College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

Declaration of Conflict of Interest

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

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

For the **Board Meeting of March 27, 2025,** the following Directors have indicated they are in compliance with the College's Conflict of Interest Policy and no conflicts were declared:

Neelam Bal
Mary Egan
Elizabeth Gartner
Sarah Milton
Julie Reinhart
Tina Siemens
Allan Freedman
Vincent Samuel

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING AGENDA

DATE: Thursday, March 27, 2025   **TIME:** 9:00 a.m. to 2:30 p.m. (Lunch 12-1pm)

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

	Agenda Item	Objective	Attach	Time (approx.)
1.0	**Call to Order**			
2.0	**Public Protection Mandate**			
3.0	**Territorial Acknowledgement***			
4.0	**Declaration of Conflict of Interest**			
5.0	**Approval of Agenda –** March 27, 2025	Decision	✓	
	THAT the agenda be approved as presented.			
6.0	**Consent Agenda**			
	1. Registrar's Written Report of March 27, 2025 2. Draft Board Minutes of January 30, 2025 3. Executive Minutes of January 17, 2025 4. Finance & Audit Minutes of January 16, 2025	Decision	✓	5
	THAT the Board adopt the consent agenda items as listed:			
7.0	**Registrar's Report**			
	7.1 Quarterly Performance Report	Decision	✓	10
	THAT the Board receive the Q3 FY 2024/2025 Quarterly Performance Report. (Stacey Anderson)			
	7.2 Presentation: *Quarterly Reports and Key Indicators* by Kim Woodland, Director of Programs			30
	7.3 Risk Management Report	Decision	✓	10
	THAT the Board receive the Risk Management Report. (Lucy Kloosterhuis)			
	7.4 2024 College Performance Measurement Framework (CPMF)	Decision	✓	15
	THAT the Board approve the College Performance Measurement Framework for submission to the Ministry of Health and posting on the College website. (Stacey Anderson)			

Agenda Item	Objective	Attach	Time (approx.)
7.5 Annual Board Evaluation	Discussion	✔	15
THAT the Board review the Annual Board Evaluation Summary and approve the action plan. (Lucy Kloosterhuis)			
8.0 Finance			
8.1 Fiscal Year 2024/2025 Q3 Financial Summary Report	Decision	✔	10
THAT the Board receive the Q3 FY 2024/2025 Financial Report, as presented. (Allan Freedman)			
8.2 Investment Portfolio	Decision	✔	5
THAT the Board receive the investment report. (Allan Freedman)			
9.0 Governance			
9.1 Committee Appointments	Decision	✔	5
THAT the Board appoint Adam Broad to the Practise Subcommittee, and Katherine LeMay and Diane Brownlee to the Quality Assurance Subcommittee, each for a three-year period, commencing March 28, 2025. (Stacey Anderson)			
9.2 Election Update – District 1 (Central)	Decision	✔	2
THAT the Board receive the election report for district 1. (Lucy Kloosterhuis)			
10.0 Presentation: *Investigations Overview: A Tale of Two Processes* by Cara Moroney, Manager, Investigations & Resolution**s**			30
11.0 Move *In Camera*	Decision		15
THAT the Board move in camera to discuss a confidential human resources matter.			
12.0 Environmental Scan			
13.0 Other Business			
13.1 Board Meeting Evaluation for March 27, 2025	to complete	*Link to follow*	
14.0 Next Meetings			
Board Meeting: June 19, 2025, 9:00 a.m. – 3:30 p.m., COTO Boardroom			
15.0 Adjournment Followed by Officer Elections, Break, and Approval of 2025-2026 Committee Appointments			

* **<u>Territorial Acknowledgement</u>**

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization's staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO's work takes place on traditional Indigenous territories across the province we now call Ontario. COTO's office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

REPORT of the Registrar and CEO
Board Meeting of March 27, 2025

Focus of the Board Meeting Today

The third quarter of the fiscal year and of the new strategic plan has ended. At the meeting I will be presenting a summary of accomplishments from this period related to the strategic plan. In addition, today we will elect our new Executive and confirm the Committee Composition for 2025-2026.

For Your Information:

LEADERSHIP PRIORITY #1: MEANINGFUL ENGAGEMENT

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

Communications

- Communications recently partnered with the Quality Assurance team to develop resources to promote the yearly, required Learning Plan that all registrants must complete. A new resource titled *Mapping a Path to Success: Goal Setting Made Simple* is now available online and paired with a SMART goals worksheet to make goal setting and tracking easier. The resource is also featured in a new episode of the College's *COTO on Topic* podcast, now available on Spotify and YouTube, offering another format to reach more OTs.

- The first edition of the employer newsletter will launch in April. Sign-ups to date represent employers of more than 500 registrants, who serve different populations and age groups through employment with hospitals and research institutions, government agencies, school boards, clinics, community services and homecare across Ontario.

LEADERSHIP PRIORITY #2: QUALITY PRACTICE

The College embraces leading regulatory practices to protect the public.

Registration Program

- The Registration team is preparing for annual renewal for the second year using our new portal. This year, the College will collect race-based data on a voluntary basis from occupational therapists as part of annual renewal.

Quality Assurance Program

- **Communication in OT Practice** is the topic for the 2026 eLearning Module. Why? Communication breakdowns were most common in complaints (insights from Investigations) and "good communication" was ranked number one when OTs are asked what helps them perform best at work (QA competency assessment). The Quality Assurance Subcommittee had their first meeting earlier this month to begin this exciting work.

Investigations and Resolutions

- An orientation and training session has been scheduled for the members of the Ontario Occupational Therapy Discipline Tribunal, (OOTDT), i.e. all the members of the Board, in April 2025. To note, any new discipline or fitness to practice matters will now be handled by the OOTDT.

Practice

- In response to a request from the Coroner's Office, the Practice Subcommittee will review the MAiD Death Review Committee (MDRC) recommendations to inform practice guidelines for clinicians providing care in the MAiD process. This guidance will focus on navigating complex social needs and health system gaps in the Track 2 process including public access to quality-of-life services that are within the scope of practice of occupational therapists. A response to the Coroner's Office will be sent in March about the College's plans, and the subsequent guidance will be developed in the coming months.

- The Practice team has reviewed the report and recommendations prepared by the Geriatric and Long-Term Care Review Committee (GLTCRC) regarding the prescription of lap belts and plans to develop a resource to address the Coroner's Report: Target Date: July 2025

- The QA and practice teams will be hosting a student occupational therapist from the University of Toronto at the end of March.

LEADERSHIP PRIORITY #3: SYSTEM IMPACT

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

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

- I continue as President of ACOTRO. We held a Board Meeting in February 2025 to confirm the operational plan and continue work on several collaborative objectives. Reports were received on the progression of the re-entry program planning, a national code of ethics, a national e-Learning module for 2025, and the collection of race-based data.

- ACOTRO received notice on February 28, 2025 that ACOTRO's funding proposal to the Federal Government for strengthening the Substantial Equivalency Assessment System (SEAS) was conditionally approved. This grant will be for over three million dollars over a three-year period to significantly improve processes and outcomes for this process for internationally educated occupational therapists coming to Canada. To note, Ontario is the recipient of over 50% of occupational therapists from other countries, so supporting this project will be a priority.

- The College has received funding from the Canadian Institute for Health Information (CIHI) that has assisted the College to implement improvements to the data that is submitted to them. This includes the collection and submission to CIHI of race-based data that is due to be collected through this year's annual renewal. The other OT regulators in Canada are all also completing this work in line for each of their annual renewal time frames.

- OT Competencies – I am part of a national group that has been formed to assist with the coordination and communication between organizations that are implementing the new OT competencies. Members include regulators, educators, and the Canadian Association of Occupational Therapists who coordinates the national entry to practice exam and accreditation of university programs. The National Exam will officially convert to the use of the new competencies in September 2026. In addition, the group, called the OT Competency Editorial Committee involves all three partners, ACOTRO, the Association of Canadian Occupational Therapy University Programs (ACOTUP), and the Canadian Association of Occupational Therapists (CAOT), and have discussed some changes needed to the competencies. For this round, changes to the French version to incorporate inclusive language will be made.

- ACOTRO, through the SEAS program, will undertake a project this year to increase efficiency in the program. Funding from the Government of British Columbia has been received for this project and it is now underway.

- Finally, ACOTRO was approached by a different branch of the Federal Government to submit a proposal from the OT profession to support Internationally Educated Occupational Therapists. We have partnered with the Canadian Association of Occupational Therapists (CAOT) to submit this proposal. All the projects receiving or requesting funding have different deliverables but are linked.

Ontario Society of Occupational Therapists (OSOT)

- The College met with OSOT to discuss possible steps to take related to the scope of practice for occupational therapy. To note, the scope of practice of the profession is made up of the description of the profession in the OT Act, the controlled acts the profession is given the authority to perform, and the title use of the profession. The focus of this discussion was the description of the profession. OSOT highlighted the challenges in having the profession recognized for its role in providing needed services to people with needs related to their mental health. Changes in scope that the profession is seeking is related to the description of occupational therapy in the OT Act. The College would be supportive of changes to this very old description of occupational therapy if it would assist the public to be better served by access to the profession.

Occupational Therapy Ontario Collaborative (OTOC)

- This is a group comprised of the provincial professional association, the Ontario Society of Occupational Therapists (OSOT), and the chairs of each of the five occupational therapy university programs in Ontario. Most recently this group has been discussing the need for more occupational therapists to work in Ontario and the benefits of supporting occupational therapists who take on student occupational therapists as part of their training. The College has agreed to participate in the recognition of occupational therapists who do this important work.

Registrar's Report to the Board – March 27, 2025

Health Profession Regulators of Ontario (HPRO)

- I continue to serve on the Management Committee as past chair until June 2025. Being part of the Management Committee of HPRO has helped me connect with other colleges and stay abreast of the issues affecting regulation.

Federal Government

- We are watching the developments at the federal level related to interprovincial trade. Based on the latest international threats to Canada related to trade, the Federal Government is looking to remove barriers to interprovincial trade. This will include regulated professionals, and most likely health professionals. While interprovincial mobility for occupational therapists has been legislated through the agreement on internal trade for many years, each province maintains its own regulatory scheme for health care workers and other professions. So, in the case of an OT, it is very easy to move to another province to work, as their experience and education from another province is automatically recognized, but they still need to actually register. That is, tell the provincial regulatory body that they want to work in that province, pay the fee, and ensure the regulatory body has correct information about them. The only 'barriers' to labour mobility is if the OT doesn't meet one of the requirements related to concerns about the OT's conduct, or the OT has not practised in the last three years (currency), both of which would affect their ability to work safely or ethically.

LEADERSHIP PRIORITY #4: PERFORMANCE AND ACCOUNTABILITY

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

College Elections

- The election for district one is complete. We had seven nominees which was wonderful. This year, the Nominations committee interviewed all the new candidates (as opposed to the incumbents) to determine if they had the requisite competencies to stand for election. They determined that all the candidates were suitable and were quite impressed with the level of competencies that they were able to highlight during the interview.

- The outcome of the election is in a briefing note for this meeting.

Staffing Update

Since the last Board Meeting:

- We welcomed Saras Karas back, who had been on leave. Sarah is part of the Quality Assurance team.

- The Search Committee work is underway to coordinate a replacement for the Registrar/CEO. An in-camera opportunity is available to the Board during the meeting for an update if needed.

See you at the meeting!   Elinor

Registrar's Report to the Board – March 27, 2025

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING MINUTES - *DRAFT*

DATE: Thursday, January 30, 2025   **TIME:** 9:00 a.m. – 3:30 p.m.

In Attendance:

DIRECTORS:
Neelam Bal, *Chair*
Stacey Anderson
Nick Dzudz
Mary Egan
Allan Freedman
Christine Funk
Elizabeth Gartner
Lucy Kloosterhuis
Adrian Malcolm
Sarah Milton
Julie Reinhart
Vincent Samuel
Pathik Shukla
Tina Siemens

REGRETS:

GUESTS:

OBSERVERS:
Dana Lobson, *MOH*
Marnie Lofsky, *OSOT*

STAFF:
Elinor Larney, *Registrar & CEO*
Archana Bhuvitharan, *Quality Assurance Lead*
Sandra Carter, *Manager, Practice*
Enrique Hidalgo, *Manager, IT*
Grace Jacob, *Accounting and Payroll Specialist*
Stamatis Kefalianos, *Director, Regulatory Affairs*
Lesley Krempulec, *Manager, Quality Assurance Program*
Alex Kunovac, *Manager, Registration*
Tim Mbugua, *Policy Advisor*
Cara Moroney, *Manager, Investigations & Resolutions*
Seema Singh-Roy, *Director, Finance, People & Corporate Services*
Andjelina Stanier, *Executive Assistant, Scribe*
Nancy Stevenson, *Director, Communications*
Kim Woodland, *Program Director*

1.0 Welcome and Call to Order
Chair Neelam Bal called the meeting to order at 9:01 a.m. She welcomed everyone and introduced new public member, Pathik Shukla. She invited members to introduce themselves.

2.0 Public Protection Mandate
The Chair stated that the role of the Board is to come together to make honourable and ethical decisions in the best interest of the public.

3.0 Territorial Acknowledgement*
The Chair read out the Territorial Acknowledgement (Appendix 1).

4.0 Declaration of Conflict of Interest

The Chair called for any conflicts of interest with the items on the agenda. Christine Funk declared a conflict with item 12.4, as she had also stated prior to the meeting. No other conflicts were declared.

5.0 Approval of Agenda

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

MOVED BY: Nick Dzudz
SECONDED BY: Stacey Anderson

THAT the agenda be approved as presented.

CARRIED

6.0 Consent Agenda

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

1. Registrar's Written Report of January 30, 2025
2. Draft Board Minutes of October 24, 2024
3. Executive Minutes of October 2, 2024
4. Governance Minutes of October 3, 2024
5. Finance & Audit Minutes of September 24, 2024

MOVED BY: Stacey Anderson
SECONDED BY: Sarah Milton

THAT the Board adopt the Consent Agenda items as listed.

CARRIED

7.0 Registrar's Report / Presentation: *2024-2025 Q2 Status of Operational Projects*

The Registrar presented on the status of the operational projects for Q2 FY 2024-2025 related to the 2024-2027 strategic plan and responded to questions.

7.1 Q2 FY 2024-2025 Quarterly Performance Report

Lucy Kloosterhuis stated that the quarterly report provides an update on program and committee activities for the last quarter.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Elizabeth Gartner

THAT the Board receive the Quarterly Performance Report for Q2 FY 2024-2025.

CARRIED

7.2 Risk Management Report

Stacey Anderson explained that the Board has oversight of risk management for the College. The Board receives quarterly updates on high or critical risks, and changes in status. The entire Risk Register is reviewed annually every spring by the Executive Committee. The Registrar reported that there are no new high or critical risks to report nor any changes in status from the previous quarter. A comment was raised about the need to present the risk to the public more clearly within the risk analysis. Executive will review this point at their next meeting.

MOVED BY: Stacey Anderson
SECONDED BY: Tina Siemens

***THAT** the Board receive the Risk Management Report.*

CARRIED

7.3 Presentation: Website Review

Nancy Stevenson, Director of Communications, demonstrated the new website and responded to questions.

7.4 Presentation: Annual Statistical Report from CIHI

Kim Woodland, Program Director, presented statistics from the Canadian Institute for Health Information (CIHI) on the OT Workforce across Canada for 2023, and responded to questions.

8.0 Finance

8.1 Fiscal Year 2024/2025 Q2 Financial Summary Report

Allan Freedman stated that the College is on track with budget and all statutory remittances and filings are up to date.

MOVED BY: Allan Freedman
SECONDED BY: Pathik Shukla
***THAT** the Board receive the FY 2024-2025 Q2 Financial Report, as presented*

CARRIED

8.2 Registration Fee Increase

Allan explained that in 2024, following public consultation, the Board approved the proposed amendments to Part 18 of the College bylaws with the intention of making any future fee increases as predictable as possible. The bylaw requires the Board to review fees each year and only permits future increases up to 2% each year. To sustain operations, the College is proposing a 2% increase to Registration fees for the upcoming 2025/2026 annual renewal period. The Board held a discussion.

MOVED BY: Allan Freedman
SECONDED BY: Elizabeth Gartner

THAT *the Board approve the proposed 2% increase to Registration fees for the upcoming 2025/2026 annual renewal period.*

CARRIED

8.3 Honoraria & Allowable Expenses Policies

Lucy Kloosterhuis explained that the Allowable Expenses and Honoraria policies are reviewed annually. One change is recommended to the Allowable Expenses policy to adjust for inflation with no changes recommended to the Honoraria policy at this time. The Board held a discussion.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Pathik Shukla

THAT *the Board review the Honoraria Policy and approve the amendments to the Allowable Expenses Policy, as presented.*

CARRIED

9.0 Investigations & Resolutions Program

9.1 Discipline Tribunal

Cara Moroney reported that the College participated in a trial run using the discipline tribunal process for one discipline hearing. Feedback from the Discipline Committee members who were involved was very positive. Based on this feedback and discussions with other colleges and the tribunal staff, the College recommended that it now formally join the Health Professions Discipline Tribunal (HPDT) for a term ending in December 2025. If approved, additional motions are necessary in order to amend the bylaws and Discipline and Fitness to Practise committees' terms of reference; to appoint a chair and adjudicators to the OT Discipline Tribunal, and; to appoint a vice chair to each of the Discipline and Fitness to Practise committees. The Board held a discussion.

MOVED BY: Allan Freedman
SECONDED BY: Adrian Malcolm

THAT *the Board approve the College join the Health Professions Discipline Tribunal for a term ending in December 2025.*

CARRIED

MOVED BY: Stacey Anderson
SECONDED BY: Pathik Shukla

THAT *the Board approve the changes to the Bylaws to enact the tribunal processes and to change the name of the Discipline Committee to the Ontario Occupational Therapist Discipline Tribunal (OOTDT).*

CARRIED

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Stacey Anderson

THAT *the Board appoint David A. Wright to be Chair of the OOTDT (OT Discipline Tribunal) and the Fitness to Practise Committee.*

CARRIED

MOVED BY: Stacey Anderson
SECONDED BY: Elizabeth Gartner

THAT *the Board appoint Teri Shackleton to be the Vice Chair of the OOTDT until March 31, 2025.*

CARRIED

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Adrian Malcolm

THAT *the Board appoint Vincent Samuel to be the Vice Chair of the Fitness to Practise Committee until March 31, 2025.*

CARRIED

MOVED BY: Stacey Anderson
SECONDED BY: Tina Siemens

THAT *the Board appoint to the OOTDT the following individuals who will act as adjudicators:*

i. *Raj Anand*
ii. *Sherry Liang*
iii. *Sophie Martel*
iv. *Jennifer Scott*
v. *Jay Sengupta*

CARRIED

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Sarah Milton

THAT *the Board approve the changes to the Terms of Reference for both the Discipline Committee and the Fitness to Practise Committee.*

CARRIED

10.0 Quality Assurance Program

10.1 Quality Assurance Competency Assessment Process

The Quality Assurance Assessment Process was provided for Board consideration and approval.

MOVED BY: Stacey Anderson
SECONDED BY: Christine Funk

THAT the Board approve the tools and processes of the Quality Assurance (QA) Competency Assessment.

CARRIED

10.2 Presentation: Quality Assurance Tool

Lesley Krempulec, Manager, Quality Assurance, provided an overview of the Quality Assurance Program's tools and processes and responded to questions.

10.3 College of Occupational Therapists of Nova Scotia (COTNS) License and Services Agreement

Stacey explained that the College of Occupational Therapists of Nova Scotia has expressed an interest in licensing COTO's Quality Assurance Competency Assessment system and tools and having access to COTO's peer assessors in order to implement a peer assessment system in the province of Nova Scotia. This is an opportunity for the College to recover some costs, advance strategic objectives and explore opportunities for data sharing related to the risk based approach. The Board held a discussion.

MOVED BY: Stacey Anderson
SECONDED BY: Tina Siemens

THAT the Board approve COTO enter into an agreement for the purpose of supplying Peer Assessment Services and License for Use of COTO Competency Assessment tools to the College of Occupational Therapists of Nova Scotia (COTNS).

CARRIED

11.0 Registration Program

11.1 Emergency Class of Registration Policy (Reg. Policy)

Tim Mbugua explained that in April 2022, the Ontario Government passed the *Pandemic and Emergency Preparedness Act, 2022* which amended the *Regulated Health Professions Acts, 1991 (RHPA).* This amendment requires health regulatory colleges to establish emergency classes of registration, based on the newly approved *Ontario Regulation 508/12, Registration Requirements*. Last year, the Board approved the amendment of *Ontario Regulation 226/96, under the Occupational Therapy Act, 1991*, to include the Emergency Class of Registration

regulation. The proposed Emergency Class of Registration Policy will support the Board when deciding to activate or resolve access to the College's Emergency Certificate of Registration.

MOVED BY: Nick Dzudz
SECONDED BY: Stacey Anderson

THAT the Board approve the Emergency Class of Registration policy.

CARRIED

11.2 Currency Requirements for Applicants (Reg. Policy)

Kim Woodland explained that due to changes in 2024 to provincial legislation prohibiting unpaid voluntary positions, the College amended its re-entry program and associated policy both presented today for consideration. The Board recommended additional changes to the appendix portion.

MOVED BY: Nick Dzudz
SECONDED BY: Lucy Kloosterhuis

THAT the Board approve the Currency Requirements for Applicants policy, including today's changes to the appendix.

CARRIED

11.3 Collection of Sociodemographic Data and Use Policy (Registration Policy)

Kim Woodland stated that in October 2024, the Board approved the gathering of sociodemographic information about OTs with respect to promoting DEI initiatives. The Registration Committee then worked to develop a policy in consultation with the Equity Perspectives and Indigenous Insights advisory committees, which was presented today for consideration. If approved, the changes would be implemented for the next registration renewal period. The Board held a discussion and provided additional recommendations which will be incorporated.

MOVED BY: Allan Freedman
SECONDED BY: Nick Dzudz

THAT the Board approve the collection and use of sociodemographic data policy related to Indigenous and Race identity, including today's changes.

CARRIED

12.0 Governance

12.1 Principles of Good Governance (Governance Policy)

Stamatis Kefalianos explained that together with the current governance policies, the draft Principles of Good Governance policy presented today, was developed to inform and guide Board decision-making and strategic planning.

MOVED BY: Mary Egan

SECONDED BY: Stacey Anderson

THAT *the Board approve the Principles of Good Governance policy and that it be included as part of the Governance Manual.*

CARRIED

12.2 Board Competency Framework

Stamatis explained that the current Competency Framework was approved by the Board in 2021. The College has since worked to enhance the competency-based composition of the Board and its committees. Based on evolving practices and an environmental scan of other regulatory colleges, the College identified opportunities to update language related to governance modernization and an increased focus on diversity, equity, and inclusion.

MOVED BY: Elizabeth Gartner
SECONDED BY: Pathik Shukla

THAT *the Board approve the revised Board Competency Framework.*

CARRIED

12.3 Board Assessment and Evaluation

Stamatis explained that as part of the comprehensive review of the Governance Policies, a new draft policy *Performance Evaluation for Board* was developed to replace existing policy *GP14 - Council Evaluation*. The Board meeting evaluation and Annual Board evaluation are both covered under this policy.

MOVED BY: Stacey Anderson
SECONDED BY: Sarah Milton

THAT *the Board approve the Board Assessment and Evaluation policy as presented.*

CARRIED

12.4 Committee Appointments

Christine Funk left the meeting, having earlier declared a conflict of interest with this item. The Registrar explained that two professional OT candidates are recommended by the Nominations Committee to fill upcoming vacancies on the Practice Subcommittee.

MOVED BY: Julie Reinhart
SECONDED BY: Stacey Anderson

THAT *the Board appoint Lauren Noronha to the Quality Assurance Committee and Anna Vehter to the Practice Subcommittee, each for a three-year term, commencing January 31, 2025.*

CARRIED

12.5 Committee Reappointments

Vincent Samuel explained that terms for three current committee appointees will soon end. Each has expressed an interest in continuing and in consultation with their respective committees, the Nominations Committee brings forward a recommendation for their reappointment.

MOVED BY: Vincent Samuel
SECONDED BY: Elizabeth Gartner

THAT *the Board reappoint Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a 3-year term, effective April 1, 2025, and Sophie Stasyna to the Practice Subcommittee, for a three-year term, effective February 15, 2025.*

CARRIED

13.0 Environmental Scan

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

14.0 Other Business

14.1 Board Meeting Evaluation for January 30, 2025
The Chair reminded members to complete the electronic Board Meeting Evaluation for today's meeting. A survey link will follow tomorrow.

14.2 Annual Board Evaluation
The Chair reminded members to complete the electronic Annual Board Evaluation. A survey link will follow tomorrow.

14.3 Annual Board Member Self-Evaluation
The Chair reminded members to complete the electronic Annual Board Member Self-Evaluation. A survey link will follow tomorrow.

14.4 Officer Nominations & Committee Assignment Process
The Registrar explained that elections for Executive officers will be held after the March Board meeting. To begin this process, the call for nominations will go out next week. Public members will also receive a survey to provide feedback on their preferred committees and, along with current committee appointees, to share their interest in chairing a committee in 2025-2026.

15.0 Next Meetings

Board Meeting: March 27, 2025, 9:00 a.m. – 4:00 p.m., COTO Boardroom
Board Meeting: June 19, 2025, 9:00 a.m. – 3:30 p.m., COTO Boardroom

16.0 Adjournment

There being no further business, the meeting was adjourned at 2:33 p.m.

MOVED BY: Sarah Milton

THAT *the meeting be adjourned.*

CARRIED

APPENDIX 1: * Territorial Acknowledgement

The College of Occupational Therapists of Ontario (COTO) respectfully acknowledges that the organization's staff, provincial registrants, and Board of Directors live, work and play across the ancestral lands of many Indigenous peoples.

COTO's work takes place on traditional Indigenous territories across the province we now call Ontario. COTO's office, located in what is now known as Toronto, is situated on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. It is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13, which was signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

We honour and acknowledge the First Nations, Inuit and Métis, as the original stewards of the land. We remind ourselves of our responsibility to be accountable for our actions towards connecting with and creating more equitable, inclusive and respectful relationships with everyone who lives here. We are humbled as we reflect upon, and appreciate, the land on which we continue to gather and meet.

APPENDIX 2: Status of Implementation of Board Decisions

Board Meeting Date	Decisions	Current Status
January 30, 2025	*THAT the Board reappoint Erin Lawson and Tanya Purevich to the Quality Assurance Subcommittee, each for a 3-year term, effective April 1, 2025, and Sophie Stasyna to the Practice Subcommittee, for a three-year term, effective February 15, 2025.*	Complete
January 30, 2025	*THAT the Board appoint Lauren Noronha to the Quality Assurance Committee and Anna Vehter to the Practice Subcommittee, each for a three-year term, commencing January 31, 2025.*	Complete
January 30, 2025	*THAT the Board approve the Board Assessment and Evaluation policy as presented*	Complete
January 30, 2025	*THAT the Board approve the revised Board Competency Framework.*	Complete
January 30, 2025	*THAT the Board approve the Principles of Good Governance policy and that it be included as part of the Governance Manual.*	Complete
January 30, 2025	*THAT the Board approve the collection and use of sociodemographic data policy related to Indigenous and Race identity, including today's changes.*	Complete
January 30, 2025	*THAT the Board approve the Currency Requirements for Applicants policy, including today's changes to the appendix.*	Complete
January 30, 2025	*THAT the Board approve the Emergency Class of Registration policy.*	Complete
January 30, 2025	*THAT the Board approve COTO enter into an agreement for the purpose of supplying Peer Assessment Services and License for Use of COTO Competency Assessment tools to the College of Occupational Therapists of Nova Scotia (COTNS).*	Complete

Board Meeting Date	Decisions	Current Status
January 30, 2025	*THAT the Board approve the tools and processes of the Quality Assurance (QA) Competency Assessment.*	Complete
January 30, 2025	*THAT the Board approve the College join the Health Professions Discipline Tribunal for a term ending in December 2025.* *THAT the Board approve the changes to the Bylaws to enact the tribunal processes and to change the name of the Discipline Committee to the Ontario Occupational Therapist Discipline Tribunal (OOTDT).* *THAT the Board appoint David A. Wright to be Chair of the OOTDT (OT Discipline Tribunal) and the Fitness to Practise Committee.* *THAT the Board appoint Teri Shackleton to be the Vice Chair of the OOTDT until March 31, 2025.* *THAT the Board appoint Vincent Samuel to be the Vice Chair of the Fitness to Practise Committee until March 31, 2025.* *THAT the Board appoint to the OOTDT the following individuals who will act as adjudicators:* *i. Raj Anand* *ii. Sherry Liang* *iii. Sophie Martel* *iv. Jennifer Scott* *v. Jay Sengupta* *THAT the Board approve the changes to the Terms of Reference for both the Discipline Committee and the Fitness to Practise Committee.*	Complete
January 30, 2025	*THAT the Board review the Honoraria Policy and approve the amendments to the Allowable Expenses Policy, as presented.*	Complete
January 30, 2025	*THAT the Board approve the proposed 2% increase to Registration fees for the upcoming 2025/2026 annual renewal period.*	Complete

Board Meeting Date	Decisions	Current Status
October 24, 2024	**THAT** *the Board approve the proposed practice resource about the safe use of transfer poles.*	Complete
October 24, 2024	**THAT** *the Board approve the practice resource document about the use of artificial intelligence (AI) in occupational therapy practice, for publication.*	Complete
October 24, 2024	*THAT the Board approve the following governance policies:* *(i) Board's Relationship with the Registrar and College Staff* *(ii) Succession Plan for the Position of Registrar and CEO*	Complete
October 24, 2024	**THAT** *the Board approve the following policies:* *(i) Risk Management* *(ii) Strategic Planning*	Complete
October 24, 2024	**THAT** *the Board appoint new public Director, Adrian Malcolm, to the Patient Relations and Quality Assurance committees, effective immediately.*	Complete
October 24, 2024	**THAT** *the Board approve the following policies:* *(i) Screening, Selection and Appointment of Professional and Community Appointees,* *(ii) Screening of Board Candidates and Academic Appointees*	Complete
October 24, 2024	**THAT** *the Board approve the collection of additional demographic data related to Indigenous and race identity.*	Complete
October 24, 2024	**THAT** *the Board recommend the College continue to review the process of participating in the Health Professions Discipline Pilot Tribunal (HPDPT) and to bring this forward to the Board for approval at a later date.*	Complete
October 24, 2024	**THAT** *the Board appoint Mr. David Wright to the Discipline and Fitness to Practise committees for a three-year term, effective immediately.*	Complete
October 24, 2024	**THAT** *the Board amend the bylaws, including today's changes, to add an adjudicator to the composition of the*	Complete

Board Meeting Date	Decisions	Current Status
	Discipline and Fitness to Practise committees and other changes needed to enact this. *and* ***THAT*** *the Board approve changes to the terms of reference including today's recommendations, for the Discipline and Fitness to Practise committees to add an adjudicator to the committee composition.*	
October 24, 2024	***THAT*** *the Board receive the portion of the Risk Register about Practice Risks.*	Complete
October 24, 2024	***THAT*** *the Board approve the downgrading and removal of the Enterprise System from the report to the Board.*	Complete
October 24, 2024	***THAT*** *the Board approve the Annual Report for the 2023-2024 fiscal year for distribution.*	Complete
October 24, 2024	***THAT*** *the Board approve the Audited Financial Statements for the fiscal year ended May 31, 2024, as presented.*	Complete

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

EXECUTIVE COMMITTEE MINUTES

DATE: Friday, January 17, 2025   **TIME:** 9:00 a.m. – 12:00 p.m. via zoom

In Attendance:

MEMBERS:
Neelam Bal, *Chair*
Stacey Anderson
Allan Freedman
Lucy Kloosterhuis

REGRETS:

GUESTS:

STAFF:
Elinor Larney, *Registrar & CEO*
Stamatis Kefalianos, *Director of Regulatory Affairs* (item 9.5)
Cara Moroney, *Manager, Investigations & Resolutions* (item 9.5)
Andjelina Stanier, *Executive Assistant, Scribe*
Nancy Stevenson, *Director of Communications* (item 9.4)
Kim Woodland, *Program Director* (item 9.2)

1.0   Call to Order
Chair Neelam Bal welcomed everyone and called the meeting to order at 9:02 a.m.

2.0   Public Protection Mandate
The Chair stated that the role of the committee is to make honourable and ethical decisions 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 if members had a conflict of interest to declare. None was reported.

5.0   Approval of Agenda
The Chair called for any changes to the agenda. None were reported.

MOVED BY: Allan Freedman
SECONDED BY: Stacey Anderson

THAT the Executive Committee Agenda for January 17, 2025, be approved as presented.

<div align="center">CARRIED</div>

6.0   Executive Committee Terms of Reference
The Chair stated that the committee terms of reference were provided for information and review to prepare for the meeting.

7.0 Approval of Draft Minutes

7.1 Draft Executive Minutes of October 2, 2024

The Chair called for edits to the draft minutes of October 2, 2024. None were reported.

MOVED BY: Stacey Anderson
SECONDED BY: Lucy Kloosterhuis

THAT the Executive Minutes of October 2, 2024, be approved as presented.

CARRIED

8.0 Registrar's Report

8.1 Registrar's Verbal Report

Public Members Update
Nick Dzudz's second term ends in April. We are awaiting news from the ministry about his reappointment and any new appointments. The Board is at six of seven of the needed complement of public members for the time being. Five public members are needed to remain properly constituted.

HPRO – Health Profession Regulators of Ontario
HPRO board met this week. Discussions focused on risk management and governance.

Ministry of Health

Human Health Resources remains the focus of discussion at the ministry with increased attention on the upcoming federal election and on the incoming U.S. administration's threats to impose significant tariffs on Canadian goods and services.

ACOTRO - Association of Canadian Occupational Therapy Regulatory Organizations

- There are four funding opportunities:
    1. CIHI – Canadian Institute for Health Information: Federal grant to update the data set to implement improvements to data submitted, including collecting and submitted race-based data.
    2. British Columbia: Provincial grant towards improving the efficiency of the SEAS (Substantial Equivalency Assessment System) program.
    3. Federal grant to support internationally educated OTs as they navigate the SEAS program
    4. Federal grant towards updating and improving the SEAS assessment processes
- National OT Competencies French

    Changes to the French version of the *OT Competencies, 2021*, were made to incorporate inclusive language. The new version will be available in early 2025. No other changes were made.

- National e-Learning Module

  ACOTRO is working with the College to develop the new national e-learning module for this spring, with the topic of Cultural Safety.

York University

York University is exploring the feasibility of offering an OT program.

District 1 Elections – Update

The call for nominations for the district 1 Board elections is underway with several weeks left until they close. There is interest and it appears at this point that an election will be held. The Nominations Committee will interview candidates before voting as part of the process to include competency considerations in the elections process.

Internal

- The leadership team has participated in leadership training with an external facilitator over the past few months.
- The new Registration Manager, Alex Kunovac, has begun in her role.
- The soft launch of the new website successfully took place yesterday.
- OT Student, Zuha Butt, is with the College on a 6-week placement doing work for the Quality Assurance program.

8.2 Risk Management Report

Elinor reported that there were no changes to the status of the high or critical risks this quarter and no new risks were identified. The committee reviewed the report and held a discussion.

MOVED BY: Stacey Anderson

SECONDED BY: Lucy Kloosterhuis

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

CARRIED

9.0 Business Arising

9.1 Committee Work Plan

The committee reviewed the work plan and held a short discussion.

9.2 College of Occupational Therapists of Nova Scotia (COTNS) Competency Assessment Services Agreement

Kim Woodland joined the meeting for this item. Elinor explained that the COTNS has expressed an interest in licensing the College's Quality Assurance Competency Assessment system and tools and having access to Peer Assessors to implement the peer assessment process in their province. An initial cost analysis and rationale were provided for discussion today, with approval being sought to continue discussions with Nova Scotia. Board approval for this endeavour will be sought.

MOVED BY: Allan Freedman
SECONDED BY: Lucy Kloosterhuis

THAT *Executive recommend COTO enter into an agreement for the purpose of supplying Peer Assessment Services and COTO Competency Assessment Tools to the College of Occupational Therapists of Nova Scotia (COTNS).*

CARRIED

9.3 Committee Effectiveness Survey Results – Fall 2024

The Chair noted that the results of the survey were very positive. Committee members are satisfied with the way the committee functions and the goals that have been set and achieved so far.

9.4 Revised Land Acknowledgement

Nancy Stevenson joined the meeting for this item. She presented the revised Land Acknowledgement statement, under the proposed name, Territorial Acknowledgement. She explained that the Indigenous Insights Advisory Committee was consulted, and their feedback was incorporated as appropriate. Executive held a discussion and agreed that the College implement the revised statement. Board approval is not required.

9.5 Discipline Tribunal

Cara Moroney and Stamatis Kefalianos joined the meeting for this item. Cara explained that following the successful trial run using the Discipline Tribunal for a discipline hearing last December, and a Fitness to Practise matter pending, it is now recommended that the College formally join the Health Professions Discipline Tribunal (HPDT). Stamatis explained the proposed changes to the bylaws and terms of reference for the Discipline and Fitness to Practise committees. The bylaws would not require circulation for this type of matter. Executive held a discussion and provided additional recommendations.

MOVED BY: Lucy Kloosterhuis
SECONDED BY: Stacey Anderson

THAT *Executive recommend the Board approve that the College join the Health Professions Discipline Tribunal for a term ending in December 2025, including today's changes to the bylaws and committee terms of reference.*

CARRIED

9.6 Appointment of Chair to Patient Relations Committee

Elinor explained that with the departure of Public Director Sabrina Shaw, a new chair is required for the Patient Relations Committee until the end of March 2025. Committee member, Amanda Mowbray, has accepted if appointed.

MOVED BY: Stacey Anderson
SECONDED BY: Allan Freedman

THAT *Executive appoint Amanda Mowbray to chair the Patient Relations Committee until March 31, 2025.*

CARRIED

9.7 Draft Board Minutes from October 24, 2024

Executive reviewed the draft Board Minutes.

9.8 Board Education Day Feedback from October 23, 2024

The Chair stated that overall, feedback was very positive with some members saying they particularly liked the interactive nature of the presentations. Suggestions for future Board education include reviewing Robert's Rules and basic linguistics of Board meetings, and more on Artificial Intelligence. Elinor explained that the College developed its own Rules of Order a number of years ago in order to move away from the very formal Robert's Rules. She said she will include a review of the Rules of Order as part of the annual Board Orientation which takes place in June. Artificial Intelligence will remain a possible topic for future sessions as the emerging technology continues to develop and impact OTs and the College.

9.9 Board Meeting Evaluation Feedback from October 24, 2024

The Chair stated that generally the results were positive with members expressing appreciation that the Chair always includes and acknowledges virtual attendees. Members will be reminded to be mindful about interrupting others and engaging in sidebar conversations which interfere with the audio for those attending virtually. The Chair will ask members to make a concerted effort to attend Board Meetings in person, with the understanding that virtual attendance may be necessary as an accommodation from time to time. The Chair will also remind members to keep comments to a focus on public protection and eliminate wordsmithing at meetings by asking members to contact staff prior to meetings regarding typos and general corrections.

9.10 Draft Board Meeting Agenda for January 30, 2025

Executive reviewed the draft Board agenda.

10.0 Next Meeting

March 12, 2025, 1:00 – 4:00 p.m., virtual

11.0 Adjournment

There being no further business, the meeting was adjourned at 10:59 a.m.

MOVED BY: Stacey Anderson

THAT *the meeting be adjourned.*

CARRIED

APPENDIX 1

*<u>Land Acknowledgement</u>

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.

College of Occupational Therapists of Ontario

Regulator of occupational therapists in Ontario

FINANCE AND AUDIT COMMITTEE MINUTES

DATE: January 16, 2025 **TIME:** 8:15 a.m. to 10:15 a.m. via video conference

In Attendance:

DIRECTORS:
Allan Freedman, *Chair*
Lucy Kloosterhuis
Tina Siemens
Christine Funk

GUESTS:

OBSERVERS:

REGRETS:

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

1.0 Call to Order

The Chair, Allan Freedman, welcomed everyone and called the meeting to order at 8:17 a.m.

2.0 Public Protection Mandate

The committee members were reminded of the public protection mandate of the College.

3.0 Land Acknowledgement

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

4.0 Declaration of Conflict of Interest

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

5.0 Terms of Reference

The Chair stressed the significance of ensuring that all Committee members are familiar with the Finance and Audit terms of reference, as well as the essential tasks required for the Committee's fulfillment.

6.0 Approval of Agenda

6.1 January 16, 2025

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

MOVED BY: Christine Funk

SECONDED BY: Lucy Kloosterhuis

THAT *the agenda be approved as presented.*

CARRIED

7.0   Approval of Minutes

7.1   Draft Finance and Audit Minutes – September 24, 2024

The Chair asked if members of the Committee had any additions or changes to the draft minutes of September 24, 2024.

MOVED BY: Christine Funk

SECONDED BY: Tina Siemens

THAT *the draft Finance and Audit Committee minutes of September 24, 2024, be approved as presented.*

CARRIED

8.0   Verbal Report

Seema informed the members that the College is getting ready to use our Enterprise system for the 2025/2026 annual renewal and that our third-party vendor BDO is assisting with a backup solution for our Enterprise system that is more automated than our current one. She also announced the recent hiring of a new Registration Manager, who began their role on January 6th, 2025.

9.0   Committee Mandate and Work Plan

9.1   Committee Mandate Review and Annual Work Plan

Seema reminded the Committee that it is a non-statutory committee with a primary mandate to support the board in fulfilling its responsibilities for financial planning and reporting, internal controls, investments, and policies in alignment with the committee's work plan. Today's meeting will focus on several key topics, including the Q2 FY24/25 financial results, Q2 FY24/25 investments, the 5-year forecast, overview of insurance coverage, proposed amendments to the Allowable Expense Policy and Honoraria Policy, and the proposed Registration Fee increase.

10.0 Finance Update

10.1 FY24/25 Q2 Financial Summary Report

Seema presented the Q2 Financial summary report, noting that our current statement of financial position aligns with last year, with any differences attributed to timing. She mentioned that $2.3 million of deferred registration fees remain to be recognized over the rest of the year.

Seema then reviewed the Statement of Operations with the committee, confirming that all statutory remittances are up-to-date and that we are on track with budget. She concluded by addressing any questions from committee members.

MOVED BY: Tina Siemens

SECONDED BY: Lucy Kloosterhuis

THAT the Committee recommends to the Board approval of FY24/25 Q2 Financial Report, as presented.

CARRIED

10.2 Investment Report as at November 30, 2024

Seema presented a summary of the Q2 investment report to the Committee. Ongoing monitoring of investments and their reinvestment upon maturity remains a consistent practice.

10.3 Overview of Insurance Coverage

Seema conveyed that the briefing note offers a concise overview of our existing insurance, outlining specifics for each type of coverage.

10.4 Allowable Expenses – Policy Amendment and Review of Honoraria Policy

Seema summarized the changes proposed to the Allowable Expense policy and opened it up for discussion. All were in favor of the proposed change to the meal allowance and submission to the Board for approval.

MOVED BY: Christine Funk

SECONDED BY: Lucy Kloosterhuis

THAT the Committee recommends to the Board approval of the amendments to the Allowable Expense Policy.

CARRIED

11.0 Financial Forecast

11.1 5-year Financial Forecast

Seema presented a summary of the 5-year Financial Forecast to the Finance and Audit Committee. She highlighted that the forecast includes a recommendation for a 2% increase in Registration fees, which is scheduled for detailed discussion later in the meeting under agenda item 12.1. She also highlighted that the College is delaying the timing of projects where possible to minimize the deficit. The forecast projects a deficit for the College each year through

FY27/28. Following the presentation, Seema and Elinor responded to questions from Committee members.

12.0 Registration Fees

12.1 Registration Fee Increase for 2025/2026 Annual Renewal

Seema outlined the rationale for the proposed 2% Registration fee increase to the Finance and Audit Committee. She emphasized that, based on the 5-year forecast, the College is entering a sustained period of deficits and will only begin to see a revenue surplus in FY28/29.

During the January 2024 Board meeting, a 2% increase in Registration fees for the 2024/2025 annual renewal period was approved by the Board, resulting in an amendment to the bylaws-Part 18 fee schedule. The College is now recommending a 2% Registration fee increase for the upcoming 2025/2026 annual renewal period.

MOVED BY: Lucy Kloosterhuis

SECONDED BY: Allan Freedman

THAT the Committee recommends to the Board approval of the proposed 2% increase to Registration fees for the upcoming 2025/2026 annual renewal.

CARRIED

13.0 Finance & Audit Committee Effectiveness Survey

13.1 Results from the Finance & Audit Committee Effectiveness Survey

Seema shared the outcomes of the Finance and Audit Effectiveness Survey with the committee members.

14.0 New Business

The Chair inquired if there was any new business to address. Committee members discussed if the start times for the Finance and Audit meetings were acceptable to all members. Due to a scheduling conflict with one of the members, it was decided to reschedule the next Finance and Audit meeting from March 13, 2025, to March 10, 2025.

15.0 Next Meetings

The next Finance and Audit Committee meeting is scheduled for March 10, 2025.

16.0 Adjournment

There being no further business, the meeting was adjourned at 9:00 a.m.

MOVED BY: Lucy Kloosterhuis

THAT the meeting be adjourned.

CARRIED

APPENDIX 1

* <u>**Land Acknowledgement**</u>

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.

College of Occupational Therapists of Ontario

Regulator of occupational therapists in Ontario

Q3 2024-2025 Quarterly Performance Report

The purpose of this report is to provide quarterly information on program and committee activities that relate to the 2024-2027 identified strategic priorities. Some metrics have been included for information purposes and anomalies will be explained.

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.

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: Neelam Bal

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2024/2025	Strategic Plan
	Possible RHPA and or Governance model changes
	Board Orientation, Education, and Policy Review
	Oversight of Risk Management and Registrar
	2025 Elections of Board Directors
	Exam and Accreditation (high level oversight monitoring)
	Review of College Performance Measurement Framework (CPMF)

Q1	**Committee Activities:** 1) July 3, 2024: *In camera* meeting to discuss a confidential matter, 2) August 7, 2024: *In camera* meeting for the annual registrar performance review, 3) August 8, 2024: Meeting to discuss the 2024-2025 budget related to the website redesign, as well as an *in-camera* discussion on a confidential matter.
	Decisions Not Requiring Board Approval: 2024-2025 budget related to website redesign
	Decisions Requiring Board Approval: N/A

Q2	**Committee Activities:** October 2, 2024 meeting: To discuss and approve risk register and new practice risk register, draft annual report, new AI guidance document, development of new practice resource on managing risk, College response to Coroner request, new policy and bylaw amendments for the role of the registrar & CEO, amended job description for the role of registrar & CEO, participation in Discipline Tribunal and associated amended bylaws; To finalize details for the Board education day, review 2025 election timeline for district 1, and receive update on the activities of the advisory committees.
	Decisions Not Requiring Board Approval: Development of new practice resource on managing risk, amended job description for the role of Registrar & CEO
	Decisions Requiring Board Approval: Risk register and new practice risk register, draft annual report, new AI guidance document, College response to Coroner request, role of Registrar & CEO policy and bylaws amendments, participation in Discipline Tribunal and bylaw amendments.

Q3	**Committee Activities:** <u>January 17, 2025:</u> Meeting to discuss, risk register, shared services agreement with Nova Scotia OT regulator, revised Land Acknowledgement statement, formally joining Discipline Tribunal, appointment of chair to Patient Relations Committee.
	Decisions Not Requiring Board Approval: Revised Land Acknowledgement statement (now called Territorial Acknowledgement).
	Decisions Requiring Board Approval: Risk register, Discipline Tribunal, appointment of Chair to Patient Relations Committee, Nova Scotia shared services.

Governance

Chair: Neelam Bal

Strategic Priorities: Public Confidence, System Impact

Workplan 2024/2025	Operationalize the remaining pieces of the governance workplan – reducing the board size
	Implement the remaining third-party report action items
	Update the Board and Committee meeting evaluation tools
	Finalize the Governance Manual

Q1	**Committee Activities**: One meeting was held in Q1 on June 5, 2024. Committee orientation was conducted by staff. Committee reviewed revisions to the Governance and Finance and Audit Committee terms of references. Committee also reviewed two new governance policies - Supporting Positive Relationships and the Role of the College Committees. Finally, the Committee reviewed the Role of the Registrar policy and provided some feedback. It will be forwarded to the Executive Committee for review prior to the policy being forwarded to the Board for final approval.
	Decisions Requiring Board Approval: Term of Reference policies (Governance and Finance and Audit); Supporting Positive Relationships policy; Role of College Committees policy.

Q2	**Committee Activities**: One meeting was held in Q1 on October 3, 2024. Committee reviewed three revised governance policies – Risk Management, Strategic Planning and the Succession Plan for the Position of Registrar and CEO. Also, a new governance policy was shared on the Board's Relationship with the Registrar and College Staff. The Committee held a discussion, provided several recommendations to the policies, and recommended they be forwarded to the Board for final approval.
	Decisions Requiring Board Approval: Risk Management policy; Strategic Planning Policy; Role of Registrar policy; Board's Relationship with Registrar & College Staff policy; Succession Plan for the Position of Registrar & CEO.

Q3	**Committee Activities**: One meeting was held in Q3 on January 13, 2025. The Committee reviewed the revised Board Competency Framework. Based on evolving practices and an environmental scan of other regulatory colleges, staff identified several opportunities for improvement to enhance the competency-based composition of the Board and its committees. The proposed Framework focuses on updated language and increased focus on equity, diversity, and inclusion. Committee also reviewed the Principles of Good Governance and the Board Evaluation policy. The Committee had a discussion and provided additional recommendations to both policies. Committee reviewed the results of the committee effectiveness survey, noting that overall, they were very positive with committee members expressing satisfaction with the performance and functioning of the committee.
	Decisions Requiring Board Approval: Board Competency Framework; Principles of Good Governance; Board Assessment and Evaluation policy.

Finance and Audit Committee

Chair: Allan Freedman

Strategic Priorities: Public Confidence, System Impact

Workplan 2024/2025	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:** A meeting was held on August 20, 2024, during which the committee reviewed its mandate and work plan, along with the draft minutes from the Finance and Audit meeting held on May 21,2024. The committee also reviewed and discussed the draft audited financial statements for FY23/24 prepared by Hilborn auditors, the FY23/24 Q4 Financial Summary Report, the FY23/24 Q4 Investment Report, and the Internal Control Matrix.
	Finance Report: FY23/24 draft audited financial statements prepared by Hilborn auditors, FY23/24 Q4 Financial summary report, FY23/24 Q4 Investment Report, and the Internal Control Matrix were presented and reviewed by the Finance and Audit Committee for informational purposes only.
	Decisions Requiring Board Approval: N/A

Q2	**Committee Activities:** Meeting held: A meeting was held on September 24, 2024, the Committee reviewed the committee mandate, annual work plan, draft finance and audit minutes from August 20, 2024 and the FY24/25 Q1 Investment report. Auditors Blair Mackenzie and Usman Paracha attended the meeting to review the FY23/24 Audited Financial Statements with the Committee, alongside management, and addressed all questions posed by Committee members. The Committee then held an in-camera session with the auditors, excluding management. The Committee agreed to recommend the Audited Financial Statements for the fiscal year ended May 31, 2024 for Board approval. The Committee deferred a discussion about the auditor's performance evaluation until all components of the audit were completed. The Committee also reviewed the FY24/25 Q1 Financial Report and recommended them for Board approval. They also examined an analysis conducted by the finance team on Annual Renewal Payment Installments and agreed to retain the current payment schedule.
	Finance Report: The FY23/24 Audited Financial Statements were reviewed and recommended for Board approval. The FY24/25 Q1 Financial Summary Report was reviewed and recommended for Board approval. The FY24/25 Q1 Investment report was reviewed by the committee for

	information purposes. Analysis conducted on Annual Renewal Payment Installments was reviewed by the Committee and decision was made to retain the current payment schedule.
	Decisions Requiring Board Approval: FY23/24 Audited Financial Statement, FY24/25 Q1 Financial Summary Report

Q3	**Committee Activities:** A meeting was held on <u>January 16, 2025</u>, during which the committee reviewed the committee mandate and annual work plan and the draft FAC minutes of September 24, 2024. The meeting included a thorough review of the FY24/25 Q2 Financial Report, Q2 Investment Report, and a comprehensive discussion on the current insurance coverage of the College. Additionally, the committee considered proposed amendments to the Allowable Expense Policy and Honoraria Policy, seeking approval. They also reviewed the 5-year forecast and the outcomes of the Finance and Audit Committee Effectiveness Survey. Lastly, the committee discussed and sought approval for a proposed registration fee increase for the 2025/2026 annual renewal.
	Finance Report: The FY24/25 Q2 Financial Summary Report and the proposed 2% increase to registration fees for 2025/2026 annual renewal underwent review and was subsequently recommended for Board approval. Additionally, the Q2 Investment Report, 5 year financial forecast and an overview of insurance coverage were presented to the committee members for informational purposes.
	Decisions Requiring Board Approval: FY24/25 Q2 Financial Summary Report, Allowable Expenses-Policy amendment and review of Honoraria Policy, Proposed 2% registration fee increase for the 2025/2026 annual renewal and amendments to bylaw-Part 18 fee schedule.

Registration

Chair: Christine Farrell

Strategic Priorities: Public Confidence, Qualified Registrants

Registration Legend:
Internationally Educated (IE): Occupational therapists that attended university outside of Canada.

Workplan 2024/2025	Receive quarterly Registration Performance reports and make recommendations with regards to policy
	Provide quarterly registration and application rulings per registration policies
	Recommend Diversity, Equity and Inclusion Data Collection policy for approval by the board by end of Q3
	Recommend new Re-Entry to Practice Policy for approval by the board by end of Q4

Q1	**Metrics**								

Metrics

7027 Registrants				Application Processing Time 52.4* Avg in Weekdays *shortest 3 days, longest 519 days			Practicing without a Certificate	Expired Certificates	
53 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
CAN	IE	Returning							
10	6	37	35	36 *shortest 3 days, longest 123 days	38.1 *shortest 12 days, longest 81 days	59.2 *shortest 3 days, longest 519 days for re-entry application	0	0	1 (OT switched over to full general registration)

Commentary:

Registration Committee Cases				Meetings Held	Response Compliance	HPARB Appeals	Policies Reviewed
Type	New	Resolved	Avg Case Time				
Currency	6	6	59.2	1	6	0	2/15
Education	0	0					
Examination	0	0					
Language	0	0					
Second Provisional Certificate	0	0					
Suitability to Practice	0	0					

Outcomes	6 Temporary Certificates were issued for practice under supervision until completion of Re-Entry to Practice Program (Currency)

Committee Activities: Review of Re-Entry to Practice Policy; Review and recommend Emergency Class of Registration Policy; Received information

and recommended collection of additional demographic data based for Race-Based and Indigenous Identity; Received information with regards to Q1 Registration Data Processing Report for Ontario Health

Decisions Requiring Board Approval: Emergency Class of Registration Policy; and Collection of Additional Demographic Data Related to Indigenous and Race Identity

Q2	Metrics									
	7328 Registrants				Application Processing Time 27* Avg in Weekdays *shortest 1 day, longest 573 days			Practicing without a Certificate	Expired Certificates	
	311 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	246	11	54	50	20* *shortest 1 day, longest 573 days	83* *shortest 6 days, longest 234 days	51* *shortest 1 day, longest 274 days	0	2	0

Commentary:								
Registration Committee Cases				Meetings Held	Response Compliance	HPARB Appeals	Policies Updated	
Type	New	Resolved	Avg Case Time					
Currency	5	5	11 days	2	100%	0	3/15	
Education	0	0						
Examination	0	0						
Language	0	0						
Second Provisional Certificate	1	1						
Suitability to Practice	0	0						

Outcomes	Committee approved 5 Temporary Certificates for applicants to complete a period of supervised practice to re-enter the profession; and approved a second Provisional Certificate for a registrant who failed the National Occupational Therapy Certification Exam (NOTCE) a second time.

Committee Activities:

September 18, 2024, Meeting: Emergency Registration Policy Update; Collection of Race Based Data Collection Policy; Approval of 4 Re-Entry to Practice Temporary Certificates; Review of Q1 College of Occupational Therapists of Ontario Registration Data Collection.

November 27, 2024, Meeting: Collection of Additional Demographic Data Policy Draft; September National Occupational Therapy Certification Exam Results; Case R2403 -Request for Second Provisional Certificate, Cases R2404,R2405,R2406-Approval of Temporary Certificates; CAOT Accreditation-University of Toronto; Report and Consultation on Currency policy for re-entry to practice candidates; Canadian Institute for Health Information Data-Ontario Registration Data Review

Decisions Requiring Board Approval: Emergency Registration Policy; Collection of Sociodemographic Data Policy; Currency Requirements for Applicants Policy

Q3	**Metrics**								
	7352 Registrants				Application Processing Time 45* Avg in Weekdays *shortest 2 days, longest 391 days			Practicing without a Certificate	Expired Certificates	
	101 Certificates Issued			Resigned	CAN	IE	Returning		Provisional	Temporary
	CAN	IE	Returning							
	54	7	40	27	29* *shortest 2 days, longest 132 days	67* *shortest 15 days, longest 207 days	63* *shortest 3 days, longest 391 days	0	3	0

Commentary:

Registration Committee Cases				Meetings Held	Response Compliance	HPARB Appeals	Policies Updated
Type	New	Resolved	Avg Case Time				
Currency	0	0	40* days *shortest 10 days, longest 69 days	1	100%	0	3/15
Education	0	0					
Examination	0	0					
Language	1	1					
Second Provisional Certificate	1	1					
Suitability to Practice	0	0					

Outcomes	Committee approved 2 applicants to be registered with terms, conditions, limitations: 1) For the second provisional certificate case, the registration expires upon release of the next exam results, 2) For the language fluency case, the applicant must disclose to employers they don't yet meet the language requirement and must complete a period of supervised practice and evaluation to be approved by the College.

Committee Activities:

January 22, 2025: Directed Registrar to issue an applicant with a second provisional certificate of registration
February 26, 2025: Received Q2 Registration Report and Q2 Ontario Health College Registration Data Report. Reviewed Registration Committee implementation of policies: Emergency Registration Policy Update; Collection of Race Based Data Collection Policy and Currency Requirements for Applicants; Considered applicant request to exempt language fluency requirement.

Decisions Requiring Board Approval: NA

Inquiries, Complaints and Reports Committee (ICRC)

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

Investigations and Resolutions Legend:
No Risk Outcomes: Frivolous and Vexatious, Take No Action, Alternative Dispute Resolution (ADR)
Low Risk Outcomes: ADR, Advice/Guidance, Remedial Agreements/Undertakings
Moderate Risk Outcomes: Undertaking, Oral Caution, Specified Continuing Education and Remedial Program (SCERP)
High Risk Outcomes: Undertaking with Restrictions, Undertaking Agreeing to Resign and Never Reapply, Referral to Discipline or Fitness to Practise

Workplan 2024/2025	By way of the panels, take action in accordance with the requirements of the Code and the RHPA including rulings about complaints, investigations and reports
	Consider feedback provided, where available, from the Health Professions Appeal and Review Board (HBARB) as related to complaint decisions of the ICRC
	Inquire into whether a registrant is incapacitated and take appropriate action in accordance with sections 58 to 63 of the Code
	Advise the Board on the development and maintenance of policies and procedures governing the inquiries, complaints, and reports processes

Q1	Cases				Meetings Held	HPARB Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	1	3	Cases: 230 days	Panel A = 2 Panel B = 1 All ICRC = 0	1 x RR – Divisional Court 1 x C - HPARB
	Complaints	10	2	Reports: 444 days		
	Inquiries	0	1			
	Outcomes	**Registrar Report Investigations:** 2 x Undertakings, 1 x SCERP (appeal pending) **Complaints:** 1 x Take No Action, 1 x Advice and Guidance **Inquiries:** 1 x referral to Fitness to Practise **Registrar Action (no ICRC involvement):** 5 reports received – 2x closed with no action, 1x closed with advice and guidance, 1x Appointed an Investigator, 1x pending				
	Commentary: The health inquiry referral to Fitness to Practise represents the College's first ever referral to this committee. An interim order was also ordered by the ICRC in this matter for terms, limitations and conditions to be placed on the registrant's certificate.					
	Committee Activities: N/A					
	Decisions Requiring Board Approval: N/A					
	Notes: N/A					

Q2	Cases				Meetings Held	Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	1	3	225	Panel A = 1 Panel B = 1 All ICRC = 0	1 x C – HPARB (Total – 3x pending) (1xRR – Div.Ct. appeal pending)
	Complaints	11	3	280		
	Inquiries	0	0			
	Outcomes	**ICRC: 1xUT, 1xSCERP + Verbal Caution, 1xSCERP, 1xAdvice and Guidance 2x Take No action** **Registrar Action (no ICRC involvement):** 3 reports received – 2x closed with no action, 1x Appointed an Investigator				
	Commentary: The College currently has 21 complaints – which is 4 more than we confirmed in the previous fiscal year					
	Committee Activities: N/A					
	Decisions Requiring Board Approval: N/A					

Q3	Cases				Meetings Held	Appeals
	Type	New	Resolved	Avg Case Time		
	Registrar's Report Investigations	1	1	281	Panel A = 1 Panel B = 1 All ICRC = 0	1 x C – HPARB (Total – 4x pending) (1 x RR – Div.Ct – decision pending)
	Complaints	7	3	302		
	Inquiries	0	0	N/A		
	Outcomes	**ICRC: 1 x SCERP + Verbal Caution, 1 x UT, 2 x Advice & Guidance** **Registrar Action (No ICRC Involvement):** 6 reports received – 1 x Appointed an Investigator, 5 x closed with no action				
	Commentary: N/A					
	Committee Activities: N/A					
	Decisions Requiring Board Approval: N/A					

Quality Assurance (QAC)

Chair: Heather McFarlane

Strategic Priorities: Public Confidence, Quality Practice

Quality Assurance Legend:
Dashboard: Quality Assurance Program Performance Metrics which will continue to evolve as COTO integrate the data from QA activities into the COTO Portal

Quality Assurance Committee (QAC): Statutory committee

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

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

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

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

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

Risk-Based Selection (RBSA): Registrants are selected to take part in the competency assessment process based on 18 risk factors. This column indicates the latest selection of registrants and is broken down to include; total registrants selected, # that received a deferral and total remainder (total minus deferred). Additional selections to be reflected as they occur.

Workplan 2024/2025	Quality Practice: Recommend approval of 2026 annual eLearning module topic Q2
	Quality Practice: Develop national e-Learning module (ACOTRO) - Cultural humility and culturally safer OT practice Q4+
	Quality Practice: Recommend approval of Competency Assessment process and tools (assessment, decision frameworks, threshold for QAC review and risk-based selection) Q3
	Quality Practice: Administer and complete 100-110 competency assessments annually
	Quality Practice: Continuous data driven quality improvement of QA activities on a quarterly basis
	Quality Practice: Development of mini assessment to be used with clinical and non-clinical OTs Q4+
	Performance & Accountability: Continuous data driven quality improvement (data from registrants, peer assessors, public etc.)
	Performance & Accountability: Recommend approval of QA policy Q2/Q3

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

Q1	**Metrics**					
	Competency Assessment					
	Risk-Based Selection (cohort 3)	Competency Assessment (CA) Completed Q1		CA in Progress	% Total Annual CA Completed	Additional Q1 Directed CA's
	Selected = 65 deferred= 15 accommodation: 0 in progress=50	Assessment period in progress (Aug 20- Nov 7th)		**50**	**In progress**	**1**

	Annual Requirement					
	eLearning Module (due Oct 31, 2024)	2173/7075 completed (as of Oct 2nd)		Annual Learning Plan (due Oct 31, 2024)	3,686/7,262 completed (as of Oct 2nd)	

Committee

QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policies Review
Type	Deliberated	Learning needs identified	Outcomes					
Competency Assessment	**N/A**	0= 1= 2= 3= 4= 5+= *Data available after Nov 7th*	%_ Successful Completion % _ Successful Completion with a Recommendation % _Specified Continuing Education or Remediation Program (SCERP) %_ other *Data available after Nov 7th*	0	0	N/A	2	N/A
Non-Compliance with annual requirements	**N/A**	N/A	Data available in Q3 after QAC decision					

Registrant Experience Survey: value (% satisfaction), principles (% satisfaction), support (% satisfaction)	
Knowledge Exchange: 1 student placement, 2 resources in development, 3 communications to registrants in newsletter, 3 surveys administered (registrants, peer assessors, citizen advisory group)	
Commentary: N/A	
QAC Activities: QAC met on June 3, 2024 and June 19, 2024 for deliberations, developed two decision making frameworks and discussed next steps regarding a non-clinical assessment. **QAS Activities**: QAS did not meet during Q1 **Peer Assessors**: Met once for training on revised assessment	
Decisions Requiring Board Approval: N/A	

Metrics

Q2

Competency Assessment

Risk-Based Selection (cohort 3)	Competency Assessment (CA) Completed Q2	CA in Progress	% Total Annual CA Completed	Q2 Directed CA's
Selected = 65 Deferred= 15 accommodation: 0	51	0	51	1

Annual Requirement

eLearning Module (due Oct 31, 2024)	96% completion (Oct 31st)	Annual Learning Plan (due Oct 31, 2024)	97% completion (Oct 31st)

Committee

QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Review
Type	Deliberated	Learning needs identified	Outcomes					
Competency Assessment	5	0=6 1= 13	1= Successful Completion	0	0		1	yes

		2= 12 3= 10 4= 7 5=1 6=2	1= Successful Completion with a Recommendation 3= Specified Continuing Education or Remediation Program (SCERP)					
Non-Compliance with annual requirements	19		5= Successful completion (late) 14= Complete requirements within 30 days otherwise directed to a competency assessment					

Registrant Experience Survey: Competency Assessment Registrant Experience survey (cohort 3):
- **87%** of respondents said their experience was either: good, very good, or excellent
- **100%** Have made a change in their practice because of the assessment?
- **92%** process aligns with program principles

Knowledge Exchange: Joint presentation on Risk Based Quality Assurance at the Canadian Network of Agencies for Regulation ("CNAR") in October. Well received and collaboration with other regulators as a result.

Commentary: QA program provided a placement for an OT student working on the topic of power imbalance in OT

QAC Activities: Met in person in September to attend ppresentation with John Wickett (Psychometrician) on risk-based selection and data from the competency assessment. QAC decided on the threshold for QAC review. QAC confirmed the decision-making frameworks for non-completion of annual requirements and the competency assessment. Bias training discussion and application to committee work.

QAS Activities: none (next meeting being scheduled for March 2025)

Peer Assessors: Peer assessor training and update meeting

Decisions Requiring Board Approval: Yes – competency assessment

	Metrics				
Q3	**Competency Assessment**				
	Risk-Based Selection (Winter CA 4)	Competency Assessment (CA) Completed in Q3	CA in Progress	% Total Annual CA Completed	Q3 Directed CA's
	Selected = 75 Deferred= 23 accommodation: 0	**52**	**52**	**51 (Fall 3)** **52 (Winter 4)** **Total=103**	**0**

Annual Requirement					
eLearning Module (due Oct 31, 2024)	**96%** completion (Oct 31st) = **6762**		Annual Learning Plan (due Oct 31, 2024)	**97%** completion (Oct 31st) = **6779**	

Committee								
QAC Cases / Decisions				SCERP in Progress	Non-compliance with SCERP	Average File Time	QAC Meetings	Policy Review
Type	Deliberated	Learning needs identified	Outcomes					
Winter CA 4 Competency Assessment	**pending**	*Will be determined in June QAC meeting*	Successful Completion Successful Completion with a Recommendation Specified Continuing Education or Remediation Program (SCERP)	0	0		1	yes
Non-Compliance with annual requirements	**19**		**5**= Successful completion (late) **14**= Complete requirements within 30 days otherwise directed to a competency assessment **4/14= remain outstanding**					

Registrant Experience Survey: Competency Assessment Registrant Experience survey (Fall 3):

- **87%** of respondents said their experience was either: good, very good, or excellent
- **100%** of OTs that completed the survey have *made a change in their practice because of the ass*essment
- **92%** of OTs agree that the process aligns with program principles

Knowledge Exchange:

1. Two products shared with all registrants in preparation for 2025 Learning Plan:
   - https://www.coto.org/resources/mapping-a-path-to-success-goal-setting-made-simple/
   - https://www.coto.org/resources/mapping-a-path-to-success-goal-setting-made-simple-podcast/
2. Joint Presentation to OT students at Queens – QA program and requirements
3. Met with 2 other regulators to discuss Competency Assessment

Commentary: QA program provided a **student OT placement** (January & February) from Queens working on the goal setting resources (above) and a literature review towards 2026 annual learning module.

COTO QA leads the development of the 2025 learning module on "**Advancing Culture, Equity and Justice in Occupational Therapy Practice**" and is scheduled to be launched in June 2025.

Initial development towards a QA **Brief Assessment** to be administered to OTs.

QAC Activities:

December QAC: selected topic of "Communication" for the 2026 annual learning module, deliberated on 5 OTs participating in the competency assessment, oriented to the 2025 annual learning module content and QA policy revision.

January QAC: reviewed finding from the competency assessment data, deliberated on OTs that were non-compliant for the 2024 annual requirement(s).

QAS Activities: none (meeting March 6th for module kick off)
Peer Assessors: recruitment underway for 3 additional per assessors (interviews and QAC approval for the candidates). Reference check and contracts to be completed.

Decisions Requiring Board Approval: Yes. In December the Board approved tools and processes of the QA Competency Assessment

Discipline

Chair: Stephanie Schurr

Strategic Priorities: Public Confidence, Quality Practice

Workplan 2024/2025	Process cases going through Discipline Exploring and making a recommendation on whether or not to participate in the Health Professionals Discipline Pilot Tribunal (HPDPT)

Q1	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	2	0	Not tracked		N/A	N/A
	Commentary: The pending matters are set for uncontested hearings on October 16 and November 21, 2024.						
	Committee Activities: N/A						
	Decisions Requiring Board Approval: None						

Q2	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	2	Not tracked	Findings of Professional Misconduct	N/A	N/A
	Commentary: 2 x uncontested hearings were held – both cases had findings of professional misconduct. Case heard on November 21, included David Wright as trained adjudicator and panel chair.						
	Committee Activities: 2 panels convened for 2 uncontested hearings						
	Decisions Requiring Board Approval: N/A						

Q3	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	0	N/A			
	Commentary: The Board voted to join the Health Professions Discipline Tribunal and is now renamed the Ontario Occupational Therapists Discipline Tribunal (OOTDT) with David Wright as Chair						
	Committee Activities: N/A						
	Decisions Requiring Board Approval: N/A						

Patient Relations

Chair: Sabrina Shaw (Q1) / Amanda Mowbray (Q2)

Strategic Priorities: Quality Practice, Public Confidence

Workplan 2024/2025	**Meaningful Engagement**
	The College builds trust in its role and value through purposeful and meaningful engagement and collaboration.
	    1.1 Provides clear information about what to expect when working with occupational therapists.
	    1.2 Builds opportunities for public and professional collaboration and participation with the College
	1.4 Integrates the practices of diversity, equity, and inclusion throughout the College and profession

	Oversight of the Sexual Abuse Counselling Fund
	Develop and review patient relations documents and communications available to the public

Q1	**Funding Applications:** 0 new applications received
	Commentary: 0 clients accessing the sexual abuse counselling fund

	Committee Activities: The patient relations committee met June 6, 2024. Committee received the annual orientation. Committee members attended the unconscious bias training on June 7, 2024.
	
	Public Education:
	    • Document development: Understanding Privacy Legislation for Patients/Public
	Registrant Education:
	    • Document development in progress: Sexual Abuse Mandatory reporting requirements.

	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: N/A

Q2	**Funding Applications:** 0 new applications
	Commentary: 0 clients accessing the sexual abuse counselling fund

	Committee Activities:
	    • The Patient Relations committee did not meet in Q2
	    • The Chair role remained vacant in this quarter
	    • A new Board member appointed to the committee; committee orientation provided
	    • Committee received the Committee Effectiveness survey

	Public Education:
	- Document development: N/A **Registrant Education:** - Document development in progress: Sexual Abuse Mandatory reporting requirements.
	Decisions Requiring Board Approval: N/A

	Funding Applications: 0 new applications
Q3	**Commentary:** 1 client accessing the sexual abuse counselling fund
	Committee Activities: - The Patient Relations committee met on January 22, 2025 via Zoom - Amanda Mowbray was confirmed as chair at the January 30, 2025 Board meeting - Committee provided feedback on the National Code of Ethics template - Committee reviewed the patient relations funding for therapy, counselling and related expenses policy and the sexual abuse counselling fund application form - Committee effectiveness survey reviewed, comments provided to improve the efficiency and effectiveness of the meetings to meet mandate of this committee **Public Education:** - Document development: N/A **Registrant Education:** - Ongoing resource development: Sexual Abuse Mandatory reporting requirements.
	Decisions Requiring Board Approval: N/A

Fitness to Practise

Chair: Vincent Samuel

Strategic Priorities: Quality Practice

Workplan 2024/2025	Process cases going through Fitness to Practise Conduct an orientation session with the entire committee

Q1	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	1	0	0	Not tracked		N/A	N/A
	Commentary: The 1 matter is the first for Fitness to Practise. No hearing has been scheduled as the College hopes to resolve this without the need for a hearing on the merits.						
	Committee Activities: N/A						
	Decisions Requiring Board Approval: None						

Q2	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	1	0	Not tracked		N/A	N/A
	Commentary: A new undertaking is in draft and pending final resolution; this will result in an indefinite motion for adjournment – no hearing, unless the Registrant breaches Undertaking.						
	Committee Activities: N/A						

Q3	Case Status			Case Time	Outcomes	Response Compliance	Appeals
	New	Pending	Resolved				
	0	0	1	Not tracked	Adjourned indefinitely in acceptance of UT from Reg	N/A	N/A
	Commentary: A motion was concluded to accept the Registrant's Undertaking for a 5-year period and adjourn the FTP matter indefinitely.						
	Committee Activities: N/A						

Practice Subcommittee

Chair: Stacey Anderson

Strategic Priorities: Quality Practice, System Impact

Workplan 2024/2025	Update all practice guidance documents Develop a Risk management guidance document Coroner's Report – MAiD Coroner's Report - Restraining Devices

Q1	402 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Complexity of Inquiries
	OT	Public	Other				
	304	35	63	98%	1. Record Keeping 2. Consent 3. Duty to Warn	1. Use of Title 2. Other 3. OT Assessment/ Intervention	1. 76% Straightforward 2. 24% Complex +/- Consultation 3. >1% Escalation

Program Activities:

Strategic Objectives: Meaningful Engagement

Outreach:
• McMaster University outreach to second-year OT students on the complexities of entering practice.

Collaboration with System Partners:
• Infection Prevention and Control (IPAC) Regulatory College Working Group
• Canadian Association of Occupational Therapists - discussions on mental health and psychotherapy

Committee Activities:
The Practice Subcommittee did not have a meeting this quarter
• Subcommittee members attended the College sponsored unconscious bias training on June 7, 2024.

Documents in Progress:
• Artificial Intelligence Guidance (draft)
• Managing Risks in Occupational Therapy Practice
• Ongoing review and updating of practice guidance documents to align with Standards of Practice and Competencies.

Decisions Requiring Board Approval (Through Executive Committee):

	• College response to the Chief Coroner of Ontario's request concerning an entrapment death from a recommended transfer pole
	• Artificial Intelligence Guidance for occupational therapy practice

Q2	422 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Complexity of Inquiries
	OT	Public	Other				
	324	41	57	98%	1. Record Keeping 2. Jurisdiction 3. Psychotherapy/ Mental Health	1. Other 2. Record Keeping 3. Scope of Practice	4. 80% Straightforward 5. 20% Complex +/- Consultation 6. >1% Escalation

Program Activities:

Strategic Objectives: Meaningful Engagement

Outreach:
• St. Joseph's Health Centre – Psychotherapy presentation to practicing OTs
• University of Toronto – Intro to COTO to first year students
• University of Ottawa – Intro to COTO to first year students
• Ontario Health at Home – Record Keeping, Consent, Assessment, and Intervention to practicing OTs
• McMaster University – Professionalism and Professional Boundaries to first year students

Collaboration with System Partners:
• OSOT – presentation on the AI guidance at the annual conference; quarterly meeting
• CAOT – Psychotherapy working group consultation

Committee Activities:
• The Practice Subcommittee met in person on September 21st. 2024;
• Finalized response to coroner's request;
• Provided feedback on a draft Q & A resource for the public on how OTs protect privacy;
• Consensus to develop guidance around risks in practice, and discussed future resource development for OTAs, employers and new registrants;
• Committee received the Committee Effectiveness survey

Documents in Progress:
• Ongoing review and updating of current practice guidance documents to align with Standards of Practice and Competencies
• Managing Risks in Occupational Therapy practice

Decisions Requiring Board Approval (Through Executive Committee):

| | • College response to the Chief Coroner of Ontario's request concerning an entrapment death from a recommended transfer pole – Board approved in Q2
• Artificial Intelligence Guidance for occupational therapy practice – Board approved in Q2 |
|---|---|

	341 Inquiries			Same Day Response	Top OT Themes	Top Public Themes	Complexity of Inquiries
Q3	OT	Public	Other				
	246	36	59	96%	4. Psychotherapy/Mental Health 5. Record Keeping 6. OT Assessment/ Intervention	4. Scope of Practice 5. Psychotherapy/Mental Health 6. OT Assessment/ Intervention	7. 76% Straightforward 8. 24% Complex +/- Consultation 9. 0% Escalation

Program Activities:

Strategic Objectives: Meaningful Engagement

Outreach:

- Mohawk College– Working with OTAs
- Western University – Intro to COTO to first year students
- University of Toronto – Record Keeping
- University of Ottawa – Intro to COTO to first year students
- McMaster University – Professionalism and Professional Boundaries to first year students

Collaboration with System Partners:

- OSOT – Collaboration re: pediatric restraint device
- CAOT – Code of Ethics
- HPRO – Practice advisor meeting
- IPAC – Regulatory College Working Group
- Mental Health Regulators Working Group

Committee Activities:

The Practice Subcommittee met online February 28, 2025. Subcommittee invited a guest speaker who is an OT and Ethicist, with expertise in medical assistance in dying (MAiD). The discussion included understanding the purpose of the MDRC report and the potential expansion of the role for OTs in MAiD in response to coroner's request. Subcommittee provided feedback on a draft practice resource to inform future revisions. Subcommittee reviewed the proposed national Code of Ethics template, and minor suggestions for improvement were put forth. Subcommittee provided direction for the development of the second coroner's report on the use of restraining devices. Finally, the committee reviewed the committee effectiveness survey followed by a brief practice environmental scan.

	Documents in Progress: Ongoing review and updating of practice guidance documents to align with Standards of Practice and Competencies. • Managing Risks in Occupational Therapy practice • Coroner's response on MAiD • Coroner's response to the use of restraining devices
	Decisions Requiring Board Approval (Through Executive Committee): • N/A

Nominations Committee

Chair: Jennifer Henderson

Strategic Priorities: Public Confidence

Workplan 2024/2025	Selection and Recommendation of Candidates for Committee Appointments
	Board Elections
	Oversight of Executive Officer Nominations Process
	Oversight of Committee Chair Appointment Process

Q1	**Committee Activities:** 1) June 9, 2024: Meeting to debrief on the recruitment campaign including the candidate selection and interview process. A discussion was also held to update and improve the scoring sheets and interview questions. The committee reviewed new draft Screening, Selection and Appointment of Professional and Community Appointees Policy.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Screening, Selection and Appointment of Professional and Community Appointees Policy

Q2	**Committee Activities:** September 30, 2024 and November 13, 2024: Meetings to discuss and approve two new policies, 1) *Screening, Selection and Appointment of Professional Committee and Community Appointees,* and 2) *Screening of Board Candidates and Academic Appointees;* new public member committee appointment; review 2025 district 1 election timeline and receive update on professional committee appointees' terms and appointments and the call for resumes/interviews, recommend for appointment to committees two professional candidates who applied during the last round.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: *Screening, Selection and Appointment of Professional Committee and Community Appointees; Screening of Board Candidates and Academic Appointees;* new public member committee appointment, appointment of two professional candidates to committees

Q3	**Committee Activities:** February 27, 2025: Meeting held to discuss officer nominations and next steps, review feedback from the chair interest and committee selection surveys, approve candidate to recommend for appointment to the Practice subcommittee, discuss other upcoming committee vacancies.
	Decisions Not Requiring Board Approval: N/A
	Decisions Requiring Board Approval: Appointment to Practice Subcommittee

Indigenous Insights Advisory Committee

Chair: Ian Connolly

Strategic Priorities: Meaningful Engagement, Quality Practice

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

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

Q1	**Commentary:** N/A
	Committee Activities: The committee met on July 18, 2024. Committee members attended the College sponsored unconscious bias training on June 7th, 2024.
	Decisions Requiring Board Approval: N/A

Q2	**Commentary:** The committee provided advice on the following: 1) Demographic Data Collection draft policy, 2) Improving the COTO webpage about Supporting Indigenous Peoples, 3) Code of Ethics updated template, and providing input about developing a Q & A resource for occupational therapist who will provide service to Indigenous Peoples.
	Committee Activities: The committee met on November 15, 2024, via Zoom
	Decisions Requiring Board Approval: N/A

Q3	**Commentary:** The Indigenous Insights Advisory Committee did not meet this quarter, efforts have been directed toward actioning initiatives where advice was provided in the previous quarter. The committee will reconvene in the next quarter to ensure continued momentum in its work.
	Committee Activities: The committee did not meet in Q3
	Decisions Requiring Board Approval: N/A

Equity Perspectives Advisory Committee

Chair: Adebimpe Egbeyemi

Strategic Priorities: Meaningful Engagement, Quality Practice

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

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

Q1	**Commentary:** N/A
	Committee Activities: The Equity Perspectives Advisory Committee did not have a meeting this quarter Committee members attended the College sponsored unconscious bias training on June 7th, 2024.
	Decisions Requiring Board Approval: N/A

Q2	**Commentary:** The committee provided advice on the following: 1) Demographic Data Collection draft policy and 2) the Code of Ethics template
	Committee Activities: The Equity Perspectives Advisory Committee met on November 21, 2024, via Zoom
	Decisions Requiring Board Approval: N/A

Q3	**Commentary:** The Equity Perspectives Advisory Committee met in the previous quarter to advance key discussions and initiatives. While no meeting was held this quarter, work continues behind the scenes, and the committee remains dedicated to advance the EDI strategic priorities. The next meeting will be held March 28, 2025.
	Committee Activities: The Equity Perspectives Advisory Committee did not meet in Q3
	Decisions Requiring Board Approval: N/A

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: March 27, 2025

From: Executive Committee

Subject: Risk Management Report

Recommendation:

THAT the Board receive the Risk Management Report.

Issue:

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

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

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

Equity, Diversity, and Inclusion Considerations:

The considerations related to Equity, Diversity, 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.

Risk Category	STRATEGIC
Risk:	**Health Human Resources** In the current environment, the availability of health care personnel has reached a crisis level for governments across the country. This includes Ontario. Government will be looking for data, ideas and support to implement HHR strategies. There is a risk that the strategies may not align or will cause negative unforeseen consequences. e.g. registration of incompetent individuals. The risk to the public is that the public may not have access to appropriate qualified occupational therapists when needed for appropriate health care.
Control Procedure(s)	1. Membership with Health Profession Regulators of Ontario (HPRO) 2. Establishing and sustaining positive government relationships. 3. Standard processing times for applications for registration.
Action Plan & Monitoring Process	**Monitor through:** 1. HPRO meetings and working group participation. 2. Ministry updates, response to Ministry consultation 3. College networking updates 4. Monitoring government processes put in place for other professions. **Action Plan:** 1. Working with the SEAS program to support their timely assessment of international applicants. 2. Leveraging our data. 3. Maintaining open communication with the provincial OT association, universities and government re: any relevant initiatives. 4. Discussion with Ministry of Health Representatives as appropriate.

March 27, 2025

Risk Category	STRATEGIC
Risk:	**Finances** The College has reviewed its financial health to ensure it can operate effectively now and into the future. Budget deficits were needed for fiscal year 2023/24 and for the 2024/25 year, resulting in decreased reserves as the reserves fund the deficit. A 2% fee increase was implemented for the 2024 annual renewal cycle, and the bylaws allow for fee increases of up to 2% for the next four years as determined each year by the Board. Based on the budget for this year, a further 2% increase will be implemented for the 2025 renewal period as well. The risk is further negative reactions from registrants if further increases are implemented but financial strain to COTO if they are not implemented. The increase in fees is meant to mitigate the risk to the public that the College won't have the necessary resources to complete its public protection mandate appropriately.
Control Procedure(s)	1. The Finance and Audit Committee have carefully reviewed the budget to ensure their understanding of college finances. 2. A communications plan is underway to assist with any further issues or concerns that arise once annual renewal begins. 3. Bylaws are in place to support up to 2% increases for the next 4 years if necessary.
Action Plan & Monitoring Process	**Monitor through:** 1. Careful attention to budget and spending. **Action Plan:** 1. Continue to implement the communications plan during renewal.

March 27, 2025

Risk Category	STRATEGIC
Risk:	**Public Member Complement** There is a risk that the Board could become unconstituted due to lack of public appointments. The Board has 6 of 7 appointments filled, at this time, however, one public member appointment is coming due in April 2025. If not renewed, the College would again be at the minimum complement. The result of working with minimum numbers of public members is that there is a high workload for existing public members. In addition, should we need public members for any discipline hearings there is a risk that we will run short of public members who do not have a conflict with the case, due to their participation with the case with another committee. This affects the College's ability to carry out its public protection mandate.
Control Procedure(s)	Bylaws are in place to support actions by the Executive Committee as necessary. That is, if the Board were to become unconstituted, the Executive Committee would act in place of the Board for general decisions. We have no way to control for needed Discipline committee members.
Action Plan & Monitoring Process	**Monitor through:** 1. Monitor Board appointments and term end dates. 2. Liaise with the public appointments' office on a regular basis to confirm needs. **Action Plan:** 1. Proactive communications with government.

March 27, 2025

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: March 27, 2025

From: Executive Committee

Subject: 2024 College Performance Measurement Framework (CPMF)

Recommendation:

THAT the Board approve the College Performance Measurement Framework for submission to the Ministry of Health and posting on the College website.

Issue:

The Ministry of Health requires the College to complete the College Performance Measurement Framework (CPMF) for the 2024 reporting year. The Board is being provided with the College's draft CPMF report for review and approval prior to submission to the Ministry.

Link to Strategic Plan:

Performance and Accountability

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

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

Why this is in the Public Interest:

The CPMF aims to strengthen accountability and oversight of Ontario's health regulatory colleges to help colleges improve their performance.

Equity, Diversity, and Inclusion Considerations:

The CPMF includes a focus on equity, diversity, and inclusion which the College has satisfied. By incorporating these elements, the College acknowledges its commitment to EDI and the promotion of learning and inclusive experiences that fulfill its mandate of serving and protecting the public.

Background:

Launched in 2021, the Ministry requires all health regulatory colleges to complete the CPMF report on an annual basis with the aim of assessing how well colleges are executing their mandate to act in the public interest. For the 2024 reporting year, colleges are required to post their completed CPMF reports on their respective websites and share them with the Ministry by March 31, 2025.

Discussion:

There were no updates or changes to the 2024 CPMF report template from 2022. Overall, there are a total of 50 standards against which health regulatory colleges are measured, with COTO satisfying all 50.

As in previous iterations, colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF standards and/or how well they are performing in adhering to their mandate. Rather, the tool will continue to focus on areas of improvement in the health regulatory system and identify commendable practices to improve consistency across colleges.

Implications:

The final report will be posted online and submitted to the Ministry in advance of the deadline of March 31, 2025.

Attachments:

1. Draft 2024 CPMF Report

March 27, 2025

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

Contents

Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthens accountability and oversight of Ontario's health regulatory Colleges; and

2. Supports Colleges in improving their performance.

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

The seven measurement domains shown in Figure 1 are critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to statutory obligations and organizational processes that enable a College to carry out its functions well. The seven domains are interdependent and together lead to outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

Organizational Focus | Applicant/ Registrant Focus | Results & Improvement

1 Governance
- ✓ College efforts to ensure Council and Committees have the required knowledge and skills to warrant good governance.
- ✓ Integrity in Council decision making.
- ✓ College efforts in disclosing how decisions are made, planned to be made, and actions taken that are communicated in ways that are accessible to, timely and useful for relevant audiences

2 Resources
The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future

3 System Partner
Extent to which a College works with other Colleges/ system partners, as appropriate, to help execute its mandate effectively, efficiently and/or coordinated manner to ensure it responds to changing public expectation.

4 Information Management
College efforts to ensure its confidential information is retained securely and used appropriately in administering regulatory activities, legislative duties and objects.

5 Regulatory Policies
The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

6 Suitability to Practice
College efforts to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.

7 Measurement, Reporting and Improvement
- ✓ The College continuously assesses risks, and measures, evaluates, and improves its performance.
- ✓ The College is transparent about its performance and improvement activities.

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

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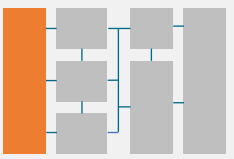
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is asked to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark.

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with 'Met in 2023 and Continues to Meet in 2024'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

<table>
<tr>
<td colspan="3"></td>
<td colspan="2">Measure:
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</td>
</tr>
<tr>
<td rowspan="2">DOMAIN 1:
GOVERNANCE</td>
<td rowspan="2">STANDARD 1</td>
<td>Required Evidence</td>
<td colspan="2">College Response</td>
</tr>
<tr>
<td>a. Professional members are eligible to stand for election to Council only after:

i. meeting pre-defined competency and suitability criteria; and

Benchmarked Evidence</td>
<td colspan="2">The College fulfills this requirement:

• The competency and suitability criteria are public: Yes
   If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.

The COTO Board Competency Framework was first approved by the Board in 2021 and represents the optimal mix of skills, expertise, and experiences that the College Board should possess to ensure it can carry out its strategic objectives. The Framework also recognizes that the Board and its Committees need to reflect the diverse populations that use occupational therapy services in Ontario. This diversity includes culture, gender, race, age, geographical and practice setting.

As part of the elections process to the Board, registrants are asked to highlight in their position statement the skills and experiences that they bring as they relate to the Board Competency Framework. Finally, all candidates are interviewed by the Nomination Committee, who also review the submitted nomination packages. The Nominations Committee is independent of the Board and composed of one registrant and two Community Appointees. The Committee makes the final determination about whether a candidate meets the pre-election competencies and is eligible to stand for election.

The Board Competency Framework underwent a review by the Governance Committee in late 2024. The revisions were brought forward to the Board for final approval in early 2025.

Suitability criteria for Elected Directors can be found in College bylaws, section 5.03.1 (p.15).</td>
</tr>
</table>

Yes

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
	• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics. **Duration of orientation training**: As part of their eligibility, all candidates for election must complete the College's interactive pre-election module, which takes approximately 45 mins to an hour to complete. The College's pre-election module provides interested registrants the essential information about the College, its mandate, and the roles and responsibilities of Board Directors. It also includes a combination of presented information and quizzes to provide opportunities to demonstrate the knowledge gained. Click here to access the module. In addition, newly Elected and government appointed Public Directors undergo a half-day training session prior to their first Board meeting with the College Registrar and Board Chair. The Board undergoes a half-day training session annually, in addition, a portion of each Board meeting can include education or additional training sessions that the Board identifies as learning priorities. Finally, at the Committee level, all Board directors also attend annual orientation prior to their attendance at any committee level. **Format of orientation training:** Board orientation is done in-person or in a virtual platform, facilitated by College staff and/or Legal Counsel. **List of orientation training topics:** Introduction to regulatory framework Public Interest Roles and Structures Role of the Board Role of Individual Board Directors Rules of Order Fiduciary Duties Code of Conduct Conflict of Interest Human Rights and the Ontario Human Rights Code Bias Equity, Diversity, and Inclusion Risk Management Finance (how to read financial statements) Current issues facing the College Strategic Plan	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

9 | P a g e

			Additional comments for clarification (optional):	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and _____ *Benchmarked Evidence* _____	The College fulfills this requirement: • The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* The Board approved the Committee Competency Framework for all statutory and non-statutory committees in June 2001. Suitability criteria for Committee candidates can be found in College bylaws for Professional Committee Appointees in Section 12.01.1, and for Community Appointees and Trained Adjudicators in Section 12.02.1 (p.27). As part of the Committee appointment process, candidates are asked to self-assess and highlight in their application the skills and experiences that they bring as they relate to the Committee's particular competency. Finally, all candidates are interviewed by the Nominations Committee, who also review each candidate's application and resume. The Nominations Committee is independent of the Board and composed of one registrant and two Community Appointees. The Committee makes the decision about whether a candidate meets the pre-defined competency and suitability criteria and makes a recommendation to the Board for final approval.	Yes

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:

• Duration of each Statutory Committee orientation training.

• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).

• Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics for Statutory Committee.

Duration of orientation training: As part of their eligibility, all candidates for an appointment to any College Committee must complete the College's interactive orientation module, which takes approximately 45 mins to an hour to complete. The College's orientation module provides interested candidates the essential information about the College, its mandate, and the roles and responsibilities of Committee members. It also includes a combination of presented information and quizzes to provide opportunities to demonstrate the knowledge gained. Click here to access the module.

Each new Professional or Community Appointee also attends an orientation session prior to their first meeting. Full Committee orientation training occurs annually for a half-day. In addition, at each Committee meeting, members of the Committee are directed to review the mandate which is added as part of the meeting package.

Format of orientation training: Committee orientation is done in-person and in a virtual platform, facilitated by College staff and/or Legal Counsel.

List of orientation training topics:
Individual committee program requirements. This includes legislative and regulatory requirements, terms of reference and powers of the Committee, as well as a review of individual program policies and procedures.
Public Interest
Fiduciary Duties
Code of Conduct
Conflict of Interest
Confidentiality
Equity, diversity, and inclusion
Human Rights and the Ontario Human Rights Code
Accommodations
Unconscious bias
Decision writing
Current issues and risks facing each Committee | Yes |

11 | P a g e

			In addition, all members appointed to the Discipline Committee must complete the Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).
			All committee members who are appointed as the Chair of their respective committees undergo initial training and have access to ongoing support during their terms as Chair.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):

	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Duration of orientation training.

- Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).

- Please insert a link and indicate the page number if training topics are public **OR** list orientation training topics.

Duration of orientation training: New Public Directors must complete the College's interactive pre-election module, which takes approximately 45 mins to an hour to complete. The module provides essential information about the College, its mandate, and the roles and responsibilities of Board Directors. The module includes a combination of presented information and quizzes to provide opportunities to apply the knowledge gained. Click here to access the module. Public appointees also participate in training related to the occupational therapy profession to assist them in their work at the college.

In addition, new Directors undergo a half-day training session prior to their first Board meeting with the College Registrar and Board Chair. The Board undergoes a half-day training session annually, in addition, a portion of each Board meeting includes education or additional training sessions that the Board identifies as learning priorities. They also attend annual orientation prior to attendance at any committee level.

Format of orientation training: Orientation for Public Directors is done in-person or on a virtual platform, facilitated by the College Registrar and Board Chair.

List of orientation training topics:
Introduction to regulatory framework
Public Interest
Roles and Structures
Role of the Board
Role of Individual Board Directors
Rules of Order
Fiduciary Duties
Code of Conduct
Conflict of Interest
Human Rights and the Ontario Human Rights Code
Unconscious Bias
Equity, Diversity, and Inclusion
Risk Management
Finance (how to read financial statements)
Current issues facing the College
Strategic Plan

In addition, new Public Directors are appointed to the Discipline Committee and must complete the Discipline Orientation Workshop provided through the Health Profession Regulators of Ontario (HPRO).

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

			Additional comments for clarification (optional):

Measure:		
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	**College Response**	

a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
 	
  i. Council meetings; and
 	
  ii. Council.
	The College fulfills this requirement:
	
	• Please provide the year when Framework was developed **OR** last updated.
	
	• Please insert a link to Framework **OR** link to Council meeting materials and indicate the page number where the Framework is found and was approved.
	
	• Evaluation and assessment results are discussed at public Council meeting: Yes
	
	• *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.*
	
	Year framework was last updated: 2025
	
	Insert a link to Framework OR link to Council Board meetings where framework is found and was approved: January 2025 Board meeting (p.245).
	
	Evaluation and assessment results are discussed at public Council meeting: April 2024 Board meeting (p.172).
		Met in 2023, continues to meet in 2024

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • *If yes, how often do they occur?* Every three years • Please indicate the year of last third-party evaluation. **2024** In 2024 the Governance Committee solicited the assistance of Deanna L. Williams of Dundee Consulting, to independently assess how the College's Board of Directors demonstrate effectiveness at its meetings, and on identifying areas where opportunities for improvement may exist. The final report was provided and the findings discussed at the January 2024 Board meeting. (p. 70).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. As part of the annual Board and Committee evaluation, there is an opportunity for Directors and Committee members to identify their own individual development and education interests. For the Board evaluation, the feedback is collated and shared with the Executive Committee who decides on the education/training needs for the upcoming College Board year. Ongoing training is also identified by emerging trends. In addition, Board and Committee members are requested to complete a survey following each meeting to assess the appropriateness of the meeting agenda, the effectiveness of the meeting, and the level of support provided by College staff. Members are also specifically prompted to provide information about areas they feel the Board or Committee should focus on in the future. Additional training and education the Board received in 2024 included Artificial Intelligence in Regulation, Regulatory Governance and on Practice Risks (October 2024).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement: • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found **OR** • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. The Board approved a new strategic plan in 2024. Prior to finalizing, the process included reviewing an extensive environmental scan as well as surveying the public and registrants. To better understand the evolving public expectations and key issues identified in the surveys, interviews were also held with key senior leaders in the Ministry, OT associations, and other regulatory colleges. This helped challenge, validate, and define the key themes that emerged. The new Mission, Vision and Values along with the new Strategic Priorities can be found <u>here.</u> As outlined in the <u>2021 CPMF report</u> (p.16) work relating to EDI began in 2020. More information about the College's EDI strategy can also be found <u>here</u>. As part of the 2024-2027 Strategic Priorities, COTO has a dedicated goal to integrate the practices of EDI throughout the College and profession. The College has had its risk management plan in place since 2018. Following the January 2024 Board meeting, one of the recommendations from the third-party consultant's <u>report</u> (p.72) was related to risk management and for the College to also include potential risks of harm to clients who seek or use OT services. The policy was updated at the <u>October 2024 Board meeting</u> (p.260), in addition, following the report College staff presented the identified practice risks for the Board's consideration at the October meeting.	Yes
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional):	

DOMAIN 1: GOVERNANCE	STANDARD 2	**Measure:** **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**		
		Required Evidence	**College Response**	
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. **Year when the Code of Conduct and Conflict of Interest policy was last evaluated/updated:** 2024 The Code of Conduct (p.149) and Conflict of Interest policy (p.156) were both updated at the January 2024 Board meeting. Given public expectations, the College's Code of Conduct for Board and Committee appointees now consists of a set of four values and the principles that apply to them. One of the new values that was added in the current version includes diversity and inclusion. The Conflict-of-Interest policy was updated to include which types of relationships potentially represent conflict of interest and thus need to be disclosed. In addition, all Board Directors must attest in writing that they do not have a conflict of interest declaring prior to each meeting and that written attestation is included in all Board meeting materials.	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

O		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy **OR** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.

Links to the Code of Conduct and Conflict of Interest policy.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement: Met in 2023, continues to meet in 2024

• Cooling off period is enforced through: By-law

• Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.

• Please provide the length of the cooling off period.

• How does the College define the cooling off period?

    − Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;

    − Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**

    − Where not publicly available, please briefly describe the cooling off policy.

Year that the cooling off period was developed or last evaluated/updated: 2024

Length of the cooling off period: three years

The College defines the cooling off period in College bylaws. Section 5.03 (p.15) subsection 5.03.1(j) states that a registrant is eligible for election if:

".... not at present nor has been at any time within the three years preceding the date of nomination, a director, owner, board member, officer, or employee of any professional association."

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

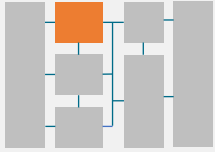|				
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.	The College fulfills this requirement:	Yes
			• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. A focus on Director expectations regarding conflict of interest is part of the annual orientation and includes information on regulatory requirements and various scenarios to support Director's understanding of these expectations. All Board Directors are asked to review and complete the conflict-of-interest questionnaire on an annual basis. The questionnaire was implemented in 2021. In addition, prior to and before the start of every Board meeting, the Board Chair will ask Directors to declare any conflicts of interest based on agenda items and any conflicts are recorded in the minutes and managed accordingly. January 2024 Board meeting (p. 1).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement:	
				Met in 2023, continues to meet in 2024
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. All briefing materials include a rationale to explain why the matter for discussion is in the public interest. The content of each briefing reinforces the connections of the matter to the College's mandate and Board's role. This includes providing the necessary context and background to support the Board's decision-making and understanding of any key considerations that must be included to demonstrate the item as a matter of public interest. June 2024 Board meeting (p. 97).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed as appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement: • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College **OR** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. The College's Risk Management program was officially launched in 2018. Since then, it has been reviewed and occasionally changed with respect to processes and oversight. Any new risks are evaluated and added to the risk register and integrated into the development of our annual operating initiatives if needed. In 2022, it was further clarified in each College committee's term of reference, that each committee reviews risk related to the mandate of their committees and takes the necessary steps to ensure these risks are managed. The Executive Committee oversees the Risk Management Program and ensures the Board is informed about evolving risks. Any risks identified as high or critical in each quarter are brought forward to the Board. Following the January 2024 Board meeting, one of the recommendations from the third-party consultant's report (p.79-80) related to risk management included requiring the College to include potential risks of harm to clients who seek or use OT services. The Risk Management Report continues to be a standing item at each Board meeting (October 2024 Board meeting (p.84). The policy was also updated at that same board meeting (p.260).	Yes
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		Measure:		
DOMAIN 1: GOVERNANCE	**STANDARD 3**	**3.1 Council decisions are transparent.**		
		Required Evidence	**College Response**	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted **OR** where the process for requesting these materials is posted. Link to College website where Board minutes are posted. Status updates on the implementation of all Board decisions are provided in the Board meeting materials. January 2024 Board meeting (p. 16)	Met in 2023, continues to meet in 2024
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
		
		  i. the meeting date;
		  ii. the rationale for the meeting;
		  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
		  iv. if decisions will be ratified by Council.
			The College fulfills this requirement:	Yes

			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Each Board meeting package includes the minutes of the Executive Committee as well as minutes of all College Board committees (Governance, Nominations and Finance and Audit). October 2024 Board Meeting, (p. 17).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure:
3.2 Information provided by the College is accessible and timely.

Required Evidence	College Response	

a. With respect to Council meetings:
  i. Notice of Council meeting and relevant materials are posted at least one week in advance; and
  ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.
	The College fulfills this requirement:
	
	  • Please insert a link to where past Council meeting materials can be accessed **OR** where the process for requesting these materials is clearly posted.
	
	Click here to access current and past Board meeting packages.
		Met in 2023, continues to meet in 2024

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: • Please insert a link to the College's Notice of Discipline Hearings. Click here to access the College's Notice of Discipline Hearings.	Met in 2023, continues to meet in 2024

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

Measure:

3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement:	Yes
	• Please insert a link to the College's DEI plan.	
	• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.	
	As outlined in the 2021 CPMF report (p.16), the College continues its commitment to further embed equity, diversity, and inclusion (EDI). As part of the 2024-2027 Strategic Priorities, COTO has a dedicated goal to integrate the practices of EDI throughout the College and profession. The Board has received the College's EDI plan. January 2023, Board meeting. (p.165).	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

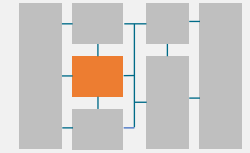| b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.	The College fulfills this requirement:	Yes
Further clarification:	• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number **OR** please briefly describe how the College conducts Equity Impact Assessments.	
Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. As outlined in the 2023 CPMF report (p.28), the Board approved the adoption of the Ministry of Health's Health Equity Impact Assessment tool to assist the College in integrating equity considerations into new initiatives and more detailed planning. All board and committee briefing materials include a section on diversity, equity, and inclusion considerations to assist the Board and Committee members to better inform decision-making. January 2023 Board meeting. (p. 74). The College has also worked in collaboration with HPRO partners to build the capacity of health colleges by developing tools for a consistent framework to advance, embed and sustain equity, diversity, and inclusion in our regulatory functions. These tools were piloted in 2023 which included self-assessment benchmarking tools, progress indicators, tips, and resources.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

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

DOMAIN 2: RESOURCES	STANDARD 4	**Required Evidence**	**College Response**	
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement:	Yes
			• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.	
			• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.	
		Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	At the January 2024 Board meeting (p. 95), the Board approved a new set of Strategic Priorities for the next three years from 2024-2027. Each year, following the reaffirmation of the strategic priorities defined in the Leadership Outcomes, budget allocations are based on projected work for the year in every area of the College. The operational plan priorities for the following year are presented to the Board. These planned priorities outline the College's annual commitment towards the Leadership Outcomes, which form the foundation for the development of the budget, which is then followed by budget approval. The 2024-25 operating budget was presented to the Board at the June 2024 Board meeting (p.87) for final approval. It includes a discussion about the activities or projects to support the Strategic Priorities brought forward by the Finance and Audit Committee. The budget outlines the associated costs of each of the College's programs and activities to support the College's strategic priorities. Click here to access the Leadership Outcomes report for 2024.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: • Please insert a link to the "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed **OR** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The College's Finance and Audit Committee has the oversight responsibilities relating to financial planning and reporting. Several financial planning and budgeting policies were updated and brought forward to the Board for approval. [June 2024 Board meeting](#), (p. 74).	Met in 2023, continues to meet in 2024
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes:	The College fulfills this requirement:	Yes
		i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. The Board considers the annual operating budget developed by staff and recommended by the Finance and Audit Committee which is tied to the strategic priorities and the human resources required to support the delivery of strategic outcomes. This includes budgeting for all current and projected staffing needs and which are assessed by the Finance and Audit Committee. June 2024 Board meeting, (p.87). Additionally, the College has a practice of completing organizational reviews periodically, as the environment changes. In 2023, several financial budgeting policies were updated and brought forward to the Board for approval. This includes the Financial Planning and Budgeting policy which outlines the requirements for the budget submitted to the Board, and includes language related to planning for an appropriate balance between human and financial resources in meeting the College's strategic objectives. June 2024 Board meeting, (p.74).	
		Benchmarked Evidence		
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

			The College fulfills this requirement:	Yes
		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	• Please insert a link to the College's data and technology plan which speaks to improving College processes **OR** please briefly describe the plan. The College's enterprise system project development and implementation is currently underway and until the project was completed, the Executive Committee included the project on the College's Risk Management report. October 2024 Board meeting, (p. 88) The new enterprise system will allow for increased digitization, by facilitating the use of paperless files for registrants as well as improved workflows to increase efficiencies for the College and therefore improve service to applicants, registrants and the public. The College continues to regularly train staff on cybersecurity measures and has completed penetration testing, for example, as one preventative measure. There was a comprehensive technology plan that was delivered to the College in 2023 via assistance from an external vendor, to assist the College in determining strategic IT priorities for the next few years. College staff have prioritized items and are operationalizing the recommendations. The plan covered topics such as: • IT department structure • Information security assessments • Backups and disaster recovery • IT policies and procedures • Future system integrations/optimizations • Data/document management strategy In 2024, the College partnered with an external IT services provider that provides desk support, server management, and managed security services including 24/7 monitoring and managed endpoint detection and response.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER
STANDARD 5 and STANDARD 6

	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.* *Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.*
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* Active engagement with other health regulatory colleges and system partners are central to the work carried out by the College in 2024. System Impact is one of the four elements of the College's strategic priorities, and this includes the College being a collaborative, effective regulatory leader. To achieve a positive system impact, the College will continue to develop open and collaborative relationships that promote system alignment, collaboration and share best practices. The following highlights some of the various strategies employed by the College during the current reporting period to engage with system partners and the results of those engagements. **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)** This national group works together throughout the year to advance excellence in occupational therapy regulation across the country. In 2024, COTO continued to

provide staffing leadership and resources to enable provincial counterparts to implement common strategies that are critical for labour mobility and provide economy of scale for several national initiatives. These include:

- **National Sociodemographic Data collection** – Working with other provincial regulators, COTO will implement newly updated data collection for the Canadian Institute for Health Information (CIHI). In collaboration with ACOTRO, regulators have created a common pathway for collection of sociodemographic and practice data. As a group, the regulators analyze national level data to help solve common regulatory challenges such as health human resources challenges. The purpose of the additional data collection is to measure, monitor and address inequities in the health workforce and health system, as well as encourage diversity and cultural safety in health care.

- **Substantial Equivalency Assessment System** – This is a national system to assess competencies of internationally educated occupational therapists (IEOTs). This program is closely monitored and supported by each province. COTO supports the system by working on the national oversight committee, managing the human resources of the program, and providing space for program staff. The work on this program ensures a consistent, high-quality assessment for IEOTs with appropriate follow up supports as necessary. This is critical to support health human resources to increase the numbers of competent occupational therapists across Canada. In 2024, ACOTRO applied for funding from the British Columbia government to fund some needed improvements to the program for efficiency. Funding started as of February 2025.

- **National E-Learning Module on Cultural Humility in OT Practice** – In partnership with all provinces, an e-learning module was developed in 2024 for all occupational therapists across the country in 2025. As occupational therapists in Canada have the same competencies, this promotes consistent high-quality service for the public. Together with ACOTRO, COTO began planning for the next national e-learning module regarding the competencies: *Domain C. Culture, Equity and Justice*, to be implemented in 2025.

- **Remote practice memorandum of understanding** – In 2023, COTO signed a memorandum of understanding with ACOTRO to support remote practice that uses virtual means to deliver service. This promotes appropriate services that are still accountable through regulation, without requiring registration in multiple jurisdictions. In 2024, occupational therapists registered in other Canadian jurisdictions were able to practice remotely with clients in Ontario without needing to also register in Ontario. ACOTRO worked together to both communicate and operationalize the memorandum.

- **Language Assessment Changes** – Due to government requirements to use specific federal language tests for registration decisions, the College worked with ACOTRO and the College of Physiotherapy to implement use of a language assessment process intended to reduce barriers for those needing an assessment of their language skills to work safely in Canada. A new test was implemented in partnership with ACOTRO SEAS.

- **Re-Entry to Practice** – Work continued in partnership with ACOTRO, to develop a common pathway for re-entry to occupational therapy practice in 2024. Building on the framework established in 2023, a registration competency assessment for re-entry to practice was developed for implementation in late 2025 at COTO.

Health Professions Discipline Tribunal Pilot (HPDTP)

COTO is participating in the HPDTP to demonstrate regulatory leadership and collaboration by testing an innovative approach to discipline hearings that relies on active

case management and the use of an experienced adjudicator on hearing panels.

The pilot project was initiated by the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and the College of Physicians and Surgeons of Ontario (CPSO). COTO participated along with the College of Audiologists and Speech-Language Pathologists of Ontario, College of Massage Therapists and the College of Registered Psychotherapists of Ontario.

CPSO established the OPSDT as a way of modernizing the discipline process. OPSDT operates as an independent tribunal with its own staff and experienced lawyer-adjudicators who chair hearings and the Discipline Committee as a whole. The tribunal model promotes the independence of the discipline process, creates efficiencies and improves dispute resolution techniques. The result is more confidence from the public and registrants.

Through the pilot partnership, the experienced OPSDT lawyer adjudicators were cross appointed to each participating college's Discipline Committee. These appointments allow the committees to benefit from the adjudicators' experience in conducting case management, chairing panels, and drafting decisions.

A steering committee that includes representatives from each of the participating colleges meets regularly to discuss issues of interest and establish a process to evaluate the efficacy of the partnership.

The outcome of this project is the development of a progressive model for:

Strengthening operational and governance infrastructure by:

• Achieving greater independence between COTO's Discipline Committee and Board through the appointment of experienced adjudicators as non-Board public members.

Aligning tribunal practices through regulatory collaboration by:

• Creating process continuity by establishing a pool of experienced and professional adjudicators for COTO's Discipline Committee;

• Enhancing committee member competence through training and working alongside experienced adjudicators; and

• Achieving greater consistency in decision making.

Health Profession Regulators of Ontario (HPRO)

The College collaborates frequently with other health regulatory colleges through HPRO, which is a group of health regulatory colleges across the province. Over the past year we have been a contributor through their regular meetings as well as through various working groups that addressed common issues such Governance, Practice Advice, complaints and discipline processes and Diversity, Equity, and Inclusion. Where possible, opportunities to leverage existing efforts underway are explored and the College often shares resources and practices with and learning from other Colleges to achieve consistency in our regulatory function. COTO supports this HPRO through participation on the management committee and at the Board level.

COTO participates with an HPRO Equity, Diversity, and Inclusion (EDI) Network that is a collaborative forum for regulators investing in diversity equity and inclusion

	initiatives. In 2024, the HPRO EDI Network developed HPROs EDI Organization Self-Assessment and Action Guide tools, including an Equity Impact Assessment. COTO has implemented the tool to guide our operations in 2024 and worked together with HPRO membership to analyze outcomes and participate in joint training.

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

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

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

In 2024, COTO engaged with the Ontario Society of Occupational Therapists (OSOT) about the Scope of Practice for Occupational Therapists. The current scope in the Occupational Therapy Act, 1991, does not clearly outline the role of occupational therapy for clients with mental health concerns. There is both provincial and national interest in ensuring the scope of occupational therapy is clearly understood and supported, both to appropriately serve clients to contribute to positively health outcomes, and to contribute to health human resources. Those groups interested in working together to support this work include Canadian OT regulators (ACOTRO), OT University Programs in Ontario and the Canadian Association of Occupational Therapists. Most OTs provide some form of mental health and wellbeing services in all Health Sectors in Ontario and 20% of Ontario registered OTs work within the mental health service system.

The College engages with many partners to ensure our regulatory work is of high quality and involves relevant system partners. Examples of this engagement are:

- **Citizen's Advisory Group (CAG)** – Any policies that relate to the public receive input from this group. In 2024, the College invited the CAG to provide advice as we began to develop the Annual eLearning Module about Cultural Humility.
- **Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)**
  In addition to the information added in Standard 5, the College Registrar is the President of this organization which assists the College to contribute to and maintain this valuable partnership. In 2024, the College implemented a language assessment to evaluate the language proficiency of internationally educated occupational therapists that are used by the federal government for immigration purposes. In partnership with ACOTRO, COTO is involved and led national working groups that work on regulatory processes such as the national certification exam for occupational therapists, accreditation of occupational therapy university programs, development of a national code of ethics template, common pathways for re-entry to occupational therapy practice, and the collection of social demographic data.
- **Canadian Institute for Health Information (CIHI)** – COTO has contributed to work force data along with our provincial counterparts to the CIHI database. In 2024, COTO continued efforts to analyze the supply and demand data for occupational therapists in Canada with a goal of understanding how the supply of occupational

| | therapists influences the current Health Human Resources available to the health system. A goal in our strategic plan is to work with government and others to address systemic shortages in occupational therapists per capita rate, which is significantly lower than other provinces and other rehabilitation professions in Ontario. |
| | |

- **Canadian Association of Occupational Therapists (CAOT)** – The College engages with CAOT as they are the third party who delivers the entry to practice exam and do the accreditation of university programs. The College participates in the Exam Oversight Committee to ensure exam policies are fair and clear, as well as work together to ensure the agreements are up to date and adhered to. In 2024, COTO consulted with CAOT regarding matters related to an update to the Competencies for Occupational Therapists in Canada, Scope of Practice and Mental Health, Culturally Safer occupational therapy service including services provided to Indigenous Peoples and the provision of Psychotherapy and Psychotherapeutic Approaches by occupational therapists across the country. In addition, the COTO registrar, as a representative of ACOTRO, worked with CAOT to plan for the evolution of accreditation governance for the profession.

- **Indigenous Insights and Equity Perspectives Advisory Committees** – Two new non-statutory advisory committees were approved by the COTO Board in January 2024. The Indigenous Insights Advisory Committee's primary function is to explore, discuss and provide recommendations on current occupational therapy practice issues relevant to Indigenous Peoples. The Equity Perspectives Advisory Committee's primary function is to explore, discuss and provide recommendations on current OT Practice issues relevant to Equity, Diversity, and Inclusion (EDI).   Both committees provided feedback and stories for the development of our 2025 E-Learning Module on cultural humility; feedback on our Privacy Guidance for OT practice; and provided feedback with regards to the draft national Code of Ethics template.

- **Ontario Society of Occupational Therapists, (OSOT) and University Programs** – The College maintains good working relationships with the provincial association for occupational therapists, through regular dialogues and scheduled meetings. In addition, the College has regular meetings with the university programs for occupational therapists in Ontario. This year, topics included:

    - Continued Integration of Competencies for Occupational Therapists in Canada (2021) into University Curriculum
    - Supervision of Students, Provisionally Registered OTs (New Graduates) and Re-Entry to Practice placements.
    - Scope of Practice
    - Understanding workforce supply and demand for OTs in Ontario
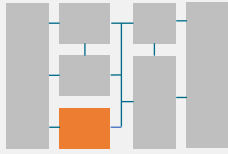
		Measure:
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

		Required Evidence	**College Response**	
DOMAIN 4: INFORMATION MANAGEMENT	**STANDARD 7**	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.	
			Link to the College's privacy policy.	
			College Human Resources material has a confidentiality policy, and forms are signed by all staff. All Board and Committee members review and sign confidentiality agreements annually. Confidential COTO email addresses are provided to Board and professional committee appointees on Statutory Committees to enable secure communication and transmission of College materials. Confidentiality provisions and associated fines from the RHPA are included in on-boarding and training materials.	
			The Investigations and Resolutions program of the College applies privacy practices and processes at all stages of the investigation, from intake to disposal, including not sharing personal identifiers or sensitive information through the College's telephone and messaging system. Meeting packages use a secure document sharing platform with the ICRC in a manner which prevents them from downloading the materials onto their personal computers. ICRC access to the meeting packages is removed once its written reasons for its decision are issued.	
			The Registration and Quality Assurance program also uses a secure document sharing platform to share confidential documents with registrants and others and have processes for maintaining confidentiality of information.	
			The Quality Assurance program redacts registrants' personal information, with the registrant's name applied to decision letters and forms after the Committee decision is made.	
			The Practice Service is also anonymous, with names or contact information of inquiries retained for response purposes only.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

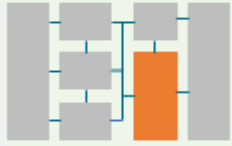|				
		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement: • Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. The College is monitored 24/7 for system failure, ransomware detection and cyber-attacks employing several security tools and is only accessible through a virtual private network. Confidential and sensitive information is received and shared through secure channels. The College has an internal privacy policy with steps for managing a breach of privacy, including a log of breaches, a report outlining the events, and copies of documents sent to involved individuals. Managers have all been trained on managing breaches in their programs. Staff have all been trained to detect malicious requests and links. The College has a document retention and destruction policy which was reviewed and updated in 2024. All Board and Committee packages include information about virtual meeting conduct, including proper destruction of meeting materials. The College's Program Director is the designated Privacy Officer.	Yes
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		Measure:
		8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response	
		a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). COTO continues to meet this requirement as outlined in the 2021 CPMF report (p. 35). The College uses a publication document framework to ensure all policies, standards of practice and practice guidance remain current and receive timely reviews. The framework outlines the College process including the steps required to develop or indicate when a policy, guidance or standard is scheduled for a review. The following practice guidance and resources were reviewed and approved in 2024: • Generative Artificial Intelligence Q&A guidance (p.289) • Discretionary Reporting of Fitness to Drive • College Response to the Coroner's report • Remote (Virtual) Services Guidance • Working with Third Party Payers • Private Practice	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:	The College fulfills this requirement:	Yes
i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. _Benchmarked Evidence_	• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) **OR** please briefly describe the College's development and amendment process. COTO continues to meet this requirement as outlined in the 2021 CPMF report (p. 35). All College policies, standards and guidelines are regularly reviewed and updated to ensure they are current. The College aims to initiate the review process every 3-5 years with adjustments given changing priorities or areas of risk. The process typically involves an environmental scan of other Colleges' information along with an analysis of available data from complaints, investigations, quality assurance, practice inquiries and website analytics. There is also a literature review of available data and relevant publications. The results of the environmental scan initiate changes which are brought in draft form back to Committee or the Board. An external consultation is conducted giving all system partners, occupational therapists, and members of the public, including the involvement of the Citizens Advisory Group, an opportunity to provide feedback and inform the process. Revisions may be made in response to the feedback which is brought back to the Board for final approval. All documents are then translated into French and posted online. Any new or revised publication is communicated to registrants and all system partners.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

| | | c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College. | The College fulfills this requirement:

• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.

• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.

In 2024 the Board approved the new 2024-2027 Strategic Priorities. The revised College Values and Commitments reflects our commitment to treating everyone with dignity and respect and committed to integrating Equity, Diversity, and Inclusion practices throughout the College and profession.

Some examples of College processes and documents in 2024 where EDI are embedded include:

• The Board approved that the College's Equity Perspectives and Indigenous Insights panels be formalized as two separate advisory committees, each with its own terms of reference. January 2024 Board meeting, (p. 117). These advisory committees explore, discuss and provide recommendations on current occupational therapy practice issues relevant to EDI. New or revised policy/standards/guidelines are brought forward for the advisory committee's input. Examples of improvements included incorporating appropriate language and a glossary of terms for the language. For example, direction on when to use the word client and replacement words such as stakeholders and equity seeking. Building on this work, Practice Guidance documents and Quality Assurance policies have been improved.

• Implemented several training initiatives to ensure staff can foster a diverse, equitable and inclusive environment. The training is ongoing and has covered topics such as Indigenous Cultural Safety. Board Directors and Committee appointees also received Unconscious Bias training in 2024. This topic is now embedded in yearly committee orientation.

• With an EDI lens, practice or guidance resources developed or under review were carefully screened with particular attention to the language and terminology used. For example, the newly developed Privacy Legislation and Occupational Therapy Practice uses appropriate language when registrants are working with Indigenous peoples.

• Several competencies and performance indicators included in the updated Competencies for Occupational Therapists in Canada (p.14) address matters related to Culture, Equity, and Justice and have been integrated into application and assessment tools for registration and quality assurance.

• Briefing note templates have been updated to include a dedicated section on EDI considerations to ensure an EDI lens is applied to all board and committee decisions. | Yes |

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure:
		9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 9

Required Evidence	College Response	
a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number **OR** please briefly describe in a few words the processes and checks that are carried out.
- Please insert a link and indicate the page number **OR** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

The College establishes and maintains the requirements for registration with the College. In 2024, COTO has developed policies to:

- Help applicants better understand the registration process and what to expect.
- Be transparent about the decision-making process, assessment criteria, and possible outcomes with a focus on refresher programs.
- Provide rationale for why certain requirements are in place.
- Ensure integrity and validity of required documentation.
- Ensure registration processes are conducted in a way that is transparent, objective, and fair.

All registration policies are available on the College website.

Detailed information about the registration processes for each category of applicant is also available on the College website.

- Canadian educated
- Internationally educated
- Registered in another province
- Reapplying to the College
- Applying for Temporary or Provisional Registration

Applicants must complete an application and submit documentation to demonstrate they meet the requirements as prescribed in regulation under the *Occupational Therapy Act, 1991*. Applications are processed by staff in accordance with College policies. If an applicant does not meet the requirement, the Registrar refers the

			application to the Registration Committee for decision.

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

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement: **Yes**

The College fulfills this requirement:

- Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out.

- Please provide the date when the criteria to assess registration requirements was last reviewed and updated.

The College maintains relationships with system partners to identify best practices including the Canadian Network of Agencies for Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR), and the Ontario Regulators for Access Consortium (ORAC), now part of the Health Profession Regulators of Ontario, and the Association of Canadian Occupational Therapy Regulatory Organizations. By attending and presenting at conferences organized by these organizations, College staff keep abreast of best practices and developments in registration and assessment of entry of practice.

Registration policies are routinely reviewed to ensure their continued relevance and necessity. Several approaches are taken to ensure best practice in assessment of whether an applicant meets the registration requirements through the policy development and review process.

- Environmental scanning and benchmarking of other regulators in Ontario and occupational therapy regulators across Canada

- Harmonizing of occupational therapy regulatory requirements across Canada where possible (e.g. language requirements)

- Review and input from external consultants to gather data and/or provide expert knowledge

- Consideration of Ontario Fairness Commissioner exemplary practices.

Most registration policies were reviewed in 2021 and updates were made to ensure they are clear and easy to understand.

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

			Additional comments for clarification (optional)

		Measure:		
		9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		

	c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes

The College fulfills this requirement:

- Please briefly describe the currency and competency requirements registrants are required to meet.

- Please briefly describe how the College identified currency and competency requirements.

- Please provide the date when currency and competency requirements were last reviewed and updated.

- Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.

Currency

Meeting the currency requirements is one of the ways that occupational therapists show they possess the current knowledge, skills, and judgement to provide safe, effective, and ethical care. The currency requirement is established in law by regulation under the *Occupational Therapy Act, 1991*. The Currency Requirements for Applicants, was updated in 2024, and the Currency Requirement for Annual Renewal, which operationalizes the currency requirement was last updated in 2021 and scheduled to be updated in 2025.

At annual renewal, registrants must declare whether they meet the currency requirement. The currency requirement is 600 hours of practice within the scope of the profession in the past three years, or successful completion of a College-approved refresher program in the past 18-months. Self-declarations are reviewed against date of registration, registrant employment history, and last completed refresher program (as applicable). Occupational therapists who do not meet the currency requirement must undergo a review. If a registrant does not meet the currency requirement, they may be required to complete a refresher program.

Suitability to Practise

The suitability to practise requirements for registrants are established in regulation and in College bylaws. The policy was last updated in 2022. The College broadly defines suitability to practise. It includes a registrant's conduct and character, such as previous findings of professional misconduct, or being found guilty of a criminal offence. Suitability to practise also includes determining whether a registrant has a physical or mental condition or disorder that could affect their ability to practise safely. Suitability to practise is an ongoing expectation of registrants. Once registered, registrants are required to provide information about the following during the annual renewal process (and/or within 30 days of an issue occurring).

- details about registration, membership, or licensure with any other regulatory body in any jurisdiction;

- details about misconduct, incompetence, or incapacity proceedings against the registrant, whether completed or ongoing, by a regulatory body in any jurisdiction;

- details about conditions or restrictions (such as bail conditions) imposed by a court or other lawful authority;

- details about any charges laid against the registrant in respect of a federal, provincial, or any other offence, in any jurisdiction;

- details about any findings of guilt by a court or other lawful authority of an offence;

- details about any findings of professional negligence or malpractice; and

- information of an event or circumstance that would provide reasonable grounds for the belief that the registrant will not or is not able to practise occupational therapy in a safe and professional manner.

In addition to the requirement to provide this information within 30 days and during the annual renewal process, registrants of the College must submit a Vulnerable Sector (VS) check when requested by the College. The College recognizes that the results of criminal record screening may not guarantee good character or predict future conduct. However, the College endorses criminal record screening as an important tool for helping to ensure public safety.

With the regulation change to introduce an emergency class of registrants the Registration Committee will review and update all registration policies as required. It is anticipated that the Board will approve the Emergency Class policy in 2025.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

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

		Measure:		
		9.3 Registration practices are transparent, objective, impartial, and fair.		
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to the most recent assessment report by the OFC *OR* please provide a summary of outcome assessment report.	
			• Where an action plan was issued, is it: No Action Plan Issued	
			Link to recent OFC assessment report (2023)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	**Measure:** **10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.**	
		Required Evidence	**College Response**

		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).
		
		Further clarification:
		
		Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.
			The College fulfills this requirement: — Met in 2023, continues to meet in 2024
			
			• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
			
			   − Name of Standard
			   − Duration of period that support was provided
			   − Activities undertaken to support registrants
			   − % of registrants reached/participated by each activity
			   − Evaluation conducted on effectiveness of support provided
			
			• Does the College always provide this level of support: Yes
			   If not, please provide a brief explanation:
			
			As part of the annual quality assurance requirements each year registrants must complete an e-learning module. The annual eLearning Module is an online module that promotes continuous learning. The topic is chosen by the Quality Assurance Committee and based on an environmental scan of the inquiries and concerns that the College receives regarding the selected topic for each year. Occupational therapists identify changes and challenges within occupational therapy practice, often through scenario-based learning. The experience enables the growth of knowledge, skills, and judgement and the application of the updated Standard.
			
			In 2024 the e-learning module was on the updated Record Keeping standard that came into effect in June 1, 2023. The module is developed by occupational therapists for occupational therapists. The module highlights key record keeping concepts and challenges that occupational therapist face in day-to-day practice.
			
			Registrants had from June 2024 to the end of October 2024 to complete the module. 100% of registrants registered during this period completed the Record Keeping e-learning module.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

| | | **Measure:** |
| | | **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].** |

a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** please insert a link to the website where this information can be found and indicate the page number.

- Is the process taken above for identifying priority areas codified in a policy: Yes

- *If yes, please insert link to the policy.*

A comprehensive [Quality Assurance policy](#) outlines all main aspects of the program. The policy details the annual requirements, competency assessment process and possible outcomes that the Quality Assurance Committee can consider with non-compliance and gaps in learning. The policy is current and is reviewed by the committee annually.

Competency Assessment. The comprehensive competency assessment and processes evaluate and ensure continuing competence**. This supports safe, ethical, and effective occupational therapy for Ontarians.

Components. Occupational therapists are selected twice a year to take part in the comprehensive competency assessment. The assessment consists of the a) risk-based selection process, b) professional profile and reflection on record keeping, and c) 2-hour behavioral based peer interview.

Selection. This is based on a profile of 16 indicators that may be associated with an increased risk in occupational therapy practice. Other indicators may mitigate risk – we are analyzing the data on an ongoing basis to get a better understanding about the role of these indicators.

Registrants told us how important transparency is with the regulator. With this in mind, a description of the selection process including the indicators for selection are listed on the website and include how their information is gathered to create an "indicator score" using the following types of data:
- Performs controlled act(s) or delegation
- Temporary or casual primary employment
- Many employers (3+)
- Solo practice or self-employed
- Low practice hours (per week)
- Clients of multiple age groups
- More than 25 years since graduation
- Fewer than three years since graduation
- Rating all competencies the same priority on the Annual Learning Plan
- Late completion of Quality Assurance Annual Requirement(s)
- College history (with Registration, Quality Assurance, or Investigations and Resolutions programs)
- Providing student supervision

			New. Several of these indicators are demonstrating a correlation with registrants' performance on the competency assessment. These insights have translated into refinements in the selection process which now include a weighted method for some indicators. This data driven revision to the selection process increases the likelihood of registrants with certain indicators more likely to be selected for an assessment. This strengthens the efficiency of the entire competency assessment process and effectiveness in identifying those that can benefit most from an assessment. **Interview assessment**. The current tool for assessment is based on the Competencies for Occupational Therapists in Canada. In its development registrants, peer assessors and other key informants identified key areas of practice to be evaluated within the process. Assessors score each question and identify strengths and learning needs to foster professional growth. Registrants provide a written response to address any learning needs, and some are reviewed by QAC for additional remedial activities to ensure public interest. **Impact.** All registrants that have completed the feedback survey (47% completion rate) reported a change to their practice because of the assessment. Improved practice is reported across all areas of occupational therapy.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)

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

ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).
  OR please briefly describe right touch approach and evidence used.
- Please provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable).
  If evaluated/updated, did the college engage the following stakeholders in the evaluation:
  - *Public*   No
  - *Employers*   Yes
  - *Registrants*   Yes
  - *other stakeholders* Yes

The College's QA program continues to use the right-touch risk-based selection process (described above) to determine which registrants will participate in the competency assessment process. The principles of right touch regulation are embedded throughout the QA program. This assures the public that all processes, communications, and tools reflect this consistent approach to quality assurance.

The QA program takes a multifaceted approach to identify possible areas of risk in occupational therapy practice. First, registrants are selected using the risk-based selection algorithm indicators that may indicate an elevated risk in practice. Quality Assurance also utilizes College data from Investigations and Resolutions and Practice programs to identify challenging areas of practice to include in the assessment tools.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number **OR** list criteria.

Referral to QAC. A risk-based approach is used when determining registrants that require review by the QAC. A subset of occupational therapists will proceed to a review by the QAC if a certain threshold is met. This includes those that:
• Scored 3 "learning needs identified" and no written response was submitted to address needs
• Scored 4 or more "learning needs identified" with an unsatisfactory written response
• Scored 5 or more "learning needs identified"
• Response to question(s) indicated "high risk"

Determination of outcome. The QAC applies a revised decision matrix when determining the outcome of registrants. The range of outcomes available is described in the QA policy, including the need for additional remediation activities to address competence gaps. Historical information is considered, along with a registrant's response and demonstration of insight and changes to practice following the assessment. A decision-making tool that uses a risk framework, is used to facilitate consistent decisions for each registrant.

QAC Decision Making Framework:

Competency Assessment

Level of Risk	Learning Needs Addressed (did the written submission reduce risk?)	Decision Options (proportional to level of risk and consistently applied)

LOW Risk → YES → Successful Completion
LOW Risk → NO → Successful Completion with recommendations

MEDIUM Risk → YES
MEDIUM Risk → NO → Remedial Activity (SCERP)

HIGH Risk (SCERP back to QAC) → YES → 2nd Competency Assessment
HIGH Risk → NO → Terms Conditions and Limitations
→ Refer to ICRC (misconduct or incompetence)

Values and Commitments

Treating everyone with dignity and respect

Maintaining trust and confidence

We are fair, open, and responsive. We are proactive. We hold ourselves accountable for our decisions and actions.

COTO

The image below summarizes the range of learning needs identified by the peer assessors, the overall number of registrants that completed the process and the decisions made by QAC.

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

		Additional comments for clarification (optional)	

	Measure:		
	10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.		

	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities **OR** please briefly describe the process.	
		• Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process.	
		The QA program implements processes to monitor the status and quality of completion of ongoing remediation activities and the program manager provides a status update as part of a standing agenda items at each committee meeting. Missed deadlines or incomplete remediation participation is reviewed by the Quality Assurance Committee.	
		Depending on the remediation activity, registrants are either required to complete any outstanding continuing competence tool (e.g. self-assessment, professional development plan or the learning module) and submit evidence of the same, write a reflection paper that is submitted and approved, participate in a consultation with COTO staff, or have another competency assessment after the remediation activities are complete to confirm that the registrant can now demonstrate the required knowledge, skill and judgement. At the highest risk, registrants may have terms, conditions, and limitations imposed on their certificate of registration or may be referred to the Inquiries, Complaints, and Reports Committee for determination of non-compliance with the QA program.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Yes
			• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible. 1. [Complaints or concerns about an occupational therapist](#) 2. [Complaint Process](#) 3. [Online Complaint Form](#) 4. [Concerns about OTs: How the College makes decisions](#) 5. [Reporting to the College](#) 6. [Alternative Dispute Resolution](#) 7. [Sexual Abuse Prevention](#) 8. [Information About Sexual Abuse](#) All complainants also receive an acknowledgment and information that explains the investigations process and possible ICRC outcomes. The College developed a [1-page document](#) that briefly outlines the complaints process, which is intended to be more accessible, readable, and visual. It is available on the website and been translated in 12 other languages for the public's benefit. Examples available on the website include [Chinese](#), [Italian](#) and a [Punjabi](#) version. The intake and complaints process are well documented, and procedures are in place for gathering information and evidence and obtaining responses during the investigation. One of the requirements is that investigations and resolutions staff review all information and documentation when received during the investigation of any case assigned to ensure the information is complete and to ascertain if clarification or any additional information should be requested. The College also has templates for emails and other written correspondence that provides information about the complaint process for complainants (and potential complainants) and registrants who are the subject of a complaint. Frequently enclosed with these templates are relevant sections of the Health Professions Procedural Code. Templates are continually revisited to ensure they contain plain language and more sensitive language. As noted above, the College has a lot of information available on its website for the public including possible outcomes of a matter.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement: • Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. A review of website content and other communication is conducted regularly, and feedback received from members of the public and complainants is considered when making any revisions. Additionally, the College launched a complaint process feedback survey to complainants to collect data and feedback once a matter is resolved. Some of the questions asked specifically seek to evaluate whether the information provided about the College's complaint process was clear and useful. To date, no surveys have been completed by any complainants.		Yes
Benchmarked Evidence	*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*		
b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
	Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). In 2024 the College received 40 inquiries identified as related to the complaints process and the College's response rate was 93%. Only 3 complaint inquiries were not answered within this range due to the complainants only corresponding by regular mail during the Canada Post Strike. In total, 33 of these inquiries became formal complaints.		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (optional)		

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

The College fulfills this requirement:

- Please list supports available for the public during the complaints process.

- Please briefly describe at what points during the complaints process that complainants are made aware of supports available.

Supports available to the public during the complaints process include:

- All information and details of the complaints process are available on the College website, including how to make a complaint, what to expect, contact information, and frequently asked questions. A 1-page description of the complaints process was created and provided to all complainants. Template language was revised to contain more plain language.

- All complaints and reports can be completed online on the College website, additionally they can be sent by fax, email or mail.

- Language translation services are available either through a translation service or by sending documents out for translation.

- Accommodation to access the complaint process are available, for example, if someone is unable to write or type a complaint, staff will assist complainants in recording their concerns in alternative means and any other accommodations required for the complainant to meaningfully participate in the process. The College's template letters to the Complainant at the beginning of the process speak to accommodations and reminders are provided throughout.

- Additional information and support for those reporting sexual abuse. This includes providing information on how to access the sexual abuse fund. The College also offers a support person to any alleged victim at no cost. The support person is not a College employee and does not disclose any details of their conversations with the person to the College. Discussions are limited to helping the person understand the College's regulatory processes – it is not mental health counselling or therapy.

During all telephone and email contact, staff invite complainants to contact them if they have any questions or concerns about the information provided or in the investigation process. When a complaint is received, staff assigned to the complaint conduct an introductory call with the complainant within two weeks of receipt of the complaint to introduce themselves to the complainant as the person who will be conducting the investigation and with whom the complainant will interact throughout the course of the investigation. Staff will also explain the various steps in the complaints process, and this includes providing digital information sheets that explains the College's complaint process. This is to further assist the complainant in understanding the process and make complainants aware of all the support available to them including accommodation. Staff are trained in how to offer empathy while also remaining neutral and informative.

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

Additional comments for clarification (optional)

64 | P a g e

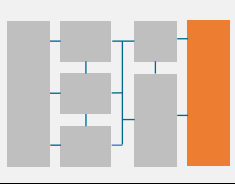|			**Measure:**	
			11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	

| | | a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.). | The College fulfills this requirement:

• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) **OR** please provide a brief description.

• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) **OR** please provide a brief description.

The following are links outlining how complainants can contact the College during the complaint process:

https://www.coto.org/public/complaints-or-concerns/

https://www.coto.org/public/complaints-or-concerns/online-complaint-form/

https://www.coto.org/registrants/reporting/

https://www.coto.org/public/frequently-asked-questions/

Complainants can contact staff via phone or email and will receive a response typically within 24-48 hours. Template letters outline typical communication intervals and outline that complainants can contact staff at any time. When appropriate, based on information collected during the investigation, a complainant may be contacted to provide further information.

If a complaint has not been disposed of within 150 days, both parties receive a letter advising of the status of the investigation and expected completion time. The parties receive subsequent letters at 210 days, and then every 30 days thereafter until the matter is disposed of. Staff tailor these letters to provide relevant information to the complainant about where in the process their complaint is at.

The complainant and/or the registrant is also sent a copy of the ICRC decision immediately upon release with information about how to appeal the decision to HPARB.

Once a matter is referred to discipline, complainants subsequently receive updates from the College and/or prosecutor representing the College in a discipline matter, either directly through legal counsel or representative. The College maintains regular contact with witnesses to assist with hearings and to provide direct support to those testifying at a hearing. College staff will follow up with witnesses regarding the outcome and decisions of the Discipline Panel, provide updates and involve witnesses in penalty hearings. | Yes |
| | | | *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* | Choose an item. |

Additional comments for clarification (optional)		

DOMAIN 6: SUITABILITY TO PRACTICE — **STANDARD 12**

Measure:

12.1   The College addresses complaints in a right touch manner.

a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024

- Please insert a link to guidance document and indicate the page number **OR** please briefly describe the framework and how it is being applied.
- Please provide the year when it was implemented **OR** evaluated/updated (if applicable).

The College's website provides information about the risk assessment, what types of questions/factors are considered, and how the level of risk relates to the decision in the investigation. [Concerns About OTs: How the College Makes Decisions — The College of Occupational Therapists of Ontario](#)

All complaints are reviewed by College staff to assess risk using a standard risk classification process, including any potential need for an interim order. In accordance with right touch principles, moderate and high-risk cases are prioritized.

The Inquiries, Complaints, and Reports Committee utilizes two different types of risk assessment tools: A Risk Assessment Framework to determine the level of risk and a decision tree that ensures all its decisions are consistent and fair. The Risk Assessment Framework is used to frame the ICRC's deliberation and ensures the Committee looks at all the information and refers to it in making sure their decisions are fair and consistent.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

66 | P a g e

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	**Measure:** **13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: • Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). The College has adopted, in principle, the sharing protocol developed by HPRO. In addition, COTO routinely shares information with other occupational therapy regulators as requested through Letters of Professional Standing that includes registration and professional conduct information. When any concerns are received that impact another Ontario health regulator, College staff share all known information about the concerns to any other regulatory body. The College considers sharing information, within the legal framework, with other system partners where there may be a risk to public safety (e.g., local health authorities, police, and employers). The College has shared information about a registrant's prior history and whether they are subject of any ongoing investigations with other regulators in Canada that the registrant is applying for registration with. The College will proactively share discipline information with other OT regulators across Canada especially if the registrant may provide services in another jurisdiction. The College also has a standing Memorandum of Understanding with the Financial Services Regulatory Authority in 2023 which outlines how and when information may be shared between the two regulators. In addition, the College will proactively share public outcomes of investigations with other third parties, such as the Assistive Devices Program, and current employers, where appropriate. Finally, the College works to coordinate with other Ontario health regulators to conduct concurrent investigations where the complainant is the same person complaining about the same or similar series of events.	Met in 2023, continues to meet in 2024
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)

		Measure:		
		14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.		

		Required Evidence	**College Response**	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number **OR** list KPIs and rationale for selection. The Quarterly Report for all programs and committees is submitted to the Board at each meeting for review and approval. The report includes KPIs per program and committee and the information collected and reported on is related to the strategic priorities. January 2024 Board meeting, (p. 37).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (if needed)	

		b. The College regularly reports to Council on its performance and risk review against:
		  i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan);
		  ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and
		  iii. its risk management approach.
			The College fulfills this requirement:
			
			• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number.
			
			Click here to access the presentation of the June 2024 Board meeting where the College reported on the 2023-24 Leadership Outcomes.
			
			In addition, at each quarterly Board meeting the Registrar provides a written report and makes a presentation on the outcomes and progress of the College work against the stated objectives. Click here to access the report (p. 5); meeting minutes (p.9); and risk management report (p.68).
				Met in 2023, continues to meet in 2024

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

Measure:
14.2   Council directs action in response to College performance on its KPIs and risk reviews.

a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.	
	Click here to access the Risk Management Report and monitoring process for all high or critical risks identified, (p.84).	
Benchmarked Evidence	*If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*	

Measure:
14.3   The College regularly reports publicly on its performance.

a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
	• Please insert a link to the College's dashboard or relevant section of the College's website.	
	All Board materials are posted on the College website. In these, all information about the strategic priorities and performance are posted. Click here to access the presentation of the June 2024 Board meeting where the College reported on the 2023-24 Leadership Outcomes.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.
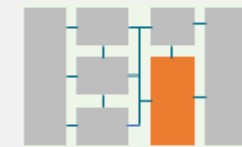
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 10	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d	
If a College method is used, please specify the rationale for its use:	

Context Measure (CM)	

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2024*		
Type of QA/QI activity or assessment:	#	*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).*
i. Competency Assessment	106	
ii. Annual Learning Plan	6779	
iii. Annual eLearning Module (Topic: Record-Keeping)	6992	
iv. *<Insert QA activity or assessment>*		*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2024. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*
v. *<Insert QA activity or assessment>*		
vi. *<Insert QA activity or assessment>*		
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		

73 | P a g e

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

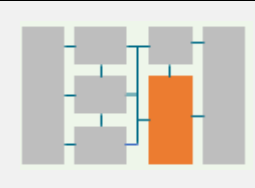*Additional comments for clarification (if needed)*

The College's QA program utilizes a range of quality improvement and quality assurance activities used to both enhance and confirm continued competence. There are QA requirements that apply to all registrants (annual requirements) and some for a targeted risk-based group (competency assessment). Addressing risk is a theme woven into all aspects of the QA program including the selection of registrants for competency assessment and peer interview.

There are two annual requirements for all registrants to complete to support professional growth and continued competence: the Annual Learning Plan and the Annual eLearning Module.
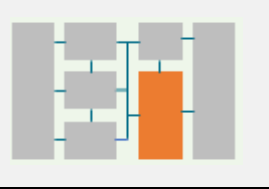
Each year, registrants will complete a Learning Plan to support continuing competence. This plan combines the elements of self-assessment and professional development plan into one activity. A Learning Plan reflects the Competencies for Occupational Therapists. This activity aims to focus on growth and the impact of new learning.

The Annual eLearning Module was developed in collaboration with occupational therapists from across the province and represents the spectrum of settings where OTs work. This module promotes continuous learning by identifying changes and challenges within occupational therapy practice. This training enables the growth of knowledge, skills, and judgement and is often presented as scenario-based learning. Modules help occupational therapists to apply the Competencies, the Code of Ethics, and Standards to everyday practice. Each year data is collected from the College programs help to inform future topics.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
	#	**%**	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.*
CM 2. Total number of registrants who participated in the QA Program CY 2024	6992 (Annual Requirements) 106 (Competency Assessment)	98% .02%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	22/106	21%	*The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2024, understanding that some cases may carry over.*
NR			

Additional comments for clarification (if needed)

Annual Requirements. The QAC reviewed 19/6992 registrants for non-completion of the 2024 annual QA requirements. All were directed to complete the outstanding requirements (monitoring in progress)

Competency Assessment. The QAC reviewed 22/106 registrants that participated in the competency assessment - 7 registrants were directed to participate in additional remedial activities (see below)

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2024:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	7/22	32%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	

NR
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.
**This measure may include any outcomes from the previous year that were carried over into CY 2024.

Additional comments for clarification (if needed)
While all registrants who participate in the competency assessment are required to submit a written response to demonstrate acquired competence, some registrants require additional remedial activities.
To date, all registrants required to do a remedial activity (SCERP) have completed this well by addressing learning needs with related knowledge, skill, and judgment. They have described this professional learning by applying specific resources and the reflective assessment to their practice. Changes to practice were identified which confirm learning and safe practice for the public.
Completion status is monitored closely by program staff and efforts are made to communicate with these registrants to clarify their understanding of the remedial activities, process and support them in their continuing competency development.
There are processes in place for any registrant who does not demonstrate adequate knowledge, skill, and judgment from the initial remedial activity.

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data is collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)

CM 5.	Distribution of formal complaints and Registrar's Investigations by theme in CY 2024	Formal Complaints received		Registrar Investigations initiated		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.
Themes:		#	%	#	%	
I.	Advertising	0	0	0	0	
II.	Billing and Fees	NR	3%	0	0	
III.	Communication	9	15%	NR	7%	
IV.	Competence / Patient Care	17	30%	NR	21%	
V.	Intent to Mislead including Fraud	NR	5%	NR	7%	
VI.	Professional Conduct & Behaviour	6	12%	NR	22%	
VII.	Record keeping	11	20%	NR	22%	
VIII.	Sexual Abuse	0	0	NR	7%	
IX.	Harassment / Boundary Violations	NR	3%	NR	14%	
X.	Unauthorized Practice	0	0	0	0	
XI.	(Other) Consent	6	12%	0	0	
Total number of formal complaints and Registrar's Investigations**		29	100%	6	100%	

Formal Complaints
NR
Registrar's Investigation

**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.

Additional comments for clarification (if needed)
A number of cases dealt with multiple themes.

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

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

| Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:* | |

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2024	13		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2024	13		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2024	6		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2024**:	#	%	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		
II. Formal complaints that were resolved through ADR	0		
III. Formal complaints that were disposed of by ICRC	13	70%	
IV. Formal complaints that proceeded to ICRC and are still pending	0		
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	15%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0		

		NR	15%	
VII.	Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee			

ADR

Disposal

Formal Complaints

Formal Complaints withdrawn by Registrar at the request of a complainant

NR

Registrar's Investigation

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2024	26
Distribution of ICRC decisions by theme in 2024*	# of ICRC Decisions++

Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I.	Advertising	0	0	0	0	0	0	0
II.	Billing and Fees	NR	0	0	0	0	0	0
III.	Communication	NR	6	NR	NR	0	0	0
IV.	Competence / Patient Care	6	NR	0	NR	0	0	0
V.	Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI.	Professional Conduct & Behaviour	NR	0	NR	NR	NR	NR	0
VII.	Record Keeping	NR	NR	0	NR	0	0	0
VIII.	Sexual Abuse	0	0	0	0	NR	NR	0
IX.	Harassment / Boundary Violations	NR	NR	NR	NR	NR	NR	0
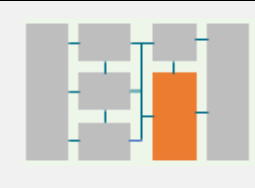
X.	Unauthorized Practice	0	0	0	0	0	0	0
XI.	Other *<please specify>*							

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2024.*

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.
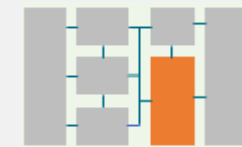
NR

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

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* One of the College's SCERPs was appealed by the Registrant to Divisional Court. The review was heard on January 22, 2025 – the College is awaiting the Court's decision.

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2024	288	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2024	283	

Disposal

Additional comments for clarification (if needed)

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Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.*
I. An uncontested discipline hearing in working days in CY 2024	1	
II. A contested discipline hearing in working days in CY 2024	NA	*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.	
If College method is used, please specify the rationale for its use:	

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I.	Sexual abuse		
II.	Incompetence		
III.	Fail to maintain Standard	NR	
IV.	Improper use of a controlled act		
V.	Conduct unbecoming	NR	
VI.	Dishonourable, disgraceful, unprofessional	NR	
VII.	Offence conviction		
VIII.	Contravene certificate restrictions		
IX.	Findings in another jurisdiction		
X.	Breach of orders and/or undertaking		
XI.	Falsifying records		
XII.	False or misleading document		
XIII.	Contravene relevant Acts		

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.
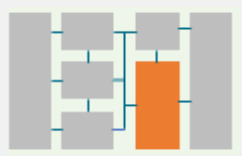
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.
NR

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d
If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		

Type	#	What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
I. Revocation	0	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	NR	

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.
Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

Additional comments for clarification (if needed)

Glossary

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

Return to: Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

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

Return to:

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

Return to:

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

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),

- Practice the profession in Ontario, or

- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to:

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

Return to:

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

Return to:

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

Return to:

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

Return to:

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: March 27, 2025

From: Executive Committee

Subject: Annual Board Evaluation – Results and Action Plan

Recommendation:

THAT the Board review the Annual Board Evaluation Summary and approve the action plan.

Issue:

The Board has completed the yearly evaluation of itself and the effectiveness of the Board following their January meeting. The Executive Committee has reviewed the results and has recommended some actions.

Link to Strategic Plan:

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

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

Why this is in the Public Interest:

Ensuring that the Board is effective in its role is in the public interest.

Equity, Diversity, and Inclusion Considerations:

Questions related to Board dynamics may yield some insights into EDI considerations for this exercise.

Background:

Each year, the Board is asked to complete a yearly evaluation of its performance after the meeting in January. At the end of the January 2025 meeting, the Board was again asked to complete an online evaluation of the Board's work for the past year. This evaluation was the first time these questions were used. The past evaluation was based on the policy governance framework. Now that the College is no longer using a strict policy governance framework, the questions needed to be revised. This year, the questions were based on the Board's new principles of good governance. The Board approved both the principles and the evaluation questions in January 2025. The answers will provide a baseline for future evaluations. In addition, the Executive Committee has suggested some actions that are designed to improve the performance of the Board.

Discussion:

Ten of a possible 14 members completed the survey. The majority of the questions were answered with a 'strongly agree' with a smaller number in the 'agree' category. We had one score consistently in the

'neither agree nor disagree' category, signifying a possible lack of awareness of Board processes, maybe from a new member of the Board, which is to be expected. If that is the case, it will be resolved over time, given the strong responses overall.

The Results, in summary.

What do you believe the Board does well?

- Generally, these comments focused on the meeting processes. Board members are prepared, the meetings are well run, there is adequate time in meetings to discuss agenda items, the materials are well done, and adequate time is allotted to prepare for meetings.

- There were several comments related to the respectful interactions of Board members with each other.

- There were a few comments about outcomes, positively related to our governance changes, taking our public protection mandate seriously, and our accomplishments towards the strategic plan.

What areas could the Board improve upon in the coming year?

Areas for Improvement	Suggested Actions
1. To ensure the Board has an awareness of the themes of complaints to the College	Presentation to the Board by the Manager of Investigations and Resolutions related to the themes of complaints – March 2025
2. Monitor that the Board has enough appropriate information to ensure that risks to the public are being appropriately managed, given the new governance structure (now that we only have a few public members on statutory committees, ensuring that the Board is well enough informed about committee work.)	During orientation of the full Board in June 2025, include information about the work of each committee. Improve the initial orientation for new Board members by adding more information about the work of committees.
3. General education	Executive will continue to plan the yearly education day as well as needed ongoing education for the Board.
4. More Board meetings	Executive discussed this and determined that the current schedule of Board meetings is sufficient for the regular work of the Board. If there is a need for an additional full board meeting to discuss any specific issues, that can be arranged in an ad hoc fashion. Executive has the authority to act in many situations in-between Board meetings if needed and appropriate.

March 27, 2025

BOARD MEETING BRIEFING NOTE

Annual Board Evaluation – Results and Action Plan

Areas for Improvement	Suggested Actions
5. If we have large Board meeting packages, can they go out earlier?	We will try, and for specific items, such as the CPMF, we aim to send this out well before the Board meeting separately. We do have to time the materials to ensure that the committees have a chance to meet prior to the Board meeting so we don't usually have a lot of extra time.
6. Should we include the minutes of the Statutory Committee meetings in the Board Packages.	We have developed the quarterly report to share the level of information appropriate at the Board. This report is meant to be digestible and understandable without being overwhelming. Including all the minutes will likely not be as useful as the report as there is not the needed context to the minutes for the Board. And there would be a lot of extra reading. Staff will work to improve the quarterly report to ensure the Board feels comfortable with this as an effective reporting mechanism. Staff can spend some time orienting the Board to this report if that would be helpful.

Attachments:

n/a

March 27, 2025

College of Occupational Therapists of Ontario

Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: March 27, 2025

From: Finance and Audit Committee

Subject: Fiscal Year 2024/2025 Q3 Financial Summary Report

Recommendation:

THAT the Board receive the Q3 FY2024/2025 Financial Report, as presented.

Issue:

To review the year-to-date financial results of the College for fiscal year 2024/2025 and advise the Board of any issues.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

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

Equity, Diversity, 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 February 28, 2025
   - Statement of Operations for the period June 1, 2024, to February 28, 2025
   - Statement of Reserve Funds as at February 28, 2025

Discussion:

Highlights of Statement of Financial Position:
(Please refer to the attached Statement of Financial Position as at February 28, 2025).
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. No additions or disposals have taken place this fiscal year.

Items to note with respect to liabilities for the period include:
- The deferred registration fees recorded in the Statement of Financial Position, as at February 28, 2025, represent the portion of the annual renewal fees collected for fiscal year 2024/2025. 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, 2024, 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 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 expenditure, due to delayed timing, in various areas.

Highlights of Statement of Operations:
(Please refer to the attached Statement of Operations for the period of June 1, 2024, to February 28, 2025).

The excess of revenues over expenses for the period June 1, 2024, to February 28, 2025, is $581,890. The College is in a surplus position and the below charts provide some additional detail for each category.


Total Revenues

75% of Budgeted Income Earned
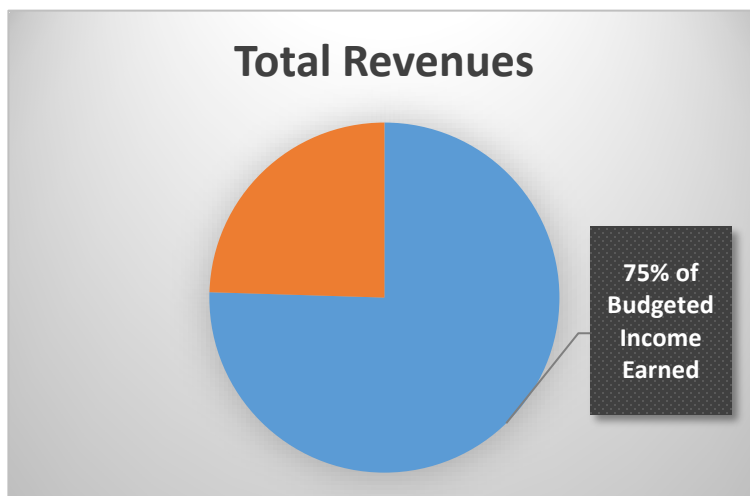
- Status: On target

- Revenue primarily consists of returning and new registrant fees, along with application fees, and accounts for three-quarters of the 2024/2025 annual renewal fees collected.

March 27, 2025

Salaries and Benefits
~63% of total budgeted expenses

70% of Budget Spent to Date
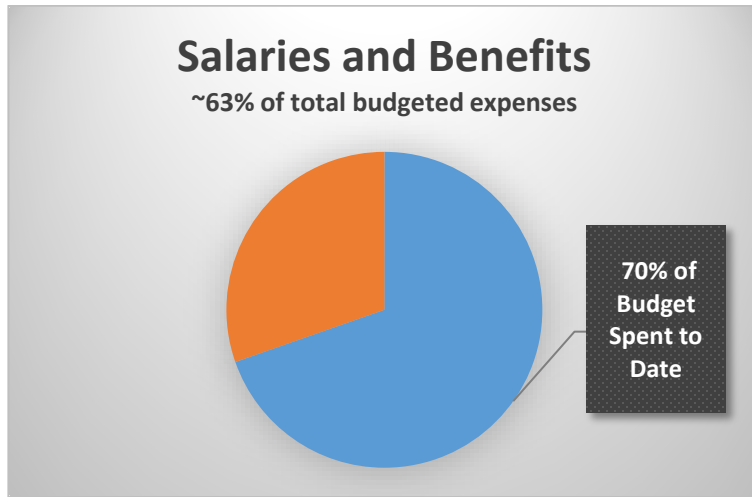
- Status: Favourable to budget

- Salaries and benefits are slightly under budget as the Registration Manager vacancy was filled in Jan 2025.

Programs
~11% of total budgeted espenses

25% of Budget Spent to Date
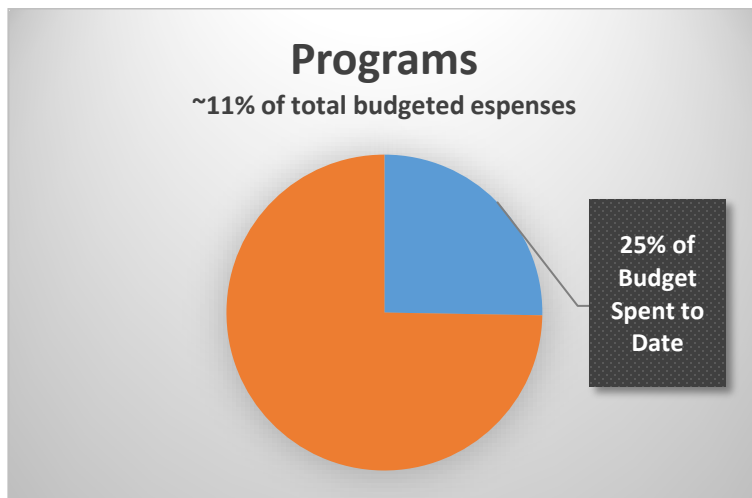
- Status: Favourable to budget

- Program expenses are underbudget primarily due to timing of College activities.

- Variance to the statement of operations as there we have included the reversal of an I&R year-end accrual.

Communications
~1% of total budgeted expenses
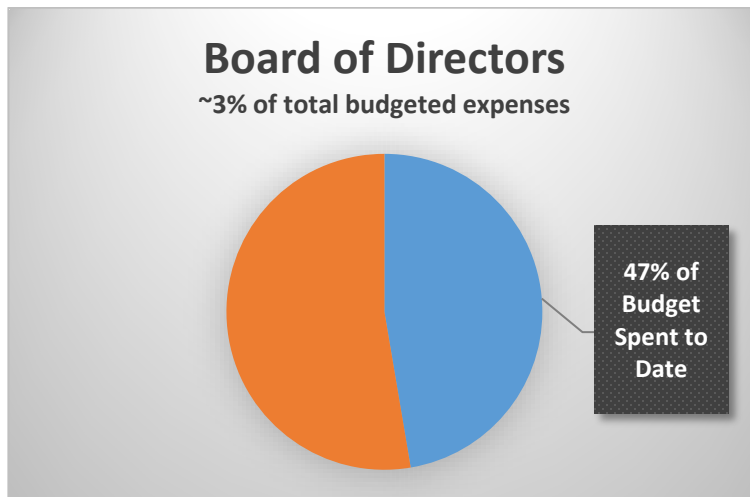
100% of Budget spent to Date
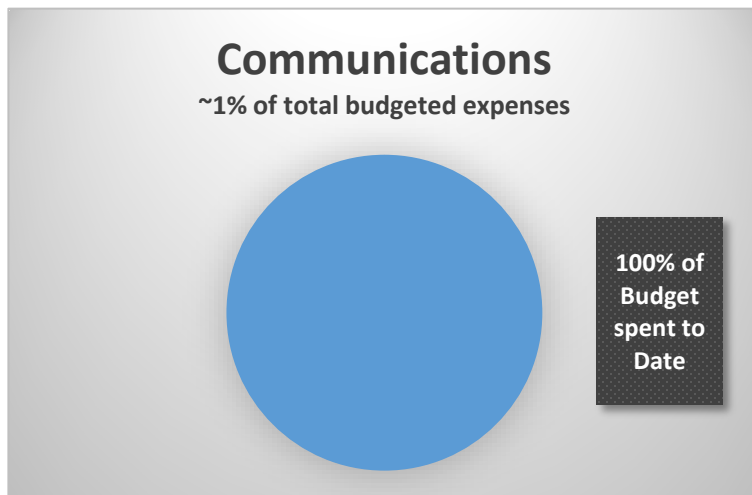
- Status: Unfavourable to budget

- Communications costs are over budget due to the unplanned website update project. This was approved by the Executive Committee.
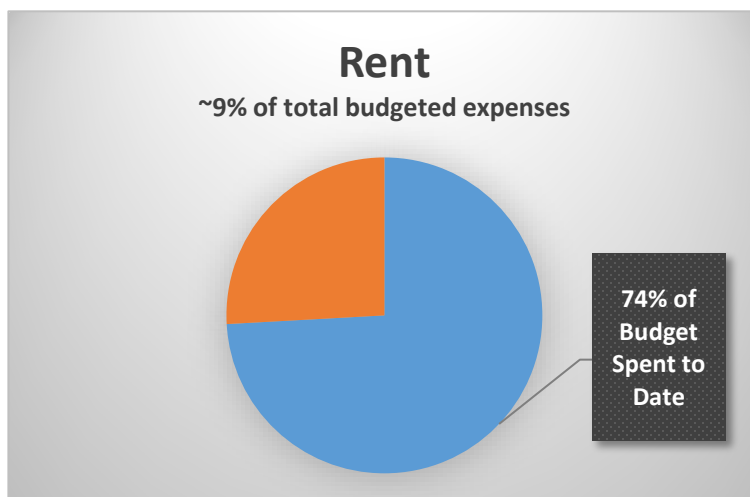
March 27, 2025

Board of Directors
~3% of total budgeted expenses

47% of Budget Spent to Date

- Status: Favourable to budget

- Board of Director expenses are under budget due to timing.

Rent
~9% of total budgeted expenses

74% of Budget Spent to Date

- Status: On Target

- Included here are rent and insurance premiums and leases for large equipment.

Information Technology
~4% of total budgeted expenses

78% of Budget Spent to Date
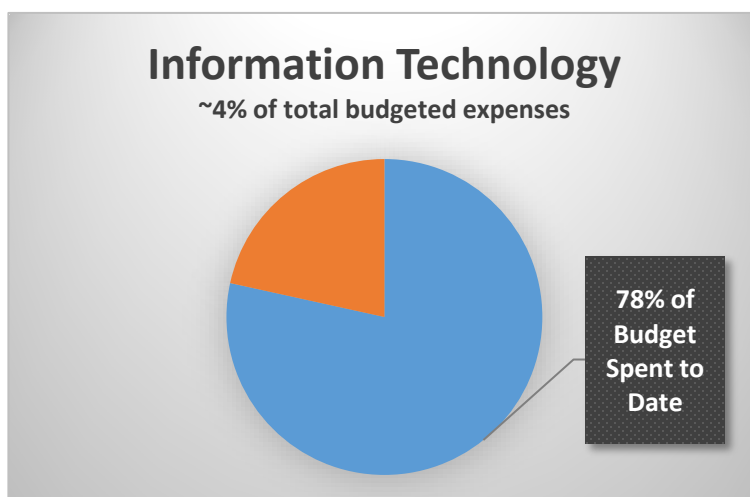
- Status: Unfavourable to Budget

- Information Technology is slightly over budget primarily due to the contract extension with R. Gill Solutions. The contractor is assisting with the ES project tasks and CIHI project.

March 27, 2025

Operational Initiatives
~2% of total budgeted expenses

11% of Budget Spent to Date
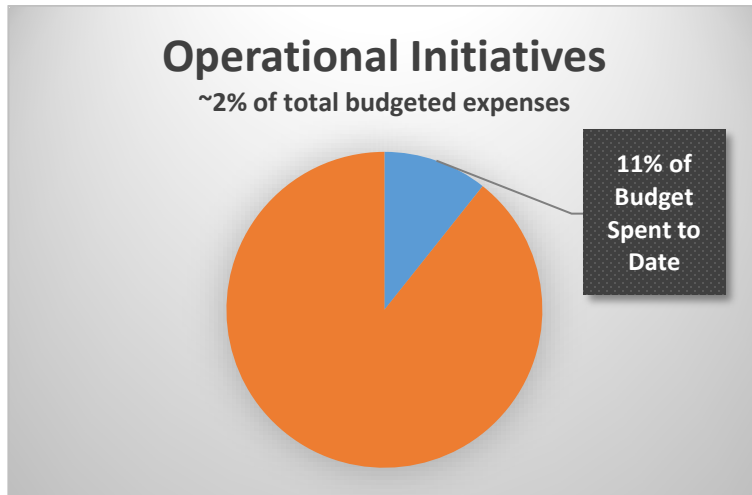
- Status: Favourable to budget

- Operational initiatives are under budget with only 11% of budget spent to date. This is due to the timing of activities and invoices. The Document Management Project has been delayed to reduce our deficit for the year.

Other Office Operations
~3% of total budgeted expenses

55% of Budget Spent to Date
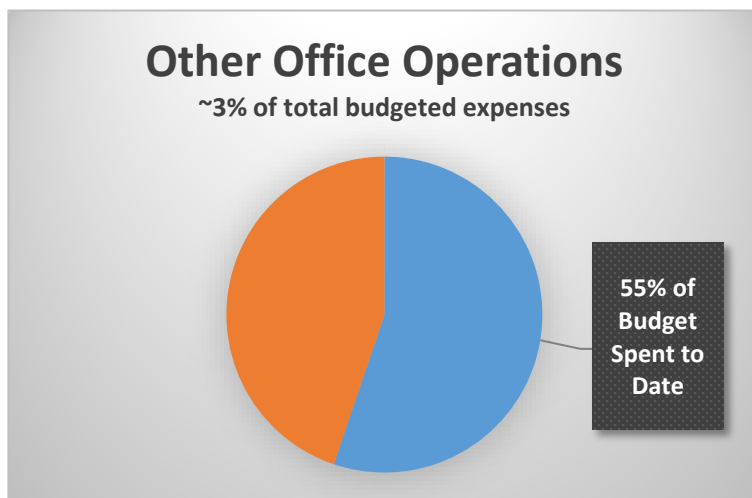
- Status: Favourable to budget

- Other Office Operations are under budget due to delayed timing of invoices and costs.

Professional Fees
~3% of total budgeted expenses

25% of Budget Spent to Date
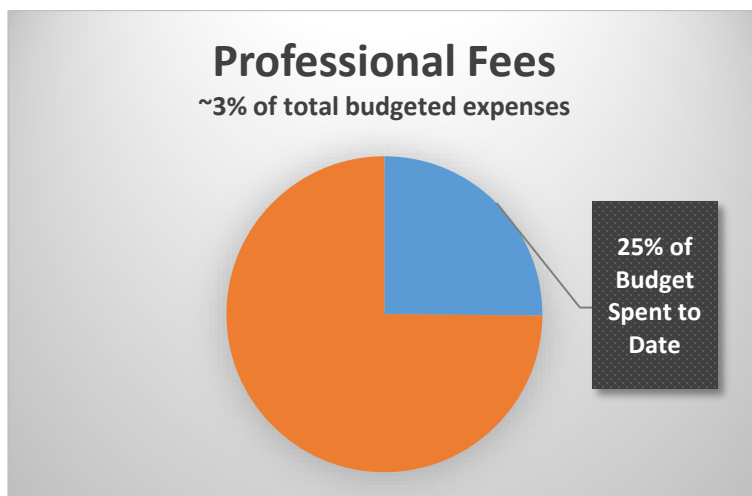
- Status: Favourable to budget

- Professional Fees are under budget due to delayed timing of invoices and costs.

March 27, 2025
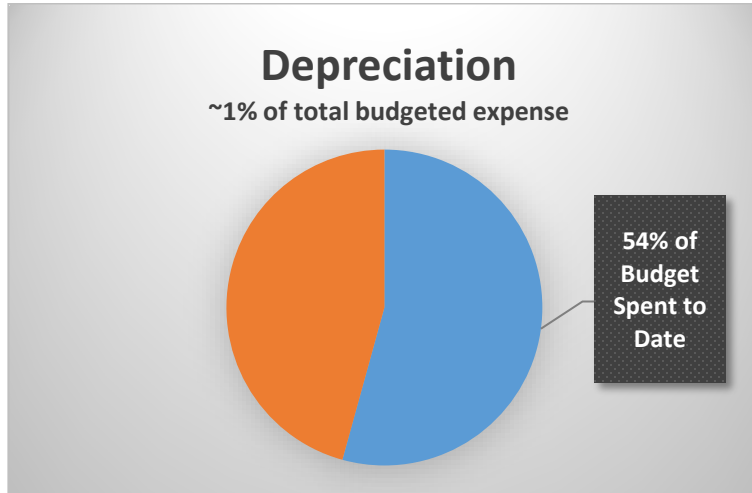
- Status: Favourable to budget

- Anticipate the addition of new fixed assets to be purchased throughout the year which will then align depreciation to the budget.

Highlights of Statement of Reserves:
(Please refer to the attached Statement of Reserves as at February 28, 2025)

In addition to expenses incurred during the regular course of operations, certain expenditures are made against the designated reserve funds in accordance with approved Board Guidelines for Establishing and Maintaining Reserve Funds.

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

- $34,660 has been allocated to the Invested in Fixed Assets Fund amount and is reflective of the accumulated depreciation.

March 27, 2025

BOARD MEETING BRIEFING NOTE

Fiscal Year 2024/2025 Q3 Financial Summary Report

<u>Statutory Remittances and Filings:</u>
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 (Monthly)	Monthly Upcoming Filing Due Dates: March 31, 2025 April 30, 2025 May 31, 2025	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, 2025.	Up to date
Filing of Non-Profit (NPO) Information Return (T1044)	Annually based on fiscal year. Due November 30, 2025.	Up to date

March 27, 2025

College of Occupational Therapists of Ontario
STATEMENT OF FINANCIAL POSITION
As at February 28, 2025

	28-Feb-25	29-Feb-24
ASSETS		
Current assets		
Cash	1,440,570	1,324,313
Accounts receivable and prepaid expenses	37,199	46,772
Total current assets	1,477,769	1,371,085
Investments	3,698,575	3,565,719
Property and equipment, net of accumulated amortization	205,837	251,925
TOTAL ASSETS	**5,382,181**	**5,188,729**
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	209,361	227,615
HST payable	-	- 20,086
Deferred registration fees	1,161,485	1,107,483
Total current liabilities	1,370,846	1,315,012
Total liabilities	1,370,846	1,315,012
NET ASSETS		
Reserve funds	1,325,000	1,225,000
Invested in fixed assets	205,837	251,925
Unrestricted	1,898,608	2,314,436
Excess of revenues over expenses for the period	581,890	82,356
Total net assets	4,011,335	3,873,717
TOTAL LIABILITIES AND NET ASSETS	**5,382,181**	**5,188,729**

March 27, 2025

College of Occupational Therapists of Ontario
STATEMENT OF OPERATIONS
June 2024 to February 2025

	9 Months Actuals ended February 2025 $	12-Month Budget FY24/25 $	Percentage of Spend to Budget %
REVENUES			
Registration fees	3,754,680	4,918,860	76%
Application fees	82,760	108,213	76%
Interest & other income	89,271	174,497	51%
TOTAL REVENUES	3,926,711	5,201,570	75%
EXPENSES			
Salaries and benefits	2,439,576	3,503,119	70%
Programs	45,064	596,224	8%
Communications	100,667	62,878	160%
Board of Directors	78,469	165,775	47%
Rent & Leases	352,767	475,924	74%
Information technology	160,788	204,965	78%
Other office operations	84,822	153,678	55%
Operational initiatives	11,863	111,000	11%
Professional fees	36,145	143,813	25%
Depreciation	34,660	63,847	54%
TOTAL EXPENSES	3,344,821	5,481,223	61%
EXCESS OF REVENUES OVER EXPENSES FOR THE PERIOD	581,890	(279,653)	

STATEMENT OF RESERVE FUNDS			
	Opening Balance June 1, 2024 $	Spent to Date/Change $	Closing Balance Feb 28, 2025 $
Hearings and independent medical exam fund	$ 400,000	-	400,000
Sexual abuse therapy fund	$ 25,000	-	25,000
Premises fund	$ 800,000	-	800,000
IT Technology Fund	$ 100,000	$ -	100,000
Invested in fixed assets	$ 240,497	$ (34,660)	$ 205,837
Unrestricted	$ 1,863,948	$ 34,660	1,898,608
Excess of revenues over expenses for the period	$ -	581,890	581,890
TOTAL RESERVES	3,429,445	581,890	4,011,335

Implications:

N/A

Attachments:

N/A

March 27, 2025

BOARD MEETING BRIEFING NOTE

Date: March 27, 2025

From: Finance and Audit Committee

Subject: Investment Portfolio as at January 31, 2025

Recommendation:

THAT the Board receive the investment report.

Issue:

Governance Policy RL7- that the College Investments are protected, adequately maintained, and not unnecessarily risked.

Link to Strategic Plan:

This aligns under Performance and Accountability

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

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

Why this is in the Public Interest:

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

Equity, Diversity, and Inclusion Considerations:

When preparing this report, diversity, equity, and inclusion considerations were made. Investments are all within Canada.

Background:

This report summarizes the College's investment portfolio as at January 31, 2025, and is based on the BMO Nesbitt Burns statement as at that date. There are two categories of investments:

- Short-term investments (which includes cash), and

- Long-term investments (also referred to as "ladder" investments).

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

Description	Market Value $	Maturity Date
Short-Term Investments		Investments are considered short-term if they are cashable or are due to mature within 12 months.
Cash	4,855	
BMO CAD Hisa Series	286,618	
Equitable Bank GIC	60,000	
Manulife Bank of CDA GIC	100,000	
Duo Bank GIC	100,000	
CPN Province of Ontario	297,061	
Effort Trust GIC	60.000	
City of Montreal	100,060	
Total Short-term Investments	**1,008,594**	
Long-term (ladder) Investments		
Bank of Montreal GIC	100,000	Apr-26
SBI Canada Bank GIC	100,000	Apr-27
Fairstone Bank GIC Annual	100,000	Jul-26
HomeEquity Bank GIC Annual	100,000	Jul-26
Peoples Trust GIC Annual	100,000	Jul-26
Canadian Western Bank GIC Annual	100,000	Jul-27
RBC (HSBA) MI GIC	100,000	Sep-26
National Bank of CDA GIC	100,000	Sep-27
Royal Bank of CDA GIC	100,000	Sep-27
Vancity GIC	100,000	Sep-27
Canadian Tire Bank GIC	100,000	Jan-28
Laurentian Bank GIC Annual	100,000	Jan-27
Coast Capital Savings GIC Annual	100,000	Jan-28
Home Trust Company GIC Annual	100,000	Jan-28
Mcan Mortgage GIC Annual	100,000	Jan-28
Concentra Bank GIC Annual	100,000	Jan-29
General Bank of CDA GIC Annual	100,000	Jan-29
BMO Trust Company GIC Annual	100,000	Apr-29
Montreal TR Co of CDA GIC Annual	100,000	Apr-29
Bank of Montreal Mortgage Corp GIC Annual	100,000	May-28
Haventree Bank GIC Annual	100,000	May-28
President's Choice Bank GIC Annual	100,000	Apr-29
Community Trust GIC Annual	100,000	Apr-29
ICICI Bank GIC Annual	100,000	Apr-26
Province of New Brunswick	49,894	Aug-26
Province of Newfoundland	101,235	June-29
Province of Newfoundland	102,763	June-28
Province of Quebec	103,543	Sept-28
Total Long-term Investments	**2,757,435**	
Total Market Value of Investments	**3,766,029**	

March 27, 2025

College Investment Portfolio – Historical Trends
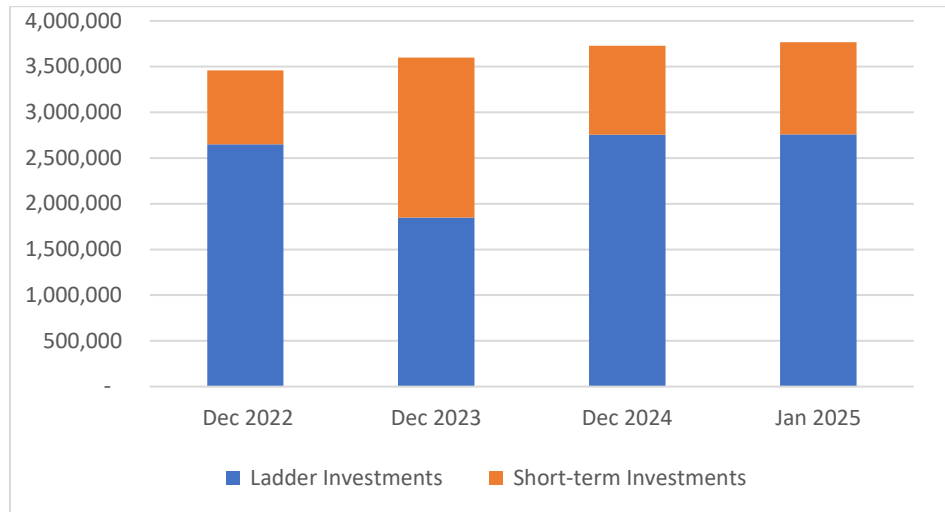
Prior Reporting

	Dec 2022	*Dec 2023*	*Dec 2024*	*Jan 2025*
Ladder Investments	2,651,099	1,848,860	2,754,494	2,757,435
Short-term Investments	808,898	1,749,604	972,267	1,008,594

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

Discussion:

The College's main objective for investments is the preservation of capital. As such, it adheres to investments that are covered by the Canada Deposit Insurance Corp. (CDIC). The CDIC allows for deposit insurance coverage up to $100,000 for a list of specified accounts and investments. For city and provincial coupons over $100,000, these are backed by the Canadian Investor Protection Fund (CIPF) (covered up to a combined one million dollars).

The College's current investment portfolio is maintained at BMO Nesbitt Burns. The College will continue to pursue a strategy of laddering the long-term investments and will re-assess the allocation between short-term investments and long-term investments as it continues to refine its financial forecast.

Implications:

The College continues to monitor the investments and ensure they remain aligned with policy.

Attachments:

None

March 27, 2025

BOARD MEETING BRIEFING NOTE

Date: March 27, 2025

From: Nominations Committee

Subject: Committee Appointments

Recommendation:

THAT the Board appoint Adam Broad to the Practise Subcommittee, and Katherine LeMay and Diane Brownlee to the Quality Assurance Subcommittee, each for a three-year period, commencing March 28, 2025.

Issue:

The Board is asked to consider the three candidates for appointment, as recommended by the Nominations Committee.

Link to Strategic Plan:

This aligns under:

Quality Practice:

2.2 Engages occupational therapists to advance quality practice and the delivery of safe, effective occupational therapy service.

Performance and Accountability:

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

Why this is in the Public Interest:

Individuals serving on committees must possess the knowledge, skills, and experience to discharge their duties effectively. Ensuring that College committees have qualified, and diverse members will enable the College to be most effective and efficient by directing that qualified individuals are appointed to committees of the College. Improving how the College is governed will strengthen our protection of the public and enhance public confidence in the regulatory system.

Equity, Diversity, and Inclusion Considerations:

The selection of competent Professional Appointees will promote equity, diversity, and inclusion. The composition of both committees is a broad representation of occupational therapists from across the province. Members are selected based on their diversity of experiences and perspectives.

Background:

In late 2024, the Nominations Committee was notified of the upcoming recruitment of Professional Appointees for both committees.

The main responsibilities of the **Practice Subcommittee** include:

- Conduct an environmental scan on practice issues which affect professional regulations;

- Identify current practice issues for consideration;

- Acts as an advisory committee on OT practice;

- Make recommendations for action on specific practice issues; and

- Develop, review and revise College resources related to practice.

The main responsibilities of the **Quality Assurance Subcommittee** include:

- To provide recommendations on the QA program components as directed by the Quality Assurance Committee;

- To assist in the development of processes and activities within the QA program, which may include:
    - Competency Assessment
    - Annual Learning Plan
    - Annual eLearning Module

- To support development of the Annual eLearning Module including identification of learning objectives, case scenario development, content review, reflective practice exercise development and online testing as possible;

- To make recommendations on the development and implementation of additional tools to assess occupational therapists' performance related to the competencies and standards of practice, as required.

Discussion:

As part of the most recent committee and board recruitment drive, each candidate consented to the College keeping their application on file in case a committee opportunity opened in the future. The Nominations Committee was notified of the upcoming openings for both committees and staff brought forward three applications and résumés for consideration. Staff input from the respected program areas was also shared to assist the Nominations Committee in assessing the needs of the committees in terms of balancing the required range of expertise and skills as well as a diversity of practice, geographical location, gender, cultural, and age diversity is met.

Implications:

None.

Attachments:

1. Résumé – Adam Broad *(not included in public material to protect privacy)*
2. Résumé – Katherine LeMay *(not included in public material to protect privacy)*
3. Résumé – Diane Brownlee *(not included in public material to protect privacy)*

March 27, 2025

College of Occupational Therapists of Ontario
Regulator of occupational therapists in Ontario

BOARD MEETING BRIEFING NOTE

Date: March 27, 2025

From: Elinor Larney, Registrar & CEO

Subject: Election Update – District 1 (Central)

Recommendation:

THAT the Board receive the election report for district 1.

Issue:

The College held an election in District 1 (Central) this year and this is a report of the outcome.

Link to Strategic Plan:

Performance and Accountability

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

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

Why this is in the Public Interest:

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

Equity, Diversity, and Inclusion Considerations:

The College encourages candidates of diverse backgrounds to stand for election, including diversity of practice area, experience and lived experiences.

Background:

The Board previously approved the geographical redistricting and reduction in the number of electoral districts to three, down from the previous six. The Board also approved equal representation of two elected professional directors per district. This year, District 1 (Central) was up for election to fill two positions on the Board. The nominations process began in December 2024 and seven nominations were received. An election was held in February/March 2025 and the two candidates with the most votes were declared elected: Neelam Bal and Thuy Luong.

Discussion:

This year, the college needed to add a few additional days for voting to manage a glitch in the voter lists. We had to remove 30 people who were on the list in error and add 50 people who were missed from the original list. Only three people who voted were deemed ineligible to vote. Their votes were removed, and they were subsequently notified. There were numerous email reminders to encourage voter participation. Voting was promoted through direct email, on Facebook, and LinkedIn.

Voter Turnout:

Voter turnout was 13.4% (321 voters). We don't have a comparable group as this is the first election for this new geographical district, with now a slightly smaller pool of registrants. However, for comparison, included below is data from previous elections in the former District 1.

Year	2016	2019	2022	2025
Voter Number	502	478	429	321
% turnout	17.88%	15.54%	13.7%	13.4%

Attachments:

1. Official Poll Results

March 27, 2025

COTO
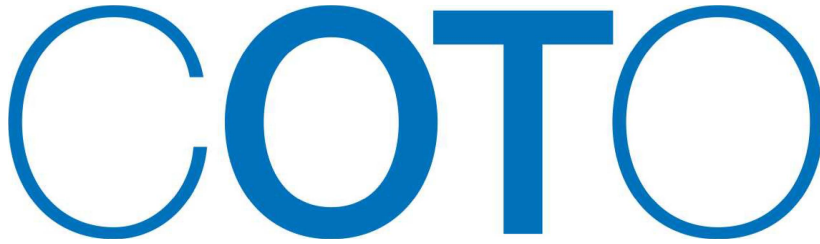
Poll Result

College of Occupational Therapists of Ontario 2025 District 1 Board Elections

Report date: Monday 10 March 2025 14:02 EDT

College of Occupational Therapists of Ontario District 1 (Central) - Elections

College of Occupational Therapists of Ontario District 1 (Central) - Board Elections

Poll ID: 192250
As at Poll close: Monday 10 March 2025 14:00 EDT
Number of voters: 319 · Group size: 2387 · Percentage voted: 13.36
Vote counting method: V1 FPTP (first-past-the-post)
Ranked by votes

Rank	Candidate	Votes	%
1	Neelam Bal	124	38.87
2	Thuy Luong	85	26.65
3	Amanda Mowbray	80	25.08
4	Elizabeth Gartner	72	22.57
5	Lesley Collins	67	21.00
6	Diane Brownlee	47	14.73
6	Sarah Milton	47	14.73
Total votes		522	

Returning Officer

Signature: *Elinor Larney*
Name: Elinor Larney
Date: Mar 11, 2025

Scrutineers

Signature: _____
Name: __Nancy Stevenson_____
Date: __Mar 11, 2025_____

Signature: _____
Name: __Joe Smith-Engelhardt_____
Date: __Mar 11, 2025_____

Results generated by BigPulse Online Voting