

March 25, 2024 Council Meeting Materials

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Council Meeting Draft Agenda

Date: March 25, 2024

Time: 10:00 a.m.

Location: Online

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

LOGIN INFORMATION

Join Zoom Meeting

<https://us02web.zoom.us/j/85103801334?pwd=MTEzUEZRYUIkU212dU4va1IUSytYQT09>

Meeting ID: 851 0380 1334

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AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
	8:30 am – 10:00 am	Council in-camera session			
1	10:00 am	Call to order, roll call, welcome	B. Matthie	No	Information
2	10:01 am	Introductions	B. Matthie	No	Information
3	10:02 am	Conflict of interest declarations	B. Matthie	No	Decision
4	10:03 am	Approval of agenda	B. Matthie	Yes	Decision
5	10:04 am	Approval of minutes: • December 4, 2023	B. Matthie	Yes	Decision
6	10:05 am	Action Items from the December 4 meeting: 1. The College will explore ways to measure engagement of the Annual Report. – COMPLETE 2. Registration will work on a policy for R.Kins who accept delegation of duties from supervisors while licensed under the Emergency Class Certificate of Registration. – ONGOING			
7	10:10 am	Registrar’s Report • Update: Strategic Planning • Draft Letter to ATON	N. Leris	No Yes	Information Decision
8	10:30 am	President’s Report	B. Matthie	No	Information
9	10:35 am	Revised Budget – 2023-2024	M. Olubobokun / N. Leris	Yes	Decision
	10:50 am	Break – 10 min			



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
10	11:00 am	Practice Guideline – Patient/ Client-Centered Care	B. Fehst	Yes	Decision
11	11:20 am	Risk Management Plan – Update	N. Leris	Yes	Decision
	11:55 pm	Lunch Break – 45 min			
12	12:40 pm	Approval of Updated Core Competencies Profile and Exam Blueprint	N. Parfyonova (Measure Learning) / F. Teape	Yes	Decision
13	1:40 pm	Amendment Language Proficiency Policy	F. Teape	Yes	Decision
14	1:50 pm	College Performance Measurement Framework (CPMF)	B. Fehst	Yes	Decision
15	2:05 pm	Website Redesign Project: Approval of Vendor	C. Li	Yes	Decision
16	2:20 pm	Amendment to Committee Slate <ul style="list-style-type: none"> Appointment Item Writing Committee Appointment of Examination Committee 	F. Teape	Yes	Decision
		<ul style="list-style-type: none"> Appointment to Committee: new public member 	B. Fehst	Yes	Decision
		<ul style="list-style-type: none"> Governance and Nominations Committee 	B. Fehst	Yes	Decision
17	2:35 pm	Communications Update <ul style="list-style-type: none"> Engagement rate: 2022/2023 Annual Report University presentation 	C. Li	No	Information
18	2:50 pm	Committee Reports		Yes	Information



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
		<ul style="list-style-type: none"> • Examination Appeals • Governance and Nominations • ICRC • Patient Relations • Quality Assurance • Registration • Steering Committee – Core Competency • Steering Committee – Strategic Planning • Q2 Finance Report and Dashboard 	Committee Chairs		
	2:55 pm	ADJOURNMENT			

Next Council Meeting: Monday June 24, 2024



December Council Meeting Minutes

Date/Time of Meeting:	Monday, December 4, 2023 / 10:00 a.m.
Council present:	Benjamin Matthie, Victoria Nicholson, Corby Anderson, Teresa Bendo, Matthe Daher, Susan Garfat, Sara Gottlieb, Alyssa King, Chad McCleave, Pheing Ngo, Jennifer Pereira, Jana Smith, Leanne Smith, Heather Westaway, Ryan Wight
Regrets:	Jotvinder Sodhi
Staff members:	Nancy Leris, Mora Olubobokun, Brian Fehst, Arifa Gafur, Cecilia Li, Magdalena Reder, Fiona Teape
Guest presenters:	Blair MacKenzie, Managing Partner, Hilborn LLP Usman Paracha, Associate Partner, Hilborn LLP
Guests/observers:	Tiffany Mak, Ministry of Health Catarina M, R. Kin.

Let it be noted that Council held an in-camera session from 8:30 am – 10:00 am.

1. Call to order, roll call, welcome

Benjamin Matthie, Chair and Council President, welcomed everyone and called the meeting to order at 10:01 am.

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

There were no new Council members or staff members to introduce.

3. Conflict of Interest Declarations

The Chair asked whether any Council members present wished to declare a conflict of interest. There were no declarations.

4. Approval of Agenda

Prior to asking for a motion to approve the agenda as presented, The Chair noted the following amendments:

- the auditors will be presenting at 1:10 pm (originally scheduled for 10:35 am)
- the revised 2023-2024 budget will be discussed at 10:35 am (originally scheduled for 1:10 pm).

UPON A MOTION duly made by Matthew Daher and seconded by Leanne Smith, it was resolved that the amended agenda be approved. Carried.

5. Approval of Minutes from the September 2023 Council Meeting

UPON A MOTION duly made by Victoria Nicholson and seconded by Susan Garfat, it was resolved that the minutes be approved. Carried.

6. Action Items from the September 2023 Meeting

The Registrar informed Council that except for item # 3, all other matters were complete, and updates would be provided throughout the meeting. She also noted that item # 3 is ongoing, and an update will be presented at the March 2024 Council meeting.

7. Committee Reports

Reports were provided in the Council package, highlighting committee meetings, activities, changes and discussions that took place since the September Council meeting. The Q1 financial report and dashboard were also included. The Chair thanked the College staff and Committees for their work during Q1 and on the reports.

Chad McCleave, Chair of the Planning and Finance Committee, provided an update of activities at the end of Q1. The auditors presented the draft 2022-2023 audited financial statements to the Planning and Finance Committee in November. The Committee reviewed and recommended the Draft Statements to Council for approval, which were considered later in the meeting.

The projected Revenue Categories for Jurisprudence, Application fee and new registrants were expected to come lower in the first quarter due to the September exam results being released at the end of October. The College expects to see an increase in these categories in Q2.

Chad also highlighted that there were a few revisions to the budget, which will be discussed later in the meeting.

Signing authority

As President, Benjamin Matthie was added to the bank account as an authorized signing officer, in accordance with the bylaws. It was noted that Jennifer Pereira will remain on the account as a designate.

UPON A MOTION duly made by Heather Westaway and seconded by Pheing Ngo, it was resolved that Council approves Benjamin Matthie as a signing authority for the College's bank account. Carried.

Investments

The College's bank investor provided reinvestment options on the maturing GICs. The Planning and Finance Committee reviewed and agreed with the option presented.

CEBA loan repayment

The CEBA loan will be repaid by December 31, 2023.

8. Draft Audited Financial Statements

Benjamin Matthie called upon the College's auditors, Blair MacKenzie, Managing Partner and Usman Paracha, Associate Partner, both from Hilborn LLP, to present the draft audited financial statements. The auditors presented a clean opinion.

The auditors provided a high-level overview of the Auditor's Report, Statement of Financial Position, Statement of Changes in Net Assets and the Statement of Operations. They also provided a brief review of the notes to the financial statements and responded to questions posed by Committee members.

The auditors also noted that no management letter was provided, which indicated that there were no deficiencies in internal controls.

UPON A MOTION duly made by Matthew Daher and seconded by Susan Garfat, it was resolved that Council approves for circulation, and submission to the Minister of Health, the audited financial statements for 2022/2023. Carried.

9. Draft Annual Report

Cecilia Li, Senior Communications Officer, presented the draft 2022/2023 Annual Report for review and approval. The College is required by law to submit an Annual Report to the Ministry of Health and post it on the College's website. It was suggested that the College explore ways of possibly measuring recipients' engagement with the annual report.

UPON A MOTION duly made by Corby Anderson and seconded by Alyssa King, it was resolved that Council approves the draft annual report for 2022/2023 for submission to the Ministry of Health and posting to CKO's website. Carried.

10. Registrar's Report

Nancy Leris, Registrar/CEO, presented the Registrar's Report as follows.

Annual Report Discussion

The College was pleased to present its 2022-2023 Annual Report to Council. The theme of the Annual Report is “Progress Ahead”, which reflects the College’s commitment to modernizing regulation to emphasize Accountability, Engagement and Diversity.

Staff & Council personnel updates: Onboarding/training and development

Since Council’s approval of Committee appointments on September 26, 2023, the College has been working to ensure that all Committee members are duly orientated to their mandate and responsibilities.

Staff updates: Operational Plans/Performance Reviews

Staff are working to develop and implement departmental operational plans based on the Operational Plan approved by Council. Council will receive overall progress reports via Quarterly Dashboards and may receive other updates as required.

Onboarding of new President and Vice President

The Registrar has been working closely with the new Council President and Vice-President of Council, providing updates, advice, and support on ongoing and upcoming matters.

Office space

The College has decided to relocate rather than renew its current office space lease. The Registrar has been overseeing the relocation process and will provide timely updates to Council regarding progress.

Financials

The College’s Annual Financial Audit was completed with a report provided to the Planning and Finance Committee on November 20, 2023, which will be provided to Council at this meeting. As mentioned by the Chair of Planning and Finance, the College will have repaid its CEBA loan by December 31, 2023.

CPMF

The College has begun planning for its 2023 CPMF report. The reporting process will begin once the 2023 CPMF tool is released by the Ministry of Health.

Strategic Planning

The College received 18 proposals in response to the College’s Strategic Planning RFP. Proposals were scored by staff and presented to the Steering Committee. The Steering Committee is preparing to interview selected service providers. It is anticipated that the successful consultant will be identified by January 2024.

Quality Assurance Peer Circles update

The College is currently piloting the Peer Circle program. Peer Circles are an additional, voluntary, component of its Quality Assurance program. The College looks forward to sharing the results of this pilot project and receiving feedback from participants, Facilitators, the Quality Assurance Committee, and Council.

EDI-B

The HPRO anti-racism in health regulation (ARHR) project is complete, with the College playing a role in the associated working group and Steering Committee. This Steering

Committee has subsequently been expanded to an HPRO EDI Community of Practice. The College will continue to actively participate in this group.

Holidays

The Registrar acknowledged the hard work and dedication of Staff, Council members and Committee members, and extended warm wishes as we enter a season of many religious observances and holidays.

The College will be closed from December 24, 2023 to January 1, 2024.

11. President's Report

Benjamin Matthie, Chair and Council President, opened by reflecting on the past 2.5 months in his new role. He noted that the Registrar and College staff are working diligently and maintaining engagement with registrants and external stakeholders.

12. Emergency Class Policy

Fiona Teape, Director of Registration, presented an Emergency Class Policy to support Council in determining when an emergency circumstance exists, setting the terms and conditions of the emergency class certificate, and when the emergency class certificate will close.

UPON A MOTION duly made by Heather Westaway and seconded by Teresa Bendo, it was resolved that Council approves the proposed Emergency Class Policy. Carried.

13. Approval of Service Provider – Exam Development and Exam Administration

Fiona Teape provided information regarding the new service provider contract for the development and administration of the entry to practice exam. The College is seeking to sign a new contract with the current provider, which will cover services from 2024 to 2026. The item was before Council in accordance with the Procurement Policy.

UPON A MOTION duly made by Alyssa King and seconded by Victoria Nicholson, it was resolved that Council approves the signing of a new contract with Meazure Learning for the administration of entry-to-practice exams, including exam sittings, the development of new exam items and forms over the next three years; and Be it further resolved that Council authorizes the Registrar to execute the necessary documents and take all actions necessary to finalize and implement the contract with Meazure Learning. Carried.

14. Annual Membership Report

The College's Director of Registration, Fiona Teape, presented the annual registration report to Council, providing demographic, education, and practice information about the membership. It was noted that a comparison of CKO's data to other health Colleges' data may be helpful information in future reports.

15. Policy: Funding for Sexual Abuse Therapy and Counselling

Brian Fehst, Manager of Professional Practice, provided information regarding proposed amendments to the *Policy - Funding for Sexual Abuse Therapy and Counselling*.

The College proposed amendments to the Policy regarding specific criteria to trigger the recipient(s) being notified of the upcoming end of their funding eligibility. Recipients would be notified based on a percentage of the funding that remains available to them or as they approach the date on which their funding would cease.

UPON A MOTION duly made by Alyssa King and seconded by Pheing Ngo, it was resolved that Council approves the amended Policy - Funding for Therapy and Counselling.

Carried.

Abstentions: Chad McCleave and Jana Smith

16. Revised Budget - 2023-2024

Mora Olubobokun, Director of Operations and Financial Services provided a presentation explaining proposed changes to the 2023-2024 budget.

a. Communications & Media

Revamp of CKO Website

The College's website infrastructure no longer meets the needs of registrants, the public and other stakeholders and could potentially limit the scope of the public awareness campaign. Since the last update, rapid changes in the IT and communications environment also contributed to the conclusion that the current website requires updates to streamline navigation and ensure its functionality.

b. Professional Services

Registrar's Performance Evaluation tool and revisions of policies

Following a third-party review of Council Effectiveness and Performance, recommendations were made regarding the Registrar & CEO's performance evaluation and compensation procedures and policies. The Governance and Nominations Committee recommended engaging a third-party to complete this work.

Bookkeeping Services

In the interests of business continuity during the onboarding of the current Director, Operations and Financial services, and to preserve the supporting staff capacity for Professional Conduct matters that may arise, the College proposes retaining the services of the bookkeeper.

UPON A MOTION duly made by Chad McCleave and seconded by Teresa Bendo, it was resolved that Council approves the revised budget for fiscal year 2023-2024. Carried.

c. Abuse Therapy Reserve Fund

On June 26, 2023, Council approved a drawdown from the restricted reserve fund dedicated to Funding for Therapy and Counselling for sexual abuse. This drawdown amount represented an accumulation of funding from previous years. In Fiscal Year 2022/2023, \$3,820.00 has been paid from the restricted fund towards this claim. The Draft Audited Financial Statement can only recognize the amount that was paid for the fiscal year under review. Therefore, the amount approved on June 26, 2023 is to be amended to reflect only the amount spent in Fiscal Year 2022-2023.

UPON A MOTION duly made by Ryan Wight and seconded by Heather Westaway, it was resolved that Council approves the revised draw-down amount from the reserve fund for the funding for therapy and counseling. Carried.

17. Request For Proposal – Strategic Planning Project – update

Fiona Teape, Director of Registration, provided an update on the College's Strategic Planning Project. The College received 18 proposals, which were reviewed and evaluated by College staff. The top five proposals were presented to the Steering Committee: Strategic Planning, and they identified the top four vendors to be invited for a presentation and interview.

18. Terms of Reference

Executive Committee

Brian Fehst shared a presentation highlighting the proposed Terms of Reference for the Executive Committee.

UPON A MOTION duly made by Teresa Bendo and seconded by Heather Westaway, it was resolved that Council approves the Executive Committee terms of reference. Carried.

Planning and Finance Committee

Brian continued and shared proposed amendments to the Terms of Reference for the Planning and Finance Committee.

UPON A MOTION duly made by Victoria Nicholson and seconded by Teresa Bendo, it was resolved that Council approves the proposed amended Planning and Finance Committee terms of reference. Carried.

19. Communications Update

Cecilia Li, Senior Communications Officer, provided her communications update.

Social Media & Stakeholder Engagement

An update was provided regarding the College's audience engagement across its social media channels from September to November 2023. This included LinkedIn, Facebook, X, Instagram, and the College's e-newsletter.

From August to November 2023, CKO delivered 11 presentations to eight different institutions, including University Health Network (UHN).

Five-year Council meeting dates

The meeting dates were reviewed and approved to address potential conflicts in 2024 and 2026.

UPON A MOTION duly made by Alyssa King and seconded by Susan Garfat, it was resolved that Council approves the proposed Five-Year Council Meeting Schedule to ensure no conflicts with statutory holidays and cultural/religious observations. Carried.

20. Review of Action Items

- The College will explore ways to measure engagement of the Annual Report.
- Registration will work on a policy for R.Kins who accept delegation of duties from supervisors while licensed under the *Emergency Act*.
- Registration will start comparing CKO's annual membership data with similar data of other Colleges governed under the *RHPA, 1991*.

21. 2024 Council Meeting Dates

Council will next meet in 2024 on the following dates:

- March 25th
- June 24th
- September 16th and 17th
- December 2nd

Adjournment

UPON A MOTION duly made by Chad McCleave, the Council meeting of December 2023 was terminated at 2:17 pm. Carried.



February 20, 2024

The Hon. Neil Lumsden,
Minister of Tourism, Culture and Sport
Sixth Floor, 438 University Avenue
Toronto, Ontario, M7A 1N3

Via email: Neil.Lumsden@pc.ola.org

Dear Minister Lumsden

We are writing regarding a letter sent to you from Athletic Therapy Ontario (ATON). The College of Kinesiologists of Ontario (the College) also received a copy of this letter.

In this letter, dated February 14, 2024, ATON describes their past outreach to the College requesting support for regulation as a specialty class within the College. We would like to take this opportunity to provide some additional information about the College's decision in 2021 regarding the application submitted for regulation of Athletic Therapy as a specialty class within the College.

ATON outreach began in 2013 with the proposal that the College support an application to create a specialty class of certificate of registration for Athletic Therapists in Ontario. In 2018, Council approved the Specialties Assessment Framework, a framework for the authorization of a specialty within the Kinesiology profession. In accordance with the Specialties Assessment Framework, the Specialties Committee, a committee appointed by Council to consider ATON's request, was created. The Specialties Committee's work over a three-year period involved:

- Consideration of whether Athletic Therapy may be considered a specialty within the practice of Kinesiology as defined in the Specialties Assessment Framework;
- A comparison of the scope of practice of Kinesiology (as set out in s.3 of the *Kinesiology Act, 2007*) with the scope of practice of Athletic Therapy as defined by system partners, including ATON;
- Careful consideration of risk of harm submissions to address the question of whether the risk of harm to the public is sufficient to require additional or specific regulation;
- A review of the educational requirements for Athletic Therapy, including the extent to which Athletic Therapists applying for a specialty certificate of registration may be able to meet the entry-to-practice requirements to obtain a General Class certificate of registration. These considerations were informed by a legal opinion;
- Review of the legislative framework for recognition of a specialty and confirmation regarding the requirement for cooperation and approval of the Ministry of Health and the Lieutenant Governor in Council for the creation of a specialty; and
- Consideration of the financial and operational impacts of authorizing and administering a specialty.

Following consideration of the above, including stakeholder and system partner submissions, the Specialties Committee recommended that it would not be feasible to submit a request to the Ministry of Health for a specialty designation for Athletic Therapy within the College. This recommendation was made for the following reasons, which emerged from the considerations noted in the list above:

- The absence of an independent national accreditation body for Athletic Therapy;
- Some Athletic Therapists do not meet the requirements for the College's General Class certificate of registration and, therefore, do not have a path to a specialty designation;
- There may be public confusion with the concepts of certification, regulation and specialization; and
- There would be increased costs to some registrants to maintain a specialty designation.

Additional details regarding the Specialties Committee's recommendation to Council, including a summary of some arguments presented in favour of and against the creation of a specialty can be found in the [Minutes of the September 27, 2021 Council meeting](#) (Agenda Item 14 on pgs. 8-9 of the Minutes) and the decision note issued September 27, 2021 (pgs. 142-162 of the September 27, 2021 [Council meeting materials](#)).

To conclude, we are respectfully submitting this letter in the hope that it will clarify the College's position regarding this matter. The College values its relationships with all system partners and looks forward to future opportunities for collaboration in the public interest.

Regards,

Benjamin Matthie, R. Kin
President, College of Kinesiologists of Ontario

Cc: Premier Doug Ford
Deputy Premier and Minister of Health, Hon. Sylvia Jones
Jennie Stevens, MPP
Athletic Therapy Ontario (ATON)



Resolution to approve the letter being sent to the Minister of Tourism, Culture and Sport concerning the regulation of Athletic Therapy

Whereas the College of Kinesiologists of Ontario received a letter from Athletic Therapy Ontario (ATON) addressed to the Minister of Tourism, Culture and Sport; and

Whereas the content of this letter included a description of past outreach from ATON to the College regarding the regulation of Athletic Therapy in Ontario; and

Whereas Council has been presented with and reviewed the content of a letter to the Minister of Tourism, Culture and Sport clarifying the College's position regarding this matter;

Therefore, be it resolved that the Council approves the letter to be sent to the Minister of Tourism, Culture and Sport as circulated.

Moved by: _____

Seconded by: _____

Date: March 25, 2024

February 14, 2024

The Hon. Neil Lumsden,
Minister of Tourism, Culture and Sport,
Sixth Floor, 438 University Avenue,
Toronto, Ontario, M7A 1N3

Sent by email: Neil.Lumsden@pc.ola.org

Dear Minister Lumsden

Re:- Making Sport Safer

I'm calling the attached story from the Athletic to your attention for two reasons:

One, is that this occurrence, once again, provides clear evidence of the need to make neck guards mandatory at all levels of hockey. So, one purpose of this letter is to urge you to do so, rather than waiting for a Rowan Stringer-type incident that forces a reaction.

Second, is that this is not a unique or even unusual occurrence for Athletic Therapy Ontario members. Our members frequently encounter life-threatening or life-changing incidents during their field of play work, whether it's in hockey, rugby, football—or any sport activity for that matter. They are fully trained and equipped to respond effectively. Yet, Athletic Therapists are not regulated in Ontario. That means that anyone may lawfully call themselves an Athletic Therapist, whether or not they have been appropriately trained and certified. Because of the demand for Athletic Therapists and the distinction associated with the title, an increasing number of individuals who have no or insufficient are holding themselves out as Athletic Therapists. Can you imagine what might've happened to Ike Werner if the "Athletic Therapists" on the scene were not properly trained and certified Athletic Therapists?

This Association applied to the College of Kinesiologists of Ontario for the regulation of Athletic Therapists as a specialty within that College, which among other things would have provided title protection, Standards of Practice, effective mechanisms to address sexual misconduct and so on. The College concluded that Athletic Therapists did not attain the "risk of harm" threshold required for a specialty, which incidents such as the one that is the subject of this article belie. The College also concluded that its existing Standards of Practice for Kinesiologists appropriately address the

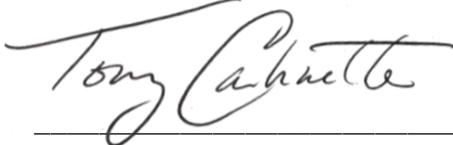


risk of harm associated with Athletic Therapists—even though there isn't a single mention of field of play practice in those Standards.

So, the second purpose of this letter is to urge you to promote the statutory regulation of Athletic Therapists in Ontario, either under the Regulated Health Professions Act or under a Private Act of the Ontario Legislature. (Every US state except California, including the District of Columbia and Puerto Rico, statutorily regulate the profession.) As a former athlete yourself, I am sure that you grasp the public interest benefit of doing so, particularly for those engaged in sport activities at any level. The former head of the Professional Standards Authority that oversees all of the health profession regulatory colleges in the UK and who has been a valued consultant to Ontario's Ministry of Health from time-to-time concluded that Ontario's Athletic Therapists should be statutory regulated because they are a profession "whose clients intentionally and routinely put themselves in harm's way".

I thank you for your attention and we look forward to working with you to achieve the regulation of Athletic Therapists in Ontario so that sport can be made safer for everyone.

Yours sincerely,



Tony Carbonette
OATA President

Cc Premier Doug Ford
Deputy Premier and Minister of Health, Hon. Sylvia Jones
Jennie Stevens, MPP
College of Kinesiologists of Ontario



MEDIA RELEASE

FOR IMMEDIATE RELEASE

February 14, 2024

Athletic Therapy Ontario Urges Sport Minister Lumsden to Make Sport Safer

Athletic Therapy Ontario, that represents the elite practitioners of athletic therapy in Ontario, has written to Sport Minister Lumsden urging him to make neck guards mandatory at all levels of hockey and to promote the statutory regulation of Athletic Therapists in Ontario.

"Our members regularly respond to life-threatening and potentially life-changing injuries during our field-of-play practices. We were strong supporters of Rowan's Law and continue to support and be engaged in its implementation. Like Rowan's Law, making neck guards mandatory in hockey will help make sports safer", said Tony Carbonette, OATA President.

Sarah Rabinovich, OATA Chair added, "It's ridiculous that Athletic Therapists are not statutorily regulated in Ontario. That means that literally anyone can claim to be an Athletic Therapist and get a job as one. Incidents that have occurred in the United States clearly show how dangerous this situation can be, where athletes have died as a consequence of relying on a faux Athletic Trainer".

A copy of the letter to Ontario's Sport Minister, Neil Lumsden is attached.

CONTACT

Tony Carbonette (613 299 8251)

The Athletic

How Maple Leafs staff helped save a rec-leaguer from a skate cut to the throat: ‘I thought I was going to die’

By [Chris Johnston](#)

It was inside the [Toronto Maple Leafs](#) dressing room that Ike Werner first allowed himself to believe he was going to survive.

After having his throat cut accidentally by a skate blade during a Sunday afternoon rec league game at the [NHL](#) team’s practice facility earlier this month, a terrifying experience turned surreal when the 37-year-old looked over and saw Maple Leafs forward Nick Robertson receiving treatment in an adjacent room.

“That was my visual,” Werner told *The Athletic*. “Him being worked on.”

Werner had taken note of the luxury cars behind the gated section of the parking lot when he pulled into Ford Performance Centre that afternoon. The Zamboni was resurfacing the ice earlier than usual, too, so he figured the Leafs had skated on Rink 2 before his “Prestige Worldwide” team faced off against the “Jagrbombs” in the True North Hockey League.

That fact became much more significant to him when, on his third shift of the game, he suffered a gruesome cut and was scrambling for help, only to find himself under the care of Leafs athletic therapists Paul Ayotte and Neill Davidson.

“They were so good,” Werner said. “They were so calm and that helped kind of ground me, if you will, because I was spiraling.”

It’s not a spot any rec-leaguer could reasonably imagine finding themselves in — even after the October death of former NHLer Adam Johnson while playing professionally in England.

That tragedy cast a light on the need for more cut-resistance equipment in the sport and has seen players at all levels start wearing it. Werner recalled the topic being discussed among his men's league team in the fall and said he even tried, unsuccessfully, to purchase a neck guard at that time.

As one of the older players in a reasonably competitive league, he was more cautious than most when it came to his gear by wearing wrist guards, cut-resistant socks and, after previously wearing a visor (pictured at top), recently moving to a full face shield.

“When Adam Johnson died, you couldn't buy neck guards,” Werner said. “I tried. Now, that was a couple months ago, and I probably could have kept on it but didn't.

“One of the things I said to my wife was, ‘It's rec league. It's not as fast. The equipment isn't at that level. The skates aren't as sharp. It's not going to happen in rec league.’”

Except when it did.

Werner has no recollection of what happened. None of his teammates were sure immediately afterward, either.

In fact, it wasn't until the convenor of Werner's league sent a clip taken from a 360-degree camera installed in the arena on Tuesday night that anyone had a clear picture of what transpired.

The play looked as harmless as they come. Standing in the slot in front of his own goal, Werner poked at a loose puck as an opponent came on to it and wound up knocking him off balance. As the opponent fell to the ice, his right skate kicked up and caught Werner under the face mask.

Incredibly, the force of the impact didn't knock Werner off his feet even though it left him significant bruising to his upper chest and neck area that remained a week after the Feb. 4 incident occurred. It also opened a cut that required 12 stitches to close.

The video clip confirmed the only aspect of the sequence Werner recalled clearly: He picked up his dropped stick after the collision and skated under his own power to the bench.

What also stood out in his memory was how little pain he felt in the immediate aftermath of the play and how little blood there seemed to be. He says it felt like a small abrasion or jersey burn. Except when he returned to the bench an official told him that he needed to leave the playing surface immediately.

Longtime teammate Jack McVeigh accompanied Werner to the dressing room after getting a brief look at what his buddy was dealing with.

“It was quite shocking that he was alive once you saw the injury,” McVeigh said. “He took his hand off of his neck and you’re like, ‘Ooooooh. Holy f—.’”

“I don’t even know what went through my head other than ‘You have to go get that dealt with.’”

Werner didn’t lose his own cool until catching a glimpse of the gash in a mirror once back in the dressing room. According to McVeigh, he immediately went white.

There was a brief discussion about calling an ambulance and getting to the arena lobby until Werner remembered the Leafs were in the building. He got the attention of Armando Cavalheiro, who works as a cameraman for Maple Leaf Sports and Entertainment and was standing nearby after covering practice. Cavalheiro started banging on a back door to the dressing room until it was opened and Werner was let in.

He was immediately tended to by Davidson and Ayotte, the Leafs medical staffers, who applied pressure to the neck area and examined the injury. They ultimately closed it with Steri Strips and bandaged Werner up after determining that he needed to go to the hospital for further testing before stitches were put in.

Just as importantly, they provided reassurance that everything was going to be OK.

“They were so good,” Werner said. “Asking me some questions: ‘Can you breathe OK?’ ‘Can you swallow OK?’ Like those types of things to just rule out any severe, severe things.

“They’re like ‘You’re lucky to be alive.’”

Under normal circumstances, they might not have been around to help someone injured during a 4 p.m. rec league game.

The Leafs typically practice at noon but didn’t skate that day until 2:45 p.m., because the team was returning from the All-Star break and league rules dictated that no mandatory activities were scheduled before mid-afternoon.

A father to a 3-month-old, Werner went alone to St. Joseph’s Hospital with only a quick message sent to his wife that he’d been cut and was going to be OK. He was admitted immediately to a hospital bed and received his stitches by 5:15 p.m. — only an hour after leaving the ice.

Because the skate that grazed him was so sharp, the cut was clean and easily stitched closed. A local anesthesia was applied and Werner began bleeding heavily while doctors examined how deep the wound was. He had to throw out the shirt he was wearing in favor of one McVeigh dropped off for him at the hospital.

However, it was a good-news scene. A CT Scan showed that the skate had cut into muscle but not through it, making surgery unnecessary.

One of the emergency room doctors told Werner she plays hockey at a high level recreationally and vowed not to return to the ice without first getting a neck guard of her own.

“It missed my vocal cords, my esophagus, arteries, veins, everything,” Werner said. “I’m just lucky. I’m just lucky.”

He didn’t even spend the night in hospital.

Werner's brush with death brought him in contact with five different highly-trained medical professionals between the time he was cut by the skate and when he eventually returned home to a long embrace from his wife. Each of them told him he was lucky to be walking out the door.

That's left him reflecting on all of the what-ifs from a day that will almost certainly stick with him for the rest of his life.

For starters, the weather had been unseasonably nice on that Sunday, and during a walk with his newborn, he thought about skipping the hockey game altogether. What if he chose to stay home?

What if his team wasn't short a defenseman for that game and he was playing his normal position at forward instead?

What if he'd gotten up and tried to rejoin the play rather than skating to the bench after being cut? Would his body have been able to handle the continued exertion?

What if the cut was just a little bit deeper or angled a centimeter or two in another direction?

What if the Leafs were operating on their normal schedule that afternoon and the medical staff wasn't still in the building to answer his call for help? "I thought I was going to die and they said, 'You're not going to die. You're very lucky.' And they patched me up," Werner said. "I credit them with just making sure I was OK. At that point, I wasn't bleeding that much, but if I had just taken myself to the hospital who knows what would have happened? "It ended up being a lot of blood."

He doesn't consider himself a religious or spiritual person, but he's certainly got family and friends who believe some greater power was looking out for him that day.

It wasn't easy to calm his mind long enough to get a restful sleep in the immediate aftermath of a situation where Werner himself notes: "I almost orphaned my kid and my wife was going to be a widower."

About the last place he expected to find himself when showing up for a Sunday rec league game was inside the Maple Leafs dressing room. He's lucky he did.

“I’m not a Leaf fan — I’m a [Calgary](#) fan — but I’ve just been joking, ‘I might be a Leafs fan now,’” Werner said. “Not from a team perspective, but a behind-the-scenes perspective.”

[Chris Johnston](#) is a senior writer covering the NHL for The Athletic. He has two decades of experience as an NHL Insider, having appeared on Hockey Night in Canada and the NHL Network before joining TSN in 2021. He currently hosts the "Chris Johnston Show" on the Steve Dangle Podcast Network. He's written previously for the Toronto Star, Sportsnet and The Canadian Press. Follow Chris on Twitter [@reporterchris](#)



March 12, 2024

Mr. Glen Padassery
Executive Vice President, Policy and Auto/Insurance Products
Financial Services Regulatory Authority of Ontario (FSRA)
25 Sheppard Avenue West, Suite 100
Toronto, ON
M2N 6S6

Via email: glen.padassery@fsrao.ca

Dear Mr. Padassery;

The College of Kinesiologists of Ontario (“the College”) is the statutory regulator of kinesiologists in Ontario. Its role is to regulate the profession so that the public interest is served and protected. It does not advocate for the profession but for the public. It sets and enforces standards of practice so that the public in Ontario receive safe, ethical and competent care from qualified professionals. We ensure that all kinesiologists meet the standards of the profession to practise safely, competently, and ethically.

We have been advised that the Ontario Kinesiology Association (“OKA”) is exploring proposal of a legislative amendment that may impact members of the College, its system partners and members of the public including patients/clients. This proposal involves an amendment to s. 3(1) of the *Statutory Accident Benefits Schedule (SABS)*, which is O.Reg. 34/10 under the *Insurance Act, R.S.O. 1990 c. 1.8* to include kinesiologists under the definition of “health practitioner” as follows:

“(j) a kinesiologist, if the impairment is one that a kinesiologist is authorized by law to treat.”

The impact and goal of this proposed amendment, as we understand it, would be to permit kinesiologists to sign Part 5 of the OCF-18 form.

We are writing to provide clarity on the College’s mandate and what is required and expected of kinesiologists.

The College’s requirements to enter the profession include:

- A four-year bachelor-level program in kinesiology at an Ontario university (or a program deemed by the College’s Registration Committee to be substantially equivalent);
- Successful completion of the entry-to-practice examination, which was derived from the [Kinesiologist Core Competency Profile](#) in a manner consistent with the College’s [Exam Blueprint](#); and

- Meeting the conduct, character, language proficiency and fitness to practice requirements set out in s.3 of O.Reg. 401/12: General under the *Kinesiology Act, 2007*.

The scope of practice of Kinesiology, which applies to all members of the College, is set out in s.3 of the *Kinesiology Act, 2007* as:

“The practice of kinesiology is the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance.”

The scope of practice is broad and may include treatment, care and services provided in the context of the *SABS*. For example, kinesiologists may provide rehabilitative exercise assessment and prescription following a motor vehicle accident.

The College’s expectation is that kinesiologists provide any treatment, care and services in a manner consistent with the College’s [Code of Ethics](#), Practice Standards and Practice Guidelines. The College’s Practice Standards include, among other subject matter:

- [Conflicts of Interest](#);
- [Fees and Billing](#); and
- [Record Keeping](#).

The College’s Practice Standards and Guidelines are based on the [Essential Competencies of Practice for Kinesiologists in Ontario](#), which include a number of specific performance indicators for each of the identified essential competencies. These performance indicators include:

- 1.5.3 Recognizes normal and abnormal physiology, including impact of injury and disease state.
- 1.5.4 Considers the impact of disease state and injury on different body systems and functions (e.g. energy, healing, impact on physical activity and rest).
- 1.8.1 Applies knowledge of pathology of musculoskeletal, neurological, cardiopulmonary, neoplastic, and metabolic disorders and conditions.
- 1.8.2 Considers the reaction of the body to injury (e.g. cellular adaption/tissue responses, neoplasia/anaplasia, cellular degeneration/necrosis, infective agents) and disease.
- 1.8.3 Explains and takes into consideration the pathophysiological process of inflammation and repair.
- 1.8.5 Considers the contraindication(s) of therapeutic treatments during the acute phase.
- 1.8.8 Explains the natural progress of musculoskeletal disorders.
- 2.1.2 Clarifies and confirms reason for services with patient/client and other stakeholders.
- 2.1.3 Requests further information and/or clarification of medical, treatment and occupational history.

- 2.1.4 Identifies the knowledge, skill and judgment required to provide the appropriate services to the patient/client.
- 2.1.5 Determines that the services required are within the legislated scope of practice of a kinesiologist.
- 2.2.1 Obtains informed consent prior to initiating services or change in service plan by communicating the purpose, risks, benefits, disadvantages, alternatives and cost of the proposed treatment plan or contract.
- 2.2.3 Involves substitute decision-maker in the informed consent process when patient's/client's capacity, and/or maturity to fully understand information is problematic.
- 2.3.1 Collects patient/client history using interviewing skills, observation, and by reviewing clinical records and available data to inform assessment process.
- 2.3.4 Performs an assessment to determine patient's/client's baseline, including anthropometric measurements, current function, movement, abilities, risks, symptoms and performance, and response to prior treatment.
- 2.5.3 Identifies the patient's/client's activity, current health status, abilities, impairments and risk/hazards based on the assessment.
- 2.5.7 Identifies normal and abnormal test and diagnostic results (e.g. x-ray, ultra-sound, blood work, imaging), and quantitative assessment data.
- 2.5.9 Identifies when a referral to another health professional is required and the level of urgency in making the referral
- 2.6.1 Communicates assessment results and analysis of data to the patient/client, team members and/or relevant others.
- 2.6.8 Develops realistic, relevant, measureable, sustainable, and evidence-informed recommendations and/or goals.
- 2.6.10 Designs customized exercise prescription for individuals, including but not limited to flexibility, strength, endurance, balance, cardiopulmonary training and corrective movement patterning.
- 2.6.15 Identifies limitations for treatment within scope of practice and refers to others when required.
- 2.8.1 Monitors patient's/client's response to the intervention and/or treatment.
- 2.11.1 Maintains clear, accurate and comprehensive records of all patient/client encounters, recommendations, and plans to demonstrate professional accountability and to support continuity of patient/client care.
- 2.11.3 Prepares records and reports in a timely and systematic manner.
- 2.11.10 Ensures documentation is accurate and complete before applying his/her signature/attestation.

The proposed amendment to the SABS would not, to the College's knowledge, permit, authorize or require a kinesiologist to do anything outside the scope of practice of kinesiology, the *Kinesiologist Core Competency Profile*, the *Essential Competencies of Practice for Kinesiologists in Ontario* or the College's Practice Standards.

The College also has guidance and safeguards in place to ensure that kinesiologists are aware of and abide by all applicable legislation, regulations and the College's expectations. These

include a Practice Advice service, a Quality Assurance program, and the College's Professional Conduct portfolio.

The College investigates all complaints and reports regarding its members. This includes those received from employers and other regulatory bodies or comparable authorities. Where warranted and/or necessary to protect the public, the College does not hesitate to take disciplinary or other action in a manner consistent with the Code.

To close, we would like to thank the FSRA for the opportunity to clarify how the College protects the public by regulating the practice of kinesiology in Ontario. As noted above, the role of the College is not to advocate for the profession but for the public. This letter is not intended to advocate for registrants of the College but simply to provide information on the role of the College and the scope of the profession so that an informed decision can be made. The College will continue to serve as a system partner to promote the public interest by ensuring that kinesiologists practice in a manner that is safe, ethical and compliant with all applicable legislation and regulations.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Leris', written in a cursive style.

Nancy Leris
Registrar and CEO

Copy to:

Mr. Stuart Moulton, Executive Director, Ontario Kinesiology Association



Resolution: Approval of revised Budget for fiscal year 2023-2024

Whereas the 2023/2024 Budget was presented to Council and duly approved at the June 2023 Council meeting; and

Whereas the College has developed an office relocation project plan, including a budget, and has determined that there may exist a need for reallocations within the FY 2023/2024 Budget to support the office relocation project; and

Whereas the College has proposed funds be reallocated from a delayed project in the Quality Assurance, the Rent and Facilities and the Salaries and Benefits lines in the 2023/2024 Budget towards the office relocation project; and

Whereas the Planning and Finance Committee have reviewed the entire revised budget, raised questions and gained a full understanding of the risks faced by the College, the medium-term financial outlook for the College and detailed proposed expenditures;

Therefore, be it resolved that Council approves the revised budget for the current fiscal year 2023-2024.

Moved by:

Seconded by:

Date: March 25, 2024

Decision Note

Decision: Patient/Client-Centred Care Guideline
Prepared for: Council
Date: March 25, 2024

Issue

Council is being asked to consider the recommended draft Practice Guideline – Patient/Client-Centred Care and to approve for consultation.

Background

The College of Kinesiologists of Ontario (the College) is required under the *Regulated Health Professions Act, 1991* to develop and implement practice standards and guidelines for the profession and to communicate these standards publicly. Registered kinesiologists are obligated to adhere to the standards and guidelines and to demonstrate ongoing competence.

To facilitate compliance, the standards and guidelines should be:

- consistent with applicable legislation and the College’s expectations, including the [Kinesiologist Core Competency Profile](#) and the [Essential Competencies of Practice for Kinesiologists in Ontario](#);
- relevant to the current practice environment; and
- associated with measures to support a kinesiologist’s ability to apply the practice standards and guidelines, including ensuring that feedback is received and identified gaps may be addressed.

One priority of the College’s 2019-2022 Strategic Plan was to “promote competent, safe and ethical kinesiology practice that is patient/client-centred.” An objective that emerged from this strategic priority was to develop a definition of “patient/client-centred care” in the kinesiology context. The goal of this definition is to provide guidance and clarity about the expectations in the *Essential Competencies of Practice for Kinesiologists in Ontario*. Following careful consideration, the College determined this goal was best achieved through a Practice Guideline.

Analysis

In accordance with the College’s Policy and Material Development and Review Framework, a working group of Registered Kinesiologists supported the draft Guideline’s development. This process included review of the *Essential Competencies of Practice for Kinesiologists in Ontario* and identification of relevant Essential Competencies and Performance Indicators;

As part of an environmental scan, the College identified and reviewed several relevant resources which included:

- Relevant Measures and Evidence reported by Ontario health regulators via their College Performance Measurement Framework (CPMF);
- Similar or related Practice Standards and Practice Guidelines published by the other Ontario health regulators;
- Relevant materials published by other organizations and system partners, such as patient/client-focused groups and health care associations;
- Relevant research literature pertaining to patient-centred care, client-centred care and related concepts; and
- Other materials and resources, including legislation.

The results of the environmental scan supported the development of the draft Guideline, which is included as Appendix A to this decision note. A summary of the content follows:

Draft Practice Guideline – Patient/Client-Centred Care

The draft Guideline begins with an introduction that offers a definition of patient/client-centred care, placing this definition within the context of kinesiology treatment, care and services. This is done by specifically referencing the College’s [Code of Ethics](#) and the principles of ethical conduct.

In addition, the draft Guideline:

- connects the principles of patient/client-centred care to several of the College’s Practice Standards and Guidelines;
- clarifies the accountabilities of a registered kinesiologist in various employment settings and roles by referencing applicable legislation; and
- aligns with and clarifies the following Performance Indicators set out in the *Essential Competencies of Practice for Kinesiologists in Ontario*:

<i>Performance Indicator</i>	<i>Description</i>	<i>Reference(s) in draft Guideline</i>
3.2.1	Builds rapport and trust within professional relationships, while respecting boundaries.	Section: Respect for patients/clients. Paragraph 1, bullet point 1.
3.2.2	Develops and implements culturally sensitive approaches.	Section: Equity Diversity and Inclusion (EDI) and patient/client-centred care. Paragraph 3.
3.2.3	Recognizes the limits of one’s own knowledge, skills, and abilities related to managing diversity and equity issues, and consults when necessary.	Section: EDI and patient/client-centred care. Paragraph 4.
3.2.4	Takes into consideration the diversity (e.g. age, gender, sexual orientation, religion, ethnicity, cultural beliefs) of the patient/client.	Reference to the <i>Ontario Human Rights Code</i> included in the draft Guideline.

Recommendations from the Quality Assurance Committee

On March 7, 2024, the Quality Assurance (QA) Committee met to review the draft Guideline. The QA Committee proposed some amendments, which were incorporated into the draft Guideline. The QA Committee also recommended the public consultation include questions regarding readability, clarity and the extent to which kinesiologists can relate the content of the draft Guideline to their practice.

Public Interest Rationale

By establishing practice requirements and providing practice guidelines and advice, the College ensures that registered kinesiologists deliver competent, safe and ethical treatment, care and services. The draft Guideline is intended to serve the public interest by:

- defining patient/client-centred treatment, care and service in the context of kinesiology;
- clarifying the accountabilities of a registered kinesiologist in various employment settings and job roles; and
- providing guidance to promote compliance with the relevant Essential Competencies and associated Performance Indicators;

Recommendation

The QA Committee recommends that Council approve the draft Guideline for circulation in a 60-day public consultation.

Decision for Council

Council is asked to review and consider the draft Guideline and to:

- a) Approve the draft Guideline for circulation in a 60-day public consultation;
- b) Approve the draft Guideline for circulation in a 60-day public consultation with specified amendments; or
- c) Refer the draft Guideline back to the College for further consideration with specific questions and/or recommendations.

Practice Guideline: Patient/Client-Centred Care

Introduction

Kinesiologists work with people of all ages and physical abilities in many settings, applying their knowledge of human movement and performance to help improve health and quality of life. Kinesiologists' practice should always consider patient/client needs, safety and well-being. The *Code of Ethics* of the College of Kinesiologists of Ontario includes the following principles of ethical conduct, which kinesiologists are expected to demonstrate:

- Respect
- Excellence
- Autonomy and Well-being
- Communication, Collaboration and Advocacy
- Honesty and Integrity

These principles, and many of the performance indicators included in the *Essential Competencies of Practice for Kinesiologists in Ontario*, are consistent with the principles of what is known as patient/client-centred care¹. Patient/client-centred care may be summarized by the phrase: “nothing about me without me”. Patient/client-centred care emphasizes open and transparent communication between the professional and the patient/client (and, in some cases, their advocates, allies and substitute decision makers). This improved communication can enhance patient/client participation in making decisions regarding their care based on their own needs and values. Improvements in these two areas (communication and participation/decision-making) may enhance access to treatment, care and services. Patient/client-centred care may also improve outcomes (including patient/client experience).

Kinesiologists may use the following four core concepts, which are consistent with the *Code of Ethics*, to guide them in providing patient/client-centred care:

- Patients/clients are treated with respect and dignity
- Patients/clients are invited to participate in clinical decision-making at the level they choose
- Patients/clients are invited to collaborate with professionals as partners
- Patients/clients have access to information so they can be involved in their care

Kinesiologists can also make sure that their practice is patient-/client-centred by:

- Complying with legislation and regulations (particularly those that are in place for the protection or benefit of patients/clients);
- Respecting patients/clients;
- Encouraging patient/client involvement and direction in decision-making;
- Advocating with and for patients'/clients' needs; and
- Recognizing patients'/clients' experience and knowledge

Scope of this Guideline

¹ Due to the broad scope of practice and diverse practice environments for kinesiologists in Ontario, the College uses "patients/clients" as an inclusive term to describe those receiving kinesiology treatment, care and services.

The purpose of this Practice Guideline is to provide some guidance to kinesiologists seeking to apply the principles of patient/client-centred care in their practice in a manner consistent with the College's *Code of Ethics*, the *Essential Competencies of Practice of Kinesiologists in Ontario* and the College's Practice Standards.

Legislation and regulations relevant to patient/client-centred care

In some practice environments, applying the principles of patient/client-centred care may be required or facilitated by legislation. Some laws in Ontario that may govern or require the application of patient/client-centred principles by kinesiologists include, but are not necessarily limited to:

- *Human Rights Code, R.S.O. 1990*: forbids discrimination based on specified “protected grounds”²
- *Regulated Health Professions Act, 1991 (RHPA, 1991)*: includes the requirement that regulatory Colleges have a Patient Relations program, which includes measures to prevent and address sexual abuse of patients.
- *Health Care Consent Act, 1996*: includes the requirement that no treatment shall be provided without the informed consent of a patient or their substitute decision-maker (SDM). More information can be found in the College's Practice Standard – Consent and Practice Guideline – Consent.
- *Personal Health Information Protection Act, 2004*: sets out the requirements for collection, use, storage and disclosure of personal health information.
- *Personal Information Protection and Electronic Documents Act (“PIPEDA”)*: sets out the requirements for collection, use, storage and disclosure of personal information. May apply to situations where personal information that is not health information may be collected, used, stored or disclosed.

² As of 2024, the protected grounds, as described in the *Human Rights Code* include:

- Age
- Ancestry, colour, race
- Citizenship
- Ethnic origin
- Place of origin
- Creed
- Disability
- Family status
- Marital status (including single status)
- Gender identity, gender expression
- Receipt of public assistance (in housing only)
- Record of offences (in employment only)
- Sex (including pregnancy and breastfeeding)
- Sexual orientation

- *Consumer Protection Act, 2002*: Applies to kinesiologists who may be providing “personal development services”³. Sets requirements regarding agreements for these services.
- *Access for Ontarians with Disabilities Act, 2002 (AODA, 2002)*: requires that workplaces in Ontario meet accessibility, customer service and staff training standards regarding accessibility.
- *Excellent Care for All Act, 2010*: requires patient/client engagement and quality assurance processes in certain prescribed health care settings, such as hospitals.
- *Insurance Act, R.S.O. 1990*: establishes the regulatory framework for the insurance industry in Ontario. Includes regulations such as the Statutory Accident Benefits Schedule (SABS) (O.Reg. 34/10) and O.Reg. 90/14 regarding Service Providers – Standards for Business Systems and Practices and Other Prescribed Conditions.
- *Occupational Health and Safety Act, R.S.O. 1990*: sets out the legal framework to protect workers from health and safety hazards on the job.
- *Workplace Safety and Insurance Act, 1997*: establishes a legislative framework for the policies for entitlements to benefits and services for injured workers in Ontario.

Legislative requirements protect patients/clients by ensuring that kinesiologists fulfil their legal responsibilities. These responsibilities may include the kinesiologist having a duty to put the interests of their patient(s)/client(s) ahead of their own interests. This is known as a fiduciary duty.

It is important for kinesiologists to understand how legislation may apply to them in their practice environment. As legislation may be subject to change, kinesiologists are advised to seek their own legal advice regarding which laws may apply and how such laws may be correctly interpreted. The College’s Practice Standards and Guidelines are intended to assist kinesiologists to some extent. Kinesiologists should note that in cases of any discrepancy between legislation and the College’s relevant Practice Standard(s) and/or Practice Guideline(s), the legislation governs.

Kinesiologists should be aware that non-compliance with legislation may result in prosecution and penalties set out in the legislation. Non-compliance with legislation may also involve conduct or behaviour that the College could investigate, which may result in a finding or findings of Professional Misconduct and associated penalties (up to and including suspension or revocation of the kinesiologist’s certificate of registration).

Respect for patients/clients

³ “Personal development services” are defined in s. 20(1) of the *Consumer Protection Act, 2002* as:

“(a) services provided for,

- (i) health, fitness, diet or matters of a similar nature,
- (ii) modelling and talent, including photo shoots relating to modelling and talent, or matters of a similar nature,
- (iii) martial arts, sports, dance or similar activities, and
- (iv) other matters as may be prescribed”, and

(b) facilities provided for or instruction on the services referred to in clause (a) and any goods that are incidentally provided in addition to the provision of the services”

Kinesiologists are expected to demonstrate their commitment to patient-/client-centred care by practising in a manner consistent with the *Essential Competencies of Practice for Kinesiologists in Ontario* and the College's Practice Standards and Guidelines. Some examples include:

- Building appropriate professional trust and rapport with patients/clients while following the expectations of College's Practice Standards and Guidelines regarding **Professional Boundaries**.
- Only providing treatment, care and services with the informed consent of patients/clients or, where appropriate and necessary, their SDM(s), in keeping with the College's **Practice Standard – Consent**.
- Promoting continuity of care and protection of patient/client personal health information and personal information through documentation and record-keeping practices that are consistent with the College's **Practice Standard and Practice Guideline for Record Keeping**.
- Providing treatment, care and services in a manner that is respectful of health system and patient/client resources and consistent with the College's **Practice Standard – Fees and Billing** and **Practice Standard – Professional Collaboration**.
- Ensuring patient-/client-facing and public-facing materials, policies and practices are appropriate and aligned with the *Code of Ethics* and the College's Practice Standards and Practice Guidelines (for example: **Practice Standards and Guidelines regarding Advertising and Fees and Billing**)
- Acknowledging patient/client individuality by taking a collaborative approach to treatment, care and services (including goal-setting and recommendations/treatment planning) that actively engages the patient/client (and/or their SDM, if necessary and appropriate)
- Engaging with patients/clients and, where appropriate, their families, SDMs, advocates and allies to help evaluate treatment and/or program effectiveness and identify and work towards overcoming barriers to participation.
- Working with patients/clients and, where appropriate, their families, SDMs, advocates and allies to understand a patient's/client's individual preferences and needs based on their individual circumstances and history.
- Ensuring that the kinesiologist only provides treatment, care and services for which the kinesiologist has appropriate knowledge, skill and judgement, and that fall within the kinesiologist's scope of practice and personal sphere of competence (see: **Practice Guideline – Scope of Practice, Controlled Acts and Delegation** and **Practice Guideline – Complementary Alternative Therapies** for more information).

Consideration of and advocacy for patients'/clients' individual needs

Consideration of patient(s)/client(s) individual needs may include an awareness and understanding of how patients'/clients' unique needs may affect their health and wellness. This may also include an understanding of the dimensions of wellness, which may include physical, intellectual, emotional, social, spiritual, environmental, occupational and lifestyle factors. These dimensions, alone and in combination, may influence patient/client ability or motivation to participate in kinesiology treatment, care and services. Kinesiologists should therefore be prepared to advocate for and work with patients/clients in a way that considers these demographic, lifestyle, socio-psychological and socio-economic factors. At the same time, kinesiologists are required to practice within their scope of practice and make appropriate referrals to other health care professionals where the needs of patients/clients are beyond the kinesiologist's scope of practice and/or personal sphere of competence.

Virtual Treatment, Care and Services

Kinesiologists may support patients/clients individual needs and preferences by providing treatment, care and services virtually. Virtual methods may include, but are not limited to, telephone, email correspondence and/or videoconferencing applications. In all circumstances, kinesiologists should:

- Ensure that virtual treatment, care or services (including assessment) are appropriate, safe and effective based on the needs and preferences of the patient(s)/client(s)
- Have plans in place to manage potential adverse events, including failure of the communication technology used for virtual treatment, care and services
- Ensuring positive identification of the patient/client and/or their substitute decision- maker
- Take steps to protect any personal information or personal health information that may be collected, used, stored and/or disclosed using virtual means
- Seek, receive and document patient/client informed consent to virtual treatment, care and services
- Maintain patient/client records to the same standard as in-person services
- Ensure that invoices and patient records accurately represent the nature of virtual treatment, care and services provided

In some circumstances, kinesiologists may choose to offer virtual treatment, care and services for patients/clients outside Ontario. In such circumstances, the expectation is that kinesiologists will comply with regulations and rules (for example, privacy and confidentiality laws) that apply in the non-Ontario jurisdiction(s). Kinesiologists providing out-of-province treatment, care and services should also confirm that their professional liability insurance covers out-of-province services.

Equity⁴, Diversity⁵ and Inclusion⁶ (EDI) and patient/client-centred care

Kinesiologists should be prepared to engage with and provide treatment, care and services to all, including those who identify as members of equity-seeking groups⁷.

Individuals may identify as being part of multiple equity-seeking groups at the same time. This is known as “intersectionality”⁸. Awareness of intersectionality may promote meaningful conversations with patients/clients and others regarding needs, preferences, and goals.

⁴ The term “equity” acknowledges that different groups and individuals face different barriers to success. The principle of equity is intended to honour and accommodate the specific needs of individuals and groups by acknowledging that economic, social and political fairness cannot be achieved by treating individuals in exactly the same way. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁵ “Diversity” is often used to describe the psychological, physical, and social differences that occur among any and all individuals. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁶ “Inclusion” is used to describe an environment in which all people are respected and have access to the same opportunities. Inclusion requires the identification and removal of barriers that inhibit participation and contribution. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁷ “Equity-seeking” usually refers to groups or individuals who are actively working, directly or indirectly, consciously or unconsciously, on attaining economic, political, and social fairness. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

⁸ For greater specificity, “intersectionality” may be defined as having multiple and diverse identity factors (beyond gender) that intersect, work together, or feed off of each other to shape perspectives, ideologies and experiences. Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

Understanding of patient/client diversity may raise awareness of real, perceived or potential barriers to participation and how they may be removed or addressed. This may support patients/clients by helping to reach desired outcomes in an equitable and just manner. When considering the patient/client diversity and how it may play a role in treatment, care and services, kinesiologists may wish to build and maintain an awareness of their unconscious biases and consider steps to reduce/minimize the impact of these biases on their patients/clients.

“Unconscious bias” refers to assumptions, beliefs, attitudes and stereotypes about individuals or groups⁹. These assumptions may be positive, negative or neutral and can affect decision-making in ways in which the decision-maker may not be aware. One example of how unconscious bias may play a role in patient/client care is cross-cultural communication. Miscommunications, perhaps based on misunderstandings, could result in the patient/client feeling uncomfortable/unsafe with the power imbalance between them and the kinesiologist. To promote equitable access to treatment, care and services, a kinesiologist may therefore reflect on their understanding of and ability to practice cultural humility¹⁰, cultural competence¹¹ and work towards creating a culturally safe¹² practice.

Given the importance of equity and diversity, and cultural safety, kinesiologists should maintain an awareness of their own knowledge, skill and judgement regarding these issues. Kinesiologists should be prepared to refine and develop their relevant knowledge, skill and judgement through a self-reflective approach to their practice, including consultation with and learning from others with suitable experience or expertise.

Conclusion

A patient/client-centred approach to care may promote patient safety, well-being, access to care and engagement. As kinesiologists practice in a wide range of settings, the best approach to patient/client-centred care may vary depending on the circumstances. Many appropriate, evidence- and expert-informed resources for personal and professional growth and learning exist. Kinesiologists seeking to empower their patients/clients by applying the principles of patient/client-

⁹ Source: *HPRO EDI Organizational Self-Assessment and Action Guide (2023)*

¹⁰ “Cultural humility” may be defined as “a process of self-reflection to understand personal and systemic biases, and privilege to develop and maintain respectful processes and relationships based on mutual trust.” Source: BC First Nations Health Authority (2016). “Creating A Climate for Change – Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia.”

¹¹ “Cultural competence” may be defined as including the “ability to assess and respect the values, attitudes and beliefs of persons from other cultures and respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease incidence and prevalence, and treatment efficacy.” Source: BC First Nations Health Authority (2016). “Creating A Climate for Change – Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia.”

¹² “Cultural safety is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.” Source: BC First Nations Health Authority (2016). “Creating A Climate for Change – Cultural Safety and Humility in Health Services for First Nations and Aboriginal Peoples in British Columbia.”

centred care should engage in personal reflection, self-directed learning, mentorship and may consider more formal training and continuing professional development.

Resolution – Practice Guideline – Patient/Client-Centred Care

Whereas the College of Kinesiologists of Ontario (“the College”) publishes Practice Guidelines to provide members of the College with information that is accurate, up-to-date and in keeping with the evolving regulatory and practice environments; and

Whereas a draft Practice Guideline – Patient/Client-Centred Care has been developed in alignment with the College’s strategic goals; and

Whereas the draft Practice Guideline – Patient-Client-Centred Care was reviewed by the Quality Assurance Committee on March 7, 2024 and was referred to Council for review and consideration;

Therefore, be it resolved that Council approves the Practice Guideline – Patient/Client-Centred Care for public consultation.

Moved by: _____

Seconded by: _____

Date: March 25, 2024



2023/2024 Risk Management Plan Dashboard

Overall Risk Priority Highlights:

Risk Priority (Risk Rating)	Description	Changes (from 2022/2023)		# of Risks (2023/2024)
Extreme (10-20)	Requires immediate prohibition of the work, process and immediate corrective action	Upgraded to Extreme:	1	1
High (7-9)	Requires immediate corrective action	Downgraded to High:	0	1
		Upgraded to High:	1	
Moderate (3-6)	May require corrective action, planning and budgeting process	Downgraded to Moderate:	1	33
		Upgraded to Moderate:	1	
Low (1-2)	May require consideration in any future changes to the work area or processes, or can be fixed immediately	Downgraded to Low:	2	8
		Upgraded to Low:	0	

Details (Q1-Q2: Sept. 1, 2023 – Feb 29, 2024)



Legend:

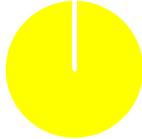


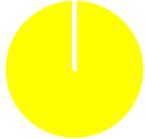
Risk Type	Risk Priorities	Proposed Amendments			
<i>Financial</i>		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		3 - Insufficient financial resources impact the ability of the College to meet its mandate resulting from: <ul style="list-style-type: none"> Lack of retained funds Low registration in College Uneven cash flow Extraordinary expenditures 	Decrease risk likelihood from 2 – Unlikely to 1 – Rare; Decrease risk priority from 4 – Moderate to 2 – Low	Decreased likelihood due to effective implementation of risk mitigation strategy, including work to maintain a reserve of one year’s operating costs.	Likelihood: 1 – Rare Impact: 2 – Serious Priority: 2 – Low
		4 - Poor financial management results in the College being unable to meet strategic initiatives	Decrease risk likelihood to 1 – Rare; Decrease risk priority to 2 - Low	Decreased likelihood associated with effective implementation of risk mitigation strategy, including annual external/independent audits.	Likelihood: 1 – Rare Impact: 2 – Serious Priority: 2 – Low
		5 - Unfair, non-transparent and non-competitive procurement processes lead to: <ul style="list-style-type: none"> Inability to assure Council and registrants that the College has achieved best value for money Loss of vendor confidence Difficulties in contract management 	Edit to Risk Owner: change from “Executive” to “Finance and Planning” Committee	Housekeeping amendment. For accuracy and consistency with College staffing and responsibilities.	Likelihood: 2 – Unlikely Impact: 1 – Minor Priority: 2 – Low

Risk Type	Risk Priorities	Proposed Amendments			
		<ul style="list-style-type: none"> Potentially higher costs 			
Information Management		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		8 - Breach of confidentiality relating to: <ul style="list-style-type: none"> Staff personal information Registrant information Applicant information Vendor information Patient/Client information Council Member information 	Risk Likelihood decreased from “3 – Moderate” to “2 – Unlikely”. Risk Priority decreased from “6 – Moderate” to “4 – Moderate”.	Decreased likelihood associated with lack of events due to effective implementation of risk mitigation strategy, including physical (physical access controls), technical (passwords, multi-factor authentication, cybersecurity monitoring) and administrative (file controls) safeguards.	Likelihood: 2 - Unlikely Impact: 2 – Serious Priority: 4 – Moderate
		10 - Unintended destruction or loss of records	Risk likelihood increased from “1 – Rare” to “3 – Moderate” Risk priority increased from “3 - Moderate” to “9 – High”. Amended risk mitigation strategy to include “regular monitoring and maintenance of permissions for who can edit/delete or move a file”.	Potential issues associated with network/filing system. Files becoming misplaced. Plan: Implement amended risk mitigation strategy.	Likelihood: 3 - Moderate Impact: 3 – Major Priority: 9 – High
		11 - iMIS System does not meet College needs.			Likelihood: 1 - Rare Impact: 3 – Major

Risk Type	Risk Priorities	Proposed Amendments			
		<p>Staff members are unable to use iMIS system to generate key reports for decision-making and registrants complain that their electronic records are inaccurate. The public is unable to effectively use the public register.</p>	<p>Decreased risk likelihood from “2 – Unlikely” to “1 – Rare”</p> <p>Decreased risk priority from “6 – Moderate” to “3 – Moderate”</p>	<p>Implementation of risk mitigation strategy, including updates to iMIS system.</p>	<p>Priority: 3 - Moderate</p>
		<p>15 - Computers systems are compromised due to:</p> <ul style="list-style-type: none"> • Virus • Security breach • Malware / Ransomware 	<p>Increased risk likelihood from “1 – Rare” to “4 – Likely”.</p> <p>Upgraded risk priority from “3 - Moderate” to “12 – Extreme “</p>	<p>Evidence (RCMP warning) of significantly increased likelihood. Warning emphasized risks to government and health care organizations.</p> <p>Plan: focus on cybersecurity risk mitigation plan, ensuring business continuity and disaster recovery plans in place and ready for any occurrence.</p>	<p>Likelihood: 4 - Likely</p> <p>Impact: 3 – Major</p> <p>Priority: 12 – Extreme</p>
<p>Loss/Damage of Capital Equipment/Furnishings</p>		<p>Risk Item</p> <p>16 - Computers, servers and other items of value belonging to the College are stolen</p>	<p>Amendment</p> <p>Increased risk likelihood from “1 – Rare” to “3 – Moderate”.</p> <p>Risk priority increased from “2 – Low”. to “3 – Moderate”.</p> <p>Updates made to risk mitigation strategy, including</p>	<p>Rationale</p> <p>Increased likelihood potentially associated with office space relocation (may present opportunities for theft).</p>	<p>Current Risk Likelihood/Impact/Priority</p> <p>Likelihood: 3 - Moderate</p> <p>Impact: 2 – Serious</p> <p>Priority: 6 – Moderate</p>

Risk Type	Risk Priorities	Proposed Amendments			
			<p>the purchase of additional insurance, effective project management of moving/storage by maintaining a complete inventory of capital equipment and ensuring that any required storage space is secure with environmental controls.</p>		
		<p>17 - Permanent damage to equipment and/or furnishings due to water/fire damage, abuse by individuals.</p>	<p>Increased risk likelihood from “2 – Unlikely” to “3 – Moderate”.</p> <p>Increased risk priority from “4 – Moderate” to “6 – Moderate”</p> <p>Updates made to risk mitigation strategy, including proof of insurance for third party movers and that third parties adjusting furnishings to support relocation/renovation will assume responsibility for damage to the furnishings.</p>	<p>Associated with office space relocation, may be more potential for damage to capital equipment/furnishings (for example, during the moving/storage process).</p>	<p>Likelihood: 3 – Moderate</p> <p>Impact: 2 – Serious</p> <p>Priority: 6 – Moderate</p>

Risk Type	Risk Priorities	Proposed Amendments																		
<i>Loss/Compromise of Examination</i>		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 																		
<i>Human Resources</i>		<table border="1"> <thead> <tr> <th data-bbox="908 560 1292 618">Risk Item</th> <th data-bbox="1292 560 1696 618">Amendment</th> <th data-bbox="1696 560 2085 618">Rationale</th> <th data-bbox="2085 560 2475 618">Current Risk Likelihood/Impact/Priority</th> </tr> </thead> <tbody> <tr> <td data-bbox="908 618 1292 1117"> 23 - Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in: <ul style="list-style-type: none"> Backlog in work Inability to meet required timelines Major interruption in work </td> <td data-bbox="1292 618 1696 1117"> Risk likelihood increased from “2 – Unlikely” to “3 – Moderate”. Risk priority increased from “4 – Moderate” to “6 – Moderate”. No changes proposed to risk mitigation strategy. </td> <td data-bbox="1696 618 2085 1117"> Increases associated the extent to which such absences can be unpredictable. Risk mitigation strategy unchanged as risk priority has not increased. Current risk mitigation strategy includes internal succession planning, cross-functional exposure and ensuring that transition and hand-over plans are available and provided. </td> <td data-bbox="2085 618 2475 1117"> <table border="1"> <tr> <td data-bbox="2096 625 2464 667">Likelihood: 3 – Moderate</td> </tr> <tr> <td data-bbox="2096 667 2464 709">Impact: 2 - Serious</td> </tr> <tr> <td data-bbox="2096 709 2464 1110">Priority: 6 - Moderate</td> </tr> </table> </td> </tr> <tr> <td data-bbox="908 1117 1292 1414"> 25 - Lack of French-speaking staff member is raised as an issue, the Ministry, the Fairness Commissioner or other authoritative body </td> <td data-bbox="1292 1117 1696 1414"> Risk likelihood decreased from “2 – Unlikely” to “1 – Rare”. Risk priority decreased from “6 – Moderate” to “3 – Moderate”. </td> <td data-bbox="1696 1117 2085 1414"> No evidence of this event occurring, therefore risk likelihood downgraded. The College continues to work to ensure that services, documents and materials are available in French to the fullest extent possible. </td> <td data-bbox="2085 1117 2475 1414"> <table border="1"> <tr> <td data-bbox="2096 1123 2464 1166">Likelihood: 1 - Rare</td> </tr> <tr> <td data-bbox="2096 1166 2464 1208">Impact: 3 – Major</td> </tr> <tr> <td data-bbox="2096 1208 2464 1408">Priority: 3 - Moderate</td> </tr> </table> </td> </tr> </tbody> </table>	Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority	23 - Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in: <ul style="list-style-type: none"> Backlog in work Inability to meet required timelines Major interruption in work 	Risk likelihood increased from “2 – Unlikely” to “3 – Moderate”. Risk priority increased from “4 – Moderate” to “6 – Moderate”. No changes proposed to risk mitigation strategy.	Increases associated the extent to which such absences can be unpredictable. Risk mitigation strategy unchanged as risk priority has not increased. Current risk mitigation strategy includes internal succession planning, cross-functional exposure and ensuring that transition and hand-over plans are available and provided.	<table border="1"> <tr> <td data-bbox="2096 625 2464 667">Likelihood: 3 – Moderate</td> </tr> <tr> <td data-bbox="2096 667 2464 709">Impact: 2 - Serious</td> </tr> <tr> <td data-bbox="2096 709 2464 1110">Priority: 6 - Moderate</td> </tr> </table>	Likelihood: 3 – Moderate	Impact: 2 - Serious	Priority: 6 - Moderate	25 - Lack of French-speaking staff member is raised as an issue, the Ministry, the Fairness Commissioner or other authoritative body	Risk likelihood decreased from “2 – Unlikely” to “1 – Rare”. Risk priority decreased from “6 – Moderate” to “3 – Moderate”.	No evidence of this event occurring, therefore risk likelihood downgraded. The College continues to work to ensure that services, documents and materials are available in French to the fullest extent possible.	<table border="1"> <tr> <td data-bbox="2096 1123 2464 1166">Likelihood: 1 - Rare</td> </tr> <tr> <td data-bbox="2096 1166 2464 1208">Impact: 3 – Major</td> </tr> <tr> <td data-bbox="2096 1208 2464 1408">Priority: 3 - Moderate</td> </tr> </table>	Likelihood: 1 - Rare	Impact: 3 – Major	Priority: 3 - Moderate
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Likelihood: 1 - Rare																				
Impact: 3 – Major																				
Priority: 3 - Moderate																				

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

Resolution – Revised Risk Management Plan – 2023/24

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 2023/2024, including the identified risks and proposed mitigation strategies, and

Whereas, Council is of the view that the Risk Management Plan appropriately prioritize and address 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 2023/2024.

Moved by:

Seconded by:

Date: March 25, 2024

Decision Note

Decision: Approval of the Draft Kinesiologist Core Competency Profile and Exam Blueprint
Prepared for: Council
Date: March 25, 2024

Background

Council is granted the authority under Section 10 of the [General Regulation](#) of the *Kinesiology Act, 1991* to specify the general areas of competency to be examined, and to ensure that the examination provides a reliable and valid measure of a candidate’s knowledge, skill and judgment to practice kinesiology in Ontario.

The [Kinesiologist Core Competency Profile](#) is a collection of validated statements – or competencies – that describe the performance required to demonstrate competence in the role of a kinesiologist at the entry- to-practice level. The current competency profile describes competencies across five domains: (1) knowledge, (2) kinesiology practical experience, (3) professionalism/professional practice, (4) communication and collaboration, and (5) professional development.

The profile provides the foundation for the development of the College’s entry-to-practice examination and the [Exam Blueprint](#), which describes the structure of the exam. The profile also forms the basis of the [educational equivalency framework](#), which enables the College to assess whether applicants for the exam have the required entry-to-practice competencies. Additionally, the profile is the basis of the [Essential Competencies of Practice for Kinesiologists in Ontario](#), the College’s [practice standards and guidelines](#), and the members’ self-assessment. The self-assessment is a mandatory component of the College’s Quality Assurance Program; it helps to shape continuing professional development requirements and identify opportunities to improve the practice of kinesiology in Ontario.

The current profile was approved by Council in January 2012, and has not been reviewed since that time. The Competency Profile should be reviewed every five years in keeping with regulatory best practices and the College’s public protection mandate, as well as to ensure its continued defensibility in the changing landscape of kinesiology.

In keeping with the College’s continuous improvement strategy, Council approved the appointment of Measure Learning to perform the first comprehensive review of the Core Competency Profile at its meeting in June 2022.

Timeline

What follows is a high-level timeline of the key project milestones:

- **December 2022:** Council approved the appointment of a Steering Committee to provide recommendations and oversight to the revalidation of the Core Competency Profile. The initial Steering Committee was comprised of six volunteer Council members, who oversaw

the selection of the remaining Steering Committee and project participants. The selection criteria for membership participants included practice location, experience, practice setting and demographic representation.

- **March 2023:** Following a call-out to the membership for volunteers from December 2022 to January 2023, the remaining members of the Steering Committee and other subject matter experts (SMEs) were appointed.
- **March to April 2023:** Meazure Learning completed a competency-based literature review, researched competencies developed by professional associations, and held interviews with the SMEs. Based on this information, the first draft version of the Competency Profile was prepared by Meazure Learning.
- **May 2023:** Educators from the College’s University Liaison Committee met to provide feedback on the initial draft Competency Profile at a one-day meeting. As this focus group was a late addition to supplement the SME interviews and research, the project timelines had to be adjusted.
- **July 2023:** The Steering Committee subsequently met for a 2-day virtual meeting to review the Competency Profile, to address any identified gaps, and to refine/realign the competency statements.
- **August to September 2023:** Following the meeting, the revised Competency Profile was edited by Meazure Learning and then forwarded to a third-party editor for further review.
- **October to December 2023:** A validation survey was drafted and circulated to the membership based on the draft Competency Profile approved by the Steering Committee in July. The 45-minute online survey asked registrants to rate each competency in terms of importance and frequency, and also invited registrants to submit any additional comments they may have. Approximately 575 registrants responded to the survey. Once the survey closed, the results were analyzed and tabulated by the Meazure Learning psychometric teams.
- **January 2024:** The Steering Committee met to review the results of the survey, as well as to finalize the draft Competency Profile.
- **February 2024:** Based on the updates to the Competency Profile, the Exam Blueprint was reweighted by an appointed working group separate from the Steering Committee.

Analysis

Summary of Revisions

A comparison of each competency of the current and draft Competency Profiles is included as Appendix A in the material. For clarity and conciseness, a high level summary of the major changes to the Competency Profile and Exam Blueprint, and the corresponding rationale, is below:

Change	Rationale
Title	The current title of the document is “Kinesiologist Core Competency Profile”. The title of the updated draft is “ Kinesiologist Core Competency ”

Profile: Entry-to-Practice Competencies for Kinesiologists.” The subtitle is recommended to help better distinguish these competencies from the College’s *Essential Competencies for Practice* document, a Quality Assurance tool for kinesiologists already in practice. The intent and purpose of each document were found to be commonly confused amongst the membership and academic institutions.

Domains	The competency domains are expanded from 5 to 6. In the existing Competency Profile, Domain 2: Kinesiology Practice Experience has two subsections: Assessment and Services. It was advised it would be clearer to create two separate Domains: “Professional Practice: Assessment” and “Professional Practice: Intervention.”
Numbering	The numbering of each competency is updated in the draft Competency Profile. In the existing version the competencies are numbered from 1 to 50. They are now numbered according to the Domain for ease of reference.
Streamlined Sentence Structure	Under some competencies, sentences are condensed or streamlined to make the statement more concise and direct while retaining its meaning. For example “Able to apply knowledge...” is changed to “Apply knowledge...” under competency 3.3. Similarly, “Able to perform physical assessments...” is changed to “Administer physical assessments...” under competency 2.4.
Revised Competencies	Of the 50 existing competency statements, 33 have been revised to either add or remove elements the Committee felt were necessary, depending on the individual competency. Certain competencies were also revised or reworded following a review of the validation survey results.
Added Competencies	14 competencies have been added across the domains to address gaps identified by the Steering Committee.
Removed Competencies	17 competencies have been removed. 10 were felt to be already covered by or were incorporated into existing competencies. 2 were felt to be self-evident and could be removed. Certain other competencies were removed, as it was felt that not all kinesiologists would necessarily be able to perform that on day one of the job.
Domain Weights	Each Domain is assigned a weight on the Exam Blueprint. The weighting of <i>Domain 2: Professional Practice Assessment</i> was increased, to equal the assigned weight of Domain 1 and Domain 3. It was previously weighted as 5% less. The weight of <i>Domain 6: Ongoing Professional Development</i> was decreased slightly. Both sets of adjustments were made to reflect the importance/frequency scoring captured through the validation survey and participant’s discussions.

Implementation

Once the updated Competency Profile is approved by Council, the document will be circulated to the membership via the College's social media channels and the College newsletter. An announcement must also be sent the kinesiology programs leaders at the Ontario universities, the professional associations, and College stakeholders.

In May 2024, the College will begin developing new exam content and new exam test forms based on the updated Competency Profile and Exam Blueprint, by way of its Item Writing and Examination Committees. Each of the 1000+ existing questions in the item bank must also be assessed to determine if and where they align within the updated Competency Profile. To permit students and university programs time to adjust and incorporate to the updated Competency Profile, the new exam forms will not be introduced until the April 2025 examination session.

Additionally, the educational equivalency framework and accompanying tool utilized by the Registration Committee must also undergo its own comprehensive review. Finally, the Essential Competency of Practice and other practice standards and guidelines will be refreshed in accordance with the updated Competency Profile.

Public Interest Rationale

To avoid putting members of the public at risk, the College must take adequate steps to ensure that new registrants continue to meet the minimum education standards and competence expected of kinesiologists practicing in Ontario. Through the revalidation of the Kinesiologist Core Competency Profile, the College is ensuring that the ongoing evaluation of applicants remains relevant, rigorous and defensible. This, in turn, will reinforce the confidence of the public, registrants, and other healthcare professions, that kinesiologists are providing optimal care to patients and clients.

Recommendation

The Steering Committee recommends that Council approve the draft Kinesiologist Core Competency Profile and Exam Blueprint.

Decision for Council:

1. Approve the draft Kinesiologist Core Competency Profile and Exam Blueprint.
2. Approve the draft Kinesiologist Core Competency Profile and Exam Blueprint with specific amendments.
3. Refer the draft Kinesiologist Core Competency Profile and Exam Blueprint back to the College for further consideration with specific questions and/or recommendations.

Appendix:

- Appendix A: Draft Core Competency Comparison Table

- Appendix B: Draft Kinesiologist Core Competency Profile
- Appendix C: CKO Exam Blueprint
- Appendix D: Drafted Updated CKO Exam Blueprint

Appendix A: Competencies Comparison Table

Draft competencies highlighted in blue are modifications of the original competency. Competencies highlighted in orange are new competencies.

CURRENT COMPETENCIES		DRAFT CORE COMPETENCIES
Domain 1: Knowledge		Domain 1: Foundational Knowledge
	1.1	Demonstrate an understanding of the role of the College of Kinesiologists of Ontario (CKO) and the scope of the profession of Kinesiology.
1. Apply knowledge of anatomy, physiology, biomechanics, and psychomotor learning/neuroscience to human movement and performance.	1.2	Apply knowledge of anatomy, physiology, biomechanics, and psychomotor learning/neuroscience to human movement and performance.
2. Apply knowledge of human movement and performance as it relates to health promotion, and to the prevention and treatment of chronic and other diseases and injury.	1.3	Apply knowledge of human movement and performance as it relates to health promotion, and to the prevention, treatment, rehabilitation, and management of acute and chronic conditions.
3. Apply knowledge of exercise physiology to the prevention and treatment of chronic disease and other disorders and the maintenance and enhancement of human movement and performance.	1.4	Apply knowledge of exercise physiology and human movement to the enhancement of human movement and performance.
	1.5	Apply knowledge of exercise physiology in the prevention, treatment, rehabilitation, and management of acute and chronic conditions.
4. Apply knowledge of psychological and sociological factors that may influence/impact individuals and populations.	1.6	Demonstrate an understanding of the biopsychological determinants of health and wellness related to human movement and performance.
5. Demonstrate an understanding of how growth, development, and aging impact human movement and performance.	1.7	Demonstrate an understanding of how growth, development, and aging impact human movement and performance.
6. Apply knowledge of pathology of musculoskeletal, neurological, cardiopulmonary, neoplastic, and metabolic disorders and conditions.	1.8	Demonstrate an understanding of the epidemiology, etiology and pathophysiology of health conditions (including but not limited to musculoskeletal, neurological, cardiopulmonary, neoplastic, and metabolic disorders) as they impact functional capacity.

7. Demonstrate an understanding of functional capacity including how structure governs function.		<i>Removed. Incorporated into competency 1.8.</i>
8. Demonstrate an understanding of how chronic diseases and conditions impact and limit functional capacity.		<i>Removed. Incorporated into competency 1.8.</i>
9. Demonstrate an understanding of ergonomics as it relates to human movement and performance.	1.9	Demonstrate an understanding of ergonomics related to human movement and performance.
10. Demonstrate an understanding of the principles of nutrition related to human movement and performance.	1.10	Demonstrate an understanding of the principles of nutrition related to human movement and performance.
11. Demonstrate an understanding of the physiological effects of medications on human movement and performance.	1.11	Demonstrate an understanding of the physiological interactions of medications with human movement and performance.
12. Demonstrate an understanding of general principles of research ethics, design, methodology, and statistics.	1.12	Demonstrate an understanding of the general principles of research ethics, design, methodology, and statistics.
Domain 2: Kinesiology Practical Experience		Domain 2: Professional Practice: Assessment
Assessment		Assessment
	2.1	Ensure informed consent before and throughout treatment.
13. Able to obtain an accurate and comprehensive case history, including but not limited to medical, treatment, medications, psychosocial, and vocational/avocational history.	2.2	Obtain a comprehensive health history, including current health status and relevant biopsychosocial factors.
14. Able to recognize and select appropriate assessments or tools based on factors including but not limited to case history, contraindications, patient/client presentation, context, and reason for assessment.	2.3	Select appropriate assessments based on client goals and comprehensive health history, including current health status and relevant biopsychosocial factors.

15. Able to complete appropriate physical demands analysis.		<i>Removed, felt not all kinesiologists would demonstrate this competency at the entry to practice level.</i>
16. Able to perform physical assessment procedures including but not limited to vital signs, anthropometrics, range of motion, strength, balance, cardiopulmonary fitness, and orthopaedic assessment.	2.4	Administer physical assessments including (but not limited to) vital signs, anthropometrics, range of motion, strength, agility, balance, cardiopulmonary fitness.
17. Demonstrate understanding of the appropriate use of ergonomic assessments and tools.	2.5	Demonstrate an understanding of the proper use of ergonomic assessments and tools, including physical demands analysis.
18. Able to perform appropriate functional assessments of movement and performance		<i>Removed, felt not all kinesiologists would demonstrate this competency at the entry to practice level.</i>
19. Able to use knowledge of measurement concepts (for example, reliability, validity, norms) to assess the appropriateness of assessment instruments.	2.6	Demonstrate an understanding of measurement concepts (reliability, validity, practicality, utility and normative reference)) when selecting assessments and interpreting data.
	2.7	Identify and respond appropriately to assessment and intervention precautions, contraindications, and adverse events.
20. Able to understand, evaluate and interpret assessment findings and referral documentation to form a clinical impression.	2.8	Evaluate assessment findings to form a clinical impression and make appropriate referrals when necessary.
Services		Domain 3: Professional Practice: Intervention
21. Able to identify, select, develop, and prescribe intervention strategies to maintain, rehabilitate, or enhance movement and performance based on assessment findings.	3.1	Develop, and implement intervention strategies to maintain, rehabilitate, or enhance health, movement and performance based on assessment findings.
22. Able to apply principles of program planning, design, adaptation, and prescription in physical activity, health, and rehabilitation programs.	3.2	Able to apply principles of program planning, design, adaptation, and intervention in physical activity, health, and rehabilitation programs.
23. Able to apply knowledge of learning theory and behaviour modification in communication, counselling, interviewing, and prescription.	3.3	Apply knowledge of biopsychosocial strategies in communication, counselling, interviewing, and lifestyle management.

24. Able to plan, design, and facilitate education programs including but not limited to health promotion; injury prevention; chronic disease treatment, management, and prevention; and human movement and performance.	3.4	Design and facilitate client education programs for health promotion, injury prevention, chronic condition management, and prevention related to human movement and performance.
25. Able to counsel patients/clients regarding healthy behaviours and lifestyle management.		<i>Removed. Addressed through competency 3.3.</i>
26. Demonstrate understanding of therapeutic modalities and treatment applications used to optimize rehabilitation, including but not limited to ice, heat, exercise, taping, transcutaneous electrical nerve stimulation, and ultrasound.	3.5	Demonstrate understanding of therapeutic modalities and treatment applications used to support rehabilitation including (but not limited to) ice, heat, exercise, taping, transcutaneous electrical nerve stimulation, and ultrasound.
27. Able to design customized exercise prescription for healthy individuals, including but not limited to flexibility; strength, endurance, balance, and cardiopulmonary training; and corrective movement patterning	3.6	Apply principles of exercise prescription in designing customized physical activity programs, including (but not limited to) cardiorespiratory fitness, muscular strength and endurance, balance and proprioception, and flexibility.
28. Able to design customized exercise prescription for individuals with pathology, including but not limited to flexibility; strength, endurance, balance, and cardiopulmonary training; and corrective movement patterning.		<i>Removed.</i>
29. Able to monitor, re-assess, and adjust prescriptions/treatment plans based on patient/client responses	3.7	Evaluate and refine physical activity programming by continuously monitoring and assessing client progress and needs.
30. Able to make recommendations for task and/or job modification and accommodation based on assessment of the demands of the workplace, and evaluate effectiveness.	3.8	Evaluate the need for task modifications based on occupational or physical demands.
31. Able to collect and objectively evaluate data on the effectiveness of programs and services.		<i>Removed. Integrated into in 2.6.</i>
	3.9	Demonstrate an understanding of care planning, including continuation of care, transition to care, or discharge, as appropriate.
Domain 3: Professionalism/Professional Practice		Domain 4: Professionalism and Ethical Conduct
32. Demonstrate understanding of and comply with the Regulations on Standards, Guidelines, Code of Ethics, and Professional Misconduct.	4.1	Follow the College of Kinesiologist of Ontario's (CKO) Regulations, Standards, Guidelines, and Code of Ethics.

	4.2	Practice within the scope of Kinesiology.
	4.3	Follow provincial and federal legislation, codes, and regulations relevant to Kinesiology practice, including (but not limited to) the Ontario Human Rights Code, the federal Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Health Care Consent Act (HCCA).
33. Recognize and address conflicts of interest.		<i>Removed.</i>
34. Act in the best interest of the patient/client.		<i>Removed.</i>
35. Practise within limits of own professional knowledge, competence, and skill set.	4.4	Practise within limits of own knowledge, competence, and professional skill set.
	4.5	Facilitate client access to services and resources by reducing barriers to care.
36. Understand when to make referrals to the appropriate healthcare provider(s), other service providers, and/or programs.	4.6	Identify the need for and make referrals to the appropriate healthcare provider(s), other service providers, and/or programs, as necessary.
37. Comply with federal and provincial codes and regulations relevant to kinesiology practice, including but not limited to Ontario Human Rights Code, Personal Health Information Protection Act, Regulated Health Professions Act, Kinesiology Act, and Personal Information Protection and Electronic Documents Act.		<i>Moved higher sequence to competency 4.3</i>
38. Adhere to guidelines and standards for documentation and reporting	4.7	Use a systematic approach to documentation and record keeping consistent with the practice standards of the profession.
39. Apply safety techniques and procedures (for example, use universal precautions, follow emergency procedures, ensure a safe work environment).	4.8	Apply health and safety standards and procedures as outlined in the Ontario Health and Safety Act (OHSA).
40. Practise in a manner that respects diversity and avoids prejudicial treatment of any specific population group.		<i>Reworded and addressed in competency 4.11.</i>

41. Facilitate patient/client access to services and resources.		<i>Addressed in competency 4.10.</i>
42. Use problem-solving and professional judgement in all aspects of practice.	4.9	<i>Removed. Self-evident, measured by way of satisfying all competencies.</i>
43. Be accountable for and objectively support decisions made and actions taken in professional practice	4.9	Demonstrate accountability and objectivity in professional practice.
	4.10	Identify the need for and make referrals to the appropriate healthcare provider(s), other service provider(s), and/or program(s) as necessary.
44. Respect patient's/client's rights to reach decisions about treatment and/or services.	4.10	Respect the client's right to make informed decisions.
	4.11	Respect and foster equity, diversity, and inclusivity in all professional interactions.
Domain 4: Communication and Collaboration		Domain 5: Communication and Collaboration
	5.1	Communicate effectively with clients and with their circle of care in a professional manner that promotes trust, privacy, respect, comfort, and informed consent.
45. Able to communicate and collaborate effectively as a member of an interprofessional team.	5.2	Communicate and collaborate effectively as a member of an interprofessional team.
46. Able to communicate with empathy and appropriate language with patients/clients.		<i>Reworded and addressed in competency 5.1.</i>
47. Able to communicate effectively with other stakeholders, including but not limited to third party payers, legal representatives, governmental entities, and community resources.	5.3	Communicate effectively with stakeholders, including (but not limited) to third-party payers, legal representatives, governmental entities, and community resources.
48. Able to effectively deliver education to patients/clients.		<i>Removed, as was covered through interviewing and counseling in domain 3.</i>
49. Able to use counselling skills and interviewing techniques with patients/clients.		<i>Removed. Addressed by way of competency 3.3.</i>
50. Able to advocate for the health and wellness of patients/ clients.	5.4	Advocate for the health and wellness of patients/ clients.
	5.5	Communicate the role of practitioner and the profession of Kinesiology.

Domain 5: Professional Development		Domain 6: Communication and Collaboration
51. Develop and enhance own competence and demonstrate commitment to self-evaluation and lifelong learning	6.1	Demonstrate a commitment to self-evaluation and continuous professional development.
52. Conduct regular self-assessments of professional development needs required to ensure ongoing competence.		<i>Removed. Similar to competency 6.1.</i>
	6.2	Incorporate opportunities for learning and development through collaboration with experienced practitioners and inter-professional interaction.
53. Ensure safe practice and maintain fitness to practice.		<i>Removed, as this was believed to be self-evident.</i>
54.	6.3	Remain updated on technological advancements related to the practice of Kinesiology.
55. Able to utilize best practice guidelines, including the interpretation and application of current, evidence-based knowledge.	6.4	Integrate evidence-based approaches in professional practice, including best practice guidelines and peer-reviewed research.

COLLEGE OF
KINESIOLOGISTS
OF ONTARIO



Kinesiologist Core Competency Profile
Entry-to-Practice Competencies for Kinesiologists

DRAFT

The **Kinesiologist Core Competency Profile: Entry-to-Practice Competencies for Kinesiologists** is a collection of validated statements — “competencies” — describing the performance required to show competence in the role of Kinesiologist at the entry-to-practice level. The profile will be used to develop guidance on preparing for the competency-based exam and, ultimately, meeting the expectations of competent practice when registered.

This version of entry-to-practice competencies in Kinesiology is an updated version of the Kinesiologist Core Competency Profile (2012). These updates are based on information gathered through one-on-one interviews with subject matter experts in the field of Kinesiology (including practitioners and Ontario university educators) as well as background research on competencies published by other certifying authorities.

Six faculty representatives/educators from the University Liaison Committee provided their feedback on this updated version. The draft was then updated again based on their suggested revisions. The Steering Committee, consisting of ten experts, then provided feedback through written correspondence and by taking part in a two-day meeting.

As the next step in the process, the competency profile approved by the Steering Committee will be validated through a survey to all College of Kinesiologist of Ontario registrants.

The profile describes competencies across six domains:

1. Foundational Knowledge
2. Professional Practice: Assessment
3. Professional Practice: Intervention
4. Professionalism and Ethical Conduct
5. Communication and Collaboration
6. Ongoing Professional Development

These competencies are relevant to the practice of Kinesiology with diverse populations.

Domain 1: Foundational Knowledge

- 1.1 Demonstrate an understanding of the role of the College of Kinesiologists of Ontario (CKO) and the scope of the profession of Kinesiology.
- 1.2 Apply knowledge of anatomy, neuroscience, physiology, biomechanics, and motor learning to human movement and performance.
- 1.3 Apply knowledge of human movement and performance related to health promotion, and to the prevention, treatment, rehabilitation, and management of acute and chronic conditions.
- 1.4 Apply knowledge of exercise physiology and human movement to the enhancement of human performance.
- 1.5 Apply knowledge of exercise physiology in the prevention, treatment, rehabilitation, and management of acute and chronic conditions.
- 1.6 Demonstrate an understanding of the biopsychosocial determinants of health and wellness related to human movement and performance.
- 1.7 Demonstrate an understanding of how growth, development, and aging impact human movement and performance.
- 1.8 Demonstrate an understanding of the epidemiology, etiology, and pathophysiology of health conditions (including but not limited to musculoskeletal, neurological, cardiopulmonary, neoplastic, and metabolic disorders) as they impact on functional capacity.
- 1.9 Demonstrate an understanding of ergonomics related to human movement and performance.
- 1.10 Demonstrate an understanding of the principles of nutrition related to human movement and performance.
- 1.11 Demonstrate an understanding of the physiological interactions effects of medications on with human movement and performance.
- 1.12 Demonstrate an understanding of the general principles of research ethics, design, methodology, and statistics.

Domain 2: Professional Practice: Assessment

- 2.1 Ensure informed consent before and throughout treatment.
- 2.2 Obtain a comprehensive health history, including current health status and relevant biopsychosocial factors.
- 2.3 Select appropriate assessments based on client goals and comprehensive health history, including current health status and relevant biopsychosocial factors.
- 2.4 Administer physical assessments including (but not limited to) vital signs, anthropometrics, range of motion, strength, agility, balance, and cardiopulmonary fitness.
- 2.5 Demonstrate an understanding of the proper use of ergonomic assessments and tools, including physical demands analysis.
- 2.6 Demonstrate an understanding of measurement concepts (reliability, validity, practicality, utility, and normative reference) when selecting assessments and interpreting data.
- 2.7 Identify and respond appropriately to assessment and intervention precautions, contraindications, and adverse events.

- 2.8 Evaluate assessment findings to form a clinical impression and make appropriate referrals when necessary.

Domain 3: Professional Practice: Intervention

- 3.1 Develop and implement intervention strategies to maintain, rehabilitate, or enhance health, movement, and performance based on assessment findings.
- 3.2 Apply principles of program planning, design, adaptation, and intervention in physical activity, health, and rehabilitation programs.
- 3.3 Apply knowledge of biopsychosocial strategies in communication, counselling, interviewing, and lifestyle management.
- 3.4 Design and facilitate client education programs for health promotion, injury prevention, chronic condition management, and prevention related to human movement and performance.
- 3.5 Demonstrate an understanding of therapeutic modalities and treatment applications used to support rehabilitation including (but not limited to) ice, heat, taping, transcutaneous electrical nerve stimulation, and ultrasound.
- 3.6 Apply principles of exercise prescription in designing customized physical activity programs, including (but not limited to) cardiorespiratory fitness, muscular strength and endurance, balance and proprioception, and flexibility.
- 3.7 Evaluate and refine physical activity programming by continuously monitoring and assessing client progress and needs.
- 3.8 Evaluate the need for job task modifications based on occupational or physical workplace demands.
- 3.9 Demonstrate an understanding of care planning, including continuation of care, transition to care, or discharge, as appropriate.

Domain 4: Professionalism and Ethical Conduct

- 4.1 Follow the College of Kinesiologists of Ontario's (CKO) Regulations, Standards, Guidelines, and Code of Ethics.
- 4.2 Practice within the scope of Kinesiology.
- 4.3 Follow provincial and federal legislation, codes, and regulations relevant to Kinesiology practice, including (but not limited to) the Ontario Human Rights Code, the federal Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Health Care Consent Act (HCCA).
- 4.4 Practice within the limits of own knowledge, competence, and professional skill set.
- 4.5 Facilitate client access to services and resources by reducing barriers to care.
- 4.6 Identify the need for and make referrals to the appropriate healthcare provider(s), other service provider(s), and/or program(s), as necessary.
- 4.7 Use a systematic approach to documentation and record keeping consistent with the practice standards of the profession.
- 4.8 Apply health and safety standards and procedures as outlined in the Ontario Health and Safety Act (OHSA).

- 4.9 Demonstrate accountability and objectivity in professional practice.
- 4.10 Respect the client's right to make informed decisions.
- 4.11 Respect and foster equity, diversity, and inclusivity in all professional interactions.

Domain 5: Communication and Collaboration

- 5.1 Communicate effectively with clients and with their circle of care in a professional manner that promotes trust, privacy, respect, comfort, and informed consent.
- 5.2 Communicate and collaborate effectively as a member of an interprofessional team.
- 5.3 Communicate effectively with stakeholders, including (but not limited to) third-party payers, legal representatives, governmental entities, and community resources.
- 5.4 Advocate for the health and well-being of clients.
- 5.5 Communicate the role of the practitioner and the profession of Kinesiology.

Domain 6: Ongoing Professional Development

- 6.1 Demonstrate a commitment to self-evaluation and continuous professional development.
- 6.2 Incorporate opportunities for learning and development through collaboration with experienced practitioners and inter-professional interaction.
- 6.3 Remain updated on technological advancements related to the practice of Kinesiology.
- 6.4 Integrate evidence-based approaches in professional practice, including best-practice guidelines and peer-reviewed research.

Exam Blueprint

STRUCTURAL VARIABLES													
Exam Length	170-180 multiple-choice questions												
Question Presentation and Format	Format: Multiple-choice questions, with four options Presentation: Case-based questions and independent questions Each case will have 3-5 questions												
Competencies by Domain	<table border="0"> <tr> <td>Domain 1 - Knowledge</td> <td>20-25%</td> </tr> <tr> <td>Domain 2a - Kinesiology Practical Experience – Assessment</td> <td>15-20%</td> </tr> <tr> <td>Domain 2b - Kinesiology Practical Experience – Services</td> <td>20-25%</td> </tr> <tr> <td>Domain 3 - Professionalism/Professional Practice</td> <td>25-30%</td> </tr> <tr> <td>Domain 4 - Communication and Collaboration</td> <td>5-10%</td> </tr> <tr> <td>Domain 5 - Professional Development</td> <td>5-10%</td> </tr> </table>	Domain 1 - Knowledge	20-25%	Domain 2a - Kinesiology Practical Experience – Assessment	15-20%	Domain 2b - Kinesiology Practical Experience – Services	20-25%	Domain 3 - Professionalism/Professional Practice	25-30%	Domain 4 - Communication and Collaboration	5-10%	Domain 5 - Professional Development	5-10%
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Domain 2b - Kinesiology Practical Experience – Services	20-25%												
Domain 3 - Professionalism/Professional Practice	25-30%												
Domain 4 - Communication and Collaboration	5-10%												
Domain 5 - Professional Development	5-10%												
Taxonomy Levels of Cognitive Ability	<table border="0"> <tr> <td>Theory/Comprehension</td> <td>20-25% of questions</td> </tr> <tr> <td>Application</td> <td>35-45% of questions</td> </tr> <tr> <td>Critical Thinking</td> <td>35-40% of questions</td> </tr> </table>	Theory/Comprehension	20-25% of questions	Application	35-45% of questions	Critical Thinking	35-40% of questions						
Theory/Comprehension	20-25% of questions												
Application	35-45% of questions												
Critical Thinking	35-40% of questions												
CONTEXTUAL VARIABLES													
Client	<ul style="list-style-type: none"> • Individual • Family • Groups • Community • Organization • Population 												
Lifespan (Age/Gender)	<ul style="list-style-type: none"> • General • Paediatric (to age 14) • Adolescent (15 to 17 years) • Adult (18 to 64 years) • Senior (65+) 												
Practice Setting/Environment	The practice environment of entry-level kinesiologists can be any setting or circumstance within which kinesiology is practised. Most of the competencies are not setting dependent. The practice environment will be specified where necessary.												

Exam Blueprint (February 2024)

STRUCTURAL VARIABLES			
Exam Length	170-180 questions		
Question Type	Multiple-choice, with four options		
Question Presentation	Case-based and independent		
		Target %	Target % Range
Presentation	Case-based	39-43%	39-43%
	Independent	57-61%	57-61%
Domains	Domain 1 - Foundational Knowledge	20%	18-22%
	Domain 2 - Professional Practice: Assessment	20%	18-22%
	Domain 3 - Professional Practice: Intervention	20%	18-22%
	Domain 4 - Professionalism and Ethical Conduct	28%	26-31%
	Domain 5 - Communication and Collaboration	9%	7-12%
	Domain 6 - Ongoing Professional Development	3%	1-5%
Taxonomy Levels	Theory/Comprehension	22%	20-25%
	Application	40%	35-45%
	Critical Thinking	37%	35-40%
CONTEXTUAL VARIABLES			
Client	<ul style="list-style-type: none"> • Individual • Family • Groups • Community • Organization • Population 		
Lifespan (Age/Gender)	<ul style="list-style-type: none"> • General • Paediatric (to age 14) • Adolescent (15 to 17 years) • Adult (18 to 64 years) • Senior (65+) 		
Practice Setting / Environment	The practice environment of entry-level kinesiologists can be any setting or circumstance within which kinesiology is practised. Most of the competencies are not setting dependent. The practice environment will be specified where necessary.		

Resolution – Approval of the Draft Kinesiologist Core Competency Profile and Exam Blueprint

Whereas the College is mandated to ensure the safe, competent, and ethical delivery of kinesiology services in Ontario and in doing so, must set the entry to practice standards; and

Whereas Council is granted the authority under Section 10 of the General Regulation of the *Kinesiology Act, 1991* to specify the general areas of competency to be examined and to ensure that the examination provides a reliable and valid measure of a candidate’s knowledge, skill and judgment to practice kinesiology in Ontario, and

Whereas, these areas of competency have been formally set out by the College in the Kinesiologist Core Competency Profile and Exam Blueprint; and

Whereas, the current Comptency Profile has not undergone review or revalidation for 10 years, contrary to the recommended best practice; and

Whereas, the Kinesiologist Core Competency Profile has now been reviewed and updated to reflect knowledge, skills, and judgment expected of kinesiologists at the entry to practice level, regardless of practice area; and

Whereas, the Exam Blueprint has been rescored to capture the appropriate rating of each competency domain area; and

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Whereas, the Steering Committee has reviewed and referred the Kinesiologist Core Comptency Profile and Exam Blueprint to Council for review and approval;

Therefore, be it resolved that the Council of the College of Kineisologits of Ontario approves the updated Kinesiology Core Competency Profile and Exam Blueprint.

Moved by: _____

Seconded by: _____

Date: March 25, 2024

Decision Note

Decision: Revision to the Language Proficiency Policy
Prepared for: Council
Date: March 25, 2024

Purpose

Council is being asked to update the College’s Language Proficiency Policy to include the Pearson Test of English, in accordance with Ontario Regulation 508/22 under the Regulated Health Professions Act, 1991.

Background

Subsection 95(1)(c) of the Health Professions Procedural Code under the *Regulated Health Professions Act, 1991 (RHPA)* permits regulatory health colleges in Ontario to set the language proficiency requirements for their respective professions. The College’s Language Proficiency Policy sets out the requirements for the profession of Kinesiology.

The policy was last updated by Council in March 2023 in response to an amendment to the *RHPA*. The amendment requires regulatory health colleges to accept the following English and French language tests accepted under the *Immigration and Refugee Protection Act (IRPA)* for use in assessing language proficiency:

- Canadian English Language Proficiency Index Program (CELPIP) – General Test;
- International English Language Testing System (IELTS) – General Training;
- Test d’évaluation de français pour le Canada (TEF Canada); and
- Test de connaissance du français pour le Canada (TCF Canada).

Regulatory health colleges are still permitted to set the minimum required level of proficiency for each of these tests. Regulators may also continue to accept other relied-upon language proficiency tests, if the proficiency tests accepted under the *IRPA* by Immigration, Refugees and Citizenship Canada (IRCC) have not been taken.

Current Status and Analysis

On February 12, 2024, the Office of the Fairness Commissioner (OFC) notified the regulatory health colleges that the IRCC now accepts the Pearson Test of English (PTE), in addition to the abovementioned language proficiency tests. Accordingly, regulators must now also accept the PTE. The OFC has asked regulators to update their materials to reflect this information.

To determine the minimum required level of proficiency, the College has referenced the [Language Test Equivalency Charts](#) published by the Government of Canada. This approach is recommended by the OFC and is consistent with the approach taken by other regulatory health colleges. The

Government of Canada's charts provide a straightforward method of determining equivalencies between different proficiency exams.

Based on this approach, the Language Proficiency Policy has been updated to include the PTE and scoring that is relative to the scoring of the other language proficiency exams acceptable under the policy. The draft Language Proficiency policy is included for Council's consideration.

Decision for the Council:

1. Approve the revised Language Proficiency Policy; or
2. Return the draft policy back to staff with specific direction.

Appendices:

Appendix A: Draft – Language Proficiency Policy

Policy

Type:	Registration		
Number:	101		
Name:	Language Proficiency Policy		
Status:	Final	Version #:	4
Date Approved:	June 28, 2012	Date Revised:	March 25, 2024

Background

To ensure that the practice of Kinesiology in Ontario is safe and accessible, Kinesiologists must be able to communicate clearly and effectively with their patients (or their representatives), with the College and with the general public. Under the Health Professions Procedural Code (“the Code”) of the *Regulated Health Professions Act, 1991*, the College may set language proficiency requirements for Kinesiologists, including how Kinesiologists can demonstrate evidence of proficiency. Underpinning this policy are the principles of transparency, fairness, objectivity, impartiality, and a focus on risk of harm.

Applicable Legislation and Regulation

Section 95(1)(c) of [the Code](#) indicates that:

95 (1) Subject to the approval of the Lieutenant Governor in Council and with prior review of the Minister, the Council may make regulations,

(c) prescribing standards and qualifications for the issue of certificates of registration.

Accordingly, Section 3.3 of the [General Regulation](#) under the *Kinesiology Act, 2007* sets out the following language proficiency requirements for issuance of a certificate of registration in any class:

3. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.

Definitions

Approved Language Test – a language proficiency test that the College has determined is acceptable for applicants to undertake to demonstrate that they meet the language proficiency requirements.

Policy

General To promote inclusive practice and manage risks, Kinesiologists should be willing to make good faith attempts to facilitate effective communication across language or other communication barriers. Therefore:

1. An individual applying for registration with the College of Kinesiologists of Ontario must submit, in accordance with the Registration Regulation, Registration Timeline Policy and this policy, proof of proficiency in either English or French (or both).

a. Except where the individual is applying from out-of-province and the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by the College, or where exceptional circumstances exist (as approved by the Registrar or Registration Committee), an applicant who cannot provide proof of English or French language proficiency may not be permitted to write the entry-to-practice exam and/or become registered with the College.

2. Applicants shall identify their preferred language of communication with the College (English or French).

3. Applicants shall identify their language(s) of practice to the College. All applicants must offer practice and services in English, French or both, in addition to any other language(s) they may use in practice.

a. This information will be included in the Public Register.

4. All patient records must be in English or French. The language used for record-keeping (English or French) should be the same as that used for communication with the College.

**Language Proficiency
– Applicants
educated in Ontario**

5. Proof of graduation from an Ontario university program (kinesiology or non-kinesiology) will be accepted as evidence of language proficiency in either English or French.

a. This holds true for applicants whose first language is neither English or French, but who were educated at and graduated from an Ontario University.

**Language Proficiency
– Applicants
educated in Canada,
outside Ontario**

6. Proof of graduation from a Canadian university program (kinesiology or non-kinesiology) will be accepted as evidence of proficiency in English or French.

7. Applicants holding an out-of-province certificate of registration may be required to submit proof of language proficiency (English or French) if proof of language proficiency was not a requirement for the granting of their out-of-province certificate.

**Language Proficiency
– Applicants
educated outside
Canada**

8. Internationally educated applicants who graduated from a program (kinesiology or non-kinesiology) in English or French may provide their transcript(s) as evidence of language proficiency in English or French.

9. Internationally educated applicants whose first language is English or French who did not graduate from a program (kinesiology or non-kinesiology) in English or French may provide evidence of practice experience in a predominant English or French setting.

10. Internationally educated applicants whose first language is neither English or French and who did not graduate from a program (kinesiology or

non-kinesiology) in English or French must submit proof of satisfactory completion of one of the following language proficiency tests:

Option	Fluency Test	Minimum Score
1	TOEFL Paper-based	560
2	TOEFL Internet-based <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	86 (Non-Cumulative Total) <ul style="list-style-type: none"> • 20 • 20 • 20 • 23
3	IELTS – Academic or General Training	Level 6.5 required on all skills (listening, reading,
4	CELP	Level 8 required on all skills (reading, writing, listening, speaking).
5	CLBA	Benchmark score of 7 required on all skills (listening
6	MetTest	54
	PTE Core <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	<ul style="list-style-type: none"> • 69-77 • 79-87 • 71-81 • 76-83
7	TEF <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	1154 (Total) <ul style="list-style-type: none"> • 233/300 • 349/450 • 280/360 • 349/450
8	TCF <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	<ul style="list-style-type: none"> • 499 • 12 • 503 • 12

Submission of proof of language proficiency

11. Any document required by the College as proof of language proficiency in English or French must be submitted directly to the College from the institution or organization producing the document(s), by email or mail.

Exceptions, Extenuating or Ambiguous Circumstances

12. Where ambiguity or uncertainty exists regarding language proficiency (despite proof of proficiency having been presented), the College may require an applicant to provide evidence of satisfactory completion of one of the above language-proficiency tests.

13. In exceptional or extenuating circumstances as approved by the Registration Committee or the Registrar, the following may be accepted as proof of proficiency in English or French:

- a) A sworn affidavit, notarized in Ontario by a notary public or

commissioner of oaths, indicating that the applicant is fluent in English or French.

b) Successful completion of the application (including Jurisprudence e-Learning modules) and the entry-to-practice examination.

c) Proof of registration with a professional College in another jurisdiction where English or French language proficiency is a requirement of registration.

d) Proof of membership in a professional association in another jurisdiction where English or French language proficiency is a requirement of membership.

e) Evidence of practice experience in a predominantly English or French practice setting.

f) Proof of completion of a post-secondary degree or diploma program in English or French

14. Requests for accommodation under [Accessibility for Ontarians with Disabilities Act](#) or based on equity, diversity, inclusion and anti-bias principles will be reviewed and evaluated on a case-by-case basis by the Registration Committee.

Costs

15. All costs associated with proof of language proficiency in English or French are the responsibility of the applicant, not the College.

Validity of Test Results

16. Test results are considered valid for two years from the date of the applicant passing the test.

17. Test results that are more than two years old will not be accepted by the College.

Review

18. Language proficiency standards as described in this policy will be reviewed by the College every two years to ensure they remain current.

Resolution – Revisions to the Language Proficiency Policy

Whereas the requirement for language proficiency (English or French) is required for entry-level kinesiologists to practice safely and effectively; and

Whereas the Registration Requirements (Ontario Regulation 508/22) under the *Regulated Health Professions Act, 1991* require health colleges to accept that an applicant satisfies the English or French proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the *Immigration and Refugee Protection Act (IRPA)* for use in assessing language proficiency; and

Whereas the recommended revisions to the College’s Language Proficiency Policy reflect the updated language proficiency examinations approved under the *IRPA*, as well as establish benchmarks for these additional language proficiency examinations;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the revised Language Proficiency Policy.

Moved by: _____

Seconded by: _____

Date: March 25, 2024

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 2023

March 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

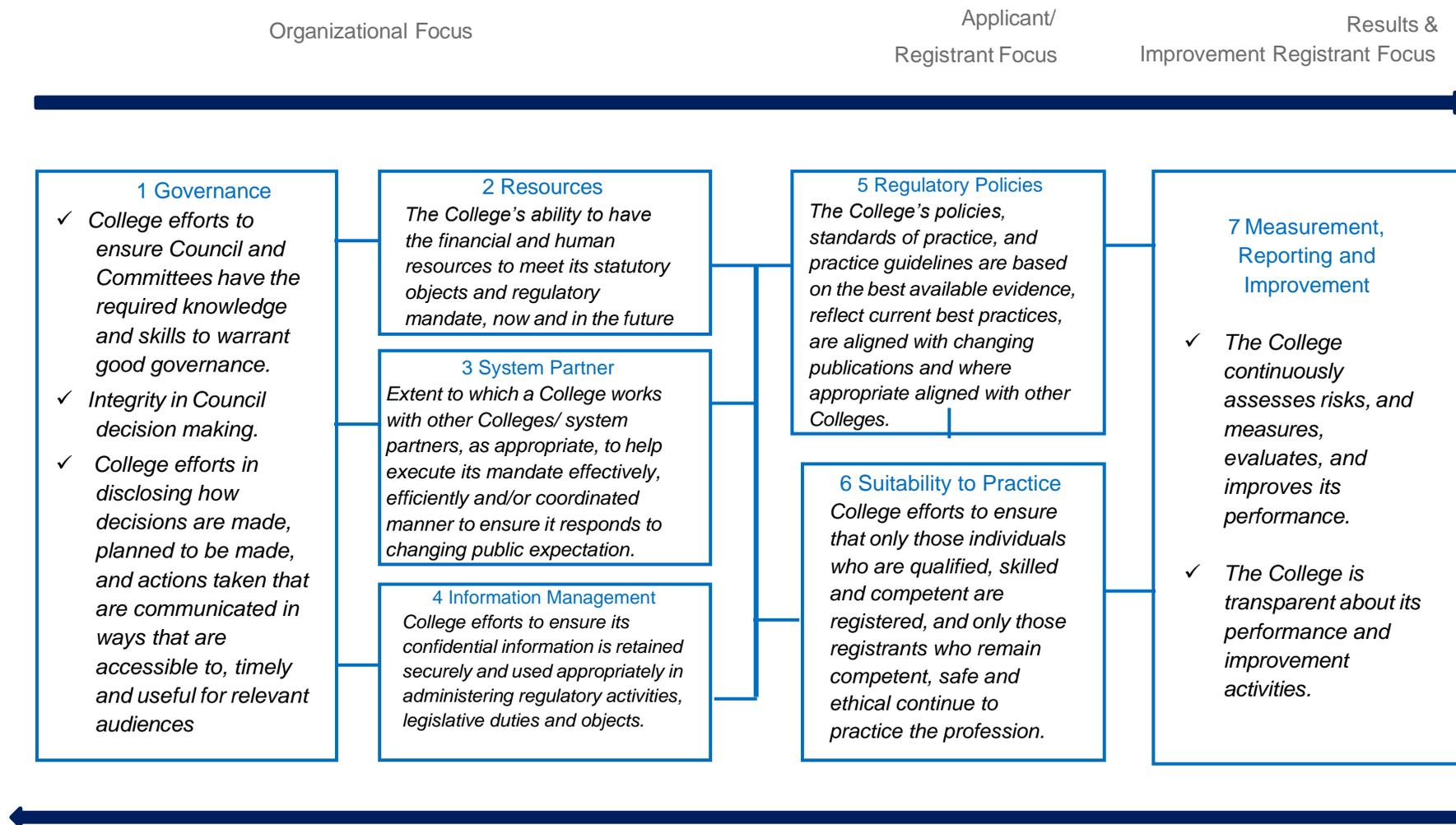


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

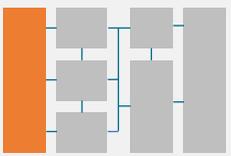
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

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

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <ul style="list-style-type: none"> - The College's Council elections webpage includes a section titled "Competency and Eligibility" with information and links regarding the competency, eligibility and suitability criteria expected of a member of Council. - The eligibility criteria are set out in the College's By-law 10.11 and 10.12 (pgs. 19 and 20 of the .pdf). - The Council and Committee Competency Profile ("the Profile") is used to: <ul style="list-style-type: none"> o Articulate the requirements to be a member of Council or committees; o Determine eligibility and suitability of those seeking to stand for election to Council and/or be appointed to committee; o Review applications for committee appointments based on identified competency and diversity needs and recommend to Council o slates for committee appointments; o Inform learning and development initiatives by the College to enable development in role; and o Evaluate Council and committee performance. - The Profile is divided into 2 general sections: <ul style="list-style-type: none"> o Competencies for individual council and committee members o Additional competencies for the council and committees as a whole/overall <ul style="list-style-type: none"> ▪ For clarity, this latter section describes competencies that are required to be present on Council and each committee, but may not be required/expected of each Council or committee member as individuals. - The Profile identifies whether each competency is required for Council, committee(s) or both.

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>-</p>
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	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>- As per the eligibility criteria set out in the College’s By-law 10.11 and 10.12 (pgs 19 and 20 of the .pdf), the College requires all nominees to complete a 13-section online Council Orientation Module.</p> <p>- Link to the online Council Orientation Module (“the Module”) is provided in the Competency and Eligibility section of the Council elections webpage. The module was not amended or revised in 2023.</p> <p>- The Module includes links to relevant legislation, College materials (including By-laws) and other helpful and relevant resources. The module is text-based, with duration/completion time(s) varying depending on the individual and their circumstances (how they access and review the module).</p> <p>- The Module includes a 10-question Quiz, as well as a link to a completion survey. The completion survey includes an opportunity for open-ended suggestions regarding the Module.</p>			
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>		
<p><i>Additional comments for clarification (optional):</i></p> <p>-</p>			
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>- As per a resolution passed by Council in March 2021 (March 1 2023 Council meeting, see pg. 120 of the .pdf), individuals expressing interest in appointment to statutory committees are required to meet the eligibility criteria found in the College’s By-law 13.14 (pg 32 of the .pdf file). This by-law was reviewed and amended in 2023, with amendments approved by Council during a Council meeting on June 26, 2023 (pgs. 151-170 of the .pdf, also refer to the Minutes of the June 26, 2023 Council meeting, pgs. 11-12 of the .pdf)</p>			

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>						
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 516 2196 573">The College fulfills this requirement:</td> <td data-bbox="2196 516 2612 573">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 573 2612 1268"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee.0 <p>- As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 118 of the .pdf), newly-appointment members of Statutory and Non-Statutory Committees are required to attend an orientation session regarding the committee at the first committee meeting following their appointment. Committee members unable to attend the scheduled orientation session receive an orientation at their earliest convenience.</p> <p>- The duration of the orientation(s) at least 1 hour and may be longer depending upon the specific Committee, its mandate and terms of reference. Orientations are scheduled to ensure adequate time is allotted for discussion and questions.</p> <p>- Orientations are facilitated by the College staff assigned by the Registrar & CEO to support that Committee’s work. Additional/external subject matter experts may also be called upon to provide information, depending on the needs and mandate of the Committee.</p> <p>- These orientations provide committee member with information and training regarding:</p> <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. </td> </tr> <tr> <td data-bbox="776 1268 2196 1356"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1268 2612 1356">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee.0 <p>- As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 118 of the .pdf), newly-appointment members of Statutory and Non-Statutory Committees are required to attend an orientation session regarding the committee at the first committee meeting following their appointment. Committee members unable to attend the scheduled orientation session receive an orientation at their earliest convenience.</p> <p>- The duration of the orientation(s) at least 1 hour and may be longer depending upon the specific Committee, its mandate and terms of reference. Orientations are scheduled to ensure adequate time is allotted for discussion and questions.</p> <p>- Orientations are facilitated by the College staff assigned by the Registrar & CEO to support that Committee’s work. Additional/external subject matter experts may also be called upon to provide information, depending on the needs and mandate of the Committee.</p> <p>- These orientations provide committee member with information and training regarding:</p> <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
The College fulfills this requirement:	Yes							
<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee.0 <p>- As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 118 of the .pdf), newly-appointment members of Statutory and Non-Statutory Committees are required to attend an orientation session regarding the committee at the first committee meeting following their appointment. Committee members unable to attend the scheduled orientation session receive an orientation at their earliest convenience.</p> <p>- The duration of the orientation(s) at least 1 hour and may be longer depending upon the specific Committee, its mandate and terms of reference. Orientations are scheduled to ensure adequate time is allotted for discussion and questions.</p> <p>- Orientations are facilitated by the College staff assigned by the Registrar & CEO to support that Committee’s work. Additional/external subject matter experts may also be called upon to provide information, depending on the needs and mandate of the Committee.</p> <p>- These orientations provide committee member with information and training regarding:</p> <ul style="list-style-type: none"> ○ Committee governance (mandate, terms of reference and applicable legislation) ○ Committee portfolio and accountabilities; ○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and ○ The processes and framework used by the committee for adjudicative and other decision-making. 								
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.							

			<i>Additional comments for clarification (optional):</i>
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		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <ul style="list-style-type: none"> - As per a resolution passed by Council in March 2021 (March 1 2021 Council meeting, see pg. 119 of the .pdf), prior to attending the first Council meeting following their appointment, Public appointees to Council are required to attend an up to 2 hr. orientation session. These sessions typically last around 1.5 hrs., depending on the number and complexity of questions asked. - Orientation sessions are conducted online (videoconference or teleconference if required) and are led by the Registrar & CEO, with the President of Council typically in attendance. Individual components of the orientation sessions are facilitated by College staff at the direction of the Registrar & CEO. - Orientation sessions include the following topics: <ul style="list-style-type: none"> ○ Governance; ○ Financial planning and stewardship; ○ The role of the College and the role of Council; ○ Where Council's role begins and ends, and the role of staff; ○ Duties and responsibilities of a Council member (e.g. conflict of interest); ○ What a registered kinesiologist does (and information on the entry-to-practice requirements); ○ An overview of the College's portfolios and the relevant committees 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	

			<i>Additional comments for clarification (optional):</i>
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Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>- The College uses a Council Effectiveness Review Framework (CERF) to evaluate the effectiveness of Council meetings and Council. The CERF was last reviewed, by a third-party consultant, in 2023, with the results and a proposal for the facilitation/administration of the CERF to be supported by that consultant reviewed and approved by Council on June 26, 2023 (see: June 26, 2023 Council meeting minutes, pgs. 9-11).</p> <p>- The Framework, with proposed amendments as reviewed by Council on June 26, 2023 can be found in the June 26, 2023 Council meeting materials, pgs. 134-150.</p> <p>- The results of the 2023 CERF were reviewed in-camera by Council at the September 26, 2023 Council meeting, with an approved overview of the 2023 CERF posted to the College's Council and Committees webpage (under a section specific to the Council Effectiveness Review Framework (CERF)).</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
<i>Additional comments for clarification (optional)</i>		

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>Brian</p>	<p>Yes</p>	
			<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. 2023 • Council's performance and effectiveness were most recently assessed and evaluated in accordance with the College's Council Effectiveness Review Framework in 2023. This was facilitated by an external third-party consultant. An overview of the results is publicly available on the College's website. - This third-party external involvement was the first time this approach was used by the College. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>					

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>■ Council and Committee training opportunities have been, may be and are identified in the following ways:</p> <ul style="list-style-type: none"> ○ The results of the 2023 Council Effectiveness Review Framework (which includes opportunities for Council and Committee feedback regarding learning and continuous improvement); ○ Needs/opportunities identified by and recommendations from Council and Committee members; ○ Needs/opportunities for Council and Committee competency-building to ensure that Council, Committees and individual members of both have the knowledge and judgement required by the Council and Committee Competency Profile; ○ Ad hoc suggestions and recommendations by Council and Committee members; ○ Consideration by the Governance and Nominations Committee (see the Terms of Reference for more details, pg. 74 of the .pdf of the College’s By-laws) <p>- On September 25, 2023, a Council orientation was held. Council members received the following training, the need(s) for which emerged from the sources described above as well as Council’s and the College’s reflection on and awareness of current, emerging and evolving issues in health professional regulation and the public interest:</p> <ul style="list-style-type: none"> ○ Governance training provided by an external third-party consultant ○ Conflict of Interest training provided by a representative from the College’s legal counsel ○ Finance training provided by a representative from the College’s auditor ○ Equity, Diversity and Inclusion training provided by an external third-party consultant with subject matter expertise ○ Sexual Abuse training provided by Professional Conduct staff from another health profession regulator in Ontario ○ Training pertaining to the Discipline Committee provided by a representative from the College’s independent legal counsel (ILC) <p>- From February 2023 – June 2023, Council members attended a 5 module webinar series provided by the Council on Licensure, Enforcement and Regulation (CLEAR) regarding regulatory governance. This training was intended to guide less-experienced Council members and/or those who had identified specific learning goals in their understanding of regulatory governance and decision-making.</p> <p>- From October 17-18 2023, Council members attended the Canadian Network of Agencies for Regulation (CNAR) conference. Attendees participated via the “virtual” (videoconference) option. This conference was identified as an opportunity for Council members to broaden their understanding of key and emerging topics in regulation in Canada.</p> <p>- On November 3, 2023 and November 20, 2023, Council members attended a Health Profession Regulators of Ontario (HPRO) Discipline Orientation Workshop. This training provided more detailed and specific information regarding Discipline Committee processes, procedures and decision-making/jurisprudence.</p>	<p>Yes</p>
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			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i> -	

	<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <ul style="list-style-type: none"> - The College’s Risk Management Framework and Business Continuity Plan and Disaster Recovery Plans are used to identify and manage risks to the College’s ability to fulfil its legislated mandate to protect the public. - Council and Committee training is included in risk mitigation strategies including: <ul style="list-style-type: none"> o Financial risks: <ul style="list-style-type: none"> ▪ Training regarding the College’s financial, budget and audit processes (training provided to Council and also to members of the College’s non-statutory Planning and Finance Committee). ▪ Training regarding the College’s Directors & Officers Liability Insurance (September 26, 2023) o Human Resources risks: <ul style="list-style-type: none"> ▪ Training on the College’s Workplace Harassment and Workplace Violence prevention and management policies (September 26, 2023) o Risks pertaining to confidence in the College: <ul style="list-style-type: none"> ▪ Training all Committee members on the College’s mandate and governance, including decision-making processes, for each of the Committees on which the member(s) serve (during Committee orientations, which take place on various dates following appointment(s) to the Committee(s). o Governance risks: <ul style="list-style-type: none"> ▪ Ensuring that Officers and Committee Chairs (and Vice-Chairs), are trained on College processes, policies and procedures, including the College’s Code of Conduct for Council and Committee members and the College’s Conflict of Interest By-law. o Compliance risks: <ul style="list-style-type: none"> ▪ Training on the principles of Equity, Diversity and Inclusion (EDI) and anti-Bias to build understanding of and promote Council competence regarding these issues. - Ongoing and ad hoc training is also provided to Council regarding changing expectations, such as changes to legislation and emerging/evolving regulatory governance best practices. Examples from 2023 include: <ul style="list-style-type: none"> o Presentations on March 20, 2023 and June 26, 2023 from the Registrars of other health profession regulators in Ontario and an external third-party consultant regarding Council Performance and Effectiveness Evaluation. 	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional):</i>
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Measure:			
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.			
Required Evidence	College Response		
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	The College fulfills this requirement:		
	<ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <ul style="list-style-type: none"> - No changes were made in 2023 to the existing Code of Conduct and Conflict of Interest By-laws (the College’s by-law 16). - These were approved in 2021. 		Yes
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
	<p><i>Additional comments for clarification (optional)</i></p> <p>-</p>		

	<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. See CPMF Domain 1, Standard 2, Measure 2.1.a.ii from the College's 2023 CPMF submission for details (pg. 19 of the .pdf). The approved Code of Conduct and Conflict of Interest By-law are posted to the College's website. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>
	<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. Three years How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; <ul style="list-style-type: none"> Please see the following: <ul style="list-style-type: none"> By-law 10.11 and By-law 10.12 (pgs. 19-20 of the .pdf) describe individuals to whom and circumstances in which the three-year cooling off period may apply, specifically: <ul style="list-style-type: none"> Findings of professional misconduct, incompetence or incapacity by the College or any other regulatory body; Being in a leadership position (employee, officer or director) of any professional association or certifying body related to the profession; Service as a member of Council for the maximum term; Disqualification from Council or a committee of the College; Individuals who have been College staff; and Individuals who resigned from Council for reasons other than health or personal reasons acceptable to Council 	<p>Met in 2022, continues to meet in 2023</p>

- Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**
 - o Following the requisite public consultation, By-law 10 was reviewed and approved at the [March 20, 2023](#) Council meeting (see pgs. 8-9 of the .pdf).
- Where not publicly available, please briefly describe the cooling off policy.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please provide the year when the conflict of interest questionnaire was implemented OR last evaluated/updated. <ul style="list-style-type: none"> - The conflict of interest questionnaire is an element of the College’s Council and Committee Member and Volunteer Conflict of Interest Policy and By-law (By-law 16). The Policy was approved by Council at the September 27, 2021 Council meeting (Agenda Item 15, pg. 9 of the document). - Relevant amendments to By-law 16 were approved by Council in principle at the Council meeting on December 6, 2021 (Agenda Item 15, pg. 10 of the .pdf), with approval formalized following legal review. - The questionnaire was first implemented at the December 6, 2021 Council meeting (see note at the bottom of the Agenda, pg. 3 of the .pdf. The formatting of the Agenda has subsequently been updated to include a link to the relevant Conflict of Interest declaration survey). • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <ul style="list-style-type: none"> - The Conflict of Interest form is publicly available on the College’s website and is distributed to Council members via cloud-based survey application (example: December 4, 2023 Council Meeting). - Conflicts of interest declarations (via the Conflict of Interest form or in-meeting declaration(s)) were most recently considered by Council at the December 4, 2023 Council Meeting (see link associated with the Agenda, pg. 4 of the .pdf). Any declarations of conflict(s) of interest are recorded in the minutes (see: September 26, 2023 Council Minutes, Agenda Item 3 on pg. 2 of the .pdf). 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>Public interest rationales are included in Issue/Decision Notes for agenda items to be presented to Council (see, as an example, the Meeting Materials for the December 4, 2023 Council meeting, pgs. 32-33, with the specific public interest rationale on pg. 33 of the .pdf).</p> <p>- These public interest rationales can be found in meeting materials, which (including past Council materials back to 2017) are posted to the College’s website in advance of Council meetings and are, therefore, publicly available. The public interest rationales are also reviewed as part of presentations and discussions pertaining to relevant agenda items. Except for <i>in camera</i> proceedings, Council meetings are open to the public, with RSVPs requested.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

	<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>- The College’s Risk Management Plan, which includes a Business Continuity and Disaster Recovery framework (with portfolio-specific Business Continuity and Disaster Recovery plans) is reviewed twice each year by Council, typically at the March and September Council meetings. The March Council meeting was chosen because it occurs at the end of Q2 of the College’s Fiscal Year (September 1 – August 31 of the following calendar year), making it a mid-year checkpoint. The September meeting was selected as it is traditionally the first meeting of a new Council (with newly-elected Council members present) and is typically used as an opportunity for Council training on relevant topics, including risk management.</p> <p>- The College’s Risk Management, Business Continuity and Disaster Recovery plans were most recently reviewed by Council at the September 26, 2023 Council Meeting (see Agenda Item 11, pgs. 5-7 of the .pdf).</p> <p>- More details, including amendments that were proposed and approved by Council can be found in the meeting materials for the September 26, 2023 Council meeting (see pgs. 39-96 of the .pdf).</p> <p>- Note that the College’s approach to risk management is described on pgs. 46-49 and includes:</p> <ul style="list-style-type: none"> ○ Roles and responsibilities; ○ Risk Analysis Matrix; ○ Types of Risk Identified; and ○ Risk Assessment process <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p> <p>Choose an item.</p>
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		<p>of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p><i>Additional comments for clarification (if needed)</i></p>
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Measure:	
3.1 Council decisions are transparent.	
Required Evidence	College Response
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2022, continues to meet in 2023</p>
	<ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. <ul style="list-style-type: none"> Approved Council minutes from 2023 – 2011 are posted to the “Council and Committee Minutes” page on the College’s website. Updates on the status of implementation of Council decisions to date, and outstanding Action Items from previous Council meetings, are found in the minutes (see the minutes of the March 20, 2023 Council meeting, Item 6 on pgs. 2-3) Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <ul style="list-style-type: none"> At each regular Council meeting, and elsewhere as required, Council is provided with updates on the College’s operations in the form of a dashboard that shows quarterly progress on College projects and operational activities. An example of these dashboards can be found in the meeting materials for the June 26, 2023 Council meeting (pgs. 37-29 of the .pdf). The College posts staff contact information on its website, as well as a General Contact Form. Should a request for more detailed updates or information be received, the College’s response times and processes would be governed by all applicable legislation regarding requests for information and the College’s Privacy Code and Client Service Policy.
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>

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

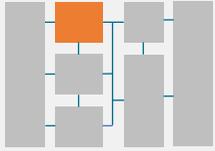
Measure: 3.2 Information provided by the College is accessible and timely.	
Required Evidence	College Response
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2022, continues to meet in 2023 <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. - Council meeting materials are posted under the Past Council Meetings section on the Council and Committee Meetings page of the College's website at least one week prior to the Council meeting. - Council meeting materials dating back to 2017 are maintained on the website.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Choose an item.
	<i>Additional comments for clarification (optional)</i>
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: Met in 2022, continues to meet in 2023 <ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. - Notice of Discipline hearings are posted to the Upcoming Discipline Hearings page on the College's website. The information posted includes a link to the Notice of Hearing, the Hearing Date, a Summary of the Allegations and a link to the full allegations.

	<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	<p>Choose an item.</p>
	<p>Additional comments for clarification (optional)</p>	
<p>Measure: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>		
<p>Required Evidence</p>	<p>College Response</p>	
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. - As reported previously, the College remains committed to its 2020 statement on systemic racism and the “focus on equity, diversity and inclusion” described in the first of the three strategic goals (“1- Strengthen”) of the 2019-2022 Strategic Plan. - The College’s DEI strategy includes: <ul style="list-style-type: none"> ○ Participation in the Steering Committee of a Health Professions Regulators of Ontario (HPRO) Anti-Racism in Health Regulation (ARHR) project. The project was completed in 2023 and the College has used the toolkit developed to complete a DEI self-assessment, the results of which were reported to Council at the March 25, 2023 Council meeting. This self-assessment is a reflection on the College’s operations, as aligned with the domains of the College Performance Measurement Framework (CPMF). The self-assessment tool allowed the College to consider its approach to DEI on a continuum from “Inactive” to “Reactive” to “Proactive” to “Progressive”. ○ This project was also associated with the following training, which was attended by College staff: <ul style="list-style-type: none"> ▪ March, 2023: Q&A sessions regarding the ARHR project and the needs of the regulatory community; ▪ April, 2023: Training sessions focused on addressing Unconscious Bias; and ▪ June, 2023: Facilitated training regarding the deliverables of the ARHR project. ○ In addition, on November 14, 2023, College staff attended a free education event describing, from a governance/Board perspective, the benefits of the principles of DEI. - The College’s expectations and requirements of its members that are consistent with the principles of DEI can be found in: <ul style="list-style-type: none"> ○ The Code of Ethics ○ The Kinesiologist Core Competency Profile ○ The Essential Competencies of Practice for Kinesiologists in Ontario • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page 	

			<p>number.</p> <p>- Resources have been allocated to support the College’s work towards DEI by ensuring that Council members have received training:</p> <ul style="list-style-type: none"> o September 2022 (Meeting Materials, pg. 19 of the .pdf; Meeting Minutes, pg. [XX] of the .pdf) o September 2023 (Council Orientation session on September 25, 2023) 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. <ul style="list-style-type: none"> The College has embedded EIAs into its Policy and Material Development and Review Framework (for specifics, see the Note re: Accessibility, Equity, Diversity, Inclusion and anti-Bias on pg. 7 of the .pdf). One of the tools developed as part of this HPRO Anti-Racism in Health Regulation (ARHR) project, which was completed in 2023, is an HPRO Equity Impact Assessment (HPRO-EIA), which may support College regulatory operations, including the review and development of programs, policies and other regulatory materials (including standards of practice). The HPRO-EIA follows a four-phase process: <ul style="list-style-type: none"> Scoping Information Gathering Analysis Action Another tool that has been utilized by the College for Equity Impact Assessments is the Health Equity Impact Assessment (HEIA), which was developed by the Ministry of Health in Ontario. If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <ul style="list-style-type: none"> One example is consideration of the College’s Per Diem and Council and Committee Compensation Policy (reviewed and approved by Council on June 26, 2023, see the Minutes of the June 26, 2023 Council meeting, pg. 13 of the .pdf). As the HPRO-EIA was not available at that time, the revisions to the Policy were reviewed through the lens of the HEIA to ensure fairness and lack of bias or perceived bias or any unintended effects of revisions to this Policy. Another example is revisions to the Terms of Reference of the Planning and Finance Committee (see the December 2023 Council meeting package, pgs. 126 – 131 of the .pdf). The Equity Impact Assessment was applied to the review of these Terms of Reference. Proposed amendments were made and approved, including amendments aimed at enhancing opportunities to participate by removing the requirement/limitation that the Chair of the Planning and Finance Committee be a Public Appointee to Council. 	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

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Measure:

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

DOMAIN
2: RESOURCES
STANDARD 4

Required Evidence

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

Further clarification:

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

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.

-The materials for each regular Council meeting include a quarterly dashboard report on the College's progress towards its operational goals, which are derived from the goals set out in the strategic plan. An example of the College's dashboards can be found in the meeting materials for the [December 4, 2023 Council meeting](#) (see pgs. 30-31 of the .pdf). This information is presented to provide Council with an opportunity to discuss the progress of activities and projects supporting achievement of the goals of the strategic plan.

-The College's budget was approved by Council on June 26, 2023 (see pg. 40 of the .pdf for the [meeting materials](#) and [Agenda Item 8 of the Minutes](#), pgs. 3-4 of the .pdf).

-On December 4, 2023, Council reviewed and approved a revised budget (see pg. 110 of the .pdf for the [meeting materials](#)).

- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

-The College's budget is developed by staff and reviewed by the non-statutory Planning and Finance Committee, who may then refer the budget to Council for consideration, with any recommendations.

-The process by which resources are allocated remains consistent with that described in the previous year's [CPMF](#) (Domain 2, Standard 4, Measure 4.1.a. See pg. 29 of the .pdf).

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

Choose an item.

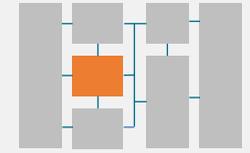
Additional comments for clarification (optional)

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. - The College’s financial reserve policy was first considered by Council in 2011 (prior to Council meetings being made public) and was revised on: April 9, 2014 (see Agenda Item 7.1, pgs. 2-3 of the .pdf) • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. -The financial reserve policy was most recently reviewed and updated on December 3, 2018 (see “Amendment to the Reserve Funds Policy” on pg. 3 of the .pdf). • Has the financial reserve policy been validated by a financial auditor? Yes 	<p>Met in 2022, continues to meet in 2023</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. <ul style="list-style-type: none"> The College has an internal HR Policy manual, which sets out, among other matters, the College’s approach to: <ul style="list-style-type: none"> Advancement; Educational assistance and professional development; and Performance evaluations and salary reviews (including, as an Appendix, the College’s compensation philosophy and framework Succession planning (for example, appointment of a CEO or acting Registrar). The College also maintains internal policies specific to the Registrar & CEO, including: <ul style="list-style-type: none"> Salary, Benefits, Vacation and other Entitlements and Requirements; and The Registrar & CEO’s expenses As described in the previous CPMF submission (Domain 2, Standard 4, Measure 4.1.c.i on pg. 31 of the .pdf), the College maintains a suite of internal and some publicly available policies to support organizational success, sustainability and ongoing effective resource stewardship. This includes the approved Mentorship and Succession Planning Policy Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <ul style="list-style-type: none"> The College has, in 2023, reviewed and revised its Risk Management, Business Continuity and Disaster Recovery Plans, including ensuring that portfolio-specific Business Continuity and Disaster Recovery Plans (which are not publicly available) are updated. These plans include provisions for succession planning in the event of an emergency situation or other disruption (such as loss of key senior staff). These materials were reviewed and approved by Council on September 26, 2023 (see: Meeting Minutes, Agenda Item 11, pgs. 5-7 of the .pdf). <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>-</p>	<p>Yes</p>
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		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <ul style="list-style-type: none"> - The College’s data and technology resources are provided by external third-parties. The College continually monitors, with the support of these parties, emerging and evolving approaches to the use of technology in health profession regulation. - Some examples of how the College reviewed its approach to the use of data and technology to ensure effective, secure and cost-effective implementation in 2023 include: <ul style="list-style-type: none"> ○ Updates/upgrades to the College’s Registration database to promote increased functionality. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"> - On <u>December 4, 2023</u> (see pg. 111 of the .pdf), Council approved a proposed College website redesign/relaunch project. The goal of the project is to better support the College’s mandate by streamlining how information is shared with members, the public and other system partners. - A phased approach to this project has been proposed, with essential upgrades and improvements completed by August 2024 (Q4 of fiscal year 2023-2024). - The College has also engaged in discussions and developed a workplan to migrate the College’s electronic storage systems to a virtual “Cloud-based” filing system maintained by the College’s third-party service provider. This will facilitate: <ul style="list-style-type: none"> ○ Enhanced cybersecurity and control over access; ○ Centralized administration of data to enhance document management (including permissions); ○ Collaboration between College staff and portfolios; ○ A secure approach to flexible working arrangements as permitted or required; ○ Timelines: Migration to be completed by Q4 of Fiscal Year 2023-2024. 	

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>- The College’s engagement with other health regulatory Colleges through a variety of channels, which may include (but are not limited to):</p> <ul style="list-style-type: none"> ○ Membership in relevant regulatory associations, for example: <ul style="list-style-type: none"> ▪ At a Provincial level, the College is a member of the Health Profession Regulators of Ontario (HPRO) (formerly the Federation of Health Regulatory Colleges in Ontario (FHRCO)). Membership in this organization is required under the College’s By-law 25 – Membership in Other Organizations (see pg. 58 of the .pdf). The College’s HPRO membership includes active participation as members of portfolio-specific working groups, as well as inter-portfolio working groups and committees focused on topics and issues of relevance to the regulatory community in Ontario (for example, membership in a Steering Committee and subsequent standing working group focused on Diversity, Equity, Inclusion and Anti-Racism in Health Regulation). The College supports other HPRO members by answering queries posted to HPRO portfolio-specific message boards. Preliminary discussions began in 2023 regarding the creation/development of an HPRO working group specific to risk

management, with work to continue in 2024. This initiative is a collaborative effort between Operations, Finance and Policy-focused staff at a number of other Ontario regulators including the College, the Ontario College of Pharmacists and the College of Nurses of Ontario.

- At a National level, the College is an active member of The Canadian Network of Agencies for Regulation (CNAR). This membership includes opportunities for Council and staff networking, training and continuing development (for example, virtual attendance at the CNAR annual conference in October 2023 and ongoing attendance and participation in webinars and learning series hosted by CNAR).
- As per [By-law 25 – Membership in Other Organizations](#) (see pg. 58 of the .pdf), the College maintains membership in the Council on Licensure, Enforcement and Regulation (CLEAR). College staff and Council members have participated in virtual webinars and other learning activities offered by CLEAR. The primary focus in 2023 was a CLEAR learning series focused on regulatory governance, attended by the College’s senior-level/management staff at the College and several Council members.
- Ad hoc engagements and collaborations with other health profession regulatory Colleges in Ontario, which included the following:
 - Conducted a joint investigation with the CMTO into sexual abuse allegations.
 - Staff support for Council orientation and training (for example, sexual abuse training for Council in September 2023 provided by a Professional Conduct staff member from the College of Occupational Therapists of Ontario);
 - Presentations to Council by key or senior staff (including Registrars) of other health profession regulatory Colleges in Ontario. An example of such a presentation is a review at the [March 2023 Council meeting](#) (see Agenda Item 7 on pg. 3 of the .pdf) of the process by which other Colleges conduct(ed) a Council performance and effectiveness evaluation facilitated by an external third-party consultant.
 - Informal and formal partnerships focused on training, orientation and knowledge translation for new staff (specific examples from 2023 supporting the onboarding and training of new Communications and Professional Conduct staff). New College Communications staff have pursued and received mentorship and knowledge translation opportunities with Communications staff from other regulators in Ontario. Specifically, new CKO Communications staff have received support and guidance from the College of Physiotherapists of Ontario and the Ontario College of Social Workers and Social Service Workers. Specific topics of discussion with representatives from these Colleges included English-French translation services and website redevelopment and upgrade. There have also been general discussions regarding opportunities for future collaboration.
 - Knowledge and information sharing pertaining to the development of the Emergency Class Certificate of Registration regulation and associated policy and procedure development processes. This work began in 2023, the primary collaborators were the Director, Registration and College and Registration leadership from the College of Dietitians of Ontario. This collaboration facilitated the development and approval of the College’s Emergency Class Certificate of Registration regulation. Benefits of this collaboration are expected to continue into 2024 and the development of relevant Policies and procedures (for example, Policies pertaining to supervision of members who may hold an Emergency Class certificate of registration).

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

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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*

- In 2023, the College's system partner engagements included, but were not limited to:

- Engagement with the Ministry of Health:

- o In 2023, the College worked to maintain effective and appropriate 2-way communication with the Ministry of Health, including direct correspondence (typically by email, occasionally by letter sent via email). Specific matters included a request for additional public appointees to Council to ensure that Council and committees will remain properly constituted and that Council will continue to have a suitable number of Public appointees with relevant and appropriate competencies to fulfil their mandate and fiduciary duty(ies).

- Engagement with students:

- o The College has engaged with educational institutions (Universities and other institutions offering a four-year University degree in Kinesiology, or a program deemed to be substantially equivalent) to provide information regarding the College's mandate and portfolios. Students attending these presentations have opportunities to ask questions and gain a broader understanding of how the College regulates the profession in the public interest. In 2023, the College's work on such engagements expanded slightly to accommodate specific requests from academic institutions (for example, College presentations to a specific class and/or pertaining to a specified topic). An example in 2023 included presenting to a University-level undergraduate class focused on legal issues in the health care professional regulation (specifically geared to Kinesiology students).

- Engagement with educators:

- o Faculty members of educational institutions (Universities and other institutions offering a four-year University degree in Kinesiology, or a program deemed to be substantially equivalent) are invited to represent their institution as members of the Colleges University Liaisons Committee, the most recent meeting of which took place on December 11, 2023. Traditionally, these meetings are opportunities for the College and institution representatives to exchange information relevant to the regulation of the profession of kinesiology in the public interest. Members of the Committee receive updates regarding College portfolio activities and are invited to share updates and information about their programs for the College's information.

- Engagement with members of the profession:

- o The College has, in 2023, accepted invitations to speak to groups of members in their workplace during "Kinesiology Week 2023". This provided an

opportunity for the College to connect directly with its registrants, sharing information regarding the College's perspective on emerging and developing trends in the practice environment, as well as providing updates on matters such as Professional Conduct trends.

- Engagement with Professional Associations:

- o In 2023, the College continued to engage with system partners from professional associations with which registrants of the College may be associated. Professional association representatives provided feedback on public consultations, including the proposed changes (increase) to the College's fee schedules and proposed amendments to the College's by-laws (for examples of professional association correspondence with the College and the College's response, please refer to the meeting materials from the [June 2023 Council meeting](#), pgs. 73-77 of the .pdf)
- o Professional association representatives were also invited to be present as guests at the December 2023 University Liaisons Committee meeting.
- o The College also engaged in email correspondence with professional association representatives in response to letters pertaining to specific topics or issues.

- Public consultations

- o The College has conducted a number of public consultations in 2023, which can be found on [the "Provide Your Feedback" page on the College's website](#). One of these consultations was about proposed amendments the College's fee schedule and was facilitated by live webinars. Members of the public, registrants of the College and representatives from any other system partners in attendance, such as professional associations, had opportunities to receive information and ask questions about proposed amendments to the College's fees and relevant by-laws. One example of these webinars is posted to the College's [YouTube channel](#).

- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

- The College maintains an internal database of contacts including, among others:

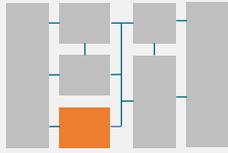
- o Representatives of professional associations;
- o University faculty representatives; and
- o Contact information for the Registrars of other Ontario health profession regulatory Colleges.

- In addition, the College maintains up-to-date contact information for:

- o Key staff at the Ministry of Health, including Ministry staff assigned as liaisons with the College (for example, Ministry staff responsible for facilitating the CPMF submission process, or individual(s) who may attend Council meetings on behalf of the Ministry).
- o Representatives of the Citizen Advisory Group (CAG), which is sponsored by a collaborative group of Ontario regulators to provide public perspectives on policies and initiatives.
- o Other system partners, such as the Information and Privacy Commissioner, Public Health Ontario and Health Quality Ontario, to name only 3. The

	<p>College may review resources by and, where necessary, liaise with these system partners regarding specific or general topics/issues that are or may be relevant to the regulation of the profession of kinesiology in Ontario.</p>
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Measure:

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

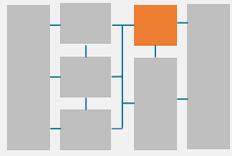
- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.
 - As described in its previous [CPMF submission](#) (see: Domain 4, Standard 7, Measure 7.1.a.i, pgs. 37-38 of the .pdf), the College's polices (such as its [Registration – Access to Records](#) and [Quality Assurance – Member File Retention](#) Policies), processes and procedures regarding information disclosure and request for disclosure are governed by its internal Privacy Code and are informed by the College's Risk Management Plan, which includes risk mitigation strategies for risks associated with inappropriate or unauthorized disclosure of information.

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

Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <ul style="list-style-type: none"> - As described in more detail in the College's previous CPMF submission (Domain 2, Standard 7, Measures 7.1.a.ii. and 7.1.a.iii., pg. 39 of the .pdf), the College's cybersecurity measures (the details of which are administered by an external third-party service provider) and measures to address accidental or unauthorized disclosure of information are set out in the College's Risk Management Plan, Business Continuity Plan and Disaster Recovery Plan. An overview of updates and amendments made and approved by Council (where appropriate and applicable) in 2023 includes: <ul style="list-style-type: none"> o Amendments to the risk mitigation strategies pertaining to information management were reviewed by Council at the March 20, 2023 Council meeting (see Agenda Item 18 in the Minutes, pgs. 10-11 of the .pdf) and at the September 26, 2023 Council meeting (see Agenda Item 11 of the Minutes, pgs. 5-7 of the .pdf). These amendments included amending risk mitigation strategies to remove specific, explicit references to cybersecurity measures to prevent known vulnerabilities from being exploited. o Revision of the Business Continuity and Disaster Recovery Plans to include internal, more detailed portfolio-specific plans and more detailed consideration of cybersecurity issues and/or unauthorized or accidental disclosure of information were reviewed and approved by Council at the September 26, 2023 Council meeting (see Agenda Item 11 of the Minutes, pgs. 5-7 of the .pdf). - In order to minimize the risk of the College's Risk Management, Business Continuity and Disaster Recovery Plans being compromised by unnecessary public exposure, certain details, such as portfolio-specific plans and some details pertaining to risk mitigation strategies, whether implemented by the College or by third-party service providers, are not presented to Council at public meetings. These details are reviewed by the Planning and Finance Committee, who may recommend the plans and any proposed amendments to Council for consideration. <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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Measure:

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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

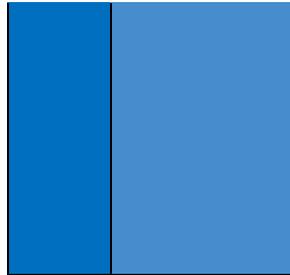
Benchmarked Evidence

College Response

The College fulfills this requirement:

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
- This process is governed by the College’s Policy and Material Development and Review Framework, which was approved by Council on December 5, 2022 and is described in more detail in the College’s [previous CPMF submission](#) (see: Domain 5, Standard 8, Measure 8.1.a., pgs. 40-41 of the .pdf).

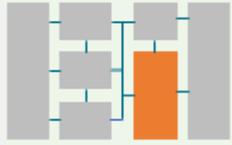
Met in 2022, continues to meet in 2023



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

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>- The College’s approach to ensuring that it takes these five considerations into account when developing or reviewing policies, standards, guidelines and other materials is documented in the Policy and Material Development and Review Framework. This approach was described in more detail in the College’s previous CPMF submission (Domain 5, Standard 8, Measure 8.1.b., see pg. 42 of the .pdf).</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. <ul style="list-style-type: none"> - One of the deliverables of the HPRO Anti-Racism in Health Regulation (ARHR) project in 2023, is the availability of the Health Profession Regulators of Ontario Equity Impact Assessment tool (HPRO-EIA). This tool includes detailed guidance for conducting equity impact assessments. - The College is an active member of an HPRO working group focused on DEI in health professional regulation. This working group emerged from and expanded upon the membership of the Steering Committee for the ARHR project and may ensure that the HPRO-EIA tool is reviewed and, if necessary, revised to ensure that it remains fit-for-purpose. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <ul style="list-style-type: none"> - The College's previous CPMF submission (Domain 5, Standard 8, Measure 8.1.c., pg. 43 of the .pdf) provides some details and examples of how the principles of DEI are reflected in the Colleges standards, guidelines and other materials (including the Code of Ethics). - The College will work to continue ensuring that the principles of DEI are integrated into its expectations regarding the treatment, care and services provided by registrants of the College, in keeping with the College's commitment to anti-racism. 		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		



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

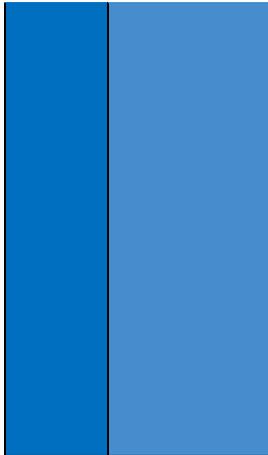
DOMAIN 6: SUITABILITY TO PRACTICE		STANDARD 9	
Required Evidence	College Response		
<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. <p>-The College’s relevant Policies, including the Required Documents Policy, have been described in more detail in previous CPMF submissions (for example: the March 2023 CPMF submission, see: Domain 6, Standard 9, Measure 9.1.a. on pgs. 44-45 of the .pdf).</p> <p>-Of note the College’s Language Proficiency Policy, which describes, in conjunction with the Required Documents Policy, some details regarding the source and nature of documents that may be accepted as verification of proficiency in English or French was revised in 2023. This included revisions made for consistency with new Registration Regulation requirements (O.Reg. 508/22) under the <i>Regulated Health Professions Act, 1991</i>. These amendments were approved by Council on March 20, 2023 (see Agenda Item 11, pgs. 6-7 of the .pdf).</p> Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>-As per s. 22.4(3) of the <i>Health Professions Procedural Code</i>, individuals assessing qualifications and making registration decisions or reviewing decisions have received training on how to assess such qualifications and make such decisions and training in special considerations that may apply in the assessment of applications and the process for applying those considerations.</p> <p>-All documents received by the College regarding an application are reviewed and validated by the College in a manner consistent with specified time frames. The College’s policies and procedures require that documents must be received directly from the source of those documents, or that there is a means for source authentication. Some examples of source authentication may include:</p> <ul style="list-style-type: none"> o Verification via online portal maintained by the source of the document(s) or information; o Direct mail from the source; and o The requirement that all applicants must provide government issued photo ID prior to writing the examination, which is verified by the remote proctor of the entry-to-practice exam. <p>-The College does have, in its Alternative Documentation Policy, a mechanism by which alternatives to required documents may be considered in extremely exceptional circumstances.</p>		<p>Met in 2022, continues to meet in 2023</p>

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

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. <ul style="list-style-type: none"> -The College reviews its policies on an ongoing basis in keeping with the Policy and Material Development and Review Framework. -The framework describes the eight-step process used by the College to develop new policies or other materials. This process may also be used to review existing policies or materials. The process is intended to be flexible and consultative, with allowances in the framework for a non-linear approach, or other approaches that may deviate from the framework where required (see article 2 of the framework, pgs. 1-2 of the .pdf). -Step eight, described on pgs. 6-7 of the .pdf, includes information regarding the review-by date that is assigned to each policy (or to other materials). For policies, the review-by date is 3 years from creation or last review. - As stated in the framework, reviews of registration policies may also be required due to emergent trends, changes in legislation) or other matters that may necessitate a review of the applicable policy/policies, such as evolving best practices relevant to the policy(ies) in question. Such matters may arise at times other than the review-by dates associated with the policy/policies or materials. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <ul style="list-style-type: none"> -The Policy and Material Development and Review Framework was approved by Council on December 5, 2022 (see: Agenda Item 16 on pg. 12). -In 2023, the framework was applied as follows: <ul style="list-style-type: none"> ○ Revisions to the College’s Language Proficiency Policy (approved by Council on March 20, 2023 (see Agenda Item 11, pgs. 6-7). ○ Development of a Policy to support registration in the Emergency Class Certificate of Registration. This Policy was approved by Council on December 4, 2023 (see: pgs. 76-82 of the .pdf) 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
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	<p>Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>			
	<table border="1"> <tr> <td data-bbox="362 300 752 1425"> <p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p> </td> <td data-bbox="752 300 2190 1425"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. <ul style="list-style-type: none"> Currency: section 7(1), paragraph 2 of the General Regulation (O.Reg. 401/12 under the <i>Kinesiology Act, 2007</i>) requires that members of the College holding a Certificate of Registration in the General Class are required to practice the profession for at least 1,500 hours during every three-year period beginning on the first September 1 following issuance of the General Class Certificate of Registration. Each following three-year period begins on the first anniversary of the commencement of the previous three-year period. Competency: Applicants' competency is assessed by assessment of the applicant's education (see the Assessment of Education Policy for more details), with competency further validated by successful completion of the College's entry-to-practice examination. Both of these requirements are described in s. 5(1), para (a)(i)(ii) and (b) of O.Reg 401/12 under the <i>Kinesiology Act, 2007</i>. Competency: section 80 of the <i>Health Professions Procedural Code</i> (Schedule 2 to the <i>Regulated Health Professions Act, 1991</i>) requires the College to have a Quality Assurance program. The College's Quality Assurance program monitors, on an ongoing basis, members' competence (Section 2(1) of O.Reg 29/13 under the <i>Kinesiology Act, 2007</i> specifies the components of the Quality Assurance program, which includes, among other components, continuing professional development requirements, a Self-Assessment (completed every two years by the College's registrants), and Peer and Practice Assessments. Please briefly describe how the College identified currency and competency requirements. <ul style="list-style-type: none"> Currency and competency requirements were identified during the process of development of the Regulations under the <i>Kinesiology Act, 2007</i>. Regulations were developed and approved by the Transitional Council of the College of Kinesiologists of Ontario, in consultation with stakeholders and subject matter experts. Please provide the date when currency and competency requirements were last reviewed and updated. <ul style="list-style-type: none"> Currency: Amendments to O. Reg 401/12 came into force on August 31, 2023 to create an Emergency Class Certificate of Registration. This includes specifying (s. 9.1(1), para. 3.(ii.)) how the currency requirement (1,500 hours over the previous three-year period) may apply to applicants for Emergency Class Certificates of Registration. Competency: The amendments to O. Reg. 401/12 (which came into force on August 31, 2023) amended the General Regulation such that successful completion of the entry-to-practice examination is not a requirement for the Emergency Class Certificate of Registration, with the caveat (s. 9.1(2) of O.Reg 401/12) that an applicant is not eligible for an Emergency Class Certificate of Registration if they have failed the entry-to-practice examination on their third attempt, unless that applicant successfully completed another satisfactory education program. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <ul style="list-style-type: none"> Currency: self-declaration during the annual renewal form. </td> <td data-bbox="2190 300 2580 1425"> <p>Yes</p> </td> </tr> </table>	<p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. <ul style="list-style-type: none"> Currency: section 7(1), paragraph 2 of the General Regulation (O.Reg. 401/12 under the <i>Kinesiology Act, 2007</i>) requires that members of the College holding a Certificate of Registration in the General Class are required to practice the profession for at least 1,500 hours during every three-year period beginning on the first September 1 following issuance of the General Class Certificate of Registration. Each following three-year period begins on the first anniversary of the commencement of the previous three-year period. Competency: Applicants' competency is assessed by assessment of the applicant's education (see the Assessment of Education Policy for more details), with competency further validated by successful completion of the College's entry-to-practice examination. Both of these requirements are described in s. 5(1), para (a)(i)(ii) and (b) of O.Reg 401/12 under the <i>Kinesiology Act, 2007</i>. Competency: section 80 of the <i>Health Professions Procedural Code</i> (Schedule 2 to the <i>Regulated Health Professions Act, 1991</i>) requires the College to have a Quality Assurance program. 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<p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. <ul style="list-style-type: none"> Currency: section 7(1), paragraph 2 of the General Regulation (O.Reg. 401/12 under the <i>Kinesiology Act, 2007</i>) requires that members of the College holding a Certificate of Registration in the General Class are required to practice the profession for at least 1,500 hours during every three-year period beginning on the first September 1 following issuance of the General Class Certificate of Registration. Each following three-year period begins on the first anniversary of the commencement of the previous three-year period. Competency: Applicants' competency is assessed by assessment of the applicant's education (see the Assessment of Education Policy for more details), with competency further validated by successful completion of the College's entry-to-practice examination. Both of these requirements are described in s. 5(1), para (a)(i)(ii) and (b) of O.Reg 401/12 under the <i>Kinesiology Act, 2007</i>. Competency: section 80 of the <i>Health Professions Procedural Code</i> (Schedule 2 to the <i>Regulated Health Professions Act, 1991</i>) requires the College to have a Quality Assurance program. The College's Quality Assurance program monitors, on an ongoing basis, members' competence (Section 2(1) of O.Reg 29/13 under the <i>Kinesiology Act, 2007</i> specifies the components of the Quality Assurance program, which includes, among other components, continuing professional development requirements, a Self-Assessment (completed every two years by the College's registrants), and Peer and Practice Assessments. Please briefly describe how the College identified currency and competency requirements. <ul style="list-style-type: none"> Currency and competency requirements were identified during the process of development of the Regulations under the <i>Kinesiology Act, 2007</i>. Regulations were developed and approved by the Transitional Council of the College of Kinesiologists of Ontario, in consultation with stakeholders and subject matter experts. Please provide the date when currency and competency requirements were last reviewed and updated. <ul style="list-style-type: none"> Currency: Amendments to O. Reg 401/12 came into force on August 31, 2023 to create an Emergency Class Certificate of Registration. This includes specifying (s. 9.1(1), para. 3.(ii.)) how the currency requirement (1,500 hours over the previous three-year period) may apply to applicants for Emergency Class Certificates of Registration. Competency: The amendments to O. Reg. 401/12 (which came into force on August 31, 2023) amended the General Regulation such that successful completion of the entry-to-practice examination is not a requirement for the Emergency Class Certificate of Registration, with the caveat (s. 9.1(2) of O.Reg 401/12) that an applicant is not eligible for an Emergency Class Certificate of Registration if they have failed the entry-to-practice examination on their third attempt, unless that applicant successfully completed another satisfactory education program. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <ul style="list-style-type: none"> Currency: self-declaration during the annual renewal form. 	<p>Yes</p>		



<ul style="list-style-type: none">- Competency: Assessment of education, successful completion of the entry-to-practice examination, peer and practice assessment (registrants may be randomly selected or selected for other reasons specified in the College’s Peer and Practice Assessment General Requirements Policy, with specifics set out in other College policies (such as the policies pertaining to Self-Assessments, Continuing Professional Development and Prescribed Learning Modules).- Character/Good Conduct: registrants are required to self-declare any character or conduct issues (such as charges or convictions of criminal offences) on the annual renewal form. The College also requires mandatory reporting of any conduct or character issues that may emerge outside the annual renewal period. Disclosures and reports are reviewed and, if necessary, referred for further investigation.	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (optional)</i>	

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
		<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. -The College posts all OFC reports on its website. Where an action plan was issued, is it: No Action Plan Issued
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>
		Met in 2022, continues to meet in 2023
		Choose an item.

Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard: Practice Standard – Professional Boundaries – Duration of period that support was provided: Ongoing since 2023 – Activities undertaken to support registrants: <p>The College requires that all registrants complete a prescribed learning module (delivered electronically and hence referred to as an “eLearning module”) pertaining to the Prevention of Sexual Abuse. This module was developed in 2018 to help registrants understand professional boundaries and how to protect the public by ensuring registrants are aware of their responsibilities to prevent and report sexual abuse of patients and related forms of professional misconduct. Revision of the eLearning module for consistency with the College’s adoption of the spousal exception to the sexual abuse provisions set out in the <i>Regulated Health Professions Act, 1991</i> were completed and implemented 2023. Amendments to the module included clarification of the spousal exception and how registrants should approach situations where they may be considering providing treatment, care or services to their spouse, as defined in legislation.</p> <p>The College undertook the following in support of the amended eLearning module:</p> <ul style="list-style-type: none"> ○ Notification of members (via newsletter, the College’s website and direct email) that the Prevention of Sexual Abuse eLearning module had been amended. ○ Development of a summary “refresher module” using a web-based application (Articulate). This refresher module was posted to the College’s website in the interests of highlighting changes to the eLearning module for those registrants who had previously completed the eLearning module as required. <ul style="list-style-type: none"> – % of registrants reached/participated by each activity: <ul style="list-style-type: none"> ○ 1065 individuals completed the full revised eLearning module and/or the refresher module in 2023. – Evaluation conducted on effectiveness of support provided <ul style="list-style-type: none"> ○ To-date: <ul style="list-style-type: none"> ▪ 97% of registrants agreed that the eLearning module “[...]is relevant to a variety of kinesiology settings and reflects my practice area.” ▪ 98% stated agreement that “[t]he module helps me understand the College’s practice standards and guidelines as they apply to my practice.” ▪ 96% agreed with the statement that “[t]he instructions were clear, and the online platform was user-friendly.” ▪ 87% agreed that “[t]he module helped me identify areas for improvement.” ○ Specific to the refresher module:

Met in 2022, continues to meet in 2023

- 75% indicated “strongly agree” with the statement “I understand the changes to the Prevention of Sexual Abuse E-Learning Module.”
- 25% indicated “agree” with the statement “I understand the changes to the Prevention of Sexual Abuse E-Learning Module.”

- Does the College always provide this level of support: **Yes**
If not, please provide a brief explanation:

The College publishes supplemental material, including webinars, invitational presentations, ad hoc learning modules, social media outreach and provides additional guidance (such as eLearning modules) to registrants on an as-needed basis, where a Practice Standard is identified as being associated with higher-risk areas of practice or where there is evidence that understanding of the Practice Standard may be incomplete. Such issues may be identified through the College’s Professional Conduct portfolio, Practice Advice service or reporting of aggregate data through the College’s Quality Assurance portfolio.

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

Choose an item.

Additional comments for clarification (optional)

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. <ul style="list-style-type: none"> - As described in more detail in previous CPMF submissions, the College's priority areas of focus for QA assessment were identified as part of the Peer and Practice Assessment development process (see: the Final Report of the Development of the College of Kinesiologists of Ontario Peer and Practice Assessment). - To summarize, the Essential Competencies of Practice for Kinesiologists in Ontario are divided into five Units, 45 Competencies and 301 Performance Indicators. The Essential Competencies were evaluated by focus groups of College registrant, with one focus group composed of registrants in clinical practice and the other including registrants focused on non-clinical practice. These focus groups were facilitated by a third-party consulting firm. The results of the focus groups were used to identify the competencies to be assessed for clinical and non-clinical practice, respectively. - The identified competencies can be found as Appendix B to the Final Report of the Development of the College of Kinesiologists of Ontario Peer and Practice Assessment (pgs. 12-15 of the .pdf). - The College's Self-Assessment, another component of the QA portfolio, asks registrants to reflect on and evaluate their level of understanding of and ability to apply the College's Practice Standards and Guidelines, as well as the Essential Competencies of Practice for Kinesiologists in Ontario. <ul style="list-style-type: none"> • Is the process taken above for identifying priority areas codified in a policy: NO • <i>If yes, please insert link to the policy.</i> <ul style="list-style-type: none"> - Of note, the College does have policies regarding the administration of its Quality Assurance assessments: <ul style="list-style-type: none"> ○ Peer and Practice Assessment – General Requirements Policy; and ○ Self-Assessment – General Requirements Policy 	Partially
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. - The College's Peer and Practice Assessment – General Requirements Policy, Self Assessment – General Requirements Policy and Continuing Professional Development Policy all provide some information regarding how the College determines which registrants will undergo an assessment activity (and which type of assessment activity will be required). - As noted in the College's previous CPMF submission, the College presently uses the results of an annual Professional Liability Insurance Audit as a criterion for registrants to be entered into a stratified random sampling pool for Peer and Practice Assessment. This was selected as a criterion based on an internal cross-functional review of risk. Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022, ongoing in 2023. <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. - <i>Employers</i> Choose an item. - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes 	Met in 2022, continues to meet in 2023
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes	
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. -Please see the following: <ul style="list-style-type: none"> o Peer and Practice Assessment – General Requirements Policy (pg. 5, "Reporting, review and notice – unsatisfactory PPA Reports" items 30-34) o Competency Enhancement Policy (see pgs. 1-7) o Mentorship Program – Information Package (see pg. 3 of the .pdf for an overview, see pgs. 6-8 for more specifics regarding member responsibilities and 	Met in 2022, continues to meet in 2023
	<p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"> - The College is committed to continuous improvement and ensuring that it fully incorporates the principles of right-touch regulation. The College will continue to monitor the following and may review and revise its assessment selection criteria accordingly: <ul style="list-style-type: none"> o Aggregate results of Quality Assurance activity participation by kinesiologists; o Professional Conduct matters that have come to the College's attention; and o Issues associated with public risk, whether they are or may be specific to the College and its registrants or more generally applicable to the regulation of health professions in Ontario. 		

			learning plan development).
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>			Choose an item.

		Additional comments for clarification (optional)
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.		
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrants complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Note: the following describes both the College’s process for monitoring completion and the process(es) for determining whether a registrant has demonstrated the required knowledge, skills and judgement following remediation.</p> <p>Registration:</p> <ul style="list-style-type: none"> - For clarity, where remediation may be ordered by the Registration Committee or a panel thereof, tracking and determination of completion and knowledge, skill and judgement may be the responsibility of the Registrar (who may assign duties to College staff) or the Committee, depending on the specific nature of the remediation activity required and on any requirements set out in legislation (for example, the <i>Health Professions Procedural Code</i>). - The College’s relevant policies include: <ul style="list-style-type: none"> o Reinstatement-to-the-General-Class-after-Administrative-Revocation-Policy-June-2017.pdf (coko.ca) (see articles 2 and 3 of the policy, pgs. 2-3 of the .pdf) o Reissuance-of-General-Class-Certificate-of-Registration-Policy-June-2022.pdf (coko.ca) (see articles 5 and 6, pgs. 2-3 of the .pdf and articles 7 and 10, pg. 3 of the .pdf). <p>Quality Assurance:</p> <ul style="list-style-type: none"> - Completion of remediation directed by the Quality Assurance Committee or a panel thereof may be monitored by the Registrar (with specific responsibility assigned to College staff). One mechanism to monitor effectiveness of remediation may be ordering a second Peer and Practice Assessment. - The College’s relevant policies include: <ul style="list-style-type: none"> o Competency-Enhancement-Policy-November-2015.pdf (coko.ca) (see articles 7-15 of the Policy, pgs. 2-3 of the .pdf; also note that the Policy describes the process by which a second PPA may be ordered by the Quality Assurance Committee) o CKO-Mentorship-Program-Information-Package.pdf (coko.ca) (pgs. 7-8 provide more details and specifics regarding monitoring of the mentorship and learning plan evaluation) <p>Professional Conduct:</p> <ul style="list-style-type: none"> - The College follows the requirements of legislation.

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

Measure 11.1

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

Required Evidence

College Response

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

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
 - College webpage (describes the complaints process and how to submit a complaint): [Concerns and Complaints – College of Kinesiologists of Ontario \(coko.ca\)](#)
 - o Note regarding letter of acknowledgement.
 - About Sexual Abuse webpage (including information regarding how patients/clients may access funding for therapy/counselling following allegations of sexual abuse): [Understanding Sexual Abuse – College of Kinesiologists of Ontario \(coko.ca\)](#)
 - Addressing Sexual Abuse webpage: (provides more details regarding how the College addresses complaints) [Addressing Sexual Abuse – College of Kinesiologists of Ontario \(coko.ca\)](#)
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.
 - The College’s complaint form (a fillable form that anyone wishing to make a complaint can complete and submit to the College) is found here: [Complaints-Form.pdf \(coko.ca\)](#). This online form is intended to provide support and convenience for anyone who raises a concern about a registrant. However, this form is not a requirement to submit a complaint. Complaints are required to be in a permanent form. The College ensures that its complaints intake process is fully compliant with the requirements of the *Regulated Health Professions Act, 1991* (“RHPA, 1991”) and Schedule 2 to the *RHPA, 1991*, the *Health Professions Procedural Code*.

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

Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <ul style="list-style-type: none"> - Complainants are given an opportunity to ask questions about the process and seek clarification at various points during the intake phase. 	<p>Yes</p>
			<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>All inquiries from the public that the college in 2023 received a detailed response within 5 business days (12/12, or 100% response within 5 business days).</p> <p>All timelines set out in the <i>Regulated Health Professions Act, 1991 (RHPA, 1991)</i> and the <i>Health Professions Procedural Code (Schedule 2 to the RHPA, 1991)</i> are complied with.</p> <p>The current policy regarding follow-up and response timelines is described in the College's Client Service Policy.</p> <p>Other follow-up timelines can be found on the College's website (in the FAQ section at the bottom of the page).</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2022, continues to meet in 2023</p> <p>Choose an item.</p>

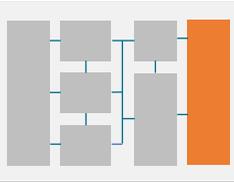
			<i>Additional comments for clarification (optional)</i>
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	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. <ul style="list-style-type: none"> -The College has general policies pertaining to Client Service and Accessibility that are publicly available on its website. -Members of the public are provided with direct support from the assigned college investigator who is available via phone or email as a resource for questions related to the process or potential outcomes. -Members of the public are referred to the Complaints section of the college website, which has a frequently asked questions section, which addresses topics of a general nature such as how long the process may take, who makes the decision about the complaint and how to appeal the decision. -Members of the public who confirm a complaint receive specific information regarding the range of decisions that can be issued by the ICRC and if they will appear on the member's profile on the public register. The Complaint Confirmation Letter also states that the ICRC has no ability to direct the member to pay money or make a refund. -The College also posts information on its website pertaining to the Discipline process, Understanding sexual abuse, Addressing sexual abuse and the Fitness to Practice program. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <ul style="list-style-type: none"> -Complainants are made aware of available support and related information upon making contact with the assigned college investigator. Supports may be reviewed and accessed by the complainant throughout the complaints process on an as-needed basis. 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
<p>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.</p>			
	<p>a. Provide details about how the</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

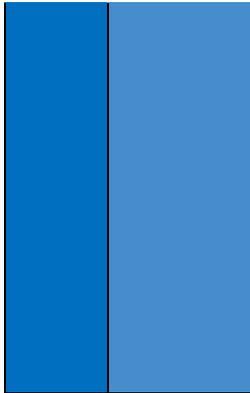
		<p>College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. <ul style="list-style-type: none"> - Once the complaint is confirmed, the Complaint Confirmation Letter serves to accurately summarize the specific issues that require investigation by the college as well as a response from the registrant. The letter also provides an overview of the process and the timelines. - Both the complainant and the registrant are provided with the contact information of the college staff or investigator that is facilitating the case and this person is available to answer any process-related questions at any time from either party. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <ul style="list-style-type: none"> - Both the complainant and the registrant are updated at key milestones in the complaints process including the deadlines for written responses as well as the date of the ICRC meeting where the case will be discussed. - In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both parties explaining the reason for the delay. No delay letters were required during the reporting period. <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
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			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. <ul style="list-style-type: none"> The first step of intake is assessment of the complaint or report through the lens of the College’s jurisdiction and mandate. The College has interpretive tools which are intended to explain the process to the public and to the College registrant. This information can be found on the “Concerns and Complaints” page of the College’s website. The College assesses risk on intake using a three-point risk matrix as follows: 1 – Low, 2 – Medium, 3 – High. This risk value is assigned on intake and updated at after the member response and before the matter appears before the ICRC. Risk levels are used to prioritize case investigations and scheduling for ICRC meetings. There is currently no formal decision matrix or triage protocol. All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines. Please provide the year when it was implemented OR evaluated/updated (if applicable). 	Met in 2022, continues to meet in 2023
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional)</i>		

<p>Measure:</p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
	<ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. <ul style="list-style-type: none"> -The College maintains and abides by an internal Privacy Code. With regards to information that may have been requested, or where proactive sharing of such information may be considered, the College abides by the Confidentiality provisions set out in s. 36(1) (and associated subsections and clauses) of the <i>Regulated Health Professions Act, 1991</i>. The College responds to requests for information pertaining to an applicant or a member in keeping with this legislation. -The College’s Good Conduct Policy (see “Decisions by the committees” on pg. 3 of the .pdf) states that “[b]oth committees may also direct the Registrar to disclose the information to another relevant body, such as another regulator, should the seriousness of the applicant’s or member’s conduct warrant it.” -The College maintains its Public Register in keeping with the requirements set out in s. 23 of the <i>Health Professions Procedural Code</i>. The Public Register is accessible through the College’s website Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <ul style="list-style-type: none"> - In 2023, the College has received and shared information with another health profession regulator in Ontario re: complaints that pertain(ed) to dual-registered member(s). 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (if needed)</i></p>	

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.		
		Required Evidence	College Response	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" data-bbox="2091 505 2553 548"> <tr> <td>Met in 2022, continues to meet in 2023</td> </tr> </table> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>-Please see the College’s previous CPMF submission (Domain 7, Standard 14, Measure 14.1.a. on pgs. 61-62 of the .pdf).</p>	Met in 2022, continues to meet in 2023
		Met in 2022, continues to meet in 2023		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes			

			<p><i>Additional comments for clarification (if needed)</i></p> <ul style="list-style-type: none"> - Upon completion and approval by Council, the College's new Strategic Plan will include KPI's for each of the identified strategic goals. The College is targeting Q4 of fiscal year 2023-2024 (approximately June-August 2024) for development of its new Strategic Plan. 						
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <ol style="list-style-type: none"> stated strategic objectives (i.e., the objectives set out in a College's strategic plan); regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and its risk management approach. 	<table border="1"> <tr> <td data-bbox="758 548 2136 609">The College fulfills this requirement:</td> <td data-bbox="2136 548 2577 609">Met in 2022, continues to meet in 2023</td> </tr> <tr> <td colspan="2" data-bbox="758 609 2577 1128"> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. - The College reports to Council on its strategic objectives and operational plan progress via quarterly dashboards (such as presented to Council at the December 4, 2023 meeting (see pg. 30-31 of the .pdf). In addition, Council, typically at the June Council meeting, has an opportunity to review and approve the College's annual Operational Plan (see June 26, 2023 Council meeting, pgs. 41-45 of the .pdf). - Reporting of regulatory outcomes may be included in the quarterly dashboard report to Council. Council also receives quarterly Financial Variance reports, quarterly Committee meeting reports, Registrar's Reports (which include updates and information pertaining to ongoing and emerging activities and priorities and annual portfolio-specific statistical reports (Registration and Quality Assurance). An example of quarterly reports to Council can be found in the December 2023 meeting package (see pgs. 18-31 of the .pdf). - Council also reviews, at the Council meeting prior to submission, the College's submission of the College Performance Measurement Framework (CPMF) tool (see: Minutes of the March 20, 2023 Council meeting, Agenda Item 16, pg. 9 of the .pdf). - The College's risk management framework (including business continuity and disaster recovery plans) are reviewed by Council twice each year (see: Minutes of the March 20 and September 26, 2023 Council meetings, Agenda Item 18, pg. 10-11 and Agenda Item 11, pg. 5-7 respectively). </td> </tr> <tr> <td data-bbox="758 1128 2136 1185">If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</td> <td data-bbox="2136 1128 2577 1185">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. - The College reports to Council on its strategic objectives and operational plan progress via quarterly dashboards (such as presented to Council at the December 4, 2023 meeting (see pg. 30-31 of the .pdf). In addition, Council, typically at the June Council meeting, has an opportunity to review and approve the College's annual Operational Plan (see June 26, 2023 Council meeting, pgs. 41-45 of the .pdf). - Reporting of regulatory outcomes may be included in the quarterly dashboard report to Council. Council also receives quarterly Financial Variance reports, quarterly Committee meeting reports, Registrar's Reports (which include updates and information pertaining to ongoing and emerging activities and priorities and annual portfolio-specific statistical reports (Registration and Quality Assurance). An example of quarterly reports to Council can be found in the December 2023 meeting package (see pgs. 18-31 of the .pdf). - Council also reviews, at the Council meeting prior to submission, the College's submission of the College Performance Measurement Framework (CPMF) tool (see: Minutes of the March 20, 2023 Council meeting, Agenda Item 16, pg. 9 of the .pdf). - The College's risk management framework (including business continuity and disaster recovery plans) are reviewed by Council twice each year (see: Minutes of the March 20 and September 26, 2023 Council meetings, Agenda Item 18, pg. 10-11 and Agenda Item 11, pg. 5-7 respectively). 		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
The College fulfills this requirement:	Met in 2022, continues to meet in 2023								
<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. - The College reports to Council on its strategic objectives and operational plan progress via quarterly dashboards (such as presented to Council at the December 4, 2023 meeting (see pg. 30-31 of the .pdf). In addition, Council, typically at the June Council meeting, has an opportunity to review and approve the College's annual Operational Plan (see June 26, 2023 Council meeting, pgs. 41-45 of the .pdf). - Reporting of regulatory outcomes may be included in the quarterly dashboard report to Council. Council also receives quarterly Financial Variance reports, quarterly Committee meeting reports, Registrar's Reports (which include updates and information pertaining to ongoing and emerging activities and priorities and annual portfolio-specific statistical reports (Registration and Quality Assurance). An example of quarterly reports to Council can be found in the December 2023 meeting package (see pgs. 18-31 of the .pdf). - Council also reviews, at the Council meeting prior to submission, the College's submission of the College Performance Measurement Framework (CPMF) tool (see: Minutes of the March 20, 2023 Council meeting, Agenda Item 16, pg. 9 of the .pdf). - The College's risk management framework (including business continuity and disaster recovery plans) are reviewed by Council twice each year (see: Minutes of the March 20 and September 26, 2023 Council meetings, Agenda Item 18, pg. 10-11 and Agenda Item 11, pg. 5-7 respectively). 									
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.								



Additional comments for clarification (if needed)

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed. <hr/> <i>Benchmarked Evidence</i> <hr/>	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>-The minutes of the September 26, 2023 Council meeting (see Agenda Item 11, pg. 5-7) describe discussions by Council of the College’s Risk Management Plan.</p>	
	<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
Measure: 14.3 The College regularly reports publicly on its performance.		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
	<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>- Council materials, including quarterly dashboards, annual operational plans and other matters are posted publicly to the College’s website (scroll to section: “Past Council Meetings”).</p> <p>- The College also posts its CPMF reports in full.</p> <p>- Other reports, such as quarterly financial and committee reports to Council, are posted in the meeting package for each Council meeting (for an example, see the December 2023 meeting package (see pgs. 18-31 of the .pdf)).</p> <p>- In addition, the College’s Annual Reports are publicly available via the website (scroll to tab/drop down menu marked “Annual Reports”).</p> <p>- Finally, the College also posts its Strategic Plans on its website (scroll to tab/drop down menu marked “Strategic Plans”).</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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Part 2: Context Measures

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

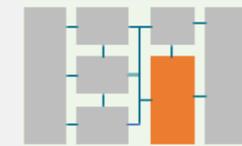
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Self-Assessment	2252	
ii. eLearning Module: Ethics and Professionalism	304	
iii. eLearning Module: Prevention of Sexual Abuse	688	
iv. Peer and Practice Assessment	33	
v. Competency Enhancement – Demonstrated Change Report	NR	
vi. Competency Enhancement – Mentorship	NR	
vii. Competency Enhancement – Specified Continuing Education or Remediation Program (SCERP)	NR	
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

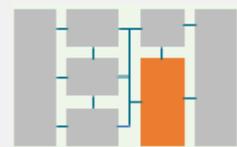
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2023	2551	100	<i>What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i>
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

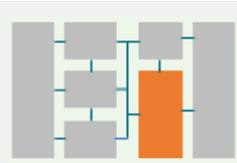
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	100	
II. Registrants still undertaking remediation (i.e., remediation in progress)	NR	NR	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023. **This measure may include any outcomes from the previous year that were carried over into CY 2023.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	0	0	0	0
III. Communication	1	8	0	0
IV. Competence / Patient Care	1	8	1	9
V. Intent to Mislead including Fraud	0	0	2	18
VI. Professional Conduct & Behaviour	2	17	7	64
VII. Record keeping	5	42	0	0
VIII. Sexual Abuse	2	17	0	0
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	0	0	0	0
XI. Other <please specify>	1 – Frivolous & Vexatious	8	1 - Incapacity	
Total number of formal complaints and Registrar’s Investigations**	12	100%	10	100%

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023	11	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	9	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	5	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0
II. Formal complaints that were resolved through ADR	0	0
III. Formal complaints that were disposed of by ICRC	5	45
IV. Formal complaints that proceeded to ICRC and are still pending	1	9
V. Formal complaints withdrawn by Registrar at the request of a complainant	3	27
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	1	9
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>1</p>	<p>9</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023							
Distribution of ICRC decisions by theme in 2023*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication		1					
IV. Competence / Patient Care		1					
V. Intent to Mislead Including Fraud	1						
VI. Professional Conduct & Behaviour	1				1		
VII. Record Keeping		2					2
VIII. Sexual Abuse						1	
IX. Harassment / Boundary Violations							

X. Unauthorized Practice							
XI. Other <please specify>							1 – Frivolous & Vexatious
<ul style="list-style-type: none"> Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023. <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p>-</p>							

Table 7 – Context Measure 11

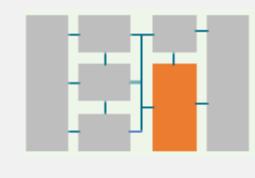
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2023	193	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2023	133	
Disposal		
Additional comments for clarification (if needed)		
-		

Table 8 – Context Measure 12

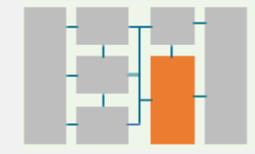
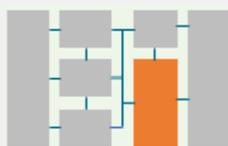
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2023	NR	
II. A contested discipline hearing in working days in CY 2023	NR	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> There were no contested or uncontested Discipline hearings in CY 2023. -		

Table 9 – Context Measure 13

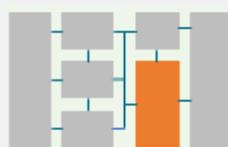
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	NR	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	NR	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	NR	
XIII. Contravene relevant Acts	NR	

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	NR	
II. Suspension	NR	
III. Terms, Conditions and Limitations on a Certificate of Registration	NR	
IV. Reprimand	NR	
V. Undertaking	NR	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed)		

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

Resolution - College Performance Measurement Framework submission to the Ministry of Health

Whereas the Ministry of Health formally introduced the College Performance Measurement Framework (CPMF) in September 2020; and

Whereas all health regulatory Colleges are required to complete and send their 2023 CPMF submission to the Ministry of Health and post the final copy to their websites by March 31, 2024; and

Whereas Council has, on March 25, 2024, reviewed the College's draft 2023 CPMF submission; and

Whereas further refinement of the CPMF submission may occur after the March 25, 2024 Council meeting;

Therefore, be it resolved that Council approve the draft CPMF for submission to the Ministry and posting to the College website on or before March 31, 2024.

Moved by:

Seconded by:

Date: March 25, 2024

Issue/Decision Note

Decision: Approval of Vendor for CKO’s Website Redesign Project
Prepared for: Council
Date: March 25, 2024

Issue

Approval of vendor for CKO’s website redesign project.

Background

CKO’s current website must be updated to meet the current needs of the public, members and other stakeholders. A website redesign was identified as one of the top priorities in the Communications portfolio in the 2023/2024 fiscal year. The project will help fulfill our public protection mandate by enabling a streamlined website with enhanced user and brand experience, which ultimately supports our regulatory communication requirements.

Invitational RFP

In keeping with CKO’s Procurement Policy, invitational procurement is allowed for contracts valued at up to \$100,000. Upon Council’s approval of the fund reallocation from public awareness campaigns to website redesign at their December 2023 meeting, the Communications team initiated a procurement process by releasing a Request for Proposal (RFP) to three invited vendors on Jan. 19, 2024.

Two of the three vendors (C(GROUP and Campaign Gears)) were recommended to the College by three other health regulators who recently underwent a similar website redesign. Based on these recommendations, CKO decided to invite C(GROUP and Campaign Gears to submit proposals. The third vendor, TB Media, currently provides CKO with web-related technical support. They led similar projects in the past and supported the College’s website redevelopment project in 2020.

The RFP included all the details and requirements for this project. All proposals were received before the deadline of Feb. 14. 2024. The CKO team carefully reviewed and scored each proposal based on the evaluation criteria.

Project Workplan

The project workplan is outline below:

Task	When
Present the proposals and selected vendor to PRC	March 15, 2024

Obtain Council's approval on the selected vendor	March 25, 2024
Inform the successful vendor and sign contract	March 27, 2024
Inform unsuccessful vendors	March 29, 2024
Kick-off meeting with successful vendor	April 1 – 5, 2024
Launch of the new website	August 31, 2024

Evaluation

CKO received three proposals from the invited vendors. These proposals were assessed and evaluated in alignment with CKO's Procurement Policy and based on the five evaluation criteria and the relevant weight:

1. Understanding of CKO's legislated mandate and alignment to CKO's vision, mission and values: 15/100
2. Meeting the Project Objective and Expected Deliverables outlined in the RFP: 25/100
3. Project Team and Vendor's Experience/Competency: 25/100
4. Project timeline and goal(s): 10/100
5. Proposed services and total cost: 25/100

Based on the evaluation categories and the relevant weight, a summary of advantages, disadvantages and the scores for each proposal were presented to the Patient Relations Committee (PRC) at their March 15 meeting. After carefully reviewing and discussing at the meeting, the PRC agreed with the proposed scoring and the selection of C(GROUP to deliver the website redesign service and concluded the following reasonings:

Alignment to CKO's vision, mission and values: C(GROUP's company values (Authenticity, Gratitude, Growth, Equity, Inclusion and Integrity) appear to be most align with CKO's values (Honesty, Integrity, Fairness, Openness, Respect and Dignity).

Meeting the Project Objective & Deliverables: C(GROUP's proposal addresses most of the requirements outlined in the RFP. The PRC recommended that the inclusion of all major browsers must also be in place for the testing plan.

Experience/Competency: Among the three proponents, C(GROUP is the most experienced vendor who has worked with multiple other health regulators on similar projects. The project team members are clearly listed and have relevant experience working with different health Colleges to support similar web redesign projects. In addition, the four examples included in C(GROUP's proposal demonstrate their understanding of health College's public protection mandate and their ability to design a functional website that enhances information sharing and supports regulatory communication needs.

Timeline: C(GROUP ensured that the English site will be launched by the proposed timeline, Aug. 31, with the FRE site structure in place. This ensures the College will have their support to transfer all existing French content to the new site without having to launch a partially ready French site. After that, CKO will have the ability to independently transfer the remaining French content to the new site based on the availability of the content and launch the French site whenever it's ready without extra cost.

Price & total costs: The total cost of their service is the highest among the three. The PRC raised concerns about their proposed two content migration options and the potential workload this may bring to the CKO staff. After exploring the pros and cons of each option, the PRC agreed with CKO's recommendation to opt for option one with a reduced cost. This would also help the CKO staff familiarize themselves with the new site's functionality and practice content migration while still having the support of C(GROUP. The PRC also raised questions regarding the extra brand assessment and modification service included in C(GROUP's proposal and recommended implementing a detailed project plan to ensure such service is well woven into the website redesign.

Public Interest Rationale

Creating a streamlined website with enhanced user and brand experience will serve the public interest by:

- facilitating information sharing regarding the College's updates and functions;
- supporting CKO's communication and reporting requirements;
- promoting equity, diversity and inclusion by enhancing website accessibility; and
- mitigating risks associated with cybersecurity threats through improved website security.

Decision for Council

The following are proposed options:

1. Approve the PRC's recommendation of selecting C(GROUP to deliver the website redesign service.
2. Return the project to the PRC Committee and staff with specific questions for consideration.

Resolution – Approval of Website Redesign Vendor

Whereas the College of Kinesiologists of Ontario (the College)’s website plays an important role in communicating the College’s functions to its registrants and the public as part of the College’s public protection mandate; and

Whereas a website redesign was identified as one of the top priorities in the Communications portfolio in the 2023-2024 fiscal year to help fulfill our public protection mandate by enabling streamlined, improved communication tools; and

Whereas Council approved a fund reallocation from public awareness campaigns to website redesign project at the December 2023 meeting; and

Whereas the College initiated a procurement process by releasing a Request for Proposal (RFP) to three invited vendors; and

Whereas three proposals were received and evaluated based on the evaluation categories; and

Whereas the Patient Relations Committee reviewed the proposals and the evaluation sheets for each proposal on March 15, 2024 to ensure the selected vendor is the best fit to deliver the required service and help achieve the project’s ultimate goal; and

Whereas the Patient Relations Committee has referred the vendor to Council for consideration and approval;

Therefore, be it resolved that Council approves the selected vendor to complete the website redesign.

Moved by: _____

Seconded by: _____

Date: March 25, 2024

Issue / Decision Note

Issue or Decision: Update to the College of Kinesiologists of Ontario Committee Slate
Prepared for: Council
Date: March 25, 2024

Issue

Changes proposed to the 2023-2024 slate of appointments to the College’s committees.

Background

Sections 94(1)(h.1) and 94(1)(h.2) of the Health Professions Procedural Code of *Regulated Health Professions Act, 1991* permit Council to make by-laws pertaining to filling vacancies on committee(s) and providing for the composition of committees. The College of Kinesiologists of Ontario’s By-law 12 (Committees – General) and By-law 13 (Specific composition and selection of committees) set out some of the applicable criteria regarding appointments. The College’s *Council and Committee Competency Profile* and relevant policies (such as the *Committee Slate Selection Policy* and the *Governance and Nominations Committee External Member Selection Policy*) provide additional details.

Appointments to the College’s committees may be made based on the needs of each committee (including the Terms of Reference of that committee), the eligibility criteria set out in the College’s by-laws and policies, the expressions of interest received from Council and non-Council members and the relevant competencies, skills and experience of individuals who have indicated their interest in serving on a committee or committees.

Analysis

Examination Committee

The current Terms of Reference for the Examination Committee require that the majority of members be recruited and appointed from among the membership of the College and members of academia, and that the Committee shall be comprised of no fewer than ten (10) members and no more than fifteen (15) members appointed by Council. The Committee must be fully reconstituted to support exam development beginning in May 2024.

Factors considered to develop a recommended slate of nominees included years of experience, education, area of practice, demographics, language, and academia. In addition, committee eligibility criteria as set out in the College’s By-law 13 - *Specific Composition and Selection of Committees* were considered, specifically related to conflicts of interests and findings or orders regarding competence, capacity, professional conduct or other conduct matters. Candidates were screened and disqualified when issues were identified.

The Governance and Nominations Committee met on March 12, 2024 to review applications for appointment to the College’s Examination Committee, with the following appointments proposed:

- Adam Jongsma
- Emily McLaughlin
- Erin McHattie
- Joseph Cicchillo
- Kathryn Sinden
- Kelvin Yu
- Kimberly Klockars
- Meridith Nodwell
- Michael Herbert
- Paul Murata
- Shanice Adair-Samuel

Item Writing Committee

The current Terms of Reference for the Item Writing Committee require that the majority of members be recruited and appointed from among the membership of the College and members of academia, and that the Committee shall be comprised of up to thirty-six (36) members appointed by Council.

Similar to the Examination Committee, the Item Writing Committee must be fully reconstituted to support exam development beginning in May 2024. New members will receive training from the examination development administrator hired by the College.

Factors considered to develop a recommended slate of nominees included years of experience, education, area of practice, demographics, language, and academia. In addition, committee eligibility criteria as set out in the College's By-law 13 - *Specific Composition and Selection of Committees* were considered, specifically related to conflicts of interests and findings or orders regarding competence, capacity, professional conduct or other conduct matters. Candidates were screened and disqualified when issues were identified.

The Governance and Nominations Committee met on March 12, 2024 to review applications for appointment to the College's Item Writing Committee with the following appointments proposed:

- Alex Burnaru
- Alyssa Manalo
- Anushka Soni
- Catarina Martins
- Daniel Henke
- Rene Vandenboom
- Dena Spencer
- Evelyn Lock
- Gina Snider
- Mohammadhadi Mostofinejad
- Daniel Sibley
- Laura Banks
- Mandy Fournier
- Mike Walker
- Nancy Munn
- Natalie Cuda

Appointment(s) of a new Public Council member

Jennifer Yee was appointed to Council by the Lieutenant Governor in Council on January 11, 2024. Following an orientation to the College's Committees, the member subsequently expressed interest in appointments to the Patient Relations Committee and Quality Assurance Committee. As per By-laws 13.04 and 13.05, every member of Council shall be appointed to the Discipline and Fitness to Practise Committees, respectively.

The Governance and Nominations Committee met on March 12, 2024 to consider proposed appointments of the member to committee(s) based on the College's *Committee Slate Selection* Policy, the College's by-laws, the member's identified competencies and experience, the member's

expression of interest and preferences, and the needs of the various committees of the College (including diversity of perspective and representation). The Governance and Nominations Committee recommended the member be appointed to the following committees:

- Patient Relations Committee
- Quality Assurance Committee
- Discipline Committee
- Fitness to Practise Committee

Governance and Nominations Committee:

As per the Terms of Reference of the Governance and Nominations Committee, members are appointed for one year, renewable for a maximum of three one-year terms. As the current Governance and Nominations Committee members approached the end of the 2023-2024 term, the College reached out to current Committee members to determine interest in re-appointment. All of the current members expressed interest in re-appointment. Council is, therefore, asked to consider the proposed composition of the Governance and Nominations Committee as follows:

- Re-appointment of Jennifer Pereira as a Professional Council member;
- Re-appointment of Benjamin Matthie as a Professional Council member;
- Re-appointment of Chad McCleave as a Public Council member;
- Re-appointment of Victoria Nicholson as a Public Council member;
- Re-appointment of Claude Balthazard as an External member; and
- Re-appointment of Melanie Jones-Drost as an External member.

The current committee slate, with proposed changes identified, is included as Appendix A to this issue/decision note.

Public Interest

Transparent and objective selection and appointment processes promote the College's public protection mandate by ensuring that committee slate recommendations, committee needs and the committee member's skills, experience and competencies are aligned with the College's governing by-laws, policies and procedures. This also serves the public interest by ensuring that committee members can and will effectively discharge their fiduciary duties, roles and responsibilities.

Decision for Council

Council is requested to consider proposed changes to the slate of appointments to the College's committees for approval.



Resolution - Committee slate for 2023/2024

Whereas the by-laws specify that Council shall appoint members to Committees; and

Whereas the Council is also required to appoint members at-large to Committees in compliance with the bylaws; and

Whereas the College invited kinesiologists to submit their applications to serve as members of the Examinations Committee; and

Whereas the College invited kinesiologists to submit their applications to serve as members of the Item Writing Committee; and

Whereas a newly-appointed Public Council member was canvassed for their interest regarding which committees they wish to serve on for the coming year; and

Whereas the members of the Governance and Nominations Committee were canvassed for their interest in re-appointment; and

Whereas the Governance and Nominations Committee has reviewed all expressions of interest and applications against the needs of each Committee and has developed a proposed committee slate for Council's review and approval;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the attached committee slate developed and recommended by the Governance and Nominations Committee.

Moved by: _____

Seconded by: _____

Date: March 25, 2024

Proposed 2023-2024 Committee Slate

Key: **Green = Committee Chair** **Red = Vice-Chair** **Bold Italics = Proposed new member**

Committee	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
Executive	<ul style="list-style-type: none"> • Benjamin Matthie, Chair • Heather Westaway • Ryan Wight 	<ul style="list-style-type: none"> • Victoria Nicholson, Vice-Chair • Teresa Bendo 	
Planning and Finance	<ul style="list-style-type: none"> • Jennifer Pereira • Susan Garfat • Benjamin Matthie 	<ul style="list-style-type: none"> • Chad McCleave, Chair • Victoria Nicholson 	
Registration	<ul style="list-style-type: none"> • Corby Anderson, Vice-Chair • Alyssa King • Pheing Ngo • Leanne Smith • Heather Westaway • Ryan Wight 	<ul style="list-style-type: none"> • Sara Gottlieb, Chair • Victoria Nicholson • Jana Smith 	<ul style="list-style-type: none"> • Miriam Fong • William Gittings • Daniel Crete • Kristen Hoving • Katelyn Methot • Jasmeet Cheema • Stefano Rulli
Quality Assurance	<ul style="list-style-type: none"> • Susan Garfat, Vice-Chair • Matthew Daher • Heather Westaway • Leanne Smith 	<ul style="list-style-type: none"> • Teresa Bendo, Chair • Victoria Nicholson • Jotvinder Sodhi • <i>Jennifer Yee</i> 	<ul style="list-style-type: none"> • Mehrdad Alizadeh-Meghrazi • Delissa Burke • Jasmeet Cheema • Daniel Crete

Committee	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
			<ul style="list-style-type: none"> • Brooke Hamilton • Sherry Parent • Logan Strasser
ICRC	<ul style="list-style-type: none"> • Ryan Wight, Chair • Corby Anderson • Benjamin Matthie 	<ul style="list-style-type: none"> • Teresa Bendo, Vice-Chair • Sara Gottlieb • Jana Smith • Chad McCleave 	<ul style="list-style-type: none"> • Katelyn Methot • Stefano Rulli • Miriam Fong
Patient Relations	<ul style="list-style-type: none"> • Susan Garfat, Vice-Chair • Corby Anderson • Alyssa King • Pheing Ngo • Ryan Wight 	<ul style="list-style-type: none"> • Victoria Nicholson, Chair • Teresa Bendo • Jana Smith • Jotvinder Sodhi • Sara Gottlieb • Jennifer Yee 	<ul style="list-style-type: none"> • Mehrdad Alizadeh-Meghrazi • Brooke Hamilton • Logan Strasser • Stefano Rulli • Miriam Fong
Examination Appeals	<ul style="list-style-type: none"> • Benjamin Matthie • Matthew Daher 	<ul style="list-style-type: none"> • Chad McCleave, Chair • Jotvinder Sodhi 	

Committee	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
Discipline	<ul style="list-style-type: none"> • Jennifer Pereira, Chair • Benjamin Matthie, Vice-Chair • All 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • Brooke Hamilton • Mehrdad Alizadeh-Meghrazi
Fitness to Practise	<ul style="list-style-type: none"> • Ryan Wight, Chair • All 	<ul style="list-style-type: none"> • All 	
Steering Committee: Strategic Planning	<ul style="list-style-type: none"> • Jennifer Pereira, Chair • Heather Westaway 	<ul style="list-style-type: none"> • Chad McCleave • Victoria Nicholson 	
Steering Committee – Review of Kinesiology Core Competency Profile	<ul style="list-style-type: none"> • Corby Anderson • Jennifer Pereira • Benjamin Matthie • Leanne Smith • Heather Westaway • Ryan Wight 		<ul style="list-style-type: none"> • Mandy Fournier (Crawford) • Mehrdad Alizadeh-Meghrazi • Sabrina Ribau • Tara Bilec • William Gittings
Governance and Nominations ²	<ul style="list-style-type: none"> • Jennifer Pereira • Benjamin Matthie 	<ul style="list-style-type: none"> • Victoria Nicholson, Chair • Chad McCleave 	<ul style="list-style-type: none"> • Claude Balthazard • Melanie Jones-Drost

<p>Examination</p>			<ul style="list-style-type: none"> • <i>Adam Jongsma</i> • <i>Emily McLaughlin</i> • <i>Erin McHattie</i> • <i>Joseph Cicchillo</i> • <i>Kathryn Sinden</i> • <i>Kelvin Yu</i> • <i>Kimberly Klockars</i> • <i>Meridith Nodwell</i> • <i>Michael Herbert</i> • <i>Paul Murata</i> • <i>Shanice Adair-Samuel</i>
<p>Item Writing</p>			<ul style="list-style-type: none"> • <i>Alex Burnaru</i> • <i>Alyssa Manalo</i> • <i>Anushka Soni</i> • <i>Catarina Martins</i> • <i>Daniel Henke</i> • <i>Rene Vandenboom</i> • <i>Dena Spencer</i> • <i>Evelyn Lock</i> • <i>Gina Snider</i> • <i>Mohammadhadi Mostofinejad</i> • <i>Daniel Sibley</i> • <i>Laura Banks</i> • <i>Mandy Fournier</i> • <i>Mike Walker</i> • <i>Nancy Munn</i> • <i>Natalie Cuda</i>

Notes:

- 1) *Jennifer Yee* – Appointed to committees as a newly-appointed Public Member of Council.

Committee Report

Committee: Governance and Nominations Committee
Prepared for: Council
Date: March 13, 2024

Meetings

The Governance and Nominations Committee (“the Committee”) has met once since the last regular Council meeting on December 4, 2023.

Review of Council Effectiveness Review Framework (“CERF”)

During its meeting on March 12, 2024, the Committee considered proposed amendments to the CERF, which is used to evaluate Council and Committee performance and effectiveness. These revisions were based on recommendations made by an external third-party consultant who administered the 2023 CERF.

The Committee’s consideration of the proposed revisions included discussions regarding the process, format and content of the CERF. The Committee concluded that additional review and consideration may be beneficial. Therefore, the Committee recommended that the College continue to review and consider further revisions to the surveys included in the CERF. The Committee also requested that the College provide a report on Council/Committee post-meeting surveys as presently administered.

Committee appointments: Jennifer Yee

The Committee was provided with information regarding Jennifer Yee (“the Member”), a newly-appointed Public Member of Council. The Committee reviewed all information provided, including expressions of interest from the Member and recommended the following committee appointments to Council for approval:

- Patient Relations Committee
- Quality Assurance Committee
- Discipline Committee
- Fitness to Practise Committee

Committee appointments: Examinations Committee

The Committee received information regarding the non-statutory Examinations Committee, which is required to be constituted to set the pass mark and recommend final approval of each test form for the College's entry-to-practice exam. Following consideration of the applications received against the needs of the Examinations Committee (as set out in the Terms of Reference), the College's by-laws and all relevant policies and procedures, the Committee recommended the following appointments to Council for approval:

- Adam Jongsma, R.Kin
- Emily McLaughlin, R.Kin
- Erin McHattie, R.Kin
- Joseph Cicchillo, R.Kin
- Kathryn Sinden, R.Kin, Ph.D.
- Kelvin Yu, R.Kin
- Kimberly Klockars, R.Kin
- Meridith Nodwell, R.Kin
- Michael Herbert, R.Kin
- Paul Murata, R.Kin
- Shanice Adair-Samuel, R.Kin

Committee appointments: Item Writing Committee

The Committee received information regarding the non-statutory Examinations and Item Writing Committees, which is required to be constituted to develop and review an item bank of questions for the entry-to-practice examination and for reviewing items for accuracy, appropriate level of difficulty and currency with practice. Following consideration of the applications received against the needs of the Item Writing Committee (as set out in the Terms of Reference), the College's by-laws and all relevant policies and procedures, the Committee recommended the following appointments to Council for approval:

- Alex Burnaru
- Alyssa Manalo
- Anushka Soni
- Catarina Martins
- Daniel Henke
- Rene Vandenboom
- Dena Spencer
- Evelyn Lock
- Gina Snider
- Mohammadhadi Mostofinejad
- Daniel Sibley
- Laura Banks
- Mandy Fournier
- Mike Walker
- Nancy Munn
- Natalie Cuda

Committee Report

Committee:	Investigations and Reports
Prepared for:	Council
Date:	March 25, 2024

An ICRC Panel met on December 13, 2023 to review five cases – four complaints and one registrar’s report, and to approve two appointments of investigator. The outcome of the meeting:

- Complaints
 - One referral to the Discipline Committee
 - Two requests for withdrawal accepted
 - Advice and recommendations for one matter
- Registrar’s report
 - Direction for registrant to sign an Acknowledgement and Undertaking and for investigator to conduct further inquired
- Approval of two appointments of investigators under s. 75 1(a) of the *Health Professions Procedural Code*

An ICRC Panel met on February 28, 2024 to review six cases – all Registrar’s reports, and to approve two appointments of investigator. The outcome of the meeting:

- Advice and recommendations for one matter
- A referral to a Health Inquiries Panel (HIP) and to legal for a Prosecutorial Viability Assessment (PVA) (same case)
- Engage with registrant to enter into an Acknowledgement and Undertaking
- Accepted Acknowledgement and Undertaking from a previous matter
- Approval of two appointments of investigators under s. 75 1(b) of the *Health Professions Procedural Code*
- Approval of two appointments of investigators under s. 75 1(a) of the *Health Professions Procedural Code*

Currently, there are 13 open cases – five complaints and eight reports.

Committee Report

Committee: Patient Relations Committee
Prepared for: Council
Date: March 15, 2024

Meetings

The Patient Relations Committee (PRC) has met once, on March 15, 2024, since the last regular Council meeting on December 4, 2023.

Selection of vendor for the Website Redesign Project

During the meeting on March 15, 2024, the PRC reviewed and considered the pros and cons of three received proposals for the Website Redesign Project. Questions around scope of services, timeline, budget and price of each individual proposal were also raised during discussion.

As a result, PRC agreed to recommend the selected vendor, C(GROUP, to Council for final approval to deliver the Website Redesign Project. PRC also proposed the following to be included in the project planning when negotiating with the vendor:

- Inclusion of Microsoft Edge in the testing plan;
- Ensuring that all College functions are not impacted by the project:
 - E.g., annual renewal, exams, etc.
- Ensuring that the scope of service is clearly identified with the selected vendor:
 - E.g.: A brand assessment and refresh was identified as part of C(GROUP's service – when and how this would be implemented.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: March 25, 2024

Meetings

The Quality Assurance Committee (QAC) has met three times since the Council meeting on December 4, 2023. These meetings included Panels on December 14, 2023 and January 31, 2024 and one full Committee meeting, which took place on March 7, 2024.

Practice Guideline – Patient/Client-Centred Care

On March 7, 2024, the QAC considered a draft Practice Guideline – Patient/Client-Centred Care. The QAC made some suggestions, which were incorporated into the draft Practice Guideline. The draft Practice Guideline, with amendments/suggestions from the QAC, was referred to Council for consideration, with the recommendation that the draft Practice Guideline be approved for public consultation.

Peer Circles

On March 7, 2024, the QAC received an update regarding the College’s Peer Circles program. The QAC recommended that the program be presented to Council, which is scheduled for a future Council meeting.

QA Program Evaluation

On March 7, 2024, the QAC received an update regarding the College’s QA program evaluation. The QAC recommended that the program be presented to Council, which is scheduled for a future Council meeting.

Peer and Practice Assessment

30 registrants were selected to participate in the PPA fall/winter 2022 cycle. Of these:

- One exemption was granted for pending retirement;
- Eight deferrals were granted:
 - One has no patients at this time,
 - Three reported not practising as a kinesiologist,
 - One due to extenuating professional circumstances,

- One transitioned to the Inactive Class certificate of registration, not practising due to family and health issues, and
- One does not practice kinesiology in Ontario;
- One deferral was granted outside the typical deferral timeline due to an unanticipated family emergency;
- All PPAs of the 21 remaining registrants have been scheduled and completed. To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 19 PPA cases (includes No Further Action with recommendations or requests);
 - 1 member completed a Demonstrated Change Report; and
 - A Notice of Intent to Direct Competency Enhancement in the form of a Demonstrated Change Report has been issued with respect to 1 PPA case, with the final decision pending.

32 registrants were selected to participate in the PPA spring/summer 2023 cycle. Of these:

- Four exemptions were granted due to resignation from CKO;
- Ten deferrals have been granted due to the following reasons:
 - one was granted due to the member being on maternity leave,
 - one was granted due to a family emergency,
 - three were granted as the members are not currently practising in Ontario,
 - one was granted due to not having any patients/clients, and
 - four were granted a deferral due to transition to the Inactive Class Certificate of Registration;
- Four registrants have subsequently transitioned to the Inactive Class, resigned from the College or had their Certificates of Registration suspended or revoked.
- To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 8 PPA cases (includes No Further Action with recommendations or requests);
 - A Notice of Intent to Direct Competency Enhancement in the form of a Demonstrated Change Report has been issued with respect to 4 PPA case, with the final decisions pending.
 - Two registrants referred to the Inquiries, Complaints and Reports Committee for non-compliance.

22 registrants were selected to participate in the PPA fall/winter 2023 cycle. Of these:

- Five deferrals have been granted due to the following reasons:
 - one was granted due to the member being a celebrant in an upcoming wedding,
 - three were granted as the members were not currently employed/practising the profession,
 - one was granted for medical reasons; and
 - one was granted due to the member currently being enrolled in an academic program outside Ontario;

- Five registrants have subsequently transitioned to the Inactive Class, resigned from the College or had their Certificates of Registration suspended or revoked.
- To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 1 PPA cases (includes No Further Action with recommendations or requests);
 - A Notice of Intent to Direct Competency Enhancement in the form of a Demonstrated Change Report has been issued with respect to 1 PPA case, with the final decisions pending.

Registration Report

Committee: Registration and Exam Appeals
Prepared for: Council
Date: March 25, 2024

Registration Report

Meetings

A Panel of the Registration Committee has met a total for times since the last report to Council, on December 19, 2023, January 25, 2024, February 27, 2024, and March 20, 2024. The Panel considered the following referrals from the Registrar:

- 8 Educational Equivalency Assessment;
- 3 Reinstatement to the general class after being inactive for more than 2 years;
- 2 Exemption from the one-year period of eligibility for registration - following notification of passing the exam;
- 1 Exemption request from writing exam - after resignation and re-application;
- 2 Exemption from exceeding the allotted timeline for writing the exam;
- 1 Remediation plan for a third and final attempt at the exam; and
- 6 course reviews.

A panel of the Exam Appeals Committee met on February 6, 2024, to consider one appeal, which was granted.

The College's Membership as of March 11, 2024: 2948

Members registered in the General Class - **2529**

Members registered in the Inactive Class - **419**

Committee: Steering Committee – Core Competencies Profile
Prepared for: Council
Date: March 25, 2024

Meetings

The College’s Steering Committee for the Review of the Kinesiology Core Competency Profile met on January 22, 2024, to consider the results of the membership validation survey and finalize the draft Core Competencies.

On February 6, 2024, a separate working group met to consider updates to the Exam Blueprint, based on the approved draft competencies.

Both the draft updated Core Competencies and the draft Exam Blueprint will be presented at the March 2024 Council meeting for final approval.

Committee: Steering Committee – Strategic Planning
Prepared for: Council
Date: March 25, 2024

Meetings

The College’s Steering Committee for Council’s upcoming strategic planning workshop met on January 19, 2024, to interview the Committee’s shortlist of consultants. The primary objectives of these interviews were to assess the potential consultant’s ability to meet Council and College’s strategic planning needs, to understand each consultant’s approach, experience, and offerings, and to determine the most suitable consultant.

Prior to the interview, each consultant was asked to prepare a 20-minute presentation that shared their experience from a previous project in which they encountered governance risk factors. They were advised the presentation must:

- Identify the governance risk factor(s);
- Outline the steps used to address the risk(s);
- Explain the required adjustment(s) for the project progress;
- Discuss the invaluable lessons learned; and
- Highlight any additional insight that would be helpful to share.

Following each interview, the Committee engaged in a debrief and discussion about the consultant’s presentation, interview responses and original proposal. At the end of the day the Committee held a final deliberation to make their selection, JD & Associates.

Resolution – Approval of Strategic Planning Consultant, JD & Associates

Whereas Council recognizes the importance of strategic planning in guiding the future direction and success of the College of Kinesiologists of Ontario;

Whereas a Steering Committee was established to review and vet strategic planning consultants, ensuring the selection of the most qualified and suitable candidate to assist in this crucial work;

Whereas after thorough evaluation and consideration, the Steering Committee has selected JD and Associates as the preferred strategic planning consultant for the College;

Whereas the services offered by JD & Associates have been deemed to align closely with the goals and objectives of the College, as outlined in the request for proposal;

Whereas the expertise and experience of JD & Associates are expected to greatly contribute to the development and implementation of a comprehensive strategic plan that will enable College to achieve its mission and objectives effectively;

Therefore, be it resolved that Council formally approves the selected JD & Associates to lead the College's upcoming strategic planning workshop.

Moved by: _____

Seconded by: _____

Date: March 25, 2024

REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE REPORT FOR QTR 2
FOR THE FISCAL YEAR 2023/2024

updated Mar 11

	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST (Sept 1 2023 to Aug 31, 2024)	REVENUES RECEIVED QTR 2 SEP 1 2023 - FEB 29, 2024 INTERIM	PROJECTED REVENUES QTR3 MAR. - MAY 2024	PROJECTED REVENUES QTR4 JUN. - AUG 2024	VARIANCE TO YEAR END 2023/2024
	\$	\$	\$	\$	\$
Revenue:					
Earned Registration Revenue*		816,350	408,175	408,175	0
Jurisprudence Fee (\$72.35)	42,325	14,810	579	18,594	-8,342
Application Fee (\$150)	90,000	31,250	5,100	40,950	-12,700
Examination Fee (\$450)	218,250	85,045	5,850	118,800	-8,555
Registration Fees*	2,030,700	268,588	26,300	1,683,500	-52,312
Interest Income	25,000	57,302	27,900	27,900	88,102
TOTAL REVENUE	2,406,275	1,273,345	473,904	2,297,919	6,192
*Registration Fees made-up of:	Approved Forecast	Actual Q1 & Q2 (Sept-Feb)	Projected (Mar - May)	Projected (June-Aug)	VARIANCE TO YEAR END 2023/2024
	\$	\$	\$	\$	\$
New Registrants					
- Sept - Nov (\$700)	70,000	49,000			-21,000
- Dec - Feb (\$525)	34,125	32,821			-1,304
- Mar - May (\$350)	12,250		12,250		0
- Jun - Aug (\$175)	8,750			8,750	0
Renewal (\$700)	1,782,900	132,892	9,100	1,561,000	-79,908
Change in Status (members back to active)	6,375	10,450	2,250	0	6,325
Professional Corporation Late Fee	250	250	0	0	0
Professional Corporation Reg Fee	800	2,800	0	0	2,000
Inactive Renewal (\$250)	76,500	21,450	0	81,000	25,950
Inactive Renewal Late Fee(\$100)	8,000	7,500	0	32,400	31,900
Renewal Late Fee (\$150)	25,500	26,400	600	0	1,500
Re-instatement Fee (\$350)	5,250	6,625	2,100	350	3,825
Refunds		-21,600			-21,600
Total	2,030,700	268,588	26,300	1,683,500	-52,312

Notes

Details:

We are not expecting to meet projections under some categories by end of Q2.

Revenue categories for Jurisprudence, Applications and Exams lower than expected. Number of new registrants and examination candidates were lower than projected in Q2.

Registration:

There was a shortfall in new registration applications in Q1 and we had anticipated an increase in Q2. This hasn't been the case and we are now expecting not to meet the budgeted number. Increase in Revenue in the following categories: Change in status, Inactive, late renewal and reinstatement fees.

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

EXPENDITURES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST FOR QTR 2
(SEPT-FEB 29 2024) FOR THE FISCAL YEAR 2023/2024

	1	2	3	4	5
CATEGORY	APPROVED REVISED BUDGET Sept 1 2023 to Aug. 31, 2024	ACTUAL EXPENSES QTR 2 DEC - FEB 29, 2024 INTERIM	PROJECTED EXPENSES QTR 3 MAR -MAY 2024	PROJECTED EXPENSES QTR 4 JUN - AUG 2024	VARIANCE TO YEAR END 2023/2024
	\$	\$	\$	\$	\$
Expenditure:					
Council & Committees	65,575	20,698	18,969	25,909	0
Professional Fees	161,500	32,602	77,700	51,198	0
Communications & Media	153,000	39,467	85,017	28,516	0
Rent & Facility Costs	244,200	117,567	63,254	21,380	-42,000
Office & General	130,450	43,843	14,300	66,507	-5,800
Salaries & Wages	1,231,000	484,032	293,990	331,440	-121,538
Registration	292,687	100,710	84,513	107,464	0
Quality Assurance	82,395	10,640	13,185	24,570	-34,000
Professional Conduct	84,500	19,575	42,470	22,455	0
TOTAL EXPENDITURE	2,445,307	869,134	693,397	679,439	-203,337

Major Highlights:

Council and Committee

Payment of expenses for Council, Executive, Finance and Planning, Registration, Steering Committee: Strategic planning, Quality Assurance, Governance & Nominations, ICRC, Patient relations Committees in Q1 and Q2.

Projections for Q3 - Executive, Governance & Nominations, Finance and Planning, Registration, QA, and Patient Relations,

Professional Fees

Expenses for general & human resource, general legal fees, Bookkeeping fees, FY2023 Audit in Q1 and Q2

Projections for Q3 and Q4 - Internal Control Audit and general legal fees, Registrar evaluation consultancy fees, Strategic Planning consultancy fees, Bookkeeping fees

Communications & Media

Payment for IT Support, in Q1. Projections for Q2 - annual report design and IT support

Projections for Q3 & Q4 - Website revamp design, IT Support and migration to Sharepoint project

Rent & Facility Costs

Payment in Q1 & Q2 for rent.

Savings by fiscal year end will be used for the office relocation expenses

Office & General

Payment for bank charges, equipment rental, office supplies, telephone membership fees in Q1 and Q2

Salaries & Wages

Payment for salary/benefits in Q1 and Q2. Savings projected from staff changes

Registration

Payment in Q1 and Q2 for IMIS consultants (maintenance of database), hosting of database, examination administration and printing of certificates of registration. Projections in Q3 & Q4 - IMIS system enhancements & Support, Online Exam Administration in April

Quality Assurance

Payment in Q1 and Q2 for self assessments portal annual licence and maintenance and Peer and Practice Assessments. Projections for Q3 & Q4 remaining payment for peer and practice assessments and spring cycle of PPA training

Professional Conduct

Costs for investigations, legal advice and discipline.

Q3 & Q4 projections are for ongoing and future cases



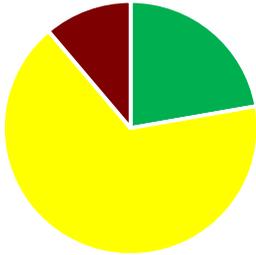
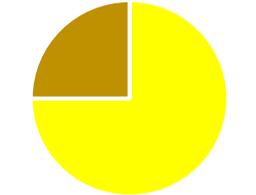
2023/2024 Performance Report

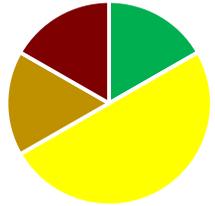
Overall highlights:

			
(62 new registrants between Dec 1 and Feb 29, 2024)			Spring 2024 Exam: 188 registered for April Exam.

Operational highlights (Q2: Dec 1 – Feb 29)

Portfolio	Deliverables: September 1, 2023 – August 31, 2024.	Status	Comments
Governance	<ul style="list-style-type: none"> • Terms of Reference • Council Effectiveness Evaluation Framework Review • Review of 5-year schedule calendar for council meeting dates • Recruitment of Staff • Elections 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Projects delayed – None. • Projects not started - Elections to start in Q3

Portfolio	Deliverables: September 1,2023 – August 31,2024.	Status	Comments
Corporate	<ul style="list-style-type: none"> • Completion of 2022/2023 Financial Audit and annual report. • Completion of the College Performance Measurement Framework (CPMF) to the Ministry of Health. • Orientation and training opportunities for Council and Committees. • Development of a new three-to-five-year strategic plan. • Development of new budget for the next fiscal year. • Implementation of changes to CKO’s fee schedule and by-laws. • Development of Council/Committee online orientation/training modules on Conflict-of-Interest Governance, Finance etc. • Updated terms of reference for Committees to reflect changes in by-laws and development of Committee specific competencies. 	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> • Projects delayed – None. • Projects not started – FY2025 Budget and Operational plan to be done in Q3
Communications	<ul style="list-style-type: none"> • Implement a public awareness campaign that highlights the importance and value of working with registered kinesiologists. • Publish more information on the obligations of Council members – how they are trained and details on governance and information regarding the nominations on committee and Council. • Continuous outreach to the public and profession to serve on Council/Committees; and • Increase Council and Committee competency in technical, leadership, decision-making and interpersonal skills with a focus on equity, diversity, and inclusion. 	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> • Projects delayed -Public awareness campaign. Reason due to resource reallocation to website revamp. • Projects not started – None

Portfolio	Deliverables: September 1,2023 – August 31,2024.	Status	Comments
Registration	<ul style="list-style-type: none"> • Kinesiology Core Competency Profile updated. • Educational Equivalency Framework updated. • Jurisprudence E-learning Module updated. • Registration Policy review and development. • Automation of registration processes. • Updated database management system. 	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> • Projects delayed – Jurisprudence E-Learning Module update -Not budgeted in this fiscal year. • Projects not started - Educational Equivalency framework. To start in Q4
Professional Practice and Quality Assurance	<ul style="list-style-type: none"> • Revise peer and practice assessment and competency enhancement program with risk focus in line with the Ministry of Health’s Performance Measurement Framework • Establish expectations and supports to promote culture of continuous quality improvement. • Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming. • Development of peer and mentoring programs for kinesiologists. 	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> • Projects delayed -Essentials Competencies Revalidation – dependant on Core competency review. • Projects not started – Peer and practice assessment and competency enhancement. To start in Q3
Professional Conduct	<ul style="list-style-type: none"> • Timely response to complaints. • Complainants effectively supported by and informed with the progress of complaints; and • CKO addresses complaints in a right touch manner. 	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none"> • Projects delayed -None • Projects not started - None

Portfolio	Deliverables: September 1,2023 – August 31,2024.	Status	Comments
<i>Patient Relations</i>	<ul style="list-style-type: none"> • Timely response to complaints. • Complainants effectively supported by and informed with the progress of complaints; and • CKO addresses complaints in a right touch manner. 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Projects delayed - None • Projects not - None