

## December 2, 2024 Council Meeting Materials

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Council Meeting

## Draft Agenda

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**Date:** December 2, 2024

**Time:** 10:00 a.m.

**Location:** Virtual

Please join the meeting from your computer, tablet or smartphone.

### LOGIN INFORMATION

Topic: CKO Council Meeting - Dec. 2, 2024

Time: Dec 2, 2024 10:00 AM Eastern Time (US and Canada)

<https://us02web.zoom.us/j/88597120986?pwd=WEdsUFY3S3F6ZHE0bWVseTFRM3Y1dz09>

Meeting ID: 885 9712 0986

Passcode: 039238



## AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online <a href="#">Conflict of Interest Disclosure/Declaration Form</a> prior to the meeting.					
9 am – 10 am		<b>Council in-camera session</b>			
1	10:00 am	<b>Call to order, roll call, welcome</b>	B. Matthie	No	Information
2	10:01 pm	<b>Introductions</b>	B. Matthie	No	Information
3	10:02 pm	<b>Conflict of interest declarations</b>	B. Matthie	No	Decision
4	10:03 am	<b>Approval of agenda</b>	B. Matthie	Yes	Decision
5	10:04 am	<b>Approval of minutes:</b> • September 17, 2024	B. Matthie	Yes	Decision
6	10:05 am	<b>Action Items from the September 17 meeting:</b> 1. The College will explore ways to measure engagement of the Annual Report. - <b>COMPLETED</b> 2. Registration will work on a policy for R.Kins who accept delegation of duties from supervisors while licensed under the Emergency Act. - <b>COMPLETED</b>			
7	10:05am (10 mins)	<b>Registrar's Report</b>	N. Leris	No	Information
8	10:15am (5 mins)	<b>President's Report</b>	B. Matthie	No	Information
9	10:20am (45 mins)	<b>Understanding Financial Statements</b>	Governance Solutions Inc. (GSI)	Yes	Information
10	11:05am (30 mins)	<b>Draft Audited Financial Statements – 2023/24</b>	Hilborn LLP	Yes	Decision
11	11:35am (10 min)	<b>Revised Risk Management Plan 2024/25</b>	B. Fehst	Yes	Decision



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
12	11:45am (10 min)	<b>Report on Council Effectiveness Review Framework</b>	B. Fehst	Yes	Decision
	11:55 am (40 mins)	<b>LUNCH</b>			
13	12:35pm (60 mins)	<b>Governance Training</b>	D. Williams	No	Information
14	1:35pm (30 min)	<b>Draft Strategic Plan - 2024 - 2029</b>	N. Leris/J. Dusek	Yes	Decision
	2:05pm (10 mins)	<b>BREAK</b>			
15	2:15 pm (20 mins)	<b>Revised 2024/25 Operational Plan &amp; Budget</b>	N.Leris/W. Fung	Yes	Decision
16	2:35 pm (20 mins)	<b>Registration Report</b>	F. Teape	Yes	Information
17	2:55 pm (10 mins)	<b>Draft Annual Report - 2023/24</b>	S. Hanna	Yes	Decision
18	3:05 pm (15 min)	<b>Communications Report</b>	S. Hanna	Yes	Information
19	3:20 pm (10 min)	<b>Committee Reports</b> <ul style="list-style-type: none"> <li>• Governance and Nominations</li> <li>• ICRC</li> <li>• Patient Relations</li> <li>• Quality Assurance</li> <li>• Registration</li> <li>• Planning &amp; Finance</li> <li>• Q1 Finance Report</li> <li>• Dashboard</li> </ul>	All Chairs	Yes	Information
20	3:30 pm	<b>Meeting Evaluation</b>	All Council	Yes	Information



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
	3:35 pm	ADJOURNMENT			

Next Council Meeting: March 31, 2025

## September Council Meeting Minutes

<b>Date/Time of Meeting:</b>	Tuesday September 17, 2024, 12:20pm
<b>Council present:</b>	Benjamin Matthie (unable to participate fully), Victoria Nicholson, Corby Anderson, Teresa Bendo, Heather Westaway, Leanne Smith, Chad McCleave, Alyssa King, Jennifer Yee, Susan Garfat, Matthew Daher, Jane Gage, Oluwashindara Isaac-Oloye, Sara Gottlieb
<b>Regrets:</b>	Jotvinder Sodhi, Jana Smith
<b>Staff members:</b>	Nancy Leris, Fiona Teape, Brian Fehst, Magdalena Reder, Wendy Fung, Samuel Hanna, Ethan Foerster, Colleen Foster, Lisa Groten
<b>Guest presenters:</b>	
<b>Guests/Observers:</b>	Tiffany Mak (MOH)

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Let it be noted that Council held an in-camera session from 9:00 am – 11:35 am.

### 1. Call to order, roll call, welcome.

Victoria Nicholson, Council Vice-President, chaired the meeting on behalf of Benjamin Matthie. Victoria called the meeting to order at 12:23 p.m. and welcomed Council, staff members and guests.

The Chair shared a Land Acknowledgement.

As the notice of the meeting had been duly given in accordance with the by-laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.

### 2. Introductions

Victoria Nicholson welcomed Tiffany Mak from the Ministry of Health, along with new Council members Jane Gage and Oluwashindara Isaac-Oloye.

### 3. Conflict of Interest Declarations

The Chair asked the Registrar whether any Council members wished to declare a Conflict of Interest. The Registrar confirmed that there were no declarations.

The Chair also asked the Council if they knew of anyone who might have a Conflict of Interest. None were raised.

#### 4. Approval of Agenda

*UPON A MOTION duly made by Matthew Daher and seconded by Corby Anderson, it was resolved that the agenda be approved. Carried.*

#### 5. Approval of Minutes from the June 24, 2024, Council Meeting

*UPON A MOTION duly made by Heather Westaway and seconded by Oluwashindara Isaac-Oloye, it was resolved that the minutes of the June 24, 2024, Council Meeting be approved. Carried.*

#### 6. Action Items from the June 2024 Meeting

Nancy Leris informed the Council that work is ongoing regarding both action items from the June 2024 meeting. First, the College will explore methods to measure engagement with the Annual Report. Second, the registration team is developing a policy for R.Kins who accept delegated duties from supervisors while licensed under the Emergency Act. Both initiatives are currently ongoing.

#### 7. Registrar's Report

Nancy Leris, Registrar/CEO, presented the Registrar's Report, highlighting the following key points:

- *New Staff Member:* Wendy Fung was formally introduced as the College's newest staff member. Wendy will serve as the Manager of Finance & Operations.
- *Internal Controls Audit:* A meeting of the Planning and Finance Committee to be for October 2024 to discuss the results of the internal controls audit, which has experienced delays.
- *Office Relocation:* The office relocation has been successfully completed. The College extends its gratitude to Fiona Teape for her significant contributions to the relocation process.
- *Strategic Planning:* The Steering Committee for Strategic Planning convened to review the report from facilitator. This report will be finalized and presented for approval at the December 2024 Council meeting.
- *Governance:* The Governance and Nominations Committee met on September 12 to develop a proposed committee slate for 2024-2025. The Annual Evaluation of Council Performance and Effectiveness has been completed.
- Work on the Annual Financial Audit and Annual Report will commence. Drafts of both documents will be presented at the December 2024 Council meeting.

#### 8. President's Report

Victoria Nicholson, Chair, presented the Presidents Report. Victoria Nicholson opened the floor for questions, none presented.

## 9. Registration Policies

Fiona Teape presented proposed amendments to two Registration Policies, beginning with the Required Documents Policy. This policy aims to provide transparency and clarity regarding the fundamental requirements for registration. The Council approved a three-year review cycle for this policy in December 2022.

The proposed amendments are minor, primarily focusing on stylistic and clarity revisions. A thorough review was conducted, and no major updates were deemed necessary.

*UPON A MOTION duly made by Heather Westaway and seconded by Matthew Daher it was resolved that Council approves the revisions to the Required Documents Policy. **Carried.***

Fiona Teape also presented proposed amendments to the Professional Liability Insurance Policy. She outlined the proposed amendments, which include updating the policy to align with current sections of the *Regulated Health Professions Act, 1991 (RHPA, 1991)* and replacing references to the Financial Services Commission of Ontario with the Financial Services Regulatory Authority of Ontario (FSRA).

Fiona requested that the Council either approve the proposed amendments or return the draft to the Registration Committee for further revision.

*UPON A MOTION duly made by Alyssa King and seconded by Jane Gage it was resolved that Council approves the amendments to the Professional Liability Insurance Policy. **Carried.***

## 10. Risk Management Plan Review

Nancy Leris provided a high-level overview of the Risk Management Plan, highlighting issues related to specific risks faced by the College.

The risk management plan includes changes to risk mitigation strategies, emphasizing areas of concern. Each amendment was accompanied by the rationale and details regarding the current risk landscape. The risk management plan, with, proposed amendments, has been reviewed by the Planning and Finance Committee.

The Chair then opened the floor for questions. One Council member noted that during the Planning and Finance Committee discussions, it was acknowledged that the budget would need to be revised to effectively mitigate some of these risks. It was suggested that the College develop a cost estimate for implementing these changes and present it to the Planning and Finance Committee.

No further questions were raised.

*UPON A MOTION duly made by Oluwashindara Isaac-Oloye and seconded by Sara Gottlieb it was resolved that Council approves the amendments to the Risk Management Plan. **Carried.***

## 11. Operational Policies

### Investment Strategy Policy

Fiona Teape delivered a high-level presentation on proposed amendments to the Investment Strategy Policy, which included an overview of the recent environmental scan conducted by the College.

Fiona Teape noted that some amendments, characterized as "housekeeping" changes, have been proposed and were previously discussed with the Planning and Finance Committee.

The Chair opened the floor for questions. A Council member inquired whether the Planning and Finance Committee has specific guidance on investments. Nancy Leris responded that the College utilizes a third-party investment advisor to assist in guiding investment decision-making.

*UPON A MOTION duly made by Teresa Bendo and seconded by Heather Westaway it was resolved that Council approves the amendments to the Investment Strategy policy. Carried.*

### Reserve Funds Policy

Fiona Teape delivered a high-level presentation on the College's Reserve Funds Policy, which included an overview of the recent environmental scan.

The Reserve Funds Policy outlines the nature and purpose of the College's reserve funds, specifying both minimum amounts for these funds and the maximum aggregate amount. Fiona discussed the proposed amendments to the Reserve Funds Policy, noting that these amendments were addressed during the recent Planning and Finance Committee meeting.

A Council member requested clarification regarding the reserve funds. Nancy Leris explained that the College should maintain a reserve fund equivalent to 12 months of operational expenses to adequately cover any unexpected significant costs.

*UPON A MOTION duly made by Matthew Daher and seconded by Corby Anderson it was resolved that Council approves amendments to the Reserve Funds Policy. Carried.*

## 12. Election of Officers

Nancy Leris formally introduced the Election of Officers. The composition of the Executive Committee is outlined in the College's by-laws (By-law 13.01), which stipulates a total of five members: the President, the Vice-President, and three members of the Council elected by



Council. The bylaw also specifies that three members shall be members of the College and two members shall be public members.

Nancy Leris announced that Benjamin Matthie is acclaimed as President of the College, with Victoria Nicholson acclaimed as Vice-President.

For the remaining three positions on the Executive Committee, Teresa Bendo is acclaimed as a Public Council member of the Executive Committee. The following Professional Council members were nominated for election to the remaining two Executive Committee positions: Susan Garfat, Leanne Smith and Heather Westaway.

*UPON A MOTION duly made by Oluwashindara Isaac-Oloye and seconded by Corby Anderson it was resolved that Brian Fehst and Samuel Hanna be appointed as scrutineers for the election of Officers of the College. Carried.*

Prior to the voting taking place, Susan Garfat withdrew her nomination for Executive Committee. Leanne Smith and Heather Westaway were therefore acclaimed as Professional Council members of the Executive Committee.

Nancy Leris read the resolution and provided Council with the updated Executive Committee composition for the 2024-2025 fiscal year.

*UPON A MOTION duly made by Jane Gage and seconded by Sue Garfat it was resolved that Council approves the new Executive Committee composition for 2024-2025. Carried.*

### **13. 2024-2025 Committee Slate**

Samuel Hanna, Communications Officer, provided an overview of the proposed revisions to the Committee slate for the 2024-2025 fiscal year. The slate included in the meeting package was recommended by the Governance and Nominations Committee in August 2024.

Benjamin Matthie took the position of chair as the re-elected President of Council. Benjamin Matthie then opened the floor for questions, suggestions, or recommendations regarding the potential 2024-2025 Committee Slate. No questions or comments were brought forward.

*UPON A MOTION duly made by Sara Gottlieb and seconded by Alyssa King, it was resolved that the Council of the College of Kinesiologists of Ontario approves the proposed 2024-2025 Committee slate. Carried.*

### **Long-term Vacancy in District 2**

In September 2024, a vacancy arose in District 2 due to the resignation of a Professional Member of Council from Electoral District 2 prior to the completion of their term. This term of office was set to end in 2026. According to College By-law 10.33, since the seat became

vacant more than 12 months before the expiration of the member's term, it is classified as a long-term vacancy.

Samuel Hanna presented three potential options for addressing this vacancy to the Council.

Benjamin Matthie then opened the floor for questions.

In response to a question regarding whether a by-election may be necessary, and whether such a by-election may proceed with modifications to the typical election process and timing, Nancy Leris clarified that any by-election must still be formally opened and proceed in accordance with the by-laws. Such a by-election will incur costs very similar to those of a regular election. Another member asked if the election had been budgeted. Nancy Leris noted that it was not included in the budget, as the resignation was not anticipated.

*UPON A MOTION duly made by Alyssa King and seconded by Matthew Daher it was resolved that Council approves to move forward with a by-election to fill the vacancy in electoral district 2. Carried.*

#### 14. Committee Reports

Benjamin Matthie reviewed the various Committee reports included in the meeting package, which comprised reports from the Governance and Nominations Committee, the Inquiries, Complaints and Reports Committee (ICRC), Patient Relations Committee, Quality Assurance Committee, Registration Committee, the Steering Committee - Strategic Planning, and the Planning and Finance Committee.

Benjamin Matthie then opened the floor for questions or concerns. A member asked a question regarding the increase in both registrations and resignations, inquiring if there is an underlying reason for this trend.

Fiona Teape responded that the number of resignations at the end of fiscal year 2024 was an increase compared to fiscal year 2023. Fiona Teape noted that several factors contribute to this situation and emphasized that a thorough assessment will take place at the Council meeting in December 2024, once all the relevant data is collected and available.

Benjamin Matthie inquired about the progress of the ICRC. Ethan Foerster confirmed that everything is progressing as expected, although there is currently an ongoing review by HPARB.

#### 15. Review of Action Items

- **Ongoing** – Registration working on a policy for kinesiologists who accept delegation of duties from supervisors while holding an Emergency Class Certificate of Registration.
- **Ongoing** – Continuing to monitor engagement rate of the College's Annual Report. To support this, the College will be conducting an environmental scan of other Colleges that are part of Health Professions Regulators of Ontario (HPRO) to determine a benchmark for engagement rate of annual reports and reporting back to Council.

## Termination

*UPON A MOTION* duly made by Jennifer Yee, seconded by Chad McCleave, the Council meeting of September 17, 2024 was terminated at 2:14 pm. **Carried.**

DRAFT

**COLLEGE OF KINESIOLOGISTS OF ONTARIO**

**FINANCIAL STATEMENTS**

AUGUST 31, 2024

*Draft Statement Subject to Revision*

**HILBORN**<sub>LLP</sub>

## Independent Auditor's Report

To the Council of the College of Kinesiologists of Ontario

### Opinion

We have audited the financial statements of the College of Kinesiologists of Ontario (the "College"), which comprise the statement of financial position as at August 31, 2024, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at August 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the annual report prior to the date of our auditor's report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in our auditor's report. We have nothing to report in this regard.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario  
To be determined

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Statement of Financial Position

August 31	2024 \$	2023 \$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents (note 3)	2,995,391	2,742,581
Prepaid expenses	57,568	83,412
Investments (note 4)	222,467	234,464
	<b>3,275,426</b>	<b>3,060,457</b>
Investments (note 4)	331,619	307,120
Capital assets (note 5)	31,453	50,557
	<b>363,072</b>	<b>357,677</b>
	<b>3,638,498</b>	<b>3,418,134</b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 6)	256,197	247,404
Deferred revenue	1,815,300	1,632,700
Loan payable (note 7)	-	40,000
	<b>2,071,497</b>	<b>1,920,104</b>
Deferred lease incentives (note 9)	-	16,616
	<b>2,071,497</b>	<b>1,936,720</b>
<b>NET ASSETS</b>		
Invested in capital assets	31,453	50,557
Internally restricted net assets (note 10)	290,000	290,000
Unrestricted	1,245,548	1,140,857
	<b>1,567,001</b>	<b>1,481,414</b>
	<b>3,638,498</b>	<b>3,418,134</b>

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Statement of Operations

Year ended August 31	2024 \$	2023 \$
<b>Revenues</b>		
Registration fees	1,789,893	1,788,378
Examination fees	209,830	165,870
Application fees	85,050	52,600
Jurisprudence fees	41,421	27,645
Interest income	119,751	89,864
	<b>2,245,945</b>	<b>2,124,357</b>
<b>Expenses</b>		
Salaries and benefits (note 8)	1,017,091	1,016,804
Professional fees	186,920	88,048
Rent (note 9)	184,256	227,986
Communications and media	129,834	74,841
Registration	125,822	168,087
Examination	104,989	72,638
Office and general	84,560	75,485
Professional conduct	83,706	97,153
Council and committees	49,316	64,145
Merchant banking fees	47,223	42,060
Amortization of capital assets	41,688	37,851
Quality assurance	33,401	36,290
	<b>2,088,806</b>	<b>2,001,388</b>
Excess of revenues over expenses before other expense	157,139	122,969
Other expense		
Office relocation (note 5)	71,552	-
Excess of revenues over expenses for year	<b>85,587</b>	<b>122,969</b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Statement of Changes in Net Assets

Year ended August 31

	Invested in capital assets \$	Internally restricted net assets \$	Unrestricted \$	2024 Total \$
Balance, beginning of year	50,557	290,000	1,140,857	<b>1,481,414</b>
Excess of revenues over expenses (expenses over revenues) for year	-	(2,800)	88,387	<b>85,587</b>
Purchase of capital assets	27,797	-	(27,797)	-
Amortization of capital assets	(41,688)	-	41,688	-
Loss on disposal of capital assets (note 5)	(5,213)	-	5,213	-
Internal restriction (note 10)	-	2,800	(2,800)	-
Balance, end of year	<b>31,453</b>	<b>290,000</b>	<b>1,245,548</b>	<b>1,567,001</b>

	Invested in capital assets \$	Internally restricted net assets \$	Unrestricted \$	2023 Total \$
Balance, beginning of year	82,065	290,000	986,380	1,358,445
Excess of revenues over expenses (expenses over revenues) for year	-	(3,820)	126,789	122,969
Purchase of capital assets	6,343	-	(6,343)	-
Amortization of capital assets	(37,851)	-	37,851	-
Internal restriction (note 10)	-	3,820	(3,820)	-
Balance, end of year	<b>50,557</b>	<b>290,000</b>	<b>1,140,857</b>	<b>1,481,414</b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Statement of Cash Flows

Year ended August 31	2024 \$	2023 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	85,587	122,969
Adjustments to determine net cash provided by (used in) operating activities		
Interest received on investments capitalized in prior years	8,464	4,098
Interest capitalized on investments	(10,347)	(8,464)
Amortization of capital assets	41,688	37,851
Amortization of deferred lease incentives	(16,616)	(19,939)
Loss on disposal of capital assets	5,213	-
	<b>113,989</b>	136,515
Change in non-cash working capital items		
Decrease in prepaid expenses	25,844	4,732
Increase in accounts payable and accrued liabilities	8,793	44,286
Increase in deferred revenue	182,600	89,900
	<b>331,226</b>	275,433
Cash flows from investing activities		
Purchase of capital assets	(27,797)	(6,343)
Purchase of investments	(236,619)	(226,000)
Proceeds on maturity of investments	226,000	103,560
	<b>(38,416)</b>	(128,783)
Cash flows from financing activities		
Repayment of loan payable	(40,000)	-
Net change in cash and cash equivalents	252,810	146,650
Cash and cash equivalents, beginning of year	2,742,581	2,595,931
Cash and cash equivalents, end of year	<b>2,995,391</b>	2,742,581

The accompanying notes are an integral part of these financial statements

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

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## Notes to Financial Statements

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August 31, 2024

### **Nature and description of the organization**

The College of Kinesiologists of Ontario (the "College") was incorporated as a non-share capital corporation under the Regulated Health Professions Act, 1991 ("RHPA").

As the regulator and governing body of the kinesiology profession in Ontario, the major function of the College is to administer the Kinesiology Act, 2007 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

### **1. Significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

#### **(a) Revenue recognition**

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being September 1 to August 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred revenue.

Examination fees are recognized as revenue when the examinations are held. Examination fees received in advance of an exam being held are recorded as deferred revenue.

Application fees are recognized as revenue upon assessment of the application.

Jurisprudence fees are recognized as revenue when the services have been provided.

Interest income comprises interest from cash and cash equivalents and investments and is recognized on an accrual basis. Interest on investments is recognized over the terms of the respective investments using the effective interest method.

#### **(b) Cash and cash equivalents**

Cash and cash equivalents consists of deposits with banks and investments that are redeemable at the option of the holder, and are not subject to significant risk of change in value.

#### **(c) Investments**

Investments consist of fixed income investments with maturity dates greater than twelve months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Notes to Financial Statements (continued)

August 31, 2024

### 1. Significant accounting policies (continued)

#### (d) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Furniture and fixtures	5 years
Computer equipment	3 years
Computer software	3 years
Leasehold improvements	10 years

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

#### (e) Contributed services

The work of the College is dependent on the voluntary service of many individuals. Since these services are not normally purchased by the College and because of the difficulty of determining their fair value, contributed services are not recognized in the financial statements.

#### (f) Deferred lease incentives

Lease incentives include tenant inducements received in cash and reduced rent benefits.

Lease incentives are amortized to income on a straight-line basis over the term of the lease.

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

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## Notes to Financial Statements (continued)

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August 31, 2024

### 1. Significant accounting policies (continued)

#### (g) Financial instruments

##### Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash and cash equivalents and investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

##### Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Notes to Financial Statements (continued)

August 31, 2024

### 1. Significant accounting policies (continued)

#### (g) Financial instruments (continued)

##### Impairment (continued)

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

#### (h) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

### 2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
Currency			Interest rate	Other price	
Cash and cash equivalents	X			X	
Investments	X			X	
Accounts payable and accrued liabilities		X			

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Notes to Financial Statements (continued)

August 31, 2024

### 2. Financial instrument risk management (continued)

#### Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2024	2023
	\$	\$
Cash and cash equivalents	2,995,391	2,742,581
Investments	554,086	541,584
	<u>3,549,477</u>	<u>3,284,165</u>

The College reduces its exposure to the credit risk of cash and cash equivalents and investments by maintaining balances with a Canadian financial institution.

The College manages its exposure to the credit risk of investments through an investment policy which restricts the types of eligible investments.

#### Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet its liabilities as they become due.

The College has available to it a banking facility which provides for a maximum operating line of credit of \$125,000. Borrowings under the line of credit bear interest at prime plus 0.5% per annum, and are secured by a general security agreement and assignment of fire and other perils insurance on the College's leased premises. The line of credit remains unused as at August 31, 2024.

#### Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

#### Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Notes to Financial Statements (continued)

August 31, 2024

### 2. Financial instrument risk management (continued)

#### Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

#### Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

#### Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

### 3. Cash and cash equivalents

	2024 \$	2023 \$
Cash	2,995,391	1,704,700
Redeemable guaranteed investment certificate - interest at prime less 2.60%	-	1,037,881
	<u>2,995,391</u>	<u>2,742,581</u>

### 4. Investments

	2024 \$	2023 \$
Current	222,467	234,464
Long-term	331,619	307,120
	<u>554,086</u>	<u>541,584</u>

Investments consist of guaranteed investment certificates and principal protected notes with effective interest rates ranging from 2.24% to 5.50% (2023 - 2.24% to 4.40%), and maturity dates ranging from February 2025 to September 2028 (2023 - September 2023 to September 2028).

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Notes to Financial Statements (continued)

August 31, 2024

### 5. Capital assets

	<b>Cost</b>	<b>Accumulated</b>	<b>2024</b>
	<b>\$</b>	<b>Amortization</b>	<b>Net</b>
		<b>\$</b>	<b>\$</b>
Furniture and fixtures	164,983	138,164	26,819
Computer equipment	70,360	65,726	4,634
Computer software	121,863	121,863	-
	<u>357,206</u>	<u>325,753</u>	<u>31,453</u>

	<b>Cost</b>	<b>Accumulated</b>	<b>2023</b>
	<b>\$</b>	<b>Amortization</b>	<b>Net</b>
		<b>\$</b>	<b>\$</b>
Furniture and fixtures	137,186	134,183	3,003
Computer equipment	70,360	60,685	9,675
Computer software	121,863	121,863	-
Leasehold improvements	326,662	288,783	37,879
	<u>656,071</u>	<u>605,514</u>	<u>50,557</u>

During the year, leasehold improvements with a net book value of \$5,213 (cost of \$326,662 and accumulated amortization of \$321,449) were disposed of for nil proceeds resulting in a loss on disposal of \$5,213, which is included in office relocation in the statement of operations.

### 6. Accounts payable

	<b>2024</b>	<b>2023</b>
	<b>\$</b>	<b>\$</b>
Trade payables and accrued liabilities	198,097	207,404
Accrued liabilities - professional conduct	58,100	40,000
	<u>256,197</u>	<u>247,404</u>

### 7. Loan payable

During fiscal 2020 and 2021, the College received loans under the Canada Emergency Benefit Account program, totalling \$60,000, for the payment of non-deferrable expenses. During the initial term ending January 18, 2024, the College was not required to repay any portion of the loan and no interest was accrued.

During the year, the College repaid \$40,000 of the loan payable and the remaining balance in the amount of \$20,000 was forgiven. The College recognized the loan forgiveness as income through the statement of operations in the amount of \$10,000 in each of fiscal 2020 and 2021.

### 8. Employee benefits

The College maintains a group registered retirement savings plan which, upon eligibility, is mandatory for all employees. The College contributes 7% of employee earnings which amounted to \$50,797 (2023 - \$57,536) and is charged to salaries and benefits in the statement of operations.

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Notes to Financial Statements (continued)

August 31, 2024

### 9. Deferred lease incentives

Pursuant to a lease agreement for the office premises of the College, with an expiry date of June 30, 2024, tenant inducements in the amount of \$172,596 and reduced rent benefits in the amount of \$31,781 were received. Amortization of these amounts was completed in the current year to coincide with the expiry date of the lease.

	<b>Cost</b>	<b>Accumulated</b>	<b>2024</b>
	<b>\$</b>	<b>Amortization</b>	<b>Net</b>
		<b>\$</b>	<b>\$</b>
Tenant inducements	172,596	172,596	-
Reduced rent benefits	31,781	31,781	-
	<u>204,377</u>	<u>204,377</u>	<u>-</u>
	<b>Cost</b>	<b>Accumulated</b>	<b>2023</b>
	<b>\$</b>	<b>Amortization</b>	<b>Net</b>
		<b>\$</b>	<b>\$</b>
Tenant inducements	172,596	158,563	14,033
Reduced rent benefits	31,781	29,198	2,583
	<u>204,377</u>	<u>187,761</u>	<u>16,616</u>

Amortization of lease incentives in the amount of \$16,616 (2023 - \$19,939) has been credited to rent in the statement of operations.

### 10. Internally restricted net assets

The College has internally restricted net assets to provide support to victims of sexual abuse, increases in investigation costs and hearings and future property and technology requirements.

The internally restricted net assets of \$290,000 are allocated for abuse therapy in the amount of \$30,000, investigations and hearings in the amount of \$170,000 and property and technology in the amount of \$90,000.

In the current year, expenses in the amount of \$2,800 (2023 - \$3,820) were incurred in connection with abuse therapy. The Council approved a transfer of \$2,800 (2023 - \$3,820) from unrestricted net assets to net assets internally restricted for abuse therapy.

The internally restricted net assets are subject to the direction of the Council upon the recommendation of the Executive Committee.

# COLLEGE OF KINESIOLOGISTS OF ONTARIO

## Notes to Financial Statements (continued)

August 31, 2024

### 11. Commitments

- a) The College has entered into a lease agreement, expiring August 31, 2034, for its office premises. Effective September 1, 2024, the payment of rent commenced.

The future annual lease payments, including an estimate of premises common area expenses, are as follows:

	<u>\$</u>
2025	152,668
2026	152,668
2027	159,188
2028	159,188
2029	165,708
Thereafter	<u>876,662</u>
	<u>1,666,082</u>

- b) The College has an agreement with a third party to receive psychometric services in regards to the College's Entry-to-Practice Examination. The agreement commenced on May 1, 2024 and will continue for a period of three years.

The approximate annual commitments are as follows:

	<u>\$</u>
2025	29,572
2026	79,286
2027	<u>32,318</u>
	<u>141,176</u>

# HILBORN

LISTENERS. THINKERS. DOERS.



**Resolution: Approval of Audited Financial Statements for Fiscal Year 2023/2024**

**Whereas** Council requires that its operations undergo a financial audit annually,  
and

**Whereas** the firm of Hilborn LLP was appointed to carry out this audit and did so during the  
month of October 2024; and

**Whereas** the auditor has now presented Council with draft financial statements as well as  
the auditor's opinion.

**Resolution**

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approve  
for circulation, and submission to the Minister of Health, the audited financial statements for  
2023/2024.**

Moved by:

Seconded by:

Date: Monday, December 2, 2024



## 2024/2025 Risk Management Plan Dashboard

### Overall Risk Priority Highlights:

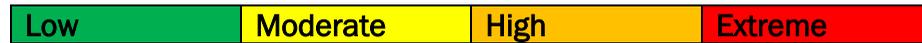
Risk Priority (Risk Rating)	Description	Changes (from March 2024)		# of Risks (2023/2024)
<b>Extreme (10-20)</b>	Requires immediate prohibition of the work, process and immediate corrective action	<b>Upgraded to Extreme:</b>	<b>0</b>	<b>0</b>
<b>High (7-9)</b>	Requires immediate corrective action	<b>Downgraded to High:</b>	<b>1</b>	<b>2</b>
		<b>Upgraded to High:</b>	<b>0</b>	
<b>Moderate (3-6)</b>	May require corrective action, planning and budgeting process	<b>Downgraded to Moderate:</b>	<b>2</b>	<b>32</b>
		<b>Upgraded to Moderate:</b>	<b>2</b>	
<b>Low (1-2)</b>	May require consideration in any future changes to the work area or processes, or can be fixed immediately	<b>Downgraded to Low:</b>	<b>1</b>	<b>9</b>
		<b>Upgraded to Low:</b>	<b>0</b>	

### General and Non-Substantive Amendments (apply to multiple risk types, risks and risk mitigation strategies):

- Updates to stakeholder roles and responsibilities, risk owners and risk mitigation strategies for alignment with College org chart and job titles
- Updated all date references where necessary
- Minor amendments for formatting/grammar/spelling where indicated

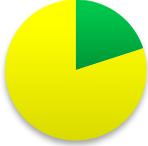
Details (Q1-Q2 2024-2025: September. 1, 2024 – November 30, 2024)

Legend:



Risk Type	Risk Priorities	Proposed Amendments			
<i>Financial</i>		<b>Risk Item</b>	<b>Amendment</b>	<b>Rationale</b>	<b>Current Risk Likelihood/Impact/Priority</b>
		2 – Risk of Fraud/Theft	Risk mitigation strategy: Added: development of end user manuals.	Associated with internal controls audit. The goal of end user manuals is to ensure clear procedures.	Likelihood: 2 – Unlikely
					Impact: 2 – Serious
		4 – Poor financial management	Risk mitigation strategy: Amended: “ <b>Reserve Fund</b> Financial policies reviewed by Finance and Planning Committee”	Consistency with current procedures.	Likelihood: 1 – Rare
					Impact: 2 – Serious
		5 – Unfair, non-transparent and non-competitive procurement processes	Risk mitigation strategy: Added: “ <b>Legal review, at the Registrar &amp; CEO’s discretion, of contracts deemed to be operationally significant</b> ”	To strengthen procurement processes. “Registrar & CEO discretion” recommended by Planning & Finance Committee.	Likelihood: 2 – Unlikely
					Impact: 1 - Minor
		7 – Inefficient project management	Risk mitigation strategy: Added: “ <b>Periodic engagement of third-party human resources as needed to address human resources constraints.</b> ”	Addition to risk mitigation strategy to enhance internal controls by ensuring required expertise available to support project management	Likelihood: 1 – Rare
					Impact: 2 – Serious

Risk Type	Risk Priorities	Proposed Amendments			
					<b>Priority: 2 - Low</b>
<b>Information Management</b>		<b>Risk Item</b>	<b>Amendment</b>	<b>Rationale</b>	<b>Current Risk Likelihood/Impact/Priority</b>
		<b>8 - Breach of confidentiality</b>	Decreased risk likelihood from 3 – Moderate to 2 – Unlikely  Decreased risk priority from 6 – Moderate to 4 - Moderate  Risk mitigation strategy: Amended as follows: <ul style="list-style-type: none"> <li>- Updated information regarding password storage</li> <li>- Added element pertaining to folder permissions and controlled access</li> <li>- Amended to reflect the nature of the College’s server</li> </ul>	Observed occurrence frequency below threshold for a likelihood of “3 – Moderate”.  Amendments to risk mitigation strategy associated with internal controls audit.	<b>Likelihood: 2 – Unlikely</b>
					<b>Impact: 2 – Serious</b>
					<b>Priority: 4 – Moderate</b>
<b>10 - Unintended destruction or loss of records</b>	Decreased risk likelihood from 3 – Moderate to 1 - Rare	Observed occurrence frequency below threshold for a likelihood of “3 – Moderate”.	<b>Likelihood: 1 - Rare</b>		
			<b>Impact: 3 – Major</b>		
			<b>Priority: 3 - Moderate</b>		

Risk Type	Risk Priorities	Proposed Amendments															
			Decreased risk priority from 9 – High to 3 – Moderate.														
		<b>15</b> - Computers systems are compromised due to: <ul style="list-style-type: none"> <li>• Virus</li> <li>• Security breach</li> <li>• Malware / Ransomware</li> </ul>	Decreased risk likelihood from 4 – Likely to 3 – Moderate.  Decreased risk priority from 12 – Extreme to 9 - High.	Implementation of enhanced risk mitigation strategy. Ongoing close monitoring due to general threat environment.	<b>Likelihood:</b> 3 – Moderate <b>Impact:</b> 3 – Major <b>Priority:</b> 9 - High												
<i>Loss/Damage of Capital Equipment/Furnishings</i>		<table border="1"> <thead> <tr> <th data-bbox="897 626 1303 695">Risk Item</th> <th data-bbox="1303 626 1696 695">Amendment</th> <th data-bbox="1696 626 2088 695">Rationale</th> <th data-bbox="2088 626 2489 695">Current Risk Likelihood/Impact/Priority</th> </tr> </thead> <tbody> <tr> <td data-bbox="897 695 1303 894">16 – Computers and other items of value belonging to the College are stolen</td> <td data-bbox="1303 695 1696 894"> Decreased risk likelihood from 3 – Moderate to 1 – Rare   Decreased risk priority from 6 – Moderate to 2 – Low </td> <td data-bbox="1696 695 2088 894">Observed occurrence frequency below threshold for likelihood of 3 – Moderate.</td> <td data-bbox="2088 695 2489 894"> <b>Likelihood:</b> 1 – Rare  <b>Impact:</b> 2 – Serious  <b>Priority:</b> 2 – Low </td> </tr> <tr> <td data-bbox="897 894 1303 1130">17 – Permanent damage to equipment and/or furnishings due to water/fire damage, abuse by individuals</td> <td data-bbox="1303 894 1696 1130"> Decreased risk likelihood from 3 – Moderate to 2 – Unlikely.   Decreased risk priority from 6 – Moderate to 4 – Moderate </td> <td data-bbox="1696 894 2088 1130">Observed occurrence frequency below threshold for likelihood of 3 – Moderate.</td> <td data-bbox="2088 894 2489 1130"> <b>Likelihood:</b> 2 – Unlikely  <b>Impact:</b> 2 – Serious  <b>Priority:</b> 4 - Moderate </td> </tr> </tbody> </table>	Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority	16 – Computers and other items of value belonging to the College are stolen	Decreased risk likelihood from 3 – Moderate to 1 – Rare  Decreased risk priority from 6 – Moderate to 2 – Low	Observed occurrence frequency below threshold for likelihood of 3 – Moderate.	<b>Likelihood:</b> 1 – Rare <b>Impact:</b> 2 – Serious <b>Priority:</b> 2 – Low	17 – Permanent damage to equipment and/or furnishings due to water/fire damage, abuse by individuals	Decreased risk likelihood from 3 – Moderate to 2 – Unlikely.  Decreased risk priority from 6 – Moderate to 4 – Moderate	Observed occurrence frequency below threshold for likelihood of 3 – Moderate.	<b>Likelihood:</b> 2 – Unlikely <b>Impact:</b> 2 – Serious <b>Priority:</b> 4 - Moderate			
Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority														
16 – Computers and other items of value belonging to the College are stolen	Decreased risk likelihood from 3 – Moderate to 1 – Rare  Decreased risk priority from 6 – Moderate to 2 – Low	Observed occurrence frequency below threshold for likelihood of 3 – Moderate.	<b>Likelihood:</b> 1 – Rare <b>Impact:</b> 2 – Serious <b>Priority:</b> 2 – Low														
17 – Permanent damage to equipment and/or furnishings due to water/fire damage, abuse by individuals	Decreased risk likelihood from 3 – Moderate to 2 – Unlikely.  Decreased risk priority from 6 – Moderate to 4 – Moderate	Observed occurrence frequency below threshold for likelihood of 3 – Moderate.	<b>Likelihood:</b> 2 – Unlikely <b>Impact:</b> 2 – Serious <b>Priority:</b> 4 - Moderate														
<i>Loss/Compromise of Examination</i>		<ul style="list-style-type: none"> <li>• No changes or amendments proposed to any risks in this risk type.</li> </ul>															

Risk Type	Risk Priorities	Proposed Amendments			
Human Resources		<b>Risk Item</b>	<b>Amendment</b>	<b>Rationale</b>	<b>Current Risk Likelihood/Impact/Priority</b>
		28 – Lack of experience of staff leads to: <ul style="list-style-type: none"> <li>- Operational oversights and errors</li> <li>- Poor decisions by Committees and Council</li> </ul>	Increased risk likelihood from 1 – Rare to 3 – Moderate.  Increased risk priority from 2 – Low to 6 – Moderate.  Amended risk description to: <u>“28 - Performance of staff and external service providers leads to:</u> <ul style="list-style-type: none"> <li>• <u>Operational oversights and errors</u></li> <li>• <u>Poor decisions by Committees and Council</u>”</li> </ul>	Amended risk likelihood and priority associated with learning curve for new staff and external supports.  Action plan: implement risk mitigation strategy, focus on ongoing performance management.	<b>Likelihood: 3 – Moderate</b>  <b>Impact: 2 – Serious</b>  <b>Priority: 6 - Moderate</b>
Loss of Confidence in CKO		<ul style="list-style-type: none"> <li>• No changes or amendments proposed to any risks in this risk type.</li> </ul>			
Governance		<ul style="list-style-type: none"> <li>• No changes or amendments proposed to any risks in this risk type.</li> </ul>			

Risk Type	Risk Priorities	Proposed Amendments
<i>Compliance</i>		<ul style="list-style-type: none"><li>• No changes or amendments proposed to any risks in this risk type.</li></ul>

**Resolution – Revised Risk Management Plan – 2024/25**

**Whereas**, Council is responsible for the oversight of the College and the management of its affairs, and

**Whereas**, as part of its oversight role, Council reviews the Risk Management plan developed by College staff to identify, assess, and respond to risks facing the College and its operations, and

**Whereas**, Council has reviewed the updated the Risk Management Plan for 2024/2025, including the identified risk priorities and proposed mitigation strategies, and

**Whereas**, Council is of the view that the Risk Management Plan appropriately prioritizes and addresses the identified risks in light of the College's overall risk tolerance,

**Therefore, be it resolved that Council approves the revised Risk Management Plan for 2024/2025.**

**Moved by:**

**Seconded by:**

**Date:** December 2, 2024

## Decision Note

<b>Issue or Decision:</b> 2023-2024 Council Effectiveness Review Framework Report
<b>Prepared for:</b> Council
<b>Date:</b> December 2, 2024

### Issue:

Consideration of the report of the 2023-2024 Council Effectiveness Review Framework (CERF).

### Background:

The Council of the College of Kinesiologists is committed to periodic review of Council and committee performance and effectiveness. Such an evaluation is aligned with the requirements of the *College Performance Measurement Framework* (“CPMF”). This evaluation process enables Council and its individual members to identify actionable opportunities for continuous improvement.

### Analysis:

The results of the 2023-2024 CERF cover the period between September 1, 2023 and August 31, 2024. The College’s report on the 2023-2024 CERF has been received and reviewed by the Governance and Nominations Committee (“the Committee”). The following priorities were identified for Fiscal Year 2024-2025:

- 1) Registrar & CEO Performance Evaluation and Compensation
- 2) Meeting Evaluation Survey Participation
- 3) Council Learning & Development
- 4) Meeting Materials

### Public Interest Rationale

Providing an overview of the results of ongoing evaluations of Council performance and effectiveness is in the public interest, as it may:

- Enhance the transparency of the Council performance and effectiveness review process; and
- Promote a culture of organizational accountability for continuous improvement.

### Risk Considerations

Publicly reporting the results of the 2023 2024 CERF will reduce the risk that the College’s processes are not seen as transparent or aligned with Ministry of Health expectations. Such reporting will therefore mitigate risks associated with governance and compliance with regulatory performance expectations.

**Decision for the Council:**

Council is asked to consider the draft public report for approval to be posted to the College's website.

---

**Resolution: 2023-2024 Council Effectiveness Review Framework**

**Whereas** Council's commitment to a culture of continuous improvement is demonstrated by regular assessments using the College of Kinesiologists of Ontario's ("the College") Council Effectiveness Review Framework ("CERF"); and

**Whereas** The College has completed the 2023-2024 CERF; and

**Whereas** The Governance and Nominations Committee has received and reviewed the College's report regarding the 2023 2024 CERF; and

**Whereas** Council has considered the recommendations from the Governance and Nominations Committee regarding priorities and opportunities for improvement;

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the report on the 2023-2024 Council Effectiveness Review Framework for publication.**

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Date: December 2, 2024

## 2023-2024 Council Effectiveness Review Framework

### Report

#### BACKGROUND

The Council Effectiveness Review Framework (CERF) is used to evaluate the performance and effectiveness of Council, its President and its committees.

#### PRIORITIES FOR 2024-2025:

The following priorities were identified by Council as opportunities for continuous improvement following the 2023-2024 CERF:

##### **1. Registrar & CEO performance evaluation and compensation**

We will:

- *Align existing policies and procedures with best practices*

##### **2. Meeting Evaluation Survey Participation and Engagement**

We will:

- *Leverage resources and tools to support timely participation*
- *Ensure timely feedback is provided to Chairs regarding Committee and Panel meetings*

##### **3. Meeting materials**

We will:

- *Adhere to a commitment to timely meeting material preparation and delivery*

##### **4. Council Learning and Development**

We will:

- *Support ongoing assessment based on needs and emerging trends*
- *Work towards providing interactive and engaging learning opportunities*



**College of Kinesiologists of Ontario**  
**Strategic Plan 2025-2030**  
**Report to Council**

December 4, 2024

## Background and Context

In October 2023, the Council of the College of Kinesiologists of Ontario began the process of developing a new strategic plan. The overall goal of this strategic planning process was to provide an overarching guidance document for the 5-year period from 2025 to 2030. This process involved four phases:

- Phase 1: Establishing Project Foundations
- Phase 2: Information Gathering
- Phase 3: Strategic Analysis and Strategic Plan Development
- Phase 4: Final Reporting & Implementation Plan

## Strategic Planning Consultations & Analysis

Throughout the 4 phases briefly described above, Council members, the Registrar & CEO and College staff were all consulted. Insights and perspectives were also sought and received from external system partners including the Government of Ontario, Universities, relevant Professional Associations and other health professional regulatory colleges. The consultation and information gathering process included individual interviews, focus groups, surveys.

Information was analyzed through the lens of SWOT (Strengths-Weaknesses-Opportunities-Threats) and PESTLE (Political-Economic-Social-Technological-Legal-Environmental) analyses.

The consultation and analysis process culminated with a June 2024 CKO Strategic Planning Retreat attended by Council, the Registrar & CEO and College staff. Consultation data, research and analyses informed proposed updates to the College's Mission, Vision and Values as follows:

- Updated Mission: "To protect the public through governance that ensures excellent professional practice of Kinesiologists in Ontario";
- Updated Vision: "Trusted Kinesiologists providing optimal movement for Ontarians of all ages"; and
- Updated Values: "Dignity & Respect; Accountability; Transparency; Excellence & Innovation; and Equity, Diversity, Inclusion & Belonging"

The CKO Strategic Planning Retreat also resulted in the identification of three strategic themes:

1. Governance & Public Trust
2. Engagement & Partnerships
3. System Collaboration

More specific strategic priorities within each of those themes were identified. These strategic themes and priorities form the basis for the 2025-2030 Strategic Plan, which is described in graphic format on page 3 of this report.

## Public Interest Rationale

Approval and implementation of the 2025-2030 Strategic Plan is in the public interest as it will:

- Provide a clear framework to guide the College's operational decision-making for the next 5 years;
- Ensure that operational planning processes are aligned with strategic themes identified via consultation; and
- Promote public confidence in the regulator by demonstrating the College's commitment to regulatory performance, accountability and continuous improvement.

## Risk Considerations

Effective implementation of the proposed 5-year strategic plan for 2025 – 2030 will support the College's management of risk by:

- Supporting effective operational planning to ensure the College allocates resources appropriately to achieve strategic and operational goals;
- Promoting transparency, oversight and accountability; and
- Maintaining confidence in the College's focus on and adherence to good governance and public protection.

## Summary

The draft strategic plan for 2025-2030 presented today is focused on achieving strategic goals and priorities related to the identified strategic themes. The College will work to implement this strategic plan by:

- Developing operational plans in accordance with the strategic themes and goals including in the 2025-2030 strategic plan;
- Ensuring that resources are allocated to meet strategic and operational goals; and
- Identifying and reporting on performance outcomes and key performance indicators.

# College of Kinesiologists of Ontario Strategic Plan 2025-2030

## Strategic Theme #1 Governance & Public Trust



Effectively regulate the profession of Kinesiology and advance its governance and statutory work through a risk-based approach to right touch regulation

### *The College will:*

- Assess the Pathway to Licensure
- Enhance risk management & right-touch frameworks
- Good Governance through continuous improvement

## Strategic Theme #2 Engagement & Partnerships



Meaningfully engage and partner with the public, the profession and others to support an understanding of Kinesiologists' role and mandate within the regulated health care environment

### *The College will:*

- Transform organizational practices
- Increase Public Awareness
- Enhance Communication Channels
- Strengthen Integration

## Strategic Theme #3 System Collaboration



Develop strategic collaborations to build a robust healthcare system

### *The College will:*

- Foster Interdisciplinary Partnerships
- Influence Collaborative Policies in the Public



**Resolution – Approval of the College of Kinesiologists of Ontario Strategic Plan 2025-2030**

**Whereas** the strategic directions and goals of the College of Kinesiologists of Ontario (“the College”) are set out in its strategic plan; and

**Whereas** the previous Strategic Plan was designed to cover the period up to the end of 2022; and

**Whereas** the College has completed a comprehensive strategic planning process including broad consultation regarding future strategic directions and goals; and

**Whereas** Council has received and reviewed a proposed five-year Strategic Plan for 2025-2030;

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed five-year Strategic Plan for 2025-2030 for implementation.**

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Date: December 2, 2024



## Operational Plan: September 1, 2024 – August 31, 2025

### Strategic Theme #1: Governance & Public Trust

**Objective:** Effectively regulate the profession of Kinesiology and advance its governance and statutory work through a risk-based approach to right-touch regulation

**Focus:**

- *Assess the pathway to licensure: Ensuring Canadian internationally trained Kinesiologists are registered efficiently and effectively while meeting all regulatory requirements including review of entry to practice requirements;*
- *Ensure the use of best practice risk management/right-touch regulatory frameworks, approaches and strategies*
- *Build good governance practices through continuous improvement: review, refresh, refine the systems and processes to ensure continued good governance and council effectiveness and performance*

Registration		
Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Entry-to-Practice Review;</i>	<p>Implementation of the revised Kinesiology Core Competency Profile as part of the revision of the entry-to-practice requirements for kinesiologists.</p> <p>Assessment of current Educational Equivalency Review framework to determine impact the entry-to-practice examination.</p> <p>Implementation of new legislation for Emergency Class Regulation</p>	<p>Project to commence in Q2-Q3 of FY 2024-2025.</p> <p>May extend to FY 2025-2026</p>
2. <i>Jurisprudence E-learning Module reviewed and updated;</i>	Finalize updates to the Jurisprudence E-Learning Module;	<p>Project to commence in Q1 of FY 2024-2025.</p> <p>Expected completion: Q4 of FY 2024-2025.</p>
3. <i>Entry-to-Practice Exam administration and maintenance;</i>	Ensure the ongoing functionality and integrity of the online entry-to-practice exam platform.	To begin in Q1 FY 2024-2025. Two-year plan has been developed in conjunction with an external service provider.



	<p>Monitor exam performance and security measures to prevent cheating or unauthorized access.</p> <p>Develop new entry-to-practice examinations forms based on updated Kinesiology Core Competency Profile;</p> <p>Review and optimization of entry-to-practice examination pass rate.</p> <p>Provide support and resources to candidates preparing for the exam, including webinars and practice tests.</p>	Data collection and communication with University Liaisons Committee regarding entry-to-practice examination pass rates: Q2-Q3 2024-2025
4. <i>Integrated data-sharing with Provincial Provider Registry;</i>	Integrate data-sharing with Ontario Health’s Provincial Provider Registry;	<p>Expected to begin Q2 of FY 2024-2025 (January 2025).</p> <p>Project start/initiation is contingent on factors external to the College.</p>
5. <i>Automation of additional registration processes;</i>	<p>Regular review and update existing registration policies, and develop new registration policies;</p> <p>Automate prioritized registration processes in IMIS data management system.</p>	Work to consist of a series of specific projects to be completed on an ongoing basis throughout FY 2024-2025
6. <i>Incorporate demographic data collection for 2025 renewal; and</i>	Develop and incorporate voluntary demographic data collection for the 2025 annual renewal.	Plan: have project complete prior to 2025 renewal cycle (opens in July 2025).
7. <i>Updated database management system.</i>	Transfer to new application forms to enhance membership data capture and storage. Targeted enhancements to IT infrastructure through system upgrades; IMIS upgrade to EMS to allow for a more efficient system thereby addressing legacy issues.	Plan and timeframes to be aligned with projects associated with deliverable #6. Target completion in Q4 of FY 2024-2025.

<b>Registration Key Performance Indicators</b>		
<ul style="list-style-type: none"> <li>• Entry-to-Practice Review <ul style="list-style-type: none"> <li>○ Compliance with legislated timelines pertaining to Registration and renewals.</li> <li>○ Compliance with Emergency Class legislation</li> </ul> </li> </ul>		



- Number of system partners informed about Educational Equivalency Review amendment impacts.
- Jurisprudence eLearning Module:
  - Project completion measured against projected timelines.
  - Completion rate for Jurisprudence eLearning module
- Entry-to-Practice Exam
  - Number of incidents of misconduct (cheating or unauthorized access)
  - Participation rate in support resources (webinars, practice tests)
  - Pass vs fail rates (target: 75% pass rate)
- Registrant data and statistics
  - Number of registrants
    - By Class of Certificate of Registration (General/Inactive)
    - Number of new registrants
    - Number of applicants
    - Number of applicants who complete registration process.
  - Number of administrative suspensions
  - Number of administrative revocations
  - Number of resignations (reasons)
- Annual Office of the Fairness Commissioner (OFC) Report
  - Number of requirements met.
  - Compliance with completion and submission timelines
- Health Professions Database Report (HPDB)
  - Number of requirements met.
  - Compliance with completion and submission timelines
- College Performance Measurement Framework:
  - Domain 6, Standard 9, Measure 9.1 “Applicants meet all College requirements before they are able to practice.”
  - Domain 6, Standard 9, Measure 9.3 “Registration practices are transparent, objective and fair”

Corporate/Governance		
Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Development of Key Performance Indicators for College portfolios.</i>	Development and refinement of performance measures for CKO functions & portfolios  Reporting on performance against KPIs	Quarterly – Q1 to Q4  Review and reporting: quarterly via Dashboards/updates to Council.



		Reporting via Annual Report typically published in Q2 of Fiscal Year. Specific KPI reports re: FY 2024-2025 may be published in the Annual Report released in Q2 of FY 2025-2026.
2. <i>Collaboration with key system partners</i>	<p>Identification of formal and informal collaborative opportunities to enhance public protection and risk assessment by sharing resources, expertise or information with system partners such as (but not limited to):</p> <ul style="list-style-type: none"> <li>• Other Ontario health professional regulatory Colleges</li> <li>• Health Professions Regulators of Ontario (HPRO)</li> <li>• Other regulators/bodies outside Ontario</li> <li>• Relevant professional associations</li> </ul>	Ongoing/Quarterly throughout FY 2024-2025
3. <i>Risk Management</i>	<p>Quarterly reviews of Enterprise Risk Management Plan, Business Continuity Plans and Disaster Recovery Plans.</p> <p>Implementing incident response planning into risk management plan to respond to</p> <ul style="list-style-type: none"> <li>• Risks related to the storage, transmission, and access to records, and implement appropriate safeguards to mitigate these risks.</li> <li>• Data breaches, security incidents, or privacy breaches. Define roles and responsibilities, establish communication protocols, and outline procedures for investigating and reporting incidents to regulatory authorities and affected individuals.</li> </ul> <p>Multiple training programs, processes and platforms to manage risks and encourage and facilitate effective, efficient discharge of governance responsibilities in the public interest and for public protection.</p>	<p>Enterprise Risk Management dashboard presented to Council quarterly throughout FY 2024-2025.</p> <p>Risk mitigation strategies, Business Continuity and Disaster Recovery Plans employed and monitored on an ongoing basis throughout FY 2024-2025.</p> <p>Risk Management training to Council to be delivered in FY 2024-2025.</p> <p>Work on Public Risk Management Plan to begin in Q2 of FY 2024-2025.</p>



	Development of “Public Risk Management Plan” to codify College’s approach to managing risks to the public associated with the practice of the profession.	
4. <i>Provide ongoing security awareness training for employees to educate them about IT security best practices, threats, and their roles and responsibilities in safeguarding sensitive information.</i>	<p>Privacy and Confidentiality Training to staff and Council</p> <p>Conduct security risk assessments to identify vulnerabilities of IT infrastructure.</p> <p>Implementing monitoring tools and automated alerts to promptly identify and respond to security incidents or breaches.</p>	Quarterly throughout FY 2024-2025
5. <i>Stay abreast of relevant regulations, standards, and industry best practices pertaining to IT security, and ensure compliance through regular audits, assessments, and internal controls.</i>	Ongoing training and professional development opportunities for staff, Council and committee members to stay updated on regulatory requirements, best practices, and emerging threats in health information privacy and security.	<p>Ongoing monitoring throughout FY 2024-2025.</p> <p>Artificial intelligence in regulation public consultation sponsorship begun Q1 2024-2025</p>
6. <i>Draft Strategic plan developed for approval and implementation in current year.</i>	<p>Draft strategic plan based on research and development, including strategic planning retreat with Council and College staff.</p> <p>Prioritization of strategic goals.</p>	<p>Council approval in Q2 2024-2025.</p> <p>Prioritization of balanced scorecard implementation in Q2 to Q4, 2024-2025</p>
7. <i>Regulatory, governance and corporate compliance</i>	<p>Annual financial audit.</p> <p>Annual College Performance Measurement Framework (CPMF) reporting.</p> <p>Implementation of internal controls audit findings and review and development of policies.</p>	<p>Annual Financial Audit: Q1-Q2 of FY 2024-2025.</p> <p>CPMF reporting cycle: Q1-Q2 of FY 2024-2025 (CPMF responses focused on Calendar Year 2024)</p> <p>Internal Controls Audit: implementation plan to be developed Q1-Q2 of FY 2024-2025.</p>
<b>Corporate/Governance Key Performance Indicators</b>		
Governance:		



- Percentage of board meetings attended by board members.
- Compliance with regulatory requirements and industry standards such as CPMF, RHPA
- Number of governance policies and procedures reviewed and updated annually.
- Timeliness and effectiveness of decision-making processes within the governance structure.
- Rate of successful implementation of recommendations from internal and external audits.
- Effective Stewardship of Resources (Financial, Material, Human)
- External Financial Auditor's Opinion
- Budget variance analysis comparing actual expenditures to budgeted amounts.

**Risk Management & Compliance**

- Number of identified risks and their mitigation strategies.
- Percentage of compliance with applicable laws, regulations, and internal policies.
- Number of incidents related to non-compliance or breaches of regulations etc.
- Timeliness and effectiveness of response to identified risks and compliance issues.
- Results of internal and external audits related to risk management and compliance.

**Focus on the Importance of Protecting Sensitive Data, Maintaining Regulatory Compliance, and Mitigating Cyber Threats:**

- Number of cybersecurity incidents detected and resolved.
- Compliance with data protection regulations (e.g. Personal Information Protection and Electronic Documents Act (PIPEDA) PIPEDA, Freedom of Information and Protection of Privacy Act (FIPPA) Personal Health Information Protection Act (PHIPA), Canadian Anti-Spam Legislation (CASL), Digital Privacy Act:).
- Employee training completion rates on cybersecurity awareness.
- Cybersecurity Incident Response Planning through disaster recovery and business continuity planning, employee training and awareness.
- Progress towards strategic goals and objectives as measured by key milestones.
- Alignment of departmental or functional goals with the overarching strategic plan – development of departmental operational plans
- Percentage of strategic initiatives completed on schedule and within budget.
- System partner satisfaction with the strategic planning process and outcomes.
- Regular review and adjustment of the strategic plan based on changes in the internal or external environment.

<b>Professional Conduct</b>		
<b>Key Deliverables</b>	<b>Activity Highlights</b>	<b>Projected Timelines</b>
1. <i>Timely response to complaints;</i>	Timely updates to the public register and database regarding professional conduct matters.	Ongoing throughout FY 2024-2025 as needed.



	Ensure that information regarding member conduct is readily available and appropriately monitored.	
2. <i>Complainants effectively supported by and informed with the progress of complaints; and</i>	Develop accessible, up-to-date, and documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports.	Ongoing throughout FY 2024-2025.  Project began Q4 of FY 2024-2025
3. <i>CKO addresses complaints in a right touch manner.</i>	The complaint process and relevant available support to complainants are clearly communicated on our website, including information on access to sexual abuse therapy.  Monitoring feedback regarding complaint process and available information and supports.	Ongoing throughout FY 2024-2025.

### Professional Conduct Key Performance Indicators

- College Performance Measurement Framework:
  - Domain 6, Standard 11, Measure 11.1 “The College enables and supports anyone who raises a concern about a registrant.”
  - Domain 6, Standard 11, 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.”
  - Domain 6, Standard 12, Measure 12.1 “The College addresses complaints in a right touch manner.”
  - Domain 6, Standard 13, Measure 13.2 “The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).”
  - Context Measure 5: Distribution of formal complaints and Registrar’s Investigations by theme
  - Context Measure 6: Total number of formal complaints that were brought forward to the ICRC in the calendar year
  - Context Measure 7: Total number of ICRC matters brought forward as a result of Registrar’s Investigation in the calendar year
  - Context Measure 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
  - Context Measure 9: Disposition of the formal complaints and Registrar’s Investigations received
  - Context Measure 10: Total number of ICRC decisions
  - Context Measure 11: 90<sup>th</sup> Percentile disposals of a formal complaint and a Registrar’s Investigation
  - Context Measure 12: 90<sup>th</sup> Percentile disposal of an uncontested and a contested Discipline hearing in working days
  - Context Measure 13: Distribution of Discipline finding by type
  - Context Measure 14: Distribution of Discipline orders by type



## Strategic Theme # 2: Engagement and Partnerships

**Objective:** Meaningfully engage and partner with the public, the profession and others to support an understanding of Kinesiologists' role and mandate within the regulated health care environment

**Focus:**

- *Increase public awareness: Develop and implement targeted communication campaigns to raise public awareness of the Kinesiologist's role within regulated healthcare, ensuring clear and accessible information is available to all stakeholders.*
- *Enhanced communication channels: Establish and maintain effective, transparent, and timely communication channels with the public and the profession, ensuring that all stakeholders are well-informed about the Kinesiologist's mandate and contributions to healthcare.*
- *Strengthen integration: promote/strengthen integration of kinesiology within healthcare teams through strengthened professional collaboration and partnerships.*

Communications		
Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Website revamp</i>	<p>Completion of website revamp with external service provider.</p> <p>Ongoing monitoring and assessment of website features.</p>	Anticipated project completion in Q2 FY 2024-2025.
2. <i>System partner meetings/communications</i>	<p>Identify &amp; engage with key and potential stakeholders and system partners.</p> <p>Initiate meetings, forums, or working groups to foster collaboration and information exchange among system partners.</p> <p>Expand eNewsletter receivership to promote public awareness of the College's regulatory work.</p> <p>Leverage social media platforms and technology to connect and share information with the public and key system partners.</p>	<p>Engagement meetings ongoing throughout 2024-2025 and beyond</p> <p>eNewsletter distributed each month on an ongoing basis. Will continue throughout FY 2024-2025.</p>
3. <i>CKO Council elections</i>	Move to full competency-based election eligibility for 2024/2025 Elections	Nominations and Eligibility: Q3 of FY 2024-2025 (15-day period from



		60 days before the election to 45 days before the election)  Elections: Q4 of FY 2024-2025
4. <i>Translation and enhanced availability of resources in English and French</i>	<p>Scope of Project: French-language translation of:</p> <ul style="list-style-type: none"> <li>• Practice Standards</li> <li>• Practice Guidelines</li> <li>• By-laws</li> </ul> <p>Future project work to include:</p> <ul style="list-style-type: none"> <li>• Revamped website translation</li> <li>• Translation of Policies</li> <li>• Translation of eLearning modules</li> </ul>	<p>Expected initial translation work to be completed Q2 2024-2025.</p> <p>“Future project work” to be conducted throughout FY 2024-2025 and beyond as required.</p>
5. <i>Education and engagement of prospective registrants (University students)</i>	<p>Support building awareness of value proposition of regulation.</p> <p>Academic program visits, consideration requests from programs for specific staff attendance.</p>	Visits to begin in Q1-Q2 of FY 2024-2025.
6. <i>Communications strategy</i>	<p>Draft RFP for Communications Strategy</p> <p>Recruitment of personnel for development of strategy</p>	Target: project initiation in Q4 of FY 2024-2025

### Communications Key Performance Indicators

- Website performance indicators
  - Website analytics, such as page views or link/document clicks (may obtain information via Google Analytics or similar applications/tools that may be provided or recommended by vendor/service provider).
  - Search engine analytics (may obtain information via Google Analytics or similar applications/tools that may be provided or recommended by vendor/service provider).
- eNewsletter engagement analytics
  - Open rate
  - “Click rate”/”Click-through rate”/”Click-to-Open Rate”
  - # of inquiries pertaining to specific newsletter items
- System Partner meetings:
  - # of identified system partners identified for engagement
  - # of meetings held (total)
  - # of meetings held with each individual system partner



- Election
  - # of nominees
  - # of eligible nominees
  - # of voters
  - # of votes

### Strategic Theme #3: System Collaboration

**Objective:** Develop strategic collaborations to build a robust healthcare system

**Focus:**

- *Foster interdisciplinary partnerships: Create and promote initiatives that encourage collaborations and knowledge sharing between Kinesiologists and other healthcare professionals to improve patient outcomes and build a more cohesive health care system;*
- *Collaborative review and optimization of kinesiologist scope of practice, titles and designations to support health human resources and patient/client needs;*
- *Engage with policy makers and healthcare leaders to promote and influence policy and regulatory change and alignment to support interdisciplinary collaboration and contribute to a resilient and effective healthcare system.*

#### Professional Practice & Quality Assurance

Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Revise Essential Competencies of Practice for Kinesiologists in Ontario to align with the Kinesiologist Core Competency Profile;</i>	Revision of Essential Competencies for alignment with Core Competency Profile.	RFP distributed Q1 of FY 2024-2025  Vendor selection completed by Q2 of FY 2024-2025, with project to commence Q2-Q3 of FY 2024-2025.
2. <i>Establish expectations and supports to promote culture of continuous quality improvement;</i>	Engage kinesiologists and system partners to obtain current information about emerging frontline patient and practice issues and thereby identify areas for practical support to address issues with the goal to ensuring patient safety, enhancing the patient's experience and the quality of patient care.	Practice Standard/Practice Guideline survey series distributed via @CKO eNewsletter. Completion: Q2 2024-2025



	Demonstrate how quality assurance activities engage and support registrants in incorporating Continuous Quality Improvement (CQI) into their practice, and help registrants improve practice as individuals and as part of a team;	Annual review of QA program metrics presented to QA Committee and Council (Q2 of FY 2024-2025)
3. <i>Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming;</i>	<p>Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach for assessment.</p> <p>Continue peer and practice assessment operations through hybrid platform to ensure registrants' continuing competence, promote continuous quality improvement and identify profession-wide practice issues.</p> <p>Timely review of existing regulatory supports, requirements and expectations in response to evolving, new and emerging elements of professional practice.</p>	<p>QA Policy and procedure reviews to begin in Q2 of FY 2024-2025.</p> <p>Peer and Practice Assessments ongoing, cycles set for Fall/Winter (Q1-Q2 of FY 2024-2025) and Spring/Summer (Q3-Q4 of FY 2024-2025).</p>
4. <i>Development of peer and mentoring programs for kinesiologists.</i>	<p>Support registrants in applying relevant practice standards and guidelines to their practice and obtain feedback on value/efficacy of supports.</p> <p>Articles and other resources developed for registrants and the public to enhance understanding of Practice Standards and reduce risk of harm.</p>	Peer Circle cycle anticipated to begin in Q2 of FY 2024-2025.

**Professional Practice/Quality Assurance Key Performance Indicators**

- Quality Assurance KPIs:
  - Internal QA Program Evaluation Metrics
  - Peer Circles:
    - # of Peer Circles
    - # of members participating
    - Peer Circle Attendance
    - Feedback survey aggregate responses
  - College Performance Measurement Framework:
    - Domain 6, Standard 9, Measure 9.2 “Registrants continuously demonstrate they are competent and practice safely and ethically.”
    - Domain 6, Standard 10, 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.”



- Domain 6, Standard 10, Measure 10.3 “The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.”
- Context Measure 1: Type and distribution of QA/QI activities and assessments used
- Context Measure 2: Total number of registrants who participated in the QA Program
- Context Measure 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
- Context Measure 4: Outcome of remedial activities as at the end of the calendar year
- Professional Practice KPIs:
  - Number of Practice Inquiries
  - Practice Inquiries by topic/subject matter
  - Practice inquiry response rate vs Client Service Policy standard
  - Engagement rates with College resources:
    - Practice Standards
    - Practice Guidelines
    - Webinars
    - Other resources
  - CPMF:
    - Domain 5, Standard 8, Measure 8.1 “All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).”
    - Domain 6, Standard 10, Measure 10.1 “The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.”

College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2024/2025 - 2026/2027				
	Approved Interim Forecast of Revenue	Revised Forecast of Revenue	Revenue Forecast	Revenue Forecast
	2024/2025	2024/2025	2025/2026	2026/2027
<b>Revenues</b>		(\$)	(\$)	(\$)
Jurisprudence Fee	38,092	38,092	44,351	44,929
Application Fee	81,000	81,000	99,300	100,500
Examination Fee	196,425	196,425	227,250	229,500
Registration Fees	2,017,551	2,017,551	2,122,350	2,155,675
Interest At Bank	50,000	50,000	30,000	30,000
Other Income				
<b>Total Revenue Projections</b>	<b>2,383,068</b>	<b>2,383,068</b>	<b>2,523,251</b>	<b>2,560,604</b>
	Approved Interim Expenditure Forecast 2024/2025	Revised Expenditure Forecast 2024/2025 \$	Expenditure Forecast 2025/2026 \$	Expenditure Forecast 2026/2027 \$
<b>Operating Expenses</b>				
Council and Committees	135,909	141,708	71,300	75,100
Professional Services	123,400	133,400	72,000	74,000
Communications/Media	168,000	173,650	214,200	219,300
Rent and Facilities Costs	163,670	163,670	159,000	164,500
Office and General	141,800	141,800	144,950	148,100
Staff Salaries/Benefits & Stat Remittances	1,147,000	1,147,000	1,204,350	1,264,568
Registration Costs	241,294	241,294	190,630	196,200
Quality Assurance Costs	61,660	65,389	28,600	44,700
Professional Conduct	80,250	80,250	83,000	85,750
<b>TOTAL OPERATING COSTS</b>	<b>2,262,983</b>	<b>2,288,161</b>	<b>2,168,030</b>	<b>2,272,218</b>
<b>SURPLUS (DEFICIT)</b>	<b>120,085</b>	<b>94,907</b>	<b>355,221</b>	<b>288,387</b>
Reserve Fund Contribution				
<b>Notes</b>				
Draw down on internally restricted reserve fund for Technology and Property \$154,000 - Upgrade to Database Management System.				



**Resolution: Approval of revised Budget for fiscal year 2024-2025**

**Whereas** Council and the Planning and Finance Committee have reviewed a revised Budget presented by the College of Kinesiologists of Ontario (the College) and considered whether provision has been made to meet the College's requirements during the fiscal year – September 1, 2024, to August 31, 2025; and

**Whereas** the Planning and Finance Committee has recommended the revised Budget to Council for approval; and

**Whereas** Council plans to continue with operations in a prudent manner; and

**Whereas** Council members have been provided an opportunity to raise questions and gain a full understanding of the risks faced by the College, the medium-term financial outlook for the College and detailed proposed expenditures; and

**Whereas** the Registrar is asking for a vote from Council to approve the revised Budget as presented.

**Therefore, be it resolved that Council approves the revised Budget for the fiscal year 2024-2025, effective December 2, 2024.**

Moved by:

Seconded by:

Date: December 2, 2024

2023/2024 Annual Report

# ON TRACK WITH PROGRESS

Continuing Our Journey

COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO



# 2023/2024 Annual Report

For the period from Sept. 1, 2023  
to Aug. 31, 2024

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## LAND ACKNOWLEDGEMENT

We acknowledge that the office of the College of Kinesiologists of Ontario (CKO) is located in Toronto on land that is the traditional territory of the Haudenosaunee, and, most recently, the territory of the Mississaugas of the New Credit First Nation.

# President's Message



As we approach the end of another year, I want to take a moment to reflect on our achievements and express my gratitude for your unwavering support. My first year as President has been an exciting and fulfilling year of progress and change for the College and I am proud of what we have accomplished together.

Throughout this year, I am grateful for the effort and resources invested in our Council members' training, development and succession planning. I have been personally inspired by the contributions of the other Council members who have contributed so much collectively and as individuals to the College's public protection mandate.

Council has recommitted to the concepts of transparency, continuous improvement and performance assessment. To support this, we have revised the Council Effectiveness Review Framework (CERF) based on recommendations from an external governance expert. The framework includes streamlined processes and increased emphasis on the College's public protection mandate. Additionally, I have regular and ongoing meetings with the Vice-President of Council and the Registrar & CEO to discuss Council's performance, and participation in the review of the policies and tools relating to the Registrar's performance and evaluation.

To strengthen system partner collaboration, we have actively engaged with professional associations, rehabilitation colleges and other partners to discuss key topics in kinesiology, including emerging trends, current challenges, potential regulatory changes, and opportunities for meaningful collaboration.

Council continues to be informed by regular risk management reports, Registrar's updates and financial updates from the College. This information provides valuable high-level insight that allows us to make the most effective strategic decisions. As the College develops

the next 5 year strategic plan, Council looks forward to ensuring the public have access to qualified and competent kinesiologists by focusing on reducing risks of harm.

I want to extend my thanks to my fellow Council members and College staff for their support, meaningful effort and continued commitment to public protection. I am proud of and humbled by our accomplishments during my first year as President and look forward to making a meaningful difference in the journey ahead.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Ben Matthie', with a long horizontal line extending to the right.

**Ben Matthie, R.Kin**

*President*

*Council of College of Kinesiologists of Ontario*

# Registrar's Message

As we enter the new year, I want to extend my heartfelt thanks to Council and our staff for their commitment to our mandate of protecting the public. The achievements of the College are only possible because of everyone's contributions, and I deeply appreciate your hard work.

This past year has seen significant accomplishments and growth. The College has navigated challenges and embraced new opportunities, all while staying true to our core values.

Looking ahead to 2025, we will continue to strengthen and build a resilient organization focused on serving the public of Ontario. In 2023, the College's Council embarked on a journey to develop a new strategic plan for the next five years. We also initiated a project to modernize our website to make information more accessible for kinesiologists, the public and our other system partners. Additionally, as part of our commitment to stewardship and making better use of our available resources, the College has relocated to a new office at 1881 Yonge St.

The College has also made strides in reducing barriers to registration by revising our language

proficiency policy to include additional testing methods for determining eligibility and introducing the Emergency Class Policy. This aligns with the government's mandate to create a regulation that supports ongoing health workforce planning, by providing a pathway for applicants during a declared emergency. Furthermore, we have updated the Kinesiologist Core Competencies Profile and the Exam Blueprint to reflect the evolving Kinesiology profession and address any gaps in knowledge and skills.

The College has also developed and sought feedback regarding a Patient-/Client- Centered Care Practice Guideline. This practice guideline aims to demonstrate how the principles of patient-centered/client-centered care are embedded in all of our Practice Standards and Guidelines, and to clarify the responsibilities of registered kinesiologists in various settings.

Additionally, we remain active participants in multiple provincial, national and international working groups focused on equity, diversity, and inclusion. As a partner in Ontario's broader healthcare system, our commitment to promoting these values helps ensure that everyone is welcomed and treated with respect.



Looking to the future, the College is dedicated to regulatory innovation while maintaining a focus on reducing risk of harm to the public. We will continue to foster growth, enhance our services, strengthen connections with members and system partners, and improve our public communications through collaboration and engagement. All of this work will demonstrate our commitment to supporting the delivery of safe, ethical, and high-quality Kinesiology treatment, care and services in Ontario.

A handwritten signature in black ink, appearing to read 'Nancy Leris'.

**Nancy Leris**

*Registrar and Chief Executive Officer*

# About CKO

The College of Kinesiologists of Ontario (CKO) is the regulator for the practice of kinesiology in Ontario. The *Regulated Health Professions Act, 1991* (RHPA) grants kinesiologists in Ontario the privilege of profession-led regulation, which is carried out by CKO. CKO's legislated mandate is to protect the public.

CKO's regulates Kinesiologists and protects the public by:

01

Setting requirements to become a kinesiologist so that only qualified individuals can practise;

02

Maintaining a list of individuals able to practice Kinesiology;

03

Developing rules and guidelines for kinesiologists' practice and conduct, including a code of ethics;

04

Requiring kinesiologists to keep their knowledge and skills up-to-date; and

05

Investigating and resolving complaints related to kinesiologists.

## VISION

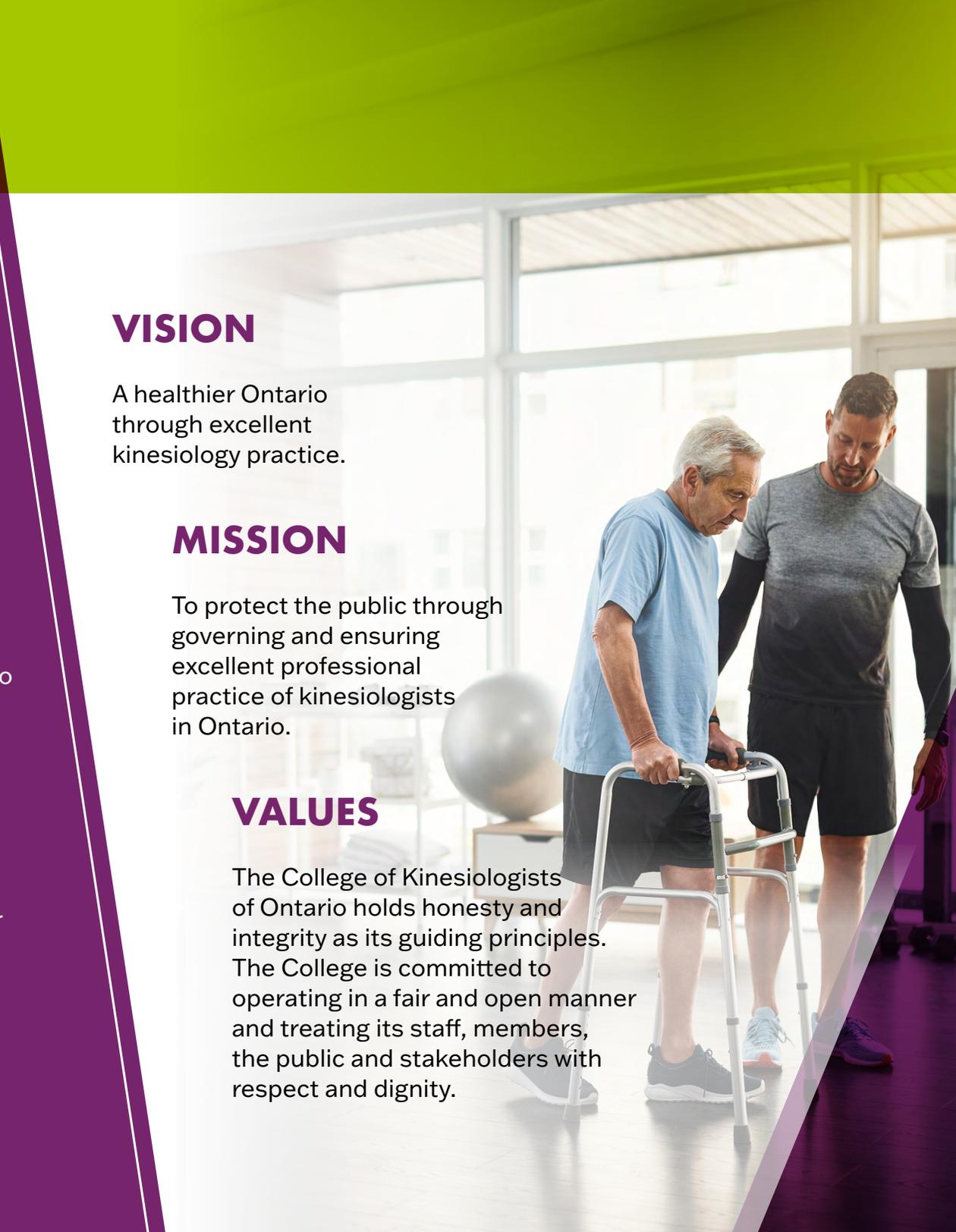
A healthier Ontario through excellent kinesiology practice.

## MISSION

To protect the public through governing and ensuring excellent professional practice of kinesiologists in Ontario.

## VALUES

The College of Kinesiologists of Ontario holds honesty and integrity as its guiding principles. The College is committed to operating in a fair and open manner and treating its staff, members, the public and stakeholders with respect and dignity.



# Year in Review

## **ENTRY-TO-PRACTICE EXAMINATION**

With the fields of kinesiology and public health evolving, the [Kinesiologist Core Competency Profile](#) was reviewed and revalidated to reflect the current knowledge, skills and judgment required for an entry-level kinesiologist. This work contributed to the revisions to the exam blueprint, and mapping all existing questions in the item bank with the new competencies. Additionally, the College has resumed the development of new exam questions based on the revised Kinesiologist Core Competency Profile.

## **CHANGES TO COUNCIL EFFECTIVENESS REVIEW FRAMEWORK**

Council is the board of directors of the College. Council's role is to set strategic direction and ensure that the College fulfils its legislated mandate of protecting the public. The Council Effectiveness Review Framework (CERF) is used to assess and evaluate Council performance and effectiveness. The CERF was revised in accordance with recommendations from a third-party consultant to promote a culture of continuous governance improvement; identify opportunities for training and education; and support a focus on good governance in service of the public interest.

## **EMERGENCY CLASS POLICY**

After last year's change to the Registration Regulation, Council approved the Emergency Class Policy, which sets out the circumstances required for potential members to be issued an emergency class certificate. This ensures that the College will be able to act quickly and appropriately to support health human resource needs during public health emergencies.

## **QUALITY ASSURANCE PROGRAMS**

Quality Assurance programs are intended to help kinesiologists keep their knowledge and skills up-to-date and to ensure the public can receive safe and ethical quality care. To this end, the College finalized and administered the first round of the Peer Circles pilot project, which are small virtual groups where kinesiologists come together to discuss issues relevant to their practice and work through case studies, while remaining within the confidential bounds of the Quality Assurance Program. Additionally, the College revised and administered the Ethics and Professionalism e-learning module as well as the Prevention of Sexual Abuse e-learning module.



# Year in Review (continued)



## **WEBSITE REDESIGN PROJECT**

Council approved a project for the College to engage an external vendor to support a redesign of its website. The goal is to modernize the website, making information more accessible to both, the public, kinesiologists and other system partners.

## **NEW OFFICE LOCATION**

To optimize use of financial and human resources, the College has relocated to a new office at 1881 Yonge Street in Toronto. This will allow the College to better fulfill its mandate of public protection.

## **STRATEGIC PLANNING**

The College has concluded a three-year strategic plan to establish its direction and priorities. Council and the College staff collaborated with a third-party vendor, including participating in a two-day workshop to review and discuss key priorities and initiatives for the next three years. These discussions will serve as the foundation for the College's upcoming five-year strategic plan.

## **COMMITTEE TERMS OF REFERENCE**

An important focus for the College is transparency, ensuring that the roles of Committees at the College are clear, and that the public understands their purpose and mandate. To achieve this goal, the College updated the terms of reference for the Executive Committee and Planning and Finance Committee. The change was based on research which included an environmental scan of the 26 health regulatory Colleges in Ontario to identify good and best practices.

# By the Numbers

All data is as of August 31, 2024. The data related to employment is collected from kinesiologists practising in Ontario during the renewal period and only focuses on their primary practice profile.



## REGISTRANT STATISTICS

SEPT. 1, 2023 - AUG. 31, 2024

TOTAL REGISTRANTS

**2995**

NEW REGISTRANTS

**225**

AGE RANGE

20-29 **32%**

30-39 **37%**

40-49 **19%**

50-59 **10%**

60+ **2%**

GENDER

Male **36.4%** Female **63.6%**

unspecified **<1%**



## EMPLOYMENT

STATUS

Employed casually

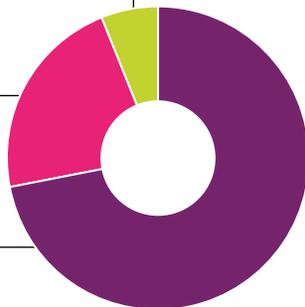
**5%**

Employed part-time

**21%**

Employed full-time

**74%**



AGE OF CLIENTS

Work with adults **44%**

Work with seniors **7%**

Work with children (under 18) **2%**

**47%**

of R.Kins work with people of all ages

TOP 3 PRACTICE ROLES

**01 Service Provider**

**02 Owner/Operator**

**03 Consultant**

NATURE OF PRACTICE

Clinical practice **43%**

Non-clinical practice **28%**

Mixed practice **29%**

(combination of clinical and non-clinical)

# By the Numbers

(continued)

## EDUCATION

### PLACE OF EDUCATION

Canadian educated **98%**

Ontario educated **94%**

### TOP SOURCE PROVINCES FOR R.KINS EDUCATED OUTSIDE OF ONTARIO

(FROM GREATEST TO LEAST)

- |            |            |
|------------|------------|
| 1. NS (29) | 6. NB (6)  |
| 2. QC (29) | 7. NL (6)  |
| 3. BC (26) | 8. SK (6)  |
| 4. AB (11) | 9. PEI (1) |
| 5. MB (11) |            |

### TOP SOURCES COUNTRIES FOR INTERNATIONALLY-EDUCATED R.KINS (FROM GREATEST TO LEAST)

- USA (31)
- Australia (3), South Africa (3)
- China (2), UK (2), Iran (2), Poland (2), Ukraine (2)
- Chile (1), Cuba (1), Spain (1), Estonia (1), India (1), Ireland (1), South Korea (1), Latvia (1), Philippines (1), Romania (1), Uzbekistan (1)



## EXAMINATIONS

# 446

applicants wrote the Entry-to-Practice Exam between Sept. 1, 2023 and Aug. 31, 2024.

## 283

applicants registered to write the Entry-to-Practice Exam in September 2023

## 250

applicants wrote the Entry-to-Practice Exam in September 2023

## 156

passed or **62%**

## 226

applicants registered to write the Entry-to-Practice Exam in April 2024

## 196

applicants wrote the Entry-to-Practice Exam in April 2024

## 112

passed or **57%**



## PRACTICE ENQUIRY DATA

SEPT. 1, 2023 - AUG. 31, 2024

### METHODS OF CONTACTING

- 116** Email Enquiries
- 78** Phone Enquiries
- 0** Other types of enquiries

### PEOPLE WHO CONTACTED US

- |                                   |                                    |                              |
|-----------------------------------|------------------------------------|------------------------------|
| <b>132</b> R.Kins                 | <b>2</b> Associations              | <b>14</b> Public             |
| <b>12</b> Applicants              | <b>16</b> Employers                | <b>2</b> Students            |
| <b>2</b> Educational institutions | <b>10</b> Healthcare Professionals | <b>2</b> Others              |
|                                   |                                    | <b>2</b> Insurance companies |

### TOP 3 TOPICS OF ENQUIRIES

- Scope of Practice/ Controlled Acts/Delegation **53**
- Fees & billing **23**
- Other **22**

# Patient Relations Committee



## DID YOU KNOW?

The Patient Relations Committee is responsible for overseeing the funds for the therapy and counselling for victims of sexual abuse. You can learn more about how CKO can support you [here](#).

The Patient Relations Committee protects the public by overseeing the Patient Relations Program, which is designed to improve the professional relationship between kinesiologists and patients/clients. This program incorporates measures for preventing sexual abuse and supporting patients/clients who have experienced sexual abuse.

The Patient Relations Committee has an expanded mandate at this College and is also responsible for developing a strategic public awareness plan to provide information to the public about the role and function of the College and the profession of kinesiology. This includes:

- Showing that the College's decisions are made with the public interest in mind and serve to advance it;
- Ensuring that kinesiologists and the public understand what patient/client-centred care looks like in kinesiology; and
- Improving the College's processes and tools to promote greater transparency and clarity regarding its mandate.

### COMMITTEE ACTIVITY

From Sept. 1, 2023 to Aug. 31, 2024, the Patient Relations Committee met three times:

- To consider proposed amendments to the Policy for Funding and Therapy and Counselling;
- To review and select a proposal for a website redesign project, in order to improve the overall look and feel and enhance the usability of the website;
- To receive a presentation from the selected website redesign vendor and provide high-level feedback on the appearance of the redesigned website.



# Registration Committee

The Registration Committee is responsible for developing and implementing transparent, objective and fair registration practices. The Committee's work protects the public by ensuring that only qualified individuals can be registered to practise kinesiology.

The Committee considers applications for registration that have been referred by the Registrar in situations where the Registrar:

- Has doubts about whether an applicant has met the registration requirements;
- Believes that terms, conditions or limitations should be imposed on a certificate of registration; or
- Proposes to refuse the application.

From Sept. 1, 2023 to Aug. 31, 2024, the Registration Committee reviewed and decided on the following:

TYPE OF CASE	NUMBER OF CASES	DECISION
Non-exemptible educational	20	<ul style="list-style-type: none"> <li>• 8 applications were approved</li> <li>• 12 decisions were postponed pending further information or additional training prior to approval</li> <li>• 0 applications were refused</li> </ul>
Reinstatement to the General Class after two years in the Inactive Class	8	<ul style="list-style-type: none"> <li>• 1 application was approved</li> <li>• 7 applications were approved with conditions</li> </ul>
Exemption from one-year period for registration following notification of eligibility.	11	<ul style="list-style-type: none"> <li>• 7 applications were approved</li> <li>• 3 applicants were directed to write the entry-to-practice examination</li> <li>• 1 application was deferred</li> </ul>
Exemption request from challenging entry-to-practice examination after resignation and re-registration.	2	<ul style="list-style-type: none"> <li>• 1 application was approved</li> <li>• 1 applicant was directed to write the entry-to-practice examination</li> </ul>
Proposal for upgrading/ remediation.	5	<ul style="list-style-type: none"> <li>• 5 remediation plans were approved</li> </ul>
Review decision of the Health Professions Appeal and Review Board (HPARB)	0	N/A

Applicants who are not satisfied with the decision of the Registration Committee may appeal the decision to the [Health Professions Appeal and Review Board](#) (HPARB). No requests were submitted to HPARB between Sept. 1, 2023 and Aug. 31, 2024.

# Registration Committee (continued)

## EXAM

446 applicants wrote the entry-to-practice exam between Sept. 1, 2023 and Aug. 31, 2024.

	REGISTERED	WROTE	PASSED	% PASSING
September 2023	283	250	156	62%
April 2024	226	196	112	57%

## EXAMINATION COMMITTEE

The Examination Committee is made up of College members and faculty members from kinesiology programs across Ontario. The Committee approves test forms, sets the pass mark for each exam and ensures that the exam reflects the entry-level competencies. The Committee did not meet from September 1, 2023 to August 31, 2024.

## ITEM WRITING COMMITTEE

The Item Writing Committee is comprised of registered kinesiologists and faculty members from kinesiology programs across Ontario. Panels of the Committee develop exam questions that correspond to the Examination Blueprint. The Item Writing Committee met once in 2024 to develop new exam questions.

*The College is grateful for the support of those who assisted with the preparation, development and administration of the exam. Their contributions are invaluable.*



# Quality Assurance Committee

The College must have in place a quality assurance (QA) program to help kinesiologists keep their knowledge and skills up-to-date. The QA Program is educational and supportive and consists of:

- Self-assessment;
- Mandatory e-learning modules;
- Continuing Professional Development (CPD);
- Peer and Practice Assessment (PPA); and
- Methods for CKO to monitor kinesiologists' participation and compliance with the QA Program.

All kinesiologists registered in the General Class

must participate in the QA Program and demonstrate commitment to continuous improvement and ongoing learning. This ensures the public receives competent, professional, ethical and quality care and services.

*Committee activities have been included in the Year in review section and include:*

- *Review of proposed revisions and amendments to the Ethics & Professionalism eLearning module*
- *Review of a draft Practice Guideline – Patient-/ Client-Centred Care*



## DID YOU KNOW?

That the most frequently-reported continuing professional development goals from the last Self-Assessment related to: chronic disease, food and nutrition, and advancing leadership skills.

### PPAS CONDUCTED BY AUGUST 31, 2024 (REPORTED BY FISCAL YEAR)

TOTAL PPAS CONDUCTED TO DATE (SPRING AND FALL CYCLES)	2021-2022	2022-2023	2023-2024
<b>236</b>	43 PPAs: <ul style="list-style-type: none"> <li>• 39 random selection</li> <li>• 3 selected due to previous deferral</li> <li>• 1 non-compliant with other QA requirements</li> </ul>	36 PPAs: <ul style="list-style-type: none"> <li>• 22 randomly selected</li> <li>• 10 non-compliant with other QA program requirements</li> <li>• 2 selected due to insufficient currency</li> <li>• 2 selected due to previous deferral</li> </ul>	41 PPAs: <ul style="list-style-type: none"> <li>• 27 random selection</li> <li>• 11 non-compliant with other QA program requirements</li> <li>• 1 selected due to insufficient currency</li> <li>• 2 selected due to previous deferral</li> </ul>

# Quality Assurance Committee (continued)

## PEER AND PRACTICE ASSESSMENT

The Peer and Practice Assessment (PPA) program is an educational opportunity designed to assess kinesiologists' knowledge, skills and judgment while helping them identify areas of strength and opportunities for improvement within their practice. Assessments are conducted by other Kinesiologists, and the content of the assessment is tailored to the participants practice.

## TOP AREAS FOR IMPROVEMENT IDENTIFIED THROUGH PPA

Record keeping and consent were identified as the most frequently identified opportunities for improvement. These topics are integral to kinesiologists and all regulated health professionals, particularly in multidisciplinary environments where responsibility for clinical files is shared among professionals.

CKO will continue to highlight these standards and competencies in the self-assessment and peer circles and share articles and other supporting documents to address potential risks.



## FINAL PPA DECISIONS BY THE QA COMMITTEE (REPORTED BY FISCAL YEAR) (UP TO AUGUST 31, 2024)

DECISION	2021-2022 PPAs	2022-2023 PPAs*	2023-2024 PPAs*
No Further Action	40	30	23
Competency Enhancement – Demonstrated Change Report	3	4	1
Competency Enhancement – Mentorship Program	0	0	0
<b>Total (137)</b>	<b>43</b>	<b>34</b>	<b>24</b>

\*Some PPAs require review and some decisions require follow-up and further review at upcoming Quality Assurance Committee meetings.

# Professional Conduct



Ontarians have the right to receive safe, high-quality care. When they have concerns about a kinesiologist's practice or behaviour, they can file a complaint or report about the kinesiologist to CKO.

As a mandatory requirement set out in the [Regulated Health Professions Act \(RHPA\), 1991](#), CKO is responsible for ensuring kinesiologists provide ethical, safe and high-quality care that's within the practice scope and adheres to the [Practice Standards](#). Our Professional Conduct department works with the [Inquiries, Complaints and Reports Committee \(ICRC\)](#) to review, investigate complaints and reports, and make decisions in the public interest.

## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

ICRC is a statutory committee comprised of professional members and public members appointed by the Lieutenant Governor. It protects the public by reviewing concerns about kinesiologists related to potential professional misconduct, incompetence or incapacity. These concerns are brought to CKO through formal complaints by patients/clients, mandatory reports by employers and other health care professionals, and other information provided to the Registrar.

ICRC also conducts a thorough investigation to evaluate the risk to the public and takes appropriate action to address it. Following its review of a formal complaint or report, ICRC may take one or more of the following measures to address concerns:

- Referring specified allegations of professional misconduct or incompetence about the kinesiologist to the Discipline Committee for a hearing;
- Investigating the kinesiologist's capacity and/or refer the matter to the Fitness to Practise Committee;
- Requiring the kinesiologist to appear before a panel of the ICRC to be cautioned;
- Requiring the kinesiologist to complete a continuing education or remediation program;
- Asking the kinesiologist to voluntarily restrict their practice, or to pursue a mentoring or monitoring program; or
- Providing the kinesiologist with advice and/or recommendations that would help improve their practice.

However, if no concerns or risks have been identified, ICRC will not take any actions. On the contrary, if ICRC determines the kinesiologist's conduct is likely to put patients/clients at risk of harm, the kinesiologist's practice license may be restricted or suspended, if necessary.

# Professional Conduct (continued)

## COMMITTEE ACTIVITY

From Sept. 1, 2023, to Aug. 31, 2024, panels of the ICRC met 5 times. In total, the panels met to address the following matters:

- 8 Registrar’s Reports initiated\*\*
- 5 Complaints received\*
- 12 active cases
- 12 decisions made
- 10 complaints closed administratively

\*4 Complaint remains under investigation as of August 31, 2024

\*\*8 Registrar’s Reports remains under investigation as of August 31, 2024

## Dispositions

Panels of the ICRC issued decisions with the following dispositions:

Withdrawal	1
No action (including cases where the matter was found to be frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process)	5
Advice/recommendations	4
Undertaking	2
Caution in person	0
Specified Continuing Education and Remediation Program (SCERP)	0
Referral of specified allegations to the Discipline Committee	1

## Appeals

Certain decisions of the ICRC in complaints matters can be appealed to the [Health Professions Appeal and Review Board \(HPARB\)](#) by the complainant or the kinesiologist. HPARB conducts a review of the matter to determine whether ICRC’s investigation was adequate and its decision was reasonable.

Two matters were appealed to HPARB from Sept. 1, 2023, to Aug. 31, 2024. HPARB’s decisions are pending.

## DISCIPLINE COMMITTEE

When necessary, ICRC will refer cases to the Discipline Committee to conduct formal hearings to review allegations of a kinesiologist’s professional misconduct or incompetence. The Discipline Committee determines appropriate penalties that are proven to discipline the kinesiologist and protect the public from future risk of harm.

## COMMITTEE ACTIVITY

The Discipline Committee did not meet from Sept. 1, 2023 to Aug. 31, 2024.

## FITNESS TO PRACTISE COMMITTEE

Sometimes, a kinesiologist’s physical or mental condition could have a negative impact on their ability to practise safely, which could potentially cause a risk of harm to the public. The Fitness to Practise Committee reviews these cases and determines the best action to protect the public.

## COMMITTEE ACTIVITY

The Fitness to Practise Committee did not meet from Sept. 1, 2023 to Aug. 31, 2024.

# Practice Advice

Kinesiologists and the public, including kinesiologists' patients/clients, patient/client caregivers, employers, third-party payors and others can contact CKO for confidential advice about kinesiology practice. The purpose of offering practice advice is to help kinesiologists maintain and enhance their practice and help the public better understand their rights as patients/clients.

From Sept. 1, 2023 to Aug. 31, 2024, there were 194 inquiries from kinesiologists, the public and other system partners. More than 65 per cent of the inquiries were made by kinesiologists.

The most frequently ask topics were inquiries about:

- Scope of Practice, Controlled Acts & Delegation
- Fees & Billing
- Other (which includes virtual care questions)

## 2023-2024 PRACTICE ADVICE INQUIRIES

	TOTAL	PHONE	EMAIL
Advertising and social media	12	2	10
Clinical practice	19	9	10
Conflict of Interest/Code of Ethics	3	3	0
Consent/capacity	0		
Discharge	0		
Education/supervision of students	8	3	5
Employment issues	16	7	9
Fees & billing	23	8	15
IPAC	0		
Insurance	6	0	6
Interprofessional collaboration	2	1	1
Other	22	7	15
Privacy/confidentiality	4	2	2
Professional boundaries/sexual abuse	2	1	1
Record keeping	13	6	7
Scope of Practice/Controlled Acts/Delegation	53	24	29
Titles & designation	9	4	5
Dual practice	2	1	1

# CKO Council

CKO is governed by a Council that consists of elected professional members and public members appointed by Ontario's Lieutenant Governor. Council is responsible for governing CKO and ensuring CKO is fulfilling its legislated mandate of public protection.

As of Aug. 31, 2024, Council members are as follows:

## PROFESSIONAL MEMBERS



Benjamin Matthie,  
*Council President*



Corby Anderson



Matthew Daher



Susan Garfat



Alyssa King



Pheing Ngo



Jennifer Pereira



Leanne Smith



Heather Westaway



Ryan Wight

## PUBLIC MEMBERS



Teresa Bendo



Sara Gottlieb



Chad McCleave



Victoria Nicholson



Jana Smith



Jotvinder Sodhi



Jennifer Yee

# Committee and Staff

## NON-COUNCIL COMMITTEE MEMBERS

Each year, Council appoints kinesiologists to sit on committees as non-Council committee members, also known as Members-At-Large.

As of Aug. 31, 2024, non-Council committee members are as follows:

Mehrdad Alizadeh-Meghrazi	Katelyn Methot
Delissa Burke	Stefano Rulli
Jasmeet Cheema	Sherry Parent
Daniel Crete	Logan Strasser
Miriam Fong	Melanie Jones-Drost
William Gittings	Tara Bilec
Brooke Hamilton	Mandy Crawford
Kristen Hoving	Sabrina Ribau

## CKO STAFF

Nancy Leris, *Registrar and CEO*  
Fiona Teape, *Director of Registration*  
Ethan Foerster, *Professional Conduct Coordinator (from March 19, 2024)*  
Brian Fehst, *Manager of Professional Practice*  
Magda Reder, *Manager of Registration and Examinations*  
Colleen Foster, *Program Coordinator*  
Lisa Groten, *Program Assistant – Registration*  
Cecilia Li, *Senior Communications Officer (started leave on May 6, 2024)*  
Samuel Hanna, *Communications Officer*  
Mora Olubobokun, *Director of Finance and Operations (until May 17, 2024)*

# Independent Auditor's Report





# **COLLEGE OF KINESIOLOGISTS OF ONTARIO**

## Statement of Financial Position



# **COLLEGE OF KINESIOLOGISTS OF ONTARIO**

## Statement of Operations



# **COLLEGE OF KINESIOLOGISTS OF ONTARIO**

## Statement of Changes in Net Assets



# **COLLEGE OF KINESIOLOGISTS OF ONTARIO**

## Statement of Cash Flows



# **COLLEGE OF KINESIOLOGISTS OF ONTARIO**

## Notes to Financial Statements

**COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO**



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### **Resolution – Approval of 2023/2024 Annual Report**

**Whereas**, the College of Kinesiologists of Ontario (CKO) is required to prepare and submit an annual report to the Ministry of Health and post the report to the College website; and

**Whereas**, Council was provided with a draft annual report for 2023/2024; and

**Whereas**, the presented annual report fairly represents CKO's activities and achievements from Sept. 1, 2023 to Aug. 31, 2024;

#### **Resolution**

**Therefore, be it resolved that Council accept and approve the draft annual report for 2023/2024 for submission to the Ministry of Health and posting to CKO's website.**

**Moved by:**

**Seconded by:**

**Date: December 2, 2024**

## Committee Report

<b>Committee: Governance and Nominations Committee</b>
<b>Prepared for: Council</b>
<b>Date: December 2, 2024</b>

## Meetings

The Governance and Nominations Committee (“the Committee”) had one meeting scheduled since the last regular Council meeting on September 17, 2024.

### **2024-2025 Council Effectiveness Review Framework (“CERF”)**

The Committee has been provided with a report regarding Council and committee meeting surveys completed in Q1 of fiscal year 2024-2025. This report included an overview of identified Council and committee meeting strengths and opportunities for improvement.

### **Council By-Election: Electoral District 2**

The Committee has reviewed the eligibility of nominees to stand as candidates in the by-election to fill a Council vacancy in Electoral District 2. Nominee eligibility was assessed and evaluated against the criteria set out in the College’s by-laws. Nominations were also reviewed against the Council and Committee Competency Profile. The following nominee was deemed eligible to stand for election in Electoral District 2:

- Kristin Baker

## Committee Report

<b>Committee:</b> Investigations and Reports
<b>Prepared For:</b> Council
<b>Date:</b> December 2 <sup>nd</sup> , 2024

### Summary:

ICRC panel met on October 24, 2024, to discuss five (5) cases:

- 1 referral to an independent assessor;
- 2 completed investigations; and
- 2 requests to classify cases as F&V.

Currently, there are four (4) active complaint investigations and eight (8) active report investigations.

There are currently two (2) active HPARB cases in review, one from the 2023 FY and the other from the 2024 FY. In both cases, the ICRC issued a decision and the complainant was not happy with the conclusion, resulting in an HPARB review.

## Committee Report

<b>Committee: Patient Relations Committee</b>
<b>Prepared for:</b> Council
<b>Date:</b> December 2, 2024

## Meetings

The Patient Relations Committee (PRC) has met once, on November 18, 2024, since the last regular Council meeting on September 17, 2024.

### **Committee Orientation & Presentation of draft Annual Report and Communications Update**

During the meeting on November 18, 2024, Samuel Hanna and Brian Fehst provided an orientation on the portfolio of the Patient Relations Committee, including the committee's oversight of communications strategies and measures for dealing with the sexual abuse of patients by regulated health professionals.

## Committee Report

<b>Committee: Quality Assurance Committee</b>
<b>Prepared for:</b> Council
<b>Date:</b> December 2, 2024

## Meetings

The Quality Assurance Committee (QAC) has met once since the Council meeting on September 17, 2024. This was a full Committee meeting, which included a Committee Orientation and decisions regarding 6 Peer and Practice Assessment case files.

## Peer and Practice Assessment

39 registrants were selected to participate in the PPA spring/summer 2024 cycle. Of these:

- 2 exemptions were granted due to resignations from the College;
- 10 deferrals have been granted for the following reasons:
  - 3 were granted due to the member working full-time as another regulated health care professional,
  - 1 was granted due to the member pursuing education in an unrelated field,
  - 2 were granted due to parental leave,
  - 2 were granted due to family emergencies,
  - 1 was granted due to the member being a celebrant in an impending wedding,
  - 1 were granted a deferral due to transition to the Inactive Class Certificate of Registration;
- To date, the following decisions have been made regarding PPAs:
  - No Further Action with respect to 14 PPA cases (includes No Further Action with advice, recommendations or requests);
  - 3 notices of intent to direct Competency Enhancement in the form of Demonstrated Change Reports have been issued.
- Initial decisions are pending for 8 PPA cases.

## Committee Report

<b>Committee:</b> Registration
<b>Prepared for:</b> Council
<b>Date:</b> December 2, 2024

## Meetings

Since the last report to Council, Registration Committee Panels met on September 27, October 28, and November 1, 2024 to review the following referrals from the Registrar:

- Education Equivalency Assessments (5)
- Reinstatement to the General class after being inactive for more than two years (3)
- Course review (1)

## 2024 Fall Examination

The CKO 2024 Entry-to-Practice examination was held on September 24, 2024. A total of 219 candidates registered for the exam, and 289 candidates wrote the exam. This includes 9 candidates who requested testing accommodations. All candidates wrote the exam in English. A total of 30 candidates withdrew from the exam or postponed writing the exam. The exam pass rate for this sitting 62%, similar as the pass rate for the September 2023 sitting (with a different exam form).

The final Fall 2024 exam results are as follows:

September 2024 - Number of Examination Candidates	
Registered	319
Wrote	289
Passed	178
Failed	111
% Passed	62%

## Membership renewal

Renewal notices were sent to all eligible registrants on July 1, 2024. Registrants had until August 31, 2024, to complete their renewal. A notice of intention to suspend was sent to registrants on September 3, 2024. Registrants had until October 1, 2024, to renew their certificate to avoid it being placed under administrative suspension.

Below is a breakdown of registrants who were eligible for renewal and their renewal outcome:

Renewal Eligibility and Outcome	
Renewed in the general class - On or before August 31, 2024	2,543
Renewed in the inactive class - On or before August 31, 2024	452
Renewed in the general class - On or after September 1, 2024	208
Renewed in the inactive class - On or after September 1, 2024	59
Suspended for non-payment of fees	144
Deceased	1
Resigned (July 1, 2024 - October 1, 2024)	102

**Membership update**

During the period of September 1, 2024, to November 18, 2024, the College registered **33** new registrants. This number is the same as last year’s 33.

As of November 18, 2024, the total membership stands at **2,837** registrants, with 2,432 in the General Class and 405 in the Inactive Class. The total number of registrants includes newly registered and reinstated registrants. The total number of registrants during the same period in 2021 was 2712, in 2022 was 2843, and in 2023 was 2839.

## Committee Report

<b>Committee: Planning and Finance Committee</b>
<b>Prepared for:</b> Council
<b>Date:</b> December 2, 2024

### Meetings

The Planning and Finance Committee (“the Committee”) had two meetings since the last regular Council meeting on September 17, 2024.

#### **Fiscal Year 2023-2024 Financial Audit**

On October 24, 2024, the Committee met to consider a proposed letter of engagement and audit plan prepared by Hilborn LLP. Having duly considered these materials, the Committee concurred with the appointment of Hilborn LLP as auditor for the College’s financial statements for fiscal year 2023-2024.

On November 21, 2024, the Committee met to review the draft audited financial statements provided by Hilborn LLP. The draft audited financial statements were recommended to Council for review and approval.

#### **Internal Controls Audit**

Also on October 24, 2024, the Committee received and considered a report regarding the College’s system of internal controls.

On November 21, 2024, the Committee received information from the College’s external Information Technology (IT) service provider regarding proposals to strengthen the College’s IT security and data management. These proposals were sought in response to the College’s risk management plan and the results of the internal controls audit.

#### **Revised Risk Management Plan**

On November 21, 2024, the Committee received a quarterly report on the College’s risk management plan and framework. Proposed amendments were recommended to Council for approval, with one additional amendment as recommended by the Committee.

#### **Revised Operational Plan and Budget**

During its November 21, 2024 meeting, the Committee received a report on the College’s revised Operational Plan and Budget. These documents were amended in response to the draft Strategic Plan for 2025-2030. Having duly considered proposed amendments, the Committee recommended the revised Operational Plan and Budget for fiscal year 2024-2025 to Council for approval.



## REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE & EXPENDITURE REPORT FOR QTR 1 FOR THE FISCAL YEAR 2024/2025				updated Nov 20, 2024	
	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST (Sept 1, 2024 to Aug 31, 2025)	PROJECTIONS QTR 1 SEPT 1 - NOV 30, 2024	REVENUES RECEIVED QTR 1 SEPT 1 - OCT 31, 2024 (INTERIM)		VARIANCE QTR 1
	\$	\$	\$		\$
<b>Revenue:</b>					
Jurisprudence Fee (\$75)	38,092	4,241	2,827		-1,414
Application Fee (\$150)	81,000	2,475	1,650		-825
Examination Fee (\$450)	196,425	675	450		-225
Deferred Revenue		35,175	23,450		-11,725
Registration Fees*	2,017,550	61,178	48,070		-13,108
Deferred Revenue		415,863	277,242		-138,621
Interest Income	50,000	26,459	17,639		-8,820
<b>TOTAL REVENUE</b>	<b>2,383,067</b>	<b>546,065</b>	<b>371,328</b>		<b>-174,737</b>
<b>*Registration Fees made-up of:</b>	<b>Approved Forecast</b>	<b>Projections Q1 (Sept-Nov)</b>	<b>Interim Actual (Sept- Oct)</b>		<b>Variance Q1</b>
	\$	\$	\$		\$
Deferred Revenue		415,863	277,242		-138,621
New Registrants					
- Sept - Nov (\$700)	63,000	4,846	2,429		-2,417
- Dec - Feb (\$525)	30,713	263	175		-88
- Mar - May (\$350)	11,025				0
- Jun - Aug (\$175)	7,875				0
Renewal (\$700)	1,782,900	27,325	17,925		-9,400
Change in Status (members back to active)	5,738	2,250	1,350		-900
Professional Corporation	800	600	400		-200
Professional Corporation Late fee	250				0
Inactive Renewal (\$250)	76,500	4,040	2,655		-1,385
Inactive Renewal Late Fee(\$100)	8,000	4,700	4,700		0
Renewal Late Fee (\$150)	25,500	19,342	19,342		0
Re-instatement Fee (\$350)	5,250	1,750	1,750		0
Refunds		-3,937	-2,655		1,282
<b>Total</b>	<b>2,017,550</b>	<b>477,041</b>	<b>325,313</b>		<b>-13,108</b>

### Notes

#### Updates to Accounting Recording Standards:

'- Accounting Methodology Update: As part of our ongoing efforts to provide a more accurate and transparent view of COKO's financial position, we have implemented an important update to our accounting methodology for this quarter actual performance. We have transitioned to the accrual basis of accounting for all annual and quarterly payments, including new registrant fees and renewal membership fees. This change ensures that revenue is recognized when it is earned, rather than when payment is received.

### Details:

We are expecting to meet projections by end of Q1.

### Registration:

New Registrations Sept. - Nov. /24 projected to be 90 registrations, the total amount is projected to be \$63,000

Renewals Sept. - Nov./24 projected to be 637 the amount is projected to be \$445,725

Interest income - The College has investments which generate interest, there are GIC's set to be redeemed at specific dates and others that are cashable within 30 days if necessary

## EXPENDITURES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST FOR QTR 1 (SEPT-OCT. 31 2024 Interim) FOR THE FISCAL YEAR 2024/2025					updated Nov 14, 2024
	1	2	3	4	5
CATEGORY	APPROVED BUDGET Sept 1 2024 to Aug. 31, 2025	PROJECTIONS QTR 1 SEPT - NOV 30, 2024	ACTUAL EXPENSES QTR 1 SEPT - Oct 30, 2024 (INTERIM)		VARIANCE QTR 1
	\$	\$	\$		\$
<b>Expenditure:</b>					
Council & Committees	135,908	17,897	14,397		3,500
Professional Fees	123,400	38,506	33,229		5,277
Communications & Media	168,000	32,658	8,388		24,270
Rent & Facility Costs	163,670	30,297	17,575		12722
Office & General	141,800	13,977	13,038		939
Salaries & Wages	1,147,000	284,842	189,894		94,947
Registration	241,294	63,799	47,139		16,660
Quality Assurance	61,660	12,600	600		12,000
Professional Conduct	80,250	21,244	14,244		7,000
<b>TOTAL EXPENDITURE</b>	<b>2,262,982</b>	<b>515,820</b>	<b>338,505</b>		<b>177,315</b>

### Major Highlights:

#### Council and Committee

Payment of expenses for Council, Executive, Finance and Planning, Registration, Quality Assurance Committees in Q1.  
There will be additional costs submitted for Q1 for Council and committee meetings

#### Professional Fees

Expenses for general & human resource, legal fees and consultantancy.  
There were Governance Consultant and Strategic Planning work which occurred in Q1.

#### Communications & Media

Payment for IT Support, translation cost in Q1.  
Projections by end of Q1 for web design, Translation project and IT support

#### Office & General

Payment for bank charges, equipment rental, office supplies, telephone, council training in Q1.

#### Salaries & Wages

Payment for salary/benefits in Q1.  
Projections by end of Q1 for November pay periods.

#### Registration

Payment for database maintenance and upgrade, examination, certificates and hosting cost in Q1.  
Projection by end of Q1 for database support, upgrade and maintenace and hosting cost and exam administration.

#### Quality Assurance

Payment for Peer and Practice Assessments (PPA) in Q1. Projections for end of Q1 for PPAs.  
There will be additional costs submitted for Q1 for Self Assessment on going contract renewal.

#### Professional Conduct

Expenditures for investigation and legal advice in Q1.  
Projections for the end of Q1. There are currently few ongoing investigations.

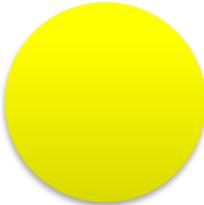


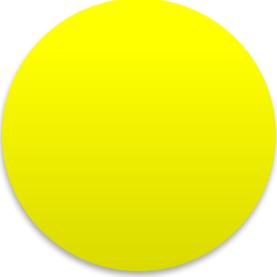
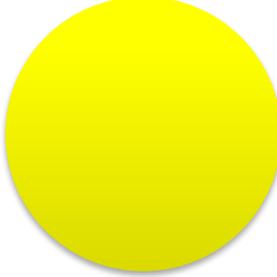
## 2024/2025 Performance Report

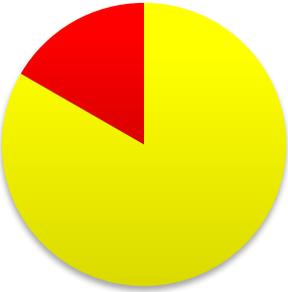
### Overall highlights:

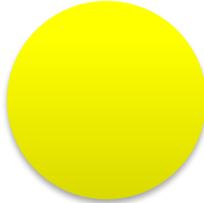
			
Sept. – Nov. (Q1) Registration Stats 33 New Registrants (as of Nov 8)			Fall 2024 Exam: 319 applicants registered for September exam (289 wrote the exam)

### Operational highlights (Q1: Sept. – Dec. 1, 2024)

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
<b>Governance</b>	<ul style="list-style-type: none"> <li>2024 College Performance Measurement Framework</li> <li>2024-2025 Council Effectiveness Review Framework</li> <li>Approval of draft Strategic Plan</li> <li>Competency-based Council and committee eligibility and appointments</li> <li>Council and committee orientation and training</li> </ul>	<div style="text-align: center;">  </div> <p> <span style="color: green;">■</span> Completed   <span style="color: yellow;">■</span> In Progress  <span style="color: orange;">■</span> Delayed   <span style="color: red;">■</span> Not Started         </p>	<ul style="list-style-type: none"> <li>Projects in Progress:             <ul style="list-style-type: none"> <li>CPMF: March 2025</li> <li>Draft Strategic Plan to be reviewed and approved by Council December 2024</li> <li>CERF ongoing: post-meeting surveys</li> <li>Ongoing Council and committee training &amp; orientation</li> </ul> </li> </ul>

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
<b>Corporate</b>	<ul style="list-style-type: none"> <li>• Development of Key Performance Indicators for College portfolios</li> <li>• Collaboration with key system partners</li> <li>• Risk management: “Public Risk Management Plan”</li> <li>• Provide ongoing security awareness training for employees regarding IT security best practices, threats and their roles and responsibilities in safeguarding sensitive information</li> <li>• Audits, assessments of IT, financial, frameworks/manuals, internal processes and internal controls to stay abreast of relevant regulations, standards and industry best practices</li> <li>• Operationalization of new Strategic Plan</li> <li>• Annual financial audit</li> <li>• Implementation of internal controls audit findings</li> <li>• Ongoing review and development of internal policies to optimize internal control environment</li> </ul>	 <p> <span style="color: green;">■</span> Completed    <span style="color: yellow;">■</span> In Progress  <span style="color: orange;">■</span> Delayed    <span style="color: red;">■</span> Not Started </p>	<ul style="list-style-type: none"> <li>• Projects in progress: <ul style="list-style-type: none"> <li>○ System partner meetings: Professional Associations, Kin Can Conference</li> <li>○ Cybersecurity training for staff</li> <li>○ Financial audit</li> <li>○ Internal controls audit</li> <li>○ Strategic plan implementation planning</li> <li>○ Development of key performance indicators based on strategic plan</li> <li>○ Collaborative sponsorship of public consultation regarding AI in regulation</li> </ul> </li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Website revamp project</li> <li>• CKO Council Elections</li> <li>• Translation and enhanced availability of resources in English and French</li> <li>• Education and engagement of prospective registrants</li> <li>• Communication strategy development</li> <li>• Stakeholder management and collaboration to raise awareness and align College operations with government objectives</li> </ul>	 <p> <span style="color: green;">■</span> Completed    <span style="color: yellow;">■</span> In Progress  <span style="color: orange;">■</span> Delayed    <span style="color: red;">■</span> Not Started </p>	<ul style="list-style-type: none"> <li>• Projects in progress: <ul style="list-style-type: none"> <li>○ Website revamp project a part of the public awareness initiative/project.</li> <li>○ ED 2 by-election, competency-based eligibility for 2025 elections</li> <li>○ Translation ongoing</li> <li>○ University Visit scheduling, planning</li> <li>○ Ongoing meetings with professional associations and other stakeholders including HPRO registrar’s re: collaboration initiatives to</li> </ul> </li> </ul>

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
			advance the mandate of the College.
<b>Registration</b>	<ul style="list-style-type: none"> <li>• Ongoing development of new CKO entry-to-practice exam content and forms based on the updated Kinesiology Core Competency Profile.</li> <li>• Finalize updates to the Jurisprudence E-Learning Module.</li> <li>• Review and update to the Educational Equivalency framework.</li> <li>• Integrated data-sharing with Provincial Provider Registry (PRR), through Ontario Health.</li> <li>• Develop and incorporate demographic-related questions for the upcoming 2025 annual renewal cycle.</li> <li>• Update database management system, including the additional automation of registration processes.</li> </ul>	 <p> <span style="color: green;">■</span> Completed   <span style="color: yellow;">■</span> In Progress  <span style="color: orange;">■</span> Delayed   <span style="color: red;">■</span> Not Started </p>	<ul style="list-style-type: none"> <li>• Projects in progress: <ul style="list-style-type: none"> <li>○ Exam development is on track with project timelines; we will have two new forms for 2025</li> <li>○ Scoping project work of jurisprudence e-Learning Module with vendor completed</li> <li>○ Reimbursements for PPR development confirmed by Ontario Health. Trying to align project timeline with update to database management system.</li> <li>○ Cost-estimate provided by system partner for database management system.</li> </ul> </li> <li>• Not started: <ul style="list-style-type: none"> <li>○ Review and update to Education Equivalency framework and the development and incorporation of demographic related questions</li> </ul> </li> </ul>

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
<b>Professional Practice and Quality Assurance</b>	<ul style="list-style-type: none"> <li>• Revise <i>Essential Competencies of Practice for Kinesiologists in Ontario</i> to align with <i>Kinesiologist Core Competency Profile</i></li> <li>• Establish expectations and supports to promote culture of continuous quality improvement</li> <li>• Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach to assessment</li> <li>• Development of peer and mentoring programs for kinesiologists</li> </ul>	 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ In Progress</li> <li>■ Delayed</li> <li>■ Not Started</li> </ul>	<ul style="list-style-type: none"> <li>• Projects in progress: <ul style="list-style-type: none"> <li>○ Essential Competency revision RFP issued, proposals due Nov. 29, 2024</li> <li>○ eLearning modules: &gt;90% compliance</li> <li>○ PPA: ongoing</li> <li>○ Revisions to draft Practice Guideline: Patient/Client-Centred Care based on consultation feedback</li> <li>○ PLI audit &amp; associated PPA selection</li> <li>○ Peer Circles: Planning next cycle implementation.</li> </ul> </li> </ul>
<b>Professional Conduct</b>	<ul style="list-style-type: none"> <li>• Timely response to complaints</li> <li>• Complainants effectively supported by and informed regarding the progress of complaints</li> <li>• Addressing complaints in a right-touch manner</li> </ul>	 <ul style="list-style-type: none"> <li>■ Completed</li> <li>■ In Progress</li> <li>■ Delayed</li> <li>■ Not Started</li> </ul>	<ul style="list-style-type: none"> <li>• Projects in progress: <ul style="list-style-type: none"> <li>○ Public register updates</li> <li>○ Tracking Inquiries, Complaints &amp; Reports (ICR) timelines</li> <li>○ Monitoring feedback regarding complaint process and available information and supports</li> </ul> </li> </ul>