

DAY 1 - Council Meeting					
1	Call to Order Roll Call, Welcome Introduction of new member	M.P. Moore	Verbal	Information	9:00 a.m.
2	Conflict of Interest Declarations	M.P. Moore	Verbal	Decision	
3	Approval of Agenda	M.P. Moore	Verbal	Decision	
4	Approval of Minutes	M.P. Moore	Verbal	Decision	
5	<p>Action Items from the June 25, 2018 Meeting</p> <ul style="list-style-type: none"> The Planning and Finance Committee in collaboration with Brenda Kritzer and Nancy Leris, Director of Finance and Operations will look into new technology solutions for better broadcasting and teleconferencing options. 				
6	Committee Reports Discussion	President	Document	Information	9:30 a.m.
7	Kinesiologist Presentation <ul style="list-style-type: none"> Devon Blackburn, R.Kin Open discussion 	Devon Blackburn (Guest)	Verbal	Information	10:00 a.m.
BREAK					11:00 a.m.
8	Proposed By-Law Amendments concerning Public Register (Bill 87)	E. Bruce	Document	Decisions	11:15 a.m.
9	Directors & Officers Liability Insurance	C. McCleave	Verbal	Information	11:30 a.m.
10	Finance Report – Q2	N. Leris	Document	Information	11:45 a.m.
LUNCH					12:00 p.m.
11	Strategic Planning	B. Kritzer	Document	Decision	1:00 p.m.
12	President's Report <ul style="list-style-type: none"> Executive Committee updates 	M P. Moore	Verbal	Information	2:00 p.m.
BREAK					2:30 p.m.
13	<ul style="list-style-type: none"> Election of Officers Approval of Committee membership Appointment of members-at-large 	B. Kritzer		Decision	2:45 p.m.
ADJOURNMENT					4:00p.m

DAY 2 - Council Meeting					
14	Call to Order	M.P. Moore	Verbal	Information	9:00 a.m.
15	Risk Management Training	E. Bruce	Verbal	Information	9:10 a.m.
16	Kinesiologist presentation <ul style="list-style-type: none"> Krista Crozier, R.Kin Guelph Family Health Team, Diabetes Care 	Krista Crozier (Guest)	Verbal	Information	10:00 a.m.
BREAK					11 a.m.
17	Risk Management Plan 2018	E. Bruce	Document	Decision	11:15 a.m.
Introduction of Deanna Williams who will join Council for lunch					
LUNCH					12 noon
18	Challenges and Trends in Regulation	Deanna Williams	Verbal	Information	1:00 p.m.
19	Open Discussion	All			2:00 p.m.
BREAK					
20	Draft Competencies for Council and Committee Members	B. Kritzer	Document	Decision	3:00 p.m.
21	Review of Action Items	M.P. Moore	Verbal	Information	3:45 p.m.
ADJOURNMENT					4:00

	College of Kinesiologists of Ontario Council Meeting Minutes
Date/time of meeting	Monday, June 25 th , 2018 at 9:30 a.m.
Chair	Mary Pat Moore
Note Taker	Danae Theakston
Present	Ken Alger, Nelson Amaral, Marilyn Bartlett, Lori-Anne Beckford, Jennifer Bushell, Kalen Johnson, Elwin Lau, Chad McCleave, Mary Pat Moore, Stefanie Moser, Jennifer Pereira, Graydon Raymer, Alexander Stephen, Ryan Wight, Michelle Young
Regrets	Steve Anderson, Nicole DiFilippo, Elwin Lau and Michelle Meghie
Staff/guests in Attendance	Staff: Brenda Kritzer, Nancy Leris, Eric Bruce, Lara Thacker, Ugie Ifesi, Magda Reder, Ryan Pestana, Colleen Foster Guests: Stuart Moulton, Ontario Kinesiology Association, Samia Shaheen, MOHLTC
Conflict of Interest	President Mary Pat Moore provided an overview on the importance of declaring conflicts of interest and how Council's role is to make decisions in the public interest. No conflicts of interest were declared.
Constitution of the Meeting	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.
Approval of Agenda	UPON A MOTION duly made by _____ and seconded by _____, it was resolved that the agenda be approved as circulated. CARRIED.
Approval of Minutes	UPON A MOTION duly made by _____ and seconded by _____, it was resolved that the Minutes of March 25, 2017 be approved. CARRIED.
In-Camera Session	UPON A MOTION duly made by _____ and seconded by _____, it was resolved that Council would be in-camera to review the Results from the Council Self-Evaluation Framework results and the Registrar performance report. CARRIED.
	2018/2019 Budget and Operational Plan Chad McCleave, Chair of the Finance and Planning Committee, explained that the Committee had reviewed the draft budget. He noted that revenues had stabilized and Council would need to consider ways to increase revenues during its strategic planning session. Nancy Leris, Director of Operations and Financial Services, presented the budget in detail. Nancy reviewed the draft operational plan for 2018/2019 and highlighted various initiatives. MOTION It was moved by Chad McCleave and seconded by Stefanie Moser that Council approve the 2018/2019 budget and operational plan. Carried.

	<p style="text-align: center;">Finance and Planning Committee Report</p> <p>Audit Report</p> <p>Chad McLeave presented the draft annual financial statements to Council.</p> <p>Nancy Leris presented an interim fourth quarter financial report. She noted that the College had exceeded its revenue projections.</p> <p>Motion to approve the financial statements for circulation and submission to the Ministry of Health and Long-Term Care. Carried</p>
	<p style="text-align: center;">Draft Annual Report</p> <p>Brenda shared a copy of the draft Annual Report with members of Council.</p> <p>Motion to accept and approve for circulation, the annual report for 2017/2018. Carried.</p>
	<p style="text-align: center;">Strategic Plan Report</p> <p>Brenda provided an update on the Strategic Plan.</p>
	<p style="text-align: center;">Communications Update</p> <p>Danae provided update on the council election.</p>
	<p style="text-align: center;">Committee Reports</p> <p>Registration Committee</p> <p>Quality Assurance Committee</p> <p>Inquiries, Complaints and Reports Committee</p> <p>Planning and Finance Committee</p>
	<p style="text-align: center;">Registration Policies for review and approval</p> <p>Ugie, Manager of Registration, presented the Exceptional Circumstances relevant to Registration policy for review and approval.</p> <p>Motion to approve the Exceptional Circumstances relevant to Registration Policy and that it is posted immediately on the College's website? Carried.</p> <p>Ugie presented the Academic Assessment Policy.</p> <p>Motion to approve the Academic Assessment Policy and that it is posted immediately on the College's website? Carried.</p> <p>Eric Bruce, Director of Professional Conduct provided an update on the</p>

	College's Inactive Process....
	Registrar's Report
	<p>Report on meeting with Associations</p> <p>Contract for examinations development and delivery</p>
	President's Report
	<p>Mary Pat Moore, President, reported on the December CKO-Universities Liaison Committee meeting. She noted that the College had provided a venue for a meeting of the academic institutions with the professional associations which was a success. The two stakeholder groups discussed a variety of ways that they could work together to advance the profession.</p> <p>Mary Pat noted that Executive Committee met and approved an honorarium for a kinesiologist who would be mentoring another kinesiologist. She also reported that Executive Committee asked staff to bring forward to Council amendments to the College By-Laws that would strengthen language around Council member attendance at meetings.</p>
	Proposed By-Law Amendments
	<p>Eric Bruce, Director, Professional Conduct, presented one By-Law amendments for Council's approval.</p> <p>Amendments to By-Law 21- The Public Register</p> <p>At its September 2017 meeting, Council reviewed changes to By-Law 21 that would align the by-law with changes resulting from the passing of Bill 87, the <i>Protecting Patients Act</i>. The changes were circulated to members and stakeholders for feedback. Council reviewed the feedback and no significant comments were received.</p> <p>MOTION Moved by _____, seconded by _____ that the College approve the changes to By-Law 21. Carried.</p>
	Review of Action Items
Adjournment	Motion to adjourn made by _____ at 3:30 p.m.

Committee and Program Report

Committee: Quality Assurance
Prepared for: Council
Date: September 11/12, 2018

The Quality Assurance Committee will have met twice since last reports were made at the June Council meeting. The committee met on July 18, 2018 for an in person meeting and again on September 5, 2018 for a teleconference.

Peer and Practice Assessment (PPA)

Decisions and actions at the July 18, 2018 and September 5, 2018 meetings:

A total of 24 Peer and Practice Assessment files reviewed for decision.

1. Committee reviewed 7 Demonstrated Change Reports from the Fall 2018 PPA – 5 decision of no further action and two members are required to make a second Demonstrated Change Report/s.
2. Committee reviewed 15 PPA Assessors' Reports and submissions from the Spring 2018 – two extensions granted, four members are required to submit Demonstrated Change Reports and nine members received a decision of no further action.
3. The committee directed staff to notify two members by registered mail signature required of the QAC intention to refer them to the ICRC for non-compliance with their obligations to participate in the QA Program.

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

issued notices 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.

Fall 2018 PPA

Random selection, insufficiency practice hours, noncompliance with QA Program components notification expected on or before September 15, 2018. Goal is to do 40 PPA. This is contingent on financial resources to conduct these assessments.

Peer Assessors

All peer assessors (N=~25) will be offered a short refresher in preparation for the Fall 2018 Peer and Practice Assessment. Three sessions offered to accommodate all members.

- September 11, 2018
- September 12, 2018
- September 13, 2018

Ethics and Professionalism and Prevention of Sexual Abuse e-Learning Module

As of August 23, 2018,

- 281 members required to complete the Prevention of Sexual Abuse E-Learning modules have not done so; and
- 43 members required to complete the Ethics and Professionalism E-Learning modules have not done so.
- Members were given several reminders via email to complete the modules over the submission time period.

The QAC made a decision that members required to complete the Two E-Learning modules in 2018 be given an additional 90 days beyond the deadline of July 31, 2018 to complete the module.

Members who are still non-compliant after this date which is an additional 90 days from the July 31, 2018 deadline are directed to participate in the next Peer and Practice Assessment cycle.

2017 Self-Assessment

The College has concluded its 5th Annual Self-Assessment period. General Class members were required to complete their self-assessments and individual learning plans by March 1, 2018. The QA Committee granted an extension to June 8, 2018. Approximately 35 members have not completed their 2017 self-assessment to date. Upon close of registration members on the list who are still active will be placed on a list from which a sample will be required to complete the Fall 2018 PPA.

Committee Report

Committee: Inquiries, Complaints, and Reports Committee
Prepared for: Council
Date: September 10, 2018

Since its last report to Council, panels of the Inquires, Complaints, and Reports Committee (ICRC) have met on three occasions.

At meetings on June 26, 2018, and July 9, 2018, a panel of the ICRC reviewed and confirmed its decisions regarding two complaint matters. One matter resulted in no further action against the member, and the other matter resulted in the panel accepting the member's voluntary undertaking to resign their membership with the College and to not seek to reapply for a period of five years. This second matter has been subject to a request for review by the Health Professions Appeal and Review Board, which will take place later this year.

At a meeting on August 22, 2018, a panel of the ICRC approved the appointment of investigators in two complaint matters and one report matter. These matters are currently being investigated and are pending review by a panel of the ICRC.

In August 2018, Ms. Nicole Last, a non-Council committee member, resigned her position on the ICRC, as she would be transferring to the inactive class of registration. The College thanked Ms. Last for her contributions to the ICRC during her term.

Registration Report

Committee: Registration Committee
Prepared for: Council
Date: September 10, 2018

- **Registration Committee meetings**

The Registrar has made several referrals to the Registration Committee since the June meeting. A number of files have been dealt with and a future meeting is scheduled for review of the outstanding application files, by a Panel of the registration Committee. Matters addressed by Panels include education equivalency, reinstatement into the general class, registration after one year following successful completion of the examination and exceptional circumstances relevant to examination timelines. The annual registration committee meeting has been scheduled for October 10, 2018.

- **Examination Appeals Committee meeting**

The committee has dealt with a number of examination appeals. The Panel granted two appeals and rejected one.

- **Fall Examination**

The fall sitting of the College's entry-to-practice examination will occur on Saturday, September 22, 2018. There are 256 candidates registered for the exam. There are 7 applicants who requested testing accommodations and no applicant has requested the exam in French. Here is a breakdown of where those candidates will write the exam:

Toronto	184
London	37
Ottawa	18
Sudbury	5
Windsor	8
Thunder Bay	4

The 256 candidates registered to write the exam represent an increase of 30 candidates or 11.8% increase from this year's spring exam.

- **Membership Renewal**

Renewal started on August 1, 2018; members had until August 31, 2018 to complete their renewal; however due to technical issues we had experienced on the last day of renewal the deadline was extended until September 5. Here is a breakdown the renewal statistics as of Tuesday, September 4:

Renewed	2445
Have not renewed	394
Resigned	65

A total of 13.5% of membership have not renewed while 2.2% have resigned from the College. The College is following up with members that have not renewed.

On September 14, 2018 the College will send out *Notices of Intention to Suspend* to those members who have not yet renewed. Section 16 (1) of the registration regulation allows the Registrar to suspend a member if they fail to renew within 30 days after the notice was given. Failure of members to renew and pay their fee by October 12, 2018 will result in them being suspended for non-payment of fees.

The member's certificate will be revoked if the member does not comply with the renewal requirement within 3 years of the suspension. When a member is suspended they are prohibited from practising as a kinesiologist and from using the title "kinesiologist". The College will inform the member's last employer on record that the member has been suspended and is no longer in good standing with the College. Finally, the fact that a member was suspended appears indefinitely on College's public registry.

- **Membership Update**

As of September 4, 2018 the College has 2445 total members registered. There are 2158 members in the General Class and 287 members in the Inactive class. Current numbers include members who renewed and new members registered in September.

Registration Numbers as of September 4, 2018

Years	General Class	Inactive Class
2014	1280	29
2015	1419	123
2016	1731	215
2017	2149	305
2018	2158	287

❖ Members with payment plans are not included in the 2018 statistics.

Planned Registration Policies

Good conduct policy – Update

Translation policy – Update

Language policy – Update

Exceptional circumstances relevant to examination timelines policy– Update

Referral policy – Update

Fourth attempt at the entry to practice exam policy – New

Issue or Decision Note

Issue or Decision:	Amendments to By-Law 21 (The Register)
Prepared for:	Council
Date:	September 10, 2018

Background:

At its meeting on June 25, 2018, the Council approved for circulation to the membership proposed amendments to By-Law 21 (The Register).

The proposed amendments related to changes brought about by Ontario Regulation 261/18 “Information Prescribed under Subsection 23 (2) of the Health Professions Procedural Code”, made under the *Regulated Health Professions Act, 1991*. The new regulation made by the Minister of Health set out additional information related to members that must be kept on the College’s public register.

In summary, the additional information to be contained on the public register is as follows:

1. A summary of information relating to findings of guilt against a member under the *Criminal Code* and *Controlled Drugs and Substances Act*, unless the conviction was subject to a record suspension, pardon, or successful appeal.
2. Any conditions of release related to a charge or finding of guilt under the *Criminal Code* and *Controlled Drugs and Substances Act*, and any variations to those conditions.
3. Information relating to any outstanding charges for an offence under the *Criminal Code* and *Controlled Drugs and Substances Act*.
4. Information relating to a disciplinary finding or finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction.
5. Information related to a member’s licensure or registration to practice another profession in Ontario or a profession in another jurisdiction.

The proposed amendments to By-Law 21 (The Register) bring the College’s by-laws into alignment with the requirements of the new regulation.

Circulation Period and Comments

As required by subsection 94 (2) of the *Health Professions Procedural Code*, the proposed amendments were circulated to the membership for comment for a period of sixty days from June 27, 2018 to August 28, 2018. Circulation was carried out by e-mail with a link to a feedback survey in which members could submit comments. A copy of the circulation materials was also posted on the College's website.

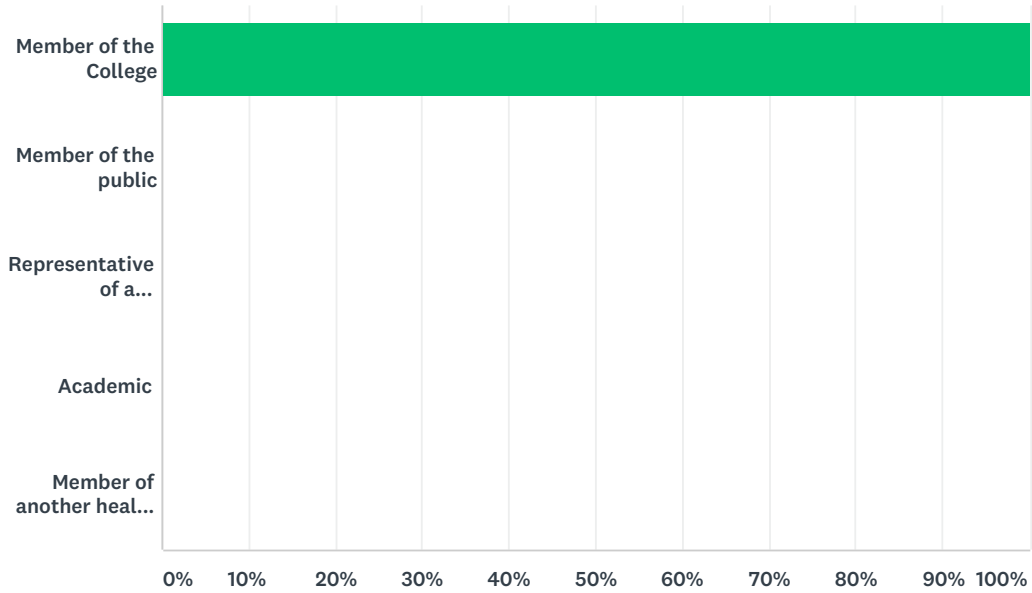
The College received a total of 79 responses, all from members of the College. The overwhelming majority of the responses were supportive of the proposed amendments. Only three substantive comments were received, one of which did not relate to the proposed changes, and two of which provided only comments of a general nature. A summary of the responses is attached.

Recommendation:

That Council exercise its authority under clause 94 (1) (1.2) of the *Code* to approve the amendments to By-Law 21 (The Register) as circulated.

Q1 I am a/an:

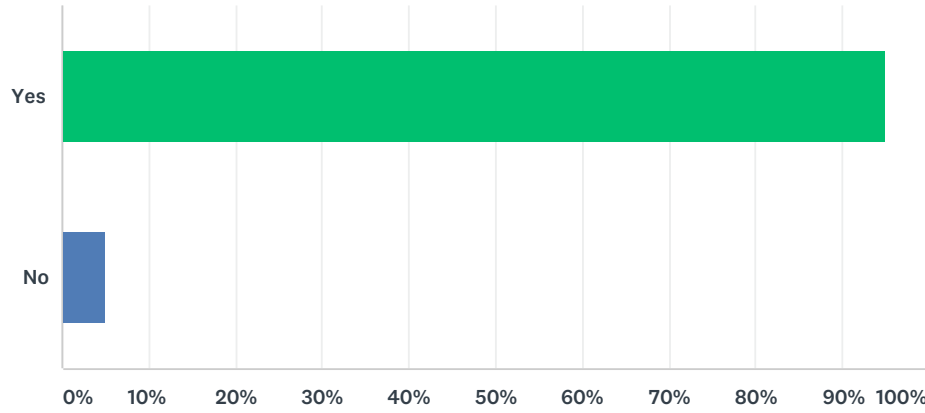
Answered: 79 Skipped: 0



ANSWER CHOICES	RESPONSES	
Member of the College	100.00%	79
Member of the public	0.00%	0
Representative of a professional association	0.00%	0
Academic	0.00%	0
Member of another health profession	0.00%	0
TOTAL		79

Q2 Do you agree with the proposed changes?

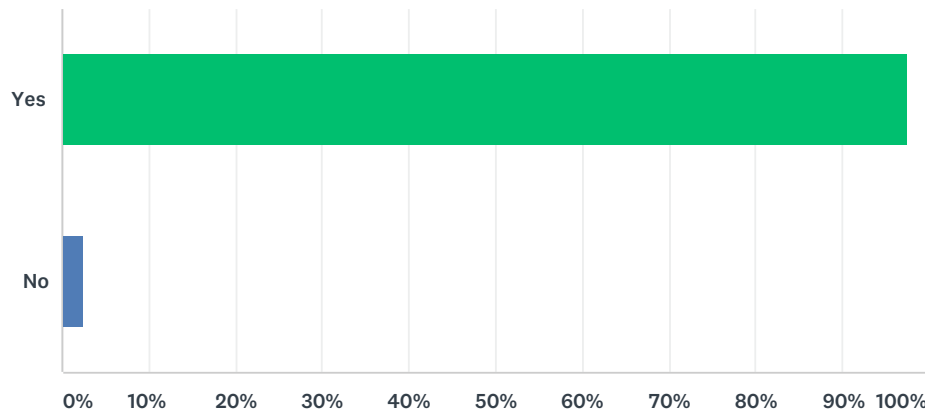
Answered: 79 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	94.94%	75
No	5.06%	4
TOTAL		79

Q3 Are the proposed changes consistent with the College's mandate to protect the public?

Answered: 78 Skipped: 1



ANSWER CHOICES	RESPONSES
Yes	97.44% 76
No	2.56% 2
TOTAL	78

Q4 Additional comments:

Answered: 6 Skipped: 73

#	RESPONSES	DATE
1	I find section 21.06(2) regarding the length of time for a discipline proceeding in the province of 50 years to be "harsh". It is public information and will be posted elsewhere as well. 15-20 years in my opinion should suffice.	7/3/2018 5:12 PM
2	I agree that the information made available must be sufficient to protect the public but should be limited to what is necessary to achieve that goal	7/3/2018 12:35 AM
3	none	6/29/2018 10:32 AM
4	n/a	6/29/2018 6:44 AM
5	None	6/27/2018 2:34 PM
6	If somebody has these offenses, are they even allowed to be regulated?	6/27/2018 2:32 PM

21. THE REGISTER

21.01 Name in Register

Subject to article 21.02, a member's name in the register shall be the full name indicated on the document used to support the member's initial registration with the College.

21.02 Change of Name

The Registrar may enter a name other than the name referred to in article 21.01 in the register if the Registrar:

- i. has received a written request from the member;
- ii. is satisfied that the member has legally changed his or her name; and
- iii. is satisfied that the name change is not for any improper purpose.

21.03 Business Address

A member's business address in the register shall be the address of the location in Ontario where the member is employed or self-employed as a kinesiologist. In the event that the member is employed or self-employed as a kinesiologist in more than one location in Ontario, the member's business address shall be the member's primary practice. In the event that the member is not employed or self-employed in Ontario as a kinesiologist, the Registrar shall enter as the member's business address the location designated by the member.

21.04 Business Telephone Number

A member's business telephone number shall be the telephone number of the location in Ontario where the member is employed or self-employed as a kinesiologist. In the event that the member is employed or self-employed as a kinesiologist in more than one location in Ontario, the member's business telephone number shall be the telephone number of the member's primary practice. In the event that the member is not employed or self-employed in Ontario as a kinesiologist, the register shall not contain a business telephone number for the member.

21.05 Duty on Registrar

The Registrar shall maintain a register in accordance with section 23 of the *Code*.

21.06 (1) Information on the Public Register

~~Pursuant to s.23 (2) of the Code, the following information will be posted on the College's Public Register:~~

~~The Register shall contain the information required by s. 23 (2) of the Code.~~

~~For ease of reference only, the information required by s. 23 (2) of the Code is as follows:~~

1. Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.

2. Where a member is deceased, the name of the deceased member and the date upon which the member died, if known to the Registrar.

3. The name, business address and business telephone number of every health profession corporation.

4. The names of the shareholders of each health profession corporation who are members of the College.

5. Each member's class of registration and specialist status.

6. The terms, conditions and limitations that are in effect on each certificate of registration.

7. A notation of every caution that a member has received from a panel of the Inquiries, Complaints and Reports Committee under paragraph 3 of subsection 26 (1) [of the Code](#), and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee using its powers under paragraph 4 of subsection 26 (1) [of the Code](#).

8. A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 [of the Code](#) and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.

9. A copy of the specified allegations against a member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 [of the Code](#) and that has not been finally resolved.

10. Every result of a disciplinary or incapacity proceeding.

11. A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a member has entered into with the College and that are in effect.

12. A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.

13. A notation of every revocation or suspension of a certificate of registration.

14. A notation of every revocation or suspension of a certificate of authorization.

15. Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies shall be included.

16. Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

17. Where, during or as a result of a proceeding under section 25 of the Code, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

18. Where the College has an inspection program established under clause 95 (1) (h) or (h.1) of the Code, the outcomes of inspections conducted by the college.

~~19. Information that is required to be kept in the register in accordance with regulations made pursuant to clause 43 (1) (t) of the Regulated Health Professions Act, 1991.~~

~~20. Information that is required to be kept in the register in accordance with the by-laws.~~

~~19 (1). If there has been a finding of guilt against a member under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if none of the conditions in subsection (2) have been satisfied,~~

~~i. a brief summary of the finding,~~

~~ii. a brief summary of the sentence, and~~

~~iii. if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.~~

~~(2) The conditions referred to in subsection (1) are the following:~~

~~1. The Parole Board of Canada has ordered a record suspension in respect of the conviction.~~

~~2. A pardon in respect of the conviction has been obtained.~~

~~3. The conviction has been overturned on appeal.~~

~~20. With respect to a member, any currently existing conditions of release following a charge for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) or subsequent to a finding of guilt and pending appeal or any variations to those conditions.~~

~~21. If a member has been charged with an offence under the *Criminal Code* (Canada) or the *Controlled-Drugs and Substances Act* (Canada) and the charge is outstanding,~~

~~i. the fact and content of the charge, and~~

~~ii. the date and place of the charge.~~

~~22. If a member has been the subject of a disciplinary finding or a finding of professional misconduct or incompetence by another regulatory or licensing authority in any jurisdiction,~~

~~i the fact of the finding,~~

~~ii. the date of the finding,~~

~~iii. the jurisdiction in which the finding was made, and~~

~~iv. the existence and status of any appeal.~~

~~23. If a member is currently licenced or registered to practice another profession in Ontario or a profession in another jurisdiction, the fact of that licensure or registration.~~

Pursuant to s.23 (1) 20 of the Code, the Register shall also contain the following information, which is designated as public information, with respect to each member:

- i. The initial date of registration;
- ii. The dates upon which any change in class of registration or resignation was effected;
- iii. The names other than the proper legal name of the member including any nicknames or abbreviations that the member uses in any place of practice;
- iv. If there have been any changes to the member's name since the date of the member's initial application for registration, the former names of the member;
- v. The member's gender (if identified);
- vi. The name of the member's primary place of practice and every other current place of practice;
- vii. The address and telephone number of the member's primary place of practice and every other current place of practice unless the information would disclose the home address of the member and/or patients/clients. In the case of remote practice, the member's business website address.
- viii. The languages in which the member provides and/or delivers kinesiology services
- ix. If the member ceased to be a member, the date and reasons for the cessation;
- ~~x. A summary of any finding of guilt against a member under the Criminal Code or the Controlled Drugs and Substances Act, made on or after July 1, 2016, if the person whom the finding was made was a member at the time of the finding, and if the finding is known to the College, including:

 - ~~a) The finding;~~
 - ~~b) The penalty; and~~
 - ~~c) Where the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of~~~~
- ~~xi. A summary of any existing restriction (e.g. bail condition) imposed on a member by a court or other lawful authority and of which the College is aware that, in the reasonable discretion of the Registrar, may restrict or otherwise impact the member's right or ability to practice, may prompt a regulatory action on the part of the College or is connected to an existing or ongoing regulatory action by the College;~~
- ~~xii. Where there have been charges laid against a member under the Criminal Code or the Controlled Drugs and Substances Act, on or after July 1, 2016, and if the person~~

~~against whom the charges were laid was a member at the time of the charges, and if the charges are known to the College, a brief summary of the:~~

- ~~a) charges;~~
- ~~b) date the charges were laid; and~~
- ~~c) status of the proceedings against the member where known to the College.~~

~~Any such summary shall be removed if there is no finding of guilt.~~

~~xiii. Where the College is aware that the member is currently registered or licensed to practise a profession inside or outside of Ontario, a notation of that fact;~~

~~xiv. Where the College is aware that a finding of professional misconduct or incompetence or a similar finding has been made against the member by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:~~

- ~~a) a notation of the finding;~~
- ~~b) the name of the governing body that made the finding;~~
- ~~c) the date the finding was made;~~
- ~~d) a summary of any order made and information regarding any appeals of the finding.~~

~~xv-x.~~ Where the College is aware that a finding of incapacity or a similar finding has been made against the member by a body that governs a profession, inside or outside of Ontario, and that finding has not been reversed on appeal:

- a) a notation of the finding;
- b) the name of the governing body that made the finding;
- c) the date the finding was made;
- d) a summary of any order made and information regarding any appeals of the finding.

~~xvi-xi.~~ Where the College is aware that there is an ongoing regulatory proceeding against the member for professional misconduct or incompetence that is considered relevant to the suitability to practise kinesiology:

- a) a notation of the fact;
- b) the name of the governing body that is conducting the proceeding;

- c) a summary of any interim orders and/or restrictions on the member's license with the relevant profession as a result of the proceeding.

~~xvii.~~xii. A notation, including the date of the referral, for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Fitness to Practise Committee under section 61 of the Code and has not been finally resolved, until the matter has been resolved;

~~xviii.~~xiii. Where a decision of the Discipline Committee has been published by the College with the member's name or former name included:

- a) a notation of that fact; and
- b) identification of the specific publication of the College which contains the information;

~~xix.~~xiv. For every application to the Discipline Committee for reinstatement that has not been finally resolved, until that matter has been resolved,

- a) a notation of that fact, including the date of the application;
- b) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- c) if the hearing has been adjourned and no future date has been set, the fact of that adjournment; and
- d) if the decision is under reserve, that fact.

~~xx.~~xv. If an application to the Discipline Committee for reinstatement has been decided, the decision of the Discipline Committee.

~~xxi.~~xvi. Where, for a pending complaint or other type of investigation, the Registrar confirms that the College is investigating a member because there is a compelling public interest in disclosing this information pursuant to section 36(1)(g) of the RHPA, the fact that the member is under investigation;

~~xxii.~~xvii. Where the member's certificate of registration is subject to an interim order imposed by the Inquiries, Complaints and Reports Committee:

- a) a notation of that fact;
- b) the nature of the order;
- c) the date that the order took effect.

~~xxiii.~~xviii. Where the member's certificate of registration is subject to an administrative suspension, the reason for the suspension and the date of the suspension;

- ~~xiv-xix.~~ Any information jointly agreed to be placed on the Register by the College and the member;
- ~~xv-xx.~~ Any of the information that was on the Register before the membership terminated will be posted for a period of at least six years after the termination of membership, except for any information related to discipline proceedings in Ontario, which will be posted on the Register for a period of fifty years after the termination of membership.

21.07 Information requests from College

If requested, a member shall immediately provide the College with the following information, in the form requested by the College:

- i. information required to be maintained in the Register in accordance with subsection 23 (2) of the Code and article 21.06 of these by-laws;
- ii. information for the purpose of compiling statistical data;
- iii. The languages in which the member provides and/or delivers kinesiology services
- iv. the member's previous employers and previous practice locations;
- v. Information required to verify the member's compliance with their mandatory reporting obligations.

21.08 Automatic Notification of the College

The member shall notify the College, in writing, of any changes to the following information within 30 days of the effective date of the change:

- i. the member's name;
- ii. any nicknames or abbreviations that the member uses in any place of practice;
- iii. the address and telephone number of the member's primary residence in Ontario and, if the member does not reside in Ontario, the address and telephone number of the member's primary residence;
- iv. the member's email addresses which the College uses to contact the member;
- v. information regarding the member's employment, including the name of the business, address and telephone number and/or website;
- vi. the name of every health professional corporation of which the member is a shareholder, the business address, business telephone number, business e-mail address, if there is one, and any operating names of the health professional corporation;

- vii. all information that members are required to report pursuant to section 4 of the General Regulation made under the Act and paragraphs 6.1 to 6.4 of section 85 of the Code.

Resolution– Amendments to By-Law 21 (The Register)

Whereas, the Minister of Health and Long-Term Care made Ontario Regulation 261/18 “Information Prescribed under Subsection 23 (2) of the Health Professions Procedural Code”, which came into effect on May 1, 2018, and

Whereas, the new regulation sets out additional information related to members of the profession that must be kept on the public register pursuant to subsection 23(2) of the *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, and

Whereas, the College’s By-Law 21 (The Register), which lists information related to members to be kept on the public register, must conform to the requirements of the new regulation, and

Whereas, the College has authority to make by-laws regarding the contents of the public register pursuant to clause 94 (1) (l.2) of the *Code*, and

Whereas, the College circulated proposed amendments to By-Law 21 (The Register) to the membership for a period of 60 days as required by subsection 94(2) of the *Code*,

Therefore, be it resolved that Council approves the proposed amendments to By-Law 21 (The Register) as circulated.

Moved by: _____

Seconded by: _____

Date: September 10, 2018



Directors and Officer Liability Insurance

- Directors and Officers Liability Insurance renewed annually.
- Policy Term: January 1, 2018 to January 1, 2019
- Limit of Insurance is \$5,000,000.
- Deductible is “0”
- A Board member is obligated to apply diligence, obedience, honesty and loyalty in the performance of his or her duties.
- Each Board member is expected to act in good faith and in the best interest of the College within the scope of authority granted to him.



REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE PROJECTIONS TO YEAR END

FOR THE FISCAL YEAR 2018/2019

updated 24/08/2018

(as of Apr 1 - Aug. 24 2018) Interim

	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST 2018/2019	REVENUES RECEIVED TO DATE (Apr - Aug 2018) Interim	REVISED PROJECTIONS (Q1+Q2)	VARIANCE TO YEAR END	
	\$	\$	\$	\$	
Revenue:					
Jurisprudence Fee (\$48.25)	21,713	12,593	14,093	-	7,620
Application Fee (\$100)	45,000	24,700	27,700	-	17,300
Examination Fee (\$400)	160,000	95,050	95,050	-	64,950
Registration Fees*	1,685,175	475,193	1,561,637	-	123,538
Interest Income	3,000	2,400	2,850	-	150
TOTAL	1,914,888	609,936	1,701,330	-	213,558
*	Approved Forecast	Interim Actual (Apr- Aug)			
	\$	\$			
New Registrants					
- Sept - Nov (\$650)	65,000				
- Dec - Feb (\$487.50)	29,250				
- Mar - May (\$325)	19,500	5,200			
- Jun - Aug (\$162.50)	8,125	15,600			
Renewal (\$650 & Installments)	1,493,700	440,255			
Inactive (\$200 & Installments)	60,000	14,600			
Inactive Late (\$50)	2,500	-			
Registration Late Fee (\$100)	6,000	-			
Re-instatement Fee (\$325)	300	300			
Professional Corp Reg Fee	800	-			
Refunds	-	763			
Total	1,685,175	475,192			

Notes

Revenues from Registration fees are delayed for August due to a delay in launching the new renewal form. Renewal registration opened late (August). In the past we opened renewal two months in advance. We are still expecting to meet projected revenues in all categories.

EXPENDITURES

Page 2

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO YEAR END 2018/2019 (as of Apr 1 - Aug 24 2018) Interim

update 24/08/2018

	1	2	3	4	5
CATEGORY	APPROVED BUDGET 2018/2019	INTERIM ACTUALS (Apr to Aug 24 2018)	REVISED FORECAST Q1 + Q2	VARIANCE TO YEAR END	
	\$	\$	\$	\$	
Expenditure:					
Council & Committees	97,800	12,095	17,095	80,705	
Professional Fees	30,450	17,939	19,439	11,011	
Communications & Media	90,500	26,150	34,150	56,350	
Rent & Facility Costs	231,824	92,241	111,841	119,983	
Office & General	138,548	22,059	37,059	101,489	
Salaries & Wages	931,739	375,406	410,406	521,333	
Registration	241,050	67,789	79,789	161,261	
Quality Assurance	77,176	26,836	29,836	47,340	
Professional Conduct	75,000	13,545	14,545	60,455	
TOTAL	1,914,087	641,966	1,543,302	1,159,926	

Notes:

Council & Committees including AGM

Payment of expenses for QA & Registration, ICRC and Council meetings. Payment for four executive committee meetings occurring in July & August, exam appeals committee, registration and quality assurance committees are still outstanding.

Professional Service

Payment for the 2017/2018 financial audit and to legal counsel for general legal advice to the College.

Communications & Media

Payment for IT support, translation and public awareness. A new communications strategy will be developed once strategic planning is complete.

Office and General

Payment of bank charges, insurance, professional development, recruitment costs, telephone/fax and office supplies.

Registration

Payment of expenses for database maintenance, annual licence for Jurisprudence e-learning module, certificates of registration, and Registry licencing and hosting costs.

Invoices for the April exam will be received by end of September or early October.

Quality Assurance

Payment for Annual Licenses for Prevention of Sexual Abuse and Professionalism and Ethics Online learning m

Payment for Peer and Practice Assessments will continue until end of the quarter.

Professional Conduct

Expenditures for Investigations and hearings and legal advice. These expenditures are demand driven and can occur at any time.



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COLLEGE OF KINESIOLOGISTS OF ONTARIO
FINANCIAL STATEMENTS
MARCH 31, 2018

DRAFT

COLLEGE OF KINESIOLOGISTS OF ONTARIO

FINANCIAL STATEMENTS

MARCH 31, 2018

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Statement of Changes in Net Assets	3
Statement of Operations	4
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Notes to Financial Statements	6 - 9

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
College of Kinesiologists of Ontario

We have audited the accompanying financial statements of College of Kinesiologists of Ontario, which comprise the statement of financial position as at March 31, 2018 and the statements of operations, changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of College of Kinesiologists of Ontario as at March 31, 2018 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants
Licensed Public Accountants

Toronto, Canada

COLLEGE OF KINESIOLOGISTS OF ONTARIO
STATEMENT OF FINANCIAL POSITION
At March 31

2018 **2017**

ASSETS

Current

Cash - unrestricted	\$ 1,592,950	\$ 1,256,403
Cash - restricted, internally <i>(Note 3)</i>	260,000	260,000
Prepaid expenses and sundry	108,250	90,524

1,961,200 1,606,927

Capital assets <i>(Note 4)</i>	269,075	321,135
---------------------------------------	----------------	---------

\$ 2,230,275 \$ 1,928,062

LIABILITIES

Current

Accounts payable and accrued liabilities	\$ 96,000	\$ 72,174
Deferred revenue	774,201	722,129

870,201 794,303

Deferred rent	141,375	159,811
----------------------	----------------	---------

1,011,576 954,114

Commitments *(Note 6)*

NET ASSETS

Net assets invested in capital assets	269,075	321,135
--	----------------	---------

Internally restricted net assets <i>(Note 3)</i>	260,000	260,000
---	----------------	---------

Unrestricted net assets	689,624	392,813
--------------------------------	----------------	---------

1,218,699 973,948

\$ 2,230,275 \$ 1,928,062

The accompanying notes are an integral part of the financial statements

On behalf of the Board

Director Date

Director Date

COLLEGE OF KINESIOLOGISTS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
Year ended March 31

	Net assets invested in capital assets	Internally restricted net assets	Unrestricted net assets	Total 2018	Total 2017
Net assets, beginning of year	\$ 321,135	\$ 260,000	\$ 392,813	\$ 973,948	\$ 887,085
Excess (deficiency) of revenue over expenses	(64,962)	-	309,713	244,751	86,863
Interfund transfers <i>(Note 3)</i>	12,902	-	(12,902)	-	-
Net assets, end of year	\$ 269,075	\$ 260,000	\$ 689,624	\$ 1,218,699	\$ 973,948

The accompanying notes are an integral part of the financial statements

DRAFT

COLLEGE OF KINESIOLOGISTS OF ONTARIO
STATEMENT OF OPERATIONS

Year ended March 31

2018

2017

Revenue

Registration fees	\$ 1,610,620	\$ 1,557,363
Examination fees	208,100	197,315
Application fees	52,600	52,900
Jurisprudence fees	27,070	27,647
	1,898,390	1,835,225

Expenses

Salaries and benefits	820,708	828,637
Rent	213,500	211,740
Registration costs	193,107	161,576
Communications and media costs	81,786	149,910
Processing fees	72,185	51,979
Office and general	58,327	60,285
Quality assurance	45,015	68,442
Council and committee costs	44,140	55,247
Professional fees	31,170	36,280
Professional conduct	28,739	29,114
Amortization of capital assets	64,962	95,152
	1,653,639	1,748,362

Excess of revenue over expenses	\$ 244,751	\$ 86,863
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The accompanying notes are an integral part of the financial statements

COLLEGE OF KINESIOLOGISTS OF ONTARIO
STATEMENT OF CASH FLOWS
Year ended March 31

2018 2017

SOURCES (USES) OF CASH

Operating activities

Excess of revenue over expenses \$ 244,751 \$ 86,863

Item not involving cash

Amortization 64,962 95,152

309,713 182,015

Changes in non-cash working capital items

Prepaid expenses and sundry (17,726) 85,383

Accounts payable and accrued liabilities 23,826 28,292

Deferred revenue 52,072 141,286

Deferred rent (18,436) (15,720)

Cash provided by operating activities 349,449 421,256

Investing activity

Acquisition of capital assets (12,902) (19,687)

Cash used in investing activity (12,902) (19,687)

Net increase in cash 336,547 401,569

Cash, beginning of year 1,516,403 1,114,834

Cash, end of year \$ 1,852,950 \$ 1,516,403

Represented by:

Cash - unrestricted \$ 1,592,950 \$ 1,256,403

Cash - restricted, internally 260,000 260,000

\$ 1,852,950 \$ 1,516,403

The accompanying notes are an integral part of the financial statements

COLLEGE OF KINESIOLOGISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
March 31, 2018

1. Purpose of the organization and income tax status

The College of Kinesiologists of Ontario (“the College”) was created April 1, 2013 pursuant to the proclamation of the Kinesiology Act, 2007. The College is a non-profit organization mandated through legislation and regulations to regulate the profession of kinesiology in Ontario in the interest of the public. The College is committed to ensuring excellent professional practice by registered kinesiologists. Through the establishment of entry-to-practice requirements and through the provision of continuous practice support, the College ensures that registered kinesiologists deliver competent, safe and ethical services.

The College is exempt from income tax under Section 149(1)(1) of the Income Tax Act. Registration remains valid so long as the College continues to fulfill the requirements of the Act and regulations in respect of non-profit organizations.

2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Use of estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the statement of financial position date and the reported amounts of revenue and expenses during the reporting period. In particular, significant estimates are contained in the costs for investigations and hearings. Actual results could differ from those estimates.

Fund accounting

The capital assets fund reports the assets, liabilities, revenues and expenses related to the College's capital assets.

The internally restricted net assets of the College represent resources internally restricted by the Council for specific use.

Expenditures at the discretion of the College are included in unrestricted fund.

Revenue recognition

Non-refundable application fees are recognized as revenue upon assessment of the application.

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

Examination fees are recorded in the fiscal year to which they relate.

Registration fees are recognized as revenue proportionately over the fiscal year to which they relate. Registration fees received in advance of the membership year to which they relate are recorded as deferred revenue.

COLLEGE OF KINESIOLOGISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
March 31, 2018

2. Significant accounting policies (continued)

Financial instruments

The College initially measures its financial assets and liabilities at fair value.

The College subsequently measures all its financial instruments at amortized cost using the straight line method, except for investments in equity instruments that are quoted in an active market and derivatives, which are measured at fair value. Changes in fair value are recognized in the statement of operations.

Transaction costs are recognized in the statement of operations in the period incurred.

Capital assets

Capital assets are recorded at cost less accumulated amortization. Amortization is provided annually on bases designed to amortize the assets over their estimated useful lives, as follows:

Furniture and fixtures	-	straight line over 5 years
Computer equipment	-	straight-line over 3 years
Computer software	-	straight-line over 3 years
Leasehold improvements	-	straight-line over 10 years

Deferred rent

Deferred rent includes reduced rent benefits and tenant inducements received in cash.

The College recognizes rental expenses using the straight-line method whereby any contractual rents over the term of a lease are recognized into income evenly over that term. The difference between the rental expense recognized and rental payments made is shown as deferred rent. Lease incentives received in connection with leasehold improvements are amortized to income on a straight-line basis over the terms of the lease.

3. Interfund transfers and internally restricted net assets

The purpose of the internally restricted net assets is to address unplanned expenses, any increases in investigation costs and hearings and provide support to victims of sexual abuse in the future.

The internally restricted net asset of \$260,000 (2017 - \$260,000) is comprised of the abuse therapy fund of \$30,000 (2017 - \$30,000), investigations and hearings fund of \$140,000 (2017 - \$140,000) and property and technology fund of \$90,000 (2017 - \$90,000).

In addition, \$12,902 (2017 - \$19,687) was transferred from the unrestricted net assets to the capital assets fund in order to fund the cash outlays for capital asset acquisitions.

COLLEGE OF KINESIOLOGISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
March 31, 2018

4. Capital assets

			2018		2017
		Accumulated	Net		Net
	Cost	Amortization	Carrying	Carrying	Carrying
			Amount		Amount
Furniture and fixtures	\$ 131,180	\$ 89,299	\$ 41,881	\$	68,117
Computer equipment	33,487	28,506	4,981	\$	5,531
Computer software	121,863	114,471	7,392	-	-
Leasehold improvements	326,662	111,841	214,821	\$	247,487
	\$ 613,192	\$ 344,117	\$ 269,075	\$	321,135

5. Financial instruments

The College regularly evaluates and manages the principal risks assumed with its financial instruments. The risks that arise from transacting in financial instruments include liquidity risk, credit risk, market risk, interest rate risk, and foreign currency risk. The following analysis provides a measure of the College's risk exposure and concentrations. There are no significant changes in the risk exposures from the prior period.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with its financial liabilities as they come due. The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities. Accounts payable are generally repaid within the credit terms.

The College is not exposed to any significant credit risk, market risk, interest rate risk, and foreign currency risk at the statement of financial position date.

6. Commitments

The College is committed under several contracts which expire between July 2018 and October 2020. The College is also committed under a long-term lease for premises which expires in June 2024. Annual contract and lease payments (exclusive of requirement to pay taxes, insurance and maintenance costs) for the next five years and thereafter are approximately as follows:

Year ending March 31, 2019	\$ 152,000
2020	133,000
2021	130,000
2022	118,000
2023	118,000
Thereafter	147,000
	\$ 798,000

COLLEGE OF KINESIOLOGISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
March 31, 2018

7. Subsequent events

Subsequent to the statement of financial position date, the College entered into an examination development and implementation agreement which expires October 2021 with a total commitment of \$155,000.

The College will change its fiscal year end from March 31 to August 31 starting in 2018.

8. Comparative figures

Certain reclassifications for the year ended March 30, 2017 have been made for the purpose of comparability.

DRAFT



Resolution: Acceptance of Audited Financial Statements for fiscal 2017/2018

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

Whereas the firm of Crowe Soberman was appointed to carry out this audit and did so during the month of May 2018; and

Whereas following the approval of the draft financial statements on June 25th, the College received invoices that related to services provided in the year ended March 31, 2018 that was not accrued.

Resolution

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario accept and approve the resubmitted draft financial statements for circulation, and submission to the Minister of Health and Long-Term Care, the audited financial statements for 2017/2018.

Moved by:

Seconded by:

Date: September 10, 2018

Decision Note

Strategic Planning Proposal

Purpose:

To approve an approach for the planning and execution of a meeting of Council, staff and any others deemed to be important for the successful development of a strategic plan to direct the affairs of the College over the next three years.

Background

It is the responsibility of Council, acting as the board of Directors for the College, to confirm the strategic directions for the College and then monitor progress in achieving the goals set out in the strategic plan. Strategic planning provides an opportunity for College staff and the Council to consider together the vision for the organization's future and determine the necessary priorities, procedures, and strategies to achieve that vision. The resulting strategic plan should include measurable goals which are realistic and attainable, but also challenging.

Strategic planning assumes that certain aspects of the future can be created or influenced by the organization. Strategic planning is ongoing; it is "the process of self-examination, the confrontation of difficult choices, and the establishment of priorities" (Pfeiffer et al., *Understanding Applied Strategic Planning: A Manager's Guide*). Strategic planning involves "charting a course that you believe is wise, then adjusting that course as you gain more information and experience" (Wilder Foundation, *Strategic Planning Workbook*).

Simply put, strategic planning helps determine

- Where an organization intends to go over a pre-determined period of time
- How it plans to get there – what it needs to do to get there
- How it will know if it got there, or if it's on the right path.

Strategic plan vs. business plan

- The focus of a *strategic plan* is usually on the entire organization, and is considered a living and dynamic process
- The focus of a business plan is usually on a particular product, service or program, for a fixed period of time. Our Business Plan is a detailed one-year plan with the next two years often reflected but with less detail and carry-over work described.

Common Types of Strategic Planning

While several models exist under the umbrella of strategic planning, two types are the most commonly used and depend upon the status of the organization and the environment in which the organization operates.

Issues-based strategic planning has been used by the College in previous planning exercises. In the first exercise, the intent was to ensure specific decisions were in place to guide the change from being a transitional Council to being a regulator. Again in 2014, as the College was still in a very dynamic environment it used an issues-based strategic planning process. Some of its processes such as Discipline were yet to be tested, changes were occurring within the profession at a rapid rate, and changes were hoped for in the educational and training system which would impact entry to practice and ongoing professional development.

Issues-based strategic planning is the most common approach used by organizations in a dynamic or competitive environment and examines

- Specific issues facing an organization, e.g. finances, competition, marketing, staffing
- Short-term strategies to address those issues
- Action plans to carry out the strategies

Goals-based strategic planning is typically used by organizations in a stable environment and focuses on an organization's

- Purpose (could also include vision and/or values)
- Goals to work towards the purpose
- Strategies to achieve the goals
- Action plans (who will do what and by when)

In most cases, strategic planning provides an opportunity to consider accomplishments, evaluate what is working, and address what must happen and when in order to achieve the desired future state. The question of resources must be addressed in strategic planning to assist in determining what is possible and timelines.

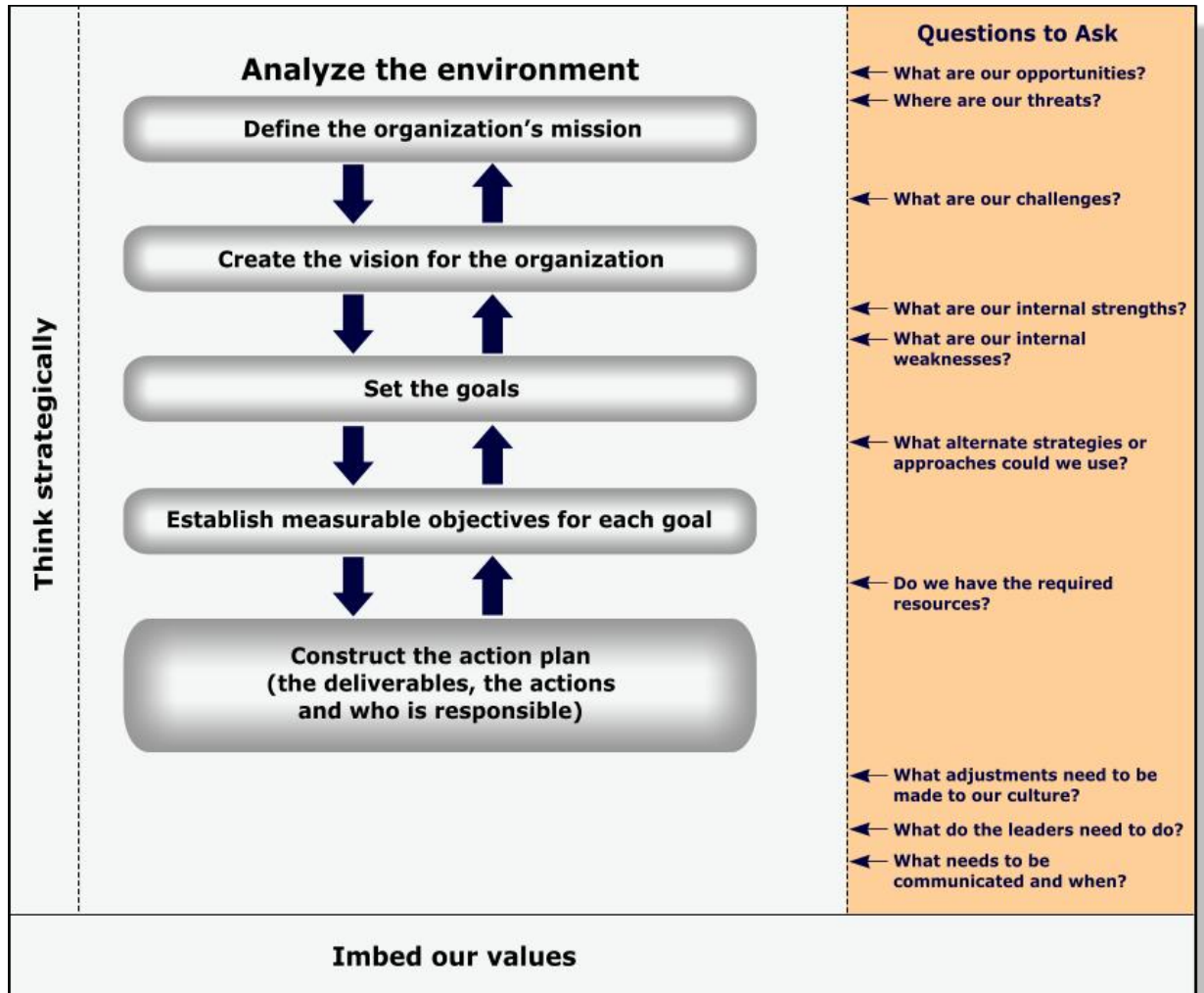
Today, the planning environment of the College has greater stability and predictability. It is noteworthy that the Ontario Ministry of Health and Long-Term Care has signaled change to the legislative framework governing the health professions and a desire to make changes to the oversight of regulators. As well, the College and the Council have considerably more experience in governance of the profession. All committees Fitness to Practice Committee have been active, the profession itself is stabilizing and parts of the education system have responded to the new profession with curriculum development initiatives..

Outline of Proposed Process

The proposed strategic planning process has three key parts to it. The first part involves “planning to plan”. Considerable work is required to carry out an environmental scan and to gain input from all parties. Documentation will be prepared to enable Council and staff to review the “current state”, gather insights into the influences and forces impacting the College and to consider these in the context of the regulatory mandate of the College and the limitations imposed by resources.

Once preparations are complete, Council and staff will come together for a one-day workshop. This meeting will not be open to the public. The RHPA permits the College to have planning workshops as private or in-camera meetings. Jointly, Council and staff will develop the key components of the strategic plan. They will set a time horizon, and determine the strategies for achieving the goals identified. Outcomes from the meeting will be compiled into a draft strategic plan, for review by Council and staff at a later meeting and then will be approved by Council.

The third part of the process which is monitoring and evaluation, extends into the future.



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Part 1 - Planning to Plan

i. Selection of a Planning Task Group

In order to ensure a productive and meaningful strategic planning workshop which meets Council's expectations and provides future directions for the College, considerable upfront work is required including environmental scan; issues analysis, and procurement of a facilitator. Planning for planning requires that a Steering Committee be appointed for the specific purpose of working with the Registrar to manage the planning process and confirm analysis, agenda and priority issues.

Executive Committee has recommended the appointment of a Steering Committee to work with the Registrar and Consultant to plan a strategic planning meeting. The Steering Committee will meet with the Consultant to define the scope of the environmental scan, will screen materials for the meeting, advise the consultant concerning specific issues and opportunities which should be developed in materials for the meeting and will work with the Consultant on refinement of the resulting plan, for Council's final review and approval.

Decision #2
Scope of Strategic Planning Exercise

The College is aware that the Ontario Ministry of Health and Long-Term Care has previously informed the health professions regulators, of its intention to redesign the governance framework. This will require changes to *the Regulated Health Professions Act*, and is likely to result in significant macro-change as well as micro-change impacting the governance structure of all colleges and of individual colleges. Having noted this commitment to change on the part of the ministry, the College has received no indications of specific direction for the future. It is clear that the ministry will be seeking to increase accountability and oversight while at the same time will seek ways in which to reduce the overall costs of regulating professions.

With this high level of uncertainty in mind, the Executive Committee has recommended a limited scope for this planning exercise. In view of this limited scope initiative, the Steering Committee will be directing the Consultant that the intent of the current exercise will be to update the existing Strategic Plan for 2015-2018.

Decision #3
Procurement of Facilitator

The College has a procurement policy which requires that all consulting work must be procured through a competitive process. Exemptions are permitted to this policy, in limited circumstances as follows:

7.1.1. The following are allowable exceptions to the general requirement that Consulting Services must undergo a competitive procurement process:

7.1.1.1. Where an unforeseen situation of urgency exists and the Consulting Services cannot be obtained by means of a competitive procurement process. An unforeseen situation of urgency does not occur where the College has failed to allow sufficient time to conduct a competitive procurement process.

7.1.1.2. Where Consulting Services regarding matters of confidential or privileged nature are to be purchased and the disclosure of those matters through a competitive procurement process could reasonably be expected to compromise confidentiality, cause economic disruption or otherwise be contrary to the public interest.

7.1.1.3. Where a competitive process could interfere with the College's ability to maintain security or order or to protect human, animal or plant life or health.

7.1.1.4. Where there is an absence of any bids in response to a competitive procurement process that has been conducted in compliance with this Policy.

7.1.1.5. Where only one supplier is able to meet the requirements of a procurement in the following circumstances:

The consultant used in the past was selected through a competitive procurement process. The Consultant, Christine Forsythe, was the successful vendor on all selection criteria including price, understanding of the College's needs, specifically related experience knowledge of the regulatory environment for health professions, and approach.

In view of the successful previous experiences of the College with this consultant, Executive Committee has recommended this consultant for this exercise. Acceptance of this recommendation from Executive Committee requires Council to approve an exemption to the Procurement Policy that the College negotiate with Christine Forsythe to procure her services, if an acceptable arrangement can be reached.

Council may consider this recommendation if it feels that selection of this consultant would meet the criteria for exemption from the Procurement Policy described and highlighted above. Specifically if Council views this works as an extension and update to the work previously completed by the consultant, it may grant an exemption to the procurement policy

PART 2 - the Strategic Planning Workshop

1) The Agenda for Workshop

a) Review Mission, Values and Operating Principles (like the Transparency Principles).

The Mission statement and values which guide the College were established by the transitional College in 2011. This strategic planning workshop provides an opportunity to revisit these and confirm whether they provide the necessary guidance to decision-making and ongoing activities.

b) Consider the key issues and opportunities facing the College and the health professions regulators

c) Evaluate opportunities to improve upon and expand the College's efforts to protect the public

d) Develop Goals which Guide the College over the next 3-5 years

The Strategic Plan should describe the key goals to be achieved over the next three to five years to ensure that the public continues to receive competent ethical services from kinesiologists and to ensure that concerns are addressed expeditiously and in a manner which increases public confidence. The plan should position the College to adapt to changes in the legislative framework for health professions ensuring that as changes may be implemented, public protection is enhanced and professionalism of kinesiologists is strengthened.

Key goals might cover a variety of categories such as :

- i) Service to the Public
- ii) Programs
- iii) Relationships with stakeholders
- iv) College development
- v) Governance

- 2) Agree upon key strategies to reach the goals and address key issues identified through the environmental scan.**
- a) The Facilitator will guide the group through the development of key strategies. Criteria for evaluating and choosing among strategies:
 - i) *Value – Will the strategy contribute to meeting agreed-upon goals?*
 - ii) *Appropriateness – Is the strategy consistent with the organization's mission, values, and operating principles?*
 - iii) *Feasibility – Is the strategy practical, given personnel and financial resources and capacity?*
 - iv) *Acceptability – Is the strategy acceptable to the Board, key staff, and other stakeholders?*
 - v) *Cost-benefit – Is the strategy likely to lead to sufficient benefits to justify the costs in time and other resources?*
 - vi) *Timing – Can and should the organization implement this strategy at this time, given external factors and competing demands?*
 - b) Based on these or other agreed-upon criteria, strategies may be evaluated and selected, or prioritized.

Decision #4

Council should set a target date for the Planning Workshop

PART 3 - Draft Strategic Plan

Utilizing the summary report prepared by the Facilitator, staff and the Steering Committee will compile the draft Strategic Plan for review and approval by Council.

The approved plan will provide the basis for the development of annual operational plans, budgeting and resource allocation. It will also help to guide stakeholder management and governance decisions including committee development, outreach and advice to universities.

The approved Strategic Plan will be posted on the College website. Members and stakeholders will then have the opportunity to monitor the College's progress in achieving strategic goals

This form of information sharing with members and other stakeholders is an opportunity for outreach and to signal direction to those whose own plans may be tied in some way to the plans of the College. It also helps the public to understand more about the role of the College and how it relates to its members.

PART 4- Ongoing Business Planning, Monitoring and Evaluation

Annually Council will review an Operational Plan and consider whether the College remains on course for the achievement of strategic goals. Throughout the year Council will evaluate financial reports, risk reports, and performance reports. Where changes in direction are required these are noted in the annual processes.



Resolution- Exemption from Procurement Policy for Facilitator of Strategic Plan Update

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 the current Strategic Plan was designed to cover the period up to the end of 2018 and requires updating; and

Whereas Council views the current environment of uncertainty to be such that a focused and targeted planning effort should be undertaken to set directions for the College in the short to medium term; and

Whereas Christine Forsyth and Associates provided consulting services for the development of the current Strategic Plan by conducting an extensive environmental scan, interviewing Council members stakeholders and others, then facilitating the plan development and preparing the final Plan report for the College; and

Whereas the Council and College wish to update the current Strategic Plan building upon new information gained through targeted environmental scanning which augments what was learned in 2015; and

Whereas Council feels the prior consultant is in the best position to provide the College with the services needed to update the current plan; and

Whereas Council also feels that to potentially bring in a new consultant through a competitive process would not respect the integrity of work previously completed, the proprietary nature of that work and the process used by the prior consultant, and would not be cost-effective for the College because of the additional work that would be required to begin a new planning process;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves an exemption to the Procurement Policy under clause 7.1.1.2. and further directs the Registrar and Steering Committee to negotiate a contract with Christine Forsythe to carry out a targeted environmental scan and provide additional consulting services to assist the Council and College in updating its Strategic Plan.

Moved by: _____

Seconded by: _____

Date: September, 2018

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POLICY STATEMENT:

The purpose of this procurement policy is to ensure that all decisions relating to the purchase of goods and services, regardless of the source of those funds, are governed by procurement practices which are fair, and transparent and intended to achieve value for money for the College.

1. DEFINITIONS

“Agreement” means the formal written document that will be entered into at the end of the procurement process.

“College” means the College of Kinesiologists of Ontario.

“Consulting Service” means the provision of expertise or strategic advice that is presented for consideration and decision-making .

“Contract” means the aggregate of (a) the Agreement including any schedules; (b) the procurement documents (i.e. any documents used during the procurement process), including any addenda; and (c) any amendments executed in accordance with the terms of the Agreement.

“Electronic Tendering System” means a computer-based system that provides vendors with access to information related to open competitive procurements.

“Invitational tenders” means a method of inviting at least three (3) vendors to respond to a request for supply of goods or services based on stated delivery requirements, performance specifications, terms, and conditions.

“Procurement Approval Authority” means a method of ascertaining who in the College is able to authorize a purchase and the threshold amounts.

“Procurement Value” means all costs and conferred value associated with a contractual relationship with a third party.

“Procurement Value Increase” means that the costs and conferred value associated with a procurement initiative have increased subsequent to the procurement approval.

“Request for Proposal (RFP)” means a procurement document that requests vendors to supply solutions for the delivery of complex products or services or to provide alternative options or solutions. It is a process that uses predefined evaluation criteria in which price is not the only factor.

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“Request for Tender (RFT)” means a procurement document that requests a vendor response to supply goods or services based on stated delivery requirements, performance specifications, terms, and conditions. A request for tender usually focuses the evaluation criteria predominantly on price and delivery requirements.

2. APPLICATION AND SCOPE

2.1. This Policy applies to the procurement of all goods and services and retention of outside legal services.

3. PRINCIPLES

3.1. The overall objective of this Policy is to ensure that the College acquires the goods and services required to meet the College’s needs in the most economical and efficient manner, through a procurement process that is transparent, fair, provides value for money, is responsibly managed and conforms to legal requirements.

4. Procurement Planning

4.1. The College will utilize procurement planning in order to support its business requirements. The College will ensure that sufficient time is allowed to complete the procurement process. The following planning requirements will be considered:

- 4.1.1. early identification of needs;
- 4.1.2. clear definition of requirements;
- 4.1.3. justification for the acquisition;
- 4.1.4. compatibility of procurement needs with College, legislative and regulatory requirements;

4.2. In order to comply with section 6.1, the College shall discuss procurement needs and plans regularly at meetings of the Council and of the Executive Committee.

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4.3. Annually the College will develop a list of all known and anticipated procurements exceeding \$10,000 to be conducted in the upcoming fiscal year to support business requirements. It is recognized that certain circumstances may arise which could not have been anticipated and the procurement plan may need to be revised and amended periodically. This procurement plan is to be considered at the same time by Council as the annual College budget projections.

5. Procurement Value

- 5.1. The College shall determine the approximate monetary value of a procurement in order to determine appropriate procurement approval authority (i.e. who can approve this?) and procurement method (i.e. how do we tender this?). To determine the value of procurement, the College shall consider all costs and benefits, associated with entering a contractual relationship with a third party.
- 5.2. Where a project involves multiple related procurements, the estimated total Contract value of all related procurements should be used to determine the procurement value.
- 5.3. The College may not take any actions to reduce the value of procurements to avoid any requirements of this Policy regarding competition, approvals or reporting.

6. Procurement Value Increases

- 6.1. When the value of procurement increases, the College will ensure it has not exceeded the threshold level for that particular approver. If this is likely to occur, the College shall obtain the necessary approval from the appropriate approver prior to proceeding with or continuing the procurement.

7. Procurement Methods

7.1. Consulting Services Procurements

- 7.1.1. A competitive process will be used for all Consulting Services, irrespective of the value of the Contract. The College will still adhere to the principles set out in section 5 of the Policy even when a formal procurement process will not be undertaken.
- 7.1.2. For consulting services that cost more than \$5,000 the College will refer to the Procurement Approval Authority as set out in section 10.1.

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7.1.3. The College may use an Invitational Tender for Consulting Services valued up to \$100,000. An Invitational Tender is achieved by requesting a minimum of three (3) vendors to submit a written proposal in response to the College's requirements.

7.1.4. The College will use an open competitive procurement for Consulting Services valued at \$100,000 or more.

7.2. Allowable Exceptions – Goods and Non-Consulting Services

7.2.1. The following are allowable exceptions to the general requirement that Goods and Non-Consulting Services must undergo a competitive procurement process:

7.2.1.1. Where an unforeseen situation of urgency exists and the goods or non-consulting services cannot be obtained by means of a competitive procurement process. An unforeseen situation of urgency does not occur where the College has failed to allow sufficient time to conduct a competitive process.

7.2.1.2. Where goods or non-consulting services regarding matters of confidential or privileged nature are to be purchased and the disclosure of those matters through a competitive procurement process could reasonably be expected to compromise confidentiality, cause economic disruption or otherwise be contrary to the public interest.

7.2.1.3. Where a contract is awarded under a co-operation agreement that is financed, in whole or in part, by another organization, only to the extent that the agreement includes different rules for awarding contracts.

7.2.1.4. Where a competitive procurement process could interfere with the College's ability to maintain security or order or to protect human, animal or plant life or health.

7.2.1.5. Where there is an absence of any bids in response to a competitive procurement process that has been conducted in compliance with this Policy.

7.2.1.6. Where only one supplier is able to meet the requirements of a procurement in the following circumstances:

7.2.1.6.1. To ensure compatibility with existing products, to recognize exclusive rights, such as exclusive licenses, copyright and patent rights, or to maintain

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specialized products that must be maintained by the manufacturer or its representatives.

- 7.2.1.6.2. For the procurement of goods and services the supply of which is controlled by a supplier that is a statutory monopoly.
- 7.2.1.6.3. For the purchase of goods on a commodity market.
- 7.2.1.6.4. For work to be performed on or about a leased building or portions thereof that may be performed only by the lessor.
- 7.2.1.6.5. For work to be performed on property by a Contractor according to provisions of a warranty or guarantee held in respect to the property or original work.
- 7.2.1.6.6. For a Contract to be awarded to the winner of a design contest.
- 7.2.1.6.7. For the procurement of a prototype or a first good/service to be developed in the course of research, experiment, study, or original development but not for any subsequent purchases.
- 7.2.1.6.8. For the purchase of goods under exceptionally advantageous circumstances such as bankruptcy or receivership, but not for routine purchases.
- 7.2.1.6.9. For the procurement of original works of art.
- 7.2.1.6.10. For the procurement of subscriptions to newspapers, magazines or other periodicals.
- 7.2.1.6.11. For the purchase of real property.

7.3. Where a non-competitive procurement process is required, but no allowable exception exists, the College shall seek prior approval from the Registrar and the President.

8. Procurement Approvals

8.1. The procurement approval authority framework is as follows ¹:

¹ The College must provide vendors a minimum response time of 15 calendar days, as per section 13.1.

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Value	Method	Approval Authority	Responsibility for Initiating Approval
\$0 up to \$5,000	Invitational Competitive <i>or</i>	Registrar	Registrar
	Open Competitive <i>or</i>	Registrar	Registrar
	Non-Competitive	Registrar	Registrar
\$5,001 to but not including \$100,000	Invitational Competitive <i>or</i>	Registrar and one of President, Vice-President or such other person as Council may designate	Registrar
	Open Competitive <i>or</i>	Registrar and one of President, Vice-President or such other person as Council may designate	Registrar
	Non-Competitive	Registrar and one of President, Vice-President or such other person as Council may designate	Registrar
\$100,000 up to but not including \$500,000	Open Competitive <i>or</i>	Registrar and one of President, Vice-President or such other person as Council may designate	Registrar
	Non-Competitive	Council	Registrar
over \$500,000	Open Competitive	Council	Council

9. Procurement Documents

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9.1. To enable fair comparison of vendor submissions, procurement documents must be in writing and include sufficient details concerning the submission requirements.

9.2. The College must include in all procurement documents the following information:

9.2.1. A description of the needed goods or services in generic and/or functional terms specific to the business needs that the goods or services will serve.

9.2.2. Full disclosure of the evaluation criteria and process to be used in assessing submissions.

9.2.3. The name, telephone number and location of the person to contact for additional information on the procurement documents.

9.2.4. Conditions that must be met before vendors may obtain procurement documents such as confidentiality agreements, if appropriate.

9.2.5. The address, date and time limit for submitting responses to procurement documents. Responses received after the closing date and time must be returned unopened.

9.2.6. The time and place of the opening of the responses in the event of a public opening.

9.2.7. Notice that any confidential information supplied to the College may be disclosed by the College where it is obliged to do so under the *Freedom of Information and Protection of Privacy Act* (FIPPA), by an order of a court or tribunal otherwise required at law.

9.2.8. Conflict of interest provisions that:

9.2.8.1. define conflict of interest to include situations or circumstances that could give a vendor an unfair advantage during a procurement process or compromise the ability of a vendor to perform its obligations under the Agreement;

9.2.8.2. reserve the right of the College to solely determine whether any situation or circumstance constitutes a conflict of interest;

9.2.8.3. reserve the right to disqualify prospective vendors from a procurement process due to conflict of interest;

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9.2.8.4. require prospective vendors participating in a procurement process to declare any actual or potential conflict of interest;

9.2.8.5. require vendors to avoid any conflict of interest during the performance of their contractual obligations for the College;

9.2.8.6. require vendors to disclose any actual or potential conflict of interest arising during the performance of an Agreement;

9.2.8.7. reserve the right to prescribe the manner in which a vendor should resolve a conflict of interest;

9.2.8.8. allow the College to terminate an Agreement where a vendor fails to disclose any actual or potential conflict of interest or fails to resolve its conflict of interest as directed by the College; and

9.2.8.9. allow the Agreement to be terminated where a conflict of interest cannot be resolved.

9.2.9. The form of Agreement the successful vendor(s) is expected to sign. Appropriate termination clause(s) must be included in Agreements. Appropriate mechanisms for amending the Agreement from time to time should be included.

9.3. The College may consult with legal counsel regarding its procurement documents including the implementation and application of updated Agreement terms and conditions.

10. Electronic Tendering

10.1. The College will use electronic tendering for open competitive procurements valued at or above \$25,000 for goods and at or above \$100,000 for services.

11. Bid Response Time

11.1. Sufficient time will be given to vendors to prepare and submit bid responses. Except in cases of urgency, the College will provide vendors a minimum response time of 15 calendar days for Consulting Services at any value, goods valued at or over \$25,000 and non-Consulting Services valued at or over \$100,000 and a minimum of 30 calendar days for procurements assessed as complex/high risk procurements, including alternative service delivery.

12. Additional Information

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12.1. Any additional information, clarification or modification of the procurement documents will be provided in the same manner as the procurement document via an amendment or addendum and shall be released in sufficient time prior to the submission deadline to allow bidders sufficient time to submit a responsive bid. The submission deadline may be extended to ensure sufficient time is provided to bidders.

13. Evaluation Process

13.1. The College will evaluate the bid responses received consistently and uniformly.

13.2. Typically, an evaluation process is comprised of three components - mandatory requirements, rated requirements and price/cost. The evaluation of price/cost shall be undertaken after the completion of the evaluation of the mandatory requirements and any other rated criteria.

13.3. Where a vendor is disqualified for non-compliance with a mandatory requirement or fails to meet a minimum rated requirements score, as identified in the procurement document, no further evaluation shall take place.

13.4. The evaluation process to be used in assessing a vendor's submission will be fully disclosed. A full disclosure of the evaluation methodology and process includes, but is not limited, to:

13.4.1. A clear articulation of all mandatory requirements, which indicates if the mandatory requirements will be assessed on a pass/fail basis and will indicate how vendors achieve a passing grade.

13.4.2. All weights, including sub-weights, for rated requirements.

13.4.3. Description of any short-listing processes, including any minimum rated score requirements.

13.4.4. The role and weighting, if applicable, of reference checks, oral interviews, demonstrations and site visits.

13.4.5. Descriptions of the price/cost evaluation methodology including the use of scenarios in the evaluation process, to determine costs for specific volumes and/or service levels.

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13.5. Following the evaluation process, the College will select only the highest ranked submission(s) that have met all mandatory requirements set out in the related procurement document.

13.6. In responding to procurement documents, vendors may sometimes propose alternative strategies or solutions to the business needs or apply conditions to their responses. Unless expressly requested in the procurement documents, alternative strategies or solutions proposed by a vendor shall not be considered.



Proposed Committee Slate for 2018-2019

EXAM APPEAL	FINANCE	ICRC	PATIENT RELATIONS	QUALITY ASSURANCE	REGISTRATION
Michelle Meghie	Chad McCleave	Marilyn Bartlett	Michelle Young	Jennifer Pereira	Ken Alger
Nicole DiFilippo	Stephanie Moser	Nicole DiFilippo	Jennifer Pereira	Marilyn Bartlett	Graydon Raymer
Chad McCleave	Jennifer Pereira	Elwin Lau	Derek DeBono	Ken Alger	Elwin Lau
	Kalen Johnson	Kalen Johnson	Stephanie Moser	Jennifer Bushell	Stefanie Moser
		Michelle Young	Steve Anderson	Nelson Amaral	Steve Anderson
		Chad McCleave	Mary Pat Moore	Michelle Young	Mary Pat Moore
		Stephanie Moser	Michelle Meghie	Derek DeBono	Michelle Meghie
		Nelson Amaral	Kalen Johnson	Graydon Raymer	Lori-Anne Beckford
		Steve Anderson		Lori-Anne Beckford	Jennifer Bushell
		Ryan Wright		Kalen Johnson	

NOTES:

All members of Council are appointed to the Discipline Committee and to the Fitness to Practise Committee. Panels will be selected to ensure no conflict of interest.

Red = committee chair



Resolution- Committee slates for 2018/2019

Whereas Executive Committee is required to appoint Council members and non-Council members to committees; and

Whereas the term of the existing committees has expired; and

Whereas Council members, including three newly elected Council members, were canvassed for their interest regarding which committees they wished to serve on for the coming year; and

Whereas kinesiologists were invited to submit their applications and résumés for positions as members-at-large on committees; and

Whereas per By-law 13, the Executive Committee at its last meeting developed a proposed slate for committee membership based on the needs of each committee and the interests and skills of Council members;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario appoints the committee members and chairs as per the attached slate developed and recommended by the out-going Executive Committee.

Moved by: _____

Seconded by: _____

Date: September 10, 2018

COLLEGE OF
KINESIOLOGISTS
OF ONTARIO



The Basics of Risk Management



0. Preliminaries and Provisos



Overview

1. Defining Risk and Risk Terminology
2. The Risk Management Process
3. The Role of the Board
4. Limits of Risk Management



1. Defining Risk and Risk Terminology



What is Risk?

- “The effect of **uncertainty** on **objectives**”
- Two essential components:
 1. **Likelihood**
 2. **Impact**



What is Risk?



Example:

“The risk of your house being burgled”

Likelihood affected by...

- Rate of crime in your neighbourhood
- Location/character of the house
- Presence of security features

Impact affected by...

- Insurance
- Overall resources
- Contents
- Outlook



Two Types of Risk

- **Inherent Risk** = the risk prior to taking into account any proposed controls, responses, etc. (the raw risk)
- **Residual Risk** = the risk remaining after taking into account proposed controls, responses, etc. (the mitigated risk)



Two Types of Risk



Example:

“The risk of your house being burgled”

Inherent Risk = The likelihood and impact of a burglary before you have taken any precautions

Residual Risk = The likelihood and impact of a burglary after you have taken precautions



Response to Risk

- Selecting and implementing measures to address a risk
 - Accept
 - Monitor
 - Transfer
 - Avoid
 - Mitigate likelihood
 - Mitigate impact



Response to Risk



Example:

“The risk of your house being burgled”

Risk Responses

- Alarm monitoring system
- Door / Window locks
- Guard dog / Security guard
- Lighting / Video surveillance
- Insurance
- Move



Risk Tolerance

- Risk tolerance is the willingness of an organization to **accept or reject** a given level of *residual* risk
- Risk tolerance helps determine what risk responses are necessary to mitigate the risk to an acceptable level
 - Perception of Risk
 - Access to Resources



Risk Tolerance



Example:

“The risk of your house being burgled”

- Low tolerance → increased security measures, etc.
- High tolerance → fewer security measures, etc.



2. The Risk Management Process

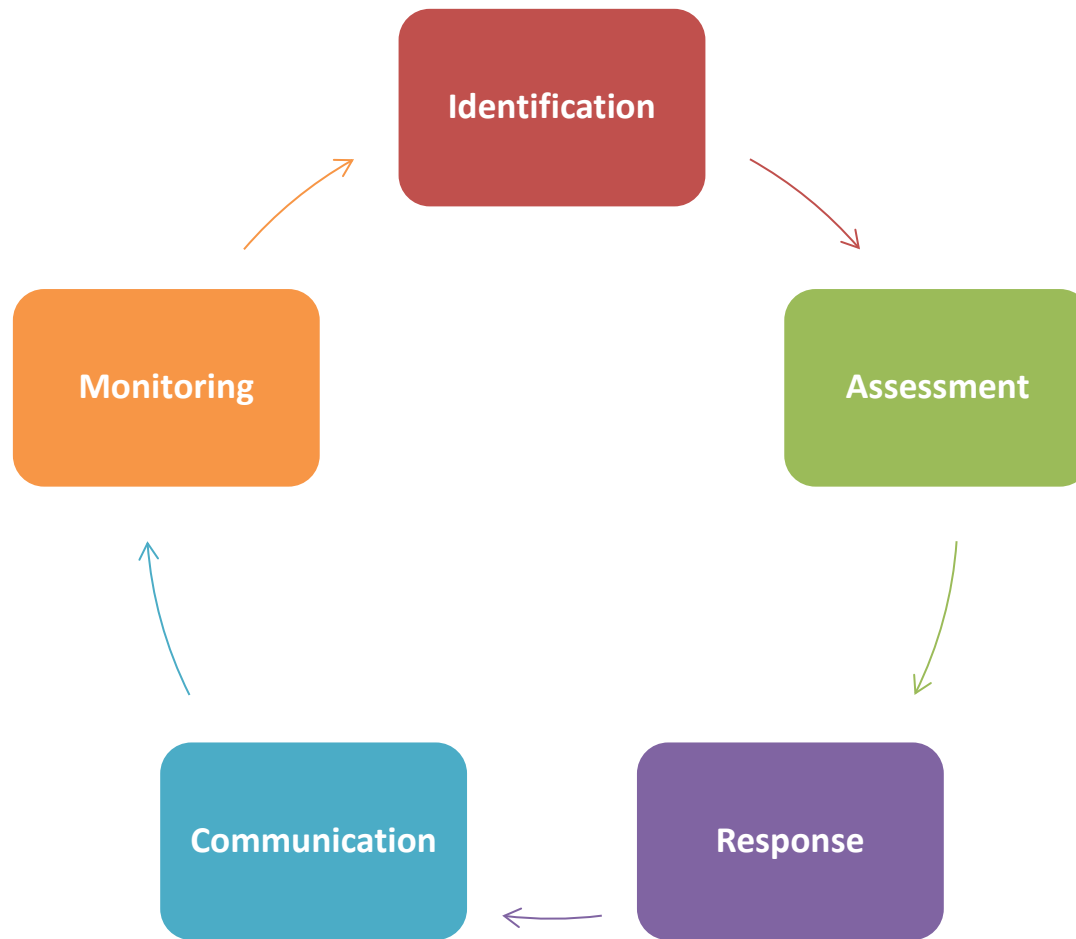


Risk Management

- Integration of risk analysis into organizational structure and management practices
- A system for identifying, assessing, and responding to risks facing an organization
- A system for choosing the best course of action in the face of uncertainty



Risk Management Cycle





Identification

- **Identifying** the key risks affecting the organization
 - Not every risk (e.g. some too remote, unable to affect)
 - Only risks with the potential to **significantly impact** the achievement of the **objectives** of the organization



Assessment

- **Estimating** the likelihood and impact of a risk using an agreed upon metric
- **Prioritizing** risks based on the estimation



Response

- **Selecting and implementing** measures to respond to the risk based on the organization's **risk tolerance**



Communication

- **Documenting** the risk management process, including the risks, assessments, and responses
- **Assigning** responsibility for risk management activities
- **Reporting** on risk management to staff and Board



Monitoring

- **Regular review**
 - Have new risks emerged?
 - Have existing risks changed?
 - Are new responses needed?
 - Has risk tolerance changed?
- **Performance measurement**
 - Have responses been effective in addressing risks?



Risk Management Plan

Consequence/ Impact		Likelihood	Rare The event may occur in exceptional circumstances. <i>Less than once a year</i>	Unlikely The event could occur at some time. <i>At least once a year.</i>	Moderate The event will probably occur at some time. <i>At least once in 6 months</i>	Likely The event will occur in most circumstances. <i>At least once per month</i>	Certain The event is expected to occur in all circumstances. <i>At least once per week</i>
		Level	1	2	3	4	5
Negligible Low financial loss, small impact on operations	0	0	0	0	0	0	0
Minor Some financial loss, moderate impact on business	1	1	2	3	4	5	
Serious High financial loss, moderate loss of reputation, moderate business interruption	2	2	4	6	8	10	
Major Major financial loss, major loss of reputation, major business interruption	3	3	6	9	12	15	
Catastrophic Complete cessation of business, extreme financial loss, irreparable loss of reputation	4	4	8	12	16	20	



Risk Management Plan

Risk Rating	Risk Priority	Description
0	N	No Risk: The costs to treat the risk are disproportionately high compared to the negligible consequences
1-2	L	Low Risk: May require consideration in any future changes to the work area or processes, or can be fixed immediately
3-6	M	Moderate Risk: May require corrective action, planning and budgeting process
7-9	H	High Risk: Requires immediate corrective action
10-20	E	Extreme Risk: Requires immediate prohibition of the work, process and immediate corrective action



Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
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Risk Management Plan

Information Management	Unintended destruction or loss of records	1 Rare	3 Major	3 Moderate	All staff	<ul style="list-style-type: none">❖ Back-up procedures carried out daily on electronic files❖ File room/cabinets are secured and locked daily❖ Key documents are stored electronically with remote back-up of servers❖ Limit transfer of documents from office to home-office❖ Bank records stored and copies of cheques retained
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3. The Role of the Board



Board vs. Staff

- Staff = **Design and Implementation**
- Board = **Review and Oversight**



Role of the Board

- Board is not meant to duplicate the work of staff
 - Review does not mean “rewrite”
 - Oversight does not mean “do-over”
- The Board’s role is to ensure that staff are taking responsibility for the risk management process in a reasonable manner



Role of the Board

- Key Role = Setting the **risk tolerance** of the organization
- Is the Board satisfied that the residual risk is acceptable in light of the risk responses developed by staff?
 - If not satisfied, further action by staff required



Board Oversight

- Have staff identified risks specific to the organization?
 - Are there any key risks missing?
- Have staff aligned risks with the organization's objectives and mandate?



Board Oversight

- Have staff assessed the risks for likelihood and impact?
 - Is the assessment metric reasonable?
- Have staff assigned responsibility for monitoring and responding?
- Have staff communicated appropriately regarding risk management activities?



4. Limits of Risk Management



Limits of Risk Management

- Known (Identifiable) Risk vs. Unknown (Unanticipated) Risk
- Biases in Risk Perception
- “Black Swan Events” (Nassim Taleb)
 - The Parable of the Turkey



Goal of Risk Management

Resiliency



Thank You

Web www.coko.ca

Email info@coko.ca

College of Kinesiologists Risk Management Plan

September 201~~8~~6 to September 201~~9~~7

Risk Management Plan Purpose

The College of Kinesiologists Risk Management Plan is a controlling document that incorporates the goals, strategies, and methods for performing risk management. The Risk Management Plan describes all aspects of the risk identification, estimation, evaluation, and control processes. The purpose of developing such a plan is to determine the approach for cost-effectively performing risk management on all operational functions of the College.

Stakeholder Roles and Responsibilities

Role	Risk Management Responsibility	Assignment
Registrar and CEO	Responsible for ensuring comprehensive risk assessment within the organization, development and implementation of mitigation strategies, and ongoing evaluation of effectiveness of risk management by the organization	Brenda Kritzer
President	Responsible for leading Executive Committee and Council in reviewing the Risk Management Plan, implementing certain procedures needed in specified emergency situations, ensuring action is taken as necessary to protect the separation of Council from operations.	TBD
Council	Responsible for approving Risk Tolerance Evaluation, reviewing Risk Management Plan and periodically reassessing success of Risk Management Strategies.	Council Members
Director & Manager	Responsible for identifying risk factors relevant to portfolio responsibilities and for jointly working with Registrar to identify organization level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies	Stamatis Kefalianos, Ugie Ifesi, Lara Thacker, Cara Moroney, Sue Behair, McGinty, Eric Bruce, Nancy Leris
Communications Officer	Responsible for identifying risk factors relevant to portfolio responsibilities and for jointly working with Registrar and other staff to identify organization level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies	Ryan Pestana, Danae Theakston
Registration & Examinations Coordinator	Responsible for identifying risk factors relevant to portfolio responsibilities and for jointly working with Registrar and other staff to identify organization level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies	Magda Reder
Administrative Executive Officer and Administrative Assistant	Responsible for identifying risk factors relevant to administration within the organization, and for jointly working with Registrar and other staff to identify organization level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies	Zeina Yusuf, TBD

Risk Management Process and Activities

The College of Kinesiologists regularly undertakes risk management activities to protect the interests of the public, its members and the Government of Ontario to which it is accountable. Risk management involves complex processes of risk assessment, development and implementation of mitigation strategies and evaluation of effectiveness, change and opportunity. Effective risk management requires the active engagement of everyone actively engaged in the organization and may include consultation with external experts such as auditors. The College adheres to a Risk Management Policy which requires regular review, evaluation and reporting to Council.

Risk Analysis Matrix

College staff engage in a collective and joint process to identify types of risks that are likely to affect the achievement of business goals. For each risk, staff consider what could happen, how and why it could happen, and the consequences of said risk. Then:

Staff systematically review the following to identify potential risks and to categorize potential risks using a risk occurrence matrix:

- each function performed within the College,
- records and reports generated or retained by the College.
- business processes, policies and procedures.
- resources of the College including knowledge of history, processes and legislative, operational and policy environment, staff, furnishings and equipment.

Types of Risk Identified

1. Financial
2. Information Management
3. Loss/Damage of Capital Equipment/Furnishings
4. Loss/Compromise of Examination
5. Human Resources
6. Loss of Public/Member Confidence
7. Governance
8. Compliance

Risk Occurrence Matrix

Consequence/Impact \ Likelihood		Rare	Unlikely	Moderate	Likely	Certain
		The event may occur in exceptional circumstances. <i>Less than once a year</i>	The event could occur at some time. <i>At least once a year.</i>	The event will probably occur at some time. <i>At least once in 6 months</i>	The event will occur in most circumstances. <i>At least once per month</i>	The event is expected to occur in all circumstances. <i>At least once per week</i>
Level		1	2	3	4	5
Negligible Low financial loss, small impact on operations	0	0	0	0	0	0
Minor Some financial loss, moderate impact on business	1	1	2	3	4	5
Serious High financial loss, moderate loss of reputation, moderate business interruption	2	2	4	6	8	10
Major Major financial loss, major loss of reputation, major business interruption	3	3	6	9	12	15
Catastrophic Complete cessation of business, extreme financial loss, irreparable loss of reputation	4	4	8	12	16	20

Legend

Risk Rating	Risk Priority	Description
0	N	No Risk: The costs to treat the risk are disproportionately high compared to the negligible consequences
1-2	L	Low Risk: May require consideration in any future changes to the work area or processes, or can be fixed immediately
3-6	M	Moderate Risk: May require corrective action, planning and budgeting process
7-9	H	High Risk: Requires immediate corrective action
10-20	E	Extreme Risk: Requires immediate prohibition of the work, process and immediate corrective action

Risk Assessment

This step involved analysing the likelihood and consequences of each identified risk using the measures provided in the table above. The staff looked at the existing controls for each risk and identified what we would do to control the risk. Then, using the chart, they rated the effectiveness of existing controls in preventing the risk from happening or minimising its impact should it occur.

- Likelihood is a qualitative description of probability and frequency, asking the question ‘what is the likelihood of the risk occurring?’
- Consequence was described as the outcome of the event, being a financial loss, loss of reputation, or business interruption, asking the question, ‘what is the consequence of the risk event?’
- The risk rating was the sum of the consequence rating times the likelihood rating.
- The risk priority chart provides an indication of urgency to how soon the staff needed to implement a strategy to address the risk.

Risk Management Table

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
1. Financial	<p>Inadequate procedures for financial document management resulting in:</p> <ul style="list-style-type: none"> • unpaid invoices, • late payment fees, • difficulties in auditing, • difficulties in contract management and evaluation <p>Financial records are not sufficiently organized leads to:</p> <ul style="list-style-type: none"> • inconsistent practices, • inefficient work • loss of confidence by employees and Council • opportunity for fraud / theft 	2 Unlikely	1 Minor	2 Low risk	Nancy, Admin Officer, Support by Magda Director (Operations & Finance), Administrative Assistant	<ul style="list-style-type: none"> ❖ Documented procedures in place to ensure that invoices are supported by appropriate documentation ❖ Administrative staff are trained to ensure that filing is consistent with the CKO's policies and procedures- ❖ periodicPeriodic review of contract files with Directors, Registrar to examine status of deliverables, timelines and billings- ❖ Clear communication to vendors on procedures for invoices. ❖ Priority is given to document management, developing an appropriate system for retrieval- ❖ Increased separation of duties between Finance Director and Admin Officer allowing better oversight
2. Financial	Risk of Fraud/Theft	2 Unlikely	2 Serious	4 Moderate	Registrar, Finance Manager Director (Operations & Finance)	<ul style="list-style-type: none"> ❖ Finance managerDirector (Operations & Finance) reviews and verifies invoices prior to submitting to Registrar for approval ❖ Bank cheques require supporting documentation and two signatures ❖ Limited signing authority to staff/Council ❖ Reconciliation processes in place for banking, credit cards, goods received, etc.

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
3. Financial	<p>Insufficient financial resources impact the ability of the College to meet its mandate resulting from:</p> <ul style="list-style-type: none"> • Lack of retained funds • Low enrolment in College • Uneven cash flow • Extraordinary expenditures 	2 Unlikely	2 Serious	4 Moderate	Council Registrar Directors	<ul style="list-style-type: none"> ❖ Use of 3-5 year time horizon for financial planning ❖ Work with stakeholders to ensure support for College ❖ Manage projects to ensure cash flow is planned ❖ Maximize retention of funds to achieve targeted level of one year's operating costs ❖ Cost sharing with other Colleges on various initiatives ❖ Calendarization to predict cash flow ❖ Line managers (Directors) manage in-year budgets in line with calendarized budgets to ensure requisite cash available ❖ Regular financial reporting (in-year budgets and variance reports to line managers)
4. Financial	<p>Poor financial management results in the College being unable to meet strategic initiatives</p>	2 Unlikely	2 Serious	4 Moderate	Council Registrar	<ul style="list-style-type: none"> ❖ Use of 3-5 year time horizon for financial planning- ❖ Use multiple scenarios for forecasting and develop plans which that are flexible- ❖ Continuously seek communications opportunities that are low cost by working with others such as professional associations, FHRCO- ❖ Calendarization to predict cash flow ❖ Clear reporting between finance and registration departments ❖ Annual audits by outside/independent auditor- <ul style="list-style-type: none"> ○ Issues opinion and any advice- ❖○ Advice is implemented accordingly ❖ Reserve Fund policy reviewed and taken to Council outlining specific purpose of each internally restricted fund to ensure funds are used for its-their intended purpose
5. Financial	<p>Unfair, non-transparent and non-competitive procurement processes lead to:</p> <ul style="list-style-type: none"> • Inability to assure Council, and members that the College has achieved best value for money- • Loss of vendor confidence • difficulties in contract management • potentially higher costs 	2 Unlikely	1 Minor	2 Low Risk	Registrar Executive Committee	<ul style="list-style-type: none"> ❖ Procurement Policy of College defines requirements for competitive procurement processes ❖ Registrar reports to Council on procurement strategies for all consulting contracts- ❖ Procurement process requires the development of a Request ❖ Review of procurement policy on a regular and periodic basis

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
6. Financial	Inadequate oversight by Council may lead to non-adherence to Financial Plan and Procurement policies -by College staff with resulting financial loss-	2 Unlikely	2 Serious	4 moderate	President Executive Committee	<ul style="list-style-type: none"> ❖ Training for Council and Executive Committee on financial oversight, interpreting statements, etc. ❖ Executive Committee provided information on procurement strategies for large projects- ❖ Council annually hires reputable auditor to carry out an audit of the College's finances ❖ Council seeks to appoint members with financial background to Executive Committee members with financial background ❖ Quarterly reporting and annual approval of budget by Council ❖ Provide business plans and briefing notes for planned projects ❖ Ensure Council recognizes need for important investments in line with strategic initiatives
7. Financial	Inefficient project management leading to: <ul style="list-style-type: none"> • Inadequate project staffing • Failure to adhere to timelines • Poor quality of deliverables 	2 Unlikely	2 Serious	4 Moderate	Registrar Directors	<ul style="list-style-type: none"> ❖ Conduct comprehensive project planning and preliminary research to determine resource requirements ❖ Clear communication with stakeholders/vendors ❖ Training for staff on project/contract mgmt management to ensure deliverables are met project goals are met ❖ Business cases reviewed by Executive Committee ❖ Periodic review of contracts and legal review where necessary
8. Information Management	Breach of Confidentiality relating to: <ul style="list-style-type: none"> • Personal information • Member information • Applicant's information • Public information • Vendors' information • Patient/Client information • Council Member information 	2 Unlikely	2 Serious	4 Moderate	All	<ul style="list-style-type: none"> ❖ External contract for IT security (Websdepot) ❖ Provide on-going training to all staff, Council and Committee members and all other volunteers regarding confidentiality requirements ❖ Ensure all passwords on computers, devices, iMIS are changed periodically ❖ Comprehensive privacy and record management policies in place which include protocols for investigating and correcting breaches (this identifies measures to be taken by staff) ❖ Foster culture of privacy and confidentiality: info exchanged on need to know basis ❖ Self-Assessment data housed on secure external server ❖ Anyone engaged in College work, including Council, committees, and volunteers are trained on policies and protocols in place for ensuring confidentiality ❖ File safe cloud software -for increased security

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
9. Information Management	Poor records management results in: <ul style="list-style-type: none"> • hIncomplete files • h inaccurate info posted on public register • h inaccurate information provided to staff/Council/Committees/ and other stakeholders • dDuplication of records • Inefficient processes 	4 Likely	2 Serious	8 High	Admin-Executive Officer/Directors/ Registrar	<ul style="list-style-type: none"> ❖ Knowledge/records management policies and protocols in place ❖ On-going training for all staff on protocols and policies ❖ Periodic, random review by aAdministrative aAssistant ❖ Staff members adopt filing protocols for naming, deletion of copies, electronic and paper storage. ❖ Build classifying framework for documents based on risk ❖ Quarterly review of H: drive ❖ Internal file audits ❖ Communication between portfolios re: member specific information
10. Information Management	Unintended destruction or loss of records	1 Rare	3 Major	3 Moderate	Admin-Officer/a All staff	<ul style="list-style-type: none"> ❖ Back-up procedures carried out daily on electronic files ❖ File room/cabinets are secured and locked daily ❖ Key documents are stored electronically with remote back-up of servers ❖ Limit transfer of documents from office- to home-office ❖ Bank records stored and copies of cheques retained
11. Information Management	iMIS System does not meet College needs. Staff members are unable to use iMIS system to generate key reports for decision-making and members complain that their electronic records are inaccurate. The public is unable to effectively use the public register.	3 Moderate 4 Likely	2 Serious	86 High	Registrar Stamatis/NaneyM Manager (Registration) Director (Operations & Finance)	<ul style="list-style-type: none"> ❖ Procure qualified IT support for iMIS system and ensure updates completed on a timely basis ❖ Clear standards of service with IT support and regular review/evaluation of performance ❖ Design or buy modules to meet needs ❖ Respond immediately to notice from members, staff, or public of database difficulties ❖ Ensure that staff are properly trained on all database functions ❖ iMIS and QB reconciliation is unreliable, manual reconciliation is inefficient - review processes for increased efficiency ❖ Create CSA alerts for Registration, ICRC and QA and
12. Information Management/ Loss of confidence	Inability to provide up-to-date accurate information relating to members on the public register	3 Moderate 4 Likely	2 Serious	86 High	Stamatis/CaraMa nager (Registration) Director (Professional Conduct)	<ul style="list-style-type: none"> ❖ Periodic review and evaluation of IT Services / database providers ❖ Public register re-design to house new information relating to transparency requirements ❖ Timely communication between PC and Registration portfolios ❖ Policies in place for how information posted and what level of detail required

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
13. Information Management/ Loss of confidence	Information provided to the public and stakeholders through is inaccurate and/or inconsistent, and/or not easy to access, and/or causes confusion	1 Rare 3 Moderate	2 Serious	26 Low-High	Ryan Communications Officer All Staff	<ul style="list-style-type: none"> ❖ All website content is periodically reviewed for accuracy ❖ Presentations and speaking notes are reviewed to eliminate errors ❖ Website provides for feedback from users ❖ Continuing professional development of staff and collaboration with other Colleges to ensure up-to-date with changes in field ❖ Regular scheduled staff meetings ❖ Development of videos to make information easy to understand
14. Information Management	Computers systems are compromised due to: <ul style="list-style-type: none"> • Virus • Security breach 	1 Rare	3 Major	3 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Contracts are in place for monitoring computers and servers, with detection of unauthorized access/entry and attempts to access/enter ❖ Ability to shut down system remotely to prevent breach of security ❖ Staff/Council maintain strict protocols re: use of passwords, change of passwords, access levels
15. Capital Equipment/ Furnishings	Computers, servers and other items of value belonging to the College are stolen	1 Rare	2 Serious	2 Low	Registrar	<ul style="list-style-type: none"> ❖ Security of premises is constantly assessed ❖ Only authorized individuals allowed into secure areas ❖ Building has 24/7 security ❖ Access codes are released only to staff ❖ Overtime is pre-approved to ensure offices are not being frequented without knowledge of senior management ❖ Insurance Coverage
16. Capital Equipment/ Furnishings	Permanent damage to equipment and/ or furnishings due to water/fire damage, abuse by individuals.	1 Rare	2 Serious	2 Low	Registrar	<ul style="list-style-type: none"> ❖ Adequate insurance is in place to recover replacement ❖ Records of purchases are stored off site electronically to assist with insurance evaluation ❖ Building is code compliant for building and fire standards ❖ Fire/emergency policy and protocols in place. P with periodic fire drill training

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
17. Examination	Exam Security is breached	2 Unlikely	3 Major	6 High	Magda, Stamatis, Examinations Coordinator Manager (Registration) ASI and their & contractors, IWC & EC	<ul style="list-style-type: none"> ❖ Strict protocols are in place for handling and storage of examination materials ❖ Staff/Council trained on the risk of breach of the exam ❖ Reports of breach are addressed immediately through appropriate process ❖ No hard copies or electronic copies of the examination or of items are retained by the College or any other person involved in the development of the exam ❖ Invigilators, IWC, EC-sign confidentiality agreement, and are provided with training ❖ ASI & contractors-agreement specifies accountabilities for security of examination related materials ❖ Regular review of risk management with ASI
17 (i)	Breach of confidentiality for exam, applicant or member information as a result of student placement	2 Unlikely	3 Major	6 High	Stamatis/Lara Man ager (Registration) Director (QA)	<ul style="list-style-type: none"> ❖ Exam will be kept in secure safe while on premises ❖ Student not working in office without other staff present ❖ Student not provided with access to H:\ drive or file room ❖ Student trained on importance of confidentiality; Breach will result in immediate termination of placement ❖ Discussions about members or applicants are conducted in private
18. Examination	Validity of examination content is legally challenged	2 Unlikely	2 Serious	4 Moderate	Registrar ASI	<ul style="list-style-type: none"> ❖ Examination development conducted by highly qualified contractor with extensive experience and high credibility. ❖ Examination Committee is comprised with appropriate expertise and diversity with no conflicts of interest (no Council members) ❖ Each exam sitting undergoes extensive psychometric analysis and further review by Examination Committee ❖ Ensure discussions about exam with Council are well informed (public meetings) ❖ Periodic review of blueprint (every 5-7 years)
19. Examination	Validity of the administration of the exam sitting is challenged due to: <ul style="list-style-type: none"> • Hydro failure • Fire drill • Medical emergency 	1 Rare	2 Serious	2 Low	Registrar, Director, Registration Exami nation Coordinator ASI	<ul style="list-style-type: none"> ❖ Research and visit sites to ensure stability of the site ❖ Educate Candidates on withdrawing prior to exam if they have serious health issues ❖ Procedures in place for Invigilators to deal with emergencies ❖ Examination Appeals Policy in place to deal with procedural irregularities

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
20. Examination	Item Bank and test forms lack sufficient items that: <ul style="list-style-type: none"> reflect the examination blueprint are high quality can be correctly answered by the entry-level practitioner 	2 Unlikely	2 Serious	4 Moderate	Registrar ASI	<ul style="list-style-type: none"> Continuous recruitment and development of high quality item writers to maintain robust bank of items Set target quotas for new items Executive Committee reviews the qualifications of nominees to ensure breadth and depth on IWC Examination Candidates are surveyed regarding the relevancy of test questions
21. Human Resources	Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in: <ul style="list-style-type: none"> Backlog in work inability to meet required timelines Major interruption in -work 	2 Unlikely	1 Minor	2 Low	Registrar All staff	<ul style="list-style-type: none"> Procedures are documented for all key functions Each person is assigned a "back-up" role Registrar is briefed bi-weekly on work in progress Regular staff meetings to update all staff on work in progress Handover plans provided to appropriate support persons and Administrative Assistant Emergency contact information provided by each staff member Staff receive training to develop more advanced skills and knowledge All staff provided with opportunities to act in other roles within the organization Succession plan in place for critical positions
22. Human Resources	Lack of French-speaking staff member is raised as an issue with media, the Ministry, the Fairness Commissioner or other authoritative body	1 Rare	0 Negligible	0 No	Registrar	<ul style="list-style-type: none"> All website content and publications have been translated Use next vacancy to attempt recruitment of qualified -bilingual person. Ability to procure translation services quickly if needed in an extraordinary circumstance

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
23. Human Resources	<p>Poisoned work environment resulting in:</p> <ul style="list-style-type: none"> • Low staff morale • Interpersonal conflicts • eComplaints of harassment • dDecreased productivity • hHigh turnover rate in staff 	2 Unlikely	2 serious	4 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Performance management system in place for all staff which identifies and addresses issues of performance and contributions to team-building. ❖ Training on Violence in the Workplace and is completed and documented that it is completed ❖ Staff meetings held on a regular basis, which encourage openness, respect and collaboration ❖ Team-building events held involving all staff ❖ Develop and facilitate culture and values to promote positive team interactions, collaboration, inclusivity and fairness ❖ Registrar addresses all issues of -conflict promptly ❖ Registrar provides coaching and feedback to staff regarding contributions to the team ❖ Collaborative decision making where appropriate ❖ All staff receive due recognition
24. Human Resources	<p>Staff are ineffective in their roles due to</p> <ul style="list-style-type: none"> • lack of clarity, • inconsistent decision-making, • lack of policies, • lack of transparency in leadership • lack of orientation • lack of training 	2 Unlikely	2 Serious	4 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Clear job descriptions are in place for all staff ❖ Management decision-making is consistent with policies and best practices ❖ All staff informed of rationale for decision making ❖ One-on-one meetings between staff members and the Registrar occur regularly ❖ Performance reviews for all staff identify developmental and training needs/opportunities. ❖ Development of basic orientation package and program for all new hires ❖ HR policies are currently under review
25. Human Resources	<p>Lack of expertise on the part of staff leads to poor decisions by Committees and Council</p>	2 Unlikely	2 Serious	4 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Selection criteria in hiring -senior staff include experience within the regulatory field ❖ Senior staff consult frequently with peers in other Colleges ❖ Training needs are identified in annual performance planning and report on training outcomes in same document. ❖ Probationary employees reviewed every six months ❖ Utilize legal services to provide advice- for critical decisions until the College has established sufficient precedents to guide decision-making

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
26. Human Resources	Lack of capacity during period of high activity in a portfolio resulting in: <ul style="list-style-type: none"> • Errors and omissions • Operational needs not met • Statutory duties compromised • Financial expense 	3 Moderate	2 Minor	6 High	Registrar/ Directors	<ul style="list-style-type: none"> ❖ Utilizing working groups ❖ Accessing resources and learning opportunities from other Colleges ❖ Cross training of roles ❖ Regular staff meetings ❖ Retained earnings to meet extraordinary expenses
27. Loss of Confidence in CKO	College does not ensure, or seen not to ensure, competency of its members, through its registration, quality assurance and professional conduct processes	3 Moderate	2 Serious	6 High	Directors	<ul style="list-style-type: none"> ❖ Registration requirements -to be reviewed to ensure practitioners are practicing safely and professionally -at entry-to-practice level ❖ The Essential Competencies, developed, validated and in place ❖ Use data from various programs to identify gaps/trends and develop appropriate learning tools ❖ Regular communications efforts with members, employers, other stakeholders on the value of registration and public accountability ❖ Periodic review of standards/guidelines for revisions ❖ Work with other colleges on the development of joint resources relating to standards (Record Keeping completed) ❖ Training of all statutory committees to ensure they discharge their mandate accordingly ❖ Program evaluation for Registration, QA and PC functions
28. Loss of Confidence in CKO	Applicant/Member disengagement resulting in: <ul style="list-style-type: none"> • Lack of interest for election to Council • Lack of membership on committees, working groups • Reduction in overall membership numbers • Lack of commitment to QA 	2 Unlikely	3 Major	6 High	Council, Registrar, Directors	<ul style="list-style-type: none"> ❖ Create and advertise opportunities for engagement with College ❖ Develop “stories”- for publication, describing benefits of engagement ❖ Continuous outreach to professional associations to ensure they are able to keep their members informed and engaged ❖ Continuous outreach to universities- to reach prospective members to ensure understanding of the College’s role and why regulation matters- ❖ Development of student placement program ❖ Increased efforts to protect the title “kinesiologist”

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
29. Loss of Confidence in CKO	Poor customer service/public relations	2 Unlikely	1 minor	2 Low	Staff	<ul style="list-style-type: none"> ❖ Client Services Policy in place ❖ Complaints intake policy developed and yearly training ❖ Invite feedback through customer service surveys (to be implemented) ❖ Review of website material to ensure accessible and easy to understand
30. Loss of Confidence in CKO	Public, members, government perceive the College as not being transparent and/or fair	2 Unlikely	2 serious	4 Moderate	Council Registrar	<ul style="list-style-type: none"> ❖ Adoption of Transparency Principles ❖ Public education on need for confidential processes in appropriate circumstances ❖ Collaboration with other Colleges on strategies ❖ Implementation of By-laws related to transparency
31. Governance	Council/Committee not adhering to Code of Conduct, By-laws and other Council policies resulting in: <ul style="list-style-type: none"> • Inefficiencies • Poor decisions • Negative reporting by stakeholders • Decreased morale 	2 Unlikely	2 Serious	4 Moderate	Council President Registrar	<ul style="list-style-type: none"> ❖ Facilitate regular orientation and on-going training ❖ Council/Committees complete self-evaluations ❖ Effective leadership training and experience for Council President, Vice President & Chairs ❖ Ensuring by-laws are the most appropriate and relevant for this College – review and amend as needed
32. Governance/ Compliance	Conflict of Interest undeclared in decision making by: <ul style="list-style-type: none"> • Council • Staff • Committee Members 	3 Moderate	2 Serious	6 High	Registrar, Council, Directors	<ul style="list-style-type: none"> ❖ Specific COI training by legal counsel ❖ Foster open culture for members to trust disclosing conflicts or potential <u>potential</u> conflicts ❖ Members and College staff discuss and declare potential conflicts of interest at each meeting <u>where appropriate</u>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
33. Governance/ Compliance/ Loss of confidence	Council/Committee operating outside of mandate; seen to be advocating for profession Becoming engaged with operational matters resulting in: <ul style="list-style-type: none"> Poor or inconsistent decisions Increased likelihood of conflict Inefficiencies in operations 	4 Likely	2 Serious	8 High	President, Council, Registrar,	<ul style="list-style-type: none"> ❖ Regular orientation and training, on Terms of Reference, mandate and legislative authority, and Governance models ❖ Track and monitor committee dispositions regularly ❖ Provide legal advice to Council/Committees ❖ Training to officers/chairs on Governance vs. Operations ❖ Continual training and emphasis on mandate of public protection. ❖ Clear and strong messages to nominees during elections to ensure they understand the College's mandate ❖ Advanced planning by staff on council agendas to ensure items going forward with appropriate information and business case
34. Compliance	<u>Risk of bias or misconduct by staff, investigator, peer assessor, or panel members in relation to a file under review</u>	<u>1</u> Rare	<u>2</u> Serious	<u>2</u> Low Risk	<u>Registrar, Directors</u>	<ul style="list-style-type: none"> ❖ <u>Ensure only experienced and reputable investigators are appointed</u> ❖ <u>Provide ongoing training to peer assessors and Committee members regarding role, mandate, expectations</u> ❖ <u>Training regarding bias and conflict of interest</u> ❖ <u>Clear communication of consequences for misconduct (e.g. removal from Committee/Council, professional misconduct)</u> ❖ <u>Review of reports of investigation by Director (Professional Conduct)</u>
34,35. Compliance	Risk of complaints/reviews from other bodies/ministries/tribunals including, but not limited to: <ul style="list-style-type: none"> Human Rights Tribunal Fairness Commissioner Privacy Commissioner AODA MOHLTC 	2 Unlikely	1 Minor	2 Low	Registrar	<ul style="list-style-type: none"> ❖ ContinuallyContinually ensure AODA empliantcompliance ❖ Privacy policies in place ❖ Cooperating and responding to OFC audit (Oct to Dec 2016) ❖ Staff training on human rights, anti-discrimination and harassment, ❖ Training on emergency protocols to staff and Council ❖ Staff member to be trained in CPR/EMD ❖ Implement any government directives in timely and meaningful manner

Risk Strategy

In developing strategies the College considers cost-effective options for treating each risk and determines the best treatment options from the four methods listed in point form below.

1. Eliminate the risk by discontinuing the activity or removing the problem associated with the risk.

The staff consider the following factors when determining the validity of this option to avoid the risk:

- What will happen if the activity is not undertaken?
- Is the risk level too high to proceed or continue with the activity?
- Is the cost of the required controls higher than the benefit of the activity?
- Will the failure of the activity have critical consequences for other areas of the College?
- Consider the reasons for avoiding the risk.

2. Accept the risk by simply taking the chance to incur the negative impact. After having looked at the risk, the College is able to determine that it has done everything reasonable to reduce the risk that cannot be completely eliminated.

3. Reduce the likelihood of the risk occurring in order to reduce the negative outcomes. Can the likelihood of the risk occurring be reduced through preventative maintenance, or quality assurance and management, change in business systems and processes?

4. Reduce the consequences in the event that the risk occurs. The impact of the consequences can be reasonably controlled or reduced if the risk occurs if a mitigation strategy is in place. Through contingency planning, minimising exposure to sources of risk or relocation of the College's business activity and resources.

Each Director and the Registrar develop detailed plans for Risk Mitigation. Detailed plans are reviewed and status of implementation and risk assessment are updated annually.

At any point, Executive Committee, the President, or Council may ask for an update of the Risk Management Plan and a comprehensive update will be conducted annually and presented to Council. A detailed report may be requested at any time on a particular risk and strategies for mitigation.

Risk Management Plan Approvals

Approved by:

Registrar

Council President

Resolution – Risk Management Plan 2018-2019

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

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

Whereas, Council has reviewed the updated Risk Management Plan for 2018-2019, including the identified risks and proposed mitigation strategies, and

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

Therefore, be it resolved that Council accepts the Risk Management Plan for 2018-2019 and approves the risk prioritization as presented therein.

Moved by: _____

Seconded by: _____

Date: September 11, 2018

*COUNCIL and COMMITTEE
MEMBERS*

COMPETENCY PROFILE

and

LEARNING AND DEVELOPMENT

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



Why a Competency Profile for Elected and Appointed Council and Committee members?

Every type of organization which has a board structure has become keenly interested in competency-based governance. In the wake of corporate failures such as Enron and Tyco a spotlight has turned on boards and the way they govern and prompted a variety of reforms and mandates aimed at improving board performance and accountability. Everywhere we have seen a call for greater board effectiveness and accountability; competencies are beginning to be applied to board work because of their capacity to improve performance. A growing body of research is beginning to connect competencies to both individual and organizational performance and this link is motivating interest in competency-based selection and development of people in roles outside of the workforce, including service on both for-profit and not-for-profit governing boards. Governments responsible for appointing people to some types of organizations have provided tools and evaluation materials to assist organizations in planning board learning and development. Books have been written, boards have been evaluated and courts have weighed in on the essential competencies for board members. Not surprisingly, the results of research, evaluation and legal opinion align fairly closely defining five to eight areas of competency necessary for effective governance.

The College of Kinesiologists of Ontario is committed to using tools and processes necessary to continually improve effectiveness and accountability. It has embraced a broad definition of competency looking beyond knowledge, skills, and personal characteristics, to include how individuals interact. The Competencies Profile for Council and Committee members is dynamic. Each year Council reviews the Competency Profile to ensure that it is current and reflects the individual competencies necessary for effective governance of the College. The Council and its Committees use a separate but related tool *the Council Effectiveness Evaluation Framework* to reflect upon how well they are performing as a Council or Committee, and as individuals. The Evaluation Framework together with the Competencies Profile, enables Council and Committee members to reflect upon areas where they would like to enhance their competencies. The Competencies Profile assists Council and Committee members in their assessment and in providing feedback to the College, concerning their development needs.

Following are the competencies with a definition and elements of the position considered necessary for effective performance in the position of Council or Committee member for the College of Kinesiologists of Ontario. This comprises the Competency Profile for all Council and Committee members. The College has borrowed heavily from the Ontario Government's Learning and Development Map for Regulatory and Adjudicative Agencies. Those competencies marked with an asterisk* have been adapted from this work.

The College uses this Competencies Profile to plan learning and development initiatives and to track progress on an aggregate basis. In addition, the College uses the Competencies Profile to screen applications from members, educators, and other interested and competent parties who are applying for positions on Committees of Council.

Individual Council members are encouraged to use the Competencies Map as a personal and private record of training and development.

GENERIC COMPETENCIES

PROFESSIONAL JUDGEMENT*

Professional judgement is the exercise of critical thinking, analysis and assessment of implications, identification of patterns, making connections of underlying issues, and the ownership of the outcome. Effectively exercised, it leads to fair, efficient processes and brings clarity and resolution to complex and ambiguous situations or issues.*

Elements:

<i>How the skill / attribute is demonstrated for effective performance.</i>	<i>Learning Opportunities</i>
Uses [professional] experience to make assessments of facts, data, credibility and situations.	
Applies professional knowledge to analyze issues, clarify positions and determine workable options or reach reasoned decisions	
Applies sound judgment assessing cases of conflicting verbal / written evidence or the assessment of credibility.	
Facilitates open dialogue such that underlying issues and interests are revealed	
Assimilates information and applies law and legal principles to specific facts, evidence and positions. Makes clear and reasoned rulings / decisions	Orientation Committee training Review of Grey Areas to seek precedents Training on decision-writing Coaching from independent legal counsel (ILC), from Counsel, and from senior staff Courses in decision-writing
Maintains effective control over processes and keeps a steady focus on desired outcomes	
Hearings or reviews are conducted in accordance with the governing statute and the policies, procedures and rules of practice developed by the College.	
Rulings are made to ensure the proper and expeditious conduct, control and completion of hearings or reviews, which also uphold rules of natural justice.	
Knows how to organize work and priorities in a manner that meets competing needs of due and fair process and timely resolution of matters.	

LISTENING / UNDERSTANDING*

“Listening / understanding is the ability to gather facts and pertinent information to gain understanding before drawing conclusions or taking action. It involves active listening and comprehension of verbal and non-verbal signals to enhance understanding and accurately assess situations to help resolve issues, problems, conflicts and disputes. It also involves the ability to encourage others to elaborate on matters and interests.”

Elements:

<i>How the skill / attribute is demonstrated for effective performance.</i>	<i>Learning Opportunities</i>
Understands that the complexities of issues are uncovered in a variety of ways including through actions, unstated interests and pressures and emotions as well as stated positions or evidence.	
Practises active listening to comprehend interests as well as positions.	
Employs effective questioning to elicit further information or gain greater understanding or clarity.	
Assimilates multiple sources of information to make informed decisions that effectively uncover and address the issues.	
Conducts hearings or reviews that set the tone for equal, active and open dialogue and information exchange.	
Knows when it is necessary and appropriate to seek out information or interests that may be difficult to ascertain.	
Understands the impact of one’s own actions and emotions and demonstrates self-control and steady focus in situations of tension and conflict.	
Listening and understanding is evidenced when those who appear before the agency feel they had an opportunity to express their positions and when decisions reflect concerns and resolve issues.	

DECISION-MAKING*

Decision-making involves independent analysis and evaluation of data and evidence as well as reasoned thinking and application of relevant law. It requires advanced oral and written communication skills needed to explain one's position in the face of resistance, adverse reaction or tight deadlines and to articulate clearly the desired course of action or decision.

Elements:

<i>How the skill / attribute is demonstrated for effective performance.</i>	<i>Learning Opportunities</i>
Weighs all evidence and submissions thoroughly.	Committee training for ICRC, Discipline FHRCO Training Coaching by staff
Issues clear decisions that reflect a thorough analysis of the issues, and balances perspectives and details reasons.	Committee training for ICRC, Discipline FHRCO Training Coaching by staff
Where a panel conducts a hearing, participates in post-hearing panel discussion between co-members.	
Decides independently, but knows when it is appropriate to consult the opinions and, where appropriate, the advice of others.	
Clearly articulates views and defends positions on complicated and controversial issues.	Committee training for ICRC, Discipline FHRCO Training Coaching by staff
Issues decisions in a timely manner, within the time frames established by the agency.	
Provides reasons and demonstrates clarity in oral and written rulings such that the parties understand and carry out what is decided.	Committee training for ICRC, Discipline FHRCO Training Coaching by staff
Makes reasoned decisions based on the evidence and interprets and applies the relevant law to the evidence.	

INTEGRITY / ETHICS / VALUES*

Integrity / ethics / values refers to the willingness to hold oneself and others accountable for acting in ways, both privately and publicly, that are consistent with stated values, principles and professional standards, even when risk is associated.

Elements:

<i>How the skill / attribute is demonstrated for effective performance.</i>	<i>Learning Opportunities</i>
Takes action based on values even when cost or risk is at stake.	
Conducts affairs with professional integrity such that rules of engagement are known and the agency's values and expected standards of interaction are clear.	Orientation :
Sets the expectations of interactions among parties and insists on professional and respectful interactions in all proceedings.	Chair's Training Code of Conduct Orientation: Robert's Rules
Treats all who appear before the agency in a respectful manner.	Committee training
Acts in accordance with organizational values, even when challenged or in stressful situations.	Orientation Strategic Plan Operational Plan
Maintains impartiality and objectivity in serving the public good.	Orientation: Conflict of Interest Code of Conduct Council Effectiveness Evaluation
Stands by and accounts for value-based decisions and actions even if they are unpopular or controversial.	Committee training Chair's training
Recognizes and questions own personal biases, identifies situations of power imbalance, and adopts value-based strategies to address them.	Orientation: Conflict of Interest Code of Conduct Council Effectiveness Evaluation
Complies with the agency's Code of Conduct and Conflict of Interest rules. Recognizes and discloses any potential conflict of interest in a timely manner and acts to eliminate any possible concern of bias.	Chair's training Conflict Of Interest training
Is aware of and respects social and cultural differences of all who appear before a Panel or Council.	

PROFESSIONAL AWARENESS*

Professional awareness is the depth and breadth of the knowledge, skill and experience particular to the position. It involves knowledge of laws, practices, processes, professional skills, stakeholders and the culture specific to the agency environment.

Elements:

<i>How the skill / attribute is demonstrated for effective performance in the position.</i>	<i>Learning Opportunities</i>
Possesses an in-depth knowledge of the relevant law, legal framework and procedures relevant to the agency's policies, protocols and rules.	Orientation Training by Counsel and independent legal counsel Personal review of the RHPA, the Kinesiology Act and Regulations. Review of Grey Areas by SML
Thoroughly understands the subject matter within the agency's jurisdiction.	Orientation Committee training
Maintains current knowledge of the associated stakeholder communities, their issues and interests, as well as the regulatory and legal framework governing their activities	Reports at Council of discussions with professional associations, universities Report from Chair re: College-Universities Liaison Committee Reports from FHRCO meetings
Understands and applies a full array of dispute resolution practices to employ the most effective method(s) of resolving a dispute, in keeping with the governing statute.	The College has in place a policy on ADR No training provided by Council except through Chair training
Understands and effectively conducts hearings and reviews, makes clear rulings, ensures all issues are dealt with, that the parties are heard and treated fairly.	Committee training Coaching from Independent Legal Counsel Coaching from Counsel Advice and guidance from staff
In Discipline proceedings ensures that all who appear before the Panel, understand procedures and practices, the powers of the Panel and how decisions will be communicated.	Referral to Rules of Procedure document Training for Panel members by ILC. FHRCO training
Applies relevant laws, policies, procedures and rules.	Guidance by ILC Rules of Procedure FHRCO training
Participates in professional learning and development opportunities.	

CONFLICT MANAGEMENT*

Conflict management is the knowledge and ability to anticipate, recognize and effectively resolve disputes. It includes facilitating open and constructive discussions and where possible win-win solutions, or as necessary, rendering a decision to bring resolution to matters.

Elements:

<i>How the skill / attribute is demonstrated for effective performance in the position.</i>	<i>Learning Opportunities</i>
Sets tone of interactions that are respectful and productive.	Code of Conduct for Council
Employs an array of dispute resolution techniques.	
Maintains control and keeps a steady focus on resolution of matters. Stays focused on desired outcomes.	
Detects and addresses conflict in its early stages.	
Diffuses stressful disagreements and hostile or emotionally charged situations.	
Actively listens to determine common interests and considers situations from multiple perspectives.	
Effectively restates positions and asks questions tactfully in an open-ended manner to identify key issues or values that are at the centre of conflict.	
Helps to identify areas of agreement and manages the process toward resolution.	
Creates an environment among parties that facilitates positive, respectful relationships.	
Knows when to insist, when to effect a negotiation or compromise, how to build consensus to bring closure to a matter, and when it is necessary to render a decision.	

STRATEGIC THINKING

Strategic thinking is a synthesizing process, utilizing intuition and creativity, the outcome of which is “an integrated perspective of the enterprise.” A strategic thinker has a mental model of the complete end-to-end system of value creation, and understands the interdependencies within it.

<i>How the skill / attribute is demonstrated for effective performance in the position.</i>	<i>Learning Opportunities</i>
Keeps the big picture in mind and does not allow self or others to be caught up in minutiae	Presentations at Council which challenge current thinking
Thinks independently, grows in knowledge, and relies on data and evidence rather than opinions	
Is goal and future oriented.	
think critically, ask questions, and challenge unsubstantiated opinions	
Understands issues from different perspectives	
Strategic thinking is both creative and critical, in nature.	
Understands and is able to process large amounts of information (print, online, and oral) effectively and efficiently	

COLLEGE SPECIFIC COMPETENCIES

UNDERSTANDING OF THE PRACTICE OF KINESIOLOGY

Understanding of the competencies required for safe and ethical practice of kinesiology in Ontario and of the breadth of areas of practice for kinesiologists

<i>How the skill / attribute is demonstrated for effective performance in the position.</i>	<i>Learning Opportunities</i>
Examines materials and reports which describe different areas of practice for kinesiologists	Presentations at Council particularly from Registration Internet
Understands the nature of practice of kinesiology in various settings.	Presentations at Council particularly from Registration Internet research
Understands how the registration requirement of a four-year degree in kinesiology relates to the competent practice of kinesiology.	
Understands the issues and risks faced by kinesiologists in active practice.	

UNDERSTANDING OF THE HEALTH PROFESSIONS REGULATORY FRAMEWORK

Understanding of the relevant legislation, the mandate of the College, public expectations and the requirements made of the College.

<i>How the skill / attribute is demonstrated for effective performance in the position.</i>	<i>Learning Opportunities</i>
Demonstrates understanding of the <i>Regulated Health Professions Act</i>	Orientation Personal review of the legislation Discussions at Council and Committees Coaching from Legal Counsel
Demonstrates understanding of the Regulations under the <i>Kinesiology Act</i>	Presentations at Council particularly from Registration Internet research
Consistently applies the policies which interpret and support the regulations.	Orientation Personal review of the legislation Discussions at Council and Committees Coaching from Legal Counsel
Understands the issues and risks faced by kinesiologists in active practice.	
Thoroughly reviews and analyses all materials provided, carefully records notes from analysis and uses analysis and notes to support questions, comments, recommendations and decisions, particularly on committees and panels.	
Respects all rules regarding confidentiality and conflict of interest, approaches work with a clear understanding of personal biases and focuses on developing objective understanding.	

Learning and Development Action Plan – Member

Name: _____ Position: _____ Period Covering: _____

Competency-Based Learning / Development Priorities ¹	Learning / Development Activities Action Plan ²	Time Frame ³

Member's Signature: _____

Date: _____

Comments:

Identify key learning priorities based on the competencies and elements, e.g. the priority is to *enhance professional awareness* (competency) *learn about new regulations* with one specific objective *keep a current knowledge of the laws pertaining to the agency* (competency elements). Requests for developmental opportunities should also be identified in this column e.g. *develop a new Board governance policy* (developmental opportunity)

² Identify a course of action to enhance specific competency, e.g. *attend internal agency training*

³ Indicate the known or estimated time to accomplish learning or development goals.

Examples of learning activities may include:

- mentoring or coaching
- web-based courses
- self-directed studies
- conference and workshop sessions
- internal education sessions (created by internal College resources including legal and other presenters)
- external training (courses, MOHLTC training for public appointees)
- sector or industry-based learning events

Examples of developmental opportunities may include:

- chairing a committee
- leading a specific task or project
- designing / delivering sessions for other appointees on specific issues or skills
- presenting at a professional conference
- mentoring or coaching others
- participating in temporary or special assignments