

## Council Meeting Agenda

**Date and Time:** March 26, 2018 at 9:30 a.m.

**Location:** College of Kinesiologists of Ontario  
160 Bloor Street East, Suite 1402, Boardroom  
Toronto, ON M4W 1B9

	ITEM	BY WHOM	TYPE	ACTION	TIME
1	Call to Order Welcome; Introductions	M.P. Moore	Verbal		9:30 a.m.
2	2018/2019 Budget and Operational Plan	C. McCleave/ B. Kritzer	Document	Decision	9:45 a.m.
3	Finance and Planning Committee Report <ul style="list-style-type: none"> <li>Appointment of auditor</li> </ul>	C. McCleave	Document	Decision	10:30 a.m.
<b>BREAK</b>					10:45 a.m.
4	Committee Reports <ul style="list-style-type: none"> <li>Registration</li> <li>QA</li> <li>ICRC</li> <li>Discipline- nil report</li> <li>Patient Relations - nil report</li> </ul>	Committee Chairs	Document	Information	11:00 a.m.
5	What we're learning from our members	L. Thacker	Presentation	Information	11:30 a.m.
<b>LUNCH</b>					12:15 p.m.
6	Registrar's Report <ul style="list-style-type: none"> <li>Specialties Update</li> </ul>	B. Kritzer	Verbal	Information	1:15 p.m.
7	President's Report	M.P. Moore	Verbal	Information	1:45 p.m.
8	Communications Update <ul style="list-style-type: none"> <li>Council member orientation</li> <li>Database launch</li> <li>Communications Survey</li> </ul>	R. Pestana	Presentation	Information	2:00 p.m.
<b>BREAK</b>					2:30 p.m.
9	2018 Election Dates	B. Kritzer	Document	Decision	2:45 p.m.
10	Proposed By-Law Amendments <ul style="list-style-type: none"> <li>Manner of Council meetings</li> <li>Council member attendance</li> <li>Terms for non-Council committee members</li> </ul>	B. Kritzer	Document	Decision	3:00 p.m.
11	Review of Action Items	M.P. Moore	Verbal		3:30 p.m.
<b>ADJOURNMENT</b>					3:45 p.m.

College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2018/2019 - 2020/2021					
	Budget	Revised Projections	Budget	Budget	Budget
	2017/2018	2017/2018	2018/2019	2019/2020	2020/2021
Revenues	(\$)	(\$)	(\$)	(\$)	\$
Jurisprudence Fee	14,475	26,775	21,713	21,713	21,713
Application Fee	30,000	50,600	45,000	45,000	45,000
Examination Fee	120,000	184,314	160,000	160,000	160,000
Registration Fees	1,656,563	1,675,992	1,684,375	1,712,775	1,743,325
Interest At Bank	3,000	4,101	3,000	3,000	3,000
<b>Total Revenue Projections</b>	<b>1,824,038</b>	<b>1,941,782</b>	<b>1,914,088</b>	<b>1,942,488</b>	<b>1,973,038</b>
	Budget 2017/2018	Revised Projections	Budget	Budget	Budget
Operating Expenses	\$	2017/2018 \$	2018/2019 \$	2019/2020 \$	2020/2021 \$
Council and Committees	60,500	40,997	97,800	67,500	67,500
Professional Services	29,125	23,956	30,450	24,800	24,800
Communications/Media	145,700	98,769	90,500	88,500	85,500
Rent and Facilities Costs	224,421	223,183	231,824	235,595	243,521
Office and General	108,910	127,044	138,548	108,548	108,548
Staff Salaries/Benefits & Stat Remittances	895,903	890,000	931,739	969,008	1,007,768
Registration Costs	169,150	192,416	241,050	166,550	167,050
Quality Assurance Costs	82,170	69,653	77,176	82,860	99,080
Professional Conduct	59,500	65,097	75,000	51,500	51,500
<b>TOTAL OPERATING COSTS</b>	<b>1,775,379</b>	<b>1,731,115</b>	<b>1,914,087</b>	<b>1,794,861</b>	<b>1,855,267</b>
<b>SURPLUS (DEFICIT)</b>	<b>48,659</b>	<b>210,666</b>	<b>0</b>	<b>147,627</b>	<b>117,771</b>
Inflation at 2% per year beginning 2019/2020				1,830,758	1,892,372

**COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO**



# **Draft Operational Plan 2018-2019**

## About the Operational Plan

The College of Kinesiologists is the regulatory body that governs the profession of kinesiology in Ontario. The College receives its authority from the *Kinesiology Act, 2007* and the *Regulated Health Professions Act, 1991*. It is governed by a Council, comprised of kinesiologists and members of the public appointed by the Ontario government, who ensure the College achieves its mandate to regulate the profession of kinesiology in the public interest. Council sets the College's strategic direction and develops the policies and standards that support achievement of the mandate. The College's daily affairs are managed by a Registrar and CEO, who is accountable to Council, and ensures that policies and procedures are implemented. The Registrar is supported by seven fulltime staff members.

The operational plan is an important document that details what the College is expected to accomplish during the year and it holds the College accountable for how it is achieving its mandate. The operational plan is presented to Council at the end of each quarter, with comments from staff that provide progress updates on work undertaken to achieve the objectives. The business plan is revised every year, and Council provides final approval of the document.

**Vision:** Our vision is a healthier Ontario through excellent kinesiology practice.

**Mission:** Our mission is to protect the public through governing and ensuring excellent professional practice of kinesiologists in Ontario.

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

**Strategic Goal One:** *The value of the regulation of kinesiologists is demonstrated and recognized through public accountability.*

Strategic Objective 1): Public Awareness of and Confidence in the College

*Strategic Initiatives:*

- Begin outreach to employers of kinesiologists to support their understanding of reporting obligations, the standards that kinesiologists must adhere to and the benefits to the employer and their clients of regulation of health care professionals. This will be done by leveraging kinesiologists' high engagement with the College and using them to reach employers;
- Continue working with FHRCO on a Federation-wide public awareness campaign that promotes regulated health professions in Ontario and the benefits of regulation to the public;
- Continue the development of public awareness campaigns that highlights the role of kinesiologists in the healthcare system and how the College protects the public;

Strategic Objective 2): Retention of members and registration of unregulated practitioners

*Strategic Initiatives:*

- Outreach to leaders to encourage complementary approaches in communications and building the value proposition.

**Strategic Goal Two: Members are supported by the College in maintaining and enhancing professional competence to improve the health of Ontarians.**

Strategic Objective 1): The practice of kinesiology is enhanced by access to educational and professional development programs that provide information and training in technological and scientific advancements in the discipline and practice of kinesiology.

*Strategic Initiatives:*

- Encourage cooperative ventures among trainers to ensure broad access to training.
- Request all universities to respond to the educational requirements survey for 2017-18
- Ensure members have access to practice guidance through:
  - mentorship program
  - practice resources, webinars and workshops
  - online learning modules
  - regional educational sessions and employer sessions
- Encourage further enrichment of university undergraduate programs,
- Understand and help to address members' needs for professional development
- Provide meaningful opportunities to members for involvement in College initiatives

Strategic Objective 2): The College understands and responds in a flexible manner to members' learning needs

*Strategic Initiatives:*

- *Conduct inter-program analytics and report on trending*
- *Consider forum that engages universities and professional associations to collaborate on education/training opportunities*

Strategic Objective 3): Professional practice standards and guidelines are comprehensive, current and meaningful

*Strategic Initiatives:*

- Assess gaps or areas for improvement in practice by enhancing the analytics and trends assessment of data gathered by the College
- Address gaps in areas of practice and provide support by:
  - directing members to educational resources (internal and external)
  - consulting and collaborating with other colleges
- Conduct a comprehensive review of the standards (2016-2018)
- Revalidate the Jurisprudence e-Learning Module in 2017-18 with improved practice scenarios. Encourage further collaboration with other colleges to ensure standards are mutually supportive, and assist kinesiologists in working collaboratively with other health professionals

**Strategic Goal Three: CKO is responsive to the public's need for information about its members, its policies and its practices.**

Strategic Objective 1): The College publishes user-friendly, timely information about its decision-making processes, policies, and members such that the public is able to understand the extent and limit of college powers, and has sufficient information about members to make informed choices about their health care needs.

- *Strategic Initiatives:*
- Provide information to the public on the College's continuing transparency efforts – on-going
- Provide information publicly about decision-making processes and what decisions mean
- Collaborate with other Colleges to harmonize transparency practices and to align with or cooperate in developing policies and standards (e.g., streamlined record-keeping, clinic regulation)
- Reassess Kinesiology Core Competency Profile and blueprint in year 5 (2017-18)

**Operational Plan 2018-19**

**Strategic Goal One: *The value of the regulation of kinesiologists is demonstrated and recognized through public accountability.***

Target	Measures	Status (Q1)
<b><u>Communications</u></b>	<ul style="list-style-type: none"> <li>Review the results of the 2017/2018 member communications survey and identify areas for improvement. This will include more video development and a possible change in the way @CKO is distributed.</li> <li>Review the results of an audience analysis undertaken at the end of Q4 2017/2018 to better understand how the public wants to receive information from the College and the type of information they need. Strategies will then be developed to reach the public with the appropriate key messages.</li> </ul>	

**Strategic Goal Two: *Members are supported by the College in maintaining and enhancing professional competence to improve the health of Ontarians.***

Target	Measures	Status (Q1)
<b><u>Members</u></b>  <b><u>Member Retention</u></b>	<ul style="list-style-type: none"> <li>Identify opportunities to draft articles and create videos that explain professional obligations, such as consent, mandatory reporting, and professional boundaries.</li> </ul>	
<b><u>Quality Assurance</u></b> <ul style="list-style-type: none"> <li>Intensify focus on proactive regulation by expanding the scale of peer and practice assessment operations as a means to systematic and transformative education for kinesiologists.</li> <li>Strengthen College's commitment to elimination of sexual abuse by enhancing members' understanding of the application of professional boundaries standards and</li> </ul>	<ul style="list-style-type: none"> <li>Increase pool of peer assessors through advertising, recruitment, orientation and training to provide requisite knowledge, skills and judgment for conducting independent assessments. Annual orientation and training to be completed in April and May. Increase number of randomly selected member participants each PPA cycle.</li> </ul>	

<p>mandatory reporting obligations.</p> <ul style="list-style-type: none"> <li>• Develop communications pieces directed to members that enhance their competencies.</li> <li>• Spearhead collaboration on development of compendium of practice issues with Federation of Health Regulatory Colleges of Ontario (FHRCO) Practice Advisory Group to address common gaps in competencies.</li> <li>• Develop database of cautionary tales corresponding to each essential competency for assessors' reference during peer and practice assessments.</li> <li>• Engage academic institutions and trainers regarding existing online/in-person courses to ensure broad access to training.</li> <li>• Encourage further enrichment of university undergraduate programs through dissemination of data regarding respective graduates' performance on prescribed e-learning modules (e.g. Prevention of Sexual Abuse and Ethics and Professionalism e-learning module).</li> <li>• Facilitate meetings with professional associations to collaborate on professional development opportunities and discuss approaches to membership engagement</li> <li>• Develop forum for new and young members to become involved in College QA initiatives and to develop leadership competencies in regulation.</li> <li>• Continue conducting program evaluation to measure impact of programming, relevance, and to identify efficiencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Launch Prevention of Sexual Abuse e-Learning Module. Analyze and report on results to stakeholders.</li> <li>• Publish focussed articles and resources in e-newsletter on practice issues (e.g. consent; virtual assessment/treatment, internet practice, telehealth; counseling and coaching; scope of practice and sphere of competence, etc.). Direct members to educational resources (internal and external).</li> <li>• Develop and maintain practice issue database among health regulatory bodies through FHRCO online platform. Update CKO's compendium of practice resources bimonthly and publish external links on CKO website.</li> <li>• Facilitate meeting with CKO-University Liaison Committee and professional associations to discuss further development of kinesiology programs, mentorship and practicum placements.</li> <li>• Analyze trends and report on members' performance results on prescribed e-learning modules to academic institutions and professional associations.</li> <li>• Facilitate focus group sessions for new and young members to identify most relevant practice issues and develop supports for membership.</li> <li>• Facilitate focus groups to solicit feedback on program components and stakeholder satisfaction.</li> <li>• Conduct inter-program analytics to identify trends, areas of risk for profession, practice areas/settings to begin developing business case for targeting risk areas through stratified random sampling.</li> </ul>	
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**Registration**

- Registration processes are consistent with the Fair Access to Regulated Professions Act and the work of the Office of the Fairness Commissioner (OFC)
- Suspended and inactive class members understand and meet requirements to re-enter active practice
- Jurisprudence e-Learning Module reflects the changing practice and regulatory environment
- The College database (iMIS) responds to the needs of staff, applicants and members
- Development of Examination Blueprint
- The examination development process meets the College's needs and fairly evaluates the competency of potential measures
- Reassess Kinesiologist Core Competency Profile and blueprint in year 5 (2018/2019)

- Jurisprudence e-Learning work to start
- Spring exam scheduled for April 28<sup>th</sup>.
- Quarterly policy reviews
- Database update – new application form for applicants, including training for staff
- Referral for applicants and members
- Annual Submission to Ministry of Health and Long Term Care – HPDB.
- Annual renewal form to be tested and approved.
- Approval of all Registration internal processes.
- Digitization of membership files to begin

**Strategic Goal Three: *The College is responsive to the public's need for information about its members and stakeholders, its policies and its practices.***

Target	Measures	Status (Q1)
<p><b><u>Professional Conduct</u></b></p> <p>Provide opportunities for members of the public and all stakeholders to comment on bylaws, policies, programming and quality of College's website</p> <p>Provide information to the public on its members and on the College's continuing transparency efforts</p> <p>Collaborate with other Colleges to harmonize transparency practices and to align with or cooperate in developing policies and standards (e.g. streamlined record keeping, clinic regulation)</p> <p>Respond to legislative changes regarding transparency, including expected new Ministry regulations.</p> <p>Ongoing Comprehensive Standards and By-Law Review</p>	<ul style="list-style-type: none"> <li>• Publish on college website and in Newsletter how the College is actively working to prevent sexual abuse by members</li> <li>• Alternative Dispute Resolution processes established and communicated.</li> <li>• Review opportunities to participate in public meetings, publish on our website and newsletter, our availability to attend speaking engagements</li> <li>• Review actions taken by others to enhance transparency and evaluate whether their methods are transferrable to the CKO</li> <li>• Analyse requirements of new Ministry regulations (once promulgated) to ensure that we are in full compliance</li> <li>• Ensure all transparency measures are met, through updates to the public register and database</li> <li>• Ensure that public register is updated in a timely fashion regarding professional conduct matters</li> <li>• Create a comprehensive file management and tracking system, to ensure that information regarding member conduct is readily available and appropriately monitored</li> <li>• Continue review of standards and begin comprehensive review of by-laws</li> <li>• Provide additional resources on the scope and meaning</li> </ul>	

	<p>of the Inactive Class</p> <ul style="list-style-type: none"><li>• Review framework and proposal for new classes of registration, and potential regulatory amendments</li></ul>	
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Priority: College demonstrates good governance, ensures administration processes are efficient, sound risk management and strategic acuity

Target	Measures	Status (Q1)
<p><b><u>Administration/Management &amp; Council</u></b></p> <p>Risk to the College’s reputation, viability, and mandate are understood by Council and mitigating strategies are in place to assure ongoing operations</p> <p>Council plans for the long term as well as the short-term and ensures that operational plans align with strategic goals and are responsive to the changing environment of health care governance</p>	<ul style="list-style-type: none"> <li>• Develop new approaches to orienting new Council and committee members so that they understand their obligations and the commitment.</li> <li>• Risk Management Strategy re-evaluated to ensure that policy requirements re: sexual abuse therapy fund are addressed.</li> <li>• Council members complete the Council Effectiveness Evaluation Framework and identify actions necessary by the Council or the College to improve effectiveness.</li> <li>• Development of performance measures through business planning and auditing</li> </ul>	



**Resolution: Approval of Budget and Business Plan for 2018-2019**

**Whereas** Council and Planning and Finance Committee have reviewed the proposed Budget and Business Plan presented by the College and considered whether provision has been made to meet the requirements of the College during the Fiscal years 2018 (stub year) and 2018-19; and

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

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

**Whereas** Council will develop a strategic plan toward the end of 2018 to address objectives for the next three to five years; and

**Whereas**, the Registrar is asking for a vote from Council to approve the proposed Budget and Business Plan as presented.

**Therefore, be it resolved that Council approves the budget and business plan for 2018 (stub year and 2018-2019 fiscal year.**

Moved by:

Seconded by:

Date: March 26, 2018

# REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE PROJECTIONS TO YEAR END  
FOR THE FISCAL YEAR 2017/2018  
(as of Apr 1 - Feb. 27, 2018)

updated 27/02/2018

	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST	REVENUES RECEIVED TO DATE (interim)	REVISED PROJECTIONS	VARIANCE	
	\$	\$	\$	\$	
<b>Revenue:</b>					
Jurisprudence Fee (\$48.25)	14,475	24,900	26,775	12,300	
Application Fee (\$100)	30,000	48,600	50,600	20,600	
Examination Fee (\$400)	120,000	141,514	181,514	61,514	
Registration Fees*	1,656,563	1,671,537	1,674,792	18,229	
Interest Income	3,000	3,721	4,101	1,101	
<b>TOTAL</b>	<b>1,824,038</b>	<b>1,890,272</b>	<b>1,937,782</b>	<b>113,744</b>	
<b>*</b>	<b>Approved Forecast</b>	<b>Interim Actual (Apr- Feb 15)</b>	<b>Revised Projections</b>		
	\$	\$	\$		
<b>New Registrants</b>	<b>101,563</b>	<b>131,788</b>	<b>135,043</b>		
- Sept - Nov (\$650)		68,900			
- Dec - Feb (\$487.50)		34,613			
- Mar - May (\$325)		17,875			
- Jun - Aug (\$162.50)		10,400			
<b>Renewal (\$650 &amp; Installments)</b>	<b>1,493,700</b>	<b>1,482,434</b>	<b>1,482,434</b>		
<b>Inactive (\$200 &amp; Installments)</b>	<b>54,000</b>	<b>72,850</b>	<b>72,850</b>		
<b>Inactive Late (\$50)</b>	<b>1,000</b>	<b>2,400</b>	<b>2,400</b>		
<b>Registration Late Fee (\$100)</b>	<b>6,000</b>	<b>5,700</b>	<b>5,700</b>		
<b>Re-instatement Fee (\$325)</b>	<b>300</b>	<b>-</b>	<b>-</b>		
<b>Professional Corp Reg Fee</b>		<b>1,000</b>	<b>1,000</b>		
Refunds		- 24,635	- 24,635		
<b>Total</b>	<b>1,656,563</b>	<b>1,671,537</b>	<b>1,674,792</b>		

## Notes

All revenue categories are expected to exceed projections by end of Q4.

## EXPENDITURES

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### COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO YEAR END 2017/2018 (as of Apr 1 - Feb. 27, 2017)

update 27/02/2017

	1	2	3	4	5
CATEGORY	BUDGET	EXPENDITURE TO DATE	FORECAST TO YEAR END	VARIANCE	
	\$	\$	\$	\$	
<b>Expenditure:</b>					
Council & Committees	60,500	28,196	40,997	19,503	
Professional Fees	29,125	20,638	23,956	5,169	
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Rent & Facility Costs	224,421	199,392	223,183	1,238	
Office & General	108,910	119,366	127,044	-18,134	
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<b>TOTAL</b>	<b>1,775,379</b>	<b>1,426,922</b>	<b>1,731,115</b>	<b>44,264</b>	

### Notes:

#### Council & Committees including AGM

Payment of expenses for Quality Assurance, Registration, Executive, Finance & Planning, University Liason Committee and Council meetings to happen by end of Q4. Savings resulted from working group meeting to define inactive being postponed due to staff vacancy; patient relations, examination, executive, ICRC case meetings coming lower than projected including Council.

#### Communications & Media

Currently conducting research on audience. We want to understand who is interested in information from the College, how they want information, and where they want to receive this information. This will then inform future public awareness initiatives. This will allow the College to better spend its resources on communications

### Office and General

Increase in Bank Charges due to the volume of registration renewals. Proposal for payment processing options still under investigation. Project to be considered in 2018/2019 fiscal year.

### Registration

Expenses for database maintenance based on additional support and upgrade for the database. Allocation for additional work on database approved by Planning and Finance Committee.

### Quality Assurance

Actual spending was less than allocated due to the random nature of the PPA participant selection process (clinical in-person vs. non-clinical telephone interview, geographic location of member vis a vis appointed assessor). Several newly appointed assessors' shadowing experience delayed until Fall Cycle due to scheduling conflicts.

### Professional Conduct

Expenditures for Investigations and hearings and legal advice based on an increase number of complaints. Contributions to reserve fund for Abuse Therapy and investigations.







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Operational Plan 2017-18

**Strategic Goal One: *The value of the regulation of kinesiologists is demonstrated and recognized through public accountability.***

Target	Measures	Status (Q1)	Status (Q2)	Status (Q3)	Status (Q4)
<p><b>Communications</b></p> <p><b>Public</b> Begin outreach to employers of kinesiologists so that employers understand their reporting obligations, the standards that kinesiologists must adhere to and the benefits of regulation to the employer. This will be done by leveraging kinesiologists' high engagement with the College and using them to reach employers.</p> <p>Continue working with FHRCO on a Federation-wide public awareness campaign that promotes regulated health professions in Ontario and the benefits of regulation to the public.</p> <p>Continue the development of public</p>	<ul style="list-style-type: none"> <li>Develop and distribute employer-focused brochure</li> <li>Enhancements to website to include employer responsibilities</li> <li>Distribution of brochure via e-newsletter to members, including background article</li> <li>Support FHRCO's launch of new website in 2017-18 directed at increasing public awareness and understanding of health professions governance</li> <li>Continue current brochure campaign using vendor's network of doctors' offices and the diabetes health network.</li> <li>Consider additional mechanisms in which kinesiologists in practice can be profiled. Currently two videos aimed at the public</li> </ul>	<ul style="list-style-type: none"> <li>Vendor engaged to design employer brochure and content developed.</li> <li>New FHRCO website launched in May. Radio ad to begin airing June 1. The College will feature an article promoting the site in its June e-newsletter.</li> <li>IDS Canada engaged to continue successful public awareness campaign in doctors' offices and diabetes clinics. Vendor engaged to develop</li> </ul>	<ul style="list-style-type: none"> <li>Vendor developing brochure that will be posted to College website and emailed to members.</li> <li>Provided input to FHRCO on the development of a public awareness video.</li> <li>Brochure distributed in July and is in market until July 2018. Statistics to be provided at the September Council meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Employer brochure completed. Distributed to members in the October edition of @CKO and via social media.</li> <li>New FHRCO public awareness video completed in November and posted to the Ontario Health Regulators' website. Comprehensive marketing plan underway to promote website. Video will also be available on the College website.</li> <li>End of first quarter with IDS brochure campaign and we are awaiting results. At the six-week mark 3600 brochures had been picked up and we were on track to exceed targets from Q1 of last year.</li> <li>Work underway to develop a new College</li> </ul>	<ul style="list-style-type: none"> <li>Engaged Brand Heroes to do a comprehensive audience analysis so that the College can better target its public awareness efforts. Report will be completed by March 16.</li> <li>First mock-up of the new website presented in January. Work underway to develop newly-designed public register. Website and register will be live March 12.</li> </ul>

awareness campaigns that highlight the role of kinesiologists in the healthcare system and how the College protects the public	are available through the website and You Tube.	second public brochure. Distribution will begin in July.		website. The website will be responsive to the needs of applicants and members, while providing the public with key information about the College. Content review to begin in Q4.	
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**Strategic Goal Two: *Members are supported by the College in maintaining and enhancing professional competence to improve the health of Ontarians.***

Target	Measures	Status (Q1)	Status (Q2)	Status (Q3)	Status (Q4)
<p><b><u>Members</u></b></p> <p>Development of communications pieces directed to members that enhance their competencies (e.g. consent, reporting obligations, appropriate boundaries, ethics, etc.)</p> <p>Survey kinesiologists on the efficacy of College communications and how we can enhance communications</p> <p><b><u>Member Retention</u></b></p>	<ul style="list-style-type: none"> <li>• Focused articles in @CKO throughout 2017 on mandatory reporting, maintaining boundaries, and obtaining consent</li> <li>• Release video on peer and practice assessment</li> <li>• Produce a video on consent</li> <li>• Release of videos on standards and professionalism</li> <li>• Develop online survey to gauge members' feedback on the website and e-newsletter</li> <li>• Engage members in development of definition of "inactive"</li> </ul>	<ul style="list-style-type: none"> <li>• Videos on the PPA, professionalism, and standards and guidelines released to the membership in April. Videos featured in the e-newsletter and promoted on social media.</li> <li>• Articles concerning Mandatory Reporting and survey questions completed in April and June newsletter.</li> </ul>	<ul style="list-style-type: none"> <li>• Revisions to the Supervision and Education Standard finalized, circulated and published with accompanying article in newsletter.</li> <li>• Mandatory Reporting Guideline revised and currently out for consultation.</li> <li>• Revisions to Professional boundaries resources to reflect Bill 87 and raise awareness to go to Council in September</li> </ul>	<ul style="list-style-type: none"> <li>• Mandatory reporting guideline to be finalized with checklist</li> <li>• Revised Professional boundaries standard published.</li> <li>• Inactive project plan to be developed</li> </ul>	<ul style="list-style-type: none"> <li>• Articles developed on gift giving during the holidays, obtaining consent, and the importance of mandatory reporting. This will appear in the February e-newsletter.</li> <li>• Followed up with applicants who passed the entry to practice to exam who did not register with the College</li> <li>• Followed up with applicants who did not complete the application to the College or pass the entry to practice exam.</li> </ul>



<p><b>Quality Assurance</b></p> <p>Understand and address members' needs for professional development and ensure access to mentorship program and practice resources</p> <p>Encourage further enrichment of university undergraduate programs</p> <p>Analyse and develop responses to QA program evaluation metrics</p> <p>Facilitate meetings with professional associations to collaborate on professional development opportunities and discuss approaches to membership engagement</p>	<ul style="list-style-type: none"> <li>• Launch Ethics and Professionalism e-Learning Module And Prevention of Sexual Abuse e-Learning Module</li> <li>• Increase number of peer and practice assessments</li> <li>• Develop further practice resources internally (e.g. infographics, animated explainer videos, etc.)</li> <li>• Continue work with representatives of educational institutions to improve their understanding of students' needs and to collaborate on education/training opportunities for members</li> <li>• Facilitate second College student placement in partnership with Ontario academic institution</li> <li>• Conduct program evaluation to measure impact of programming, relevance, and to identify efficiencies</li> <li>• Facilitate focus groups to solicit feedback on program components and stakeholder satisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitated peer assessor training sessions in April and May (expanded assessor pool by 233%)</li> <li>• Peer and practice assessment notices sent to 13 members on May 1<sup>st</sup></li> <li>• Launched Ethics and Professionalism e-Learning Module May 1<sup>st</sup></li> <li>• Released Quality Assurance Report and Ethics and Professionalism e-Learning Module account to CKO-Universities Liaison Committee members and professional associations.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessors conducted 13 Spring/Summer 2017 peer and practice assessments. Reports sent to members.</li> <li>• Notices distributed to members selected to participate in Fall 2017 peer and practice assessment.</li> <li>• Recruited Lakehead University kinesiology student for winter junior analyst placement</li> <li>• Initiated development of members' compendium of practice resources linked to the essential competencies.</li> <li>• Partnered with professional associations to identify mentors for</li> </ul>	<ul style="list-style-type: none"> <li>• Spring/Summer 2017 Cycle <i>Decisions and Reasons</i> (13) letters distributed to applicable members.</li> <li>• Assessors conducting 24 PPAs in Fall 2017 Cycle (Oct. to Dec.). Debriefing with assessors.</li> <li>• Presenting QA Program data and updates at annual CKO-Universities Liaison Committee meeting. Disseminating academic institutions' performance on Ethics and Professionalism e-learning module.</li> <li>• Updating self-assessment nightly import and administrator reports in preparation for annual self-assessment period (Dec. 1<sup>st</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>• QA Committee reviewed and rendered decisions on 27 Spring and Fall 2017 peer and practice assessment cases.</li> <li>• Lakehead University Kinesiology junior analyst placement at College completed.</li> <li>• Finalized compendium of member practice resources. To be posted on Members section of website and publicized in April e-newsletter.</li> <li>• Prevention of Sexual Abuse online e-Learning Module to be completed and ready for launch on May 1, 2018.</li> <li>• Assessor recruitment completed by March 2018. Annual assessor training scheduled for April and May 2018.</li> <li>• 2017 Self-Assessment period</li> </ul>
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			<p>members requesting practice support.</p> <ul style="list-style-type: none"> <li>• Follow-up emails sent to members yet to complete the ethics and professionalism e-learning module.</li> <li>• Work on the sexual abuse e-learning module temporarily suspended. Several colleges exploring opportunities for collaboration and sharing of resources.</li> <li>• Worked with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario to provide portfolio advice and</li> </ul>	<ul style="list-style-type: none"> <li>• Final notices distributed to members non-compliant with prescribed Ethics and Professionalism e-learning module requirement.</li> <li>• Development of consent video content scheduled for December.</li> </ul>	<p>ended March 1<sup>st</sup>. Non-compliant members received final notices with extended deadline.</p>
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			share insights about development of program components and platforms.		
<p><b>Registration</b></p> <p>Registration processes are consistent with the Fair Access to Regulated Professions Act and the work of the Office of the Fairness Commissioner (OFC)</p> <p>Suspended and inactive class members understand and meet requirements to re-enter active practice</p> <p>Jurisprudence e-Learning Module reflects the changing practice and regulatory environment</p> <p>The College database (iMIS) responds to the needs of staff, applicants and members</p> <p>Development of Examination Blueprint</p>	<ul style="list-style-type: none"> <li>• Implement process to register professional corporations</li> <li>• Implement recommendations for improving registration practices (if identified by the OFC during Audit)</li> <li>• Revise application and renewal forms to ensure reporting of any instances of behaviours which would be considered disgraceful or dishonourable by the profession, particularly as such behaviours would relate to sexual abuse.</li> <li>• Revise policy on how Registration Committee will handle “good conduct” reviews.</li> <li>• Ensure that suspended members, and members facing revocation, are duly informed of suspension and implications of such. (This is for non-payment of fees)</li> </ul>	<ul style="list-style-type: none"> <li>• Included checklist for international applicants as recommended by OFC.</li> <li>• Moved the exam appeals policy to area on website containing other registration policies as recommended.</li> <li>• Good Conduct Policy revised for approval by Council in June.</li> <li>• Re-instatement after Revocation Policy developed for approval by Council in June.</li> <li>• Process for notification for suspended members will begin in June.</li> </ul>	<ul style="list-style-type: none"> <li>• Application and Professional Corporation Guides have been updated</li> <li>• Implemented process to register professional corporations.</li> <li>• Revised application and renewal forms to ensure it adhered to the Ministry’s health workforce reporting requirements.</li> <li>• Annual Renewal has been completed with late fees charged to members who have not renewed by the deadline.</li> <li>• Process for resignation approval revised.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual renewal completed.</li> <li>• All resigning members contacted.</li> <li>• Suspension of members for non-payments of fees completed and communicated.</li> <li>• Employers of suspended members notified by mail.</li> <li>• Fall entry-to-practice examination was administered in September.</li> <li>• Annual training for Registration Committee members -completed</li> <li>• Review and update of the Examination Guide - ongoing</li> <li>• Referral of members who requesting</li> </ul>	<ul style="list-style-type: none"> <li>• Database update – ongoing. Launch expected in March.</li> <li>• Reported registration statistics and school performance profiles to the University – Liaison Committee</li> <li>• Annual OFC report due in February</li> <li>• Audited 10% of general College membership for professional liability insurance.</li> <li>• Development of three new policies on registration processes expected in March.</li> <li>• Referral of members who requesting reinstatement into the general class after two years of being inactive – completed.</li> </ul>

<p>The examination development process meets the College's needs and fairly evaluates the competency of potential measures</p> <p>Reassess Kinesiologist Core Competency Profile and blueprint in year 5 (2017/2018)</p>	<ul style="list-style-type: none"> <li>• Policy development on re-entry after revocation for non-payment.</li> <li>• Jurisprudence module revised and updated relating to sexual abuse with new practice scenarios.</li> <li>• Review and clean-up of data</li> <li>• Software upgrade</li> <li>• Re-design application and renewal forms to ensure alignment with MOHLTC requirements</li> <li>• Re-design applicant and member portals to enable greater self-service functionality</li> <li>• Develop new contract for provision of examination development and administration services.</li> </ul>	<ul style="list-style-type: none"> <li>• Data cleanup is being conducted.</li> <li>• Developing the process for professional corporation approval, renewal and publication on register</li> <li>• Initiated the process for contract negotiations for the development and administration of examination services.</li> <li>• Core competency profile update will not begin till Q3/Q4 which will be based on contract</li> </ul>	<ul style="list-style-type: none"> <li>• Suspended members and members facing revocation were duly informed.</li> <li>• Expiration of 1-year period for registration following notification of eligibility Policy developed for approval by Council in September</li> <li>• Contract negotiations for the development and administration of examination services - ongoing</li> <li>• Database update planned for Q3</li> <li>• Data clean-up completed</li> <li>• Focus groups conducted with staff to determine database needs. Roadmap developed to help configure new database.</li> <li>• Began looking for other providers to host the database</li> <li>• Multiple referrals to</li> </ul>	<p>reinstatement into the general class after two years of being inactive - completed.</p> <ul style="list-style-type: none"> <li>• Completed the review and inventory of all applicant files and tagged appropriately</li> <li>• Process mapping and documentation for registration -ongoing.</li> <li>• Reviewing and requesting for proposals regarding digitalization of membership files-ongoing.</li> <li>• Develop an examination webinar for applicants - ongoing.</li> <li>• Completed the review and update on the remediation plan guide.</li> <li>• Clarified and established the College's policy on police check and its validity</li> <li>• Database update - ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidated and updated Examination Handbook, Examination Guide and Practice test.</li> <li>• Registration for the Spring 2018 exam is ongoing Exam scheduled for April 28<sup>th</sup>, 2018.</li> <li>• Exam prep. webinar scheduled for February 13<sup>th</sup>, 2018.</li> <li>• Jurisprudence e-Learning update - ongoing</li> <li>• Internal registration processes - ongoing</li> <li>• Reviewing and requesting for proposals regarding digitalization of membership files-ongoing.</li> <li>• Contract negotiations for the development and administration of examination services - ongoing</li> <li>• Registration Appeal to HPARB - Ongoing.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Develop plan for updating Core Competency profile.</li> <li>• Revision of Education &amp; Supervision Standard Schedule of Standards Review Plan</li> </ul>	<p>negotiations.</p>	<p>Committee to consider issues such a proposed registration after expiration of one-year following the exam, questions relating to educational equivalency and good character.</p>		<ul style="list-style-type: none"> <li>• Multiple applicant and member referral</li> <li>• University of Windsor – Bachelor of Science in Human Kinetics to be considered substantially equivalent to a 4 year Kinesiology program from an Ontario University.</li> <li>• Connected with Universities of Guelph and Ottawa to make submissions for education equivalency for their bachelor of human kinetics program.</li> <li>• Communication with exam provider on implementing changes to reports.</li> <li>• Universities contacted the College and reported back on Kinesiology programs and programs that are substantially equivalent by identifying the varying degree types they offered.</li> <li>• Changes to mailing certificates of registration – Ongoing</li> <li>• Consultants have</li> </ul>
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					configured most areas of the new database. Staff have done some preliminary testing. Full testing to begin in February with a go-live date of March 12.
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**Strategic Goal Three: *The College is responsive to the public's need for information about its members and stakeholders, its policies and its practices.***

Target	Measures	Status (Q1)	Status (Q2)	Status (Q3)	Status (Q4)
<p><b>Professional Conduct</b></p> <p>Provide opportunities for members of the public and all stakeholders to comment on bylaws, policies, programming and quality of College's website</p> <p>Provide information to the public on its members and on the College's continuing transparency efforts</p> <p>Collaborate with other Colleges to harmonize transparency practices and to align with or cooperate in developing policies and standards (e.g. streamlined record keeping, clinic regulation)</p> <p>Respond to legislative changes regarding transparency</p>	<ul style="list-style-type: none"> <li>Publish on college website and in Newsletter, how the College is actively working to prevent sexual abuse by members</li> <li>Alternative Dispute Resolution processes established and communicated.</li> <li>Review website to ensure that it is easy to navigate and to identify ways in which users can access information on our members, on policies and practices, and on new initiatives.</li> <li>Review opportunities to participate in public meetings, publish on our website and newsletter, our availability to attend speaking engagements</li> <li>Ensure public register provides the necessary information pursuant to transparency by-laws.</li> <li>Review actions taken by others to enhance transparency and evaluate whether their methods are transferrable to the CKO</li> <li>Analyse requirements of Bill 87 to ensure that we have met all requirements</li> </ul>	<ul style="list-style-type: none"> <li>Development of principles for approval by Council in June</li> <li>Facilitator policy in development for review by Council in June</li> <li>Website review continues and improvements are initiated to reflect new policies.</li> <li>Review of Bill 87 and implications for the College continues. The College expects more analysis to be shared through FHRCO.</li> <li>Governance considerations will be undertaken following further</li> </ul>	<ul style="list-style-type: none"> <li>Principles on addressing sexual abuse approved and website revisions made</li> <li>By-law revisions to Council in September to reflect Bill 87 changes and increase transparency</li> <li>(ADR) Facilitator policy approved for consultation – roster is in development – speaking to potential partners and other Colleges</li> <li>CKO will work with FHRCO committees to ensure consistency wherever possible in responses to Bill 87.</li> <li>No further work on governance outside of the context of project on Collaboration and</li> </ul>	<ul style="list-style-type: none"> <li>By-laws amendments distributed for consultation</li> <li>Reviewing applications of mediators for roster</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Comprehensive Standards Review		communications from the MOHLTC	Cooperation.		
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**Priority: College demonstrates good governance, ensures administration processes are efficient, sound risk management and strategic acuity**

Target	Measures	Status (Q1)	Status (Q2)	Status (Q3)	Status (Q4)
<p><b><u>Administration/Management &amp; Council</u></b></p> <p>Risk to the College's reputation, viability, and mandate are understood by Council and mitigating strategies are in place to assure ongoing operations</p> <p>Council plans for the long term as well as the short-term and ensures that operational plans align with strategic goals and are responsive to the changing environment of health care governance</p>	<ul style="list-style-type: none"> <li>Risk Management Strategy re-evaluated to ensure that policy requirements re: sexual abuse therapy fund are addressed.</li> <li>Council members complete the Council Effectiveness Evaluation Framework and identify actions necessary by the Council or the College to improve effectiveness.</li> <li>Collaboration with other regulators and the ministry regarding regulation to address issues in clinics</li> <li>Development of performance measures through business planning and auditing</li> </ul>	<ul style="list-style-type: none"> <li>Council will complete the self evaluation in 2018. Form will be revised to reflect comments from Council members in the past.</li> <li>2016/2017 Annual Audit completed. Clean audit report</li> </ul>	<ul style="list-style-type: none"> <li>Review of risk management plan to commence with staff at end of quarter/start of Q3</li> </ul> <p>(NEW) College initiated Collaboration and Cooperation working group involving 11 small colleges. Three priority initiatives identified.</p>	<p>CRA tax fillings to be completed by end of Q3 for previous years to complete the change of fiscal year end</p> <p>RFP for recruitment of Auditor to be completed by end of Q3 for two audits in 2018</p> <p>Ongoing work on payment processing options to reduce bank charges. Engaged IMIS consultant</p>	<p>Proposals received for recruitment of Auditor for two Audits this year.</p> <p>Completion of 2018/2019 Annual Budget for Council approval</p> <p>Completion of Operational Plan for 2018/2019</p> <p>Research on payment processing options -</p>



				<p>on the research of best possible options to be completed by Q4</p>	<p>Ongoing</p> <p>Line of Credit facility in place and new bank account for the College with new service provider</p> <p>IMIS upgrade impact on Finance and Administration and streamlining processes- Ongoing</p> <p>Business Case for procurement of Microphone system for Council chambers. Completed for Committee approval.</p> <p>Change of College fiscal year to programme year approval from CRA completed</p> <p>Procurement of corporate rate for hotel accommodation for Council and Committee</p> <p>College collaboration group on benefits plan - ongoing</p> <p>Developing the work processes for Administrating- ongoing</p>
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Key outstanding work at end of Q2:

- Work on the process and costs that would entail with implementation of the draft Specialties Assessment framework
- Member focus groups to define and validate “inactive.”
- Contract negotiations relating to exam administration.
- Re-examination of Core Competency Profile



**Resolution: Acceptance of Interim Q4 Financial Report and Business Plan Update**

**Whereas** the Registrar has provided a Q4 interim update for Council and Planning and Finance Committee to review and inquire about the College's business and operational plan; and

**Whereas** the Registrar has noted that the Q4 Financial report and Business Plan update are interim in that March 31 represents the end of the quarter; and

**Whereas** Council and Planning and Finance Committee has found this report to be satisfactory;

**Resolution**

**Therefore, be it resolved that Council accept the Q4 Interim Financial Report and Business Plan update for the fiscal year 2017/2018.**

**Moved by:**

**Seconded by:**

**Date: March 26, 2018**

**Resolution –Appointment of Auditor for 2017-18 Fiscal Year and Stub Year April 1 to August 31 2018**

Preamble:

Whereas, the College is required annually to provide audited Financial Statements to the Council and to the Minister of Health and Long -Term Care; and

Whereas, from time to time the Registrar will require advice on accounting and bookkeeping matters to ensure that College practices are consistent with other health regulatory bodies and carried out with due diligence and to meet both provincial and federal (CRA) government requirements; and

Whereas, the College practises due diligence by, from time to time, undertaking competitive procurement of services; and

Whereas proposals were sought from six audit firms, to enable the College to ascertain whether it is receiving value for money in its purchase of audit services; and

Whereas the College has determined through evaluation of proposals received that its current auditor, **Crowe Soberman** is competitively priced and offers the additional benefits of being familiar with the College, and has a record of good service to the College; and

Whereas, the College originally selected Crowe Soberman through a competitive procurement process and has been fully satisfied as part of the College's due diligence in ensuring value for money, services provided, timeliness, thoroughness and quality of services; and

Whereas the College has recommended that Council re-appoint Crowe Soberman as the auditor for 2017-18 and be retained for the next three years;

**Therefore**

**Be it resolved that Crowe Soberman is reappointed as the auditor for the College of Kinesiologists of Ontario for the period of April 1, 2017 through to the end of the stub Audit year August 31<sup>st</sup> 2018 and be retained as the College's Auditor for the initial period of 3 years.**

**Moved by:**

**Seconded by:**

**Date: March 26, 2018**

## Registration Report

<b>Committee:</b> Registration
<b>Prepared for:</b> Council
<b>Date:</b> March 26, 2018

## Registration Report

### Meetings

The Registration Committee met four times since the last council meeting. There were a total of 12 referrals to the Registration Committee. Four of these files involved applicants' requests for the committee's approval to make their 3<sup>rd</sup> attempt at the exam. Four files involved members' requests to be reinstated into the general class after being inactive for more than 2 years. Two files involved applicants whose application had passed the one-year period for registration following notification of eligibility. One file was referred for other reasons.

Finally the committee was asked to review a submission from the University of Windsor requesting the Committee to deem the four-year Bachelor of Human Kinetics in Kinesiology with Movement Science Major as substantially equivalent to a bachelor's degree in kinesiology that is at least four years in length from an Ontario university.

### Spring Examination

The spring sitting of the College's entry-to-practice examination is scheduled for April 28, 2018.

The estimated number of applicants writing the exam is around 200. This is not a definite number because registration for the spring examination is still ongoing.

### The College's Membership as of March 7, 2018

Members registered in the General Class - **2423**

Members registered in the Inactive Class - **363**

Members reinstated after suspension for non-payment of fees - **10**

Number of resigned members between December 4, 2017 and March 7, 2018 - **5**

*Reasons for resignation - Changing of profession - 4*

*- Maternity - 1*

Members suspended for non-payments of fees:

2017 - **31**

*363 Members registered in the inactive class – Reasons*

Working in another Profession	112
Leave of Absence (Academic)	108
Leave of Absence (Parental)	89
Moving to another Province	29
Moving to another country	17
Leave of Absence (Medical)	7
Retirement	1

**Fair Registration Practices Report**

The annual Registration Practices Report was submitted on March 1, 2018. This report included the College's qualitative and quantitative information.

Relating to registration. The report has been posted to the College's website.

The qualitative information:

- Policies
- Procedures and/or processes changes
- Fee refund policy,
- Resources for applicants
- Training resources for staff, and committee members

The quantitative information:

- Applicant and member descriptions
- Applications processed
- Reviews and appeals processed

## Committee Report

<b>Committee: Quality Assurance</b>
<b>Prepared for:</b> Council
<b>Date:</b> March 26, 2018

The Quality Assurance Committee will have met three times in Q4.

### Peer and Practice Assessment

Committee reviewed 25 peer and practice assessment (PPA) cases in total, four from the Spring 2017 cycle and 21 from the Fall 2017 cycle. Of the four Spring 2017 cycle cases, which were all final decisions, the panel took no further action on three and directed a member's participation in competency enhancement (demonstrated change report) on one file. Of the 23 Fall cycle cases, the panels took no further action on 14 cases, and issued notices of intent to direct members' participation in competency enhancement (demonstrated change reports) on seven cases. Two additional cases will be reviewed by a panel by end of month.

The above noted participants were either randomly selected to undergo PPA or were chosen due to self-reporting on the annual renewal form that they had not practised the profession for at least 1,500 hours during the previous three years (insufficient currency).

Members who are directed to complete a demonstrated change report are required to review the relevant College practice standard and /or guideline and /or webinar and / or legislation, as per the Committee's Decision and Reasons. The member must submit to the College evidence of demonstrated change for each respective essential competency, outlining: what s/he has learned; changes made to her/his practice based on the new knowledge; and how the new knowledge impacts patient/client care/service. Members who are issued a Notice of Intent to direct their participation in competency enhancement, have another opportunity to provide evidence of self-remediation before Committee renders a final decision on their file.

### Peer Assessor Recruitment

Over the past few months, College staff recruited kinesiologists to become peer assessors who will conduct PPAs. Committee appointed five new assessors, increasing the total pool to 25 members, and will consider further candidate applications prior to Spring training. The assessor pool reflects a diverse group with varied skills, experience, practice areas and settings, geographic locations, and language, reflecting the broad scope of and diversity within the profession.

PPA is a supportive and educational process in which kinesiologists are paired with a fellow kinesiologist (assessor) to help them objectively assess their knowledge, skill and judgement, and

identify areas of strength and areas for improvement within their practice. The assessor gathers information through an interview and a patient/client record review for those in clinical/mixed practice. The assessor then prepares a report for the Quality Assurance Committee. Assessors draw on their knowledge and experience to provide coaching and peer support to members during the assessment process.

All newly appointed assessors will participate in a mandatory two-day orientation and training at the College office. The purpose of the training is two-fold: to enable new recruits to demonstrate their practice knowledge by completing a peer and practice assessment (criteria to be an Assessor); and to provide new recruits with the opportunity to practice their interviewing skills. Experienced assessors will participate on the second day to share their insights and strategies and to provide coaching on interviewing and note taking. Newly appointed assessors will observe and shadow Spring 2018 Cycle PPAs to provide more hands-on training and ensure consistency with scoring.

### **Practice Resource Directory**

Spencer Boughton, a Professional Kinesiology Graduate Diploma program student at Lakehead University, recently completed a Junior Analyst winter placement position at the College. One of his assignments included researching and developing a practice resource directory for members. Through the College's self-assessment portal feedback survey, kinesiologists have requested assistance in finding accessible and/or affordable continuing professional development opportunities. Kinesiologists seeking continuing professional development activities to address learning goals in their individual learning plans, or who have competency-specific opportunities for improvement identified in their peer and practice assessments, can use the directory to find specific practice resources relevant to the respective essential competency. The directory will be offered in an online format, circulated in the April e-newsletter and posted on the website. The directory will contain a combination of web links to internal and external resources, both free and at a cost, and members and stakeholders will be invited to advertise their relevant programs or services on this forum. A disclaimer will clarify that the links are provided for reference only and are not endorsed by the College for their value. New resources will be reviewed and approved by the Quality Assurance Committee prior to posting.

### **Ethics and Professionalism e-Learning Module**

All General Class members who were registered prior to May 1, 2017 were required to complete the College's prescribed Ethics and Professionalism e-Learning Module by July 31, 2017. Members were informed that completion may be counted as a learning activity towards their continuing professional development (CPD) requirements, and were encouraged to include as a CPD activity in their 2016 self-assessment individual learning plans.

Several follow-up notices were emailed to non-compliant members and final notices were distributed to 80+ members who were non-compliant with this mandatory program requirement. As per the Prescribed Learning Modules Policy, members who fail to complete the module by an extended 90-day deadline are required to participate in the next peer and practice assessment cycle. Four non-compliant members were sent notices of selection to participate in the Spring 2018 Cycle.

Members who registered between May 1, 2017 and May 1, 2108 will be required to complete the module between May 1, 2018 and July 31, 2018.



## **Prevention of Sexual Abuse e-Learning Module**

The College will be launching the Prevention of Sexual Abuse e-Learning Module on May 1. In May 2017, the Ontario government passed Bill 87, the *Protecting Patients Act*, legislation which introduced several changes to how colleges deal with matters of sexual abuse. All kinesiologists are responsible for understanding and upholding the practice standards pertaining to professional boundaries, prevention of sexual abuse and mandatory reporting. The first chapter of the module will help members understand the nature of the professional relationship; what constitutes a boundary violation and sexual abuse; how to recognize warning signs and how to act on them to protect the client; and what to do if boundary violations occur. The second chapter will help them understand their mandatory reporting obligations and how to respond to concerns of sexual abuse appropriately. Chapter three will test their knowledge through a series of multiple choice questions based on practice-related situations.

All kinesiologists registered in the General Class will be required to complete this module by July 31st. Members may complete the module at their own pace individually or with a group, and may list completion as a CPD activity in their individual learning plans.

## **2017 Self-Assessment**

The College has concluded its 4<sup>th</sup> Annual Self-Assessment period. General Class members were required to complete their self-assessments and individual learning plans by March 1, 2018.

Several follow-up notices were emailed to non-compliant members and final notices were distributed to 250+ members who were non-compliant with this mandatory program requirement. As per the Self-Assessment Policy, members who fail to complete the module by an extended 90-day deadline are required to participate in the next peer and practice assessment cycle.

## Committee Report

<b>Committee: Inquiries, Complaints, and Reports Committee</b>
<b>Prepared for:</b> Council
<b>Date:</b> March 26, 2016

Since its last report to Council, a panel of the Inquires, Complaints, and Reports Committee (ICRC) has met on one occasion.

At its meeting on February 16, 2018, a panel of the ICRC dealt with the following matters:

- The panel reviewed two complaint matters. The first matter resulted in advice and direction to the subject member; the second resulted in no further action by the panel.
- The panel requested the appointment of an investigator under section 75(c) of the *Code* to conduct an investigation into a complaint against a member.
- The panel issued a caution-in-person to a member in relation to a previously decided matter.

At present, there are two outstanding complaint matters currently being investigated and pending review by a panel of the ICRC.

COLLEGE OF  
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# MAKING THE CASE FOR QUALITY ASSURANCE

Lara Thacker  
Director, Quality Assurance

# Prophecy for regulation

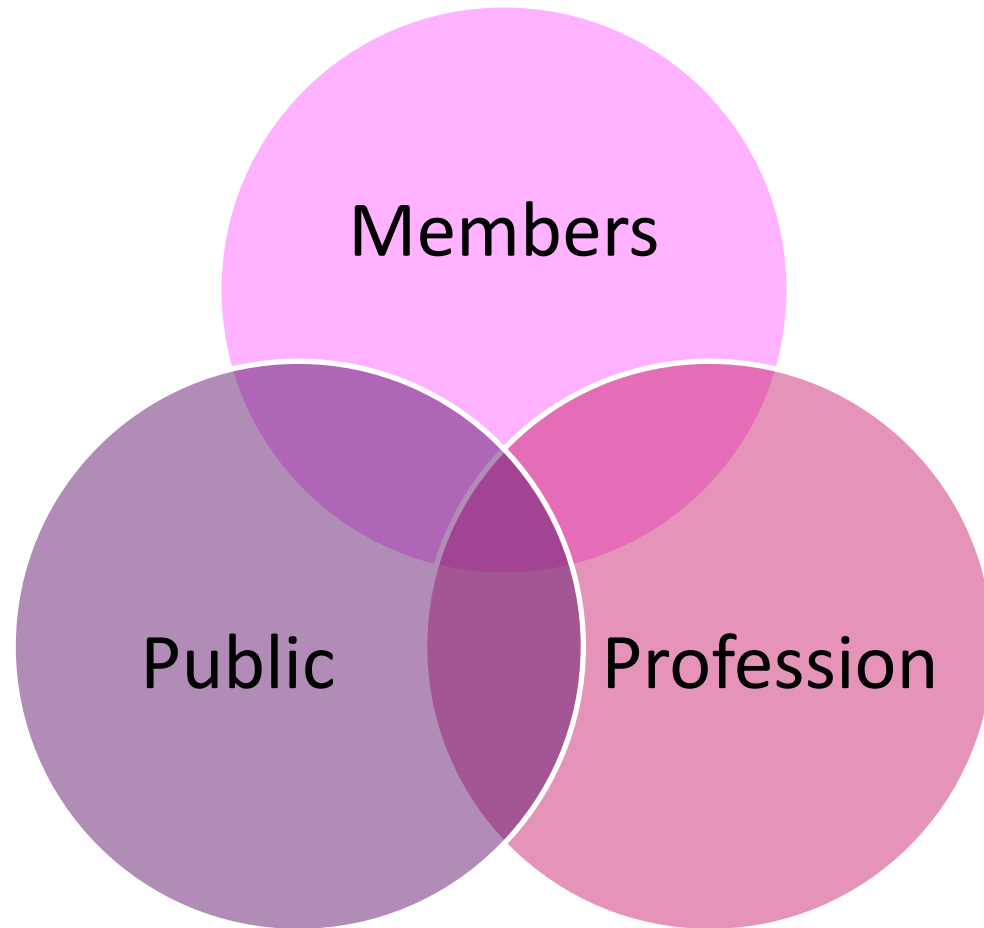
*“Prospective regulation – including periodic assessment – will increasingly focus on education...Proactive – rather than reactive – approaches to regulation will become increasingly the norm.”*

Rocco Gerace, MD

College of Physicians and Surgeons of Ontario

# **THE BUSINESS CASE**

# Value



*“Sometimes when we enter new roles, we often go with the flow or continue with the role as it was, rather than critically evaluating all aspects of the role and the reasoning behind the processes or documents. The PPA made me realize that I was someone who continued with the role as it was and did not critically review the assessment form. I now more feel more empowered and the PPA has shown me the impact I can have within my knowledge and practice to question forms and processes with my employer...”*

# An Ounce of Prevention...

\$750



Up to \$300K



# **SELF-ASSESSMENT**

# Top 3 practice challenges



**1.** Kinesiologist services not covered by health plans

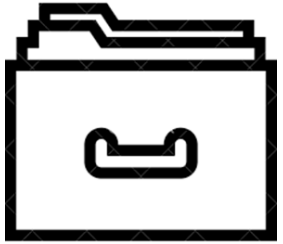


**2.** Workload and staffing



**3.** Continuing professional development opportunities

# Top 4 practice standards identified as learning goals



**1.** Record keeping



**2.** Fees and billing



**3.** Advertising



**4.** Dual Health Care

# Top clinical competencies identified as learning goals



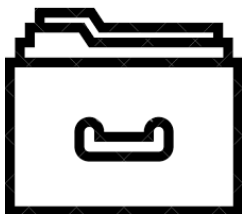
**1.** Selects appropriate assessment tools and methodologies.



**2.** Performs an assessment using critical thinking and decision-making.



**3.** Analyzes and synthesizes assessment data to inform an impression.



**4.** Systematic approach to record keeping.

**ETHICS AND PROFESSIONALISM  
E-LEARNING MODULE**

# Top 5 Challenging Quiz Items

1. Fees and billing – fee schedule (#20)
2. Consent - age of consent (#2)
3. Fees and billing - the Groupon question (#10)
4. Scope of practice - mental health (#11)
5. Assessment – decision-making (#34)

# Suggested topics for future scenarios

- Research ethics
- Cultural variances
- Conflict with other professionals
- Reporting elder abuse
- Violence and aggressive behaviour
- Divorced parents disagreeing on child's treatment
- MVA patients who do not reliably report on their symptoms

# **PEER AND PRACTICE ASSESSMENT**



# Where we've been...

63 PPAs



5%  
Northern  
Ontario

8%  
Eastern  
Ontario

86%  
Southern  
Ontario



27%  
clinical



27%  
non-clinical

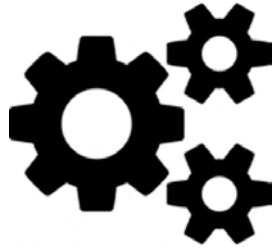


46%  
mixed

# Final Decisions and Reasons



**50** No Further Action

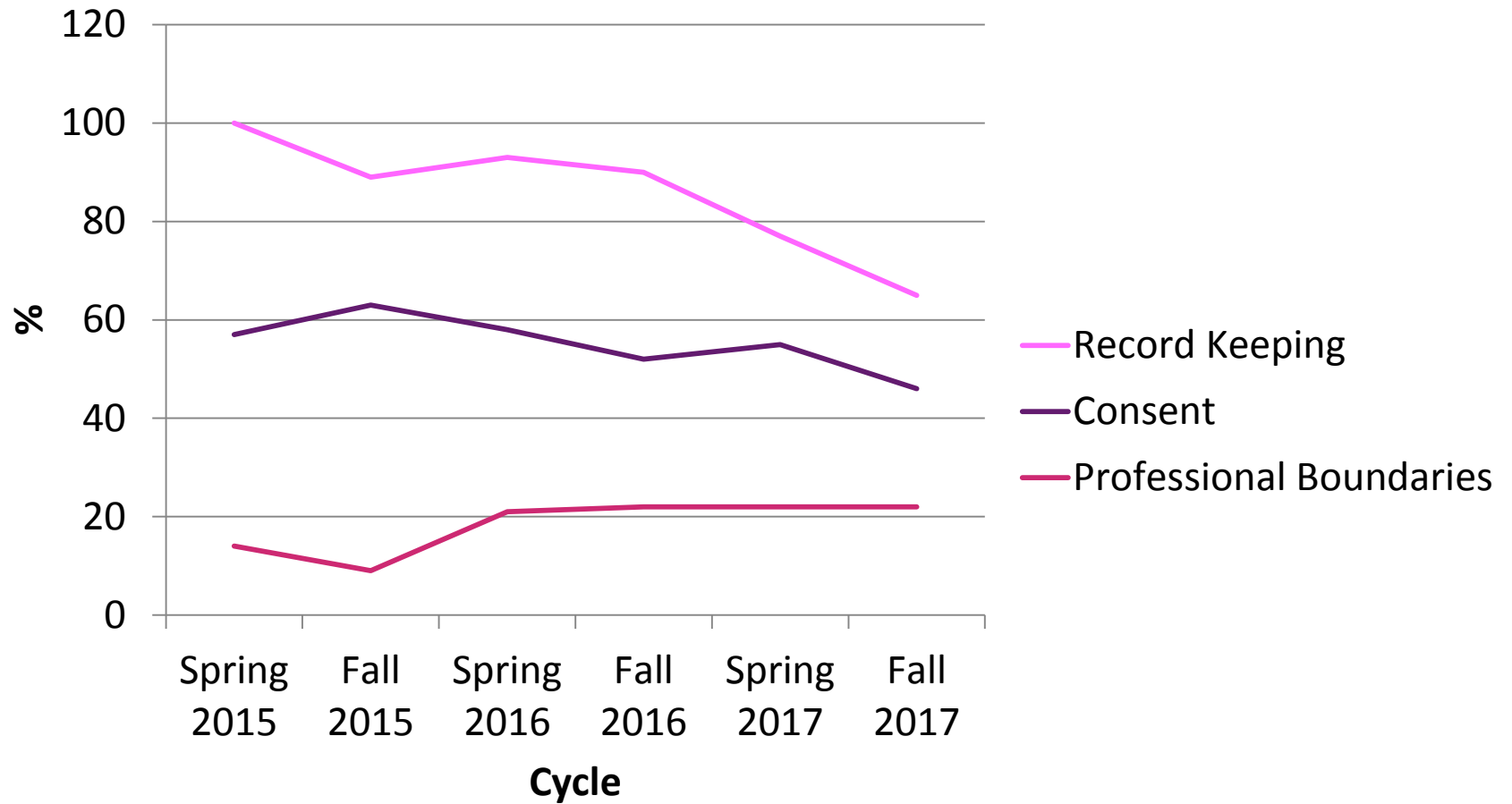


**3** Demonstrated Change Report



**1** Mentorship Program

# Progress To Date





Record keeping was identified as an opportunity for improvement for **65%** of members.



Consent was identified as an opportunity for improvement for **46%** of members.

Professional boundaries was identified as an area for improvement for 22% of members.



# Vision for the future



**1.** Risk-based regulation – increasing focus on education



**2.** Inter-program analytics to measure impact of QA on other portfolios



**3.** Interprofessional collaboration on compendium of practice inquiries/resources



# THANK YOU

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# SPECIALTIES

Authorizing a specialty of the profession

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# REVIEW AND APPROVAL FRAMEWORK FOR AUTHORIZATION OF A SPECIALTY

## SECTION A: Definition

**Definition** –To be authorized as such by the College, a specialty must be a discrete and well-defined focus of practice which requires in-depth knowledge and skills beyond those commonly possessed by registered kinesiologists (defined by the registration and renewal requirements of the College of Kinesiologists of Ontario). A specialty builds on the knowledge within the discipline and strengthens and enriches evidence-based practice of kinesiology. A specialty responds to defined needs of members of the public.

Practitioners of an authorized specialty within the field of kinesiology will have gained advanced competency within the specified area of practice, through study and supervised practice as a trainee. This study and supervised practice will have been conducted by a program or programs accredited by the College of Kinesiologists of Ontario or its delegate to provide certification, a diploma or a degree that is recognized by the College.

## SECTION B: Requirements for Recognition of Kinesiology Specialties

### *1. Defined scope*

The scope of the proposed specialty requires advanced knowledge and skills that: (a) are recognized as part of a kinesiology special area of practice, or combination of recognized kinesiology special areas of practice; and (b) cannot be adequately represented to the public and to members of other healthcare professions solely through the use of the R. Kin title plus addition of the designation used by those qualified in the special area of practice.

- Builds upon the defined essential competencies of the profession in a distinct area by adding increased depth of knowledge, and by increasing the skills of the practitioner within the area of specialty;
- Adheres to the Standards of Practice and defined Essential Competencies Profile
- Demonstrates the competencies required to provide advanced and specialized kinesiology services.
- Responds to a recurrent set of well-defined situations/problems/needs related to a defined population
- Typically, specialists practise in the area exclusively.

### *2. Evidence of need*

The specialty applicant must document scientifically, by valid and reliable statistical evidence/studies, that the applicant: (a) actively contributes to new knowledge in the field; (b) actively contributes to professional education; (c) actively contributes to research needs of the

### *Authorization of Specialties*

profession; and (d) provides kinesiology services for the public; all of which are currently not being met by general practitioners or another authorized specialty of kinesiology.

#### *3. Impact on existing practice of kinesiology*

The recognition of specialties within a profession acknowledges and leads to advancements in practice, research, and technology. Improvements within the field serve the public interest by enabling more informed decision-making and enable members of the profession to make necessary referrals within the profession to respond to particular patient/client needs.

Specialties are authorized only in those areas identified and accepted by the profession where advanced knowledge and skills are essential to maintain or restore health or to provide the required support to the development of the profession.

- Authorization of the speciality enhances and strengthens the public's access to necessary and effective kinesiology services.
- The profession has demonstrated that authorization of the specialty is consistent with the goal of protecting the public, that it nurtures the practice and science of kinesiology, and that it improves the quality and accessibility of care.
- The specialty demonstrates unique integration of care with other areas of kinesiology and/or other areas of health service.

#### *4. Advanced Education and Training*

Formal advanced education and training programs pertaining to a specialty must be verifiable by the College. The Program must provide education and training beyond what is attained in the four or five-year kinesiology degree from a recognized Ontario university or equivalent degree program. The purpose of the Program and the design of the curriculum must be to provide the special knowledge and skills required for practise of the proposed specialty.

#### *5. General Characteristics*

- Specified knowledge and skills within kinesiology
- Specialized constellation of competencies that build on essential competencies
- Structured program of study and/or training which is not part of a baccalaureate degree, typically requiring a minimum of 1000 curriculum hours and 800 supervised practise/practicum hours.
- Certification requires an exam by a sector-recognized certifying body
- Continual evaluation of specialty skills at adequate intervals by the accepted certifying body.

A program which is desirous of providing a certificate or diploma to qualify members to practise as a specialist within an authorized specialty of kinesiology, must be accredited by the College or an organization to which the College has delegated the authority to accredit for the purpose of providing training in a specialty of kinesiology.

## ACCREDITATION OF A SPECIALTY TRAINING PROGRAM

### SECTION A:

#### Validation of the Sector Recognized Certification Program

The application for authorization to use a specialty title requires submission of documentation relating to the education and certification process undertaken by the member to achieve the required level of competence to practise as a specialist in the specialty area. The education and training must be provided by a program which is recognized by the sector and the profession and which has been accredited by the College or its delegate.

### SECTION B: Submission of an Application

A program which meets the following criteria may submit an application for accreditation:

- i) A dean/program director/program administrator, as applicable, has been employed at the time the application is submitted and at least six (6) months prior to a projected site visit.
- ii) The program meets the accreditation requirements attached to this document and can be demonstrated, at the time of the application.
- iii) A strategic plan/outcomes assessment process, which will regularly evaluate the extent to which the program's stated goals and objectives are being met, is developed and available for review.
- iv) The long and short-term financial commitment of the institution to the program is documented and demonstrates viability of the program.
- v) Contractual agreements are drafted and signed providing assurance that any program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities has adequate support.
- vi) A defined admission process and due process procedures exist to verify that applicants for admission to the program meet entry requirements.
- vii) Due process procedures including examinations are in place to ensure that trainees achieve the required competencies to practise at an advanced level within a specific area of the field of kinesiology.
- viii) Qualifications, assignments and appointment dates of faculty are provided.
- ix) An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, there must be documentation that permission was granted to use these materials.
- x) The curriculum with general course and specific instructional objectives, learning activities, evaluation instruments (including, as applicable, laboratory evaluation forms, sample tests, quizzes, and grading criteria) is provided.
- xi) Class schedule(s) noting how each class will utilize the facility are developed.

## *Authorization of Specialties*

As there is no accrediting body currently in place that is able to assure the College of the qualifications of an applicant for provision of training in a specialty within the practice of kinesiology, such applications must be made to the College with payment of required fees.

### **SECTION C:**

#### **Application Requirements**

##### *1. General Information*

- i) What is the name of the proposed specialty?
- ii) Describe the relationship between the specialty and general kinesiology practice
- iii) Is there a national organization which provides certification or regulates through a legislative framework, the proposed specialty?
- iv) Are there any other national or provincial organizations with similar scopes? If yes, what is the relationship between the organizations?

##### *2. Specific Information*

- i) Describe (in detail) the unique nature of the proposed specialty. Provide information on the following:
  - (a) A list of well-established and validated Standards of Practice or Core Competencies, the methodology used to develop and validate the standards and competencies. Every standard or competency should relate to the uniqueness of the proposed specialty area.
  - (b) A statement of values and beliefs reflected in the practice of this specialty area, which must be reflected throughout the proposal.
  - (c) A description of the recurrent situations/problems/needs which the specialty area addresses.
  - (d) A description of key phenomena that relate to practice, such as, technologies, physical set-up, practice setting, and any other external influencing factors that relate to the uniqueness of the specialty area.
  - (e) A written role description for practitioners within the specialty.
  - (f) A list of well recognized and current journals, publications, research studies which support the speciality.
  - (g) A list of healthcare practitioners or other individuals who have acknowledged, relevant knowledge or expertise who support the creation of the specialty and provide reasons for their support.
- ii) Describe the client population which this specialty primarily serves and how it benefits from this specialty practice.
- iii) Is this specialty recognized by another jurisdiction, if yes, for how long?
  - (a) For each jurisdiction, describe how the specialty is structured.
- iv) For each jurisdiction, describe how it is recognized (e.g. examination?)
- v) Describe the requirements for recognition of practitioners in this area.
- vi) How are practitioners in this area assessed/confirmed?

## *Authorization of Specialties*

- vii) What are the continuing competency requirements for practitioners to maintain their specialty certification?
- viii) How will the recognition of this proposed specialty affect general practitioners and any other related specialties? (please include both positive and negative implications)
- ix) Would any component of the specialty training be taken as part of the training for general practice? (E.g. streamed university programs). (Please describe how this would be handled by the training program in the specialty area)
- x) How would recognition of this specialty area affect the following:
  - (a) Delivery of general kinesiology services?
  - (b) Meeting health care needs?
- xi) Estimate how many practitioners are currently practising in the proposed specialty area
- xii) Outline future projected work force needs for those practising in this area (5-10 years)
- xiii) Why is authorization by the CKO essential for the proposed specialty? How public protection is improved or how is the practice of kinesiology enhanced?
- xiv) Identify any organizations and stakeholders (within Canada) who should be consulted including other professions where holders of the specialty certification or education may practise.
- xv) Outline the implementation process for the proposed specialty.

## **SECTION D:**

### **Application Review and Approval Process**

#### *Stage 1 – Internal Review*

- i) Receipt of submission
- ii) Preliminary review by College to ensure completeness
- iii) Council establishes a special-purpose Committee on Specialties
- iv) Submission sent to COS co-Chairs (Committee on Specialties) and reviewed

#### *Stage 2 – COS Review*

- i) Review of application
- ii) Provide direction to staff regarding verification of claims, commitments made in the proposal, current practice focus and structure for those most likely to be impacted within the membership of the College
- iii) Decision –COS decides whether to accept the proposal and to begin the consultation process potentially leading to authorization of specialty.
- iv) Key Decision Criteria
  - (a) Does the proposed specialty make the case that it is necessary for improved public protection?
  - (b) Does the proposed specialty demonstrate strength of certification/education program?
  - (c) Is the proposed specialty broadly understood and accepted within the profession?

## *Authorization of Specialties*

Proposals passing this stage will be reviewed according to the Standards for Accreditation described in Appendix 1.

### *Stage 3 – Stakeholders Consultation*

- i) Consultation with the proponents to discuss the application, the consultation process, and outcomes from stakeholder consultations
- ii) Consultation by the College with the MOHLTC and with health profession regulators regarding proposal of profession for authorization of specialty. The College will consult with the public, with the Ministry of Health and Long-Term Care, with its members, with all other regulated health professions, and with stakeholders, to verify need and claims of enhanced public protection.
- iii) The period of consultation shall be ninety days unless it is determined that there is urgency to the matter in which case the period of consultation shall be sixty days.
- iv) Upon review of comments submitted during the consultation, if substantial concern is raised, then a further consultation of sixty days will be undertaken.
- v) Feedback to specialty group representatives to address any proposal shortcomings or issues
- vi) Further consultation with membership and key stakeholders as deemed necessary by COS
- vii) Consultation submissions reviewed by COS
- viii) COS directed meetings with individual stakeholders as necessary.
- ix) COS decision – requires further clarification; decision to recommend approval; decision to recommend against approval. Rationale provided to support recommendation.
- x) COS considers and drafts implementation plan if recommendation is to proceed with specialty.

### *Stage 4 – Ratification*

- i) Review by Executive Committee
- ii) Executive Committee receives the recommendation of the Committee on Specialties. Considerations of Executive Committee include cost implications for the College, communications requirements, impacts if any on regulation, impacts on membership, and feedback received through consultation process.
- iii) Executive Committee comments– specialty designation is (is not) required to enhance public protection; implementation plan is (not) feasible.
- iv) Review by Council
- v) Council receives the recommendation of the Committee on Specialties and comments from Executive Committee.
- vi) Decision on whether to authorize a specialty designation and implementation plan.
- vii) Implementation (addressed in application)



# APPENDIX 1

## ACCREDITATION STANDARDS

### Standards for Accreditation of Certificate and Diploma Programs Relating to Specialty Areas of Practice Authorized by the College of Kinesiologists of Ontario<sup>1</sup>

The preceding is a process for authorizing a specialty. Individuals or organizations submitting a proposal to provide a program which trains candidates in an authorized specialty will be assessed to ensure they meet accreditation standards at the end of Stage 2 in the College's Review and Approval Process described above.

#### ACCREDITATION STANDARD 1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure.

##### *Interpretation*

- i) There must be a program director who has authority and accountability for the operation of the certification or diploma program.
  - (a) The program director must have demonstrated specialty expertise gained through advanced education, training and experience in the area of focused competence.
  - (b) The program director is accountable to a board of directors capable of such oversight. There must be coordination between the board of directors, and the professional associations for kinesiology and the area of specialty practice and universities in Ontario offering degrees in kinesiology to ensure the certification or diploma program does not negatively impact on the quality of education provided in these programs and offers learning experience at a level which is advanced beyond the bachelor degree level for Ontario universities.
  - (c) The program director must be assured of sufficient time and support to administer the program.
- ii) If more than one type or level of advanced training certification is offered by the corporation, there must be a program committee for each certification program, to assist the program director in the planning, organization, and supervision of the program.
  - (a) The members of this committee must include at least one trainee chosen by the trainees in the program.

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<sup>1</sup> Adapted from *The Royal College of Physicians and Surgeons of Canada*. General Standards for Areas of Focused Competence (AFC) Programs 'C' Standards

## *Authorization of Specialties*

- iii) The program director, assisted by the program committee, must administer and maintain an educational environment conducive to educating experienced kinesiology practitioners in the area of focused competence.
- iv) The program director and committee must:
  - (a) Oversee and ensure the quality of didactic and practical education in all sites that participate in the certification or diploma program.
  - (b) Approve the selection and teaching assignments of program faculty as appropriate.
  - (c) Select candidates for admission to the program.
  - (d) Develop and monitor an evaluation process that provides documented, regular feedback for trainees and includes an appeal mechanism.
  - (e) Ensure compliance with relevant college (CAAT) or university policies where the program is offered by a college or university.
  - (f) Evaluate, on a regular basis, the overall educational environment of the program, and each of its components.
  - (g) Assess, on a regular basis, the teachers participating in the program.
- v) There must be an environment of inquiry and scholarship, including an active research component, in the organization sponsoring the certification or diploma program.

## **ACCREDITATION STANDARD 2: RESOURCES**

There must be sufficient resources including teaching faculty, the number and variety of practical assignments, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all trainees in the certification or diploma program to achieve the educational objectives and receive full training as defined by the certification requirements.

### *Interpretation*

- i) There must be a sufficient number of qualified staff to teach, supervise and assess the trainees.
- ii) There must be a sufficient number and variety of appropriate practical assignments to meet the educational needs of the trainees.
- iii) Practical assignments and other resources used for teaching and learning must be organized to achieve their educational objectives.
  - (a) Learning environments must include experiences that facilitate the acquisition of the advanced competencies required to achieve certification or be granted a diploma.
- iv) The physical and technical resources available to the program must be adequate to meet the needs of the program as outlined in the Training Requirements.

## *Authorization of Specialties*

1. Supporting facilities and services must be available to allow each trainee opportunity to meet the certificate/diploma requirements.

### **ACCREDITATION STANDARD 3: EDUCATIONAL PROGRAM**

There must be a defined educational program that includes practical training, academic and scholarly content relevant to kinesiology and specific to the area of specialty practice. The program must be designed to ensure that each trainee is able to achieve all the competencies necessary to practise at an advanced level, safely and competently without endangering the public.

#### *Interpretation*

- i) The goals and objectives of the overall certification or diploma program must be written using the Essential Competencies of Kinesiologists framework.
- ii) There must be specific educational objectives for each educational experience based on the relevant Essential Competencies of Kinesiologists.
  - (a) The educational objectives must be designed to permit attainment of competence and be reflected in the planning and organization of the educational experience.
  - (b) At the beginning of each educational experience, individual learning strategies to meet the objectives must be jointly developed by the trainee and the supervising faculty.
- iii) There must be an academic program that provides educational opportunity to demonstrate application of the Kinesiologist Essential Competencies relevant to the area of focused competence. This must be sufficient to permit each trainee to acquire the appropriate expertise and skills to function as a kinesiologist practising at an advanced level in the area of focused competence.
- iv) The certification/diploma program must be organized such that trainees are both appropriately supervised and given appropriate responsibility according to their level of training, ability/competence, and experience.
- v) Teaching and learning must take place in environments which promote trainee safety and freedom from intimidation, harassment and abuse.
- vi) Service demands must not interfere with ability of the trainee to follow the academic program.

### **ACCREDITATION STANDARD 4: COMPETENCY-BASED ASSESSMENT OF TRAINEE PERFORMANCE**

There must be mechanisms in place to ensure the systematic collection and Interpretation of assessment data on each trainee enrolled in the program.

#### *Interpretation*

### *Authorization of Specialties*

- i. The in-training assessment system must be based on the goals and objectives of the program and must clearly specify the methods by which trainees will be assessed and the level of performance expected of trainees at each stage in the achievement of these objectives.
  - (a) There must be regular, timely, documented feedback on the progress of the trainee.
  - (b) Feedback sessions to trainees must include face-to-face meetings as an essential part of evaluation.
- ii. Assessment must collect evidence of achievement of competencies as set out in the Competency Training Requirements approved by the College and the Competency Portfolio for the certification or diploma.

Issue	Costing of Specialties Assessment Framework
For:	Council
Date	March 26, 2018

**Decision Note**  
**Specialties Assessment Framework**

Date: March 26, 2018

Issue: Approval of policy: Specialties Assessment Framework

**Background:**

Council has before it the outstanding matter of the draft Specialties Assessment framework.

The College has addressed to Council on several occasions the matter of specialties within the profession. We have noted that the *Kinesiology Act, 2007* allows for the College to authorize use of a specialty title:

**Restricted titles**

[7. \(1\)](#) No person other than a member shall use the title “kinesiologist”, a variation or abbreviation or an equivalent in another language. 2007, c. 10, Sched. O, s. 7 (1).

**Representations of qualification, etc.**

[\(2\)](#) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a kinesiologist or in a specialty of kinesiology. 2007, c. 10, Sched. O, s. 7 (2)

The *Regulated Health Professions Act, 1991*, requires a College to define a specialty in regulation. Specifically, the Act provides states

**Regulations**

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

(e) defining specialties in the profession, providing for certificates relating to those specialties, the qualifications for and suspension and revocation of those certificates and governing the use of prescribed terms, titles or designations by members indicating a specialization in the profession;

On September 21, 2015, Council ordered that the Draft Specialties Assessment Framework be circulated for public consultation. In addition, Council ordered that the Ministry of Health and Long-Term Care be consulted to determine whether they had views on the matter of creation of specialties within the regulated practice of kinesiology. Other health professions regulators and a number of professional associations were specifically consulted. In

addition, the Ontario universities with programs whose graduates apply to the College were briefed and invited to provide input to the draft framework.

On June 26-27, 2017, Council was presented with analysis from the public circulation of the draft Framework. Response from the membership was mostly supportive. Health professions regulators advised the College to consider specific competency profiles for members to attain and maintain their specialty. There was also concern that the model proposed was time based in contrast to the competency based assessment for entry to practice.

Specific comments of note:

- For the most part, responders seemed supportive of the College authorizing the use of specialty titles.
- It was evident that there is not a clear understanding of the role of the College in “authorizing” use of a title.
- Some comments assumed that existing organizations which carry out certification would be the organizations which would accredit specialty training programs. Notations were provided suggesting additional work that would be required including development of practice standards,
- York University noted that the time-based requirements may not reflect current practice in advanced education and that a focus on competencies would be more in keeping with the competency-basis of assessment for entry to the practice of kinesiology.
- Some questions were raised concerning which areas of practice would be considered as potential areas for specialty practice.

During discussion at Council questions were raised regarding the costs of implementing the policy. The College was asked to return the item to Council with analysis of costs of implementation.

## Cost Analysis

### **Cost of Establishing a Specialty**

The College has defined a policy which:

- Defines what a specialty within the scope of practice of kinesiology in Ontario;
- Describes the conditions which must be met in order for any area of practice to be authorized as a specialty;
- Describes the requirements for any training/education program to be accredited as a specialty training program
- Describes the application requirements
- Describes the Application review and approval process

The College considered what costs would be incurred by the College in the process of authorizing a specialty and in administering that specialty. It was felt that costs would occur in the process of authorizing a specialty and also in administering a specialty.

In analyzing costs it was assumed that Council would wish to establish fees to be applied to those authorized to use specialist title, which would cover one-time costs amortized over a reasonable period, and annual costs. These fees would be in addition to the General Class (or Inactive Class) registration and annual renewal fees.

### One-time Costs

#### **i. Defining the specialty**

In order to determine who is eligible to be a member of a specialty, the College must first define and validate the specialty and determine the competencies necessary to practice in that specialty. It is expected that much of the work to define the competencies of the specialty would be accomplished by the profession. The College would review and analyse the defined competencies, ensuring consistency with the defined competencies of Kinesiologists. To validate the competencies the College would conduct targeted consultations with the membership and key stakeholders. Staff time to conduct the analysis and consultations would cost about \$2000.

#### **ii. Cost of Accreditation**

Review of accrediting processes across Canada and beyond, indicates that accreditation of educational programs is not generally conducted by a health professions regulatory body. In many instances, it was noted that special-purpose bodies have been set up to either directly carry out the accreditation of educational programs or institutions, or to oversee such a process. The special purpose bodies are comprised of representatives from academia, the profession, and from the governing bodies.

Investigation indicates that there are very few independent accrediting bodies. In the past the CMA has performed accreditation for some professions outside of medicine but it is no longer doing this. In one case, two related professions have joined together to form an accrediting body.

The College is not an accrediting body and does not propose to take on accreditation. The College would require any educating or training body to demonstrate that it has satisfied the accreditation requirements set out in the policy, Specialties Assessment Framework.

Costs to the College for review of the accreditation submission of a training/education delivery agency would relate to staff costs to review the material and Committee costs. Total staff costs would not likely exceed \$2000 per application by a trainer.

**iii. Cost of Public Consultation**

The Specialties Assessment Framework policy requires that the College conduct consultations concerning a proposal to authorize a specialty. The College conducts all public consultations through internet publications and meetings with key stakeholders.

Costs of public consultation would therefore relate to the development of the consultation material plus analysis of responses. Such costs would be less than \$2000.

**iv. Cost of Development of Regulation to Establish a Specialty**

Establishment of a specialty requires submission of a regulation as per the RHPA (second excerpt above).

A draft regulation to establish a specialty would be modelled on such regulations with other Colleges and would be managed by the Director, Professional Conduct. Each time the College determined to establish a specialty within the profession, a regulation would be required.

Staff costs to develop a regulation, circulate for public consultation, prepare the submission to the MOHLTC and respond to ministry comments, could be \$3500.

**v. Costs of Communications**

Effective implementation of a specialty requires a communications strategy to ensure that the public, other health care practitioners, and key stakeholders such as patient representative organizations, are aware of regulation of the specialty. The College does not foresee the need for external expertise and assumes that representatives of the specialty itself would undertake considerable communications.

**vi. Systems Costs**

The College's database management system would require changes. At this time it is expected that changes would be made to the College application and renewal forms, and a standard report would be structured to capture all those applying or renewing as a specialist. The addition of the specialty information would be a one-time cost of \$2000-\$5000.

**Ongoing Costs to Administer a Specialty**

**vii. Application and Renewal Costs**

Costs to the College of processing applications and renewals for authorization as a specialist would focus relate to the verification of the certification provided by the external certifying body. Each year the College would require proof of continuing certification. The College would have in place requirements that the applicant/member provide verifiable proof of certification. It is expected that the incremental staff costs to process applications from certified individuals would amount to about \$2000 per year assuming 20 applicants per year.



### viii. **Quality Assurance Costs.**

The purpose of quality assurance is to confirm that members of the College continue to be competent in the practice of kinesiology, and to provide peer and College support in identifying areas for improvement in their practice. If the College authorizes use of a specialty title then it must ensure that those who are authorized to use a specialty title continue to be competent in the specialty and that they also have the opportunity to receive advice and support from the College and from peers within the specialty.

The College would recruit and train peer assessors from within the specialty and work with the certifying agency to ensure that the continuing education and training requirements are sufficient and processes in place to verify.

The College recruits and trains peer assessors each year. Inclusion of specialists would result in a net increase to the pool of those selected for PPA. The number required would be dependent upon the number of registrants for any particular specialty.

The College is forecasting an increase to the costs of QA beyond what is currently projected in long term plans to accommodate assessment of specialists. These assessments would have two parts – the first level which is already in place and a second level which would be designed around unique competencies needed in specialty practice.

Assuming a body of 200 people qualified as specialists, the College might target 5-10% for PPA each year. Assessment of the specialist component would potentially cost an additional \$150 pp. for a total of \$1500-\$3000 per year in PPA cost plus travel at an average of \$400 for a total QA costs of \$5500- \$11000.

#### **Total Estimated Costs:**

- **Initial one-time costs per specialty - \$11,500 to \$14500**
- **Annual incremental costs assuming 200 in one specialty - \$7500 - \$13500**

#### **Expert Opinion Regarding the Draft Specialties Assessment Framework**

*Quoted from the Consultant's Report, March 2017:*

I have been contracted to review and comment on the draft Specialties Assessment Framework which was circulated in 2016 to the public for comment, and to advise the College on the following:

##### **a) The adequacy and reasonableness of the accreditation requirements described.**

Let me state from the outset that I found the Framework document to be excellent. It is well organized, clearly written and has obviously benefited from a thorough review of the Specialty requirements of other regulated health care colleges.

The section **Requirements for Recognition of a Specialty** addresses: *defined scope; evidence of need; impact on existing practice of kinesiology; advanced education and training; general characteristics of a specialty.*

I found the content of each section to be comprehensive, yet succinct, and provided a clear description of what a specialty within the College should be, the potential impact on

the existing practice of kinesiology and the educational and training requirements. In my view, the accreditation requirements described are more than adequate, and highly reasonable.

- b) Changes to the requirements in the accreditation requirements which would be appropriate to ensure rigour, reasonableness, logical process, sufficiency to ensure only specialty level programs may be accredited.**

In line with my previous comments, I do not have any meaningful suggestions for changes in the accreditation requirements. I was pleased to note 1. (b) which addresses specialty versus the R.Kin designation plus external certification/designation. I suspect this will be a controversial issue when future applications for specialty status within the College are received. The statement “Typically, specialists practise in the area exclusively” was also an important inclusion.

- c) Approaches to implementation of a program accreditation process.**

The section on **Accreditation of a Specialty Training Program** is extremely thorough, and reflects accepted best practices. It addresses: *validation of the sector recognized certification program; submission of an application; application requirements; application review and approval process; ratification.*

In my view, this section is an excellent template for implementation of a program accreditation process and I am hesitant to suggest an alternative. My only concern is the immense amount of work and consultation that will be required to operationalize the process, particularly in a young College with somewhat limited staffing resources. I anticipate this will be a source of discussion within the Council, and as it likely falls outside the scope of my review I will make no other reference to it.

The second part of this consultant’s assignment will be reported at a later date. It is important to note however, that the OATA was informed that their proposal would be reviewed by the consultant as part of this project both as a test case to identify gaps and problems with the Framework, and secondly, to provide an initial identification of shortcomings in the proposal itself.

### **Other Considerations**

While undertaking this work, including the public consultation, engagement of stakeholders and acquiring expert advice, the College has been cognizant of pending developments in the regulatory system signaled by the Ministry of Health and Long Term Care. Bill 87 has proceeded and while many changes are focused on prevention of and response to sexual abuse of patients by their health care providers, provision is made for future regulatory changes determined by the Ministry. The Ministry also has on hand various draft regulations submitted on various topics y health professions regulators.

The ministry provided no comments on the draft Framework and it is not expected that they would see issues with its approval.

It is noteworthy that while there are certifying organizations which currently provide certifications of various names and various skills acquisitions, and some of these are recognized internationally, at this time, none purport to certify a specialty of kinesiology. The Canadian Athletic Therapists Association (CATA) currently offers its own accreditation

program for university-level degree programs across Canada. Currently seven programs are accredited, two in Ontario.

**Next steps**

The College is presenting the draft Specialties Assessment Framework to Council for approval as a policy.

The College currently does not have a policy addressing the matter of specialties, to guide and inform its members, stakeholders and the public concerning what would be required of a specialist in the profession of kinesiology. The College *Guideline on Use of Title and Designations*, prevents any member from using the term “specialist” in advertising, job titles or in any manner related to the practice of kinesiology.

The purpose of the College in seeking approval of the Specialties Assessment Framework is to ensure that the College has the necessary policy in place to provide consistent, transparent information to the public and to the profession.

It has been determined through analysis that implementation of the Specialties Assessment Framework would result in some increase in costs on an ongoing basis as well as on a one-time basis. The College would recover these costs from those applying for authorization to use a specialty title. All costs relating to approval of the accreditation and certification model presented by an agency would be borne by that agency through application fees and by members who have sought certification.

In order to implement such fees as described here, the College would propose amendments to the fees bylaws to ensure full cost recovery over a reasonable period of amortization.

**Decision Required:**

**Approval by Council of the Specialties Assessment Framework.**

\*\*\*\*\*

## Resolution– Draft Specialties Assessment Framework

**Whereas** the College developed the draft Specialties Assessment Framework in response to enquiries from stakeholders as to how the College would evaluate requests for recognition of a specialty within the profession; and

**Whereas** the draft Specialties Assessment Framework was circulated to legal counsel, members, and stakeholders for comment for a period of 90 days; and

**Whereas** the College also sought advice and comments from an educational consultant with expertise in kinesiology education programs, post-secondary accreditation, and extensive knowledge of the Ontario kinesiology profession and the health care system; and

**Whereas** a draft proposal has already been received and reviewed by the expert consultant as a test case to determine whether the draft Framework is sufficiently rigorous to better enable the College to protect the public through recognition of a specialty within the profession; and

**Whereas** the College is prepared to take the next step and requires the Framework to be approved as a policy framework within which it may continue its work and provide detailed feedback to the Ontario Athletic Therapists Association regarding the draft proposal which it submitted on behalf of its members who are members of the College;

**Therefore, be it resolved that Council approves:**

- the draft Specialties Assessment Framework as a Policy Framework for the evaluation of requests for the recognition of a specialty within the profession;
- that the College may continue to refine this policy Framework as it consults with other organizations experienced in accreditation;
- that the College may consider further the policies and procedures that would be necessary to operationalize this policy Framework; and
- that the College will advise Council further of necessary substantive changes to the Framework and public consultations necessary to ensure that the Framework is sufficient to protect the interests of the public.

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

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

Date: March 26, 2018

**Resolution– Practice of Athletic Therapy Practice by Unregulated Practitioners**

**Whereas**, the Ontario Athletic Therapist Association (OATA) has brought concerns to the attention of the College regarding unregulated athletic therapy practitioners; and

**Whereas**, the practice of athletic therapy falls within the scope of practice of kinesiology; and

**Whereas**, the College regulates the practice of the profession guided by the interest of the public and with a view to public protection; and

**Whereas**, the College requires further information regarding the concerns expressed by OATA to determine what response may be appropriate in the circumstances;

**Therefore, be it resolved that Council directs College staff to investigate the concerns raised by OATA regarding unregulated athletic therapy practice and potential responses to such concerns, and that such investigation include consultation with representatives of OATA, the Canadian Athletic Therapists Association, athletic therapy programs in Ontario, the Canadian Council of University Physical Education and Kinesiology Administrators, and/or such other stakeholders, as appropriate.**

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

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

Date: March 26, 2018

## Resolution- Exemption from Procurement Policy for Examination Administration

**Whereas** the College acquires goods and services to meet its needs through a procurement process that is transparent, fair, provides value for money, is responsibly managed and conforms to legal requirements; and

**Whereas** registration to the College is through the entry to practice examination; and

**Whereas** Assessment Strategies Inc. has worked under contract with the College since 2012 to develop and administer the College examination, required of all qualified applicants; and

**Whereas** in 2017, Yardstick, a major full service examination provider acquired and merged with ASI in 2017 creating a new company Yardstick Assessment Strategies, (YAS); and

**Whereas** YAS administered the examination in Fall 2017 for the College under the same terms as the contract with ASI; and

**Whereas** the College has been very satisfied with examination services provided which include:

- Item development and item bank management including secure hosting,
- Examination printing, mailing collecting and electronic marking,
- Psychometric analysis of test forms, items, and performance by individuals;
- Guidance on setting cut scores
- Development of performance reports for schools
- Fail reports for candidates.

and

**Whereas** Yardstick Assessment Strategies (YAS) has presented a proposal to the College for continued examination administration for up to six years which responds to the College's changing needs; and

**Whereas** the College has been approached by only one other examination developer, and that company is not a full service company; and

**Whereas** per the College's procurement policy, the following are allowable exceptions to the general requirement that Goods and Non-Consulting Services undergo a competitive procurement process;

- reduced costs,
- extensive examination administration expertise, ensured compatibility and uninterrupted access to existing examination materials.

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario grants an exemption to the Procurement Policy to allow the College to negotiate a contract covering a period of up to six years for Examination Administration.**

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

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

Date: March 26, 2018

COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO



# Communications Update

Ryan Pestana  
Communications Officer



# DISCUSSION POINTS

- Database upgrade and new website
- Member communications survey
- New Council member orientation



# DATABASE UPGRADE

- Completed last Wednesday
- Strategic review of the database undertaken last year
- Conducted focus groups with staff to determine needs
- Focus groups with R.Kins to gather feedback



# RESULTS

- New website and public register
- New application form and member account
- New back-end with increased functionality
- All departments now represented



# COMMUNICATIONS SURVEY

- Surveyed R.Kins at the end of 2017/early 2018
- Asked about their experience with College communications, areas to improve, etc
- 7% of R.Kins responded

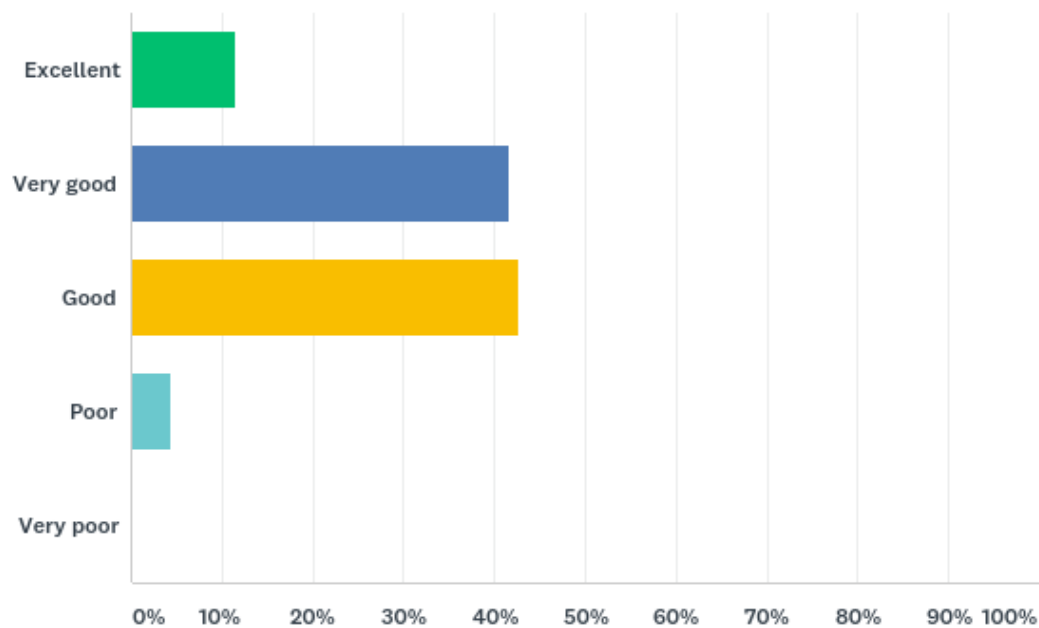


# INSIGHTS

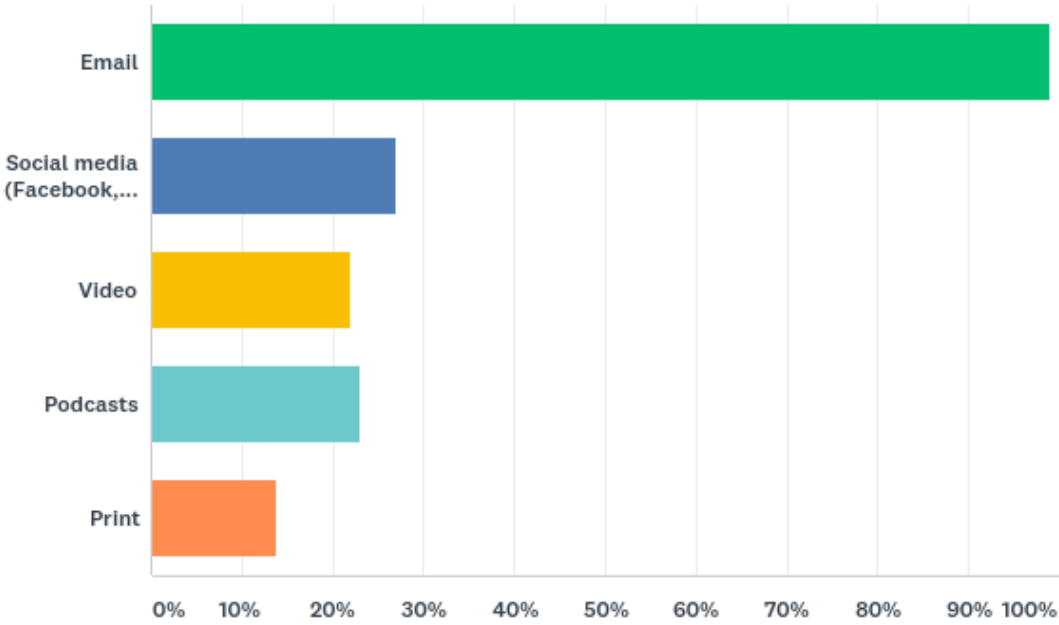
- Website received high marks for readability and navigation
- Messaging and frequency of @CKO needs review
- R.Kins want more information on practice issues and trends



Q15 Overall, how would you rate the quality of the information that you receive from the College?



Q16 How would you like to receive information from the College? (Select all that apply)



# NOMINATIONS, ELECTIONS

- Webinar for those interested in running for Council tomorrow night
- Purpose is to highlight the nomination process and answer questions
- Lynn Kabaroff will join to share her experience

# ORIENTATION

- Newer Council members surveyed on post-nomination experience
- Orientation binder to be re-vamped
- Planning orientation day in August for new Councillors



THANK YOU!



QUESTIONS?

2018 Council Elections- District 4 (one member); District 5 (one member); District 6

Members up for election- Jennifer (D4), Ryan (D5), Alexander (D6)

Deadline	Task	Person(s)
Sat. August 11	Conduct recount (No more than 10 days after receiving request)	BK
Wed. August 1	Final day to request a recount (15 days after the election date)	
Tues. July 24	Election results emailed to voting members and posted to the website	RP
Wed. July 18-20	All candidates notified of results via telephone	BK
Tues. July 17	Final reminder re. voting	BP
Fri. July 13	Reminder one re. voting	BP
<b>Tues. July 10- July 17</b>	<b>Election period. Poll closes at 11:59 p.m. EST July 17</b>	
Tues. July 10	Poll is open messages	RP/BP
Mon. July 9	Obtain list of members eligible to vote	RP
Tues. July 3	Reminder 2 re. voting	RP/BP
Tues. June 26	Reminder 1 re. voting	RP/BP
<b>Tues. June 12</b>	<b>Official notice of election and/or acclamation emailed directly to all members eligible to vote and posted to the website (21 days before the election)</b>	<b>RP/BP</b>
Mon. June 11	Obtain list of members eligible to participate in the election	RP
<b>Sun. June 10</b>	<b>Final day for candidates to withdraw nominations (30 days before the election)</b>	
Tues. May 29	Notice sent to candidates re. acceptance of nomination. Include save the dates for upcoming Council and committee meetings	RP
Mon. May 28	Vet and verify candidates per the requirements of <b>By-Law 10.13</b>	RP
<b>Fri. May 25</b>	<b>Nomination deadline (at least 45 days before the election)</b>	
Tues. May 23	Final reminder re. nominations	RP/BP
Tues. May 15	Reminder 2 re. nominations	RP/BP
Tues. May 8	Reminder 1 re. nominations	RP/BP
<b>Tues. May 1</b>	<b>Notice of nomination emailed directly to eligible members (No later than 60 days before the election)</b>	<b>RP/BP</b>
Mon. April 30	Obtain list of members eligible to participate in the nomination	RP
Feb and April	Notice of nomination/election published in @CKO and on website	RP
March 19-23	Engage BigPulse	RP/Dominic

Comment [RP1]: TBD if we need this.

## List of Electoral Districts

Districts	Description of geographic areas	Number of College members elected from the district
1. Northern	The districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka and the city of Greater Sudbury.	1
2. Eastern	The counties of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Lennox and Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas, Glengarry and the city of Ottawa.	1
3. Central East	The counties of Haliburton, Northumberland, Peterborough and Simcoe; the city of Kawartha Lakes, the regional municipality of Durham and the township of Scugog.	1
4. Central	The city of Toronto and the regional municipality of York.	3
5. Central West	The counties of Brant, Dufferin, Wellington, Haldimand and Norfolk; the regional municipalities of Halton, Niagara, Peel, Waterloo and the cities of Hamilton and Brantford.	2
6. Western	The counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth and Oxford; the municipality of Chatham-Kent and the city of London.	1
7. Academic	The entire province. Member of a faculty or department of kinesiology of a university in Ontario.	1



**Resolution– 2018 Council Election Date**

**Whereas** the College is required under By-Law 10.06 to hold an election of members to Council in 2018 for one Council member from District 4, one Council member from District 5, and the Council member from District 6; and

**Whereas** the Council 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 10-17, 2018 to ensure consistency with the time period established for previous elections, and to allow kinesiologists ample time to vote;

**Therefore, be it resolved that Council directs the Registrar to publish immediately July 10-17, 2018 as the election dates in districts 4, 5 and 6.**

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

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

Date: March 26, 2018



## Discussion Note

<b>Issue:</b> Capital Investment Decision: Upgrade of sound amplification system - Microphones
<b>Prepared for:</b> Council
<b>Date:</b> 26 <sup>th</sup> March, 2018

### **Background**

The Council permits attendance by teleconference at Council meetings and some Committee meetings. In order to facilitate participation by teleconference the College provides a sound system for amplification of speech. The College currently uses a wireless microphone system that consists of 8 (eight) wireless microphones which require charging before meetings. The charge lasts for approximately 4 hours. These microphones have become an increasingly frustrating part of conducting meetings; they often do not pick up the speaker's entire sentences. Sound technology for boardrooms has improved, making the system which the College is currently using obsolete with no servicing available in future.

Staff met with representatives from two different firms for consultations on new systems for the boardroom. The College requested options for both wired and wireless systems and received quotes for wired and wireless systems ranging from \$20,000 to \$50,000. The systems recommended may be integrated with telephone conferencing systems and are fully expandable for video conferencing if the College wishes to explore that option in the future.

### **Analysis**

The bylaws of the College permit use of teleconference by Council members. Often Committee meetings require only half a day. Depending upon the agenda, Committee meetings may lend themselves well to a teleconference format. Because Committee meetings involve fewer members the current sound amplification system has not been as troublesome to participation by teleconference

Council has heard that many colleges do not permit participation at Council by teleconference. Some Colleges are moving towards allowing teleconference or video conference participation.

The inadequacies of the College's sound amplification system have, from time to time, inhibited full participation by members using it. Conversely, the availability of the teleconference option has also enabled some Council members to participate in the discussion and decisions relating to critical items when they otherwise, would be unable to do so.

The Finance Committee recently considered the high cost of upgrading the sound amplification system and has raised concerns about the affordability of an upgrade.

### **Decision Required:**

The Committee has asked that Council consider whether this investment is necessary at this time.





## Decision Note

<b>Issue:</b> By-law Amendment <b>Bylaw 15- DUTIES OF COUNCIL AND COMMITTEE MEMBERS; Bylaw 11 – COUNCIL MEETINGS; Bylaw 14 – COMMITTEE MEETINGS</b>
<b>Prepared for:</b> Council
<b>Date:</b> 26 <sup>th</sup> March, 2018

### **Background**

Each year, the dates of Council meetings for the next year are published on the College website. Bylaw 15, *DUTIES OF COUNCIL AND COMMITTEE MEMBERS*, makes it clear that Council members are expected to attend meetings in person except in exceptional circumstances.

Council permits attendance by teleconference at Council meetings and some Committee meetings only in exceptional circumstances. Members of Council or Committees are expected to make arrangements with their employer, if necessary to ensure that they are able to attend. The normal demands of one's job, are not considered exceptional circumstances.

The College has reviewed attendance of Council members (past and present) over several years and has noted that from time to time, attendance by teleconference was not due to exceptional circumstances, but rather by regular job demands.

### **Decision Required:**

Executive Committee has asked that the College consider actions to help candidates for Council, better understand expectations concerning attendance including pre-election briefings and webinars for potential candidates. The Executive Committee also asked that wording in the Bylaw 15 be strengthened to ensure that the expectation regarding attendance is clear.

Presented below are suggested amendments to Bylaw 15 regarding expectations of attendance at meetings and consequential amendments to Bylaw 11 and 14 regarding when a meeting of council or committee may be held by teleconference.

## **BYLAW 15. DUTIES OF COUNCIL AND COMMITTEE MEMBERS**

### **15.01 Expectations and Duties**

Every member of Council and every Committee member shall, in the performance of his or her duties:

- i. familiarize himself or herself with the Act, the RHPA, the by-laws and any policies of the College;
- ii. familiarize himself or herself with any other records, documents and guidelines that may be necessary for the performance of his or her duties;
- iii. comply with the provisions of the Act, the RHPA, the by-laws, any policies of the College and rules that are adopted by Council, from time to time;

- iv. make reasonable efforts to attend all meetings of Council and Committees of which he or she is a member, and to do so in person, save in exceptional circumstances with the approval of the Chair of Council or the Committee;
- v. regularly attend all meetings on time and participate constructively in discussions;
- ~~v~~vi. ensure that confidential matters coming to his or her attention as a member of Council or as a member of a committee or working group are not disclosed by him or her, except as required for the performance of his or her duties or as permitted by the RHPA;
- ~~vi~~vii. conduct himself or herself in an appropriate manner with College staff, other members of Council or members of the committees, members and members of the public;
- ~~vii~~viii. comply with the College's Code of Conduct, which is attached as Schedule 3 to the by-laws and forms part of these by-laws;
- ~~viii~~ix. avoid, or where that is not possible, declare all conflicts of interest in the manner set out in the by-law; and
- ~~ix~~x. perform the duties associated with his or her position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

[Subsequent provisions omitted]

## 11. COUNCIL MEETINGS

[Intervening provisions omitted]

### 11.07 Manner of Meeting

- (a) Any meeting of Council, other than a hearing that must be held in person, may be conducted by means of teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio or video conferencing) and persons participating in the meeting by such means are deemed to be present at the meeting.
- (b) A meeting of Council shall be held in the manner described in (a) only with the approval of the President or the Chair of Council.

## 14. COMMITTEE MEETINGS

[Intervening provisions omitted]

### 14.02 Manner of Meeting

- (a) Any meeting of a Committee, other than a hearing that must be held in person, may be conducted by means of teleconference or any other means that permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio or video conferencing) and persons participating in the meeting by such means are deemed to be present at the meeting.
- ~~(a)~~(b) A meeting of a Committee shall be held in the manner described in (a) only with the approval of the Chair of the Committee.



**SCHEDULE 3 TO THE BY-LAWS**  
**Code of Conduct**

1. This Schedule applies to members of Council and members of all committees of the College.
2. Council and committee members must, at all times, maintain high standards of integrity, honesty and loyalty when discharging their College duties. They must act in the best interest of the College. They shall:
  - i. be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991* and its regulations, the Health Professions Procedural Code , the *Kinesiology Act, 2007* and its regulations, and the by-laws and policies of the College;
  - ii. Be prepared to participate in Council meetings and committee work, including reading background materials and briefing documents;
  - iii. Diligently take part in committee work and actively serve on committees as appointed by the Council;
  - iv. Regularly attend meetings on time (including not missing two (2) or more consecutive meetings without reasonable cause) and participate constructively in discussions;
  - v. Offer opinions and express views on matters before the College, Council and committee, when appropriate;
  - vi. Participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Council and committee members;
  - vii. uphold the decisions made by a majority of Council and committees, regardless of prior individual disagreement;
  - viii. place the interests of the College, Council and committee above all other interests;
  - ix. avoid and, where that is not possible, declare any appearance of or actual conflicts of interest;
  - x. refrain from including or referencing Council or committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one's titles or positions held at the College in one's curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);
  - xi. preserve confidentiality of all information before Council or committee unless disclosure has been authorized by Council or is otherwise exempted under s. 36(1) of the RHPA;
  - xii. refrain from attempting to influence a statutory decision unless one is a member of the panel or, where there is no panel, of the committee dealing with the matter;
  - xiii. respect the boundaries of staff whose role is not to report to or work for individual Council or committee members including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to that committee or the Council or where otherwise appropriate; and

xiv. be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

**Resolution–Amendment to Bylaw 15- DUTIES OF COUNCIL AND COMMITTEE MEMBERS;  
Bylaw 11 – COUNCIL MEETINGS; Bylaw 14 – COMMITTEE MEETINGS**

**Whereas**, both the bylaws of the College and the Code of Conduct for Council members speak to the expectation that elected and appointed members will attend Council and Committee members and participate fully; and

**Whereas**, Council is of the view that participation in deliberations and decisions on matters before Council and Committees is optimal when people attend in person; and

**Whereas**, participation by teleconference of members who are unable to attend a meeting which is scheduled to be in-person, due to emergency circumstance or circumstances of such significance that they would be considered exceptional, is both reasonable and desirable; and

**Whereas**, Council wishes ensure that all elected members and appointed members of Council and Committees clearly understand the expectation concerning attendance,

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to bylaws 11, 14, and 15, as appended to this resolution.**

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

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

Date: March 26, 2018

Issue / Decision Note

<b>Issue / Decision: Proposed By-Law Amendment – Non-Council Committee Members Terms of Appointment</b>
<b>Prepared for:</b> Council
<b>Date:</b> March 26, 2018

**Background**

*Committee Composition and Terms of Office*

Committees of Council are made up of Council members and Non-Council Committee Members (NCCMs). NCCMs are members of the College<sup>1</sup> who have been appointed by Council in accordance with the by-laws to serve on a specific committee of the College.

By-Law 13 (Specific Composition and Selection of Committees) sets out the composition of the College’s statutory committees, including the minimum required number of NCCMs per committee. For example, the Inquiries, Complaints and Reports Committee and the Quality Assurance Committee both require at least one NCCM to be appointed.

Sections 13.08 and 13.11, among other matters, deal with the terms of office for committee members, including Council members, NCCMs, and committee chairs. Committee members (both Council and non-Council) are appointed to committees for a one-year term. Committee chairs are eligible for a maximum of two consecutive one-year terms.

Section 10.04 states that elected Council members serve on Council for a term of three years and are eligible to serve for a maximum of three consecutive terms. The by-laws do not contain a maximum term limit for NCCMs.

*Call for NCCMs*

The College’s practice to date has been to send out a call to the profession in approximately July of each year for members who would be interested in serving as NCCMs. Applicants are asked to submit a brief form setting out their experience and interest, in addition to their curriculum vitae. This process is not set-out in the College’s by-laws and does not differentiate between new applicants and existing NCCMs.

*Frequency of Committee Meetings*

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<sup>1</sup> The by-laws also authorize Council to appoint individuals who are neither members of Council nor members of the College to non-statutory committees.

To date, committees of Council have met with varying frequency based on the needs of their respective portfolios. Certain committees, such as the Patient Relations Committee and the Discipline Committee, have met infrequently.

Because the term of NCCMs is one year, and because certain committees do not meet frequently, some NCCMs are unlikely to be able to attend a meeting of their committee prior to the expiry of their one-year term appointment. This is more likely to impact NCCMs than members of Council, who serve on Council for a three-year term and have the opportunity for re-appointment to committees.

### **Proposal to Clarify NCCM Appointment Process and Maximum Terms**

It is proposed that the by-laws be amended to achieve the following aims:

1. To codify the College's current practice with respect to the call for applications for NCCMs;
2. To establish a maximum term for NCCMs in keeping with that for Council-members.

#### *Call for Applications*

The College's current process of calling for applications is not reflected in the by-laws. It is proposed to introduce an eligibility requirement that the applicant has "filed a completed application in the form approved by the Registrar." This codifies existing College practice with respect to NCCMs.

This would also permit the College to streamline the application process for existing NCCMs, who had previously completed the application form. The application form can be tailored so that current NCCMs need only confirm their ongoing interest, whereas new applicants would be required to provide additional information and documentation.

#### *Maximum Term*

In addition, it is proposed to establish a maximum term for NCCMs that coincides with the maximum term for Council members, i.e. three consecutive terms. Like Council members, NCCMs who had served three consecutive terms would be ineligible to serve again until a period of at least one term had elapsed. In the case of NCCMs, this would mean a maximum term of three (3) years with a one (1) year cooling off period.

#### *Legislative Authority & Circulation Requirements*

Section 94 of the *Health Professions Procedural Code* ("Code") establishes Council's authority to make by-laws. In particular, subsections 94(h.2) and (h.3) empower Council to make by-laws "providing for the composition of committees," and "respecting the qualification, selection, appointment and terms of office of members of [statutory committees] who are not members of the Council," respectively.

Per subsection 94(2) of the *Code*, proposed by-laws must be circulated to all members of the College for a period of at least 60 days prior to approval by Council.

#### *Proposed Amendments*

A description of proposed amendments to By-Law 13 is appended to this Issue Note; changes have been highlighted. The amendments relate solely to those aims outlined above and minor housekeeping amendments.

**Proposed Action by Council**

That Council approve in principle the proposed amendments to By-Law 13, as appended to this issue note, and direct circulation of the proposed amendments to the membership and stakeholders for comment for a period of not less than 60 days.

Proposed Bylaw 13.11 amendment to allow for extended term of Appointment for Non-Council members

### 13.11 Eligibility for Appointment to a Committee

A member shall be eligible for appointment ~~for a term of one (1) year~~ to a committee of the College as a non-Council member if, on the date of appointment:

- ~~i.~~ i. the member has filed a completed application in the form approved by the Registrar;
- ~~ii.~~ ii. the member practises kinesiology in Ontario, or if the member does not practise Kinesiology, the member resides in Ontario;
- ~~iii.~~ iii. the member is not the subject of any disciplinary or incapacity proceedings;
- ~~iv.~~ iv. no finding of professional misconduct, incompetence or incapacity has been made against the member in the preceding three (3) years;
- ~~v.~~ v. the member is not subject to any order, direction, or term, condition or limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;
- ~~vi.~~ vi. the member is not an employee, officer or director of any professional kinesiology association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;
- ~~vii.~~ vii. the member has not been disqualified from the Council or a committee of the Council in the previous three (3) years;
- ~~viii.~~ viii. the member is not a member of the Council or of a committee of the college of any other health profession; ~~and~~
  - ix. the member has not been a member of the staff of the College at any time within the preceding three (3) years; and-
- ~~ix.~~ ix. the member has not been appointed to a committee of the College as a ~~non-Council~~ member in each of the three (3) consecutive prior terms.

**Comment [EB1]:** Housekeeping amendment; this excerpt has been removed, as the term of office of a committee member is dealt with in s. 13.08

**Comment [EB2]:** Codifying existing College practice.

**Comment [EB3]:** Housekeeping amendment.

**Comment [EB4]:** Establishes a maximum term of three years.



**Resolution– Amendments to By-Law 13 re: Committee Member Terms**

**Whereas**, members of the College serve on committees of the College as non-Council appointees, and

**Whereas**, the term of committee membership is limited to one year, and

**Whereas**, the term of Council membership is three years, and

**Whereas**, Council wishes to bring the terms of committee membership into alignment with the term of Council to permit greater opportunity for the participation of non-Council appointees to committees and to achieve administrative efficiency,

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario directs circulation to the membership and stakeholders of the proposed by-law amendments, as appended to this resolution, for comment for a period of 60 days.**

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

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

Date: March 26, 2018



## Issue or Decision Note

<b>Issue or Decision: Proposed Public Register By-Law Amendments and Consultation Feedback</b>
<b>Prepared for:</b> Council
<b>Date:</b> March 3, 2018

### **Background**

At its meeting on September 25-26, 2017, Council directed circulation to the membership and stakeholders of a set of proposed amendments to By-Law 21 – The Register. The proposed amendments dealt with changes to information to be posted on the public register in light of Bill 87 (*Protecting Patients Act, 2017*) and ongoing transparency initiatives.

The proposed amendments were circulated on October 19, 2017 by posting on the College’s website for comment for a period of 71 days, ending on December 29, 2017. In addition, a notice regarding the consultation was placed in the College’s member newsletter circulated to members on October 24, 2017. Comments were accepted by online survey, by e-mail, and by regular mail.

A brief overview of the proposed amendments was included. It highlighted that changes to the By-Laws to ensure consistency with Bill 87 were mandated by statute.

### **Feedback Received**

A total of four responses via online survey were received during the consultation period, all from members of the College.

Three of the four respondents indicated agreement with the proposed changes. All respondents agreed that the proposed changes were consistent with the College’s mandate to protect the public. No substantive comments were received.

The low volume of responses may be due to the fact that the circulation materials indicated that the amendments related to Bill 87 were mandated by statute. The circulation period in late December, coinciding with the holiday season, may have also contributed to the low rate of response.

### **Recommendation**

That Council approve the proposed amendments as circulated.

**Resolution– Amended Public Register By-Law**

**Whereas**, legislative changes as a result of Bill 87 require the College By-Laws to be amended to achieve consistency with governing statutes; and

**Whereas** transparency is a strategic priority for the College; and

**Whereas** the College must ensure that the public has relevant information regarding their choice in kinesiologist; and

**Whereas** the College must ensure members are aware of their obligations to provide relevant information; and

**Whereas**, proposed amendments to By-Law 21 – The Register were duly circulated to the membership and stakeholders for comment for a period of 60 days;

**Therefore, be it resolved that the Council of the College of Kinesiologist of Ontario approves the amendments to the By-Laws as circulated.**

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

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

Date: March 26, 2018

<b>College of Kinesiologists of Ontario Council Meeting Minutes</b>	
<b>Date/time of meeting</b>	Monday, December 4 <sup>th</sup> at 9:30 a.m.
<b>Chair</b>	Mary Pat Moore
<b>Note Taker</b>	Rebecca Nevins
<b>Present</b>	Elwin Lau, Nelson Amaral, Michelle Young, Ryan Wight, Stefanie Moser, Ken Alger, Marilyn Bartlett, Nicole DiFilippo, Chad McCleave, Steve Anderson(teleconference), Jennifer Pereira, Michelle Meghie, Kalen Johnson, Jennifer Bushell (teleconference – 10:36 am)
<b>Regrets</b>	Alexander Stephen, Lori-Anne Beckford
<b>Staff/guests in Attendance</b>	<b>Staff:</b> Brenda Kritzer, Nancy Leris, Cara Moroney, Ugie Ifesi, Ryan Pestana, Rebecca Nevins  <b>Guests:</b> Kristina Vicek, the CG Group
<b>Conflict of Interest</b>	None declared.
<b>Constitution of the Meeting</b>	As a 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.
<b>Approval of Agenda</b>	<b>UPON A MOTION duly made by Stefanie Moser and seconded by Kalen Johnson, it was resolved that the agenda be approved as circulated. CARRIED.</b>
<b>Approval of Minutes</b>	<b>UPON A MOTION duly made by Nelson Amaral and seconded by Ken Alger, it was resolved that the Minutes of September 25-26 be approved. CARRIED.</b>
	<p>President Mary Pat Moore welcomed Ryan Wight, the newly appointed Council member for District 5. Ryan introduced himself and other Council registrants and staff introduced themselves.</p> <p style="text-align: center;"><b>COMMITTEE REPORTS</b></p> <p style="text-align: center;"><b>Registration Committee Report</b></p> <p>Ken Alger, Committee Chair, reviewed the Committee's activities since the September Council meeting. The Registration Committee met on October 12 to review applicant files referred to the Committee to determine educational equivalency.</p> <p>Ken noted a 7% increase in candidates for the September exam. He informed Council that a random audit had been conducted on 10% of the general class registrants. Concerning liability insurance. 50% of those registrants did not provide proof of professional liability insurance and have been contacted. The next Registration Committee meeting is scheduled for January 17<sup>th</sup>.</p> <p style="text-align: center;"><b>Quality Assurance Committee Report</b></p> <p>Jennifer Pereira, Committee Chair, informed Council that the Quality Assurance Committee met twice since the September Council meeting, the first of which was a training session. 23 Registrants were selected through a random draw</p>

	<p>for peer and practice assessments in the fall cycle. The Committee reviewed and made decisions concerning 13 reports from stemming from the Spring-Summer cycle and the decisions have been sent to the registrants. Final notices have been sent to registrants who did not comply with the self-assessment requirements. The new cycle for self- assessment began on December 1; all active registrants must complete self-assessment by March 31<sup>st</sup>, 2018.</p> <p>Brenda Kritzer commented on how the PPA program is being received. Some registrants were initially taken aback by the requirements, however those who have participated, felt very positive about the experience and the value they received.</p> <p style="text-align: center;"><b>ICRC Committee Report</b></p> <p>Elwin Lau, Panel Chair, reported on a complaint that a Panel of the Committee considered concerning a post on a registrant’s social media profile that could be interpreted as insensitive. The Panel registrants issued advice and recommended that an article be written registrants on proper social media use.</p> <p>On another matter, the Panel ordered that the registrant appear for an oral caution and complete a specified continuing education and remediation program.</p> <p>There are three other complaints being addressed; all investigations have been outsourced to expert investigators.</p> <p style="text-align: center;"><b>Patient Relations Committee Report</b></p> <p>This was a nil report. The Committee met last in February 2016.</p>
	<p style="text-align: center;"><b>Mandatory Reporting Guideline &amp; Review of Checklist</b></p> <p>Cara Moroney, Director, Professional Conduct, explained that the Mandatory Reporting Guideline was posted for comment and feedback has been received. She noted the regulated professionals may be somewhat uncertain about their specific obligations to health professions regulators, noting that they may be reporting to another College, an employer and possibly their own College A checklist has been created to assist registrants in reporting.</p> <p>Nicole DiFilippo questioned if there was any plan for a communications initiative to inform the public about the responsibility of kinesiologists to make certain reports. Brenda noted that the College has conducted outreach to the public and to employers. Materials provided for employers contain information concerning required reporting. As well the College’s website contains information about reporting and information regarding sexual abuse.</p> <p>Mary Pat then presented the motion proposing revisions to the Mandatory Reporting Guideline and checklist.</p> <p><b>MOTION</b>  <b>Whereas</b> legislative changes as a result of Bill 87 require the College to ensure that all resources are up-to-date and accurate; and</p>

	<p><b>Whereas</b> raising awareness on the issue of mandatory reporting, particularly with respect to sexual abuse, is an important function of the College; and</p> <p><b>Whereas</b> the Council has already reviewed the changes and consultation resulted in positive feedback; and</p> <p><b>Whereas</b> the College wants to ensure all resources regarding mandatory reporting are comprehensive and clear and that registrants adhere to these obligations;</p> <p><b>Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the revised Mandatory Reporting Guideline and accompanying checklist</b></p> <p>Moved by Ken Alger, seconded by Michelle Meghie. Carried.</p>
	<p style="text-align: center;"><b>Alternative Dispute Resolution (ADR) Policy on Facilitators</b></p> <p>Cara Moroney, Director, Professional Conduct, distributed a preliminary list of individuals who have come forward as potential mediators to be included on a list of volunteer mediators that could be used by a number of Colleges. and highlighted the high level of experience and expertise of many of the applicants. Cara noted that the ADR policy has not yet been presented to Council for approval as the policy may be revised to be more inclusive of the skills and expertise for potential mediators. The College is also awaiting feedback from other Colleges.</p> <p>The draft ADR policy has been presented to colleagues at other colleges, and it has been well-received. The next step is to outline procedures. Ken Alger asked Cara how this initiative would impact the College’s resources and other committees. Cara explained that any financial impacts would depend upon caseload in the area of complaints Brenda noted that chief among the benefits to this approach is that ADR would provide complainants with an opportunity to actively participate in the process of reaching a resolution.</p>
	<p style="text-align: center;"><b>Registrar’s Report</b></p> <p><b>CKO-Universities Liaison Committee</b></p> <p>Brenda explained that annually College representatives visit campuses across Ontario to meet with students to explain entry to the profession requirements In addition, the CKO-Universities Liaison Committee meets once a year. This year Brenda took the opportunity to meet with a number of program Chairs individually to get feedback on how to make the Liaison meeting more useful. The next meeting is scheduled for December 11<sup>th</sup>, and will focus on developments with regards to government, policies and registration. Dr. Samir Sinha, the Director of Geriatrics at Mount Sinai and the University Health Network hospitals, has agreed to speak to the group. Dr. Sinha was appointed by the Government of Ontario in 2012 to serve as the expert lead for the Ministry’s Senior Strategy. In addition, representatives from the Professional associations have been invited to hear Dr. Sinha. Following the CKO-Universities Liaison meeting the professional associations and the universities</p>

	<p>will be meeting together to discuss topics of mutual interest.</p> <p><b>Federation of Health Regulatory Colleges of Ontario (FHRCO)</b>  Brenda updated Council on some of the activities of the Federation including a promotional efforts relating to the new public-facing website.</p> <p><b>Staffing</b>  Brenda acknowledged Cara Moroney's departure from the position of Director, Professional Conduct, and thanked her for her contributions to the College. Cara spoke to her experience working at the College, and touched on her future plans. The College has already begun reviewing applicants for the vacant position, and has secured support for the transition period until the position is filled.</p> <p><b>Regulated Health Professions Act</b>  Brenda spoke to the Ministry's interest in making changes to the Regulated Health Professions Act (RHPA). She noted that ministry representatives would be attending a meeting of the Collaboration and Cooperation Working Group later in the week. Members of the group would be exploring what initiatives might be undertaken which would not be impacted by or contrary to direction likely to be pursued by the ministry in the coming years</p> <p><b>Ontario Athletic Therapists Association</b>  Brenda has met with representatives of the Ontario Athletic Therapists Association (OATA) to discuss a number of items of concern to them and to address their recent outreach to some members of Council.</p> <p><b>Specialities Assessment Framework</b>  Brenda noted that there had been no opportunity to complete the work requested by Council on developing estimates relating to the costs of implementing a process of accrediting specialty training programs, and a separate process for authorizing the use of a specialty title. She noted that the OATA had submitted a proposal in response to the draft framework and that the College had not yet provided preliminary comments. She noted that the College had the proposal as well as the draft framework reviewed by an expert consultant, and that the College was building upon this with more detailed comments.  Stephanie Moser asked if the College had determined a timeframe to complete this work and Brenda noted that a timeframe has not been determined.</p>
	<p style="text-align: center;"><b>President's Report</b></p> <p>Mary Pat Moore, President, reported on her attendance at the Health Professions Appeal and Review Board (HPARB) meeting in September. Mary Pat learned that reviews of decisions relating to complaints were the most common matters referred to HPARB. With respect to the Court of Appeal, one case that was discussed involved the treatment of testimonials and another matter was abuse of titles by practitioners.</p> <p>Mary Pat informed Council that a letter of concern had been received from the Ontario Athletic Therapist Association concerning attendance by elected members at Council. and requested that this matter be referred to Executive Committee.</p>

	<p>Mary Pat informed Council that a letter had been received from Dr. Ira Jacobs at the University of Toronto, outlining his concern that correspondence from the Registrar seemed to indicate conflation of the kinesiology degree program and the profession. A response was sent by the College and Dr. Jacobs has indicated satisfaction with that response..</p>
	<p style="text-align: center;"><b>Registration Statistics Report</b></p> <p>Ugie Ifesi, Manager, Registration Services, presented statistics from the College's renewal period.</p> <p>Ken Alger commented that it may be more significant to see a year-by-year comparison of registrants from different universities to illustrate growth trends. Stefanie Moser asked Ugie to clarify the purpose of the data that is collected, specifically graduation statistics. Ugie clarified that the College provides information to the universities concerning the number of graduates from their programs, applying to the College and the performance of those graduates, on an aggregate basis on the exam. The College is now providing additional information gathered from the QA Program. The College encourages universities to consider this information as input to the curriculum planning process.</p> <p>Ugie noted that the College had contacted 20 registrants, suspended for nonpayment for three plus years. Eight of those contacted decided to resign and the remaining number applied for inactive status. .</p> <p>In response to a suggestion from Ken Alger, Ugie noted that the College speaks directly to members applying for inactive and members applying to resign to understand underlying reasons for their request, and to provide counselling as necessary.</p>
	<p style="text-align: center;"><b>New Business</b> <b>Revisions to Council Code of Conduct</b></p> <p>Mary Pat Moore spoke to proposed changes to the Council Code of Conduct that would provide both increased clarity of language and would cover issues that the College feels are currently unaddressed in the Code of Conduct. Discussion ensued concerning the proposed changes to the Code of Conduct the added clarity, and what the proposed changes were intended to achieve.</p> <p>Mary Pat presented a motion to make revisions to the Council Code of Conduct.</p> <p><b>MOTION:</b> <b>Whereas</b> the transitional Council approved the Code of Conduct to ensure that Council and Committee members would understand what is expected from them in relation to attendance at meetings, conduct in meetings and preparation for meetings; and</p> <p><b>Whereas</b> Council and Committee members are expected to ensure that their actions, and participation in decision-making are always above question, demonstrate fairness, and due diligence; and</p>

	<p><b>Whereas</b> the Council has reviewed the proposed changes to the Code of Conduct and believes that the amendments serve to provide further clarification and direction to ensure fairness, avoidance of conflict of interest, and due diligence;</p> <p><b>Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves proposed amendments as discussed and requires that this Code of Conduct be discussed annually by Council and Committees as part of orientation</b></p> <p>Moved by Kalen Johnson, seconded by Michelle Meghie. CARRIED.</p> <p>Stefanie Moser raised a procedural concern that the Chair had not been provided opportunity to discuss the motion prior to calling the vote. Mary Pat thanked Stefanie for identifying this issue, and acknowledged that standard procedure had not been followed. She called for additional discussion. Stefanie raised a concern that the wording in section 2, concerning adherence to standards of practice, was redundant. Other members indicated satisfaction with the revised wording.</p> <p>As no motion was made to return the item for discussion, the amendments to the Code of Conduct proceed as approved by Council.</p>
<b>Adjournment</b>	<b>Motion to adjourn made by Chad McCleave at 3:14 pm.</b>