

	College of Kinesiologists of Ontario	
	Council Meeting Minutes	
Date/Time of	Wednesday, April 9, 2014 at 9:00 a.m.	
Meeting		
Chair	Lynn Kabaroff	
Timekeeper	Julie Morton	
Notetaker	Julie Morton Robert Ross (RR), Elizabeth Chapman (EC), Rod Hare (RH), Michelle Meghie (MM),	
Present	Steve Anderson (SA), Dianne Aziz (DA), Lori-Anne Beckford (LAB), Don Halpert (DH),	
	Chad McCleave (CMc), Mary Pat Moore (MPM), Fergal O'Hagan (FO), Lindsay Beattie	
	(LB), John Gray (JG), Kathie Sharkey (KS), Jonathan Dubberley (JD), Rosario Colomba	
	(RC), Kalen Johnson (KJ), Lynn Kabaroff (LK)	
Regrets	None	
Staff in Attendance/	Staff: Brenda Kritzer (BK), Stamatis Kefalianos (SK), Cara Moroney (CM), Magdalena	
Guests	Reder (MR), Ryan Pestana (RP), Lara Thacker (LT), Nancy Leris (NL), Julie Morton (JM)	
Constitution of the	As a notice of the meeting had been duly given in accordance with the by-laws of the	
Meeting	College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.	
Conflict of Interest	Facilitator: LK	
	No conflict of interest declared.	
Approval of Agenda	Facilitator: LK	
	LK as he dith at items 0.4.4. Example Annuals Operatives Departs he added to the	
	LK asked that item 9.4.1, Examination Appeals Committee Report, be added to the	
	agenda.	
	UPON A MOTION duly made by EC, seconded by CMc, it was resolved that the agenda	
Approval of Minutes	be approved as amended. CARRIED. UPON A MOTION duly made by FO, seconded by DA, it was resolved that the minutes of	
	December 3 and 4, 2013 be approved. CARRIED.	
	5. Business Arising	
	Facilitator: LK	
	5.1) Accountabilities in different roles	
	The Director, Professional Conduct informed Council on the discussions that have taken place in the last year with members and stakeholders regarding the practice guideline that clarified kinesiologists' accountabilities in different roles and described the revised guideline to Council. She explained that each standard builds on all other standards. DA	
	suggested that all standards should begin with the preface 'this standard should be used in connection with the other standards' and the standards should be referred to for clarification purposes. Council gave their opinions and the wording of the document was discussed with the following revision.	
	The first paragraph of item #3 Members working in Multidisciplinary Settings was amended from:	
	A member who is working as part of a multi-disciplinary team is accountable for all aspects of the care they provide. While in this setting members are operating as autonomous practitioners, some responsibilities may be <u>shared</u> , such as record-keeping and record storage. In addition, the employer/facility operator may be accepting responsibility for certain areas such as billing practices or other work place policies. However, each practitioner is accountable for each joint responsibility.	

to read:
A member who is working as part of a multi-disciplinary team is accountable for all aspects of the care they provide. While in this setting members are operating as autonomous practitioners, some aspects of practice may be <i>integrated</i> , such as record-keeping and record storage. In addition, the employer/facility operator may be accepting responsibility for certain areas such as billing practices or other work place policies. However, each practitioner is accountable for each joint responsibility.
MOTION Whereas the College requires its members to practice safely and effectively; and
Whereas the College is charged with promoting inter-professional collaboration and cooperation among health care professionals to promote improved care of patients and clients; and
Whereas the College has received questions from members regarding their duties and responsibilities when working with other regulated health professionals; and
Whereas regulatory Colleges often provide guidance to their members to encourage collaborative health care; and
Whereas the College has received legal advice on the drafting of the Guideline Accountabilities in Different Roles to ensure it meets the legal requirements and the legislative intent of the Regulated Health Professions Act; and
Whereas the College has received feedback from stakeholders and has made necessary amendments;
 Therefore, be it resolved that the Council approve and adopt the attached Guideline- Accountabilities in Different Roles_and that it be posted on the College's website. Moved by JD, seconded by RR. Abstention RH. CARRIED.
6. Financial Report (Expenditures and Revenues)
Facilitator: BK
The Registrar presented to Council 2013-2014 expenditure and revenue reports. The variances were explained and questions answered regarding the College's current financial situation and the financial forecasts for the next few years. Expected registration numbers and the registration renewal in the summer were discussed.
UPON a motion duly made by MPM, seconded by RC, it was resolved to accept the Interim Year-end Expenditure and Revenues report. CARRIED.
7. Reserve Funds Policy and Budget Approval for 2014-15
Facilitator: BK
7.1) Reserve Funds Policy
The Registrar discussed the need for a robust operating reserve fund and the need to revise the stated minimum and maximum amounts in the by-laws and related policies. A comparison of other colleges was presented and discussed and clarification of the terms of the Transfer Payment Agreement from the Ministry of Health and Long-Term Care were provided to Council members.
MOTION Whereas Council is required to ensure that the College takes appropriate measures to

be both fiscally responsible, prudent and manage risk; and
Whereas the previous Council set certain minimum levels to be maintained in reserve funds which, upon reflection, may minimize the flexibility of the College to retain surpluses year over year to ensure the ability of the College to continue to perform its legislated functions even when revenues from fees may not meet expenditures in particular years; and
Whereas appropriate risk management indicates that the previous aggregate maximum set for all reserve funds was \$250 000, an amount inadequate to meet operational costs for a reasonable time period or to cover the very high costs which would be typically expected in a sexual abuse investigation and hearing case; and
Whereas investigations and hearings costs in any year could thus well exceed by many thousands, the amount previously determined as the total aggregate; and
Whereas the College is now in the position where it must begin to establish reserve funds and the current policy is too restrictive;
Therefore, be it resolved that the Council of the College of Kinesiologists approves a revised policy on reserve funds as described below in attachment #1 Decision Note-Reserve Funds Policy which allows for Total Aggregate of \$2 Million and revised minimum amounts for each of the Reserve Funds to ensure that needed moneys are not held in reserve unnecessarily. Moved by JG, seconded by MPM. CARRIED.
And further
Be it resolved that Council requests Executive Committee to review an investment strategy for reserve funds established from surpluses in 2013-14 at its next regular meeting or as soon thereafter as the College may present such a strategy. Moved by MPM, seconded by LAB. CARRIED
7.2) Budget
The Registrar presented the budget for 2014-2015 fiscal year. She addressed questions regarding clarification of the College's income and expenses for Council and how these figures were calculated. Projects for the coming year, including a salary survey and the office relocation were discussed as well as the rationale behind some of the reserve accounts.
Resolution – Budget for 2014-2015
MOTION Whereas, the Council plans to continue with operations in a responsible and professional manner; and
Whereas, the Registrar has presented a comprehensive and fulsome Budget for the 2014-2015 fiscal year; and
Whereas, the Registrar is asking for a vote from Council to approve the Budget as presented.
Therefore, be it resolved that the Council has reviewed the interim Budget as presented and the final budget will be presented at the June meeting. Moved by EC, seconded by KJ. CARRIED.
Elizabeth Chapman left the meeting and joined via teleconference.

8. Professional Boundaries Standard
Facilitator: CM
The Director, Professional Conduct led the discussion regarding the Practice Standard – Therapeutic Relationships and Professional Boundaries. She discussed the difference between regulations, practice standards, practice guidelines and practice advisories/ briefing notes. A question regarding unsolicited testimonials was clarified for Council. It was noted that the standard was now outdated and needed revision to include more general and encompassing definitions. Council discussed the standard and made the following changes before approving its circulation to the membership.
The following amendments were made to the standard. This was changed from: Under the first heading, Intent This Standard deals with the expectations of conduct in the therapeutic client relationship that relate to the preservation of appropriate boundaries between a member and his/her patients/clients, client advocates, <u>staff, team members and</u> <u>others working in the work environment.</u>
This was changed to:
Under the first heading, Intent This Standard deals with the expectations of conduct in the therapeutic client relationship that relate to the preservation of appropriate boundaries between a member and his/her patients/clients, client advocates <u>and students</u> .
 The following bullet point was added: Under the third heading, Performance Expectations, Establishing and managing the boundaries of the therapeutic-client relationship; Recognizing and understanding the components of the therapeutic-client relationship Maintaining an appropriate level of "professional distance" and objectivity with respect to the assessment and treatment of the patient/client Refraining from accepting and giving gifts Refraining from inappropriate self-disclosure Recognizing that boundary crossings are often subtle and are often motivated by what appear to be noble intentions the addition of the bullet: <u>Advocating for patient/client's best interests</u>
MOTION Whereas the existing standard did not cover all issues which may arise in relation to professional boundaries; and
Whereas standards are comprehensive, yet high-level documents; and
Whereas it is important that the standards be applicable to many common issues identified by the profession and the public; and
Whereas the College will continue to gain information on the needs of the profession and develop other educational resources; and
Whereas circulation of the revised standard will help to engage the profession; and
Whereas the spirit and the intent of the Standard is not changed and the revisions do not replace a more thorough standards review project to be undertaken by the College;
Therefore, be it resolved that the Council of the College of Kinesiologists approves the

revised and amended version of the Practice Standard – Professional Boundaries for circulation for a period 60 days. Moved by DH, seconded by KS. CARRIED
9. Committee Updates
Facilitator: LK
9.1) Resolution to Appoint the Chair of the Registration Committee
The newly constituted Registration Committee had its first meeting in February and selected a chair. The Committee brought forward a motion to appoint Rosario Colomba Chair of the Registration Committee.
MOTION Whereas the Council is required, as per the By-laws, to appoint a chair to each statutory committee; and
Whereas the at the first meeting of the Registration Committee, a call for interest to chair the committee was made; and
Whereas the Registration Committee had two members come forward to express their interest; and
Whereas the registration committee voted to elect Rosario Colomba as their Chair: and
Whereas the Registration Committee requests the Council to appoint Rosario Colomba as the Chair of the Registration Committee;
Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario appoint Rosario Colomba as the Chair of the Registration Committee for a period of one year from the date of appointment. Moved by RH, seconded by JD. CARRIED
9.2) Registration Committee Report
RC reported on the first meeting of the Registration Committee, which included training in anti-discrimination, fair decisions regarding registration, and the process that an applicant goes through to become registered. Committee will review one case at its next meeting.
9.3) Registration Update
Report to the Fairness Commissioner
The Director, Registration provided an overview of the College's first submission in March of its Fair Registration Practices Report to the Office of the Fairness Commissioner. He answered questions from Council about the content of the report and elaborated on next steps.
Registration Update
The Director, Registration gave a brief presentation to Council on updated registration statistics. The upcoming exam on April 12 was discussed at length as well as what accommodations are made for students based on need. The question of proctoring examinations for out of province applicants was brought up and Council resolved that this will be discussed at a later date.
9.4) Resolution to appoint the chair of the Examination Appeals Committee
 The newly constituted Examination Appeals Committee had its first meeting in January

and selected a chair. The committee brought forward a motion to appoint Dianne Aziz Chair of the Examination Appeals Committee.
MOTION Whereas the Council is required, as per the By-laws, to appoint a chair to each non- statutory committee; and
Whereas at the first meeting of the Examination Appeals Committee (EAC) was held on January 23 and a call for interest to chair the committee was made; and
Whereas the Examination Appeals Committee voted to request Council to appoint Dianne Aziz as the Chair of the EAC;
Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario appoint Dianne Aziz as the Chair of the EAC for a period of one year from the date of appointment. Moved by RH, seconded by RR. CARRIED.
9.4.1) Examination Appeals Committee Report
DA provided an update from the first meeting of the Committee. She mentioned CM provided training on what Committee members should consider when hearing appeals. She reported that the Committee considered one appeal and decided that the exam attempt would not be counted for that person.
9.5) Q. A. Committee Report i) Self-Assessment
The Director, Quality Assurance provided a report to Council on the 2013 self- assessment cycle that launched on December 1, 2013. 95% of members completed their self-assessments by the March 1, 2014 deadline. The College was able to collect aggregate data that will be reviewed by each College program area to better support members. This data will also be provided to professional associations and academic institutions to help plan continuing professional development opportunities and guide course content.
9.6) Q. A. Update i) Competency Gap Analysis and Framework
The Director, Q.A. noted that the profile was an overarching document that measured minimum standards and performance indicators. Goal development was discussed with an emphasis on client-centered language that would enable better understanding. She discussed the revision of profile domains to include new names, provide flexibility to insert more subjects in the future and elevate leadership with the profession.
ii) Decision Note: Gap Analysis and Competency framework
The Quality Assurance Committee met and determined that the current domains should support the additional competencies and the performance indicators would provide the mechanism to enhance the level of depth and breadth required, as outlined by the focus groups. The Committee conferred a four-tier functional analysis framework (unit, competencies, performance indicators and practice illustrations) would provide the desired framework. The Committee believed this framework, with the addition of the performance indicators and practice illustrations will support the application of the competencies and development of learning objectives. The focus group data will support the development of the competency outline
MOTION Whereas The current Core Competency Profile provides the foundation for the registration examination, the Quality Assurance program tools and communicates

minimum standards for the profession to the public, educators, employers and registrants; and
Whereas the communication of Performance Indicators which further describe and elucidate the Competency statements, will assist both entry-level and experienced practitioners in self-assessment; and
Whereas, many Registered Kinesiologists have non-clinical and mixed nature practices and would benefit from a description of additional competencies and performance indicators; and
Whereas , the Quality Assurance Committee is working to revise and revalidate the Profile to include performance indicators relevant to clinical, non-clinical and mixed nature practices, and incorporate language that supports recognition and uniqueness of the profession; and
Whereas, focus groups met to determine gaps in the current profile, and specifically to identify the competencies requiring enhancement and determine if new competency domains should be established; and
Whereas the Quality Assurance Committee reviewed the focus group data and discussed identified gaps and determined that the current domains should support the additional competencies; and
Whereas the QA Committee determined a four-tier functional analysis framework (unit, competencies, performance indicators and practice illustrations) would provide the desired framework and identified the need to modify the domain names to ensure new categories (i.e. education, counseling, advocacy and ethical practice) are emphasized at the domain level.
Therefore, be it resolved that the Council approves implementing a four-tier functional analysis competency framework (unit, competencies, performance indicators and practice illustrations) for the Kinesiologist Core Competency Profile. Moved by DA, seconded by MPM. CARRIED
9.7) ICRC Report
MPM provided a report on the meeting of the ICRC Committee. She described the methodology that the group must follow and what aspects of the case that were in scope for the Committee to decide upon. She also mentioned their responsibilities, which include neutrality and objectivity.
11. President's Report
Facilitator: LK
11.1) Executive Committee Report
The President provided a report of Executive Committee's last meeting where they discussed draft transparency principles proposed by a working group of the Federation of Health Regulatory Colleges of Ontario and proposed revisions to the College's procurement policy. Committee recommended that Council consider the draft transparency principles and provide direction to staff on how to proceed with their implementation. Executive Committee decided to allow the staff to proceed with further procurements without having to get the Executive Committee's approval so long as these procurements were within the budget limits approved by Council. Committee felt that anything exceeding the budget approved by Council should be brought to Executive for approval.
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Action Item: MPM asked that the MOH Procurement policy to be sent to Council
members.
11.2) Additions to IWC
Due to the amount of time needed to complete the work of the Item Writing Committee, and the lack of suitable members, staff identified the necessity to add to the list of appointees. A list of new appointees to the Item Writing Committee was drawn from the membership and appointed to the Committee.
13. New Business
Facilitator: LK
13.1) Transparency Principles
The draft transparency principles, considered by Executive Committee and drafted by a working group of FHRCO, were presented to Council for discussion. Council reviewed the difference between a privacy policy and transparency principles and noted that other Colleges had developed their own set of principles but not all Colleges had adopted them as yet. Council resolved to circulate the draft transparency principles for comment from members and stakeholders. The feedback would be collated and presented to Council at its September meeting.
Upon a motion made by FO, seconded by DA, it was resolved that the draft transparency principles be posted on the website for comment and an overview of the feedback received would be presented to Council in September. CARRIED
13.2) Specialties (Research)
The President discussed the meetings that she and BK attended with various stakeholder groups who were lobbying the College to have their profession recognized as a specialty class within the College. BK reported that staff was also conducting preliminary research to determine the criteria necessary to create specialties and how other colleges created and defined a speciality within a profession. 12.Registrar's Report
Facilitator: BK
12.1) Operations Update
The Registrar gave a report to Council outlining the work that is being done by the College, including the preliminary work on the Annual Report.
12.2) Elections
BK informed the Council that there will be elections in three districts in July, districts 2, 3, and 4 (one member.) She asked that Council hear a motion regarding the Election.
MOTION Whereas the College is required under By-Law 10.06 to hold an election of members to Council in 2014 and in every third year after that for Council members from Electoral Districts 2 and 3 and for one member from Electoral District 4; and
Whereas the Council of the College of Kinesiologists is required under By-Law 10.07 to direct the registrar to set the date for elections; and
Whereas the Registrar has proposed the dates of election as July 15-16, 2014 to ensure consistency with the time period established for elections during the inaugural

	election in 2013;
	Therefore be it resolved that the Council of the College of Kinesiologists of Ontario directs the Registrar to publish immediately the election dates of July 15-16, 2014. Moved by RH, seconded by KJ. CARRIED.
	12.3) Meetings with the Universities
	BK spoke of the meetings that she had with faculty at the universities, as well as presentations and career fairs that she and staff attended to engage students. BK noted that the College was also an exhibitor at the 2014 Kinesiology Games.
	12.4) Risk Management Project
	BK informed Council of the risk management project that staff began and that will be undertaken annually to identify and mitigate risk. Several areas of the College's operations were being considered, including succession planning, security, reputation and financial management. A report will be tabled at the June meeting for Council's consideration.
	12.5) Upcoming Audit
	BK informed the Council that the auditors were scheduled to be at the College's offices for a week in early May.
	12.6) Office Relocation Report
	BK gave a brief update on the move of the College's office. Construction was well underway and a contract was signed with an IT company to build the necessary technological infrastructure. The College would be settled into the new office by June 2.
Adjournment	Motion to adjourn for the day at 4:20 p.m. made by CMc.