall 2022

The Chair reviewed the report. Feedback was very positive. Members expressed satisfaction with committee functioning and accomplishments. A discussion ensued regarding Board and committee member participation in surveys. The Chair will remind members at the next meeting, that evaluating Board and committee effectiveness is an integral part of their responsibilities and that feedback is vital and should be taken very seriously. The committee discussed changing to named surveys which would allow chairs to follow up with members as needed and would improve the administrative process for staff. This item will be brought forward to the Board for decision.

9.7 Board Meeting Evaluation Report – June 23, 2022

This was the first in-person Board meeting held in over two years and feedback was very positive. Some members expressed a preference to meet in person over virtual meetings. The wording in question #3 will be reviewed and updated accordingly in response to feedback received.

9.8 Draft Board Agenda – June 23, 2022

Executive finalized the draft Board agenda.

10.0 Next Meetings

Doodle will be circulated for the next meeting, with date options in first two weeks of January 2023.

11.0 Adjournment

There being no further business, the meeting was adjourned at 10:58 a.m.

MOVED BY: Allan Freedman

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

*** Land Acknowledgement**

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

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 different reporting mechanisms: the Priority Performance Report and Committee Reports to the Board. Some metrics have been included for information purposes, and anomalies will be explained. Any decisions being brought forward to the Board will have a separate briefing note in the Board package, and any previous Board decisions during the quarter being reported will be outlined under “Commentary.”

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

General Legend:

Health Professions Appeal and Review Board (HPARB).

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

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

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

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

Executive

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2022/2023	Possible RHPA and or Governance model changes
	Board Orientation, Education, and Policy Review
	Oversight of Risk Management and Registrar
	2023 Elections of Board Members
	Exam and Accreditation (high level oversight monitoring)

Q1	Committee Activities: Meetings held: 1) June 1, 2022 , reviewed Risk management report/Annual risk register, annual registrar performance evaluation process, revised Board Policy RL9: Emergency Registrar Replacement, discussed return to in-person meetings and Board Education Session plans, finalized Board agenda. 2) August 2, 2022 , reviewed outcome of the annual registrar performance evaluation, 3) August 15, 2022 , met with Director of Finance & Corporate Services to discuss registrar performance evaluation and next steps.
	Decisions Not Requiring Board Approval: Risk management report/Annual risk register, annual registrar performance evaluation process
	Decisions Requiring Board Approval: RL9-Emergency Registrar Replacement policy approved at June Board meeting

Q2	Committee Activities: Meetings held: 1) September 29, 2022 , reviewed risk management report, 2021 Annual Report, discussed update to College Logo, implementation of Equity Impact Assessment Tool, change to Committee Effectiveness and Board meeting evaluations, and finalized Board Education Day planning.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: 2021 Annual Report, College Logo, Equity Impact Assessment Tool, and Committee Effectiveness Surveys.

Governance

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, System Impact

Workplan 2022/2023	Develop plan to reduce Board size
	Develop an online orientation program for Board and Committee Members prior to election or appointment
	Make bylaw changes to support governance modernization
	Develop a plan to reduce overlap of Board and Committee members

Q1	Committee Activities: There were no meetings held in Q1.
	Decisions Requiring Board Approval: N/A

Q2	Committee Activities: There was one meeting held in Q2. Committee reviewed the College’s initiatives to date on governance reform and discussed the two outstanding items left on the governance workplan: reducing the board size and the separation of Board and Statutory Committees. In preparation for the upcoming education session the Board briefing note was prepared for the Committee’s review, which included a brief description of the issues and options for the Board’s consideration. Committee felt that the briefing note provided enough background and did not provide any additional feedback. Committee also reviewed the findings of a governance report of another regulatory college. A discussion on some of recommendations of the report ensued. Though this review was focused on one college, the issues and recommendations are easily transferable across most areas and are worthy of consideration. After discussion, a motion was put forward for the College to stop with anonymized Board and Committee evaluations.
	Decisions Requiring Board Approval: There are two: 1) The Board approves, in principle, the direction to reduce the size of the Board to 12-14 members as allowed in legislation, and to reduce the overlap between Board and Statutory Committee members as allowed by legislation. 2) All Board and Committee members include their name on all Board meetings and Committee Effectiveness surveys.

Finance, Audit and Risk

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2022/2023	Review quarterly financial reports and annual projected budget for recommendation to the Board
	Review draft audited financial statements for recommendation to the Board
	Review updated five-year financial forecast
	Review internal controls matrix
	Review investment portfolio to determine if policy changes are warranted
	Review and update policies governing financial and investment matters
	Review property/non-liability and liability/crime/E&O insurance coverages to assess sufficiency
	Evaluate auditor performance and determine if re-appointment or selection of new auditor is appropriate; recommend to the Board

Q1	Committee Activities: Met on August 23, 2022 . The Committee reviewed the Finance and Audit mandate and annual work plan. Management presented the draft Audit Financial Statements from the auditors for the Committee to review and report to the Board at a later date. The Committee was provided with an orientation on the structure and elements of the audited financial statements. The Committee reviewed the College's 5-year Finance Forecast, which was provided for discussion and information purposes. The Committee reviewed and discussed the FY21/22 Q4 Financial Report and has recommended it to the Board for approval. The Committee reviewed the FY21/22 Q4 Investment Report. No issues were identified. The Committee reviewed and discussed the College's internal control matrix, with management reporting that internal controls are operating effectively.
	Finance Report: FY21/22 Q4 Financial Summary Report was reviewed and recommended for Board approval.
	Decisions Requiring Board Approval: FY21/22 Q4 Financial Summary Report

Q2	Committee Activities: Met on September 23, 2022 . The Committee reviewed the Finance and Audit mandate and annual work plan. The auditor, Usman Paracha, attended the meeting and reviewed the FY21/22 Audited Financial Statements with the committee in the presence of management. The auditor answered questions. No issues were raised by either the auditor or the Committee. The Committee went in-camera with the auditor without management present. The Committee agreed to recommend to the Board for the approval of the Audited Financial Statements for the fiscal year ended May 31, 2022, as presented. The Committee deferred a discussion about the auditor until all components of the audit was completed. The Committee reviewed the FY22/23 Q1 Financial Report and has recommended it to the Board for approval. The Committee reviewed the Q1 Investment Report, no issues were identified. The Committee selected and agreed upon who would present at the October 20, 2022 Board meeting in the Chair's his absence.
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	Finance Report: The FY21/22 Audited Financial Statement were reviewed and recommended for Board approval. The FY22/23 Q1 Financial Summary Report was reviewed and recommended for Board approval.
	Decisions Requiring Board Approval: FY21/22 Audited Financial Statement, FY22/23 Q1 Financial Summary Report

Registration

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:

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

Workplan 2022/2023	Registration Committee policy review
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Q1	Metrics												
	6616 Registrants			Application Processing Time 50.4 (Avg in Days)			Practicing without a Certificate	Liability Insurance			Expired Certificates		
	83 Certificates Issued		Resigned	CAN	IE	Returning		Didn't Update	Lapse	I&R Referral	Provisional	Temporary	
	CAN	IE					Returning						
	33	13	37	43	45.8	104.3**	35.5	0	0	1	0	0	1
	Commentary: **shortest duration was 12 days and longest was 293 days.												
	Cases						Meetings Held	Response Compliance	HPARB Appeals	Policies Updated			
	Type		New	Resolved	Avg Case Time								
	Currency		1		N/A – no cases		2	N/A – no cases	1 in process	14/15			
	Education												
Examination													
Language													
Second Provisional Certificate													
Suitability to Practice													

Outcomes	N/A – no cases
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Committee Activities: Committee members received orientation training at the first meeting on **June 14, 2022** and reviewed the 2022-2023 Registration Committee work plan. At the second meeting on **July 28, 2022**, the Committee received a detailed overview of the current refresher program and associated policies in preparation for anticipated changes later this year. The Committee approved three actions to improve College processes related to provisional registration. These actions will resolve emerging issues and mitigate risk to the public: 1. Adding the requirement for supervision of provisional occupational therapists on the public register. 2. Having all provisional occupational therapists who fail their first exam attempt sign an undertaking where they agree to create a continuity of care plan. 3. Adding a section to the provisional registration supervision agreement form where the supervisor agrees to

create a continuity of care plan with the provisional occupational therapist.

Decisions Requiring Board Approval: N/A

Q2	Metrics													
	6853 Registrants				Application Processing Time 26.3 (Avg in Days)			Practicing without a Certificate	Liability Insurance				Expired Certificates	
	287 Certificates Issued			Resigned	New CAN	New IE	All Returning		Didn't Update	Lapse	Late Renewal	I&R Referral	Provisional	Temporary
	New CAN	New IE	All Returning											
	215	11	61	48	20.8	98.8	32.7	4	23	70	47	4	1	0
Commentary: **shortest duration was 22 days and the longest was 171 days.														
Cases							Meetings Held	Response Compliance	HPARB Appeals	Policies Updated				
Type			New	Resolved	Avg Case Time									
Currency			1	1	62.5		2	100% (2/2)	1 Appeal resolved - RC decision upheld	0/15				
Education														
Examination			1	1										
Language														
Second Provisional Certificate			1*											
Suitability to Practice														
Outcomes	*Two cases were forwarded registration committee for review; one case had both a currency and suitability to practice issue. The exam case (request for 4 th attempt) outcome was to deny a certificate. The currency/suitability case outcome was to issue a certificate after training.													
Committee Activities: N/A														
Decisions Requiring 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 2022/2023	Expand the satisfaction survey sent after each complaint to also include the registrar's reports and investigations
	Participate and ensure the successful implementation of the College Enterprise system

Q1	Cases				Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved	Avg Case Time			
	Registrar Reports Registrar Administrative Action	2	3	NA	Panel A = 2 Panel B = 2 All ICRC = 0		1
	Complaints	9	3	179			
	Outcomes	ICRC: 1 No risk; 3 Low Risk Registrar: 3 Administrative close					
	Commentary: The committee was very busy and effective in working through the cases. There are numerous decisions in the final quality assurance process before they will get issued and most of them will issue at the start of the second quarter. The I&R staff has experienced an increase in abusive and undesired interactions with members of the public and other third parties so the Investigations and Resolutions program is looking at developing a policy to address this. The average case time for Reports cannot be accurately calculated as the files that wrapped up were all administrative action and will create a skewed impression of the average time.						
	Committee Activities: See above.						
	Decisions Requiring Board Approval: NA						

Q2	Cases			Meetings Held	Response Compliance	HPARB Appeals
	Type	New	Resolved			
	Registrar Reports Registrar Administrative Action	4	14	336	Panel A = 1 Panel B = 2 All ICRC = 0	0
	Complaints	3	12	229		
	Outcomes	ICRC: 3 No risk, 13 Low risk, 1 Medium risk, 2 Frivolous and Vexatious Registrar: 4 Administratively closed and 3 files closed pending re-registration				
	Commentary: The average case time of Registrar's Reports increased dramatically as there were a couple of files that went through numerous, prolonged processes that are skewing the numbers. Furthermore, there was a delay in decision writing over the summer that impacted the completion time on all files.					
	Committee Activities: See above					
	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 directed.

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

* Annual Requirement Completion: Of the people that are required to complete the tool, the percent that have done it to end of quarter.

Workplan 2022/2023	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 2023 Prescribed Regulatory Education Program (PREP)
	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					
	Risk-Based Selection	PPA Completed Q1	PPA in Progress	% Total PPA Completed	Additional Q1 Directed PPAs	
	Date of Selection: Aug 2021 total = 110 deferred= 35 remainder= 75	2 <i>*New tool in development</i>	0	0 100%	0	
	Annual Requirement					
	PREP (due Oct 31, 2021)	99.5% completed	SA (due Oct 31, 2021)	100% completed	PDP (due May 31, 2022)	97.8% completed

Committee							
QAC Cases / Decisions			SCERP in Progress	Non-compliance with SCERP	Average Case Time	QAC Meetings	Policies Review
Type	Deliberated	Outcomes					
Peer & Practice Assessment (PPA)	7	SCERP= 2 TNAR= 5	5	1	PPA:(311 Days) NC: (50 Days)	1	under review - to report in Q2
Non-Compliance with annual requirements	5	complete outstanding requirements					
<p>Commentary: Besides deferrals, all the PPA from the last selection have been completed. The new peer and practice assessment has been drafted based on the new competencies and will be piloted in Fall 2023 once new competencies come into effect November 1st. This pilot will be done with approximately 30 registrants who were previously selected but had deferred their assessment. Peer Assessors have received training on this new tool and will be paired for the pilot assessments to evaluate the tools' reliability and validity. A new combined self assessment and professional development tool has been drafted and will be available in the new enterprise system for testing in October and is planned for release early 2023. The content for the 2023 PREP is well underway and QAS and Equity/Indigenous panels are contributing to the content development. We are excited that the Liz Deciano joined as the QA Competency Lead and the program now has the full complement of staff.</p>							
<p>QAC Activities: Conducted COTO resource orientation, program/PREP update.</p>							
<p>QAS Activities: Participated in 2 content development meetings for 2023 PREP.</p>							
<p>Decisions Requiring Board Approval: N/A</p>							

Q2	Metrics							
	Competency Assessment							
	Risk-Based Selection		PPA Completed Q2	PPA in Progress	% Total PPA Completed		Additional Q2 Directed PPAs	
	Date of Selection: Aug 2022 Total= 110 Completed=75 (complete) Deferred=35 (19 in Q2/Q3 progress as pilot)		9	19 <i>*BBI pilot of deferred</i>	76% (9+75=84/110)		0	
	Annual Requirement							
	Annual eLearning Module (due Oct 31, 2022)		99.4% completed	SA (due Oct 31, 2022)	N/A postponed	PDP (due May 31, 2022)	97.8% completed	
	Committee							
	QAC Cases / Decisions			SCERP in Progress	Non-compliance with Remediation	Average Case Time	QAC Meetings	Policies Review
	Type	Deliberated	Outcomes					
	Peer & Practice Assessment (PPA)	2	SCERP= 1 TCL= 1	1	1	PPA: (385 Days) NC: (171 Days)	1	under review - to report in Q3
Non-Compliance with annual requirements	2	TNA= 2						
Commentary: The new peer and practice assessment has been developed based on the new competencies that came into effect November 2022. This 3-part process includes an employment form, record keeping self review, and behavioural based interview. These new tools are currently being piloted with 19 registrants who were previously selected but had deferred their assessment in 2021. Peer Assessors have received training on this new tool and will be paired for the pilot assessments to evaluate the tools' inter-rater reliability and validity. A new combined self assessment and professional development tool, known now as the Annual Learning Plan , is being integrated into the new enterprise system and is currently in test phase in preparation for release early 2023. The self assessment due October 31 st is postponed until this time. The draft content for the 2023 Annual E-Learning Module (previously called PREP) is complete and QAC to review at upcoming meeting. For ease, and to encourage compliance, both of these QA annual requirements will be due October 31 st each year. While the QA								

	<p>Competency Lead position is vacant, interviews are being scheduled for December in hopes of a new team member beginning early 2023.</p>
	<p>QAC Activities: Met in October to deliberate on cases and staff provided and update about new annual requirements and new peer and practice assessment. QAC also participated in an orientation about the use of Terms, Conditions and Limitations and the option of referring to Investigations and Resolutions program.</p>
	<p>QAS Activities: participated in 2 full group meetings and 8 small group meetings to develop content for the 2023 Annual eLearning module</p>
	<p>Indigenous Insights & Equity Panels: facilitated 1 meeting to gather input about content and visuals for Annual eLearning module</p>
	<p>Decisions Requiring Board Approval: none</p>

Discipline

Chair: Donna Barker

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2022/2023	Ensure discipline processes are discharged in a timely and procedurally fair manner
	Annual orientation and training and ensure new members receive HPROs 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	0	N/A	N/A	N/A	N/A
Commentary: No committee activities in Q1.							
Committee Activities: There were no meetings held in Q1.							
Decisions Requiring Board Approval: N/A							

Q2	Case Status			Case Time	Outcomes	Response Compliance	HPARB Appeals
	New	Pending	Resolved				
	0	1	0	(N/A)	N/A	(N/A)	(N/A)
The Committee issued the oral reprimand to Stephanie Zubriski as per the 2020 Discipline Panel decision. Ms. Zubriski was not present for the reprimand despite numerous contact attempts over many months. The reprimand has been placed on the public register.							
Committee Activities: See above							
Decisions Requiring Board Approval: (N/A)							

Patient Relations

Chair: Paola Azzuolo

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2022/2023	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 to OT students and registrants

Q1	Funding Applications: 0 new applications received.
	Commentary: There are 2 persons using the College Sexual Abuse Funding Program.
	Committee Activities: There were no meetings held in Q1.
	Decisions Requiring Board Approval: N/A

Q2	Funding Applications: 0 new applications
	Commentary: There are 2 persons using the College Sexual Abuse Funding Program
	Committee Activities: There was 1 meeting held in Q2
	Decisions Not Requiring Board Approval: The committee discussed and contributed to the development of an educational case study to be used as a resource in the prevention of sexual abuse in OT Practice; The committee discussed the Client Bill of Rights approved by the Board in March 2022 and it's alignment with section 9 of the Connecting Care Act, 2019; The committee discussed an educational webinar to provide guidance on the prevention of crossing professional boundaries and professional misconduct.
	Decisions Requiring Board Approval: N/A

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

Workplan 2022/2023	Should a referral be received, ensure fitness to practice processes are discharged in a timely and procedurally fair manner.
	Ensure committee members receive orientation and training annually.

Q1	(No cases or activity to report.)
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Q2	(No cases or activity to report.)
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Practice Subcommittee

Chair: Heather McFarlane

Strategic Priorities: Quality Practice, System Impact

Workplan 2022/2023	Alignment and streamlining of Standards for Practice 2022/2023
	Privacy, Security and Access Document Development
	Private Practice Guidance Document

Q1	336 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	265	59	12	94%	Jurisdiction Record Keeping Consent	Consent Duty to Warn/Report Students / Provisional Practice	N/A
<p>Commentary: The Practice resource continued to field questions about jurisdiction and providing virtual services. Practice met with several stakeholders to address practice concerns, including the human resource shortage in healthcare and obtaining consent for school-based rehab services and Bill 7. The Practice team developed two Q & As on SBRS consent and issued guidance about Bill 7 on social media and the College website. Practice attended the HPRO practice advisor’s meeting on July 21, 2022. Additional program activities included launching the consultation for the proposed Standards for Practice and publishing two newsletter practice case studies. Practice met with a Board member to present on What is OT? The Practice team has returned to in-person outreach sessions and this quarter presented to 2nd year graduating OT students on preparing for the complexities of OT Practice.</p>							
<p>Committee Activities: Practice Subcommittee met virtually on May 30, 2022, for a half-day meeting. The subcommittee provided final comments on the draft Standards for Practice for public consultation that took place in June-August. The subcommittee approved the updated Terms of Reference and provided input into the new Privacy practice guidance document and Private Practice guidance document under the current 2022-2023 subcommittee workplan. The Chair conducted an environmental scan by providing an opportunity for subcommittee members to discuss practice issues.</p>							
<p>Decisions Requiring Board Approval (Through Executive Committee): N/A</p>							

Q2	373 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Documents Completed
	OT	Public	Other				
	288	31	54	95%	Jurisdiction Record Keeping Consent	Find an OT Consent	N/A
<p>Commentary: The Practice program continued to field questions about jurisdiction and providing virtual services. Notably, several calls are from OTs registered outside of the province. The practice team has streamlined the information for easy accessibility on the website. Practice met with several stakeholders during this quarter, OSOT, ACOTUP, and the HPRO practice advisors' group, to understand the current regulatory and occupational therapy practice environments. The Practice team developed two case studies about recording OT sessions and providing training and recommendations to others. Practice presented at the CNAR master class and at the OSOT conferences on the CEJ document and new competencies. Additional program activities included the analysis from the consultation for the proposed Standards of Practice to inform final revisions for Executive and Board review. The Practice team returned to in-person outreach sessions this quarter and presented to 1st year OT students from all 5 of the OT programmes about the role of the College and professionalism in preparation for fieldwork placements; OT employer sites on the application of the new competencies and OTA Colleges working with assistants.</p>							
<p>Committee Activities: Practice Subcommittee met on September 13th, 2022, hybrid in-person and on zoom for a full-day meeting. The subcommittee reviewed the Standards of Practice post consultation and provided feedback to inform the updated version. The Chair conducted an environmental scan by providing an opportunity for subcommittee members to discuss current and evolving practice opportunities and challenges and the impact to the recipients of OT services in Ontario.</p>							
<p>Decisions Requiring Board Approval (Through Executive Committee): Proposed Standards of Practice</p>							

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
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 be complete and appropriate. The Board has delegated the oversight of the Risk Management Program to the Executive Committee. In January 2023, the Executive Committee reviewed the risks and has agreed that they be forwarded to the Board.

The risk register in its entirety was reviewed by Executive at their June 2022 meeting. This activity occurs once per year, however, can be reviewed at any time. 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.

Diversity, Equity, and Inclusion Considerations:

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

Discussion & Update:

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

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) due March each year. The next submission is due March 2023.</p> <p>The government had consultations around governance modernization and some resource - intensive reporting obligations in early spring 2022, but since the election in June, has not moved forward with any actions. Fortunately, the governance modernization items align with the work plan developed by the Governance Committee.</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. 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 of the CPMF. 3. Governance Committee actively monitoring government initiatives re: College structure. 4. Governance Committee moving forward with College modernization plans discussed at the education event in October 2022

BOARD MEETING BRIEFING NOTE

Risk Category	OPERATIONAL
<p>Risk:</p>	<p>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 has worked 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.</p> <p>We are working to integrate operations from registration, quality assurance and investigations and resolutions into the new system.</p> <p>We are hopeful for a launch in February 2023.</p>
<p>Control Procedure(s)</p>	<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 facilitating the progression of the work. Project manager is full-time to ensure this project proceeds as planned. 5. 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.
<p>Action Plan & Monitoring Process</p>	<p>Action Plan:</p> <ol style="list-style-type: none"> 1. Enterprise-wide System Phase 3, implementation, continues. 2. New project manager in place and work is progressing. We continue to work with the vendor to monitor timelines and work plan. 3. Ongoing financial reserves to be monitored 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 ongoing. 6. The Board will be kept informed as this project progresses.

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Finance and Audit Committee
Subject: Q2 FY 2022-2023 Financial Report

Recommendation:

THAT the Board receives the Q2 FY22/23 Financial Report, as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2022-2023 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.

Diversity, Equity, and Inclusion Considerations:

When preparing this report, all elements of diversity, equity and inclusion were considered.

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 November 30, 2022
 - Statement of Operations for the period June 1, 2022, to November 30, 2022
 - Statement of Reserve Funds as at November 30, 2022

BOARD MEETING BRIEFING NOTE

Q2 FY 2022-2023 Financial Report

Page 2 of 9

Discussion:

Highlights of Statement of Financial Position:

(Please refer to the attached Statement of Financial Position as at November 30, 2022)

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

- 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, recognizing the interest reinvested in the balance.
- The decrease in property and equipment year-over-year is due to depreciation from the leasehold improvements, furniture and the server.

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

- The deferred registration fees recorded in the Statement of Financial Position, as at November 30, 2022 represent the portion of the annual renewal fees collected for fiscal year 2022/2023. These funds will be moved out of the Statement of Financial Position quarterly and recognized in the Statement of Operations as Registration fees. Annual renewal funds collected on or after June 1, 2022, are automatically recorded directly under Registration fees on the Statement of Operations for the current fiscal year.

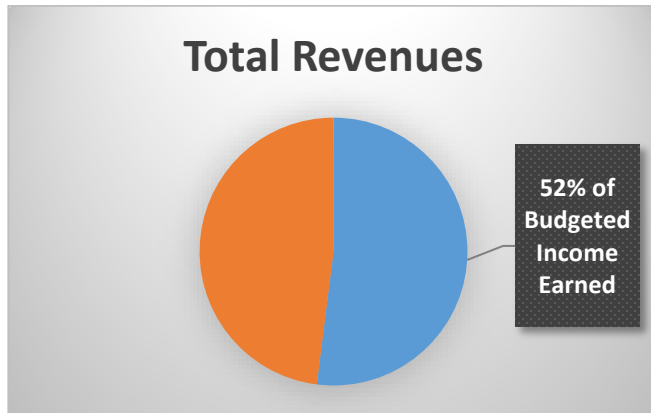
The Net Assets section on the Statement of Financial Position reflects the following:

- The College added \$3,720 in fixed assets in the second quarter. No further assets are anticipated for the current fiscal year. The decrease in Invested in Fixed Assets is due to the depreciation.
- The excess of revenues over expenses for the period is due primarily to lower expenditures, due to delayed timing, in communication and program areas.

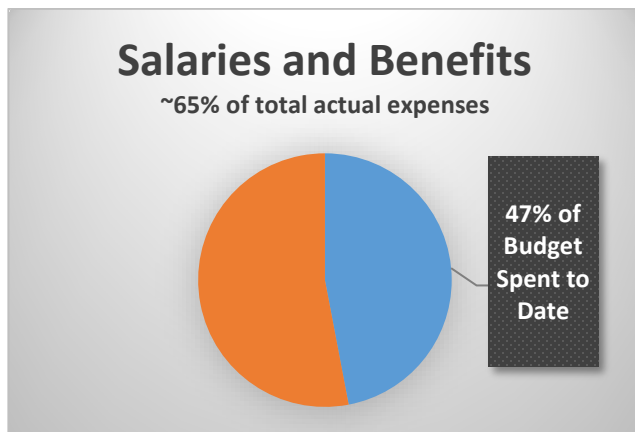
Highlights of Statement of Operations:

(Please refer to the attached Statement of Operations for the period of June 1, 2022, to November 30, 2022).

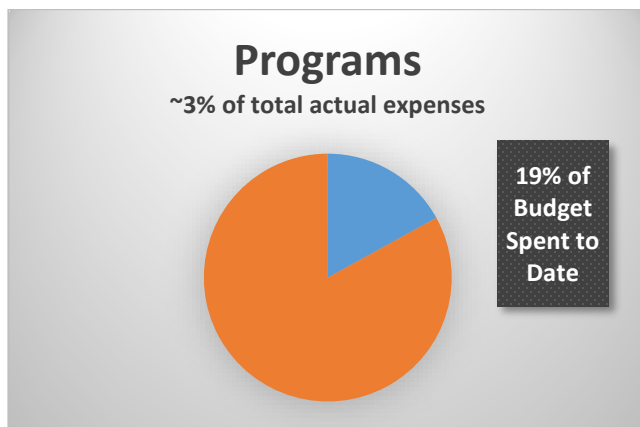
The excess of revenues over expenses for the period June 1, 2022, to November 30, 2022, is \$158,334. The College is in a surplus position and the below charts provide some additional detail for each category.



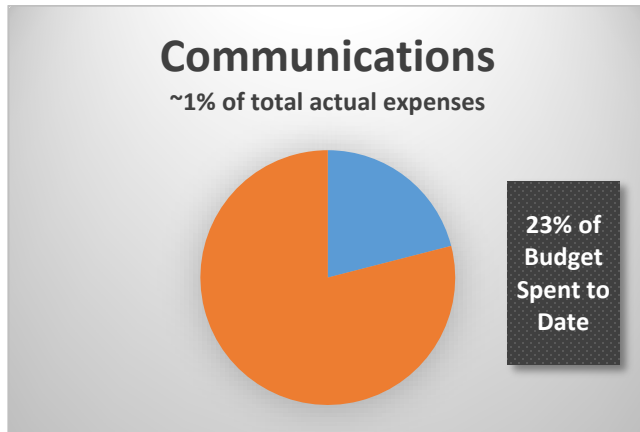
- Status: Favourable to budget
- Revenue is composed primarily of returning and new registrant fees, and application fees.
- Actual revenue earned to date is 2% over the estimate due primarily to greater applications fees collected in the first and second quarter of the year.



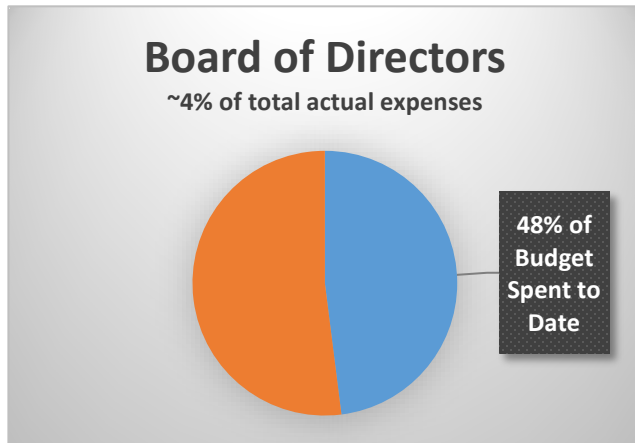
- Status: On target
- Salaries and benefits are slightly underbudget due to open positions, some which have now been filled. We are expecting salaries to be in line with budget by the end of the year.



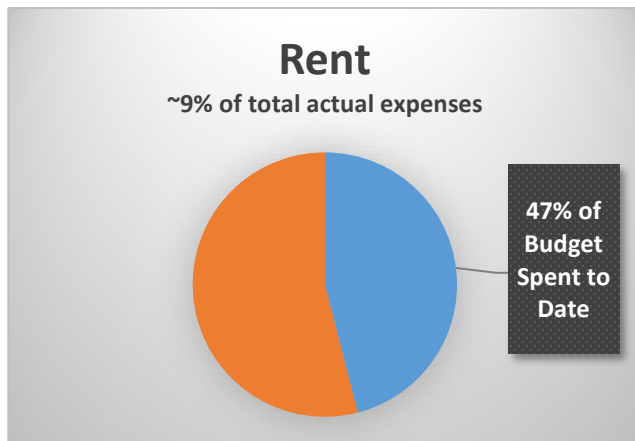
- Status: Favourable to budget
- Program expenses are underbudget due primarily to the timing of College activities:
 - Quality Assurance are on target.
 - Registration expenses are primarily from payment processing fees, which are anticipated for the last quarter of the year.
 - Investigations and Resolutions costs are unfavorable to budget. Large volume of cases closed in Q1.



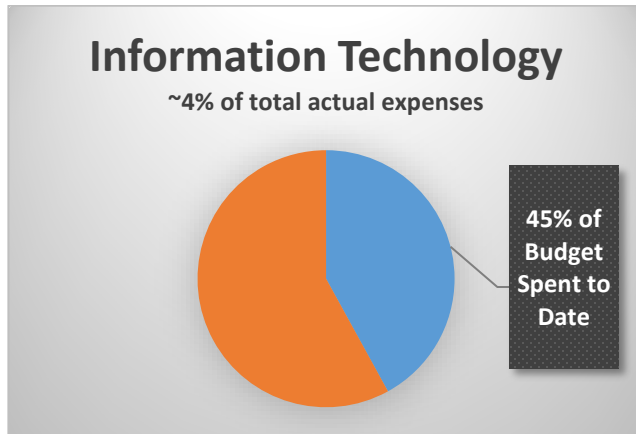
- Status: Favourable to budget
- Communications costs are underbudget due to the timing of invoicing from vendors and the lower than anticipated logo revision cost. The bulk of expenses are anticipated in Q3 and Q4.



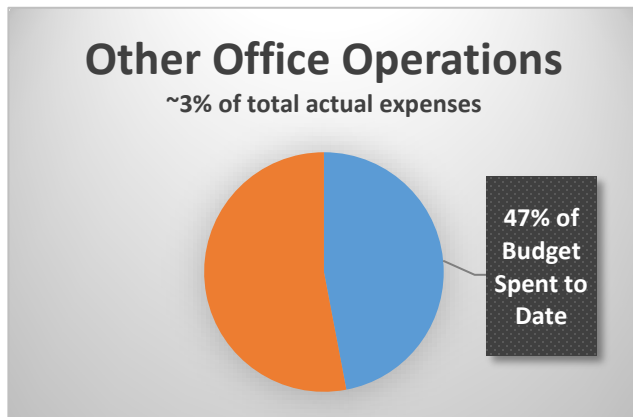
- Status: On target
- Board of Director expenses are slightly underbudget. The College ramped up its in-person meetings in Q1. In addition, it continues to utilize virtual meetings whenever appropriate.



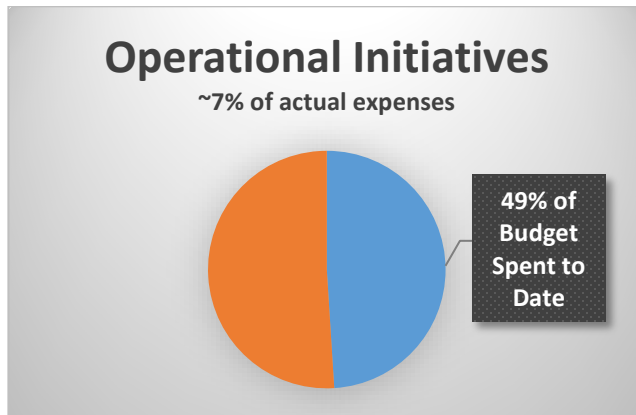
- Status: On target
- Included here is rent and insurance premiums and leases for large equipment.



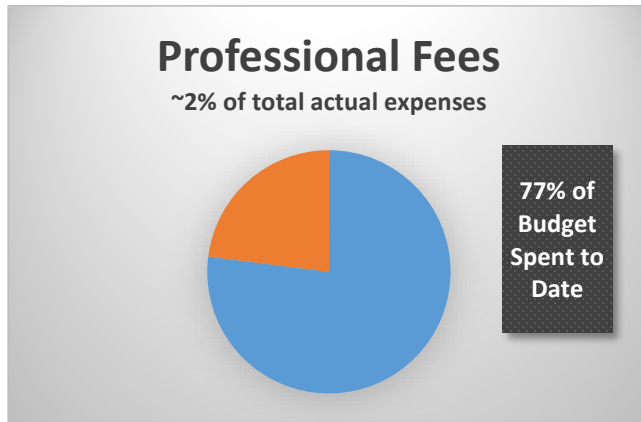
- Status: On target
- Information technology expenses are slightly underbudget due to timing of vendor invoices and an anticipated IT security test in Q4.



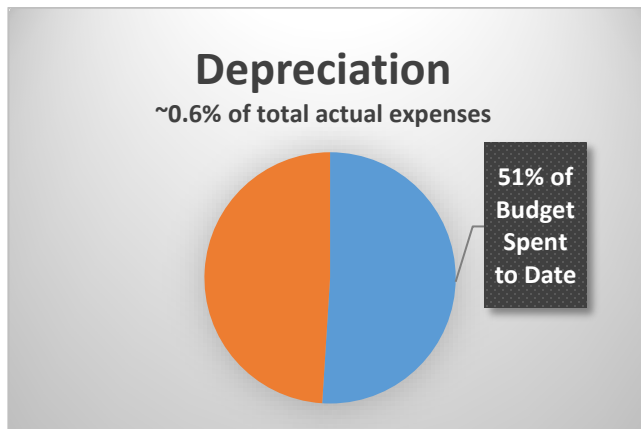
- Status: On target
- Other Office Operation expenses are on target.



- Status: On target.
- Operational initiatives are on target, at 49% spent to date, once the Enterprise System costs are removed.



- Status: Unfavorable
- Professional fees are overbudget primarily due to increased legal fees and leadership/staff workshop training costs.



- Status: On target.

Highlights of Statement of Reserves:

(Please refer to the attached Statement of Reserves as at November 30, 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.

Through to the end of November, the following expenses have been incurred:

- \$139,121 for the Enterprise-wide IT System fund, which has been incurred for work completed towards the deployment of the College's new Enterprise-wide IT system.
- \$9,189 has been allocated to the Invested in Fixed Assets Fund amount. The Invested in Fixed Assets Fund includes a purchase in fixed assets in the amount of \$3,720 and the accumulated depreciation.

BOARD MEETING BRIEFING NOTE

Q2 FY 2022-2023 Financial Report

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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	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: January 31, 2023 February 28, 2023 March 30, 2023	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, 2022.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2022.	Up to date

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at November 30, 2022

	30-Nov-22	30-Nov-21
ASSETS		
Current assets		
Cash	2,582,773	2,902,873
Accounts receivable and prepaid expenses	20,240	60,400
Total current assets	2,603,013	2,963,273
Investments	3,461,114	3,459,314
Property and equipment, net of accumulated amortization	218,705	241,478
TOTAL ASSETS	6,282,832	6,664,065
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	276,331	425,642
HST payable	(26,512)	-
Deferred registration fees	2,127,862	2,063,190
Total current liabilities	2,377,681	2,488,832
Total liabilities	2,377,681	2,488,832
NET ASSETS		
Reserve funds	1,516,182	3,148,587
Invested in fixed assets	218,705	241,478
Unrestricted	2,011,930	418,832
Adjusted excess of revenues over expenses for the period	158,334	366,336
Total net assets	3,905,151	4,175,233
TOTAL LIABILITIES AND NET ASSETS	6,282,832	6,664,065

BOARD MEETING BRIEFING NOTE

Q2 FY 2022-2023 Financial Report

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

	6 Months Actuals ended November 2022 \$	12-Month Budget FY22/23 \$	Percentage of Spend to Budget %
REVENUES			
Registration fees	2,372,848	4,567,410	52%
Application fees	62,420	91,185	68%
Interest & other income	22,459	32,200	70%
TOTAL REVENUES	2,457,727	4,690,795	52%
EXPENSES			
Salaries and benefits	1,499,699	3,159,471	47%
Programs	75,727	408,424	19%
Communications	23,926	101,859	23%
Board of Directors	98,737	204,557	48%
Rent	206,751	443,079	47%
Information technology	83,417	186,989	45%
Other office operations	75,240	159,563	47%
Operational initiatives	174,947	80,000	219%
Professional fees	48,040	62,096	77%
Depreciation	12,909	25,322	51%
TOTAL EXPENSES	2,299,393	4,831,360	48%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	158,334	(140,565)	
<i>Funded by Enterprise Wide System Reserve Fund</i>	<i>139,121</i>		
ADJUSTED EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	297,455		

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2022 \$	Spent to Date/Change \$	Closing Balance Nov 30, 2022 \$
Hearings and independent medical exam fund	\$ 400,000	-	400,000
Sexual abuse therapy fund	\$ 25,000	-	25,000
Premises fund	\$ 800,000	-	800,000
Enterprise wide systems	\$ 430,302	(139,121)	291,181
Invested in fixed assets	\$ 227,894	(9,189)	218,705
Unrestricted	\$ 1,863,620	148,310	2,011,930
Excess of revenues over expenses for the period	\$ -	158,334	158,334
TOTAL RESERVES	3,746,816	158,334	3,905,150

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Finance and Audit Committee
Subject: Allowable Expenses – Policy Amendment and Review of Honoraria Policy

Recommendation:

THAT the Board approves the amendments to the Allowable Expenses Policy.

Issue:

The Board has a responsibility to review applicable policies and ensure they are up to date.

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:

Ensuring that College resources are used wisely and to support our public interest work.

Diversity, Equity, and Inclusion Considerations:

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

Background:

The attached policies are to be reviewed yearly. The honoraria policy has no recommended changes this year.

Discussion:

The following changes have been made to the below allowable expense policy:

1. Rates have been updated to reflect Canada Revenue Agency (CRA) guidelines.
2. Titles have been updated to reflect current organizational structure.
3. No reimbursement will be provided to members for a meeting if they reside within 75 kilometers from the meeting location, unless attending for two consecutive days. With expanded transportation options, commuting for one day within 75 kilometers is possible.

BOARD MEETING BRIEFING NOTE

Allowable Expenses – Policy Amendment and Review of Honoraria Policy

Page 2 of 2

Implications:

If the Board approves the policy changes, it will inform the budgeting process and will take effect June 1, 2023.

Attachments:

1. Allowable Expenses Policy
2. FYI - Honoraria Policy

ALLOWABLE EXPENSES

Guidelines for Board Directors or Committee Appointees

A Board Director of Committee Appointees who incurs allowable expenses while conducting College business will be reimbursed. Every attempt will be made by a member to consider economy and necessity when incurring expenses.

Definition

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

Claim Procedure

- 1. The Board Director or Committee Appointee shall submit allowable expenses on the Expense and Reimbursement Form provided by the College. Receipts for expenses must be included, with the exception of mileage claims.*
- 2. Forms will be reviewed by the Registrar ~~and CEO, Program Director Deputy Registrar,~~ or other appropriate College staff member on submission prior to approval. Incomplete forms will be returned to the claimant.*
- 3. Forms will be paid according to the payroll schedule of the College on the 15th day of each month. The deadline to submit for payment is the 9th day of each month.*

Travel

Rate: ~~\$0.61/km~~ ~~57¢/km~~

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

Accommodations

- 1. Hotel arrangements can be made at College approved hotels to ensure that the College receives the benefit of the corporate rate. However, if a more economical alternative is found, that is acceptable also.*
- 2. Except for Board and Executive Committee meetings, members are to make arrangements for their own accommodations as per provided policy.*
- 3. Private accommodation may be used in lieu of the approved hotel where a member can stay with friends or relatives. A maximum of ~~\$40.00~~~~35.00~~ per night may be claimed.*
- 4. No reimbursement shall be made where the member resides within ~~fifty-seventy five~~ (~~75~~ ~~50~~).*

kilometers of the meeting venue unless the member is required to attend on two or more consecutive days. Only 1 night will be reimbursed between meeting days.

5. *Charges of a personal nature made at a hotel, such as laundry, in-house movies, or personal phone calls will not be reimbursed.*
6. *Internet charges will be reimbursed in the event they are not included in the cost of the accommodations.*

Meals

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

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

Internet Charges

Board Directors or Committee Appointees will be reimbursed for the cost of additional hotel internet charges relative to College business. Receipts are required.

Dependent Care

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

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

Created: May 1994

Reviewed: March 2002, June 2002, August 2004, October 2004, March 2008, July 2010, June 2012, January 2021

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

Rates Revised: January 2020, January 2023

HONORARIA

Guidelines for Elected Board Directors and Committee Appointees

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

Definition

Per Diems:

The College offers up to three types of per diems:

- Attendance,
- Preparation, and
- Travel.

Each per diem is governed by their unique conditions. An attendance and preparation per diem are payable per scheduled meeting with exception of meetings less than 1.5 hours as noted in #6. Multiple distinct meetings are permitted per calendar day; however, only one travel per diem is payable per trip into Toronto. (See specific condition for each per diem below)

Attendance:

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

There are two fixed rates available:

- a. Half-day rate: Equal to or less than three hours and thirty minutes (3.5 hours)
- b. Full-day rate: More than three hours and thirty minutes (3.5 hours) to a maximum per day of 7.5 hours

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

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

Travel:

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

Preparation Time:

All preparation time is based on a fixed hourly rate.

Board, Executive, Subcommittee and Working Group Meetings:

Board Directors and Committee Appointees can claim a maximum of 2 hours of preparation time for Board, Executive, Subcommittee and working group meeting.

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

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

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

Rates:

Full-rate Attendance:

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

Preparation time: \$45 per hour.

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

Procedure

1. Board members or Committee Appointees shall submit their honoraria and reimbursement claims using the third-party online vendor platform, provided by the College.
2. Honoraria may be claimed for attendance, and preparation time. Preparation time will be paid when Board Directors or Committee Appointees are required to review materials that are distributed by the College in advance of the meeting.
3. Travel per diems shall only be claimed when travel meets the following two conditions:
 - a. Travel must occur on the date prior to the scheduled meeting date.
 - b. The distance travelled in one direction must be equal or greater than 250 km one way.
4. The per diem amount of Chair or Vice-Chair is payable only when acting in the capacity of Chair or Vice-Chair of the Board, or as Chair of a statutory or standing committee, for the meeting of the specific committee or Board. All other participation will be remunerated at the standard rate.
5. If a full day meeting is cancelled by the College without 48 hours of notice, Board Directors or Committee Appointees will be entitled to be reimbursed at half of the applicable Attendance rate. Full-day meetings that are cancelled will be reimbursed at half of the full-day Attendance rate; and half-day meetings will be reimbursed at half of the half-day rate. Only Board Directors or Committee Appointees who are scheduled to attend and who request the reimbursement shall receive it. Board Directors or Committee Appointees are permitted to submit a reimbursement claim for Preparation Time as per the limits set out in this policy for their meeting.

6. Onsite meetings or remote meetings that are scheduled for less than 1.5 hours will be paid the half-day per diem. Preparation time is included in the attendance rate for meetings of less than 1.5 hours. When the duration of a meeting is 1.5 hours or more, preparation time may be claimed in addition to the per diem.
7. Per diem rates and policy will be reviewed annually by the Finance and Audit Committee. All changes to the per diem rates will be approved by the Board before coming into effect the following fiscal year, to allow for appropriate budgeting.
8. Board Directors or Committee Appointees can claim both a Preparation per diem and Travel per diem on the same date.
9. All expenses claims must be submitted prior to the end of the fiscal year applicable. Board Directors or Committee Appointees are encouraged to submit their expenses as soon as possible to assist the College with providing Board Directors and Committee Appointees with accurate tax records (e.g.: T4 and T4A).

Created: May 1994

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

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

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

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Finance and Audit Committee
Subject: Registration Fees

Recommendation:

THAT the Board approves the plan for increasing Registration Fees by up to 2% annually for a maximum of 5 years.

Issue:

A growing registrant base and inflation have put a strain on the College's budget and capacity to successfully fulfill its mandate. The College is proposing a year-over-year Registration Fee increase of between 1% and 2% for a period of no more than five years to relieve this strain.

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 Regulated Health Professions Act requires all health profession's regulatory bodies to carry out the same objects and duties. The College has a duty to ensure that it has the financial resources to meet its public protection mandate.

Diversity, Equity, and Inclusion Considerations:

When preparing this proposal, all elements of diversity, equity and inclusion were considered. This proposal would be applied over years, rather than at once, to ensure everyone has time to prepare for it.

Background:

The College last approved a Registration Fee increase in 2007. The increase was required to provide the College with the necessary funds to fulfill its mandate and to replenish the then depleted reserves.

Since then, the College has worked diligently at controlling costs and finding efficiencies to support the growing registrant base, without raising fees. These cost cutting measures significantly contributed to the replenishment of our reserve funds, which were low, and has resulted in the College returning its finances to an appropriate level. We need to maintain these reserves as per the Registrar's obligations under the College's governance guidelines. Per these guidelines, we must maintain restricted reserve funds for specific purposes. In addition, per guidance from our auditors, to operate with certainty for our future, we must maintain a sufficient amount of unrestricted reserves as well. This direction is based on Canada Revenue Agency (CRA) guidelines that allow non-profit organizations to maintain up to 6-months of operating expenses (or potentially even up to 9 months since the pandemic) or approximately \$2.4M in

BOARD MEETING BRIEFING NOTE

Registration Fees

Page 2 of 6

unrestricted reserves. Current reserves, as at November 30, 2022 total \$,1,985,880 which represents approximately 5 months of operating expenses, in line with CRA guidelines.

Over recent years, the College has encountered increased growth, inflation pressure, new technology requirements, increased government reporting and performance pressure which has resulted in the College facing deficits year-over-year. As the College has optimized all cost cutting opportunities, the College must now increase revenues, to sustain operations, keep up with the pace of the growing registrant base and external pressures, and to fulfill its public protection mandate.

Discussion:

As 98% of our revenues are derived from our Registration Fees, the College is proposing an increase to these fees to sustain operations. The main considerations of this are as follows:

Consideration	Supporting Factors
Growth	<p>The increased number of Registrants requires additional resourcing in all areas. In 2007, the College had approximately 4,000 Registrants and in 2022, we now have approximately 6,900 Registrants. This represents a growth of 73%.</p> <p>To keep up with the pace of the growing registrant base, the College has had to hire additional staff.</p>
Inflation	<p>Each year, there is the pressure of inflation which the College has been absorbing since 2007. This inflation is expected to continue and will need to be considered.</p> <p>Currently inflation is at approximately 6.5% - this is putting pressure on all budget lines.</p>
Technology	<p>Technology is constantly evolving. The College must continue to innovate and develop/invest in the appropriate type of technology and resources (in all program areas) to operate effectively and in line with its mandate.</p>
Program Areas	<p>The Registration team has experienced an increased number of applications which require manual follow up (review, background checks, insurance status updates, etc.).</p> <p>The Investigations team has experienced an increased caseload and committee referrals.</p> <p>The Practice team has experienced an increased number of calls and outreach to ensure that the College is providing quality details at a high volume.</p>
Reporting and Diversity, Equity and Inclusion (DEI)	<p>Over the years, there has been, and continue to be, additional government reporting requirements. This includes Office of the Fairness</p>

BOARD MEETING BRIEFING NOTE

Consideration	Supporting Factors
	<p>Commissioner, Canadian Institute for Health Information, College Performance Measurement Framework, Health Professions Database.</p> <p>DEI requirements, acknowledgement and considerations have increased since 2007. In addition to changes in expectations in the environment, the College is now required to report on DEI components annually. In order to ensure we are meeting the required level of performance in this area, the College has had to (and will need to continue to) invest in the appropriate expertise. This is vital to the College in fulfilling its public protection mandate.</p>
Reserves	<p>The College currently has on hand approximately 5-months' worth of reserves in case of an emergency. The CRA has historically allowed about 6 months, and with the pandemic, there are discussions around allowing up to 9-months. Given the past few years, the College should be financially prepared to function in the event of an emergency. We are currently in a state of post-pandemic consequences, and this brings with it financial challenges we must be prepared for. By increasing fees, the College should, in some years, experience a small surplus which is needed to have our reserves on hand represent between 6-9 months of expenses.</p>

Despite the above considerations, the College has not increased fees in over 15 years. During this time, the College has operated with a high degree of care and diligence in order to fulfill its mandate. This has caused a strain on the College; we need to increase fees now to be able to provide the same level of diligence and care going forward. The College is currently projecting ongoing negative deficits for the foreseeable future. This limits the ability of the College to retain staff in a competitive marketplace, take on operational initiatives and meet its regular operating duties to operate effectively and optimally.

The proposed options for increasing Registration Fees are analyzed below.

Scenario	Pros	Cons
1. Annual Registration Fee Increase each year, for up to 5 years	The pressure on registrants will be spread out over the next 5 years	Building up reserves will take longer. Spending on required items to operate College optimally will take longer.
2. One-Time increase of \$37.90 in first year; reassess each year after	Psychologically, Registrants may feel more stability for future years.	The increase is large in the first year.

BOARD MEETING BRIEFING NOTE

Registration Fees

Scenario 1: Below is an analysis which highlights the impact to Registrants of a 1%, 1.5% and 2% **annual** Registration Fee increase over the next five-year period. Any increase would begin during the 2024 annual registration renewal period. Over a five-year period, the base Registration Fee would increase by a total between \$37.90 to \$77.34.

	FY2023/24*	FY2024/25	FY2025/26	FY2026/27	FY2027/28	FY2028/29
Increase of 1.0%						
Registration Fee	657.55	664.13	670.77	677.47	684.25	691.09
HST	85.48	86.34	87.20	88.07	88.95	89.84
Total Cost	743.03	750.47	757.97	765.54	773.20	780.93
<i>YOY Total Cost Change</i>		7.44	7.50	7.57	7.66	7.73
Increase of 1.5%						
Registration Fee	657.55	667.41	677.42	687.59	697.90	708.37
HST	85.48	86.76	88.07	89.39	90.73	92.09
Total Cost	743.03	754.17	765.49	776.98	788.63	800.46
<i>YOY Total Cost Change</i>		11.14	11.32	11.49	11.65	11.83
Increase of 2.0%						
Registration Fee	657.55	670.70	684.12	697.80	711.75	725.99
HST	85.48	87.19	88.93	90.71	92.53	94.38
Total Cost	743.03	757.89	773.05	788.51	804.28	820.37
<i>YOY Total Cost Change</i>		14.86	15.16	15.46	15.77	16.09

* no change, current costs

Scenario 2: An alternative option would be to do a one-time increase in FY2024/25 of \$37.90 (representing an 5% increase) and reassess over the next 5 years to determine if a further increase (up to a maximum of 10%) is required. It is outlined here:

	FY2023/24*	FY2024/25
5% one-time increase		
Registration Fee	657.55	691.09
HST	85.48	89.84
Total Cost	743.03	780.93
<i>YOY Total Cost Change</i>		37.90

* no change, current costs

BOARD MEETING BRIEFING NOTE

The below charts outline the net overall impact for each of the above proposed scenarios. The scenarios will result in an excess of revenues over expenses of \$0, or a small surplus in the future as per the charts below. Surpluses are used to replenish the reserves, some of which is used for any hearings. These surpluses are required to help the College reach the required level of reserves to ensure the College can function in case of an emergency.

5-Year Surplus/Deficit Comparisons

1.0% Increase Annually	Approved Budget	Forecast	5-Year Surplus/Deficit Projections				
	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,673,595	4,860,313	5,053,929	5,251,352	5,456,562	5,669,869	5,891,594
Expenses	4,814,160	5,102,091	5,211,684	5,332,479	5,444,104	5,563,161	5,672,410
Surplus/Deficit	(140,565)	(241,778)	(157,755)	(81,127)	12,458	106,708	219,184
Percent % of Revenue	-3%	-5%	-3%	-2%	0%	2%	4%

1.5% Increase Annually	Approved Budget	Forecast	5-Year Surplus/Deficit Projections				
	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,673,595	4,860,313	5,078,399	5,300,382	5,532,211	5,774,325	6,027,186
Expenses	4,814,160	5,102,091	5,211,684	5,332,479	5,444,104	5,563,161	5,672,410
Surplus/Deficit	(140,565)	(241,778)	(133,285)	(32,097)	88,107	211,164	354,776
Percent % of Revenue	-3%	-5%	-3%	-1%	2%	4%	6%

2.0% Increase Annually	Approved Budget	Forecast	5-Year Surplus/Deficit Projections				
	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,673,595	4,860,313	5,102,868	5,349,645	5,608,589	5,880,306	6,165,434
Expenses	4,814,160	5,102,091	5,211,684	5,332,479	5,444,104	5,563,161	5,672,410
Surplus/Deficit	(140,565)	(241,778)	(108,816)	17,166	164,485	317,145	493,024
Percent % of Revenue	-3%	-5%	-2%	0%	3%	5%	8%

BOARD MEETING BRIEFING NOTE

Registration Fees

The alternative scenario of increasing fees one-time for \$37.90 in FY2024/25 is outlined here:

One-time increase of 5%	Approved Budget	Forecast	5-Year Surplus/Deficit Projections				
	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,673,595	4,860,313	5,254,579	5,412,159	5,574,496	5,741,737	5,914,029
Expenses	4,814,160	5,102,091	5,211,684	5,332,479	5,444,104	5,563,161	5,672,410
Surplus/Deficit	(140,565)	(241,778)	42,896	79,679	130,392	178,576	241,620
Percent % of Revenue	-3%	-5%	1%	1%	2%	3%	4%

If an increase to Registration Fees is not approved, the College will be in a deficit position each year moving forward (see chart below) which will result in depleting the reserves on hand. This will not be in line with our governance guidelines and will not allow us to operate as per our public protection mandate.

No Increase	Approved Budget	Forecast	5-Year Surplus/Deficit Projections				
	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28	FY28/29
Income	4,673,595	4,860,313	5,004,990	5,153,989	5,307,437	5,465,469	5,628,221
Expenses	4,814,160	5,102,091	5,211,684	5,332,479	5,444,104	5,563,161	5,672,410
Surplus/Deficit	(140,565)	(241,778)	(206,694)	(178,490)	(136,667)	(97,692)	(44,189)
Percent % of Revenue	-3%	-5%	-4%	-3%	-3%	-2%	-1%

Implications:

If the Board approves a Registration Fee increase between 1% to 2% annually, to take effect starting 2024, the Board will be presented with the exact increase and updated fee schedule in June 2023. Any fee increases require bylaws changes and consultation with registrants and interested parties. Following this, the College will begin the consultation process as required by legislation. The final recommendation and outcome of these consultations would then be included in the October 2023 Board package, for a final decision on the percentage increase, followed by implementation in 2024.

Attachments:

1. Guidelines for Establishing & Maintaining Reserve Funds
2. 5-Year Forecast

ESTABLISHING AND MAINTAINING RESERVE FUNDS

Guidelines for Board Directors

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

1. Reserve Funds will be established for:
 - a. Hearings and Independent Medical Exam Reserve Fund
The Hearings and Independent Medical Exam Reserve Fund is designated to cover costs, including legal costs, for conducting discipline hearings, fitness to practice hearings, the Health Professions Appeal and Review Board registration appeal hearings, other hearings that may arise related to regulating the profession, and independent medical exams. The amount to be maintained in this fund is \$400,000 or such other amount as may be determined by the Board.
 - b. Sexual Abuse Therapy and Counselling Reserve Fund
The Sexual Abuse Therapy and Counselling Reserve Fund is designated to cover costs for funding for therapy and counselling. The amount to be maintained in this fund is \$25,000 or such other amount as may be determined by the Board.
 - c. The Premises Fund
The Premises Fund is designated to minimize the impact on the operating budget for major expenses related to College property. It would cover such costs as lease hold improvements, and furniture. The minimum amount of \$500,000 or such other amount as may be determined by the Board.
 - d. Enterprise Wide IT System Fund
The Enterprise Wide IT Fund is designated to provide for the cost of implementing and/or maintaining an enterprise-wide, registrant-based electronic system that will support the delivery of the statutory College mandate in an efficient and effective manner. The minimum amount to be maintained in this fund is \$100,000 and maximum amount to be maintained in this fund is \$500,000 or such other amount as may be determined by the Board.
2. Appropriations from the annual operating surplus to the approved levels of reserve funds shall be authorized by the Registrar and CEO.

Created: February 1997

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

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

5-Year Forecast (FY23/24 to FY27/28)

The College has developed a 5-year forecast for information purposes. In preparing this forecast, several assumptions have been made about future revenues and expenditures. These assumptions are outlined below.

Revenue

Historically, the College has experienced an average growth of approximately 3% in total revenues year-over-year due to increases from its registrant base.

For revenue, the College continues to project the same growth rate. The following assumptions were made:

- That the number of new and returning applicants will continue to exceed the number of registrants retiring over the next five years.
- No new major global or local healthcare crisis will emerge to disrupt provincial health care services.

The FY22/23 annual renewal revenues demonstrate an approximate 3% increase from prior year. This is due to the continued increase in the number of active registrants. The approved budget numbers were based on an estimate, while the forecast uses the actual number that registered for FY22/23 as the basis for future calculations. As of May 31, 2022, the College had 6,605 members.

Overall, investment income is based on the expected return on cash and investments.

For income from applications for registration and other income, there were no general historical trends identified, so an assumption was made on an average 2% increase from prior year numbers.

Overall, this is a conservative revenue projection based on the historical data and the best information we have at this time with respect to the current environment. As new information is available, the revenue projections will be further refined. As no defined amount/percentage is yet determined for a potential fee increase, we have not included this in the below 5-year forecast.

Expenses

The following assumptions were used when forecasting future expenditures (these are consistent with the prior forecast):

- Overall, an inflation rate of 5% was applied to most accounts for FY23/24 projection, and 2% thereafter for the following four years to expenditures. Exceptions to this strategy are explained below.
- Communications expenses have been based on the approved budget for FY22/23 with small known adjustments in future years.
- Board expenses are based on average historical expenses, plus inflationary pressures. The forecast includes costs to return to onsite Board and some Committee meetings.
- Information technology costs consider the following:

- Implementation of a new enterprise system in FY22/23.
- Regular testing of the College's IT infrastructure every year is required to meet insurance obligations.
- Equipment at the end of their lifecycle will need to be replaced and upgraded in upcoming three years based on a three-year schedule.
- Professional fees were based on an average of prior year expenditures, plus inflationary pressures.
- The Quality Assurance (QA) program fees are a rough estimate based on the costs to run the program once the QA competency project is complete. The estimates are preliminary and being further refined, however the forecast reflects amounts based on initial discussions with the department. The key activities budgeted for include:
 - Peer assessments.
 - Development of the Prescribed Regulatory Education Program (PREP) module.
 - Costs associated with the online quality assurance tools.
- Investigations and Resolutions (I&R) expenditures are forecasted based on average historical cost. There has been a continued upward trend in complaints across health regulatory colleges, so this number will be further refined as more information and trend data is available. Costs have also increased due to significantly larger file sizes and the time for users (such as the investigators, decision writer) to review.
- Registration costs are mostly related to payment processing fees.
- Salaries and benefits consider the following:
 - Anticipated pension plan costs included.
 - Total full-time equivalents (FTE's) are 28, plus one contract part-time staff. This count includes the current vacancies: Quality Assurance Lead and an I&R Associate.
 - A year-over-year average increase of 2.5% for staff merit adjustments/bonus based on approved FY22/23 budgeted salary.
- Rent includes the rates negotiated in the new lease and inflation of 1.8% related to additional rent.
- Operational initiatives consider several factors:
 - Completion of the One Standard is anticipated in FY22/23.
 - In FY22/23 onward, an assumed \$80,000 has been used as a placeholder for projects as this is unknown at this time. This is in line with amount budgeted for FY22/23 operational initiatives.
- Amortization is forecasted based on known amounts. There are no additional planned capital expenditures for information technology infrastructure or leasehold improvements.
- Office operations is forecasted based on average historical cost.

The College has relatively healthy levels of reserve funds, however, the below deficits would put the College at a high financial risk. The proposed action of increasing fees would mitigate this risk.

The forecast will be further refined as better information from economic indicators becomes available.

	Approved Budget	5-Year Forecast				
	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27	FY27/28
Income						
Registration fees	4,567,410	4,751,704	4,893,897	5,040,349	5,191,187	5,346,543
Application fees	91,185	93,009	94,869	96,767	98,702	100,676
Other income	15,000	15,600	16,224	16,873	17,548	18,250
Total Income	4,673,595	4,860,313	5,004,990	5,153,989	5,307,437	5,465,469
Expense						
Salaries and benefits	3,159,471	3,346,294	3,429,601	3,514,987	3,602,505	3,692,207
Rent & leases	363,979	385,707	397,175	410,181	421,802	433,135
Board of directors	217,307	226,235	230,090	234,521	238,532	242,622
Programs	408,424	459,950	468,269	476,754	485,409	494,238
Operational initiatives	80,000	80,000	80,000	80,000	80,000	80,000
Information Technology	186,989	238,222	243,583	249,100	244,778	245,623
Communications	101,859	102,862	103,862	104,862	105,862	106,862
Professional fees	49,346	59,186	60,190	61,213	62,258	63,323
Operating expenses, staff, travel and conferences	221,163	177,569	179,754	181,701	183,798	185,991
Other expenses	25,622	26,066	19,160	19,160	19,160	19,160
Total Expenses	4,814,160	5,102,091	5,211,684	5,332,479	5,444,104	5,563,161
Surplus/Deficit	(140,565)	(241,778)	(206,694)	(178,490)	(136,667)	(97,692)
Percent (%) of Revenue	-3%	-5%	-4%	-3%	-3%	-2%

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Governance Committee
Subject: Governance Plan - Next Steps

Recommendation:

THAT the Board restructures the electoral districts, establishes a Nominations Committee, and reduces the overlap of Board and statutory committees using a volunteer method.

Issue:

To consider a proposal from the Governance Committee on the next elements of the College's governance workplan.

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:

Governance best practices supports a smaller board and reduced overlap between board and committees. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system.

Diversity, Equity, and Inclusion Considerations:

Diversity, equity, and inclusion (DEI) needs to be embedded with any proposed changes to the College governance. Any change will be designed to support a competency framework that will bring a variety of backgrounds, insights, perspectives, and life experiences to the composition of the Board and its Committees. By incorporating these elements, the College acknowledges its commitment to DEI and the promotion of learning and inclusive experiences that fulfill its mandate of serving and protecting the public.

Background:

On October 20, 2022, the Board approved a motion based on collective discussions at the day's prior Board education session on governance. The Board approved in principle, the direction to reduce the size of the board to 12-14 members, and to reduce the overlap between Board and statutory committee membership as allowed by legislation.

Discussion:

Since the last Board meeting and working within the legislative framework, the Governance Committee considered options in reducing the Board size and overlap between Board and statutory committees and brings forward the following recommendations. To further inform the drafting of bylaws and updating of College governance policies, the Board is asked to consider and provide input into the following recommendations identified in turn and provide their direction.

I. Reducing the Size of the Board

Reduce board size to 12-14. (6 elected, 1 academic and 5-7 public directors)

Current State:

College bylaws currently set out six electoral districts. One district (Central East) elects 3 directors, another (Central West) elects 2 directors with the rest elect only one. This results in 9 elected directors and one appointed academic director for a total of 10 professional directors. The College also currently has 6 public directors but has no control over the number or term of public directors. The *Occupational Therapy Act 1991*, sets the composition of the Board as follows:

6-9 elected professional directors

1-2 appointed academic director(s)

5- 7 appointed public directors.

For a total maximum of 18.

The Governance Committee considered three options for updating electoral districts.

- a. Retain current geographical districts and reduce the number of elected directors to one per district, thereby reducing the total number of elected directors to six.
- b. Readjusting the electoral district boundaries to three having two elected directors per district.
- c. Establish one electoral district comprised of the whole province and set the number of elected professional directors to six.

The Governance Committee recommends that the Board adopt option b – readjusting the electoral districts to three and having two elected directors per district (see attachment 1).

Challenges with the current electoral districts include registrant and voter engagement in elections and periodic lack of candidates in certain districts.

Committee did consider establishing one electoral district but felt it would not be possible to ensure geographical diversity in an elections-based system, and there may be disproportionate number of Board members from Toronto and the GTA region.

The redistribution of three electoral districts will open a larger pool of registrants while at the same time ensuring geographical diversity in an election-based system. The proposed three electoral districts evenly redistribute the number of registrants in each, maximizing the number of eligible individuals to participate

BOARD MEETING BRIEFING NOTE

in the College's election process. The charts below provide a breakdown of registrants in each of the current six districts and in the proposed three districts that the Governance Committee recommends:

Current electoral districts per registrant

Proposed electoral districts:

District	Count
1	3288
2	1291
3	828
4	1069
5	245
6	121
No District (outside Ontario)	71
Total*	6913

District	Count of New District
1	2246
2	2376
3	2220
No District	71
Total*	6913

*As of January 16, 2023

Elected Directors will continue to serve a maximum of three consecutive terms (9 years). To ensure continued renewal, one third (2) of elected director seats will come up for election each year.

For the proposed changes to be operationalized in bylaw and reduce the elected directors from nine to six, the Governance Committee is recommending a two-pronged approach to implement changes. First, the Board Chair will approach all current Elected Directors to ascertain each Director's interest in resigning and possibly moving to a potential committee appointment if they so wished. The 2023-24 College year will be a transition year with any potential resignation taking place around the March 2024 Board meeting. Alternately, the Board could adopt an attrition model, which would take longer.

If the Board adopts the attrition option, the timing of elections in the proposed electoral districts will be drafted in bylaw as follows:

Election Schedule						
Electoral District	2024	2025	2026	2027	2028	2029
Central East						
Toronto/ Peel Region						
Central West						

Current bylaw requires a by-election to be held if there are more than twelve months remaining in the elected director's term before the expiry of their term of office. Amendments will be made to the bylaw so that a by-election would not be required; rather it would be the Board's discretion as to when and whether to hold a by-election should a current elected director resign with more than 12 months remaining in their term. In addition, amendments will also be added that if a vacancy leaves the Board with less than the minimum number of six elected directors that is required under the *Occupational Therapy Act*, the Board will have to fill at least one of those vacancies so that it is properly constituted.

II. Proposed new Nominations Committee

Current State:

Following the election of the Executive Committee, the Committee meets to select members of the Governance Committee. The Chair of the Board is automatically selected as Chair of the Governance Committee, and along with the rest of the Committee are involved in determining the overall Committee composition and committee chairs for all College committees. This committee composition is presented to the Board for approval shortly after the March Board meeting.

For professional appointees to committees, during the year when a vacancy on a committee opens, a call is made for registrants to apply by submitting a short application and resume. The program manager reviews the submissions and reaches out to select candidates to conduct a phone interview and assess their candidacy based on the prescribed committee competencies. Results are presented to the Committee, and they bring recommendations to the Board for approval.

The Governance Committee considered two options

- a. Maintain the current process
- b. Update the screening of committee candidates by establishing a new nominations committee. This committee will be tasked with carrying out the screening process of making committee appointments. This committee would be formed under bylaws and would have its own terms of reference setting out its composition, accountabilities, and mandate.

The Governance Committee recommends that the Board adopt option b – establishing a Nominations Committee

The benefits of establishing a Nomination's committee to undertake the screening of committee candidates include having a more robust screening process that is fair by establishing clear parameters for its composition and mandate. It will ensure greater transparency and accountability as it will make regular reports to the Board on its activities. Finally, it will have a clear and focused mandate on the task on hand.

It is proposed that the screening committee be composed of only community appointees who possess the competencies necessary to carry out their fiduciary duties. This will keep the screening process at arm's length from both the profession and the board to the greatest extent possible.

The proposed Nominations Committee will be primarily tasked with:

- reviewing and evaluating candidate applications for committee positions and determining if candidates have the suitable skills, knowledge, experience, and competencies to serve effectively;
- Recommending the committee composition and committee chairs to the Board for approval; and
- Overseeing the development of a slate for the election of officers to the Board.

III. Reduce overlap of Board and Committee members

Working within legislative framework, populate statutory committees with minimum requirements of board directors.

Currently, the RHPA establishes quorum and composition requirements for statutory committees. However, the College has gone beyond these requirements and appointed Board members where there is no obligation to do so.

Currently board members typically sit on at least two committees which requires a substantial time commitment. Reducing the workload of board directors would result in board positions becoming accessible to individuals who were not able to participate previously. Particularly, if the size of the Board is reduced, ensuring the workload is manageable is key as there would be less Board members to appoint to all the committees on which they current serve.

Reduction in overlap between board and statutory committees would not result in any significant changes to board decision-making process. Committees would continue to put forward policy recommendations to the board, and to support those recommendations with analysis and evidence to assist the board in making informed decisions. Committees would continue to deliver quarterly reports on their activities to the board.

The work of statutory committees is different from that of the board and therefore the competencies and skills needed for these distinct roles are different. Separating the roles would permit for more focused recruitment and training for each position.

Reducing or eliminating overlap between board and statutory committees can enhance the integrity of the decision-making process and reduce or eliminate the risks of conflict of interests. Members will no longer be able to both set a rule (through their role as a board member) and then also decide whether a registrant breached that rule (as a member of a committee). This will add integrity to the process by ensuring that the same people who champion a particular rule are not the same as those who will be enforcing it. This will also enhance the perception of independence for both the board and statutory committees and prevent individual board members from using their dual role to further their own personal or professional agendas.

BOARD MEETING BRIEFING NOTE

Governance Plan - Next Steps

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The following chart provides a detailed breakdown of the proposed changes to each Committee:

Executive Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors	2 elected directors 2 public directors	Executive is made of 4 directors elected by the board.

Registration Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors 1 professional committee appointee	2 public directors 3 professional committee appointees	The RHPA requires at least one government appointed director sit on a panel of the committee.

Inquiries, Complaints and Reports Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors 5 professional committee appointees	2 public directors 6 professional committee appointees	The ICRC is divided into two panels. The RHPA requires at least one government appointed director sit on each panel.

Discipline Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors 1 professional committee appointee	All elected directors All public directors 2 professional committee appointees	The RHPA requires at least two elected directors and one government appointed director to sit on a 5-person panel. Having all board directors appointed will help ensure it is always possible to account for conflicts of interest and strike panels on a timely basis.

BOARD MEETING BRIEFING NOTE

Governance Plan - Next Steps

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Fitness to Practise Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors 1 professional committee appointee	All elected directors All public directors	The RHPA requires at least two elected directors and one government appointed director to sit on a 5-person panel. Having all board directors appointed will help ensure it is always possible to account for conflicts of interest and strike panels on a timely basis.

Quality Assurance Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors 2 professional committee appointees	5 professional committee appointees	There are no specific composition requirements for QAC in the RHPA.

Patient Relations Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors 2 professional committee appointees	2 public directors 2 professional committee appointees 1 community appointee	There are no specific composition requirements for Patient Relations in the RHPA.

Quality Assurance Subcommittee		
Current Composition	Proposed Composition	Notes:
5 professional committee appointees	5 professional committee appointees	There are no specific composition requirements for QA subcommittee. This is a College committee that is not prescribed in regulation.

BOARD MEETING BRIEFING NOTE

Governance Plan - Next Steps

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Practice Subcommittee		
Current Composition	Proposed Composition	Notes:
2 elected directors 6 professional committee appointees	1 elected director 6 professional committee appointees	There are no specific composition requirements for Practice subcommittee. This is a College committee that is not prescribed in regulation. It is recommended that one board member chair this committee due to its work in drafting standards of practice.

Governance Committee		
Current Composition	Proposed Composition	Notes:
3 elected directors 2 public directors	3 elected directors 1 public director 1 community appointee	As a Board committee there are no specific composition requirements for Governance Committee.

Finance and Audit Committee		
Current Composition	Proposed Composition	Notes:
2 elected directors 2 public directors	3 elected directors 1 public director 1 community appointee	As a Board committee there are no specific composition requirements for Finance and Audit Committee.

The Governance Committee recommends the proposed breakdown occur in March 2024 as it will require the College to build additional capacity. The proposed committee slate would require an additional 9 professional committee appointees and 3 community appointees. Additional committee appointments will be vetted by the new Nominations Committee and recommendations will be brought forward to the Board for final approval. It is recommended that each Board Member serve on at least one committee.

Implications:

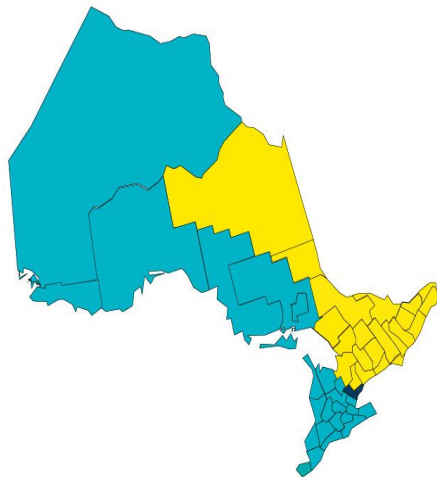
Based on direction from the Board, enabling bylaws amendments and terms of references will be drafted for consideration by the Board at its next meeting.

Attachments:

N/A

Map of Proposed Electoral Districts

Proposed Electoral Districts



Electoral District One

- Toronto
- Peel Region

Electoral District Two

- Algoma District
- Brant
- Bruce
- Dufferin
- Elgin
- Essex
- Grey
- Haldimand-Norfolk RM
- Halton RM
- Hamilton-Wentworth RM
- Huron
- Kenora District
- Kent
- Lambton
- Manitoulin District
- Middlesex
- Niagara RM
- Oxford
- Perth
- Rainy River District
- Sudbury District
- Sudbury RM
- Thunder Bay District
- Waterloo RM
- Wellington

Electoral District Three

- Cochrane District
- Durham RM
- Frontenac
- Haliburton
- Hastings
- Lanark
- Leeds & Grenville
- Lenox & Addington
- Muskoka DM
- Nipissing District
- Northumberland
- Ottawa-Carleton RM
- Parry Sound District
- Peterborough
- Prestcott & Russel
- Prince Edward
- Renfrew
- Simcoe
- Stormont Dundas & Glengarry
- Timiskaming District
- Victoria
- York RM

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Executive Committee
Subject: Appointment of Nominations Committee

Recommendation:

THAT the Board approves the appointment of (insert names) to the Nominations Committee.

Issue:

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

Link to Strategic Plan:

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

Why this is in the Public Interest:

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

Diversity, Equity, and Inclusion Considerations:

The Board should consider candidates for this role that will not be standing for an Executive position. Diversity of nominees to recruit Executive candidates is a consideration in this process.

Background:

Election of officers for the College occurs each March. Prior to this, the Board is guided by the Nominations Committee's Terms of Reference that sets out the process prior to election day held after the Board meeting in March.

The actual election conducted by the College is based on the bylaws. Our bylaws are silent on the process for nomination of officers for election. However, operationally, the usual process has included ensuring the confirmed slate of nominees and their statements of candidacy are distributed to each Board Director prior to the Board Meeting in March when the elections will be held.

Discussion:

The Board should nominate two Board members to the Nominations Committee who will not be standing for election as an officer to avoid any conflict of interest.

Implications:

BOARD MEETING BRIEFING NOTE

Appointment of Nominations Committee

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Once appointed to the Nominations Committee, they will begin the process to ensure directors are ready to stand for election for an officer position in March.

Attachments:

1. Terms of Reference – Nominations Committee

Policy Type:	Governance Process
Policy Title:	Terms of Reference – Nominations Committee
Reference:	GP10j
Date Prepared:	June 2002
Date Revised:	March 2010, January 2018, June 2020, March 2022
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 strive to demonstrate the following competencies:

Ability

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

Governance expertise

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

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 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 by the College.

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: January 9, 2023
From: Executive Committee
Subject: Ratification of Changes to Statutory Committee Composition

Recommendations:

THAT the Board agrees to remove Brittany O'Brien from the Inquiries Complaints and Reports Committee and appoint her to the Patient Relations Committee as determined at the January 9, 2023, Executive Committee Meeting.

THAT the Board agrees to remove Nick Dzudz from the Patient Relations Committee and appoint him to the Inquiries Complaints and Reports Committee, as determined at the January 9, 2023, Executive Committee Meeting.

Issue:

The Executive approved changes to the composition of two statutory committees to accommodate the workload for one of the public members. The Board is asked to ratify this change.

Link to Strategic Plan:

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

Why this is in the Public Interest:

Ensuring that the College appoints Board members with appropriate competencies, including the requisite time, to serve on each committee will be in the public interest to ensure that the work of the committee progresses.

Diversity, Equity, and Inclusion Considerations:

The changes proposed promote participation in committee work by accommodating the needs of individuals.

Background:

The Current Committee slate was approved by the Board in April 2022. Since that time, public member Brittany O'Brien has had her commitments to her paid employment increase to the point where she is unable to allocate the appropriate time to manage the work of a busy committee, namely the Investigations, Complaints and Reports Committee (ICRC). This puts undue pressure on the other public member serving on the committee. Upon discussion with Brittany, she agreed that moving to a committee with less time pressure was more realistic in terms of her participation. In addition, Nick Dzudz, is available and amenable to participating on the ICRC.

BOARD MEETING BRIEFING NOTE

Ratification of Changes to Statutory Committee Composition

Page 2 of 2

Discussion:

It is recommended that Brittany and Nick switch committees. The Patient Relations Committee meets less often and has shorter meetings. In addition, there is less statutory work involved so there is little time pressure. Both public members are agreeable to the switch.

Implications:

This decision has been enacted by Executive and needs to be officially ratified by the Board. Committees will be reworked again in April to coincide with normal committee assignments for the 2023/24 college year.

Attachments:

1. Committee Composition

2022 – 2023 COMMITTEE COMPOSITION

EXECUTIVE

Stephanie Schurr (*Chair*)
Heather McFarlane (*Vice Chair*)
Allan Freedman (*Officer*)
Vincent Samuel (*Officer*)

COMPLIANCE / ICRC

Carol Mieras (*Chair / Panel A*)
Neelam Bal (*Chair Panel B*)
Sabrina Shaw
~~Brittany O'Brien~~ Nick Dzudz
Hricha Rakshit
Julie Sutton
Roselle Adler
Sarah Shallwani

PATIENT RELATIONS

Paola Azzuolo (*Chair*)
Sabrina Shaw
~~Nick Dzudz~~ Brittany O'Brien
Elizabeth Gartner
Tina Siemens
Melissa Aldoroty

QUALITY ASSURANCE

Teri Shackleton (*Chair*)
Donna Barker
Faiq Bilal
Vincent Samuel
Elizabeth Bell
Michael Ivany

PRACTICE SUBCOMMITTEE

Heather McFarlane (*Chair*)
Elizabeth Gartner
Janet Becker
Shannon Honsberger
Leona Pereira
Susan Cherian-Joseph
Sophie Stasyna

REGISTRATION

Jennifer Henderson (*Chair*)
Nick Dzudz
Faiq Bilal
Sarah Milton
Joshua Theodore

HEARINGS POOL:

1. DISCIPLINE

Donna Barker (*Chair*)
Allan Freedman
Nick Dzudz
Paola Azzuolo
Zuher Ismail

2. FITNESS TO PRACTISE

Vincent Samuel (*Chair*)
Teri Shackleton
Faiq Bilal
Sarah Milton
Hunaida Abboud

GOVERNANCE

Stephanie Schurr (*Chair*)
Vincent Samuel
Carol Mieras
Jennifer Henderson
Brittany O'Brien

FINANCE AND AUDIT

Allan Freedman (*Chair*)
Paola Azzuolo
Neelam Bal
Sabrina Shaw

QUALITY ASSURANCE SUBCOMMITTEE

Candice Silver (*Chair*)
Andy Beecroft
Heather Jones
Debra Kennedy
Erin Lawson
Tanya Purevich

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Executive Committee
Subject: Academic Appointment to the Board

Recommendation:

THAT the Board reappoints Donna Barker for a period of 3 months to end of June 30, 2023.

Issue:

Donna Barker, our sole Academic Appointment, will be completing her term at the end of March 2023, and will not seek a three-year reappointment. However, the process for appointing academics is complicated by the academic yearly schedule. Allowing Donna to continue until the end of June 2023 will make it easier for the academics to recommend a replacement to coincide with their academic assignments along with the academic year.

Link to Strategic Plan:

- 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 the Board are competency-based.

Why this is in the Public Interest:

Ensuring that the Board has competent and adequate members to complete their duties is in the public interest.

Diversity, Equity, and Inclusion Considerations:

Having a diverse Board is in the best interest of the College and the public. This particular decision has an impact of three months. The academic appointments are selected by the universities, so considerations for a diverse choice in the future is encouraged by the College.

Background:

Donna has been appointed to the Board for 2 terms, beginning in 2017 and then again in 2020. While she would be eligible for a third term, she has declined this option. The Board decided to have only one academic member in the summer of 2022, of a possible two, when Mary Egan's term was complete, and she was not putting herself forward for another term. This was to move towards the goal of having a smaller board. The academic appointments have typically been started to coincide with the March Board meeting and the new cycle of committee compositions. However, Donna outlined that the academic year usually ends at the end of June and academic members are typically fully scheduled until their next year is planned.

BOARD MEETING BRIEFING NOTE

Academic Appointment to the Board

Page 2 of 2

Discussion:

The Board has 2 options at this time:

1. Keep the normal process and obtain the recommendations from the University Chairs to appoint a new academic member in March 2023.
2. Extend Donna's term until the end of June to allow the new academic member time to adjust their schedule and allow for their full participation in summer of 2023. The committee appointments would be overlapping and allow for some flexibility with participation.

Implications:

Either option works with the bylaws. The College has managed this situation in the past and has experienced some issues with academic members who start in March due to their schedules. I have not heard yet from the Chairs of the University Programs who they are recommending for the Board appointment. In addition, if the Board is amenable, approval will be sought from the university chairs to appoint Donna for an additional three months.

Attachment:

N/A

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Quality Assurance Committee
Subject: Professional Reappointment to Quality Assurance Subcommittee

Recommendation:

THAT the Board approves of the reappointment of Debra Kennedy to the Quality Assurance Subcommittee, for a second three-year term commencing July 1, 2023.

Issue:

A subcommittee member's first term is ending June 30, 2023. The Board is asked to review the request and make a decision about reappointment.

Link to Strategic Plan:

Public Confidence: College governance is responsive, effective, competency-based and accountable.

Why this is in the Public Interest:

Consultation with the Quality Assurance Subcommittee strengthens the College's delivery of its public protection mandate and enhances public confidence in regulation. Members of the subcommittee support the work of the College by providing experience and insight into changes in the environment that impact OT practice. This insight is reflected in the materials and tools utilized by the Quality Assurance Program to support safe and ethical practice.

Diversity, Equity, and Inclusion Considerations:

Ms. Kennedy has 30 years of experience working as an occupational therapist with a pediatric population. She has worked in clinical and leadership roles that span the breath of pediatric contexts including acute care, community-based services, children's treatment centers, and school settings.

Background:

The Quality Assurance Subcommittee is a non-statutory committee that provides recommendations to the Quality Assurance Committee about the ongoing development, implementation, and evaluation of the components of the Quality Assurance (QA) program. This includes supporting the development of the annual eLearning module including topic selection, identification of learning objectives, case scenario development, content review, reflective practice exercise development, and online testing as possible.

Discussion:

The Board is asked to approve the reappointment of Ms. Kennedy to the Quality Assurance Subcommittee for a second three-year term.

BOARD MEETING BRIEFING NOTE

Professional Reappointment to Quality Assurance Subcommittee

Page 2 of 2

Implications:

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

Attachments:

N/A

BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Executive Committee
Subject: Proposed Standards of Practice

Recommendation:

THAT the Board approves the proposed Standards of Practice for publication.

Issue:

The revised Standards of Practice are ready for board approval. This project's scope is intended to update the Standards of Practice and move towards principle-based (and shorter) regulatory documents by streamlining the information, enhancing the consistency across documents, applying plain language for ease of public use, and integrating the new competencies.

The work plan developed by the Practice Subcommittee (PSC) and approved by executive included incorporating the Competencies for Occupational Therapists in Canada; Feedback from practice subcommittee (PSC); Feedback from Equity and Indigenous Panels; Public consultation & analysis, incorporation of the consultation feedback; and professional editing including COTO communications and legal consult.

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 Standards of Practice document is intended to create public awareness about what to expect from occupational therapists. Updating, streamlining, integrating, and making more straightforward, 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. The College's current Standards of Practice are over 200 pages combined, including overlap within and across documents.

Diversity, Equity, and Inclusion Considerations:

To advance quality, and ethical practice, updating the professional standards ensure public confidence in occupational therapy regulation. During this process, careful consideration was given to diversity, equity, and inclusion. The Equity Perspectives, Indigenous Insights Panels and the Citizen's Advisory Group contributed feedback from a lens of diversity, equity, and inclusion. The Competencies of Occupational

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Therapy Practice in Canada 2021 are incorporated and reflect the new culture, equity, and justice domain.

Background:

In January 2021, the Board approved that the Practice Team embark on a project streamlining the Practice Standards into one document. There were several benefits to doing so, including the following:

- reducing page count by removing redundancies,
- improving the review cycle, enhancing the consistency across documents,
- applying plain language for ease of public use,
- integrating the new competencies; and
- following emerging best practices, moving towards principle-based (and shorter) regulatory documents.

Based on the size and scope of this project, this has been the main project for PSC for the 2021-2022 years with the following project timeline:

Timeline	Project Steps/Description	Action(s)
January 2021- January 2022	<ul style="list-style-type: none">• Developed and confirmed project workplan with Subcommittee	<ul style="list-style-type: none">• All documents were reviewed and updated.• The Competencies for Occupational Therapy in Canada were cross-referenced and incorporated into the draft.
January - February 2022	<ul style="list-style-type: none">• The documents together as “One Standard” were provided for feedback to the Practice Subcommittee, and the Equity and Indigenous Panels in February.	<ul style="list-style-type: none">• Documents provided to an editor for language and proper referencing.• Completed a clear-language review, and consulted legal for specific sections
March 2022	<ul style="list-style-type: none">• Executive and Board review of next version and received approval for public consultation.	<ul style="list-style-type: none">• Documents provided to an editor for language and proper referencing. Also completed a clear-language review, and consulted legal for specific sections• Board feedback incorporated.
May/June 2022	<ul style="list-style-type: none">• Public consultation	<ul style="list-style-type: none">• Summary and analysis completed by a consulting firm.

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Timeline	Project Steps/Description	Action(s)
September 2022	<ul style="list-style-type: none">• Consultation analysis received by PSC; reviewed and provided additional feedback	<ul style="list-style-type: none">• Feedback from Consultation and Subcommittee incorporated.• Draft reviewed by COTO College Program staff and OTs.
October 2022	<ul style="list-style-type: none">• Legal review	<ul style="list-style-type: none">• Legal comments incorporated.
November 2022	<ul style="list-style-type: none">• Editor review	<ul style="list-style-type: none">• Editorial changes incorporated.
December 2022	<ul style="list-style-type: none">• Practice Subcommittee final review and recommendation	<ul style="list-style-type: none">• Minor feedback was provided and incorporated, consensus from Subcommittee that the proposed Standards of Practice are ready for Executive review.
January 2023	<ul style="list-style-type: none">• Executive Committee review	<ul style="list-style-type: none">• Approval for the Board to review the proposed Standards of Practice

The proposed Standards of Practice were sent out to registrants and interested parties for consultation following Board approval in March 2022.

Standards of Practice Consultation:

The College engaged CAMPROF Canada Inc. to assist with the design, launch, and analysis of the data from a province-wide online survey for the proposed Standards of Practice. The goals of the survey were to:

- collect high-level feedback on proposed Standards of Practice,
- gather input into sections that underwent substantial revisions,
- inform how systemic biases can be corrected through final edits; and
- build awareness and support for the streamlined Standards.

The survey was disseminated to interested parties, registrants, and members of the public. Through this survey, respondents told us that the proposed Standards:

- are easy to read and understand.
- protect the public from harm.
- will maintain relevance and stability over a reasonable timeframe.
- accommodate emerging practice areas; and
- are flexible for varying practice areas.

Respondents also agreed that the Standards describe ethical, accountable, safe, quality, and effective expectations for occupational therapy service.

Overall Findings:

Sample size

A total of 376 individuals responded. One hundred and ninety-six — answered that they reviewed the entire standard document, while 88 reviewed at least one standard.

The Practice Subcommittee is confident we can rely on the survey results because the consulting firm confirmed the response rate is consistent with responses from similar surveys conducted with other professions. The firm also noted that statisticians agree that a sample larger than 100 and smaller than 1,000 is sufficient, to rely on the information.

Survey Results:

- 8 in 10 respondents thought the standards were 'somewhat' or 'greatly' improved.
- 8 in 10 respondents thought the standards 'definitely' describe 'safe, quality and effective service,' 'protect the public from harm,' 'describe ethical and accountable service,' and 'maintain relevance and stability over a reasonable timeframe.'
- Less than 1 in 10 rated the standards as 'hardly' or 'not at all' improved.

With such strong consensus among the respondents, the survey results provide a solid and unified message about the proposed Standards of Practice.

Survey Themes:

Specific feedback about individual Standards emerged in the following themes and the PSC took action:

1. *Psychotherapy: More clarity needed.* The PSC made recommended changes; clarified terms and provided more detail in the practice resources for Psychotherapy.
2. *OT Students and Occupational Therapy Assistant Standards: Separation needed.* The PSC separated the two groups within the standards.
3. *New Language: Definitions for unfamiliar terms needed.* The PSC added new language to the glossary in several standards.
4. *Modernization and plain language: Re-examination of some language needed.* The PSC adapted the recommendations from consultation, legal, editing and our COTO communications including when to use the word client and replaced words such as stakeholders.
5. *Clinical Practice Examples: Clinical practice resources needed-* the PSC decided to limit examples and keep the standards principle-based to streamline the document. Accompanying practice resources will be used to provide practice examples for application and linked to the proposed Standards of Practice document.

Survey comments:

- "Ease of use is remarkable; cross-referencing by including relevant other standards and documents is very useful."
- "More current and aligned to today's situations and experience."
- "[...] written from the perspective of protection and respect of clients."
- "More examples."
- "Some of the language/wording is very strict to the point that it may inhibit OT services, minimum expectations are less concrete."
- Supervision: "As an educator of OTAs, I am concerned with the removal of the separate category for supervision and the lack of specific mention.", "Including students and OTAs as part of the same standard devalues the OTA role."
- "Stop changing the standards constantly."

Please see attached Summary of Feedback and Themes from the Standards of Practice Consultation Survey for a high-level overview of changes

Survey Limitations:

The length of the survey and the requirement to review a large document were noted as a limitation. The continuing challenges in healthcare settings due to the pandemic also limited the uptake and completing a survey was not a priority for many registrants. The public responses needed to be more significant to draw any conclusions.

Discussion:

This project's scope is intended to update the Standards of Practice and move towards principle-based (and shorter) regulatory documents by streamlining the information, enhancing the consistency across documents, applying plain language for ease of public use, and integrating the new competencies.

The revised Standards of Practice are ready for Board review. The links within the document will become active once the Standards are published. The work plan developed by the PSC and approved by Executive is now complete with the inclusion of the Competencies for Occupational Therapy in Canada; Feedback from PSC; Feedback from Equity and Indigenous Panels; Public consultation & analysis; incorporation of consultation feedback; and professional editing including COTO communications and legal consult.

The Board is asked to review the proposed Standards of Practice and determine readiness for publication.

Implications:

The Standards of Practice are principle-based and now incorporate the Competencies for Occupational Therapy Practice in Canada, 2021. The Standards will clarify the minimum expectations for the practice of occupational therapists in Ontario for the public, occupational therapists and other interested parties promoting safe, ethical, and competent occupational therapy services. If Board approval is obtained, a

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comprehensive outreach plan will be initiated, and additional practice resources will accompany the Standards to assist registrants with application of these standards to practice.

Attachments:

1. Proposed Standards of Practice
2. Summary of Feedback and Themes from the Standards of Practice Consultation Survey
3. Ontario Society of Occupational Therapists consultation response letter



Standards of Practice

Updated December 23, 2022

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Introduction

The Standards of Practice establish the minimum expectations for all occupational therapists in Ontario. They describe how occupational therapists will 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, together with the Code of Ethics, Competencies, and Practice Guidance, establish the expectations for professional practice and the delivery of occupational therapy services.

Code of Ethics	The Code of Ethics defines the College’s expectations for ethical practice. It includes a set of values and principles, and is intended for use in all contexts (link to Glossary) and for all levels of decision-making. It forms the foundation for occupational therapists’ ethical obligations. Occupational therapists must know and adhere to these principles.
Competencies	The <i>Competencies for Occupational Therapists in Canada, 2021</i> , articulates 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 of Practice establish the minimum expectations for occupational therapists—expectations that contribute to public protection. Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.
Practice Guidance	Practice Guidance provides information about specific practice situations or legislation. These are recommended practices.

How the Standards are developed and updated

The Standards are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada* (2021). The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. The College consults with registrants and the public to ensure the Standards include core practice elements before seeking approval 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 program areas such as Investigations and Resolutions, Quality Assurance, Registration, and the Practice Resource Service helps the College keep the Standards current.

How the Standards are used

Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. These expectations include knowing that services are being provided in ways that are accessible, culturally sensitive, equitable, and inclusive.

The College

The College uses the Standards in all statutory programs to ensure that applicants and registrants have the competencies and skills to practise effectively, to address questions or concerns about a registrant's practice, and to review and support the provision of quality services.

Failure to comply with the Standards constitutes professional misconduct (*Ontario Regulation 95/07*, s. 1 [1]).

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.

Occupational therapists

Clinical and non-clinical 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 clients' best interests.

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.

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. 19). **The term “clients” applies to people and organizations that 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 College, legislative, and regulatory documents

General resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. https://acotro-core.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf

College of Occupational Therapists of Ontario. (2020). *Code of Ethics*. <https://www.coto.org/resources/code-of-ethics>

Occupational Therapy Act, 1991, 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, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>



Standard for Acupuncture

Acupuncture is a controlled act under the *Regulated Health Professions Act, 1991* (RHPA). This is because it involves a procedure performed on tissue below the dermis. Controlled acts are procedures that pose a risk to clients if not performed by a qualified practitioner. Occupational therapists who are competent to perform acupuncture are permitted to do so (*Ontario Regulation 107/96: Controlled Acts*, s. 8 [2] in the RHPA).

Occupational therapists are expected to:

1. Obtain and maintain competence

- 1.1 Have successfully completed 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. Understanding of the indications, contraindications, benefits, risks, and limitations of acupuncture techniques
 - ii. Selection of clients, planning of treatment, and evaluation of progress and benefit to clients
 - iii. Practical training 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, techniques, and specific clinical conditions
- 1.2 Provide verifiable documents showing completion of acupuncture training if requested by the College.
- 1.3 Assess clients as candidates for acupuncture based on current evidence of the treatment's effectiveness. Before proceeding, follow the [Standard for Consent \(link\)](#).
- 1.4 Perform acupuncture safely and in accordance with all Standards of Practice and relevant legislation.
- 1.5 Use electroacupuncture only if clinically indicated and with proper training.
- 1.6 Document details of the acupuncture procedure (for example, needle points used, length of needle, depth and direction, and use of stimulation or manipulation) and the outcome or effectiveness of the procedure.
- 1.7 Take part in professional development to ensure ongoing competence (for example, recognized acupuncture educational and training programs, workshops, conferences, or learning modules).
- 1.8 Know and follow appropriate infection prevention and control methods, including:
 - a. Maintaining required standards of cleanliness, skin disinfection, and needling technique

- b. 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 Document the clinical rationale for using acupuncture within the occupational therapy intervention plan.
- 2.2 Use the protected title “acupuncturist” only if registered with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario and performing acupuncture techniques outside the scope of occupational therapy practice.
- 2.3 Refer clients to another qualified practitioner if they need acupuncture beyond the scope of occupational therapy practice or the competence of the occupational therapist.

3. Follow the rules for delegation

- 3.1 Before performing techniques of acupuncture that involve another controlled act, 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 therapy assistants, or any other health practitioners.

Related College documents

Controlled Acts and Delegation

Standard for Consent

Standard for Infection Prevention and Control (IPAC)

Standard for Record Keeping

Standard for the Supervision of Students and Occupational Therapy Assistants

Resources

Ontario Regulation 107/96, Controlled Acts. (1991). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/960107>



Standard for Assessment and Intervention

Occupational therapy 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 needs and 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 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** (link to Glossary), and economic implications of care.
- 1.5 Decide whether 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 professionals, partners, and interested parties. Discuss any alternatives available.
- 1.7 If it is appropriate to proceed:
 - a. Clearly explain the occupational therapist's role and responsibilities
 - b. Clearly explain the scope and time frames of the services and the next steps
 - c. Follow the Standard for Consent (link)
 - d. 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

- 2.1 **Co-create** (link to Glossary) an assessment process with clients that is **culturally safer** (link to Glossary), is accessible, and will assess their occupational participation and needs.
- 2.2 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.
- 2.3 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.
- 2.4 Manage any risks or limitations to using the selected assessment tools and methods with clients (for example, communication needs, culturally sensitive practices, and physical impairments).
- 2.5 Apply culture, equity, and justice considerations throughout the assessment process.

- 2.6 Collaborate and communicate with clients, other professionals, partners, and interested parties to support evidence-informed decision-making.
- 2.7 Within the identified circle of care, collaborate and communicate with clients and others to obtain relevant information and gather collateral data to identify the 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 whether 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, including determining whether the services of other professionals are required.
- 3.6 Should additional information become available following assessment, decide whether re-evaluation is required.

4. Develop and implement the occupational therapy plan

- 4.1 Work with clients to co-create and develop personalized intervention plans. Each plan must include the client's understanding of their health, well-being, and recovery. Plans 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 occupational therapy plans. Review and evaluate plans regularly in partnership with clients, and change plans as needed. Plan and discuss the setting or resetting of goals, service transitions, and discontinuation.
- 4.4 Follow the Standard for Consent ([link](#)) throughout service delivery.
- 4.5 Collaborate with other professionals to navigate shared or overlapping roles and responsibilities.
- 4.6 Be clear about the roles and responsibilities of the occupational therapist if supervising other individuals in delivering services.

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

professionals, partners, and interested parties can understand. Allow time for asking and answering questions.

- 5.2 Document all services per the Standard for Record Keeping([link](#)).
- 5.3 Provide business 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

Standard for Consent

Standard for the Prevention and Management of Conflicts of Interest

Standard for Record Keeping

Standard for the Supervision of Students and Occupational Therapy Assistants

DRAFT



Standard 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) (*Health Care Consent Act, 1996*)
- *Knowledgeable consent* for the collection, use, and disclosure of clients' personal information and personal health information (*Personal Health Information Protection Act, 2004*)

Importantly, the process of obtaining consent is ongoing. When occupational therapists ask clients for consent, it is expected that they consider the **power imbalance** (link to Glossary) in client-therapist relationships. Occupational therapists 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.

If another health professional is obtaining consent on behalf of the occupational therapist, they must be a member of another regulated profession that uses the informed consent process outlined in the *Health Care Consent Act, 1996*.

Occupational therapists are expected to:

1. Determine client capacity to provide consent

- 1.1 Collaborate with clients using relevant 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. The fact that a guardian, power of attorney, or substitute decision-maker is in place
 - f. Language differences
 - g. Personal bias about social or cultural structures of marginalized groups or communities
 - h. Refusal of intervention
- 1.3 Gather relevant information and 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:
 - a. Explain to or assist the client in exercising their right to have a review of the finding.
 - b. Use the *Health Care Consent Act, 1996* hierarchy of substitute decision-makers (see Appendix) to determine who is to provide consent.

- c. Inform the client that the substitute decision-maker will make decisions regarding occupational therapy services. Involve the client in discussions about services whenever possible.

2. Obtain informed consent

- 2.1 Follow the *Health Care Consent Act, 1996* 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 legal authority given through a legal process for occupational therapy services
- 2.2 Allow time and opportunity for questions and discussion about the proposed services.
- 2.3 Respect clients' choice if they decide not to proceed.
- 2.4 Explain each component of the plan, and obtain ongoing consent when moving from one component of services to another.
- 2.5 Use interpreters or augmentative communication tools to support the informed consent process.
- 2.6 Obtain consent from clients to involve others in service delivery, such as students and occupational therapy assistants. Clarify their roles and responsibilities.
- 2.7 Be clear about any fees involved and ensure that they are agreed upon before services start.
- 2.8 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.

3. Obtain knowledgeable consent

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, 2004*, the *Personal Information Protection and Electronic Documents Act, 2000*, or the *Privacy Act, 1985*.

- 3.1 Know which privacy law applies to the occupational therapist's practice, and follow the legal requirements for consent and ongoing consent for the collection, use, and disclosure of

information.

- 3.2 Explain to clients why information is being collected, used, and shared and with whom. Make sure that clients understand that they have a right to withdraw consent, but that the withdrawal cannot be applied retroactively to information already shared.
- 3.3 Provide professional contact details in case questions arise later about how information was collected, used, and shared during occupational therapy service delivery.
- 3.4 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, other professionals, partners, and interested parties 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 legislation and organizational policies and procedures.
- 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.

5. Document both informed and knowledgeable consent

Documentation can take the form of a note in the client record, signed and dated consent forms, or a consent policy, procedure, or guideline that is referenced in the client record. 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 informed consent. Forms, however, can be used to support the process and to standardize methods of obtaining consent.

- 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:
 - a. Whether or not the client understood and agreed to all, some, or none of the proposed services and plans of care.
 - b. Risks, limitations, and benefits of the services discussed.
 - c. Any limits imposed on the collection, use, and disclosure of the client's personal information and personal health information.
 - d. Type of alternative communication methods used or details of interpretation services.

- e. 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

- 6.1 Ensure that clients understand their right to withdraw consent and any implications of doing so.
- 6.2 If the client withdraws consent, continue the services only if immediate withdrawal poses a serious risk to the health or safety of the client or others. Explain to the client why the withdrawal cannot be immediate.
- 6.3 Ensure that the record includes all services provided before consent was withdrawn and the reasons the clients withdrew consent (if known).
- 6.4 If the client withdraws consent for disclosure of health information, explain that withdrawal cannot be applied retroactively to information already shared.

Related College documents

Consent Checklist
 Decision Tree for Obtaining Consent
 Standard for Record Keeping
 Standard for the Supervision of Students and Occupational Therapy 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, 2004, 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, Statutes 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 Statutes of Canada (1985, c. P-21). Retrieved from the Justice Laws website: <https://laws-lois.justice.gc.ca/eng/acts/p-21/fulltext.html>

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, 1996* (s. 20 [1]) lists 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 *Health Care Consent Act* (s. 20 [1]), the hierarchy is as follows:

1. The client's court-appointed guardian of the person if the guardian has the authority to give or refuse consent to treatment
2. Attorney for personal care conferred by a written form when the client was capable
3. Representative appointed by the Consent and Capacity Board
4. Spouse or partner
5. Child or parent (custodial parent if the child is a minor)
6. Parent of the incapable person who has only a right of access
7. Sibling
8. Any other relative

Note: If no person described in the hierarchy meets the requirements, the occupational therapist would go back to the top of the hierarchy, where the Public Guardian and Trustee shall make the decision to give or refuse consent.



Standard 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 (PHO) 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 Inform clients and others about IPAC best practices as they relate to service provision.
- 1.4 Ensure that protocols are in place when risks of transmission are not preventable and address adverse events related to IPAC. Use clinical judgement, collaborate with clients to find alternative options if risks remain high, and document these processes.
- 1.5 Advocate for adequate resources to support IPAC best practices.

2. Control the environment

- 2.1 Conduct a point-of-care risk assessment.
- 2.2 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.
- 2.3 Follow additional College and public health directives when working with practice modalities requiring IPAC measures.
- 2.4 Use clinical judgement to determine when commonly used items such as pens and measuring tapes should be reused, cleaned, or discarded.
- 2.5 As best practices for IPAC evolve, review and update protocols for cleaning, disinfecting, and sterilizing devices and equipment.

Related College documents

Standard for Acupuncture
Standard 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/health-topics/infection-prevention-control>

- 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, and 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 and probes	Meticulous cleaning followed by, at a minimum, high-level disinfection
Critical	Those that enter sterile tissues Examples: indwelling catheters and footcare equipment	Meticulous cleaning followed by sterilization



Standard 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 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, other professionals, partners, and interested parties before providing services

- b. Advise the client of their right to decline services at any time and, if possible, suggest 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 clients' best interests (for example, clients are at risk of not receiving the services). In these cases, take these steps:
 - a. Disclose the self-referral to the occupational therapist's employer, clients, and others involved in the referral or services
 - b. Give clients the option of seeking alternative services
 - c. Document the full disclosure in the client record.

4. Manage relationships with interested parties

- 4.1 Ensure that professional interactions with other professionals, partners, and interested parties (for example, vendors or lawyers) are in clients' best interests. Recognize that the occupational therapist's primary obligation is to their clients. Relationships with other professionals, partners, and interested parties must never affect the integrity of, trust in, and confidence in the client-therapist relationship.
- 4.2 Provide clients with options 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 (following the Tri-Council Policy) to ensure that the proposed study is ethically defensible, socially responsible, and scientifically valid. This must include disclosing 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 where possible, or provide them with information about where the results can be found.

Related College documents

Code of Ethics
Standard for Consent
Standard for Professional Boundaries and the Prevention of Sexual Abuse
Standard 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>

Panel on Research Ethics. (2020, February 19). *Tri-Council Policy statement: Ethical conduct for research involving humans – TCPS 2 (2018)*. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html



Standard 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. 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, 1991* (RHPA; *Regulation 260/18*) use the term "patient" to refer to anyone who receives services from an occupational therapist, even if the services are provided at no cost or are 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. In situations involving sexual abuse, clients are not able to consent. It is always considered inappropriate to enter into a sexual relationship with a client. The RHPA sets out the penalties for occupational therapists who have been found guilty of sexually abusing patients. These include revoking the occupational therapist's certificate of registration (see Appendix 1).

Occupational therapists are expected to:

1. Form appropriate therapeutic relationships

- 1.1 Never provide occupational therapy services to spouses or partners.
- 1.2 Avoid providing services to an individual the occupational therapist knows personally or with whom they have a relationship. Exceptions may apply when alternative services are not available or in emergency situations.
- 1.3 Never form intimate, personal, or romantic relationships with current clients, their relatives, or their support people. Such relationships would exploit the power imbalance inherent in the client-therapist relationship, and objectivity could not be maintained.
- 1.4 Never form intimate, personal, or romantic relationships with clients currently receiving treatment from colleagues. In these cases, the occupational therapist may be privy to the client's personal information, and objectivity could not be maintained.
- 1.5 Never form intimate, personal, or romantic relationships with previous clients who were especially **vulnerable** (link to Glossary), no matter how much time has passed since the client-therapist relationship ended.

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** (link to Glossary).
- 2.3 Maintain professionalism by limiting excessive sharing of personal or private information, and consider how communication is being interpreted.
- 2.4 Avoid creating situations where dependencies develop between clients and the occupational therapist.
- 2.5 Educate students, occupational therapy assistants, and others being supervised about maintaining professional boundaries.
- 2.6 Never form intimate, personal, or romantic relationships with current students or anyone under the occupational therapist's supervision. Such relationships would exploit the power imbalance in the professional relationship.

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 committed by those under the occupational therapist's supervision or direction (for example, assistants, students, or support persons).
- 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 or behaviour of a sexual nature, touching of a sexual nature, 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 Never form intimate, personal, or romantic relationships with previous clients or their relatives and support people unless the following four conditions are met:
 - a. At least one year has passed since therapeutic services were last provided or since 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. **No** future client-therapist relationship is ever resumed
- 4.6 Know and follow all other mandatory reporting requirements for sexual abuse.

Related College documents

Code of Ethics
Culture, Equity, and Justice in Occupational Therapy Practice
Decision-Making Framework
Standard for Consent
Standard for the Prevention and Management of Conflicts of Interest
Standard for Record Keeping
Standard for Supervising Students and Occupational Therapy 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>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

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 Patient

The RHPA 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]):

1. Directing the Registrar to revoke the [occupational therapist's] certificate of registration.
 2. Directing the Registrar to suspend the [occupational therapist's] certificate of registration for a specified [or indefinite] period of time.
 3. 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.
 4. Requiring the [occupational therapist] to appear before the panel to be reprimanded.
 5. 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 RHPA 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 patient. 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 patient's disclosure, they must inform the patient that the occupational therapist is obliged to make a mandatory report. They must obtain the patient's written consent to disclose the patient's name to the College. If the patient does not consent to disclose their name, the occupational therapist will withhold it from the report.

Furthermore, if the occupational therapist becomes aware of possible sexual abuse of a patient while providing psychotherapy to another regulated health professional, the occupational therapist is 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 patients in the future. The occupational therapist must make a report even if they stop providing services to the abusing professional.

If the occupational therapist fails to make a mandatory report, they will be 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 the occupational therapist has failed to make a mandatory report, the College may deem the occupational therapist to have engaged in an act of professional misconduct.



Standard for Psychotherapy

This Standard applies to occupational therapists who perform psychotherapeutic techniques, including psychotherapy as a controlled act under the *Regulated Health Professions Act, 1991 (RHPA)*. The *Occupational Therapy Act, 1991* includes regulations that apply to occupational therapists when performing the controlled act of psychotherapy (see Appendix 1).

The definition of the controlled act of psychotherapy references a client's "serious disorder" ("of thought, cognition, mood, emotional regulation, perception or memory") that may seriously impair their "judgement, insight, behaviour, communication or social functioning" (*Occupational Therapy Act*, s. 3.1 [1]). Because psychotherapeutic services that occupational therapists provide carry with them a risk of harm even when the client's disorder may not be "serious," to ensure the greatest public protection, these Standards apply to occupational therapists performing all types of psychotherapeutic techniques, including the controlled act of psychotherapy. Refer to the supporting document "[When the Standard for Psychotherapy Applies: Occupational Therapy in Mental Health](#)" in Appendix 2 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.

This Standard does not apply when occupational therapists are using approaches that are not psychotherapeutic, such as health teaching, supportive listening, and coaching. Again, even if the client's current level of impairment may not be considered "serious" or one that may "seriously impair" their judgement or other areas mentioned above, this Standard applies when the occupational therapist is using any psychotherapeutic technique.

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 relevance 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 to provide supervision, and eligible to perform the controlled act of psychotherapy. Supervisors can be occupational therapists or other health professionals. The supervisor 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 and frequency of meetings)
 - b. Responsibilities of the supervisor and the occupational therapist being supervised
 - c. Confirmation of accountability for client services
 - d. 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, and it applies for at least the duration of the supervisory agreement. Notes that contain clients' information must be retained in accordance with the Standard for Record Keeping ([link](#)). 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 formal supervision, the occupational therapist may choose to continue with this supervision or move to a consultation arrangement in their psychotherapy practice.

Consultation enables an occupational therapist to continue their professional growth. Consultation is with an experienced and qualified regulated psychotherapy professional to meet, discuss and review client care and share expertise. Individual or group consultation methods are acceptable. The individuals involved in this arrangement can determine the method of documentation for the consultation process.

2. Practise safely

The Standard for Psychotherapy applies 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 services, including the controlled act of psychotherapy.
- 2.2 Ensure that clients are aware that they are taking part in psychotherapy services. Obtain ongoing 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 Standard for Professional Boundaries and the Prevention of Sexual Abuse ([link](#)).
- 2.7 Hold a general certificate of registration to practise 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. Do not delegate or assign 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 therapy assistants.

4. Use title appropriately

Section 33.1 of the RHPA permits occupational therapists to use the title “psychotherapist” only if they 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

Standard for Consent

Standard for the Prevention and Management of Conflicts of Interest

Standard for Professional Boundaries and the Prevention of Sexual Abuse

Standard for Record Keeping

Standard for Supervising Students and Occupational Therapy Assistants

Standard for Use of Title

When the Standard for Psychotherapy Applies: Occupational Therapy in Mental Health

Resources

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Ontario Regulation 474/19, Controlled Acts. (2019). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/190474> <https://www.ontario.ca/laws/regulation/190474>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

Appendix 1: *Occupational Therapy Act, 1991*

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.

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. 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.
2. Maintain competence by engaging in ongoing psychotherapy-based learning activities.
3. Have the knowledge, skill and judgment to perform the controlled act safely, effectively and ethically.
4. Have the knowledge, skill and judgement to determine whether the individual's condition warrants performance of the controlled act.
5. Determine that the individual's condition warrants performance of the controlled act, having considered,
 - i. the known risks and benefits to the individual of performing the controlled act,
 - ii. the predictability of the outcome of performing the controlled act,
 - iii. the safeguards and resources available in the circumstances to safely manage the outcome of performing the controlled act, and

- iv. 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)].

Appendix 2: When the Standard for Psychotherapy Applies: Occupational Therapy in Mental Health

This table provides a general distinction between psychotherapy and other foundational mental health services that occupational therapists provide. The purpose is to help clarify when the Standard for Psychotherapy applies to practice. While not every scenario is represented below, the factors to consider (left column) can guide occupational therapists with other clinical situations they encounter.

	Psychotherapy (Psychotherapy Standard Applies)	Occupational Therapy Mental Health Services (Psychotherapy Standard Does Not Apply)
Referral and Consent	The referral specifies that the client is to receive psychotherapy services. If not explicitly stated, the occupational therapist determines, based on the clinical information, whether psychotherapy intervention is indicated. Within the consent dialogue outlined in the Standard for Consent, the occupational therapist informs the client that the services involve the use of psychotherapy.	The referral involves enabling the client's overall occupational performance, including, and sometimes primarily, supporting the client's mental health. Consent follows the protocols in the Standard for Consent.
Competence	Providing psychotherapy services is not an entry-level skill. Additional education and supervision are required.	Providing mental health services requires general occupational therapy knowledge, skill, and judgement. Additional training may be required for competence in providing specific approaches.
Description	Occupational therapy services that use psychotherapy are often used to treat mental illness and promote wellness and occupational participation. Psychotherapy can be described as a relational process between a client and the therapist. Specific psychotherapeutic approaches are	Occupational therapy services are aimed at supporting a client's occupational possibilities and participation as they relate to overall mental health and well-being. This is done within the scope of occupational therapy practice.

	<p>applied collaboratively to the assessment and intervention of a client's thoughts, emotions, and/or behaviours. The purpose is to promote occupational participation for better day-to-day functioning in activities and roles meaningful to the client. Psychotherapy is done within the scope of occupational therapy practice.</p> <p>The controlled act of psychotherapy is defined in legislation and can be found in this Standard. See Understanding When Psychotherapy Is a Controlled Act for additional details on the controlled act.</p>	
Approaches	<p>Some of the many approaches or therapies used in psychotherapy are listed below. This is not an exhaustive list. Occupational therapists may refer to the College of Registered Psychotherapists of Ontario for a more complete list. Given the integral value of the therapeutic relationship, occupational therapists should also have a background in safely and effectively sharing their own experiences with clients to help clients understand their own situations.</p> <ul style="list-style-type: none"> ▪ Cognitive and behavioural ▪ Experiential and humanistic ▪ Psychodynamic ▪ Somatic ▪ Systemic and collaborative 	<p>Some of the approaches that are used by occupational therapists to support mental health include</p> <ul style="list-style-type: none"> ▪ Case management ▪ Coaching ▪ Encouragement and advice giving ▪ Health and symptom monitoring ▪ Psychoeducation ▪ Skills teaching ▪ Supportive listening
Techniques	<p>While psychotherapeutic techniques are too numerous to provide a comprehensive list, examples of common techniques include</p> <ul style="list-style-type: none"> ▪ Acceptance and Commitment Therapy ▪ Cognitive Behavioural Therapy ▪ Dialectical Behavioural Therapy ▪ Exposure Therapy 	<p>While techniques are too numerous to provide a comprehensive list, examples include</p> <ul style="list-style-type: none"> ▪ Activity analysis ▪ Goal-setting methods ▪ Motivational interviewing ▪ Wellness recovery action planning
Practice Scenarios	<p>Scenario 1. An occupational therapist works as part of an intensive psychotherapy treatment program for adolescents with eating disorders. The</p>	<p>Scenario 1. An occupational therapist who does not have training or competence in psychotherapy is working with a university-aged client</p>

	<p>occupational therapist co-facilitates an intensive, long-term treatment group using Dialectical Behavioural Therapy and Emotion-Focused Therapy.</p> <p>Scenario 2. An occupational therapist has a private practice offering psychotherapy to individuals diagnosed with an anxiety and/or depression disorder. These disorders seriously impact occupational participation in many domains. The occupational therapist uses various trauma-informed and psychotherapeutic techniques, including Cognitive Behavioural Therapy and Interpersonal Psychotherapy as well as incorporating art and visual expression in treatment.</p>	<p>who is struggling in school. Although the client has some underlying anxiety, they are managing a part-time job and are passing school with some accommodations. In addition to the primary goal of helping the client to organize their schoolwork, the occupational therapist teaches SMART goal-setting techniques, uses motivational interviewing strategies, and provides education about time use, daily scheduling, and prioritization.</p> <p>Scenario 2. An occupational therapist works as part of a community mental health team and provides case management to clients with complex, long-term, and serious psychiatric illness. Supportive listening and encouragement, teaching de-escalation techniques, safety planning, and service referral are commonly used interventions to help clients to reach their occupational goals.</p>
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Standard for Record Keeping

Occupational therapists' records are legal documents intended to officially capture the entirety of occupational therapy services provided. Records document the following:

- 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 professionals, partners, and interested parties. They enable interprofessional collaboration and continuity of care. Client records demonstrate the provision of safe, ethical, and effective occupational therapy.

In addition to complying with the Standard for Record Keeping, occupational therapists must complete and retain records according to applicable privacy laws and organization-specific policies and procedures.

Clinical and non-clinical occupational therapists have record keeping responsibilities related to the appropriate management of information and effective communication. In non-clinical settings, documentation needs vary for occupational therapists, and only some record keeping indicators may apply.

Occupational therapists are expected to:

1. Be sensitive to the wording of notes

- 1.1 When entering information into client records, ensure that all information is truthful and accurate. Consider the subtleties of what is being said and what is not being said and how information is phrased. The occupational therapist should be mindful of their own social positions and refrain from comments that contain biases when documenting about clients.
- 1.2 Keep in mind how the information in the records 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.

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.
- 2.3 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 or abbreviations 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 records 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, 2004*:
 - 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 in which clients participate (for example, stated goals, client insights, and adverse events). Notes may be made in individual client records or in a group record, 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 therapy assistants or students), and confirm that client consent was obtained. Include names and titles of the persons assigned if known, or indicate any workplace protocol followed for assignment.
- 3.6 Document information about any controlled acts delegated to the occupational therapist (referencing medical directives or orders, acceptance of the delegation and outcomes).
- 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 and designation 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 occupational therapy assistants to confirm that it is accurate and follows appropriate College Standards and workplace policies. Document this review.
- 4.5 When co-signing records completed by students, ensure that all entries and signatures are accurate and complete.

5. Use acceptable systems

- 5.1 Ensure that any digital devices and paper systems used to create and maintain clinical records have the following features:
 - a. Access records by client's name and a unique identifier (such as date of birth)
 - b. Produce a copy of any record in a timely manner in print or by secure digital means
 - c. Allow more than one author or contributor to sign, if applicable
 - 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. Back up digital files and allow for file recovery.

6. Manage record changes appropriately

- 6.1 Respond in a timely manner to requests for changes. Clients can request changes to the 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.
- 6.2 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.

7. Safely store client personal information and personal health information

- 7.1 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).
- 7.2 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.
- 7.3 Store paper records securely, and back up all electronic records.
- 7.4 Electronically communicate client information confidentially and securely (for example, using encryption, password protection, de-identification, and secure networks).
- 7.5 Implement physical and technical safeguards to protect the privacy of personal information

and personal health information that is disclosed. This includes any financial information collected for the purposes of delivering services. Safeguards may include:

- a. Confirming the recipient's email address or other contact information
- b. Periodically auditing and deleting preprogrammed numbers
- c. Using transmission receipts or mail tracking
- d. Placing a confidentiality statement on outgoing communications, including email, fax, and paper.

8. Manage breaches of confidentiality or privacy securely

- 8.1 Stay informed of workplace policies and procedures for reporting a privacy breach.
- 8.2 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.
- 8.3 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.
- 8.4 Report breaches of confidential client health information as required, either to the employer or to the appropriate privacy commissioner.

9. Properly document financial transactions

- 9.1 Ensure that all records related to billing and payment are clear and include:
 - a. Full name and designation of the providers of the services or products
 - b. Full name of the client to whom the services or products were provided
 - c. Full name and address of any third party to whom fees were charged, if applicable
 - d. Items sold or services delivered
 - e. Date of services or purchases
 - f. Fee for services or products
 - g. Method of payment
 - h. Invoice or receipt of payment
 - i. Any differential fees charged for services (for example, reduced fees)
- 9.2 Store financial information in client records, or note the location where the information is securely stored.

10. Keep equipment records

- 10.1 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).
- 10.2 If not directly responsible for ensuring that equipment has appropriate service records, know where to access these records.

- 10.3 Retain equipment records for a minimum of 5 years from the date of last entry, even if the equipment is discarded.

11. Follow rules for retaining and disposing of records

Record retention and disposal requirements vary based on the privacy legislation that applies to an occupational therapist's practice or services. Records may also include audiovisual, multimedia, and financial records.

- 11.1 Know the privacy legislation that applies as well as any organizational or employment policies on record retention and disposal. For records governed by the *Personal Health Information Protection Act, 2004*:
- Ensure that records are accessible and maintained for at least 10 years after the date of the last entry. With pediatric records, they must be maintained 10 years after the client reached (or would have reached) 18 years of age.
 - Ensure that records are maintained longer than 10 years if there is reason to believe that the health information will be needed for a valid purpose (for example, a pending legal proceeding).
 - Follow legal requirements for the secure disposal of records.
 - Maintain a list of files that have been disposed, including names and dates. Destroy the list after 10 years unless organizational or practice policy indicates otherwise.

Related College documents

Standard for Consent
Standard for the Supervision of Students and Occupational Therapy Assistants

Resources

Personal Health Information Protection Act, 2004, Statutes of Ontario (2004, c. 3, Sched. A). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/04p03>



Standard for the Supervision of Students and Occupational Therapy Assistants

Occupational therapists who supervise students or occupational therapy assistants remain professionally accountable for clients receiving safe, appropriate, and ethical care. 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, a family member, friend, or close personal connection).
- 1.2 Maintain professional relationships at all times per the Standard for Professional Boundaries and the Prevention of Sexual Abuse. ([link](#))
- 1.3 Recognize the power differential between the supervising occupational therapist and the supervisee.
- 1.4 Model respectful behaviours toward supervisees. Provide a safe and inclusive environment for them.
- 1.5 Create an environment where supervisees 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 Allocate the time needed for supervision and assignment.
- 2.2 Assign only components of client care that the occupational therapist is competent to perform.
- 2.3 If supervising is a new practice activity, seek the support of a mentor or colleague.

3. Be accountable for the services and the supervisees

- 3.1 Balance the need to encourage autonomy in supervisees with the 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 supervisees have and maintain the knowledge, skill, judgement, education, and competence to perform all assigned services.
- 3.4 When assigning activities, comply with organizational policies and ensure that client safety is maintained.
- 3.5 Never assign any controlled act that is being performed by the occupational therapist, whether authorized by the *Occupational Therapy Act* (for example, psychotherapy) or delegated by

another regulated health professional.

- 3.6 Monitor clients' response to the services being provided by a supervisee. Discuss any concerns with clients.
- 3.7 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 supervisee's involvement is not effective or is unsafe.
- 4.3 Stop the assignment if the client withdraws consent to receive services by a supervisee.

Supervision of Students

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. Contributing to the learning of students is outlined in the *Competencies for Occupational Therapists in Canada (2021)* ([link](#)).

- 5.1 Before mentoring and overseeing students, have one year of practice experience.

Traditional Supervisory Placements

In traditional supervisory placements, 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 areas for improvement
- 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 Put in place and apply a process of observation, instruction, evaluation, and feedback throughout supervision.
- 5.6 Prioritize tasks assigned to students based on each student's learning needs, not the needs of the supervisor or organization.

- 5.7 Before co-signing, review all documentation completed by students to ensure that it adheres to the Standard for Record Keeping.

Non-Traditional or Role-Emerging Placements

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,

- 5.8 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.
- 5.9 To ensure accountability, create a communication and supervision plan. Outline roles and expectations. Collaborate with the on-site supervisor, placement site, students, and educational institutions.
- 5.10 Identify how client consent will be obtained.
- 5.11 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 review and co-sign student documentation where client services have been provided.
- 5.12 Develop a plan with the on-site supervisor to address emergency situations or issues of safety involving students and clients.

Supervision of Occupational Therapy Assistants

The term “occupational therapy assistant” is a descriptor for service providers who are assigned occupational therapy service components under the supervision of an occupational therapist. The specific tasks assigned to the occupational therapy assistant must be part of the overall occupational therapy services. The occupational therapy assistant must work under the direction and supervision of an occupational therapist, who must assume responsibility and accountability for the ongoing quality of occupational therapy service delivery. These Standards also apply when supervising and assigning activities in a similar situation to support staff or rehabilitation workers. Student occupational therapists and volunteers are not considered to be occupational therapy assistants.

6. Clearly define roles and responsibilities when supervising occupational therapy assistants

- 6.1 Know the appropriate activities that can be assigned, and ensure that occupational therapy assistants can competently complete them.
- 6.2 Never assign the following activities to occupational therapy 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 occupational therapy 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:
- a. Roles, responsibilities, and methods of supervision
 - b. Expectations for reporting by assistants to the occupational therapist
 - c. Activities that will be assigned to assistants
 - d. Activities that assistants can carry out if the occupational therapist is unavailable to provide direct supervision
- 6.5 Follow the Standard for Record Keeping when supervising and documenting the activities of occupational therapy assistants.

Accountability for Non–Occupational Therapy Assistants

In some practice environments, occupational therapists act in a consulting role. In this role, the occupational therapist **does not** assign occupational therapy service components. Therefore, because the individual carrying out the recommended activities is not acting in an occupational therapy assistant role, the occupational therapist is not directly accountable for that individual. Nor is occupational therapist accountable for the implementation or outcome of the recommendations.

Occupational therapists must be clear on the distinction between situations that involve the use of occupational therapy assistants and situations when the occupational therapist is fulfilling a consultation role. The occupational therapist remains accountable for the quality of the consultation provided.

Related College documents

Controlled Acts and Delegation
 Occupational Therapy Assistants Decision-Tree
 Standard for Acupuncture
 Standard for Assessment
 Standard for Consent
 Standard for Professional Boundaries and the Prevention of Sexual Abuse
 Standard for Psychotherapy
 Standard for Record Keeping
 Standard for Use of Title

Resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. https://acotro-core.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

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Standard 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 and 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 title and name correctly

- 1.1 Accurately present themselves using the protected title “occupational therapist” or “OT Reg. (Ont.)” The French title is “ergothérapeute” or “Erg. Aut. (Ont.)” Alternatively, use the acceptable psychotherapist title per the Standard for Psychotherapy. [\(link\)](#)
- 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 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 the occupational therapist is actively practising. For example, the occupational therapist cannot use “Assistive Devices Program Authorizer” when they are no longer a registered authorizer.
- 1.5 Practise using only their name as entered in the College's 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 educational 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, the individual 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 Ensure that occupational therapy students use only the title “student occupational therapist” or “student OT.” The French equivalents are “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, partners, and interested parties.

- 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, use an abbreviation, if desired. 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 by the *Regulated Health Professions Act, 1991*. 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. Never use the title "doctor" when providing or offering to provide healthcare services.

Related College documents

Standard for Psychotherapy

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>
<https://www.ontario.ca/laws/regulation/070095>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

Appendix 1: Resignation from the Profession

The College does not have an “inactive” status that permits occupational therapists to maintain a certificate of registration when they are no longer actively registered with the College. Occupational therapists who have resigned from the College cannot use the protected title.

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. Former registrants should 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.

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.



Glossary of Terms

Co-create

Co-create is to “create (something) by working with one or more others” (Merriam-Webster, n.d.).

Context

Context strongly influences occupational possibilities and healthcare services. There are three layers of context:

1. Micro context refers to the client’s immediate environment: their own state of health and function, family and friends, and 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

Culturally safer is a refinement on 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 services 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, occupational therapists work toward it.

Ecological considerations for care

Occupational therapists consider the wider impact of the tools used to practise in order to support the sustainability of environmental resources. As environmental stewards where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

Intersectionality

Intersectionality describes how a person’s multiple social identities (for example, ability, age, class, education, ethnicity, gender, geography, immigration status, income, indigeneity, race, religion, and sexual orientation) combine, overlap, or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad factors affecting a client’s health and the disparities in access to healthcare.

Power imbalance

Occupational therapists are in a position of trust and authority over their clients. As a result, the client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the occupational therapist. The client relies on the occupational therapist’s clinical judgement and experience to address health-related issues, and the occupational therapist knows the client’s personal information and has the ability to influence the client’s access to other resources and services.

This power imbalance places the client in a vulnerable position in the therapeutic relationship. Occupational therapists are expected to be aware of this inherent imbalance, and ensure that professional boundaries are maintained to protect the client’s best interests and keep the client safe.

Vulnerable client

The vulnerability of a client is determined by many factors, including their health status, life stage, social context, ability to access 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.

Resources

Merriam-Webster. (n.d.). Ccreate. In *Merriam-Webster.com dictionary*. Retrieved November 27, 2022, from <https://www.merriam-webster.com/dictionary/ccreate>

DRAFT

Summary of Feedback & Themes from the Standards of Practice Consultation Survey

Section	Standards of Practice Consultation Themes	Final Edits
Overall document	<ol style="list-style-type: none"> 1. A preamble is needed at the beginning of each standard (to clarify role of the College and how to apply the standard). 2. Requests for More clinical examples requested throughout all the standards. 3. Separating the Supervision of Students and OTAs Standard. 	<ol style="list-style-type: none"> 1. Communications team will provide a link to the ‘introduction’ at the beginning of each Standard. 2. Recommendation by Practice Subcommittee (PSC) to limit examples and keep it principle-based to streamline document. Accompanying practice resources will be used to provide practice examples. 3. The Supervision of students and OTAs were separated within the Standard to provide clarity.
	OSOT Comment Themes	Final Edits
	<ol style="list-style-type: none"> 1. Grammatical and re-wording edits were provided throughout the document to enhance clarity. 2. Requests for more clinical examples were requested throughout the document. 	<ol style="list-style-type: none"> 1. Grammar and re-wording edits made through whole document with legal and editor consultation. 2. Recommendation by PSC to limit examples and keep it principle-based to streamline document. Accompanying practice resources will be used to provide practice examples.

	Standards of Practice Consultation Themes	Final Edits
Introduction	<ol style="list-style-type: none"> 1. Clarify the term “client” in nonclinical settings 	<ol style="list-style-type: none"> 1. The terms ‘client’ and ‘nonclinical’ were clarified and bolded
Acupuncture	<ol style="list-style-type: none"> 1. Clarify specific training programs that are acceptable, as well as when specific modalities are to be used. 	<ol style="list-style-type: none"> 1. Recommendation by PSC to limit examples and keep it principle-based to streamline document. Accompanying practice resources will be used to provide practice examples.
	OSOT <ol style="list-style-type: none"> 2. Link indicator 1.3 to Standards for Consent 	

	Standards of Practice Consultation Themes	Final Edits
		2. The link to the Standards for Consent has been added.
Assessment & Intervention Assessment & Intervention (cont.)	1. Define co-create (put in glossary) 2. Change the term 'stakeholder' 3. Clarify the introduction to include both virtual and in-person	1. 'Co-create' added to the glossary 2. Changed the word 'stakeholder' to 'interested individuals' or 'interested parties' 3. Introduction refers to "all" assessments and interventions to imply both in-person and virtual.
Consent	1. Provide more detail about obtaining consent in schools, groups and other non health care settings. 2. Clarify indicator 2.9 about third party consent 3. Indicator 2.7 about Fees – is there a need for the example of an OTA? 4. The footnote about signed consent forms should be put in the preamble to the standard. OSOT 5. Highlight the difference between informed and knowledgeable consent at the beginning of the standard. 6. Provide more detail about the Health Care Consent Act in the introduction including the requirements for determining capacity. 7. Define power imbalance. 8. Introducing the privacy commissioner in indicator 7.4 seems out of place.	1. Consent in schools and other settings not included as it pertains to specific practice areas. These will be addressed in practice resources. 2. Consent obtained on behalf of OT must be from a regulated health professional and this was added. 3. The example of the OTA was removed. 4. The footnote explanation about the use of consent forms was moved to the beginning of standard 5. 5. Definition of informed and knowledgeable consent was included in the introduction. 6. The legislation is cited in the introduction. There is an accompanying resource (Determining Capacity Decision Tree) to support OTs. 7. 'Power imbalance' was added to the glossary. 8. Reference to the privacy commissioner was removed.

	Standards of Practice Consultation Themes	Final Edits
Infection, Prevention and Control	<ol style="list-style-type: none"> 1. There was no guidance on vaccines or public health emergency preparedness 2. Include risk assessment. 3. Include examples of how education can be provided to the public (for example, having signage of IPAC protocols in a clinic). 	<ol style="list-style-type: none"> 1. Guidance to follow additional College or public health directives was added. 2. Performing a point of care risk assessment was added to indicator 2.1. 3. Recommendation by PSC to limit examples and keep it principle-based to streamline document. Accompanying practice resources will be used to provide practice examples. 4. Edits made to clarify this in indicator 1.4. 5. Edits made to follow additional College directives and removed reference to the specific acupuncture standard.
Infection, Prevention and Control (cont.)	<p>OSOT</p> <ol style="list-style-type: none"> 4. Clarify that OTs should use clinical judgement to either not enter a situation or find an alternate option if situation is risky”. 5. Referring to the acupuncture standard for further IPAC guidance is not necessary in indicator 2.3 	
Prevention and Management of Conflict of Interest	<ol style="list-style-type: none"> 1. Provide more examples of conflict of interest and how to manage in small communities. 	<ol style="list-style-type: none"> 1. Recommended by PSC to limit examples and keep it principle-based to streamline document. Accompanying practice resources will be used to provide practice examples.
Professional Boundaries and Prevention of Sexual Abuse	<ol style="list-style-type: none"> 1. Concerns that indicators 1.3 and 1.4 stating “Never form personal...relationships” are too restrictive for OTs especially in smaller communities. 	<ol style="list-style-type: none"> 1. Edits made to provide more context and clarity to indicators 1.2-1.5 2. See above bullet #1 3. ‘Power imbalance’ language used instead and added to the glossary
	<p>OSOT</p> <ol style="list-style-type: none"> 2. The wording of “Never form personal...relationships” being restrictive 3. Define power dynamics and intersectionality in indicator 2.2 	

	Standards of Practice Consultation Themes	Final Edits
	4. Clarify if indicator 4.4 applies to nonregulated workers such as PSWs or teachers.	4. Added indicator 4.6 to clarify that OTs should also follow all other mandatory reporting requirements which may include the sexual abuse of any other person or worker.
Psychotherapy	<p>1. Clarify the specific requirements for educational/training programs for OTs and for those supervising.</p> <p>2. Provide a list of psychotherapeutic modalities.</p> <p>3. Provide definition of 'serious' impairment</p> <p>4. Remove fees associated with supervision in the supervision notes in indicator.</p>	<p>1. Standards being principle-based will not be able to provide specific examples about educational and training courses.</p> <p>2. 'When the Standard for Psychotherapy Apply' resource was added to the appendix which speaks to psychotherapeutic techniques and modalities.</p> <p>3. Within the appendix, a link was added to the resource "Understanding When Psychotherapy is a Controlled Act". This resource further explains the definition of a 'serious' impairment and the controlled act.</p> <p>4. Fees for supervision removed from supervision notes</p>
	<p>OSOT</p> <p>5. Link to resource "When the Standard for Psychotherapy apply".</p> <p>6. Clarify how psychotherapy differs from the controlled act by providing examples.</p> <p>7. Clarify the formal supervision period of 50 hours and what happens to OTs already in a supervisory agreement.</p> <p>8. Clarify peer vs individual consultation</p> <p>9. Clarify assigning to students and re-entry candidates.</p>	<p>5. See #2 above</p> <p>6. See #3 above</p> <p>7. These are practice questions that are addressed in an accompanying resource.</p> <p>8. Edits made to clarify the terms supervision and consultation.</p> <p>9. Edits made to standard 3 to clarify delegation and assignment</p>

	Standards of Practice Consultation Themes	Final Edits
Record Keeping	<ol style="list-style-type: none"> 1. Clarify group documentation, for example using general vs. individual notes, mental health groups vs drop-in groups 2. Clarify documentation requirements for those who are in nonclinical roles 3. Include more information about role-emerging placements 4. Clarify student and OTA signature requirements 	<ol style="list-style-type: none"> 1. Clarified group documentation requirements in indicator 3.4 2. Clarified in the introduction about nonclinical settings 3. Information about role-emerging placements included in the Standards for Supervision of Students and OTAs. 4. Clarified signature requirements for students and OTAs in indicators 4.4 and 4.5.
Record Keeping (cont.)	<p>OSOT</p> <ol style="list-style-type: none"> 5. Provide guidance on managing information that is not personal health information (for example, a client’s credit card info). 6. Indicator 9.1 was not clear what is meant by “validated by a unique identifier” 	<ol style="list-style-type: none"> 5. Standards 7 and 8 clarifies that expectations apply to both personal health information AND personal information (such as financial info). 6. Clarified the use of a ‘unique identifier’ in indicator 5.1a.
Supervision of Students and OTAs	<ol style="list-style-type: none"> 1. Separate students from OTAs in the standard as it was confusing to follow 2. How to handle performance issues vs competency of OTAs 3. Clarify the OT role as consultants 4. Clarify indicator 1.2 about whether OTs can be in a personal relationship (such as friends) with an OTA 5. Clarify indicator 5.5 about billing clients for services provided by students or OTAs 6. Clarify requirements for the virtual supervision of OTA and students 	<ol style="list-style-type: none"> 1. Students and OTAs have separate sections within the standard to provide clarity on indicators that do not overlap 2. Indicator 3.4 addresses performance issues and to follow organizational policies 3. Added a section about the accountability for non-OTAs when OTs are acting as a consultant. 4. Indicator 1.2 addresses maintaining a professional relationship. 5. Removed billing of students or OTAs as the College is not involved in billing or the setting of fees. 6. The introduction states that the standard refers to “all” aspects of

	Standards of Practice Consultation Themes	Final Edits
Supervision of Students and OTAs (continued)	7. Clarify indicator 3.4 about never assigning controlled acts to students	supervision implying both virtual and in-person. 7. Indicator 3.5 is now explicit that OTs never assign or delegate any controlled acts.
	OSOT 8. Clarify when a standard applies to both students and OTA or just one group 9. Clarify the difference between experience and competency in indicator 3.3. 10. Clarify if co-signing documentation required for both students and OTAs 11. Clarify in person vs. virtual supervision	8. See #1 above 9. Removed the word 'experience' so the standard is clear about ensuring the competency of the supervisee. 10. Record keeping requirements have been clarified in their respective sections for students and OTAs. 11. See #6 above
Use of Title	1. Clarify if the term 'retired' is synonymous with 'resigned' 2. Provide more examples of acceptable titles	1. Removed the word "retired" as it is not a registration status at the College. 2. Recommendation by PSC to limit examples and keep it principle-based to streamline document. Accompanying practice resources will be used to provide practice examples.
	OSOT 3. Clarify whether indicator 1.6 only applies to educational degrees or other college registrations as well.	3. Edits made to clarify that it pertains to communicating educational degrees only.
Glossary	1. There should be links to the of glossary throughout all the standards. 2. Change the word "stakeholders" 3. Definition of intersectionality should include 'gender' 4. More examples of ecological considerations	1. Communications Team will add links to the glossary throughout the document. 2. Changed the word 'stakeholder' to 'interested individuals' or 'interested parties' 3. 'Gender' was added to intersectionality definition 4. Recommendation by PSC to limit examples and keep it principle-

	Standards of Practice Consultation Themes	Final Edits
		based to streamline document. Accompanying practice resources will be used to provide practice examples.

**RESPONSE TO CONSULTATION OF
THE COLLEGE OF OCCUPATIONAL THERAPISTS OF ONTARIO
REGARDING PROPOSED CHANGES TO THE STANDARDS OF PRACTICE**

June 2022

The Ontario Society of Occupational Therapists (OSOT) is pleased to have had the opportunity to review the proposed changes to the Standards for Practice of the College of Occupational Therapists of Ontario (COTO or the College).

General Comments

We support the direction of moving the Standards for Practice into one, practical and convenient document. The ability to “click onto” the page number in the Table of Contents would be helpful for navigating quickly to the desired section. This functionality could be highlighted by having the page numbers in a different colour, or by including a statement at the top of the document indicating the capability.

The principled, rather than prescriptive, approach to the Standards will allow for greater flexibility in applying them, but may leave some individuals with more questions on how to demonstrate adherence. Providing the College’s Practice Resource Service contact information directly in the document is helpful.

It is appreciated that the new *Competencies for Occupational Therapists in Canada’s (2021)* language is reflected in the revised Standards. Other language coming from new occupational therapy resources, such as the *Collaborative Relationship-Focused Occupational Therapy* and *Canadian Occupational Therapy Inter-Relational Practice Process Framework*, should also be integrated into the Standards. For example, the shift away from “client” to “individual” or “persons”.

It is helpful to have resources listed within the document, however, it is not apparent when the items are hyperlinked. It is recommended that these be either italicized or in a different font colour.

To improve the readers’ experience, please add colons when a list follows. Without these it is difficult to identify the connection between the list and the statement. For example: “Occupational therapists are expected to:”. This is also recommended within subgroups such as for the Standards for Acupuncture, standard 1.1 (c) should include a colon after “Applications of acupuncture including:”. These changes will allow the reader to follow more easily and not be distracted by a lack of punctuation. Overall, a general

review of all punctuation to ensure consistency throughout, would be beneficial (there are a few missing periods as well).

The related College documents list at the end of each Standard is helpful, however, hyperlinking to each Standard referenced within the document would add value. This allows individuals to “click onto” the associated Standard and arrive at the correct page. Hyperlinks to documents outside of the combined Standards document would also be helpful.

Standards for Acupuncture

Please consider the following:

- i) Edit the first paragraph to read as follows: “Controlled acts are procedures that pose a risk to the public if not performed by a qualified practitioner. Acupuncture is a controlled act under the law as it involves a procedure performed on tissue below the dermis. Occupational therapists who are competent to perform acupuncture are authorized to do so as an exemption.”
- ii) Standard 1, indicator 3 – recommend hyperlinking the reference to the *Standards for Consent* to the actual Standard in the document. OSOT members are particularly concerned about the proposed infringement on their privacy relating to personal health information. While it has been identified that regulators have unique authority to access information, it has not been adequately justified to occupational therapists why the information proposed needs to be shared beyond the circle of care of the individual if there is no meaningful impact on the therapist’s ability to practice. To this point, we would argue that the provisions of the existing language should suffice.

Standards for Assessment and Intervention

OSOT welcomes the addition of intervention to the current Standards for Assessment as it provides a nice flow between the two activities.

- i) Standard 1, indicator 7 – the lettering should begin at “a”.
- ii) Standard 2, indicator 1 – recommend that the word “safer” be changed to “safe”.
 - a. Indicator 2.7 – remove “from others” as it is implied from the rest of the sentence.
- iii) Standard 3, indicator 5 – recommend that the word “and” be replaced with “including”.
- iv) Standard 4, indicator 1 – recommend replacing “partnership” with “co-create” to reflect newly introduced language.
 - a. Indicator 3 – the third sentence is vague. Should it read: “Plan and discuss setting or resetting client goals...”?

Standards for Consent

This is an area that occupational therapists often struggle with understanding their responsibility and how much information is needed to obtain consent. It is helpful to include the difference between informed and knowledgeable consent at the start.

- i. Recommend specifying which “law” (Health Care Consent Act) in the introduction. A hyperlink would also be helpful.
- ii. In the second paragraph, recommend removing “always” as “consent is ongoing” is sufficient. In addition, this paragraph is confusing as “they” can refer to either the occupational therapist or the clients. It is recommended that the third sentence start with “The occupational therapist must...” to remove any ambiguity. Finally, “power imbalance” is not defined and may benefit from being so.
- iii. Standard 1, indicator 3 – would it be helpful to include the requirements for determining capacity? Healthcare Consent Act, 4 (1) “that a person is able to understand the information that is relevant to making a decision about the treatment, admission or personal assistance service, as the case may be, and able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.”
- iv. Standard 2, indicator 1 (i) – recommend providing an example of “any authority given through a legal process...”
- v. Standard 3 – recommend COTO creates an accompanying document to identify the three privacy laws and how each would apply. This is a complex and somewhat confusing system of laws that need further explanation.
- vi. Standard 4, indicators 4 and 6 – these are duplicative of Standard 3, indicator 1. Should the OT understand the laws and follow the requirements, indicators 4 and 6 repeat this requirement.
 - a. Indicator 3 – this seems out of place here and is covered in the Standards for Record Keeping - Standards 6 and 10. Consider if the duplication between these Standards is necessary.
- vii. Standard 6 – the use of “safely and securely” in the Standard statement seems out of place as the indicators relate to withdrawal of consent only. If required to remain, recommend connecting these to the indicator requirements in a more direct manner.
 - a. Indicator 3 – recommend adding “if known” to the end as the reason(s) for withdrawal of consent may not be articulated by the individual.
 - b. Indicator 4 – repetitive – is not needed again here.
- viii. Standard 7, indicator 4 – the introduction of the privacy commissioner here seems out of place, should this fall under record keeping?

Standards for Infection Prevention and Control (IPAC)

- i. Standard 1 – recommend an additional indicator or incorporate wording into 1.5 relating to using clinical judgement to either not enter a situation or find an alternative option should the situation be too risky. Currently, indicator 5 makes it sound like the OT should try to make their visit even if it puts them at risk.

- ii. Standard 2, indicator 3 – referring to other guidance documents for IPAC for acupuncture is not necessary. It is more helpful to direct individuals directly to the Standards for Acupuncture (which do not go into details about IPAC measures). It may be helpful to include links to specific guidelines (if known).

Standards for Professional Boundaries and the Prevention of Sexual Abuse

- i. Introduction – final paragraph refers to the OT’s “licence to practise”, however, should it be a “certificate of registration”?
- ii. Standard 1, indicator 4 – we see the restriction of “never” forming personal relationships with clients of colleagues potentially problematic in small communities. The addition of if an “OT is or could be privy to personal information” would only be possible with client consent (to release information) which implies the OT is part of the circle of care and is directly involved in the client’s care which is covered by the previous indicators.
 - a. Indicator 7(b) – this would be challenging for an OT to demonstrate.
 - b. Indicator 7(c) – what is the definition of “dependent”? This indicator addresses previous clients so what type of dependency would exist post-discharge?
 - c. Indicator 7(d) – there is an exemption for emergencies so should this state that: “A client-therapist relationship is never resumed unless it falls under an emergency exemption”?
- iii. Standard 2, indicator 2 – recommend defining power dynamics and intersectionality. Although the latter is defined elsewhere, it may be beneficial to define in in this section of the document as well.
- iv. Standard 4, indicator 4 – this applies to other regulated professionals, but clarification is needed if this applies to those not regulated or health-related (e.g. personal support workers, rehabilitation therapists, teachers, etc.).

Standards for the Prevention and Management of Conflicts of Interest

- i. Introduction – it is appreciated that the legislation was referenced but not quoted. This helps with the readability of the document.
- ii. Standard 2, indicator 7(b) – recommend removing “practical” from the statement as it does not add value here. It is unlikely that OTs will suggest impractical alternatives.

Standards for Psychotherapy

- i. Introduction – recommend adding a hyperlink to the supporting document: “When the Standards for Psychotherapy Apply”.
- ii. Distinguishing psychotherapy as a controlled act from other psychotherapy services –
 - a. example of psychotherapy as a controlled act – we question “therapeutic use of self” as a psychotherapy technique as it is commonly used in many practice settings with a range of clients. This may generate questions from OTs if they, too, are practicing psychotherapy in settings not linked with mental health.

- b. Example of psychotherapy outside of the controlled act definition – second sentence would benefit from the addition of an example of what their occupational performance may include by adding: “...not seriously impaired such that they can...”
- iii. Standard 1, indicator 1 – there is an extra space between “evidence” and “informed” which needs to be removed. Clarification or a definition is needed for “integrity of the training”.
 - a. Indicator 2 –
 - i. Recommend clarifying if the 50 hours of supervision is over a two-year period or a per year requirement.
 - ii. It is helpful to assign a recommended quantity of hours, however, as this is a change from the current requirement, how will this be applied to those already engaged in a supervisory relationship? It is understood that this is only a recommendation, but there may be situations where the OT has been engaged in either significantly more or less than this and have a reaction to this guidance.
 - iii. With the elimination of a five-year practice requirement before performing psychotherapy without supervision and changing the duration to two years, how will those in the process of supervision be handled? We anticipate those with more than two years’ experience may be upset by this change as they may feel they have wasted time and/or money on supervision. Will there be guidance released to accompany these changes?
 - b. Recommend clarifying the difference between peer and individual consultation. Should this be group and individual consultation?
- iv. Standard 2 – these requirements are repeated in many other Standards for Practice and do not need to be repeated here. The only indicator that is unique is 7 which should remain.
- v. Standard 3 – this seems out of place as the Standard statement is phrased in the positive but the indicators are telling us what not to do. It is our understanding that occupational therapists are not able to delegate the performance of psychotherapy to others so the Standard statement is misleading. Further clarification on students and re-entry candidates is needed as they are not yet regulated and therefore do not fall under the RHPA to perform controlled acts. In the case of students, they do not have two years’ experience (as indicated in standard 1.2) and would require supervision. It may be clearer to state that psychotherapy cannot be delegated and students and re-entry candidates require supervision as per standard 1.2.
- vi. Standard 4 – the use of “also” and “as well” within the same sentence is redundant. We recommend the removal of “also”.

Standards for Record Keeping

- i. Standard 1 – it is appreciated that this Standard reflects the new competency expectations to respect the client and use language that is appropriate, particularly when the client can request access to their record. However, is there a risk that an occupational therapist worries about how their record would be viewed by their client that they choose not to document some information as they are not yet proficient at the appropriate language?
 - a. Indicator 1 – it is unclear how information is ethical. Should this be “accurate” instead?
- ii. Standard 3, indicator 4 – the first sentence should read “....group therapy in which clients participate...” The last sentence in this indicator is repetitive and is not necessary.

- a. Indicator 6 – we are not aware of any controlled acts that OTs are permitted to delegate so is this needed?
- iii. Standard 4 – this section also includes designation and we recommend the statement be changed to: “Apply signature and designation correctly”.
- iv. Standard 5, indicator 2(d) - this is repetitive and is not needed.
- v. Standard 6, indicator 5(d) – should this begin with “Placing” rather than “Place”? We appreciate the addition of email in this Standard as it recognizes how many clients choose to communicate with their healthcare providers.
- vi. Standard 7, indicator 1(c) – the words “if applicable” should be added.
 - a. Indicator 1(g) – does the College provide any guidance on maintaining credit card information which does not fall under personal health information and would not be applicable to PHIPA requirements? Does credit card information need to be kept outside of the client file?
 - b. Indicator 1(j) - does not relate to the other indicator requirements in this section. This statement may be better located in the opening statement for this Standard.
- vii. Standard 9, indicator 1(a) – it is not clear what “validated by a unique identifier” means. Recommend clarifying if this is a two-factor authentication process, a search capability by either name or unique identifier, or something different.
 - a. Indicator 1(b) and (f) – these indicators start off differently than the others in this section. It is recommended that they all begin with action words such as for (b) Produce a copy.... And (f) Back up files....
 - b. Indicator 1(b) – recommend clarification as to whether this applies to both print and electronic records.
 - c. Indicator 1(c) – recommend adding “if applicable” as multiple authors/contributors may not be relevant in a solo practice.

Standards for the Supervision of Students and Occupational Therapist Assistants

It is appreciated that these Standards have come together within one set of requirements. Some clarification if Standards/indicators apply to both students and OTAs equally is needed.

- i. Standard 3, indicator 3 – experience and competence are different and should either be expressed as different, or we recommend removing “experience” from the list.
 - a. Indicator 7 – recommend clarifying if the occupational therapist needs to co-sign documentation.
- ii. Standard 5 – introduction – taking on students helps build the occupational therapy body of knowledge but does not contribute to competencies of the profession. It contributes to developing competencies in the students who will join the profession. The wording needs to be clearer.
 - a. For traditional supervisory situations – this section specifies where the OT is “on-site” but can this include virtual/remote supervision within the same organization? Recommend clarification that this extends to supervision that may be through technology.
 - b. Indicator 3(b) – “weaknesses” is not a commonly used term anymore; can this be replaced with “opportunities” or “areas for improvement”?

- c. Indicator 5(d) – this may be challenging in some systems and is a new requirement. The College may receive some criticism for this change.

Standards for Use of Title

- i. Standard 1 – the inclusion of “own” in the Standard statement is not necessary.
 - a. Indicator 6 – does this apply to only University degrees? What about college or other degrees? Recommend clarifying.
- ii. Standard 4, indicator 3 – a space is needed in the “MSc (OT)” designation.
- iii. Standard 5 – indicators 2 and 3 can be combined into one sentence.

Thank you for creating a single document containing all Standards for Practice. The profession has a convenient single place to access their requirements.

Please contact me should you require any clarification, or wish to explore comments further.

Sincerely,



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BOARD MEETING BRIEFING NOTE

Date: January 26, 2023
From: Executive Committee
Subject: College's Diversity, Equity and Inclusion Plan

Recommendation:

THAT the Board receives the College's Diversity, Equity and Inclusion Plan.

Issue:

In 2021, the Ministry's College Performance Measurement Framework required all health regulatory colleges to develop a formalized Diversity, Equity, and Inclusion (DEI) plan.

Link to Strategic Plan:

It aligns with the 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 College strives to be equitable and inclusive in its role as a regulator and as an employer. In doing so, we must always consider and reflect upon our role as a regulator with respect to the important issues of diversity, equity, and inclusion. The broad objectives within this priority reference the need to enhance equity and inclusion across all organizational processes, resources, and materials.

Diversity, Equity, and Inclusion Considerations:

The Global Diversity Equity and Inclusion Benchmarks are designed to provide the College with an opportunity to address sustainable DEI growth and achieve best practices progressively and comprehensibly.

Background:

In the past two years the College undertook several activities related to DEI to prepare us to make a more formalized plan. These include:

- Updated the College Values to reflect the College's commitment to treating everyone with dignity and respect and supporting DEI.
- Prepared an Indigenous land acknowledgment statement that is shared at the beginning of all Board and Committee meetings.

BOARD MEETING BRIEFING NOTE

- Used external consultants to conduct Board and staff training sessions related to Truth and Reconciliation and DEI.
- Created separate Equity Perspectives and Indigenous Insights panels to provide input on various college programs and initiatives.
- Launched the Culture, Equity, and Justice in Occupational Therapy Practice document.
- Created a dedicated DEI webpage that includes the College's commitment to Anti-Racism with additional resources on DEI for registrants and the public.
- Developed an Equity Impact Assessment tool to ensure that any policy, program, or process is not discriminatory.
- Hired a People and Culture Lead who will assist with further staff initiatives

Introduced in 2021, DEI initiatives are an important component of the Ministry of Health's College Performance Measurement Framework (CPMF), against which all health regulatory colleges in the province are benchmarked. The Ministry CPMF requires that colleges have a Diversity, Equity, and Inclusion plan, and that the plan is reflected in the Board's strategic planning activities and is appropriately resourced to support relevant operational initiatives.

Although activities have been completed and progress has been made, a fulsome plan was not outlined. Therefore, the College did not fulfill this requirement in its last submission. At this time the College's DEI Plan has been developed which sets out how the College will embed DEI both as an employer and as a regulator.

Discussion:

In preparing the DEI Plan, the College investigated the [Global Diversity, Equity, and Inclusion Benchmarks: Standards for Organizations Around the World \(GDEIB\)](#), a tool developed by the [Centre for Global Inclusion](#). The full list of GDEIB benchmarks were developed by 3 coauthors and 112 expert panelists from around the world and includes 275 benchmarks at 15 categories. The first edition was created in 2006. It has been updated about every 5 years, with the most recent edition being the 2021 GDEIB.

Within each of the categories, the GDEIB tool specifies benchmarks and paints a picture of what it would mean for the organization to score as a Level 1 (inactive), Level 2 (reactive), Level 3 (proactive), Level 4 (progressive), or Level 5 (best practice). Based on studying many organizations, the 112 experts created the GDEIB as a system of organization and comprehensive map of progression. The College is using this tool in developing its DEI plan to determine next steps and to bring a logical organization for coordination, tracking and reporting on actions across all areas.

The selected benchmarks will be used by the College as a guide to help devise projects and initiatives over the next 3 years and act as a benchmarking tool when assessing DEI performance year-over-year. The projects and initiatives developed, once implemented, will also assist the College in meeting the selected benchmarks that will move the College to a targeted GDEIB maturity level 4 (progressive).

BOARD MEETING BRIEFING NOTE

Adapted from the GDEIB, the College intends to use the following 13 categories to benchmark and assess the current state of DEI at the College. They include:

1. **Vision and Strategy** – Develop a strong rationale for DEI vision and strategy and align it to organizational goals.
2. **Leadership and Accountability** - Hold leaders accountable for implementing the organization's DEI vision, setting goals, achieving results, and being role models.
3. **Structure and Implementation** - Provide visible, dedicated support and structure with authority and budget to effectively implement DEI.
4. **Recruitment** - Ensure that attraction, sourcing, and recruitment is done through the lens of DEI.
5. **Advancement and Retention** - Ensure that DEI is integrated into talent development, performance management, advancement, and retention.
6. **Job Design, Classification, and Compensation** - Ensure that job design and classification are evaluated for bias and that compensation is equitable across key dimensions of diversity.
7. **Work-Life Integration, Flexibility, and Benefits** - Achieve work-life integration, flexibility, and equitable benefits. Flexible work options are widely available and accessible.
8. **Assessment, Measurement, and Research** - Ensure that assessments, measurement, and research guide DEI decisions
9. **Communications** - Make communications clear, simple to understand, and a crucial force in achieving the organization's DEI goals.
10. **Learning and Development** - Educate all to achieve a level of DEI competence and confidence needed to create a diverse, equitable, and inclusive organization.
11. **Community and Government Relations** - Be proactive in working with community, public partnerships, government, and society at large.
12. **Marketing and Customer Service** - Integrate DEI into marketing and customer service.
13. **Responsible Sourcing** - Practice responsible and ethical sourcing.

Under each one of these headings is a list of operational objectives that the College will measure itself against and develop an action plan to move us along the continuum from a Level 1 (inactive) or 2 (reactive) where we currently fall under in most categories, to the target Level 4 (progressive). Some of these actions may involve direct activity by the Board. For example, the Board may choose to be more explicit about DEI in the strategic plan in its next iteration.

Implications:

At the conclusion of the three years, the same assessment will be repeated to evaluate the College's DEI growth and progress and potentially look at setting new targets. For now, Executive is reviewing materials related to this subject, and may perform this function in the future. If any specific actions involve the Board, they will go through the Executive to the Board.

Attachments:

N/A

FYI Package



GOVERNANCE COMMITTEE BRIEFING NOTE

Date: January 6, 2023
From: Stamatis Kefalianos
Subject: Bill 36 - Modernization of British Columbia's Health Regulatory System

Recommendation:

For Information only.

Issue:

The purpose of this report is to provide an overview of the changes introduced by this new legislation

Link to Strategic Plan:

This aligns under Public Confidence:

1.3 College governance is responsive, effective, competency-based 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:

As part of its ongoing mandate to protect the public interest and, recognizing the need to consider trends in regulatory governance modernization across Canada, the College is committed to continuously enhancing its regulatory effectiveness.

Diversity, Equity, and Inclusion Considerations:

The legislation includes requirements for cultural sensitivity and humility, including reconciliation and meaningful consultation with Indigenous peoples.

Background:

The *Health Professions Act, 1996* provides a common regulatory framework for health professions in British Columbia. In October 2022, the British Columbia Ministry of Health announced that the new [Health Professions and Occupations Act](#) (Bill 36) will replace the Health Professions Act, 1996.

This legislation is, in part, a response to the Harry Cayton 2019 report on the [Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act](#) and by the Steering Committee's 2020 report on [Recommendations to the Provincial Health Profession Regulatory Framework](#). It also reflects recommendations made in the [In Plain Sight Report: Addressing Indigenous-specific Racism and Discrimination in B.C. Health](#) (2020).

Discussion:

The [Health Professions and Occupations Act](#) (Bill 36) will bring significant changes to the health regulatory system within British Columbia. Implementation of the Act will enable:

- A streamlined process to regulate health professionals
- Updated terminology, i.e., Council will be called “Boards” and practitioners will be called “licensees.”
- Smaller boards (8-12 members) with equal public and professional members. Term limits for board members (a lifetime limit of 12 years)
- The creation of an oversight body that would have the power to conduct routine audits of health regulatory Colleges
- A reformed complaints process that increases accountability and transparency
- A commitment to cultural safety and humility
- Improved information sharing between colleges and with other agencies to enhance public safety and protection
- An independent discipline tribunal for professionals accused of wrongdoing
- The creation of an improved governance system where all board members are appointed via a competency-based process that is operated by neither the government nor the Colleges.

In addition to these changes, the Act will reduce the overall number of regulatory Colleges within the province. Currently, there are 15 Colleges providing oversight of 25 health professions. Under the Act, amalgamations of regulatory Colleges will continue, with the aim of six in total.

One amalgamation will combine the Colleges for allied health care professionals, such as occupational therapists, dietitians, opticians, optometrists, physical therapists, psychologists, and speech and hearing professionals.

Another will amalgamate alternative and complementary health care professionals, such as chiropractors, massage therapists, naturopaths, and traditional Chinese medicine practitioners.

Additionally, two amalgamations are already underway and close to completion: the BC College of Nursing Professionals and the College of Midwives of BC have joined to create the new BC College of Nurses and Midwives (2020); and the College of Podiatric Surgeons has amalgamated with the College of Physicians and Surgeons of BC.

Before the release of Bill and a recommendation from the Harry Cayton's report, the BC oral health Colleges (certified dental assistants, dental hygienists, dental technicians, dental therapists, dentists and denturists) amalgamated on September 1, 2022, to form the BC College of Oral Health Professionals.

Implications:

This new legislation has no immediate impact on Ontario's regulatory landscape. While the College is not aware of any plans for Ontario to take a similar approach, it is possible that other provinces may be examining British Columbia's regulatory modernization experience to inform their own approach to health regulation.

GOVERNANCE COMMITTEE BRIEFING NOTE

Bill 36 - Modernization of British Columbia's Health Regulatory System

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Attachments:

N/A