



Council Meeting Draft Agenda

Date: March 28, 2022 **Time:** 9:00 am **Location:** Online

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

LOGIN INFORMATION

Join Zoom Meeting

<https://us02web.zoom.us/j/83078030899?pwd=cE92ZkxSM1NDNmVIWU5hanNNaEZFZz09>

Meeting ID: 830 7803 0899

Passcode: 549550

One tap mobile

+17789072071,,83078030899#,,,,*549550# Canada

+12042727920,,83078030899#,,,,*549550# Canada

Dial by your location

+1 778 907 2071 Canada

+1 204 272 7920 Canada

+1 438 809 7799 Canada

+1 587 328 1099 Canada

+1 647 374 4685 Canada

+1 647 558 0588 Canada

Meeting ID: 830 7803 0899

Passcode: 549550

Find your local number: <https://us02web.zoom.us/j/kcPPZblTvr>



AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
1	9:05 am	Call to order, roll call, welcome	J. Pereira	Yes	Information
2	9:10 am	Introductions	J. Pereira	No	Information
3	9:15 am	Conflict of interest declarations	J. Pereira	No	Decision
4	9:20 am	Approval of agenda	J. Pereira	Yes	Decision
5	9:25 am	Approval of minutes – December 6, 2021	J. Pereira	Yes	Decision
6	9:30 am	Action Items from the December 6 Meeting <ul style="list-style-type: none"> • Minutes – Misspelled Council member names to be corrected -- COMPLETED • Wording change in jurisprudence handbook – psychiatrist to be updated to regulated health professional – COMPLETED, pending posting to the website • By-law 16, Article 16.02, paragraphs 1,3, 5 to be sent for legal review – COMPLETED 			
7	9:35 am	Governance Reform -- Presentation, Ontario College of Teachers	C. Bélisle	No	Information
	10:35 am	Break			
8	10:45 am	Committee Reports <ul style="list-style-type: none"> • Discipline • ICRC • Registration • Quality Assurance • Patient Relations • Q2 Finance Report/Dashboard <ul style="list-style-type: none"> ○ Appointment of Auditor ○ College investment update 	Committee Chairs	Yes	Information



9	11:05 am	Registrar's Report <ul style="list-style-type: none"> • Staffing update • CPMF • OFC legal obligations • Governance Reform – Ministry consultation • Online Exam Launch • Webinar hosted for applicants of Online Exam • Update on HPRO BIPOC Working Group • Education equivalency - letter from the University of Guelph 	N. Leris	Yes	Information
10	11:15 am	President's Report Policy and selection process for the external member on the Governance and Nominating Committee	J. Pereira	Yes	Information
11	11:25 am	Registration Policies <ul style="list-style-type: none"> • Language Proficiency Policy • Registration Timeline Policy • Inactive Class Policy • Reissuance of the General Class Certificate of Registration Policy 	K. Simpson	Yes	Decision
	12:00 pm	Lunch Break			
12	1:00 pm	Practice Standard and Guideline updates: <ul style="list-style-type: none"> • Practice Standard – Professional Boundaries • Practice Standard – Conflict of Interest • Practice Guideline – Treating Family Members and Other Close Personal Relations • Practice Guideline – Professional Boundaries and the Prevention of Sexual Abuse 	B. Fehst	Yes	Decision



13	1:30 pm	CPMF Submission: 2021-2022	B. Fehst	Yes	Decision
14	1:45 pm	Public Awareness Campaign - Update	L. Butler	Yes	Information
15	2:00 pm	Risk Management Plan Review	N. Leris	Yes	Decision
16	2:15 pm	<p>Committee Appointment:</p> <ul style="list-style-type: none"> • ICRC, Chair • ICRC, Vice Chair • Quality Assurance, Vice Chair <p>Appointment of Jana Smith on:</p> <ul style="list-style-type: none"> • ICRC Committee • Quality Assurance Committee • Registration Committee 	J. Pereira	Yes	Decision
17	2:25 pm	Review of Action Items	J. Pereira	No	Review
ADJOURNMENT					



December Council Meeting Minutes

Date/Time of Meeting:	Monday, December 6, 2021/9:00a.m.
Council present:	Jennifer Pereira; Corby Anderson; Marie Cousineau; Susan Garfat; Candace Glowa; Ben Matthie; Benjamin Phalavong; Graydon Raymer; Ryan Wight; Mary Pat Moore; Teresa Bonda; Leslee Brown; Sara Gottlieb; Chad McCleave; Victoria Nicholson
Staff members:	Nancy Leris; Michelle Bianchi; Lara Thacker; Keisha Simpson; Melissa Campeau; Brian Fehst; Colleen Foster
Consultants:	Christine Forsyth; Daniel Roukema
Guests/Observers:	Jason Maurier; Lindsay Lyon; Stuart Moulton, Talia Rubin; Parker Holman; Kyle Scott

1. Call to order, roll call, welcome

Jennifer Pereira, Chair, called the meeting to order at 9:03 a.m., and welcomed Council, members and guests.

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

2. Introductions

Jennifer Pereira announced the resignation from Council of Elwin Lau. Resigning for personal reasons, the College of Kinesiologists of Ontario thanks Mr. Lau for his contributions.

New staff occupying the roles of Manager, Finance and Operations; Manager, Communications; and Practice Advisor were welcomed to the College

Jennifer Pereira also reminded meeting attendees that the College requires cameras to remain on during meetings to support and encourage engagement.

3. Conflict of Interest Declarations

Jennifer Pereira asked whether any Council members present wished to declare a conflict of interest.

Corby Anderson referred to agenda item 11 and declared that he is a Certified Athletic Therapist. As the agenda items were purely informational, he did not consider it a conflict. No members of Council objected to Mr. Anderson's statement.

4. Approval of Agenda

UPON A MOTION duly made by Mary Pat Moore and Seconded by Graydon Raymer, it was resolved that the agenda be approved. Carried.

5. Approval of Minutes from the September 27, 2021 Council Meeting

Benjamin Phalavong, Ben Matthie, and Corby Anderson cited typos in their names and requested they be corrected

UPON A MOTION duly made by Victoria Nicholson and Seconded by Benjamin Phalavong, it was resolved that the minutes be approved as amended. Carried.

6. Action Items from the September 27th Meeting

College staff to circulate proposed By-Law 13 amendments for external consultation, and present final amendments at December 2021 Council meeting – **Completed.**

College staff to circulate proposed By-Law 16 amendments for external consultation, and present final amendments at December 2021 Council meeting – **Completed.**

College staff to amend Governance and Nominations Committee Terms of Reference, and present final amendments to Executive Committee for approval – **Completed.**

7. Drafted Audited Financial Statements

Ben Matthie, chair of the Finance & Planning Committee, presented the Council's financial statements and the auditors representing Crowe Soberman, confirmed a clean audit for the 2020-2021 fiscal year.

Resolution and Motion:

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 October 2021; and

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

Resolution

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approve for circulation, and submission to the Minister of Health, the audited financial statements for 2020/2021.

UPON A MOTION duly made by Chad McCleave and Seconded by Susan Garfat, it was resolved that the financials for the 2021/2021 fiscal year be approved. Carried.

8. Committee Reports

Reports were provided in the Council package highlighting committee meetings, activities, changes, and discussions that took place since the September Council meeting. A first quarter financial report and dashboard were also included.

9. Draft Annual Report

Nancy Leris, Registrar/CEO, presented the draft Annual Report to Council for its review and approval.

The theme of this year's Report is Renew. Engage. Re-energize, which is intended to not only reflect the pro-active approach the Council has taken to meet these challenges, but also to use the momentum to advance the regulatory agenda. CKO chose an emphasis on action verbs as also being evocative of the kinesiology profession's fundamental commitment to promoting healthy human movement.

The report highlights the progress made as the College moves forward with governance modernization, investments in new technological solutions and other practical measures that enhance its engagement with stakeholders throughout the healthcare system for the purpose of improving public service and protection.

The overall message of this year's Annual Report is intended to convey strength and resilience, acknowledging the realities of the current situation and demonstrating success through the concrete evidence throughout the report.

Resolution and Motion:

Whereas the College is required to prepare and submit an annual report to the Ministry of Health and post the report to the College website; and

Whereas Council was provided with a draft annual report for 2020/2021; and

Whereas the report as presented fairly represents the College's achievements throughout 2020/2021;

Resolution

Therefore, be it resolved that Council accept and approve the draft annual report for 2020/2021 for submission to the Ministry of Health and posting to the College website.

UPON A MOTION duly made by Teresa Bendo and Seconded by Sara Gottlieb, it was resolved that the 2020/2021 Annual Report be approved. Carried.

10. Registrar's Report

Nancy Leris presented the Registrar's Report as follows:

1. Recruitment process and outcome

In recent months, the recruitment of key positions at CKO has been successful. Since the last Council meeting, three out of four positions were filled.

The College welcomes:

- Michelle Bianchi, Director of Operations and Financial Services
- Melissa Campeau, Manager, Communications
- Brian Fehst, Practice Advisor.

Each new employee was invited to introduce themselves.

2. College Performance Management Framework

The College Performance Management Framework (CPMF) self-assessment document was launched a little over a year ago, to capture the state of each College's Performance for the year 2020 over a number of performance "domains." Each College was required to submit its response to the Ministry of Health (MOH) and to publicly post its submission on its own website.

In October this year, the Ministry released its report on the process and evaluated the outcomes. At the same time, the Ministry arranged a one-on-one meeting with each of the Colleges, who were provided with a list of questions pertaining to their experience with the process, and to provide information on how they were implementing and engaging in partnering arrangements with other stakeholders in the healthcare system during 2021 – a topic covered by Domain 3.

CKO had its CPMF meeting with MOH on November 16. Nancy Leris and Lara Thacker, Director of Quality Assurance, participated in the productive and positive discussions.

Earlier in November, MOH released what they called a "soft launch" of the 2021 CPMF exercise, to obtain feedback about clarity of the format and ease of use.

And more recently still, following the comments they received from the soft launch, the Ministry released the CPMF questionnaire for 2021 activities, with each College's submission due on or before March 31, 2022. Most of the 2021 Domain 3 partnering practices and initiatives have already been reported. College staff will begin assembling the required information soon, to be able to report fully and appropriately in March.

3. Review of IT Services and Support

CKO is reviewing its IT services to manage upcoming challenges. The College has met with service providers to become more proactive instead of reactive in challenging times. CKO is moving to an online exam model for applicants and is pivoting peer and practice assessments to the virtual environment. The College has signed a contract with a vendor for remote exam administration.

4. Staff Performance Appraisals

Appraisals are ongoing and will conclude in December.

5. Pre-Meeting Conflict of Interest Declaration

CKO launched its new Pre-Meeting Conflict of Interest Declaration, which Council received in advance of this meeting. This will be an ongoing requirement for all future Council and Committee meetings as the Ministry has established, as part of the College's governance performance. An Annual Conflict of Interest Declaration is currently nearing completion.

7. HPRO Anti-BIPOC Racism Working Group

The College continued to play an active leadership role in the Health Profession Regulators of Ontario's (HPRO)'s anti-racism initiatives, most recently resulting in an HPRO-commissioned external expert report, which provided advice and recommendations to acknowledge the diversity that exists in the communities of patients/clients, and health professionals, and that there is increasing sensitivity, with suggested actions to improve equity and inclusiveness by regulators and the broader healthcare system. The independent anti-racism study results and recommendations may be viewed on the HPRO website.

8. Online Orientation for New Council and Committee Members

CKO continues to partner and collaborate with other Colleges to develop an online orientation for new Council and Committee members, which will be rolled out in the new year. The College is currently collaborating with other Colleges on the content for the orientation module.

9. The Council and Committee Evaluation Process

A registrar from another College will be invited to CKO's March Council meeting to present on their experience and answer questions about that experience.

In November, CKO attended the College of Registered Psychotherapists of Ontario Registrar's presentation to the HPRO networking group.

10. External Member on the Governance and Nominations Committee

CKO intended to present a policy and selection process for the External Member on the Governance and Nominating Committee at this Council meeting. However, due to several other conflicting deadlines, it was determined to delay this until March.

11. Alternate Signatory

The Finance and Planning committee has reviewed the matter of signing authorities for cheques and is requesting the appointment of an alternate signing officer to replace Ben Matthie. A resolution is included in the Council package to appoint Victoria Nicholson as the alternate signatory for the College bank account.

Resolution and Motion:

Whereas the College is required, as per the by-laws, to have a minimum of two signing officers in addition to the Registrar empowered to sign cheques and approve direct deposit payments; and

Whereas the financial checks and balances put in place by the College require two signatures on cheques and to release online payments; and

Whereas Ben Matthie was appointed as an alternate signing officer for the College's bank account as an additional approver; and

Whereas Ben Matthie was also appointed as chair of the Planning and Finance Committee at the September 27, 2021, Council meeting, and as chair of the Committee, he should be separated from these duties.

Whereas the Planning & Finance Committee discussed the addition of an alternate signing officer for the College's bank account and recommended Victoria Nicholson as the alternate.

Therefore, be it resolved that Council approve Victoria Nicholson as an alternate signatory for the College's bank account.

UPON A MOTION duly made by Leslee Brown and Seconded by Ryan Wight, it was resolved that Victoria Nicholson be approved as an alternate signatory for the College's bank account. Carried.

11. President's Report

Jennifer Pereira presented the following President's Report:

1. CNAR (Canadian Network of Agencies of Regulation)

Jennifer Pereira attended several sessions at the CNAR conference held virtually over six half-day sessions. Topics included:

- Governance, diversity and inclusion, hot topics, technology and testing, investigations, and discipline.
- The president also attended a pre-conference workshop on reputational crisis, responses, and communications, all of which play significant roles in planning and staying ahead of crises.

The president also:

- Attended various committee meetings.
- Responded to individual Council inquires including the resignation of former Council member Edwin Lau.
- Managed stakeholder communications, which included drafting a response letter to the OATA.
- Drafting the president's message in the Annual Report.
- Continuous communications with the Registrar.

12. Registration Report

Keisha Simpson, Director Registration Services, presented an overview of the 2020/2021 Annual Report's statistics on registrants' employment profile data as of August 31, 2021; provided current information on registration numbers since December 3, 2021; and provided results on the entry-to-practice exam, which took place on September 18, 2021:

1. Registration Numbers

As of Friday, December 3, 2021:

- CKO Membership stood at 2,735; with 2,350 active members; and 385 inactive members.
 - The numbers remain consistent from last year, though there's been a slight decrease in inactive registrants and an increase in active registrants, which is believed to be due to COVID-19 and the fact that the practice of kinesiology is considered an essential service.
 - There was a small uptick of new members.
 - CKO anticipates a significant increase in the number of new registrants by the end of the year.

2. Employment profile details:

- Aggregate data specific to the class, age and place of initial education of registrants as well as an overview of registrants' employment profile details as of August 31, 2021, and their renewal outcome was provided.

3. Results of entry-to-practice exam

- The spring sitting of the College's entry-to-practice examination which was scheduled to take place in April 2021 was rescheduled for September 18, 2021, across all writing centres. A total of 457 candidates registered for the fall exam, this includes 10 candidates who requested testing accommodations, one candidate who requested writing the exam in French, and 46 candidates who either withdrew from the exam or postponed writing after the exam roster was finalized. Prior to the final exam roster an additional 100 applicants postponed or withdrew from the exam.

In 2021, a total of 411 candidates wrote the exam. The number increased by 9.6% compared to the previous year.

13. Spousal Exception Guidelines

Brian Fehst, Practice Advisor, presented on the spousal exception guidelines for Council to consider and approve. The spousal exception relates to the Regulated Health Professions Act (RHPA) 2013, c. 9 s. 1(1) and RHPA s. 95 (1)(0.a).

The spousal exception has already been approved for several other regulatory colleges in Ontario.

The College remains committed to the prevention and elimination of sexual abuse of patients by Kinesiologists.

Spousal exception means that treatment of a spouse or common-law domestic partner is not automatically sexual abuse.

Treatment of spouse is permitted, but not encouraged.

Spousal Exception does NOT convey blanket immunity.

Resolution and Motion:

Whereas An amendment (O. Reg. 718/21, amending O. Reg. 401/12) to the *Kinesiology Act*, 2007 went into force upon filing with the Registrar of Regulations on October 22, 2021; and

Whereas the regulation, which takes effect on filing, allows kinesiologists to treat their spouses as patients without triggering the sexual abuse provisions of the *Regulated Health Professions Act, 1991*; and

Whereas the Patient Relations Committee has reviewed and provided comments on the draft guideline and recommends the guideline to Council for approval.

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approve of the Spousal Exception Guideline to the regulation for posting on our website and circulation to the members of the College, the public and other stakeholders; and

Therefore, be it also resolved that the Council of the College of Kinesiologists of Ontario approve of timely, incremental updates to College Practice Standards, Guidelines and other resources and materials to ensure that all such materials are consistent with O. Reg. 718/21.

UPON A MOTION duly made by Susan Garfat and Seconded by Mary Pat Moore, it was resolved that the Motion be approved.
Carried.

Jurisprudence Handbook

Keisha Simpson presented proposed changes to the Jurisprudence Handbook.

The Jurisprudence Handbook serves to provide information on the ethical and legal framework within which kinesiologists practice in Ontario. The handbook discusses the concepts of professionalism and self-regulation, upon which the *Kinesiology Act* is based. The handbook also addresses how proper communication with patients and colleagues is fundamental to a professional practice and reviews the various laws applicable to kinesiologists in their practice.

The Jurisprudence handbook was approved by Council in 2012. Since then, minimal changes have been made to the document in keeping with legislative requirements and the College's Standards and Guidelines. The College embarked on a comprehensive internal review of the handbook beginning in 2019, and in October 2021 contracted legal counsel to review the proposed changes to ensure they were current with changes in legislation.

Ms. Simpson provided a high-level overview of the changes to the handbook. The proposed changes to the handbook are in keeping with the College's Standards and Guidelines and current legislation governing the practice of kinesiology in Ontario and other related legislation. The changes also aim to modernize the language used throughout, providing consistency and improved clarity.

A noted change in the handbook is consistent with O. Reg. 401/12 as it relates to the definition of sexual abuse with respect to Registered Kinesiologists in Ontario. On October 21, 2021, O. Reg. 718/21 amending O. Reg. 401/12 General Regulation under the *Kinesiology Act, 2007*, was filed

with the Registrar of Regulations. The amended regulation will permit kinesiologists to treat their spouses as patients without triggering the sexual abuse provisions under the *Regulated Health Professions Act, 1991*.

In light of the proposed revisions to the Jurisprudence handbook, a guide for registrants of the College is required. The Patient Relations Committee developed such a guide and has submitted this guide to Council for review and approval. The changes as they relate to the spousal exception to sexual abuse provisions are in keeping with the proposed guide.

Council discussed the wording of the handbook on page 11 and 69 and recommended that “psychiatrist” be changed to regulated health professional.

Resolution and Motion:

Whereas the College recognizes the public interest and protection importance of registrants having access to current regulatory information and direction that will guide their safe practice; and

Whereas Council has reviewed the Jurisprudence handbook and considered its fitness to achieve the public interest purpose it is intended to serve;

Therefore, be it resolved the Council approves the Jurisprudence handbook.

UPON A MOTION duly made by Corby Anderson and Seconded by Susan Garfat, it was resolved that the Motion be approved as amended. Carried.

14. By-law 13 Consultation

Lara Thacker presented the results of the consultation regarding the amendments to the College’s Bylaw 13.

Resolution and Motion:

Whereas the Ontario Ministry of Health has introduced a new requirement that all statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training; and

Whereas in its 2019-2022 Strategic Plan, the College committed to strengthening its decision-making capacity through:

- i. Developing a profile of qualifications and expertise to use in the selection of Council and Committees;
- ii. developing training mechanisms for Council and Committees; and
- iii. increasing openness around processes to select Council and Committee members; and

Whereas many regulatory bodies are beginning to introduce changes to eligibility criteria for those seeking Committee appointments, to include criteria that registrants have successfully completed a qualification process as established by Council; and

Whereas the proposed amendments set out the eligibility requirements for Committee selection, including a provision that registrants have successfully completed a qualification process as established by Council; and

Whereas the proposed amendments were circulated externally for 60-day consultation;

UPON A MOTION duly made by Leslee Brown and Seconded by Sara Gottlieb, it was resolved that the proposed amendments to Bylaw 13 be approved. Carried.

15. By-law 16 Consultation

Lara Thacker presented the proposed amendments to By-law 16 regarding conflict of interest.

Council determined that CKO should seek legal counsel on Section 16.02, specifically subsections 1, 3 and 5. A motion was put forth to approve the by-law amendments in principle pending legal review.

Resolution and Motion:

Resolution – Amendments to By-law 16: Conflict of Interest

Whereas the provincial government has called for improved openness and transparency in licensing and professional regulation and has directed Ontario health regulators to implement strategies to improve the way they protect the public; and

Whereas the Ontario Ministry of Health has introduced new requirements for health regulatory college governance through the College Performance Measurement Framework (CPMF), specific to conflict of interest;

Whereas proposed amendments contain provisions to comply with the CPMF and sets out procedures to address situations when a Council or committee member believe that another member may have a conflict of interest; and

Whereas the proposed amendments were circulated externally for 60-day consultation;

UPON A MOTION duly made by Graydon Raymer and Seconded by Victoria Nicholson, it was resolved that the proposed amendments to Bylaw 16 be approved in principle pending legal review of subsection 16.02. Carried.

16. 2022 Council Meeting Dates

Council will meet in 2022 on the following dates:

- March 28
- June 27
- September 26
- December 5

17. Review of Action Items

- Minutes – Misspelled council members names to be corrected
- Wording change in jurisprudence handbook – psychiatrist to be updated to regulated health professional
- By-law 16, sections 1,3, 5 to be sent out for legal review

Adjournment

UPON A MOTION duly made by Chad McCleave and Seconded by Corby Anderson, the Council meeting of December 6, 2021 was terminated.

Discipline Committee Report

Committee: Discipline
Prepared for: Council
Date: March 28, 2022

Meetings

A Penalty Hearing was held on March 10, 2022.

There are no new cases that have been referred to the Discipline Committee.

ICRC Report

Committee: ICRC
Prepared for: Council
Date: March 28, 2022

Meetings

The ICRC met on March 1, 2021, to issue decisions on two new matters, which are now closed.

Matters

There are two active complaints in the intake process.

One matter was appealed to HPARB and reviewed on March 2, 2022, with a decision pending.

Registration Report

Committee: Registration
Prepared for: Council
Date: March 28, 2022

Registration Report

Meetings

The Registration Committee met 2 times since the last report to Council. On December 3, 2021, the Committee reviewed and scored elective course offerings from the University of Guelph's Bachelor of Science, in Human Kinetics program. The Committee also met on March 1, 2022 to review and recommend the following four registration policies for Council approval:

- Inactive Class Policy;
- Reissuance of the General Class Certificate of Registration Policy;
- Language Proficiency Policy;
- Registration Timeline Policy.

A Panel of the Registration Committee has met a total of 4 times since the last report to Council to review the following referrals from the Registrar:

- Educational Equivalency Assessment;
- Extension request to complete outstanding education equivalency requirements;
- Reinstatement to the general class after being inactive for more than 2 years;
- Exemption from one-year period of eligibility for registration - following notification of passing the exam;
- Exemption request from writing exam - after resignation and re-application;
- Exemption from exceeding the allotted timeline for writing the exam;
- Remediation plan for 3rd and final attempt at the exam;
- Course review.

Spring Examination

The College is excited to announce that the spring sitting of its entry-to-practice examination is scheduled to place online on April 27, 2022!

College staff have been working diligent with the exam administrator Meazure Learning (formerly Yardstick Assessment Strategies Inc.) to fine tune the exam logistics. The College also held a webinar on February 3, 2022 for all applicants on what to expect, how to prepare and how to register for the exam.

261 applicants are currently registered for the exam (i.e., as of March 11, 2022), which includes 6 candidates with special accommodations and one applicant writing in French. This is not the final count of registered exam applicants; the College anticipates the final registration numbers to increase.

Fair Registration Practices Report

The Office of the Fairness Commissioner (OFC) is in the process of updating their database software and modernizing their IT infrastructure. This involves digitalizing most of their system to help them become more efficient in how they collect, share and store information. They expect this process to take several months. The OFC is also in the process of transitioning to a new risk-informed compliance framework which implements the new legislative changes mentioned below.

The OFC typically invites Regulated Health Colleges to prepare their annual Fair Registration Practices (FRP) report for submission on March 1 of each year, however, because of the aforementioned changes they have decided to delay the filing of the 2021 FRP Report until Fall 2022.

A key component of the OFC mandate is to work with regulators to ensure that their registration practices are “transparent, objective, impartial and fair”.

This mandate is further enforced through the Ontario’s fair access legislative framework, which is set out in two provincial statutes, which are broadly similar in nature. These are the [Fair Access to Regulated Professions and Compulsory Trades Act](#) (FARPACTA) which governs the 16 non-health professions and the Ontario College of Trades) and the [Health Professions Procedural Code](#) under Schedule 2 of the *Regulated Health Professions Act, 1991* (or RHPA). This statute governs the practices and policies of the 26 self-governing health colleges.

In enabling it to achieve it’s goal the OFC has developed a [Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades](#) (the guide). The purpose of the guide is two-fold. First, to provide regulators with information and advice to more fully understand how to comply with their obligations under FARPACTA. Second, to offer OFC staff with a tool to help them assess the degree to which a regulator is achieving such compliance. The guide forms one component of the OFC’s new compliance approach, which features their recently promulgated risk-informed compliance framework, which can be accessed through this [link](#).

On December 2, 2021, the Working for Workers Act received Royal Assent. This legislation contains several provisions designed to modernize FARPACTA and reduce barriers encountered by internationally trained applicants. These provisions involve:

- establishing maximum time limits for the registration process;
- reducing the number of language proficiency tests that applicants must take;

- enabling regulators to maintain the continuity of their registration processes during emergency situations; and
- eliminating the Canadian experience requirement, unless a regulator can make compelling case for its retention.

FARPRCTA legislation currently only applies to non-health professions and to Skilled Trades in Ontario, nonetheless, the legislative requirements governed therein has major implications for Regulated Health Professions. The OFC is currently working with the Ontario Ministry of Health(MOH) to develop a companion document to the guide for the health colleges, which will be circulated for comment at a later date. The MOH is currently in consultation with Health Colleges on governance modernization to reduce barriers to registration. It is anticipated that Health Regulators will be required to comply with these requirements in the very near future.

Jurisprudence Handbook Updates / Jurisprudence E-Learning Module Review

Council approved the changes to the Jurisprudence Handbook at it's meeting on December 6, 2021. The updated Handbook will be posted to the College website following a fulsome review and update of the Jurisprudence E-Learning Module in keeping with these changes and changes to CKO standards and guidelines specific to the spousal exception legislation.

The College's Membership as of March 14, 2022

Members registered in the General Class - **2483**

Members registered in the Inactive Class - **403**

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: March 15, 2022

Each health regulatory college is required under the *Regulated Health Professions Act, 1991* to have in place a Quality Assurance (QA) Program to help the College achieve its mandate of ensuring that the public of Ontario receives competent, safe, and ethical kinesiology services.

Meetings

The Quality Assurance Committee (QAC) met twice since the last Council meeting in December 2021.

Peer and Practice Assessment

Peer and Practice Assessment (PPA) is a legislated QA Program requirement and a key function of the College's regulatory mandate. It is an educational, structured interview conducted by a trained peer assessor. The PPA assesses kinesiologists' knowledge, skill, and judgement, and helps them identify areas of strength and opportunities for improvement within their practice. Each year, kinesiologists are randomly selected to participate in PPA to help ensure their continued competence. Kinesiologists are also selected to participate if they have declared insufficient currency at annual renewal, have neglected to complete another mandatory QA Program requirement (e.g., self-assessment), or if they volunteer to participate. Kinesiologists may be directed to undergo PPA for a second time after completing a mentorship program. Assessor reports and participant submissions are presented to the QAC for review and decision.

Twenty-four registrants participated in the Spring/Summer 2021 PPA Cycle. The QAC met and rendered decisions with respect to the 4 remaining PPA cases from the above noted cycle where follow up was directed. The QAC decisions as summarized as follows:

- No further action – 1
- Directed to participate in competency enhancement (demonstrated change report) – 2
- Directed to participate in competency enhancement (mentorship program and demonstrated change report) - 1

The QAC also met to review cases from the Fall/Winter 2021 PPA Cycle. Twenty registrants have participated in peer and practice assessments from January to March 2022.

Risk-based Programming

The QAC met to discuss options for enhancing a risk-based, evidence-informed approach for determining which registrants should be selected to participate in peer and practice assessment through stratified random sampling. As part of the Ontario Ministry of Health's College Performance Measurement Framework (CPMF) requirements, the College is required to describe how it identifies priority areas of focus for QA assessment, and outline how it utilizes a right touch, evidence-informed approach to determine which registrants will undergo an assessment activity, as well as criteria that will inform remediation activities a registrant must undergo based on the QA assessment, where necessary. Committee was asked to provide comment on potential areas of risk for the profession, whether they should be identified as possible criteria for stratified random sampling, and to provide staff with preliminary direction to inform policy development.

Patient Relations Committee Report

Committee: Patient Relations
Prepared for: Council
Date: March 28, 2022

The Patient Relations Committee met on February 22, 2022. The following matters came before the Committee:

- An update regarding outstanding action items from the previous committee meeting (December 1, 2021). Staff provided clarification regarding the reinstatement process following suspension or revocation of a Certificate of Registration for disciplinary reasons (including pertaining to sexual abuse of a patient). Staff also confirmed that amendments were made to spousal exception guidance documents as per Committee recommendations, and that spousal exception guidance documents were presented to, and approved by, Council. The final action item involved updates regarding the Equity, Diversity, Inclusion and anti-Bias working group facilitated by Health Professional Regulators of Ontario (HPRO). This was included as a separate agenda item during this Committee meeting.
- The Committee reviewed a proposed work plan, including a work plan regarding review and updates to current Practice Standards and Guidelines. The Committee agreed to re-convene in June 2022 to continue this work.
- The following documents were reviewed by the Patient Relations Committee, with suggestions and amendments made:
 - Practice Standard – Professional Boundaries
 - Practice Standard – Conflict of Interest
 - Practice Guideline – Treating Family Members and other Close Personal Relations
 - Practice Guideline – Professional Boundaries and the Prevention of Sexual Abuse
- Staff informed Committee of progress in the Health Profession Regulators of Ontario (HPRO) anti-BIPOC racism/EDI-B (Equity, Diversity, Inclusion and anti-Bias) initiative and working group.
- An update was provided to the Committee regarding the 2021 public awareness campaign.
- The Committee was updated regarding the fund providing for treatment and counselling for people who have alleged sexual abuse by a registrant of the College.
- Evaluation survey. After meeting adjourned, Committee received a link to a survey to provide feedback on the meeting. Committee members were given time to complete the survey and results will be reviewed at a future meeting.

REVENUES



COLLEGE OF KINESIOLOGISTS OF ONTARIO
REVENUES RECEIVED TO DATE & FORECAST TO YEAR END
FOR THE FISCAL YEAR 2021/2022

	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST (Sept 1 2021 to Aug 31, 2022)	(INTERIM) ACTUAL Q1 & Q2 (SEPT - FEB. 28) 2021/2022	PROJECTIONS Q3 (MAR - MAY) 2021/2022	PROJECTIONS Q4 (JUN - AUG) 2021/2022	
	\$	\$	\$	\$	
Revenue:					
Jurisprudence Fee (\$48.25)	28,178	12,204	2,818	13,156	
Application Fee (\$100)	59,900	22,700	4,200	33,000	
Examination Fee (\$400)	194,000	48,220	3,200	142,580	
Registration Fees*	1,818,763	388,316	13,625	1,421,823	
Interest Income	25,000	17,175	936	936	
TOTAL REVENUE	2,125,841	488,615	24,779	1,611,495	
*Registration Fees made-up of:	Approved Forecast	(Interim) Actual Q1 & Q2 Sept to Feb 28	Projections Q3	Projections Q4	
	\$	\$	\$	\$	
New Registrants					
- Sept - Nov (\$650)	13,000	18,200			
- Dec - Feb (\$487.50)	49,725	79,463			
- Mar - May (\$325)	24,700	325	12,350		
- Jun - Aug (\$162.50)	8,288	0		8,288	
Renewal (\$650)	1,631,500	261,740		1,369,760	
Change in Status (members back to active)	3,950	9,213	575	575	
Professional Corporation	2,000	800	400	800	
Professional Corporation Late fee	400		0	0	
Inactive Renewal (\$200)	79,200	29,000	0	50,200	
Inactive Renewal Late Fee(\$50)	100	350		0	
Renewal Late Fee (\$100)	1,400	700	0	0	
Re-instatement Fee (\$300)	4,500	3,000	300	1,200	
Refunds		-14,475		-9,000	

Total	1,818,763	388,316	13,625	1,421,823
-------	-----------	---------	--------	-----------

Notes

All revenue categories are expected to meet projections by end of fiscal year except for Interest Income.

Details:

Registration Revenues are expected to come lower in the quarter 3. Increase in registration revenue collected in the first two quarters to make up for shortf. Interest Income to come lower as a result of market conditions for interest rates.

EXPENDITURES

EXPENDITURE TO DATE & FORECAST TO YEAR END FOR THE FISCAL YEAR 2021/2022					
	1	2	3	4	5
CATEGORY	APPROVED BUDGET Sept 1 2021 to Aug. 31, 2022	(INTERIM) ACTUAL EXPENSES Q1 & Q2 SEPT - FEB 2021/2022	Projections Q3 (Mar - May)	Projections Q4 (Jun - Aug)	
	\$	\$	\$	\$	
Expenditure:					
Council & Committees	60,150	22,010	10,500	28,315	
Professional Fees	100,000	52,811	15,000	10,000	
Communications & Media	85,500	52,510	27,990	5,000	
Rent & Facility Costs	237,167	113,652	56,826	56,826	
Office & General	105,154	42,604	19,402	32,848	
Salaries & Wages	1,137,914	531,516	349,668	349,668	
Registration	253,527	47,124	66,000	140,403	
Quality Assurance	35,336	8,270	9,000	18,066	
Professional Conduct	53,500	13,029	25,500	14,971	
TOTAL EXPENDITURE	2,068,248	883,526	579,886	656,097	

Major Highlights:

Council and Committee

Payments in Q1 and Q2 for Council and Committee meetings i.e. Executive Committee, ICRC, QA, Registration, Patient Relations, University Liaison, Planning and Finance.

Professional Fees

Cost for counseling for abuse therapy, legal fees - general, HR and governance reform consultation from MOH in Q1 & Q2. Remaining payment for annual audit, accounting services and bookkeeping costs in Q1 & Q2. Projections for general legal costs in Q3 & Q4. Savings from bookkeeping costs.

Communications & Media

Payment for IT Support, remaining payment for public awareness campaign, translation, outreach tools subscription and member communication through constant contact in Q1 & Q2. Projections in Q3 for IT Support Services and costs for moving to a new IT service Provider.

Rent & Facility Costs

Payment in Q1 & Q2 for rent.
Savings by fiscal year end will be used to upgrade computer hardware and software

Salaries and Wages

Payment includes retro pay for merit increases and salary/benefits adjustments for staff in Q1 & Q2. Costs also include temporary help for Communications, Professional Conduct, Communications and Governance reform. Savings come from new staff hires and benefits waiting. Projection in Q3 & Q4 for salaries and benefits and cost for additional help.

Office and General

Payment for Professional development, bank charges, membership dues, postage/courier, staff travel, printing cost office supplies, equipment rental, insurance and recruitment costs. Allocation in Q3 & Q4 for bank charges, printing costs, postage/courier, eq telephone/fax, professional development, training for council and office supplies and return to office planning/modifications. Savings from development of in-house training for Council & Committee.

Registration

Payment in Q1 and Q2 for IMIS consultants (maintenance of database), hosting of database, examination administration and printing of certification. Projections in Q3 & Q4 for review of the Kinesiology Competency profile, IMIS system enhancements & Support. Projections in Q3 & Q4 for Online Exam Administration in April and updates to Jurisprudence E-Learning Module.

Quality Assurance

Payment in Q1 and Q2 for self assessments portal annual licence and maintenance and Peer and Practice Assessments. Projections for Q3 & Q4 for hosting of sexual abuse & ethics and professionalism online modules, remaining payment for peer and practice assessments and spring cycle.

Professional Conduct

Costs for investigations, legal advice and discipline.

Q3 & Q4 projections are for ongoing and future cases

updated Mar. 16/22
6

VARIANCE

\$

0

0

0

5,001

-5,953

-952

Variance

\$

5,200

29,738

-12,025

0

0

6,413

0

-400

0

250

-700

0

28,476

all in Q3

updated Mar 16

6

VARIANCE QTR
\$
675
22,189
0
0
0
9,863
0
10,300
0
256,730
0
0
0
299,757

ions

periods.



2021/2022 Performance Report

Overall highlights:



(134 new registrants between December 1, 2021 and February 28, 2022)

April 27, 2022 Exam: 261 registered (as of March 10, 2022)

Operational highlights (Q2: Dec 2021 to Feb 2022)

Focus	Deliverables	Status	Comments and Impacts
Governance	By-law 13 amendments pertaining to selection of committee members	Completed	Council reviewed and approved final proposed amendments to By-Law 13 pertaining to selection of committee members at the December 2021 meeting.
	By-law 16 amendments pertaining to conflict of interest	Completed	Council reviewed and approved final proposed amendments to By-Law 16 pertaining to conflict of interest at the December 2021 meeting. The By-laws have been updated on the College website.
	Governance and Nominations Committee	In Progress	A draft policy for selection of external members to the Governance and Nominations Committee was developed. Executive Committee reviewed and discussed issue/decision note and draft policy setting out proposed process for selection of external committee members. Next steps: Staff to draft proposed revisions to Governance and Nominations Committee Terms of Reference, Policy for Selection of External Members to the Governance and Nominations Committee based on feedback from the Executive Committee, for consideration by Executive Committee and Council.
	Online Council and committee orientation module	In Progress	Staff have imported the online software file and adapted content to suit the purposes of the CKO. Next steps: Staff to modify content based on feedback. Further College communications on new eligibility requirement. Module to be posted on website in advance of elections nomination period.
	Response to Ministry on Proposed Legislative Changes regarding governance reform	Completed	Staff drafted a written response to the Government's consultation on proposed legislative changes pertaining to governance reform. A special Council meeting was conducted to discuss the Ministry's consultation deck and the draft response and provide feedback and direction to Staff regarding the response. The College submitted its response to the Ministry by the prescribed timeline.
Corporate	Return to Office Plan	In Progress	Work commenced on return to office. Assessment of current working environment to ensure safe return. A return to office date to be set in the spring once work meets MOH guidelines.
	Procurement of College Auditor	In Progress	A letter of invitation forwarded to four auditors requesting proposals for the next audit. Three proposals received and reviewed for final selection by the Planning & Finance Committee for recommendation to Council.

Focus	Deliverables	Status	Comments and Impacts
	Council & Committee Training		The Council and Committees continued to receive training in the quarter. Specifically, training was provided on governance to all Council and Chairs training completed. The Planning and Finance Committee, Quality Assurance and ICRC members also received training.
	Recruitment & Onboarding		Interviews conducted for the position of Communications Manager. Recruitment and onboarding of the new Communications Manager. Onboarding - Director of Finance & Operations and Practice Advisor.
	Review of I.T. Services		Continuous process improvement in Information Technology. Based on an increase in security threats and the growing demands of the College in terms of IT, the College has been reviewing it's IT services to ensure that it meets best practices thereby improve efficiencies and ensuring that it has adequate coverage in terms of security threats. Proposals received and reviewed and the College will be moving to a new service provider in the early Spring.
	Development of Training Manual		A new tool for training of Planning and Finance Committee was developed including a new tool for governance training for Council.
Communications	Regular and timely communication to R.Kins		Website updates ongoing with respect to COVID-19 and other ongoing and emergent situations
	Request for new Public Appointments		Request to PAS for new public appointments resulting from resignation on Council. New public member appointed to Council.
	New Council member orientation		New Public appointee orientation to be conducted (virtual orientation) March 14, 2022
	Annual universities tour		Staff has been in contact with faculty/staff representative from one University regarding arranging a virtual campus visit/townhall-style meeting. Schedule for university visits developed for planned visits. Staff conducted a virtual townhall-style meeting with students from Sheridan College on November 24, 2021.
Registration	Registration Policies		In conjunction with the CKO policy lead, 4 registration policies drafted/ updated for Registration Committee review in March 2022: <ul style="list-style-type: none"> • Inactive Class Policy; • Reissuance of the General Class Certificate of Registration Policy; • Language Proficiency Policy; • Registration Timeline Policy.
	Registration Committee Meetings and Panel Meetings		One Registration Committee meeting held to score elective course offerings from the University of Guelph. Four Panel meetings held to review and render decisions on referrals from the Registrar.
	Revocation of registrants suspended greater than three years		Final revocation notices emailed and mailed to registrants suspended greater than 3 years.
	Examination Administration		Signed Psychometric Agreement with Meazure Learning (Exam provider). Several meetings with exam provider to prepare and solidify requirements/ agreements for moving the CKO entry-to-practice examination online.
	Entry-to-Practice Examination		Registration of applicants and logistical planning for online exam scheduled for April 27, 2022. Update to website content and communication templates for online exam (i.e., including but not limited to development of FAQ, s, process, and informational content (internal and external, etc.)). Held webinar for all exam applicants.

Focus	Deliverables	Status	Comments and Impacts
		Completed	Staff attended various webinars and collaborated with other health regulators to garner best practices and training on online exam administration.
	Office of the Fairness Commissioner (OFC) - Fair Registration Practices Report	Ongoing	OFC has deferred reporting to Fall 2022. Preliminary review of statistical reports to ensure accuracy for reporting. Documentation of CKO registration improvements to date for deferred report (i.e., specific to registration processes and policies).
	Health Professions Database	Ongoing	Data capture completed for 2021 reporting. Work underway for HPDB submission due May 31, 2022.
	IMIS Data Management System	Ongoing	Working with authorized iMIS solutions provider (AiSP) to identify areas of system security risk and required updates. Pending updated SOW to address required updates to iMIS service pack. Identification, logging, and prioritization of key areas of system updates to enable department efficiencies (tabled until SOW for service pack finalized). Submission of and responding to support ticket items.
	Core Competency Review	Ongoing	RFP drafted, pending approval and issuance.
	Jurisprudence Handbook/ Online Module	Ongoing	Updating handbook incorporating changes as approved by Council in December 2021. Reviewing online Jurisprudence module to identify content to be updated in keeping with changes to the handbook.
Quality Assurance	Quality Assurance Committee meetings	Completed	Quality Assurance Committee met and rendered second decisions and reasons on Spring/Summer 2021 Cycle Peer and Practice Assessment files. Committee met a second time to review and consider a briefing note on risk-based QA programming. Next steps: Committee to review case files of registrants directed to undergo competency enhancement.
	Peer and Practice Assessments: Fall/Winter 2021 Cycle	Ongoing	Schedule registrants' peer and practice assessments. Staff reviewing Peer Assessors' reports and sending to participants. Next steps: QA Committee to review Fall/Winter 2021 PPA case files.
	Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to Quality Assurance programming	Ongoing	Staff have developed a briefing note on potential areas of risk for the profession for the Quality Assurance Committee's consideration.
Professional Conduct	ICRC Meetings	Ongoing	ICR Committee met in December to receive annual training and orientation. A panel of ICRC is scheduled with two active complaints cases on the agenda. There is one active case currently under investigation
	Upcoming Hearings	Ongoing	An appeal will go before HPARB on March 2, 2022 A penalty phase hearing of the Discipline Committee is scheduled for March 10 th , 2022
Patient Relations	Sexual Abuse Exception	Ongoing	Review of Practice Standards/Guidelines – Professional Boundaries, Conflict of Interest, Treating Family Members and Close Personal Relations, Professional Boundaries and Prevention of Sexual Abuse) were reviewed by Patient Relations Committee on February 22, 2022. Date of next meeting to be confirmed, document and material revision ongoing.

Legend:

Completed



Ongoing



Incomplete



Resolution –Appointment of Auditor for 2021-2022 Audit

Preamble:

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

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

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

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

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

Whereas the College has recommended that the Planning and Finance Committee will appoint Hilborn LLP as the auditor for 2021-22.

Therefore

Be it resolved that the Planning and Finance Committee recommend to Council the appointment of Hilborn as the auditor for the College of Kinesiologists of Ontario for the 2021/22 financial audit and for an additional period of three years.

Moved by: Jennifer Pereira

Seconded by: Chad McCleave

Date: March 23, 2022



Planning and Finance Committee
Report March 23/22

Finance Committee reviewed the financials for the end of Quarter 2. The College is on track to meet the forecasted financial goals for the fiscal year.

Auditor appointment

- A total of 4 auditing firms were invited to submit a proposal to conduct the 2022-year end audit,
- 3 firms replied to the invitation.
- The proposals were presented to the Planning and Finance Committee

A resolution has been included in the package for the appointment of the Auditor. The President will read the resolution.

The Planning and Finance Committee also had an opportunity to review the risk management plan and to provide feedback and make a recommendation to Council.

I.T. Provider appointment:

- The College informed the committee that they have been investigating a change in I.T. provider.
 - Current provider is not providing the services needed when necessary
 - College has been with current provider for several years and feels the switch is necessary
 - Three I.T. firms were interviewed
- A resolution is included in the package to be read by the President to select the service provider.

Registration Fee:

- Discussion regarding fee increase
- College will meet with committee again after an analysis of the fees is conducted

Policy

Type:	Registration		
Number:	101		
Name:	Language Proficiency Policy		
Status:	Draft	Version #:	
Date Approved:		Date Revised:	

Background

In order to ensure that the practice of Kinesiology in Ontario is safe and accessible, Kinesiologists must be able to communicate clearly and effectively with their patients (or their representatives) as well as with their College, and the general public. Under the *Regulated Health Professions Act, 1991* and The Health Professions Procedural Code (“The Code”), the College may set language proficiency requirements for Kinesiologists, including how Kinesiologists may demonstrate evidence of proficiency.

Principles

The principles that underpin this policy include:

1. Transparency – Processes are clear, information is readily available, and College staff and the Registration Committee exercise honesty and openness in carrying out their duties.
2. Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Registration Committee review registration applications and make decisions that are fair and objective.
3. Focus on risk of harm - Review processes include a risk-management, evidence-informed accountability approach to address and reduce the potential of risk of harm to patients/clients by registrants or future registrants.

Applicable Legislation and Regulation

Under the [Regulated Health Professions Act, 1991, The Health Professions Procedural Code](#) (“The Code”) indicates that:

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

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

The College has made the following regulations as per the [General Regulation under the Kinesiology Act, 2007 \(O. Reg. 401/12, s. 3\(3\)\(4\)\)](#):

3. *Requirements for issuance of certificate of registration, any class*

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

4. An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph.

Definitions

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

Policy

General

The nature of the practice of Kinesiology requires that a Kinesiologist be able to communicate clearly and efficiently with their patients. To promote inclusive practice and manage risks, Kinesiologists should be willing to make good faith attempts to facilitate effective communication across language or other communication barriers. Therefore:

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

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

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

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

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

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

4. All patient records must be in English or French. The language used for

record-keeping (English or French) should be the same as that used for communication with the College.

Language Proficiency – Applicants educated in Ontario

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

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

Language Proficiency – Applicants educated in Canada, outside Ontario

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

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

Language Proficiency – Applicants educated outside Canada

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

9. Internationally educated applicants whose first language is English or French who did not graduate from a program (kinesiology or non-kinesiology) in English or French may provide evidence of practice experience in a predominant English or French setting. 10. Internationally educated applicants whose first language is neither English or French and who did not graduate from a program (kinesiology or non-kinesiology) in English or French must submit proof of satisfactory completion of one of the following language proficiency tests:

Option	Fluency Test	Minimum Score
1	TOEFL Paper-based	560
2	TOEFL Internet based <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	86 (Total) <ul style="list-style-type: none"> • 20 • 20 • 20 • 23
3	IELTS – Academic or General Training	Level 6.5 required on all skills (listening, reading, writing and speaking)
4	CLBA	Benchmark score of 7 required on all skills (listening & speaking, reading, writing)
5	MetTest	54
6	TEF <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	1154 (Total) <ul style="list-style-type: none"> • 349 • 310 • 280 • 215

Submission of proof of language proficiency	11. Any document required by the College as proof of language proficiency in English or French must be submitted directly to the College by the institution or organization providing the document(s) by email or mail.
Exceptions, Extenuating or Ambiguous Circumstances	<p>12. Where ambiguity or uncertainty exists regarding language proficiency (despite proof of proficiency having been presented), the College may require an applicant to provide evidence of satisfactory completion of one of the above language-proficiency tests.</p> <p>13. In exceptional or extenuating circumstances as approved by the Registration Committee or the Registrar, the following may be accepted as proof of proficiency in English or French:</p> <ul style="list-style-type: none"> a) A sworn affidavit, notarized in Ontario by a notary public or commissioner of oaths, indicating that the applicant is fluent in English or French. b) Successful completion of the application (including Jurisprudence e-Learning modules) and the entry-to-practice examination. c) Proof of registration with a professional College in another jurisdiction where English or French language proficiency is a requirement of registration. d) Proof of membership in a professional association in another jurisdiction where English or French language proficiency is a requirement of membership. e) Evidence of practice experience in a predominantly English or French practice setting. f) Proof of completion of a post-secondary degree or diploma program in English or French <p>14. Requests for accommodation under AODA or based on equity, diversity, inclusion and anti-bias principles will be reviewed and evaluated on a case-by-case basis by the Registration Committee.</p>
Costs	15. All costs associated with proof of language proficiency in English or French are the responsibility of the applicant, not the College.
Validity of Test Results	<p>16. Test results are valid for two years from the date of the applicant passing the test.</p> <p>17. Test results that are more than two years old will not be accepted by the College</p>
Review	18. Language proficiency standards as described in this policy will be reviewed by the College every two years to ensure they remain current.

Issue or Decision Note

Issue: Amended Language Proficiency Policy
Prepared for: Council
Date: March 28, 2022

Background:

Since 2012, the College of Kinesiologists of Ontario has set English and French language proficiency requirements to ensure that, at a minimum, registrants are capable of communicating professionally in at least one of Canada’s two official languages.

The original policy mandated review every 2 years. For this reason, and to maintain currency and consistency across the spectrum of regulated healthcare professionals in Ontario, the College of Kinesiologists is submitting a proposed update and revision to the language proficiency policy.

Environmental Scan

The language proficiency requirements of the following Regulated Healthcare Colleges were reviewed and tabulated (see Appendix 1 – “Table of Language Proficiency Requirements Across Regulatory Colleges In Ontario” attached for results of environmental scan”):

Audiologists and Speech Pathologists	Midwives
Dental Surgeons	Nurses
Denturists	Occupational Therapists
Dietitians	Opticians
Massage Therapists	Physiotherapists
Medical Laboratory Technologists	Respiratory Therapists
Medical Radiation Technologists	Social Workers/Social Service Workers

- Some language proficiency requirements, such as certain proficiency tests, are no longer available. The following tests have been or will be discontinued: MELAB (discontinued, has been replaced with the MET Test), CANTest, TESTCan. The latter two tests were discontinued effective August 15, 2021. Test scores will no longer be valid after August 15, 2022.

Current Legislative Landscape:

A key component of the Office of the Fairness Commissioners (OFC) mandate is to work with regulators to ensure that their registration practices are “transparent, objective, impartial and fair”.

This mandate is further enforced through the Ontario’s fair access legislative framework, which is set out in two provincial statutes, which are broadly similar in nature. These are the [Fair Access to Regulated Professions and Compulsory Trades Act](#) (FARPACTA which governs the 16 non-health professions and the Ontario College of Trades) and the [Health Professions Procedural Code](#) under Schedule 2 of the *Regulated Health Professions Act, 1991* (or RHPA). This statute governs the practices and policies of the 26 self-governing health colleges.

In enabling it to achieve it’s goal the OFC has developed a [Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades](#) (the guide). The purpose of the guide is two-fold. First, to provide regulators with information and advice to more fully understand how to comply with their obligations under FARPACTA. Second, to offer OFC staff with a tool to help them assess the degree to which a regulator is achieving such compliance.

The guide forms one component of the OFC’s new compliance approach, which features their recently promulgated risk-informed compliance framework, which can be accessed through this [link](#).

Further on December 2, 2021, the [Working for Workers Act](#) received Royal Assent. This legislation contains several provisions designed to modernize FARPACTA and reduce barriers encountered by internationally trained applicants. These provisions involve reducing the number of language proficiency tests that applicants must take.

Further, under *FARPACTA* the Lieutenant Governor in Council has the authority to make regulations governing English or French language proficiency testing requirements that shall be applicable to individuals applying for registration by regulated professions, including prescribing what constitutes an English or French language proficiency testing requirement for the purposes of the Act and the regulations. This provision imposes an obligation on a regulator to ensure that language requirements comply with any regulations respecting English or French language proficiency testing requirements. If the Fairness Commissioner concludes that a regulation or by-law made by a regulated profession includes an English or French language proficiency testing requirement that contravenes the regulations made under *FARPACTA*, the Fairness Commissioner may make an order under subsection (1) requiring the regulated profession to exercise any power or powers that it has to amend or revoke the regulation or by-law made by the regulated profession.

FARPACTA legislation currently only applies to non-health professions and to Skilled Trades in Ontario, nonetheless, the legislative requirements governed therein has major implications for Regulated Health Professions. The OFC is currently working with the Ontario Ministry of

Health (MOH) to develop a companion document to the guide for the health colleges, which will be circulated for comment at a later date. The MOH is currently in consultation with Health Colleges on governance modernization to reduce barriers to registration (such as discussions around standardized requirements for demonstration language proficiency) amongst other things. It is therefore anticipated that Health Regulators will be required to comply with these requirements in the very near future.

Literature Review

While the language proficiency tests have been used for many years to describe benchmarks in an academic setting, unfortunately, there is little evidence-informed research to guide the development of profession-specific language proficiency standards.

In 2008, the Canadian Society for Medical Laboratory Science (CSMLS) embarked on research, funded by the Government of Ontario, to validate its English Language proficiency standards. Their report identified language proficiency as a potential barrier, as their cut-off points for language proficiency were unfairly high, and higher than necessary for the examination. They found their international applicants encountered challenges in getting access to language proficiency tests. These and other observations prompted concerns about the validity and accessibility of their processes.

CSMLS also focused on establishing cut scores (minimum scores required to demonstrate proficiency for the approved language tests. As part of this process, CSMLS hosted a series of standard-setting expert panels comprising employers, internationally educated medical laboratory technologists, educators, language experts and representatives of regulatory bodies. Guided by the recommendations of the expert panels, the project resulted in significant changes to CSMLS’s policies and procedures for language proficiency testing including the addition of two language proficiency tests to their list of accepted tests.

Within the CSMLS research, the expert panel looked at mapping the English language proficiency tests used by health care academic programs and provincial health regulators. They began with an environmental scan of English language proficiency tests commonly used by post-secondary institutions and regulatory bodies. Scores on the test then were mapped based on a common standards accepted by the various institutions.

The table below illustrates the outcomes of this mapping process.

CLB	5	6	7	7+/8-	8	9	10
C-TOEFL	140-172	173-203	207-229	230-247	250-270	273-283	287+
TOEFL-I	48-60	61-79	80-87	88-99	100-110	111-116	117+
IELTS	4.0	5-5.5	6-6.5	7.0	7.5	8-8.5	9
MELAB	61-68	69-75	76-81	82-85	86-91	92-93	94+
CanTest	--	3.5	3.5(S4.0)		4.0	4.5	5
MELA	5	6	7	8	8	9	10
CELBAN	5	6	7	7+	8	9	10

Note:
 CLB = Canadian Language Benchmarks
 C-TOEFL = Computer-based Test of English as a Foreign Language (discontinued)
 TOEFL-I = Internet based Test of English as a Foreign Language

IELTS = International English Language Testing System
MELAB = Michigan English Language Assessment Battery
CanTest = Canadian Test of English for Scholars and Trainees
MELA = Michener Institute Language Assessment
CELBAN = Canadian English Language Benchmark Assessment for Nurses

This table must be interpreted with caution, as it has not been formally validated. The language proficiency test 'mapping' table makes a contribution to the language proficiency testing literature. The chart serves as an informal reference resource for discussion on the testing tools for language proficiency. It serves as a model of comparing language proficiency tests, which could be useful considering that mapping of the language proficiency tests demonstrated grey areas and evidenced that institutions often use volatile, borrowed, or invalidated equivalencies.

Considerations Regarding Use of Standardized Testing

- The goal of setting language proficiency standard is to determine the level of English or French proficiency that is required for entry-level kinesiologists to practice safely and effectively. It should be noted that this is an exemptible requirement of registration.
- Evidence of English or French language competency must be provided in other forums, such as when applying for Canadian citizenship, or when applying to study at a Canadian University.
- Accepting a broader variety of options to demonstrate language proficiency is expected to increase accessibility into the registration process, reduce barriers and facilitate entry-to-practice for internationally educated applicants.
- The College has mechanisms in place to manage unsafe practice, as well as ensure ongoing professional development and education.
- The accepted proficiency tests should be validated and the threshold test scores should reflect sound expert judgement, as well as reflecting the standards set by other health care regulators in Ontario.
- The language proficiency tests, cut-off scores and any alternative demonstrations of language proficiency chosen should ensure that the language proficiency requirements satisfy the Ontario's Fairness Commissioner's requirements for transparency, objectivity, fairness and reducing barriers.
- Language proficiency tests may be revised or discontinued over time.

Current Regulatory Practice

Traditionally, international applicants were required to achieve prescribed scores on standardized language proficiency test in order to gain a certificate of registration to practice

a particular health profession in Ontario. Regulatory Colleges set minimum test scores based on the English or French language competence that the regulator believes is necessary for a prospective applicant to practice safely and effectively in Ontario.

It is important to recognize cut scores, or threshold test scores, are typically the outcome of informed expert judgment rather than known objective standards.

It should be noted that current regulatory practice appears to be evolving towards a more flexible approach to proof of language proficiency. Most Colleges have identified a variety of alternatives to completion of a standardized language proficiency test.

The College conducted an environmental scan of the minimum acceptable scores on Language Proficiency Tests (See “Appendix 2: Table of Minimum Acceptable Scores on the Language Proficiency Tests” attached)

The result of this review shows that our minimum threshold is in keeping with that of most regulators of similar size and scope. Based on these results one can safely deduce that the College’s current language scores as provided in the updated Language Proficiency Policy (attached) continue to be defensible.

To maintain a balance between a right-touch approach to entry to practice standards and the risk-based protection of public safety, it is recommended that the College of Kinesiologists update its Registration Policy regarding Language Proficiency.

Appendix 1: Table of Language Proficiency Requirements Across Regulatory Colleges In Ontario:

College	Policy?	Last Revision?	Criteria
College of Occupational Therapists of Ontario	Yes: Language Fluency	February 2016	<ol style="list-style-type: none"> 1. Signed declaration that his or her first language is English or French and confirming that he or she can speak and write English or French with reasonably fluency; or 2. Providing verification from the accredited credential assessment agency that the language of instruction of occupational therapy education was English or French. 3. Providing a current (not expired) report, where the applicant has achieved the minimum score on one of the College approved language fluency tests.
College of Physiotherapists of Ontario	Uses CAPR Language Proficiency Policy: Standardized Canada-wide professional test	December 13, 2018	<ol style="list-style-type: none"> 1. Education completed in NZ, Aus, US, UK, Rep. of Ireland, South Africa or France: do not need to complete a language proficiency test. 2. Applicants from other international jurisdictions must complete all four components of one of the language tests in Appendix 2. 3. Scores must all be from one sitting. 4. A valid result is less than 2 years old.
College of Massage Therapists of Ontario	Yes	January 18, 2021	<ol style="list-style-type: none"> 1. Signing self-declaration indicating the candidate's first and primary language is English or French. 2. Signing a declaration indicating that their secondary school education was completed in English or French (with the name and location of the school). Verification from the school is required if educated outside Canada in a country where neither English or French is the primary language of communication and employment. 3. Test results from a standard fluency test. Test results are valid for 2 years from test date. Test results must come from one sitting of the test. 4. Providing an official transcript from a recognized Massage Therapy education program that has minimum language fluency requirement with at least 2 full mandatory courses in English, French or health-related communications 5. Other compelling evidence of English or French fluency.
College of Respiratory	Yes – Language	May 25, 2012	Test scores accepted as proof of proficiency where the applicant's first language is

Therapists of Ontario	Proficiency Requirements Policy		not English or French and their relevant health care instruction was not in English or French.
CMRITO (Medical Radiation and Imaging Technologists)	International Application Guide	2020	<ol style="list-style-type: none"> 1. Proof that professional training was in English or French. 2. Proof of completion of language proficiency test. 3. Ability to speak and write reasonably fluently in English or French. 4: Declaration of preferred language of correspondence from the College (English or French)
CMLTO (Medical Lab Technologists)	Website	Unknown	<ol style="list-style-type: none"> 1. Successful completion of a medical laboratory science program that was accredited by the Health Standards Organization at the time the applicant completed the program. OR 2. Achievement of the minimum prescribed scores in an approved language fluency test.
Opticians			<ol style="list-style-type: none"> 1. Applicants who have completed an educational program in opticianry in English or French are considered to have met the requirement for language proficiency. 2. If a language test is required, it must be not older than 2 years.
Nurses	Yes	January 21, 2020 (New policy to be released March 7, 2022)	<ol style="list-style-type: none"> 1. Completing a nursing program in Ontario or elsewhere where the language of instruction was English or French and the program was not online/distance and the instruction was not completed exclusively through Prior Learning Assessment and Recognition. 2. Holding current registration with the College in the General, Temporary, Extended or Special Assignment classes. 3. Current registration with another nursing regulatory body in Canada (or having held same within the last 2 years). 4. Achieving benchmark scores on one of the language proficiency tests approved by the CNO.
Midwives	Website	Unknown	<ol style="list-style-type: none"> 1. Having obtained a midwifery degree in Canada, being registered in another province where Midwifery is registered. 2. Passing the Ontario Midwifery Language Proficiency Test (MLPT) (administered by the International Midwifery Pre-registration Program).
Dietitians	Yes	May 17, 2021	<ol style="list-style-type: none"> 1. Language of instruction of primary, secondary and/or post-secondary schooling (English or French). 2. Primary language spoken in the area or region where the applicant grew up,

			<p>particularly if applicant certifies that this language (English or French) was the primary language of their household.</p> <p>3. The results of previous language testing of the applicant combined with the fluency of the applicant's written and oral communications with the College during the application process.</p> <p>4. Language testing scores.</p>
Denturists	Language Proficiency Requirements Policy	September 7, 2021	<p>1. Complete a standardized language test (valid 2 years from date test was administered), must be sent directly from testing agency to the College.</p> <p>2. Non-objective evidence of language proficiency (at least 2 of the following 4):</p> <ul style="list-style-type: none"> a. completion of health care education in a majority English or French country b. Relevant health care employment with a similar scope of practice in an majority English or French country c. Successful completion of the final four years of school in Canada to establish eligibility to apply for university or college <p>4. Successful completion of a Canadian college or university degree.</p>
CASLPRO	Unavailable/unclear	Unavailable/unclear	Unavailable/unclear
Social and SSWs	Registration Policy on Language Proficiency	December 2, 2021	<p>Application form requires response ("Yes/No") to the following:</p> <ul style="list-style-type: none"> 1. Is English the applicant's primary language? 2. Is French the applicant's primary language? 3. Was English the language of the applicant's educational instruction in SW/SSW? 4. As per 3, in French. 5. Does the applicant currently provide SW/SSW in English? 6. As per 5. In French? <p>A "No" to all of the above requires successful completion of a language proficiency test.</p>
CKO (current)	Yes - Policy	June 18, 2012	<ul style="list-style-type: none"> 1. Proof that they completed their qualifying educational program in English or French. 2. Satisfactory completion of a language test if any part of their education program was not in English or French.

Appendix 2: Table of Minimum Acceptable Scores on the Language Proficiency Tests

College	TOEFL Paper	TOEFL Internet	IELTS (AC or GT)*	CLB A	MELA (Michener)	CANTest	TESTCa n	TEF
COTO		S: 26 L: 22 R: 22 W: 22 O: 92	S: 7.5 L: 7.0 R: 7.0 W: 6.5 O: 7.0			S: 4.5 L: 4.5 R: 4.5 W: 4.0	S: 4.5 L: 4.5 R: 4.5 W: 4.0	
College PT Ontario (CAPR)		S: 21 L: 21 R: 21 W: 21 O: 92				S: 4.0 L: 4.0 R: 4.0 W: 4.0 Interview : 4.5	S: 4.0 L: 4.0 R: 4.0 W: 4.0 Interview : 4.5	
CMTO		S: 20 L: 24 R: 19 W: 20	S: 6.5 L: 7.5 R: 6.5 W: 6.0		S: 8 L: 8 R: 8 W: 7	S: 4.5 L: 4.0 R: 4.0 W: 3.5	S: 4.5 L: 4.0 R: 4.0 W: 3.5	S:349 L:280 R:233 W:310
CRTO		S: 24 L: 24 R: 22 W: 20 O: 90	S: 7.0 L: 7.0 R: 7.0 W:7. 0 O: 7.0		S: 9 L: 9 R: 8 W: 8	S: 4.5 L: 5.0 R: 4.5 W: 4.0 O: 5.0	S: 4.5 L: 5.0 R: 4.5 W: 4.0 O: 5.0	S: n/a L: n/a R: n/a W:n/a O: 5
CMRITO	500 TSE minimum : 40	S: 21 L: R: W: O: 73	S: 6 L: R: W: O: 6		S: 8 L: 8 R: 7 W: 7			

CMLTO		S: 24 L: 20 R: 22 W: 22 O: 88	S: 7 L: 7 R: 7 W: 7 O: 7		S: 8 L: 8 R: 7 W: 7	S: 4.0 L: 4.0 R: 4.0 W: 4.0 O: 4.0		
COO (Opticians)	500 TSE minimum : 50	S: 24 L: 19 R: 19 W: 19 O: 81	Min score 7	S: 7 L: 8 R: 6 W: 7			S: 4.5 L: 4.5 R: 4.5 W: 4.5 O: 4.5	
CNO			S: 7 L: 7.5 R: 6.5 W: 7 O: 7					S: 349 L: 280 R: 181 W: 271 V: 145
CDO		S: 26 L: 15 R: 15 W: 13 O: 80	S: 8 L: 6 R: 6 W: 5 O: 6.5				S: 4.5 L: 4.5 R: 4.5 W: 4.0	
Denturists		S: 24 L: 21 R: 20 W: 21 O: 89	S: 7 L: 7 R: 6.5 W: 6.5	S: 7 L: 7 R: 7 W: 7				
CASLPRO								
CSWSSWO		S: 26 L: 22 R: 22 W: 22 O: 92	S: 7 L: 7 R: 7 W: 7			S: 5 L: 5 R: 5 W: 5		S: 349 L: 280 R: 233 W: 349 V: 187
CKO (current)	560	S: 23 L: 20 R: 20 W: 20 O: 86	S: 6.5 L: 6.5 R: 6.5 W: 6.5	S: 7 L: 7 R: 7 W: 7		S: 4 L: 4 R: 4 W: 4	S: 4 L: 4 R: 4 W: 4	

*AC = Academic, GT= General Training



Resolution – Language Proficiency Policy

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

Whereas the current Language Proficiency Policy has not been updated since 2012 and is to be reviewed by the College every two years to maintain currency and consistency across the spectrum of regulated healthcare professionals in Ontario; and

Whereas current regulatory practice appears to be evolving towards a more flexible approach to proof of language proficiency; and

Whereas most health regulatory colleges, the Ministry of Health and the Office of the Fairness Commissioner have identified/ are in support of a variety of alternatives to completion of a standardized language proficiency test to reduce barriers to registration; and

Whereas revisions have been suggested to the Language Proficiency Policy in keeping with changes to the regulatory environment and changes to the standardized testing landscape; and

Whereas the Registration Committee has recommended that the amended ‘Language Proficiency policy’ with updates to acceptable tests of French language proficiency be forwarded to Council for final review and approval.

Therefore, be it resolved that Council approves the amended Language Proficiency Policy.

Moved by: _____

Seconded by: _____

Date: March 28, 2022

Policy

Type:	Registration		
Number:			
Name:	Registration Timeline Policy		
Status:	Draft	Version #:	1
Date Approved:		Date Revised:	

Background

Registration timelines balances the need for ensuring fair access to the profession for those with the required knowledge, skill and judgement while upholding the requirements for entry to the profession. Fair, consistent, equitable and transparent timelines are a key component of effective public protection through professional regulation.

Principles

The principles that underpin this policy include:

1. Transparency – Processes are clear, information is readily available, and College staff and the Registration Committee exercise honesty and openness in carrying out their duties.
2. Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Registration Committee review registration applications and make decisions that are fair and objective.
3. Focus on risk of harm - Review processes include a risk-management, evidence-informed accountability approach to address and reduce the potential of risk of harm to patients/clients by registrants or future registrants.

Applicable Legislation and Regulation

Under the *Regulated Health Professions Act, 1991*, The Health Professions Procedural Code (“The Code”) indicates that:

- *Fair registration practices: general duty*
22.2 The College has a duty to provide registration practices that are transparent, objective, impartial and fair.
- *Information*
22.3 The College shall provide information on its website with respect to the requirements for registration, the procedures for applying for registration and the amount of time that the registration process usually takes.

- *Qualifications*

22. 4 (1) The College shall make information publicly available on what documentation of qualifications must accompany an application and what alternatives may be acceptable to the College if an applicant cannot obtain the required documentation for reasons beyond his or her control.

Policy

General

1. An individual may open an application at any time.
2. An individual is considered an applicant upon submission of a completed application form and upon payment of the application fee.
3. Applicants have 1 year from the date of submission of their application form and payment of the application fee to submit a completed application unless an extension has been granted by the College.

Applications not completed within 1 year of being initiated are closed and the applicant must re-start the application process, including re-submitting all supporting documents if required and payment of the application fee.

4. All applications are assessed individually to ensure fairness and equity in the review process.
5. Assessment processes may vary from one applicant to the next resulting in processing delays. Failure to submit required supporting documents or information may cause processing delays. The College has no control over delays caused by third parties in issuing required supporting application documents.
6. It is the applicant's responsibility to ensure timely delivery of all supporting documents and information.
7. Delays in submission of requested application, payment or information may increase processing timelines.
8. The processing timelines in this policy may change due to circumstances outside of the College control. The College may adjust timelines within reasonable limits if circumstances necessities such adjustments and where governing legislation allows.

Supporting Documentation - General

9. The College acknowledges receipt of a completed application within 2 weeks

10. The College does not send notification of supporting document receipt prior to submission of a completed application form and payment of the application fee though the College may, if the applicant inquires, confirm document receipt verbally, in writing or by email.

11. The College process applications in priority sequence based on the date all application requirements are met. Application processing generally requires 2 to 3 weeks dependant on volumes and receipt of applicable supporting documents.

12. Any supporting documents or materials received prior to an application being opened are kept for 1 year.

a. Once an application is opened, all documents associated with that application are maintained for up to 1 year, pending completion of the application.

b. After 1 year, all documents that do not pertain to a valid and active application are destroyed.

c. The College does not send notice of pending expiry of supporting documents that are not associated with an open and valid application prior to the end of the 1-year period.

**Supporting
Documentation –**

**Education
Verification**

13. All applicants are required to submit documents verifying their education. Adequate time should be allocated to ensure that documents can be received by the College within application process timelines.

a. Official transcripts must be submitted by all applicants and will be reviewed within 5 business days of receipt.

b. Academic Assessment Forms and course outlines, which are required of applicants who have graduated from non-kinesiology programs in Ontario, and applicants who have graduated from degree programs (including kinesiology programs) in Canada or outside Canada will be reviewed by the College within approximately 10 days of receipt provided all supporting documents have also been submitted (e.g., official transcripts and course outlines/course descriptions).

c. Course-by-course evaluations, required of internationally educated applicants, (which is estimated to take 1 to 10 weeks). will be reviewed by the College within 10 business days of receipt.

**Supporting
Documentation –
Language Proficiency**

14. applicants whose first language is neither English or French must submit proof of satisfactory completion of a language proficiency test, which will be reviewed by the College within 5 business days of receipt. As per the Language Proficiency Policy.

**Supporting
Documentation –
Jurisprudence e-
Learning module**

15. The Jurisprudence e-Learning module may be initiated at any time and typically requires 4 total hours to complete and is accepted by the College immediately upon completion.

a. Once initiated, an applicant or prospective applicant has 1-year to complete the Jurisprudence e-Learning module.

b. If the Jurisprudence e-Learning module is not completed within 1-year from being initiated, the applicant or prospective applicant must re-complete the entire module. This includes modules previously completed or those in progress.

**Supporting
Documentation –
Letter of Standing**

16. An original letter of standing from any regulator in any jurisdiction where an applicant has been or was registered to practise any profession.

Evaluation of Exam Eligibility

17. Under typical circumstances, the College requires 10 business days after receipt of all supporting documents and materials to evaluate completed applications for exam eligibility.

18. Eligibility to write the examination depends upon the satisfaction of eligibility criteria as set by the College, as well as the applicant meeting the following timelines:

- a. Completed application form must be submitted and application fee must be paid no later than 3 months before the date of the exam.
- b. Supporting documents associated with the application must be received no later than 3 months before the date of the exam.
- c. Completion of the Jurisprudence e-Learning Module no later than 3 months before the date of the exam.

Examination registration and writing timelines upon receipt and evaluation of an application

19. Eligible exam applicants must make their first attempt¹ at the exam within 1-year of meeting all application requirements and of payment of the exam fee.

20. The following timelines apply to the examination registration process:

- a. Requests for testing accommodation, including any required documentation, must be received by the College no later than 3 months before the exam date.
- b. Completed exam form must be submitted, and exam fee must be paid no later than 2 months before the date of the exam.
- c. Eligible exam applicants must register for the online exam with the service provider no later than 1 month before the date of the exam.
- d. Language change requests (the exam may be written in English or French) must be received no later than 1 month and 3 weeks before the exam date.
- e. Candidates may defer writing the exam (to the next available date) no later than 1 week before the exam date.
- f. Candidates withdrawing (without deferring to the next available exam date) from the exam will receive a 50% refund of the examination fee if they withdraw at least 15 calendar days before the exam date. Candidates who withdraw more than 15 calendar days before the exam date will not receive a refund, except for on compassionate grounds or due to illness, in keeping with the [Fee Refund Policy](#).

¹ An applicant is considered to have tried at the exam if they have sat the exam either virtually or in person.

Exam Completion Timelines

21. If the first attempt at writing the exam is not made within 1 year, barring [extenuating circumstances](#) approved by the Registration Committee, the application is closed and the applicant must re-start the application process, including re-submitting all supporting documents if required and pay all applicable fees.

22. If the applicant did not pay the examination fee within 1 year of receiving notification from the College confirming their eligibility to take the exam, the College will close the application. These applicants must re-start the application process, including re-submitting all supporting documents if required and pay all applicable fees.

23. Requests for extension of the 1-year period must be received no later than the exam deferral deadline of the last exam for which the applicant is eligible (at the end of the 1-year period).

24. The exam must be successfully completed within 3 attempts or 4 years, whichever comes first. If the exam is failed 3 times, or the exam is not successfully completed within 4 years, the application is closed, and the applicant must re-apply to the College.

25. The College will notify applicants (by email) of their exam results approximately 6 weeks after the exam date.

a. Applicants who pass the exam will be given information regarding the next steps in the registration process.

Registration Completion Timelines

26. Applicants who pass the exam have 1 year from the date they receive their exam result to complete their registration with the College, including payment of the registration fee.

a. An applicant who has not completed their registration within 1 year of being notified may be referred to the Registration Committee for assessment of currency of knowledge and skills.

27. An applicant who does not have Professional Liability Insurance (PLI) must sign an Undertaking Declaration not to practise kinesiology and must submit proof of having PLI within 30 days of becoming registered.

28. An applicant must provide the College with a name-based police information check issued no more than 1 year from the date of their application for registration.

a. Police information checks dating more than 6 months from the date the application for registration is received must be accompanied by a signed conduct declaration.

b. A new police information check is required where it is dated more than 1 year from the date the application for registration is received.

29. Approximately 4 months after becoming registered, the printed Certificate of Registration will be mailed to the registrant.

**Exceptions – Delays
in Processing**

30. In the event of extenuating circumstances that will affect any of the College’s timelines, applicants will be notified of the delay via email as early as possible, but no later than the end of the timeline affected by any delay.

31. Upon notification of an evaluation or processing delay, the College will provide the applicant(s) with a revised application evaluation timeframe, and update applicants of any changes to other timelines that may be associated with the delay in evaluation.

**Referral to
Registration
Committee**

32. In the event that an application is referred to the Registration Committee, the following timelines apply:

- a. The Chair of the Registration Committee will be notified of the referral within 1 business day.
- b. The applicant who has been referred to the Registration Committee will be notified within 14 business days of the referral.
- c. The applicant who has been referred to the Registration Committee may make a written submission to the Panel of the Registration Committee within 30 business days.
- d. The applicant may notify the College, in writing, if an extension beyond the 30-day period for written submissions to the Panel of the Registration Committee is required.
- e. Should the applicant choose to waive the 30 business days notice period, the Chair of the Registration Committee will convene a properly constituted Panel to review the referral as soon as possible within 30 days.

**Appeal of
Registration
Decisions**

33. Registration decisions may be appealed to the [Health Professions Appeal and Review Board \(HPARB\)](#), within 35 days of issuance.. The College of Kinesiologists of Ontario does not control HPARB processes or timelines.

**Note re: Accessibility,
Equity, Diversity,
Inclusion and anti-
Bias**

34. The College of Kinesiologists is committed to the principles of accessibility, reasonable accommodation, equity, diversity, inclusion and anti-bias. Requests for accommodation, such as modification or extension of any of the timelines described in this Policy on these grounds will be considered by the College on a case-by-case basis and in accordance with all applicable legislation.

Note:

As per the [By-Laws](#) of the College of Kinesiologists, the following definitions apply:

1.05: Calculating Time: A reference to the number of days between two events means calendar days and excludes the day on which the first event happens and includes the day on which the second event happens.

1.06: Holidays: A time limit that would otherwise expire on a holiday or a weekend is extended to include the next day that is not a holiday or a weekend.

Issue or Decision Note

Issue: Registration Timeline Policy
Prepared for: Council
Date: March 28, 2022

Background:

Since its inception, the Registration process of the College of Kinesiologists of Ontario (CKO) has been established by a combination of legislative, regulatory and local policy framework. The purpose of the Registration process is to validate the qualifications, knowledge, skills and judgement of those wishing to practice as Kinesiologists in Ontario.

In keeping with the goal of ensuring that the Registration process is fair, transparent and consistent, and in the interests of ensuring that CKO resources are not occupied unnecessarily with invalid or partially completed applications for Registration, it was determined that a formal written Registration Timeline policy is required.

Current Legislative Landscape:

A key component of the Office of the Fairness Commissioners (OFC) mandate is to work with regulators to ensure that their registration practices are “transparent, objective, impartial and fair”.

This mandate is further enforced through the Ontario’s fair access legislative framework, which is set out in two provincial statutes, which are broadly similar in nature. These are the [Fair Access to Regulated Professions and Compulsory Trades Act](#) (FARPACTA which governs the 16 non-health professions and the Ontario College of Trades) and the [Health Professions Procedural Code](#) under Schedule 2 of the *Regulated Health Professions Act, 1991* (or RHPA). This statute governs the practices and policies of the 26 self-governing health colleges.

In order to achieve it’s goal, the OFC has developed a [Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades](#) (the guide). The purpose of the guide is two-fold. First, to provide regulators with information and advice to more fully understand how to comply with their obligations under FARPACTA. Second, to offer OFC staff with a tool to help them assess the degree to which a regulator is achieving such compliance.

The guide forms one component of the OFC’s new compliance approach, which features their recently promulgated risk-informed compliance framework, which can be accessed through this [link](#).

Further on December 2, 2021, the [Working for Workers Act](#) received Royal Assent. This legislation contains several provisions designed to modernize and reduce barriers encountered by internationally trained applicants. These provisions involve establishing maximum time limits for the registration process.

Further, Section 8 of FARPACTA reads as follows:

A regulated profession shall,

- (a) ensure that it makes registration decisions within a reasonable time;*
- (b) provide written responses to applicants within a reasonable time; and*
- (c) provide written reasons to applicants within a reasonable time in respect of all registration decisions and internal review or appeal decisions.*

This provision imposes an obligation on a regulator to ensure that its registration decisions, and other procedural steps in the process, are made within a “reasonable time”. The OFC recognizes that the nature of a regulator's registration process may, to some extent, be unique and, therefore, the steps and timelines required to complete the required processes may vary.

- In general terms, the OFC's inquiries will focus on a determination of the reasonableness of the relevant time frames and on the discrete elements of the decision-making process.
- To assess this issue, the OFC would typically review:
 - the regulator's website for information about timelines or service standards relating to making decisions, providing responses to applicants, and offering written reasons which accompany its decisions;
 - information obtained from the regulator to identify the measures that it employs to monitor, and ensure adherence to, its articulated timelines or service standards;
 - how the regulator justifies the need for the time that it requires to issue decisions and whether the explanation is reasonable;
 - whether the regulator takes a client-centred approach in calculating timelines by including the time that an applicant spends in obtaining required services from a third-party service provider;
 - the extent to which unnecessary conditions or burdens may be imposed on the processing of applications from internationally trained individuals;
 - documentation of any improvement in timeliness of decision-making over the last few cycles;
 - comparisons to performance standards and results achieved by regulators that are similarly situated;
 - whether a sample of decisions that the regulator issues contains sufficient reasons to allow applicants to understand the rationale for the decision rendered; and
 - broad trends in applicant complaints.

FARPACTA legislation currently only applies to non-health professions and to Skilled Trades in Ontario, nonetheless, the legislative requirements governed therein has major implications for Regulated Health Professions. The OFC is currently working with the Ontario Ministry of Health (MOH) to develop a companion document to the guide for the health colleges, which will be circulated for comment at a later date. The MOH is currently in consultation with

Health Colleges on governance modernization to reduce barriers to registration (such as the time limits for registration decision) amongst other things. It is therefore anticipated that Health Regulators will be required to comply with these requirements in the very near future.

Environmental Scan

As part of the development of this policy, a comprehensive review of the legislative environment was completed. Legislation reviewed included the *Regulated Health Professions Act, 1991* (including the Health Professions Procedural Code, “The Code”) and the *Kinesiology Act, 2007* and all associated regulations relevant to the Registration Process.

An internal review of College of Kinesiologists Registration internal policies, publicly available materials (including those published on the College’s website) and by-laws pertaining to Registration and related processes, was also completed.

The College of Kinesiologists also reviewed the registration timelines of the following Colleges, which it is believed constitute a representative sample of Colleges of a similar size and/or Colleges with a scope of practice or practice environment that may intersect with that of registrants of the College of Kinesiologists (See: “Appendix A: Registration Timelines Environmental Scan Results” attached):

Massage Therapists	Chiropractors
Physiotherapists	Midwives
Occupational Therapists	

It was noted that differences do exist in registration processes and timelines for Colleges who utilize a national exam (as opposed to an exam that is administered by the College at a provincial level).

Registration Timeline Policy Overview

Based on the environmental scan, a Registration Timeline Policy was developed. The policy describes the timelines used by the College for matters pertaining to the Registration process, including:

- General Timelines, including when an application may be initiated and the duration over which an application is open and valid.
- Timelines pertaining to supporting documentation required to support an application, including:
 - General supporting documentation retention timelines
 - Timelines for submission of education verification documents
 - Timelines for submitting evidence of language proficiency if required
 - Timelines for completion of the Jurisprudence e-Learning module
 - Exam eligibility evaluation timelines
 - Exam registration and writing timelines
 - Exam completion timelines
 - Registration completion timelines
 - Exceptions – Delays in Processing

- Referral to Registration Committee
- Appeal of Registration decisions
- Note re: Accessibility, Equity, Diversity, Inclusion and anti-Bias

Appendix A: Registration Timelines Environmental Scan Results

College of Massage Therapists of Ontario	Registration application takes place after the entry to practice exam is completed. The CMTO provides a timeline of 10 business days for application review, with the result being registration or notification of missing document(s), unexpected delays or referral to the Office of the Registrar. If the application is being referred, the candidate has 30 days to submit additional information in support of the application, and the Office of the Registrar may take up to 4 weeks to review uncertain or difficult files. There is no specific mention regarding how long an application may remain open
College of Physiotherapists of Ontario	Also have a National Exam (must complete exam before registration with the College). Their website specifies that applications are reviewed within 15 business days. In the event of an incomplete application, the applicant is emailed a list of missing information. As per their statement of policy, “incomplete applications are closed after 1 year and you will need to re-apply”.
College of Chiropractors of Ontario	They have 2 exams: the CCEB exam (which must be applied for 3-4 months before the exam sitting) and the CCO Legislation and Ethics exam (which must be applied for 1-4 months before the exam sitting). The CCO website recommends completing the exam and receiving results (typically 4 weeks after exam) before applying for registration. The CCO website indicates that the application process takes 5-7 days, with Registration Committee referrals dealt with within a month if such a referral is made. There is no mention on the CCO website or in their available policies regarding incomplete applications.
College of Occupational Therapists of Ontario	They have a National Exam, which affects timelines and processes. They have a currency requirement policy for new applicants that states that applicants must either have graduated from an OT program in the last 18 months or have completed at least 600 hours of service within the scope of practice of the profession within the past 3 years or

	<p>the must have successfully completed an approved refresher program within the previous 18 months.</p> <p>Their College website states that applications are not complete until the application fee is received. Complete applications are valid for one year.</p>
<p>College of Midwives of Ontario</p>	<p>The College of Midwives Registration Handbook indicates that complete applications can take up to 10 business days to process. The CMO sends an email to applicants within 7 business days to inform them of any outstanding/incomplete elements of the application. The CMO does not appear to have any obvious notes or documentation regarding when and how incomplete applications are disposed of.</p>



Resolution – Registration Timeline Policy

Whereas the College seeks to ensure that its registration process is fair and consistent, and that the processing timelines for applicants seeking entry to the profession are clear and transparent; and

Whereas the Registration Timeline policy has been developed to describe the timelines used by the College for matters pertaining to the Registration process; and

Whereas Office of the Fairness Commissioner have identified several provisions designed to modernize and reduce barriers encountered by internationally trained applicants involving establishing maximum time limits for the registration process; and

Whereas the Registration Committee has recommended that the draft Registration Timeline Policy' be forwarded to Council for final review and approval.

Therefore, be it resolved that Council approves the draft Registration Timeline Policy.

Moved by: _____

Seconded by: _____

Date: March 28, 2022

Policy

Type:	Registration		
Number:			
Name:	Inactive Class Certificate of Registration		
Status:	Draft	Version #:	1
Date Approved:		Date Revised:	

Background

Under the College's Registration Regulation, registrants who hold a General Class Certificate of Registration may apply for an Inactive Class Certificate of Registration provided they meet the requirements under the Registration Regulation.

This includes agreeing not to engage in direct patient/client care, supervise the profession or claim any competence in the practice of kinesiology.

The Inactive Class Certificate of Registration is intended to accommodate registrants who wish to maintain their registration in the College but who do not intend to practise the profession of kinesiology for a period of time.

The purpose of this policy is to outline the eligibility requirements for an Inactive Class Certificate of Registration, describing the application process, and stating the conditions imposed on the Inactive Class Certificate of Registration.

Principles: The principles that underpin this policy include:

1. Transparency – Processes are clear, information is readily available, and College staff and the Registration Committee exercise honesty and openness in carrying out their duties.
2. Fairness, Objectivity, and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Registration Committee review registration applications and make decisions that are fair and objective.
3. Focus on risk of harm - Review processes includes a risk-management, evidence-informed accountability approach to address and reduce the potential of risk of harm to patients/clients by registrants.

Applicable Legislation and Regulation:

1. Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*, Registration Section 15.
2. Ontario Regulation 401/12 General, Section 9. (1) (2)

Eligibility for the Inactive Class

1. The following registrants are eligible to apply for the Inactive Class Certificate of Registration, provided they satisfy all other requirements for the Inactive Class:
 - i. Registrants who are dually registered to practise in another regulated health profession, and are practising exclusively in this other profession;
 - ii. Registrants working under the direction of another regulated health care professional, and not providing any independent kinesiology patient/client care;
 - iii. Registrants working exclusively in non-clinical practice (e.g., academia, research, program development, insurance, management, administration, etc.) and are not using the knowledge, skills and judgement or claiming competence in the profession of kinesiology;
 - iv. Registrants on a leave of absence from their workplace (e.g., pregnancy, parental, family caregiver, sick, educational, etc.) and are not practising;
 - v. Registrants moving to/working in another jurisdiction outside of Ontario and who are not providing any virtual services to patients or clients within Ontario; and
 - vi. Registrants who are not practising the profession in any capacity for any other reason (e.g., unemployed, furlough, travel).

2. The following groups of registrants are not eligible to apply for the Inactive Class Certificate of Registration:
 - i. Registrants who are practising and providing direct patient/client care or services, including registrants who have additional designations that fall within the scope of practice of kinesiology and are providing services that are related to those designations (e.g. athletic therapy, osteopathy, personal trainer, exercise physiologist (CSEP) , etc.);
 - ii. Registrants who are working under the supervision of another regulated health care professional, and who are providing some independent kinesiology patient care services (e.g., PTAs, OTAs, Rehab Assistants, etc.,).
 - iii. Registrants working in mixed practice are only eligible for the General Class.
 - iv. Registrants working exclusively in non-clinical practice (e.g., academia, research, program development, insurance, management, administration, etc.) who are using the knowledge, skills and judgement or claiming competence in the profession of kinesiology.

Application Process to
the Inactive Class

1. Any registrant wishing to apply for an Inactive Class Certificate of Registration must complete the Inactive Class Certificate of Registration Application Form, sign the undertaking and submit it to the Registration Department. The College may request a job description from a registrant to help clarify whether they are eligible.
2. The registrant must meet the following non-exemptible requirements according to the College's Registration Regulation:
 - i. The registrant must hold a General Class Certificate of Registration.
 - ii. The registrant must sign an undertaking in which they agree to comply with the following conditions:
 - a. The registrant will not engage in providing direct patient/client care or services where they are expected to/required to exercise independent judgment or work independently in the course of their work;
 - b. The registrant will not use any title or designation other than R. Kin (Inactive);
 - c. The registrant will not supervise the provision of health care services by health care professionals /organizations and/ or students in patient/client care; and
 - d. The registrant will not make any claim or representation to having any competence in kinesiology or hold themselves out to be a kinesiologist.
3. The registrant must pay the applicable fees. The registrant must not be in default of any fee, penalty or other amount owing to the College.
4. The registrant must have provided the College with any information that it has required of the registrant.
5. The registrant must be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of Council, the Executive Committee, the Inquiries, Complaints and Reports Committee, the Discipline Committee and /or the Fitness to Practise Committee.

Fees

1. There is an application fee of \$50.2. Refund for the registrant's General annual membership dues will be pro-rated. The yearly membership fee for the Inactive Class is \$200.

Conditions

The following are conditions for Inactive Class registrants in Ontario:

1. The registrant cannot:
 - engage in providing direct patient/client care or services where they are expected to/required to exercise independent judgment or work independently in the course of their work;
 - use any title or designation other than what is specified for an Inactive Class Certificate of Registration set out in the regulation (i.e., R. Kin (Inactive));
 - supervise the provision of health care services by health care professionals/ organizations and/ or students in patient care; or
 - make any claim or representation to having any competence in the profession, or hold themselves out to be a kinesiologist.
2. With the exception of Quality Assurance requirements (which may be required upon reissuance of a General Class Certificate of Registration), Inactive Class registrants will continue to be required to comply with all other requirements imposed on registrants registered in the General Class, such as:
 - Annual renewal of registration;
 - The requirement to make any mandatory reports, including the duty to self-report any offence findings, professional negligence/malpractice or misconduct as per the College's Guideline on Mandatory Reporting.

3. Dual registrants who move to the Inactive Class must ensure that they are clear and transparent with patients, clients and employers regarding their registration status, that they are not practising as a kinesiologist but as another regulated health care professional, and that they cannot bill for kinesiology care or services while in the Inactive Class, and that they are accountable to the other health regulatory body under which they are registered.
4. Registrants working under the direction of another regulated health care professional, and are providing direct patient care or services where they are expected to/required to exercise independent judgment or work independently in the course of their work must be clear and transparent with patients, clients and employers that they are not practising as a kinesiologist, cannot bill for kinesiology services, and cannot provide any direct patient care or services where they are expected to/required to exercise independent judgment or work independently in the course of their work (i.e. all direct patient care or services must be provided under the supervision of another health care practitioner and the supervising practitioner is responsible for their practice).
5. Registrants are not permitted to accept delegated controlled acts from a regulated health care professional while practising in the Inactive Class.
6. Inactive Class registrants wishing to return to the General class must complete and submit the 'Application for re-issuance of the General class and their application must first be approved by the Registrar or the Registration Committee prior to them engaging in any activities noted in the conditions above.

Statement of Accountability

All Inactive Class registrants are accountable to the College for their conduct under the Professional Misconduct Regulation, for adhering to the practice standards and guidelines, for behaving as a professional, and may be subject to investigation in the event of a complaint.



Issue or Decision Note

Issue: Inactive Certificate of Registration and Reinstatement to the General Class Policy
Prepared for: Council
Date: March 28, 2022

Background

On May 14, 2013 Council approved the [‘Inactive Certificate of Registration and Reinstatement to the General Class policy’](#) (the policy). Council approved further amendments to the policy on June 27, 2017. The amendments to the policy at that time included a process for registration into the general class after two years of registration in the Inactive Class. The purpose of the policy was to describe the conditions imposed on the Inactive Certificate of Registration (Inactive Class) and to establish a reinstatement process.

Since the amendments to the policy, the College has seen an upsurge in enquiries from registrants seeking clarification on whether they qualify for the Inactive Class. The policy fails to address the nuanced nature of practice of registered kinesiologists and provides a limited framework for College staff to assess whether certain registrants qualify for the Inactive Class. This has led to inconsistencies in the review process. Also, within the last three years a significant number of registrants have voluntarily resigned their certificate of registration with the College. While the College cannot determine that the main reason for these registrants resigning is due to their ineligibility for the Inactive Class, the College is concerned that it may lose its regulatory oversight if registrants who do not qualify choose to resign.

The proposed amendments to the policy seek to address these concerns, and to minimize ambiguity by providing a very clear and transparent outline of the eligibility requirements, the application process and conditions imposed on the Inactive Class. Changes to the policy includes an expanded list of eligible registrants. The College will make it clear to these registrants the limitations of the Inactive Class and discuss with them any nuances in their practice to minimize potential breaches to the policy.

The requirements for reissuance of the General Class certificate of registration is a separate and distinct process and has been removed from the amended ‘Inactive Certificate of Registration and Reinstatement to the General Class’ policy. The requirements for reissuance of the General class are detailed in the newly drafted ‘Reissuance of the General Class Certificate of Registration’ policy.

The requirements for registration in the Inactive Class and the conditions placed on the certificate are outlined in s.9 of the General Regulation of the *Kinesiology Act, 2007* (Registration Regulation), as follows:

Registration requirements, Inactive Class

9. (1) The following are non-exemptible registration requirements for an inactive certificate of registration:

1. The applicant,
 - i. must be a member holding a general certificate of registration, and
 - ii. must provide an undertaking to the College in a form satisfactory to the Registrar in which the applicant undertakes to comply with the conditions set out in subsection (2).
2. The applicant must not be in default of any fee, penalty or other amount owing to the College.
3. The applicant must have provided the College with any information that it has required of the applicant.
4. The applicant must be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of the Council, Executive Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and Fitness to Practise Committee. O. Reg. 401/12, s. 9 (1).

(2) It is a condition of an inactive certificate of registration that the member shall not,

- (a) engage in providing direct patient care;
- (b) use any title or designation other than what is specified for an inactive certificate of registration in the Table to section 4;
- (c) supervise the practice of the profession; or
- (d) make any claim or representation to having any competence in the profession.
O. Reg. 401/12, s. 9 (2).

Issues for Consideration

Expanded eligibility and contravention of s.9(2) of the Registration Regulation

The College received legal counsel on the inclusion of the following registrants for eligibility in the Inactive Class based on the conditions stipulated in s.9(2) of the Registration Regulation as follows:

Dual Registrants: Registrants who are dually registered to practise in another regulated health profession and are practising exclusively in this other profession are not in contravention of s.9(2).

Registrants working exclusively in support roles: Registrants working exclusively in a support role, who are being supervised by another regulated health care professional, and not providing any independent kinesiology direct patient care are not in contravention of s.9(2).

Registrants working exclusively in non-clinical practice: Registrants working exclusively in non-clinical practice (e.g., academia, research, program development, insurance, management, administration, etc.) and are not providing any kinesiology direct patient care would appear not to be in contravention of s.9(2). The area of concern lies with registrants working in academia who may find it difficult to undertake that they are not making any claim or representation of having any competence in the profession in the course of their work. The College has been advised that because the Ministry was not prepared to create an Academic Class of certificate, it can be contemplated that the Legislature was viewing such claims or representations within the clinical field and not necessarily the academic realm. That way, a member in the Inactive Class who teaches Kinesiology is not breaching s.9(2) (d).

The above interpretation is subject to the approval of the Registration Committee and Council.

Registrants moving to/ working outside of Ontario: Registrants moving to/working in another jurisdiction outside of Ontario and who are not providing any virtual services to patients or clients within Ontario are not in contravention of s.9(2). Although the regulation does not expressly state “in Ontario” it can be interpreted as the regulation is an Ontario regulation. Therefore, a registrant in the Inactive Class could practise in another jurisdiction.

Registrants who are not practising kinesiology: Registrants who are not practising kinesiology in any capacity for any other reason (e.g., unemployed, furlough, travel) are not in contravention of s.9(2).

Eligible Registrants and Risk Mitigation¹

The proposed changes to the Inactive Class policy strengthen the Colleges public protection mandate and oversight by clearly defining the limitations of the Inactive Class, and the expectations and obligations of kinesiologists registered in the Inactive Class. The stringent limitations placed on the Inactive Class may serve as a deterrent to some registrants to remain in the General class; especially if they require more fluidity and autonomy in their role.

The chart below provides an updated list of registrants who would be eligible for the Inactive Class and addresses risk of harm to the public. Please also see the following resources that were developed to assist registrants and the College in the processing of Inactive Class applications:

Appendix A - Am I Practising Kinesiology

Appendix B - Determining Eligibility for the Inactive Class

¹ Registrants are not permitted to accept delegated controlled acts from a regulated health care professional while practising in the Inactive Class.

Eligible Registrants/Risk Mitigation

1) Registrants who are dually registered to practise in another regulated health profession, and are practising exclusively in this other profession:

- The public is protected, as these registrants would remain accountable both to the College and to their other regulatory body.
- In addition to the general undertaking conditions of the Inactive Class, these registrants would be required to undertake that they will be clear and transparent with patients, clients and employers regarding their registration status, that they are not practising as a kinesiologist but as another regulated health care professional, and that they cannot bill for kinesiology care or services while in the Inactive Class.

Note: These individuals are already being individually assessed and approved for the inactive class by the College.

2) Registrants working under the direction of another regulated health care professional, and not providing any independent kinesiology patient/client care:

- The public is protected because these registrants remain accountable to the College, and their supervising practitioner is also accountable for the work they perform.
- The College can request a job description from these registrants to help clarify whether they are eligible for the Inactive Class (e.g., are they providing independent services? Are they supervising other members? etc.).
- In addition to the general undertaking conditions of the Inactive Class, these registrant would also be required to undertake that they will be clear and transparent with patients, clients and employers that they are not practising as a kinesiologist, cannot bill for kinesiology services, and cannot provide any direct patient care or services where they are expected to/required to exercise independent judgement or work independently (i.e. all direct patient care or services must be provided under the supervision of another health care practitioner and the supervising practitioner is responsible for their practice).
- There are concerns with the degree to which the College would be able to ascertain whether kinesiologist who work in support roles are not providing any independent patient care or using their knowledge skill and judgement in kinesiology in the course of their work.

The College has been advised by legal counsel that if these registrants make it clear to patients, clients and employers that that they are not practising kinesiology, that they are inactive, and the limitations of the class, the public is protected and the expectation of the patient/client or member of the public is mitigated.

- It is worth noting that most registrants who request to go into the Inactive Class are either performing administrative roles, or not working, or are performing acts which are in the public domain outside of the scope of practise of kinesiology. Such registrants do not require the General Class certificate of registration or professional liability insurance to perform the work they are being assigned.

Note: These individuals are already being individually assessed and approved for the inactive class by the College.

3) Registrants working exclusively in non-clinical practice (e.g., academia, research, program development, insurance, management, administration, etc.) and are not using the knowledge, skills and judgement or claiming competence in the profession of kinesiology:

- The public is protected, as these registrants would remain accountable to the College.
- The College has defined non-clinical practice as using the essential competencies of kinesiology outside the provision of direct service/care to patients/clients. Kinesiologists working as academics, managers, researchers, and program developers have historically not been eligible for the Inactive Class.
- Inactive Class registrants working in non-clinical roles may only practice to the extent that is permissible under the inactive class policy and within the parameters of section 9(2) of the registration regulation.

* See Appendix C for a comparative analysis of how other Health Regulators define practise for registrants in non-clinical roles.

Note: These individuals are already being individually assessed and approved for the inactive class by the College.

4) Registrants on a leave of absence from their workplace (e.g., pregnancy, parental, family caregiver, sick, educational, etc.) and are not practicing:

- The public is protected, as these registrants would remain accountable to the College and are not practising in any capacity.

Note: These individuals are already being individually assessed and approved for the inactive class by the College.

5) Registrants moving to/working in another jurisdiction outside of Ontario and who are not providing any virtual services to patients or clients within Ontario:

- The public is protected, as these registrants would remain accountable to the College.;
- The College received legal advice the following legal advice regarding the potential of

business owners (living either in or outside of Ontario) who develop guidelines for clinical practice outside of Ontario to contravene, the policy conditions:

Applicants in the inactive class must sign an undertaking to comply with all the terms set out in [s. 9\(2\) of the Regulation](#). The College can rely upon that undertaking and trust that the registrant will not engage in direct patient care, supervise the practice of the profession, or make any claim or representation to having any competence in the profession while in the Inactive Class. No further evidence would be required from the College. If the College discovers that the registrant breached the undertaking, they would be subject to an investigation from the Registrar.

Note: This is a newly proposed area of eligibility.

6) Registrants who are not practising the profession in any capacity for any other reason (e.g., unemployed, furlough, travel):

- The public is protected, as these registrants would remain accountable to the College.
- From a public protection view point we need to have these individuals under the College umbrella as there is a potential for them to resign their certificate and become unregulated.

Note: This is a newly proposed area of eligibility. These registrants are not currently eligible for the Inactive class.

Application Requirements and Self Assessment Questionnaire

Applicants for the Inactive Class are assessed on a case-by-case basis utilizing the self assessment questionnaire on the [inactive application form](#). Under the current policy, if an applicant answers “YES” to any of the questions on the application, they are not eligible for the Inactive Class. The self-assessment questionnaire was intentionally designed to exclude individuals from the Inactive Class who are practising within the scope of practice of kinesiology. The application form and self-assessment questionnaire will be updated by the College in-keeping with the requirements of the proposed ‘Inactive Class Certificate of Registration’ policy pending Council’s approval.

Ineligible Registrants

The registrants listed below are ineligible for the Inactive Class as they are deemed to be practising kinesiology or could potentially be required to practice kinesiology at any given time in the course of their work. These registrants have the option of staying in the General class of registration or voluntarily resigning their certificate of registration with the College. These registrants may also go under administrative suspension however in keeping with s. 19 of the General Regulation of the *Kinesiology Act, 2007* their certificate would be revoked after three years if they did not apply for reinstatement to the General class:

- Registrants who are practising and providing direct patient/client care or services, including registrants who have additional designations that fall within the scope of practice of kinesiology and are providing services that are related to those designations (e.g., athletic therapy, osteopathy, personal trainer, exercise physiologist (CSEP), etc.);
- Registrants who are working under the supervision of another regulated health care professional, and who are providing some independent kinesiology patient care services (e.g., PTAs, OTAs, Rehab Assistants, etc.);
- Registrants working in mixed practice, which includes registrants working in a non-clinical role who provide direct service/care. Even if the practice is predominantly non-clinical but the kinesiologists provide direct service/care to even one patient/client, they fall within mixed practice. For example, kinesiologists who perform functional assessments, develop exercise programs, and teach part-time at a college are in mixed practice.
- Registrants working exclusively in non-clinical practice (e.g., academia, research, program development, insurance, management, administration, etc.) who are using the knowledge, skills and judgement or claiming competence in the profession of kinesiology.

Environmental Scan

The College conducted an environmental scan of other health regulators to determine how they define practicing their respective professions; if they have an inactive or non-practising class or status; and if so, whether it is permissible to registrants in non-clinical roles. Our findings suggest that that majority of health regulators have an Inactive Class or non-practising class. For those regulators who do not have an Inactive Class or non-practising class, their registrants either have the option of maintaining their general certificate or voluntarily resigning or retiring from the profession if they are not in active practice. Most regulators with an Inactive Class or non-practising class allow registrants in non-clinical roles to be registered in the class with specific limitations. The full environmental scan is attached. See Appendix C.



Resolution – Inactive Class Policy

Whereas the College seeks to establish clear eligibility requirements for registration in the inactive class; and

Whereas the College views the establishment of clear eligibility conditions for the inactive class to reduce risk of harm to the public., increase processing efficiencies and provide a clear and transparent outline of the requirements and conditions for registrants; and

Whereas the inactive Certificate of Registration is a component of the College’s Registration Regulation; and

Whereas the College seeks to separate the current Inactive Certificate of Registration and Reinstatement to the General Class Policy into two distinct policies which governs the process for registration in the inactive class and reinstatement to the General class; and

Whereas the Inactive Certificate or Registration Policy has been developed to provide legislative context, clarify principles that underpin the policy, reflect updated terminology, and expand the eligibility criteria; and

Whereas the Registration Committee has recommended that the proposed ‘Inactive Certificate of Registration’ policy’ be forwarded to Council for final review and approval.

Therefore, be it resolved that Council approves the draft Inactive Certificate of Registration Policy.

Moved by: _____

Seconded by: _____

Date: March 28, 2022

Appendix A - Am I Practising Kinesiology?

Note: The information provided below is intended to be developed into a webpage for the CKO website. The College will be working with the communication manager to develop the necessary visual graphics and format /layout for this newly designed webpage.

To practice kinesiology in Ontario, you must be registered with the College of Kinesiologists of Ontario. Kinesiologists provide many services and practice in many different areas or settings, including:

- Community care
- Family Health Care Teams
- Hospitals
- Rehabilitation and Wellness Clinics
- Insurance, and health and safety consultancy firms
- Long-term care homes and retirement homes
- Health and fitness clubs
- Academia
- Private practice
- Research
- Public health units

In general, kinesiology practice involves clinical practice and/or non-clinical practice and mixed practice.

Clinical Practice: involves using the essential competencies of kinesiology to provide direct service/care to patients/clients. Generally, this includes conducting assessments, managing cases, performing treatments, making referrals to other healthcare providers, recommending and/or selling products, ergonomic recommendations for individuals, and providing counseling or professional advice.

Non-clinical Practice: involves using the essential competencies of kinesiology outside the provision of direct service/care to patients/clients, ex. teaching, research, program development and/or implementation, management and administration, and worksite assessments.

Mixed practice: involves working in a non-clinical role and providing direct service/care. Even if your practice is predominantly non-clinical but you provide direct service/care to even one patient/client, you fall within mixed practice. For example, kinesiologists who perform functional assessments, develop exercise programs, and teach part-time at a college are in mixed practice.

Determining if you are practising as a Registered Kinesiologist

From time to time, the College receives questions from kinesiologists and prospective kinesiologists about whether they are practising kinesiology and if they should register or maintain registration. This fact sheet was developed to help registrants determine whether they are practising kinesiology.

The list below provides individuals with some examples to determine whether they are practicing Kinesiology:

- **Providing direct service/care to patients/clients:**
 - Performing functional assessments, developing, or implementing treatment plans, managing cases, providing ergonomic recommendations

- **Providing kinesiology education to patients/clients and/or their families, other healthcare professionals (regulated/non-regulated), and/or students:**
 - Teaching kinesiology in an academic institution
 - Health promotion, program development
 - Developing/delivering learning resources
 - Information/education regarding kinesiology equipment/products

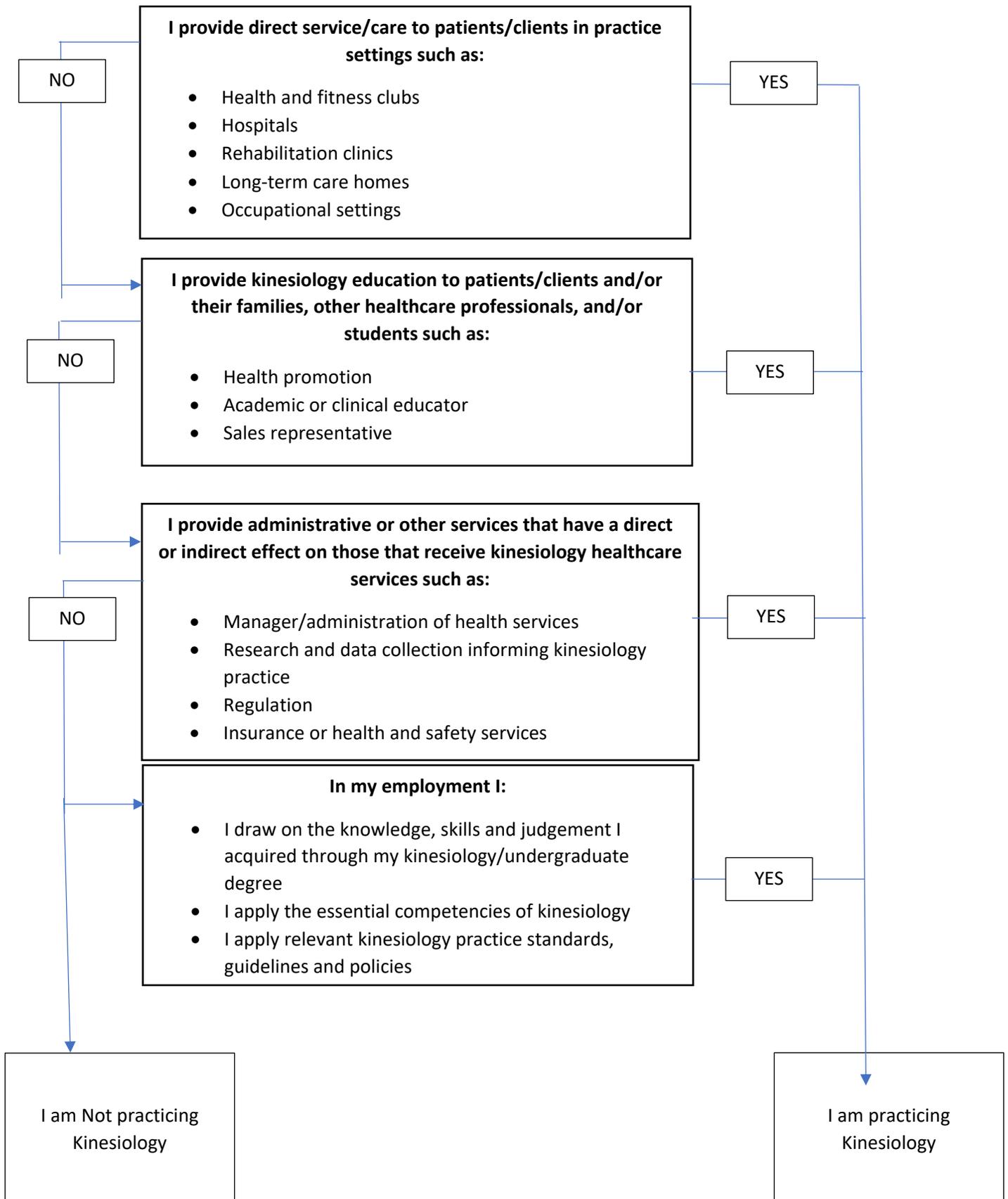
- **Providing administrative services that have a direct or indirect effect on those that receive kinesiology healthcare services:**
 - Policy/practice development and implementation
 - Management of healthcare resources
 - Influencing kinesiology policy and/or practice

- **Other activities:**
 - Research informing Kinesiology practice
 - Sales or recommendation of kinesiology products
 - Insurance or health safety services that have a direct or indirect impact on those receiving Kinesiology services

You are not practicing kinesiology if:

- You are dually registered to practise in another regulated health profession and are practising exclusively in this other profession.
- You are on a leave of absence from your workplace (e.g., pregnancy, parental, family caregiver, sick, educational, etc.) and are not practising.
- You are moving to/working in another jurisdiction outside of Ontario and are not providing any virtual services to patients/clients within Ontario.
- You are working under another regulated health care professional and are not providing any independent kinesiology services.
- You are not practising the profession in any capacity for any other reason (e.g., unemployment, furlough, travel).

Am I Practising Kinesiology?



Terminology

Scope of practice of Kinesiology: “the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance.”
Independent Patient/Client care: Registrants who provide independent patient/client care/services exercise independent judgement or work independently in the course of their work.

Working Under another Regulated Health Care Professional and not providing any independent patient care: Registrants who assist in the provision of services under the direction of a regulated health professional, who have accountabilities to both the assigning regulated health professional and their regulatory college.

Dual registration/ health care practices: when a registrant of the College of Kinesiologists of Ontario practises as a kinesiologist and practises in another health care discipline (e.g., massage therapist, chiropractor, or acupuncturist). The other health discipline may be regulated or unregulated. Dual registration affects the understanding of regulation and accountability for health professionals, patients/clients and insurers. Registrants who have dual health care practices are responsible for administering their practices as separate and distinct entities and for ensuring that their patients and clients understand which role they are adopting when they provide health care services.

Independent Patient Care Services: Kinesiologist who provide independent patient care services exercise independent judgement or work independently (unsupervised) in the course of their work.

Assignment: is the process of handing over the care of a patient, client or specific tasks to another health care worker (either regulated or non) that does not involve controlled acts. Registrants may be assigned tasks by health professionals that are not controlled acts but are within the scope of kinesiology.

Controlled Acts: The restriction to perform any 14 controlled acts listed under section 27 (2) of the *Regulated Health Professions Act, 1991* (RHPA), acts that considered higher risk and that could pose potential serious harm if not performed by duly qualified practitioners. Performance of any of these controlled acts by a registrant is strictly prohibited. However, the RHPA does, allow the delegation of certain controlled acts to registrants by qualified regulated health professionals.

Delegation: is a term that has specific meaning in the *Regulated Health Professions Act, 1991* (RHPA) in that it only refers only to controlled acts. Delegation is the act of transferring authority from one practitioner to another to perform the controlled act. Health care professionals who are being delegated controlled acts are expected to have a level of clinical knowledge and skill to perform the controlled act they are being delegated. The conditions of the inactive class specifies that registrants must not engage in providing direct patient care or services where they are expected to/required to exercise independent judgment or work independently in the course of their work or make any claim or representation to having any competence in the profession or hold themselves out to be a kinesiologist.

Links to Resources

General Regulation

[Essential Competencies of Practice](#)

Practice Standard: Dual Health Care

Practice Guideline: Scope of Practice, Controlled Acts and Delegation

Reissuance of a General Class Certificate of Registration Policy

APPENDIX B - DETERMINING ELIGIBILITY FOR THE INACTIVE CLASS

Type of Registrant	Eligibility for the Inactive Class of Registration	Rationale	Effect on Practice Hours Requirements	Selection for the Peer and Practice Assessment	Practice governed by / Practice Restrictions	Options
<p>Dually Registered</p> <p>Registration in a Regulated Health Profession:</p> <ul style="list-style-type: none"> • Massage Therapists • Nursing • Naturopaths • TCM • Dentist • Pharmacists • Psychology • Audiologists • Etcetera 	<p>Kinesiologists who are a member of another regulated health profession, and who practise solely in this other profession, are eligible for the inactive class.</p>	<ul style="list-style-type: none"> • The public is protected, as they remain accountable both to the College and to their other regulatory body. • The College should discuss with these registrants how they will be clear with patients that they are not practising as a kinesiologist (e.g., not billing for kinesiology services, etc.) 	<p>Practice hours under other regulator cannot be counted towards CKO practice hours requirement for reissuance of the General certificate.</p>	<p>Excluded as per policy</p>	<p>Dually registered kinesiologists cannot do the following while registered in the inactive class:</p> <ul style="list-style-type: none"> • engage in providing direct patient care • bill for Kinesiology services • use any title or designation other than what is specified for an Inactive Certificate • supervise the practice of kinesiology • make any claim or representation to having any competence in the profession 	
<p>Not providing independent kinesiology care</p> <p>Kinesiologists working solely under another regulated health professional (<u>not providing</u> independent kinesiology patient care services)</p>	<p>Kinesiologists who are working <u>solely</u> under another regulated health profession and who are not providing any independent patient care services as a kinesiologist (e.g., students completing a placement or coop program) are eligible for the inactive class</p>	<ul style="list-style-type: none"> • The public is protected because these registrants remain accountable to the College, and their supervising practitioner is also accountable for the work they perform • The College can request a job description from these registrants to help clarify whether they are eligible for the inactive class (e.g., are they providing independent 	<p>Practice hours under other regulator cannot be counted towards CKO practice hours requirement for reissuance of the General certificate.</p>	<p>Excluded as per policy</p>	<p>Kinesiologists practicing under another regulated health professional cannot do the following while registered in the inactive class:</p> <ul style="list-style-type: none"> • engage in providing direct patient care • bill for Kinesiology services • use any title or designation other than what is specified for an Inactive Certificate • supervise the practice of kinesiology • make any claim or representation to having any competence in the profession • Practise independently, 	

APPENDIX B - DETERMINING ELIGIBILITY FOR THE INACTIVE CLASS

Type of Registrant	Eligibility for the Inactive Class of Registration	Rationale	Effect on Practice Hours Requirements	Selection for the Peer and Practice Assessment	Practice governed by / Practice Restrictions	Options
		<p>services? Are they supervising other members?)</p> <ul style="list-style-type: none"> The College can discuss with these registrants how they will be clear with patients/employers that they are not practising as a kinesiologist and cannot provide any independent services (i.e., all patient care services must be under the direction of the other regulated health professional 			<p>must practise solely under the direction of the other regulated health professional</p>	
<p>Working under another regulated health professional</p> <p>Kinesiologists working solely under another Regulated Health Professional (<u>providing</u> some independent kinesiology patient care services)</p>	<p>Kinesiologists who are in an assistant role (e.g., PTAs, OTAs), but who are still providing some independent kinesiology patient care services, are not eligible for the inactive class</p>				<p>N/A</p>	<ul style="list-style-type: none"> Remain in General Class Resign - if they no longer wish to practise as an R.Kin
<p>Working Independently in Clinical Practice</p> <p>Kinesiologists practising in a related <u>unregulated</u> area not as a dual registrant and not solely under another regulated health professional. Example:</p> <ul style="list-style-type: none"> Osteopathy (In reference to 	<p>Kinesiologists who provide direct patient care (not as a dual registrant and not solely under the direction of another regulated health professional) are not eligible for the inactive class</p>	<ul style="list-style-type: none"> These activities are within the scope of practice of kinesiology Not governed by another health regulatory body 			<p>N/A</p>	<ul style="list-style-type: none"> Remain in General Class Resign - if they no longer wish to practise as an R.Kin

APPENDIX B - DETERMINING ELIGIBILITY FOR THE INACTIVE CLASS

Type of Registrant	Eligibility for the Inactive Class of Registration	Rationale	Effect on Practice Hours Requirements	Selection for the Peer and Practice Assessment	Practice governed by / Practice Restrictions	Options
<p>Osteopathic Manual Practitioners (Unregulated). Not Osteopathic physicians (Doctors of Osteopathy, DO's) who are regulated under the College of Physicians and Surgeons (CPSO). DO's practice hours would not count towards the practice hours requirement of the CKO but under the CPSO's))</p> <ul style="list-style-type: none"> • Personal trainer/ Exercise Physiologist (CESP) • Athletic Therapy 						
<p>Working in a non-clinical role</p> <p>i.e., <u>not providing</u> direct patient care. Example:</p> <ul style="list-style-type: none"> • Academia • Research • Insurance claim • Health promotion • Program development • Managers/ Supervisors 	<p>Kinesiologists who are working in a non-clinical role <u>outside the practice of kinesiology</u> are currently eligible for the inactive class.</p>	<ul style="list-style-type: none"> • The public is protected because these registrants remain accountable to the College. • The College can request a job description from these applicants to help clarify whether they are eligible for the inactive class (e.g. are they expected to use their knowledge, 	<p>Practice hours in non-clinical role outside the practice of kinesiology cannot be counted towards CKO practice hours requirement for reissuance of the General certificate.</p>	<p>Excluded as per policy</p>	<p>Kinesiologists working in a non-clinical role cannot do the following while registered in the Inactive class:</p> <ul style="list-style-type: none"> • engage in providing direct patient care • bill for Kinesiology services • use any title or designation other than what is specified for an Inactive Certificate • supervise the practice of kinesiology • make any claim or representation to having any competence in the 	

APPENDIX B - DETERMINING ELIGIBILITY FOR THE INACTIVE CLASS

Type of Registrant	Eligibility for the Inactive Class of Registration	Rationale	Effect on Practice Hours Requirements	Selection for the Peer and Practice Assessment	Practice governed by / Practice Restrictions	Options
		<p>skills and judgment as an R.Kin in the course of their work? Were they hired as an R.Kin?. etc.)</p> <ul style="list-style-type: none"> The College can discuss with these registrants how they will be clear with patients/employers that they are not practising as a kinesiologist and cannot provide any independent services or use their knowledge, skills and judgment as an R.Kin in the course of their work 			profession	
<p>On a Leave of Absence</p> <ul style="list-style-type: none"> Parental leave Academic leave Sick leave Educational leave 	<p>Kinesiologists who are on a leave of absence are currently eligible for the inactive class.</p>	<ul style="list-style-type: none"> The public is protected because these registrants remain accountable to the College. The College could request supporting documentation to validate the leave (e.g., confirmation of enrolment from teaching 	<p>Practice hours during leave of absence cannot be counted towards CKO practice hours requirement for reissuance of the General certificate.</p>	<p>Excluded as per policy</p>	<p>Kinesiologists who are on a leave of absence from the College cannot do the following while registered in the Inactive class:</p> <ul style="list-style-type: none"> engage in providing direct patient care bill for Kinesiology services use any title or designation other than what is specified for an Inactive Certificate supervise the practice of kinesiology 	

APPENDIX B - DETERMINING ELIGIBILITY FOR THE INACTIVE CLASS

Type of Registrant	Eligibility for the Inactive Class of Registration	Rationale	Effect on Practice Hours Requirements	Selection for the Peer and Practice Assessment	Practice governed by / Practice Restrictions	Options
		institution, etc.)			<ul style="list-style-type: none"> make any claim or representation to having any competence in the profession 	
Moving to another province or country /Retiring	Kinesiologists who move to another province or country, or who have retired but want to maintain their certificate are currently eligible for the inactive class.	<ul style="list-style-type: none"> Risk of harm to public is low because not practising in Ontario. If plan on practising in another province, then would need to resign (e.g., could not be inactive and then provide virtual services to patients in Ontario). 	Practice hours <u>can</u> be counted towards CKO practice hours requirement for reissuance of the General certificate.	Excluded as per policy	<p>Kinesiologists who have moved to another country/ province or have retired cannot do the following while registered in the Inactive class:</p> <p>Cannot:</p> <ul style="list-style-type: none"> engage in providing direct patient care bill for Kinesiology services use any title or designation other than what is specified for an Inactive Certificate supervise the practice of kinesiology make any claim or representation to having any competence in the profession 	
Not Employed – <ul style="list-style-type: none"> Not working Laid off on Furlough 	<p>Kinesiologists who are not employed are currently not eligible for the inactive class.</p> <p>Considerations:</p> <ul style="list-style-type: none"> May appear unfair to deny these applicants registration in the inactive class but allow registrants that to self-disclose without submission of any proof that they 				N/A	<ul style="list-style-type: none"> Remain in General Class Resign - if they no longer wish to practise as an R.Kin

APPENDIX B - DETERMINING ELIGIBILITY FOR THE INACTIVE CLASS

Type of Registrant	Eligibility for the Inactive Class of Registration	Rationale	Effect on Practice Hours Requirements	Selection for the Peer and Practice Assessment	Practice governed by / Practice Restrictions	Options
	<p>are moving to another country or province to be registered as inactive.</p> <ul style="list-style-type: none"> • Individuals who are laid off due to circumstances beyond their control (e.g. COVID -19 pandemic) • These registrants may choose to resign because they cannot afford the General member fee • Can put a time limit on how long they can remain in the inactive class if approved (e.g., 2 years, after which they would be required to reinstate). • Administrative burden on the College to manage (Jumping in and out of classes) • See CKO response re: Finance and planning committee recommendations 					

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
College of Audiologists and Speech-Language Pathologists	<p>Practising the profession refers to:</p> <ul style="list-style-type: none"> • Assessment of hearing, swallowing, or communication needs • Recommendation, development, or implementation of a treatment/management program • Counseling and consulting with families, family partners/caregivers, and/or other individuals directly associated with client • Conducting and/or supervising research in speech-language pathology or audiology that involves the assessment or management of clients with communication disorders • Educating audiologists or speech-language pathologists regarding services/products that may be used in the assessment/management of clients with communication disorders • The administration for professional organizations where registrants sets or maintains professional standards for audiologists or speech-language pathologists 	<p>Yes: Non-Practising Certificate</p>	<p>The applicant must,</p> <ol style="list-style-type: none"> 1. hold a general certificate of registration and be in good standing with the College, or ii) be eligible to be issued a general certificate of registration; and <ol style="list-style-type: none"> 2. have completed a minimum of two years of practice within the scope of the profession. <p>** (pending approval of amendment, and thus will no longer be a requirement to apply for non-practising certificate)</p>	<p>Yes. A small group of registrants who work in non-clinical roles can obtain a non-practising certificate, however most registrants in non-clinical roles are able to maintain a general certificate, based on the College's definition of practice and related work.</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
<p>College of Chiropractors of Ontario</p>	<p><u>Scope of practice</u></p> <p>The practice of chiropractic is the assessment of conditions related to the spine, nervous system and joints and the diagnosis, prevention, and treatment, primarily by adjustment of:</p> <ul style="list-style-type: none"> dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and dysfunction or disorders arising from the structures or functions of the joints. 	<p>Yes: Inactive Class of Registration</p>	<p>The applicant must,</p> <ol style="list-style-type: none"> hold a General (active) Class certificate and be in good standing with the College; and not be supervising any practising students. 	<p>Yes, however members who are supervising practising students are required to hold a General Certificate.</p>
<p>College of Denturists of Ontario</p>	<p>Practising the profession refers to:</p> <ul style="list-style-type: none"> the “assessment of arches missing some or all teeth and the design, construction, repair, alteration, ordering and fitting of removable dentures”. <p>Practising the profession may also include a reasonable number of non-contact patient hours that may include, but are not limited to, record keeping and other practice management activities (Refer to National Competency Profile, 2020)</p>	<p>No, not in current regulation, however Inactive Class Certificate exists in revised regulation (not yet approved)</p>	<p>(*proposed requirements of revised regulation)</p> <p>The applicant must,</p> <ol style="list-style-type: none"> be or have previously been a member holding a General certificate of registration; not be in default of any fee, penalty or other amount owing to the College; and have provided the College with any 	<p>No, registrants in the Inactive Class cannot supervise or teach the practice of the profession.</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
			information that it has required of the applicant.	
College of Massage Therapists of Ontario	No response received. <u>Scope of Practice</u> The practice of massage therapy is the assessment of the soft tissue and joints of the body and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by manipulation to develop, maintain, rehabilitate or augment physical function, or relieve pain.	Yes: Inactive Certificate of Registration	The applicant must, 1. be or have previously been a member holding a General certificate of registration.	No, registrants working in teaching and research roles must hold a General Certificate of Registration to practise.
College of Midwives of Ontario	No response received. <u>Scope of Practice</u> The practice of midwifery is the assessment and monitoring of women during pregnancy, labour and the post-partum period and of their newborn babies, the provision of care during normal pregnancy, labour and post-partum period and the conducting of spontaneous normal vaginal deliveries.	Yes: Inactive Certificate of Registration	The applicant must, 1. be a member holding a general certificate of registration; 2. not be in default of any fee, penalty or other amount owing to the College; and 3. provide the College with any information that it has required of the member.	Yes, however anything that falls within the midwifery scope of practice may not be performed by a member in the Inactive Class. A member in the Inactive class is permitted to engage in activities that do not fall within the scope of midwifery practice such as teaching academic and clinical midwifery (not precepting), researching midwifery care, working as staff at the Association of Ontario Midwives or the College, managing the administrative aspects of a midwifery

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
<p>College of Nurses of Ontario</p>	<p>Nursing practice is diverse, and not defined by role, title, practice setting, a procedure or activity that is being performed. The CNO has provided its members with guiding questions to reflect on around the question “Am I Practising?”:</p> <ol style="list-style-type: none"> 1. Are you registered as a nurse in the jurisdiction in which you are practising as a nurse? 2. Do you have a direct or indirect effect on a client’s care? For example, a bedside nurse has a direct impact on a client’s care; a nurse at the managerial level, in leading risk management, will have an indirect impact on a client’s care. 3. Do you have a direct or indirect effect on health care systems? This means that while you are not directly providing client care, your role is impacting the health care environment, policy, resources or knowledge – all the factors contributing to a client’s care. For example, a nurse working in a risk management role in a health-related organization will have an indirect 	<p>Yes: Non-Practising Class</p>	<p>The applicant must,</p> <ol style="list-style-type: none"> 1. be or previously have been registered as a member of the CNO as a Registered Nurse (RN) Registered Practical Nurse (RPN) or Nurse Practitioner (e.g. General or Extended Class); 2. not be in default of payment of fees, penalties or any other amount owing to the CNO on the date of the issuance of the certificate; and 3. meet any character, conduct or health requirements. 	<p>practice or working as a hospital administrator.</p> <p>No, members of the Non-Practising Class are not entitled to practise as an RN, RPN or NP in Ontario and cannot hold themselves out as entitled to practise nursing in Ontario. Working in a non-clinical role, which would be considered as practising as a nurse in Ontario, would not comply with the restrictions associated with the Non-Practising Class certificate of registration.</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
	<p>impact on client care through their role informing decisions related to health care.</p> <p>4. Are you using your nursing knowledge, skill, and judgment in your role? For example, a nurse who is professor in a nursing or health related program will draw on their nursing knowledge, skill and judgment when teaching students and supporting them in the provision of care.</p> <p>5. Are you conveying to the public that you are a nurse? For example, do you use the title nurse, RN or RPN as a way of demonstrating your credibility and knowledge to the public?</p> <p>6. Based on your role, title and how you present yourself, would the public expect you to use your nursing knowledge or skill in your interactions with them? For example, a nurse working for an insurance company assisting clients with health care claims. If the clients know a nurse is assisting them, they will expect the nurse to have and use relevant nursing knowledge, skill and judgment.</p> <p>7. What are your reasons for using the protected titles of Nurse, RPN, RN or</p>			

Appendix C - Environmental Scan - Inactive Class

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
	<p>NP? Is it because you wish people to know that you have that credibility, expertise, knowledge, skill, or ability?</p> <p>8. Who are you telling that you are a nurse? And what do you expect them to do with this information?</p> <p>If a registrant answers “yes” to these questions, they must register or renew in the practising class and follow all College requirements for registration.</p>			
<p>College of Optometrists of Ontario</p>	<p>The practice of optometry refers to:</p> <ul style="list-style-type: none"> • the assessment of the eye and vision system and the diagnosis, treatment, and prevention of: <ul style="list-style-type: none"> ○ disorders of refraction; ○ sensory and oculomotor disorder and dysfunctions of the eye and vision system; and ○ prescribed diseases 	<p>Yes: Non-Practising Status; pending approval of Registration Regulation amendment to change to “Inactive Class”</p>	<p>The applicant must,</p> <ol style="list-style-type: none"> 1. not provide direct patient care 	<p>Yes, registrants who teach at the University of Waterloo School of Optometry, are permitted a certain number of equivalent practice hours if they supervise students in clinics or interact with human research subjects</p>
<p>College of Physicians and Surgeons</p>	<p>No response received.</p> <p><u>Scope of practice</u></p> <p>The practice of medicine is the assessment of the physical or mental condition of an individual and the diagnosis, treatment and prevention of any disease, disorder or dysfunction.</p>	<p>No</p>	<p>N/A</p>	<p>N/A</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
	<p>A physician’s scope of practice is determined by a number of factors including:</p> <ul style="list-style-type: none"> • education, training, and certification; • the patients the physician cares for; • the procedures performed; • the treatments provided; and • the practice environment. 			
<p>College of Physiotherapists of Ontario</p>	<p>Physiotherapy practice includes employment or other activities resulting from the possession of physiotherapy credentials and experience.</p> <ul style="list-style-type: none"> • Practice hours include worked hours that are paid and professional activity hours. • Worked hours include hours of practice in clinical setting(s), consultation, research, administration, academia, and sales. It is not necessary to have the job title of Physiotherapist/Physical Therapist. • Professional Activity Hours include hours of volunteer activity which require the use of physiotherapy theory and knowledge, continuing education hours and/or participation 	<p>No</p>	<p>N/A</p>	<p>N/A</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
	<p>in the physiotherapy professional/regulatory organizations (College, OPA, CPA, Alliance). No more than 30 professional activity hours may be counted toward total practice hours each year. Practice hours may be claimed from anywhere in the world.</p>			
<p>College of Registered Psychotherapists of Ontario</p>	<p>The practice of psychotherapy refers to: the assessment and treatment of cognitive, emotional, or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.</p> <p>Practising registrants:</p> <ul style="list-style-type: none"> • provide or supervise direct clinical care; and • provide supervision. 	<p>Yes: Inactive Category of Registration</p>	<p>The applicant must,</p> <ol style="list-style-type: none"> 1. be a current, active registrant holding a Registered Psychotherapist (RP) Certificate of Registration; 2. provide an undertaking to CRPO, in a form satisfactory to the Registrar, agreeing to comply with the terms, conditions and limitations in section 19 of the Registration Regulation; 3. have paid all fees owing to CRPO under the by-laws; 4. have provided CRPO with any information that it has required; and 	<p>Yes, a registrant who is employed in a non-clinical role may be eligible to transfer to the Inactive category, depending on the work that they are doing. While in the Inactive category, the registrant is prohibited from:</p> <ul style="list-style-type: none"> • providing or supervising direct client care; • providing supervision; and • making any claim or representation to having any competence in psychotherapy.

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
			5. be in compliance with: i) any outstanding requirements or orders issued by a panel of the Inquiries, Complaints and Reports Committee, ii) any requirement to participate in specified continuing education or remediation programs that were issued by the Quality Assurance Committee, and iii) any terms, conditions or limitations that were placed on the registrant's Certificate of Registration as a result of a direction of the Quality Assurance Committee.	
College of Veterinarians of Ontario	Veterinary medicine refers to: <ul style="list-style-type: none"> The assessment, diagnosis, and treatment, including surgery, of all animal species other than humans The practice of veterinary medicine includes non-clinical work that relies on the knowledge, skills, and judgement related to veterinary medicine.	No	N/A	N/A

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
<p>Ontario College of Social Workers and Social Service Workers</p>	<p>The practice of Social Work refers to:</p> <ol style="list-style-type: none"> 1. The provision of assessment, diagnostic, treatment and evaluation services within a relationship between a social worker and a client; 2. The provision of supervision and/or consultation to a social worker, social work student or other supervisee; 3. The provision of social support to individuals and/or groups including relationship building, life skills instruction, employment support, tangible support including food and financial assistance, and information and referral services; 4. The provision of educational services to social work and social service work students; 5. The development, promotion, management, administration, delivery and evaluation of human service programs, including that done in collaboration with other professionals; 6. The provision of services in organizing and/or mobilizing community members and/or other professionals in the promotion of social change; 7. The provision of contractual consultation services to other social workers or professionals or organizations; 	<p>Yes: Inactive Certificate of Registration</p>	<p>The applicant must,</p> <ol style="list-style-type: none"> 1. be a member in the general class of certificate of registration; 2. be a member in the general class of certificate of registration who is not in default of any obligation to the College, including payment of the annual fee; 3. be a member in the general class of certificate of registration who is not the subject of any pending or ongoing disciplinary proceeding; 4. apply for an inactive certificate of registration by completing, signing and submitting the "<u>Application for Inactive Class of Certificate of Registration</u>" form at least 60 days before the member intends to cease practising; 5. complete, sign and submit the "Undertaking and Acknowledgement" form; and 	<p>No, the registrant must not engage in the practice of social work or social service work in Ontario.</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
	<p>8. The development, promotion, implementation and evaluation of social policies aimed at improving social conditions and equality;</p> <p>9. The conduct of research regarding the practice of social work, as defined in paragraphs (1) to (8) above; and</p> <p>10. Any other activities approved by the College.</p> <p>The practice of Social Service Work refers to:</p> <ol style="list-style-type: none"> 1. The provision of assessment, treatment and evaluation services within a relationship between a social service worker and a client; 2. The provision of supervision and/or consultation to a social service worker or social service work student or other supervisee; 3. The provision of social support to individuals and/or groups including relationship-building, life skills instruction, employment support, tangible support including food and financial assistance, and information and referral services; 4. The provision of educational services to social service worker students; 5. The development, promotion, management, administration, delivery 		<p>6. pay any outstanding fees owed to the College, including any annual fee owed for the current year, penalty or other amount.</p>	

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
	<p>and evaluation of human service programs, including that done in collaboration with other professionals;</p> <p>6. The provision of services in organizing and/or mobilizing community members and/or other professionals in the promotion of social change;</p> <p>7. The provision of contractual consultation services to other social service workers, or professionals; or organizations;</p> <p>8. The development, promotion, implementation and evaluation of social policies aimed at improving social conditions and equality;</p> <p>9. The conduct of research regarding the practice of social service work, as defined in paragraphs (1) to (8) above; and</p> <p>10. Any other activities approved by the College.</p>			
<p>Royal College of Dental Surgeons of Ontario</p>	<p>No response received.</p> <p><u>Scope of practice</u></p> <p>The practice of dentistry is the assessment of the physical condition of the oral-facial complex and the diagnosis, treatment and prevention of any disease, disorder or dysfunction of the oral-facial complex.</p>	<p>No</p>	<p>N/A</p>	<p>N/A</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
College of Occupational Therapists of Ontario	<p>No response received.</p> <p><u>Scope of practice</u></p> <p>The practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders which affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function or adaptive behaviour in the areas of self-care, productivity and leisure.</p>	<p>No</p>	<p>N/A</p>	<p>N/A</p>
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	<p><u>Scope of practice</u></p> <p>The practice of traditional Chinese medicine is the assessment of body system disorders through traditional Chinese medicine techniques and treatment using traditional Chinese medicine therapies to promote, maintain or restore health.</p>	<p>Yes: Inactive Class of Registration</p>	<p>The applicant must,</p> <ol style="list-style-type: none"> 1. be a member holding a General certificate of registration; 2. not be in default of any fee, penalty or other amount owing to the College; 3. have provided the College with any information that it has required of the applicant; 4. have provided the College with an undertaking, in a form acceptable to the Registrar, that he or she will not 	<p>No, registrants who apply for the Inactive Class of registration must agree to not practice the profession, including:</p> <ul style="list-style-type: none"> • Engaging in the practice of traditional Chinese medicine in the province of Ontario; • Supervising the practice of traditional Chinese medicine in the province of Ontario; and • Making any claim or representation to having any competence in the profession in the province of Ontario.

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
			<p>practise the profession while holding an Inactive certificate of registration; and</p> <p>5. not have held an Inactive Certificate of registration within the five-year period immediately before the date on which he or she submitted the application unless the Registrar is of the opinion that exceptional circumstances justify exempting the applicant from this requirement.</p>	
<p>College of Medical Radiation and Imaging Technologists of Ontario</p>	<p><u>Scope of Practice</u></p> <p>The practice of medical radiation and imaging technology is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic or therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.</p>	<p>No</p>	<p>N/A</p>	<p>N/A</p>
<p>College of Dental Hygienists of Ontario</p>	<p><u>Scope of practice</u></p> <p>The practice of dental hygienists involves the assessment of teeth and adjacent</p>	<p>Yes: Inactive Certificate of Registration</p>	<p>The applicant must,</p> <p>1. be a member who has previously been a holder of</p>	<p>Yes</p>

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
	tissues and treatment by preventive and therapeutic means.		<p>a general certificate of registration;</p> <p>2. have successfully completed a program in dental hygiene that is equivalent to a full-time program of two years and which, at the time of the applicant's graduation, was accredited by the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation, or</p> <p>i) successfully completed a program in dental hygiene that the Registration Committee considers to be substantially equivalent;</p> <p>3. be the holder of a certificate issued by the National Dental Hygiene Certification Board or, if he or she was never eligible to sit for the National Dental Hygiene Certification Examination but otherwise meets the registration requirements, must have successfully completed the</p>	

Appendix C - Environmental Scan - Inactive Class

Regulatory College	Defining Professional Practice	Do you have an Inactive or Non-Practising Class/ status? (Yes/No)	What are the requirements to uphold an Inactive class certificate?	Can applicants working in non-clinical roles apply to the Inactive class?
			<p>written competency evaluation set or approved by the Registration Committee;</p> <p>4. successfully completed a clinical competency evaluation set or approved by the Registration Committee, unless the applicant has successfully completed a program referred to in paragraph 2;</p> <p>5. pay applicable fees; and</p> <p>6. not practise as a dental hygienist in Ontario.</p>	

Policy

Type:	Registration		
Number:			
Name:	Reissuance of the General Class Certificate of Registration		
Status:	Draft	Version:	
Date Approved:		Date Revised:	

Background: Under the College’s Registration Regulation, a registrant who holds an Inactive Class Certificate of Registration is permitted to apply for reissuance of a General Class Certificate of Registration.

The requirements for issuance of the General Class Certificate may include the registrant satisfying a panel of the Registration Committee that they possess the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a registrant holding a General Class Certificate of Registration.

Purpose: The purpose of the policy is to outline the application process for Inactive Class registrants to be reissued a General Class Certificate of Registration to ensure current knowledge, skills and judgement to practise safely, competently and ethically.

Principles: The principles that underpin this policy include:

1. Transparency – Processes are clear, information is readily available, and College staff and the Registration Committee exercise honesty and openness in carrying out their duties.
2. Fairness, Objectivity and Impartiality – Processes and procedures exist, address bias, and are reasonable. The College staff and Registration Committee review registration applications and make decisions that are fair and objective.
3. Focus on risk of harm – Processes use a risk-based, evidence-informed approach to reduce the risk of registrants’ potential harm to patients and clients through risk management and accountability.

Applicable Legislation and Regulation:

1. Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*, Registration Section 15.
2. Ontario Regulation 401/12 General, Section 9. (3)

The process for applying for reissuance of a General Class Certificate of registration includes:

1. A registrant who holds an Inactive Class Certificate of Registration may apply for reissuance of a General Class Certificate of Registration if the registrant:
 - i) Completes the Application for Re-issuance of a General Class Certificate of Registration Form;
 - ii) Pays any fee, penalty or other amount owed to the College;
 - iii) Provides the College with any information that it has required of the registrant; and
 - iv) Satisfies a panel of the Registration Committee that they possess the current knowledge, skill and judgment relating to the practise of the profession that would be expected of a registrant holding a General Class Certificate of Registration.
2. Registrants who have been registered in the Inactive Class and have 1500 kinesiology practice hours in the three years preceding the date of application for reissuance of a General Class Certificate of Registration, and have satisfied all other provisions within this Policy (i.e., Paragraph 4), will be deemed by the Registration Committee to have satisfied requirement iv) listed directly above unless there exist other extenuating factors which would require further review (e.g. Conduct). Registrants may count practice hours acquired under the General Class Certificate of Registration and practice hours acquired in a jurisdiction in Canada outside of Ontario towards the above noted currency requirement.
3. Registrants who have been registered in the Inactive Class in Ontario and have practised less than 1500 hours in the three years preceding the date of the application for reissuance of a General Class Certificate of Registration will be referred by the Registrar to a Panel of the Registration Committee for consideration. Practice hours acquired outside of kinesiology or in Ontario while in the Inactive Class cannot be counted towards the above noted currency requirement.
4. All registrants must:
 - i) Complete an Application for Reissuance to General Class Certificate of Registration Form, which includes:
 - a. specific examples of most recent employment, employment dates and number of practice hours in each role (including practice hours outside of Ontario); and
 - b. time elapsed since active practice as a kinesiologist.
 - ii) Submit an updated resume including most recent volunteer work, education, continuing professional development, mentorship and research undertaken.
5. Registrants referred to the Registration Committee for review must complete and submit the following:
 - i) A detailed action plan on how the registrant proposes to reorient themselves to active practice of the profession and address competency gaps. The action plan ***may*** include the following:
 - a. A program of self-study, identifying specific continuing education or professional development courses, or similar activities that the applicant plans to undertake upon returning to active practice;
 - b. An orientation program at the applicant's place of employment related to the practice of kinesiology including a letter from the employer outlining the details of the program;

- c. A period of planned on-the-job training, mentoring, or supervision by a kinesiologist or affiliated regulated healthcare professional; and
 - d. A period of planned job shadowing or observation of a kinesiologist or affiliated healthcare professional at the registrant's workplace.
 - i. signed declaration to review all of the College's practice standards and guidelines;
 - ii. The College's paper-based Self-Assessment Tool to identify any competency gaps and opportunities for improvement.
6. The panel of the Registration Committee, upon review, may ask the registrant for additional information before making a determination on the application for reissuance of a General Class Certificate of Registration.
 7. The following are possible outcomes from the Panel's review:
 - i. The Panel may direct that a General Class Certificate of Registration be reissued where the Panel is satisfied that the registrant possesses current knowledge, skill and judgment relating to the practice of the profession that would be expected of a registrant holding a General Class Certificate of Registration;
 - ii. The registrant may be required to successfully complete a training/education program defined by the Panel prior to reissuance of a General Class Certificate of Registration;
 - iii. The Panel may direct the Registrar to impose terms, conditions and limitations on the registrant's General Class Certificate of Registration; and
 - iv. The Panel may direct the Inactive registrant to take the entry-to-practice examination, or an examination approved by the Registration Committee.
 8. The registrant may appeal the decision of the Panel of the Registration Committee to the Health Professions Appeal and Review Board.
 9. The applicant must be in compliance with any outstanding requirements of the College's Quality Assurance Committee or any outstanding orders or requirements of Council, the Executive Committee, the Inquiries, Complaints and Reports Committee, the Discipline Committee and /or the Fitness to Practise Committee.

Return to Practice

9. Registrants shall not do the following until their application for reissuance of a General Class Certificate of Registration has been approved, in writing, by the Registrar, and the registrant has received a written notice confirming reissuance of a General Class Certificate of Registration from the College:
 - practise the profession of kinesiology in Ontario;
 - engage in providing direct patient care or services where they are expected to/required to exercise independent judgment or work independently in the course of their work,
 - use any of the protected titles or designations set out in the General Regulation.

Professional Liability Insurance

10. As a condition for reissuance of a General Class Certificate of Registration, the registrant shall provide a copy of their professional liability insurance to the College.

Fees

11. Subject to meeting all other requirements, the registrant will be expected to pay the applicable fees according to the [Schedule of Fees](#), prior to being reissued a General Class Certificate of Registration.

Issue or Decision Note

Issue: Reissuance of the General Class Certificate of Registration
Prepared for: Council
Date: March 28, 2022

Background

On May 14, 2013 Council approved the '[Inactive Certificate of Registration and Reinstatement to the General Class Policy](#)' (the policy). Council approved further amendments to the policy on June 27, 2017. The amendments to the policy at that time included a process for registration into the general class after two years of registration in the Inactive Class. The purpose of the policy was to describe the conditions imposed on the Inactive Certificate of Registration (Inactive class) and to establish a reinstatement process.

The purpose of the updated policy is to outline the application process for Inactive class registrants to be reissued a General Certificate of Registration (General class), to ensure current knowledge, skills and judgement to practise safely, competently and ethically. The requirements for reissuance of the active class is a separate and distinct process. For this reason, it has been removed from the current 'Inactive Certificate of Registration and Reinstatement to the General Class' policy to the proposed 'Inactive Certificate of Registration' policy.

Section 9(3) of the General Regulation of the *Kinesiology Act*, 2007 (the Registration Regulation), details the requirements that must be sufficed for Inactive Class registrants to be reissued a General Class certificate of registration:

A member who holds an inactive certificate of registration may be reissued a general certificate of registration if the member,

- (a) applies in writing to the Registrar for reinstatement;*
- (b) pays any fee, penalty or other amount owed to the College;*
- (c) provides the College with any information that it has required of the member; and*
- (d) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of the profession that would be expected of a member holding a general certificate of registration*

Under the current policy, Inactive Class registrants wishing to re-enter the General class within 2 years of first applying for the Inactive Class, are deemed to have met the requirements in clause 9(3) (d) of the Registration Regulation. After 2 years, the registrant would be referred to a Panel of the Registration Committee to make this determination.

Issues for Consideration

Currency Requirement and Risk Analysis

The College and its Council are required to ensure that our processes and decisions are risk-based and evidence-informed. This approach helps the College fulfill its public protection mandate to reduce the risk of registrants' potential harm to patients and clients. There are loopholes with the current policy requirements that raise serious public protection concerns of a registrants' currency of knowledge, skills and judgement to practise kinesiology safely and competently upon re-issuance to the General class.

For example, under the current policy, kinesiologists registered in the Inactive class for less than two years, who did not practice the profession for the preceding two or more years prior to the date of their application for reinstatement; or kinesiologists who may have practiced within the preceding two years before the date of their application for reinstatement but to a limited extent (e.g. less than 50 hours), would bypass the Registration Committee without any assessment of their currency of knowledge, skills and judgement.

Moreover, under the requirements of the current policy, Kinesiologists who have been registered in the Inactive class for more than two years are referred by the Registrar to a Panel of the Registration Committee to determine if they possess the current knowledge, skill and judgment relating to the practice of kinesiology that would be expected of a registrant in the General class. The two-year benchmark for retention of currency of knowledge, skill and judgement in kinesiology under the current policy is not defensible or consistent with the requirement of the Registration Regulation as it pertains to kinesiologist registered in the General class. Moreover, the College was unable to locate any documents supporting the position that a two-year time limit on a registrant's inactive status without a requirement for upgrading is consistent among other regulatory colleges (e.g., confirmation of an environmental scan, etc.).

Under section. 7(1) 2 of the Registration Regulation, a registrant holding a General class Certificate must have practised the profession for at least 1,500 hours during every three-year period beginning on the date of their registration. The requirement of 1500 practise hours is a legislated and defensible benchmark which is consistent with the conditions of registrants holding a General class Certificate under the Registration Regulation. The proposed policy requires that kinesiologists who apply for reissuance to the General class, who have practised less than 1500 hours in the three years preceding the date of their application, be referred by the Registrar to a Panel of the Registration Committee for review of their currency of knowledge, skill and judgement in the profession. This change helps to identify and address any gaps in the kinesiologist knowledge, skill, and judgement prior to them returning to active practise.

Self-Assessment – Quality Assurance Program Requirements

The Self-Assessment: General Requirements Policy indicates that only General class members must complete the self-assessment, which is not consistent with the regulation, which states that *“Every member who holds an inactive certificate of registration shall participate in and fulfil the requirements of the self-assessment, continuing education and professional development activities component of the program, as set out in sections 5 and 6. of O. Reg. 29/13, s. 4(2).”* The Quality Assurance Committee of the Transitional Council of the College of Kinesiologists of Ontario was of the view that although the regulation stated that every member shall participate in self-assessment, and continuing education and professional development activities”, it would be excessive to require kinesiologists in the Inactive class to complete these same requirements.

The ‘Inactive Certificate of Registration and Reinstatement to the General Class policy was adopted to address the inconsistency with the regulation. Currently, kinesiologists who have been registered in the Inactive class for more than two years are referred by the Registrar to a Panel of the Registration Committee for consideration. These kinesiologists are required to complete the [Application for Reinstatement](#) as well as provide information regarding their quality and quantity of efforts to maintain currency while not practising in Ontario.

The Quality Assurance Committee has made a recommendation to the Registration Committee to close this loophole by requiring kinesiologists who are referred by the Registrar to a Panel of the Registration Committee for consideration to complete a paper-based version of the Self-Assessment as part of their submission to identify areas of strength and opportunities for improvement and demonstrate currency.

The Self-Assessment is not intended to be used by the Registration Committee to assess registrants ‘currency of knowledge skill and judgement in the profession, although the committee may use it to do so if it deems necessary. The Self-Assessment is intended to be used by registrants to identify gaps in their knowledge, skills and judgement in kinesiology, and to address those gaps in a detailed action plan submitted to the Registration Committee on how they propose to reorient themselves to the active practice of the profession.

A fillable PDF copy of the Self-Assessment will be developed upon approval of the Reissuance of the General Class Certificate of Registration Policy which is specific to registrants who are seeking reissuance of the General class Certificate.

Further, there is a concern that registrants seeking reissuance of the General class certificate may suffice the 1500 proposed practise hour requirement but would not have completed a self-assessment in over two years. To address this concern these registrants would be identified at the time of reinstatement and the Quality Assurance department would be notified. Actions thereafter would be initiated by the Quality Assurance department.

As per Section 6.2 of the Quality Assurance Regulation registrants may be required to submit their Self-Assessment and Individual Learning Plan to the College if requested to do so by the Quality Assurance Committee, an assessor, or a College employee.

Section 7 (2) of the Quality Assurance Regulation further stipulates that:

A member shall undergo a peer and practice assessment if,

- (a) his or her name is selected at random, including by stratified random sampling;
- (b) a request is made under subsection 6 (2), and either,

- (i) insufficient information is provided by the member, or
 - (ii) the member's records do not demonstrate that the member has engaged in adequate self-assessment, continuing education or professional development activities;
- (c) the member has not practised the profession for at least 1,500 hours during the previous three years;

Guidelines for Practice Hours Completed Outside of Ontario

The requirements for practice hours completed outside of Ontario should not differ in principle from the requirements of hours completed inside Ontario. Registrants will be held to the same general standards (i.e., specific to practice standards and guidelines and record keeping, etc.,) regardless of where they completed their practice. The College has no jurisdiction over practice hours completed outside of Ontario but can identify what practice hours it will and will not accept in keeping with its practice standards and guidelines. A vetting of practice hours completed outside of Ontario will take place at the time of the re-issuance application to ensure submitted practice hours from outside Ontario meets the College requirements and to ensure registrants continued competency to practice kinesiology.

As a result of the COVID-19 pandemic the College Quality Assurance department received several enquires as to what would constitute practice hours (e.g., volunteer hours within kin scope, continuing education courses etc.). The College has been advised by legal counsel that it may determine that "practising the profession" can take a wider array of acts into account. However, Council would be in the best position to determine this (not a decision of College operations). Council would want to reassure themselves that whatever activities they identify as "practising the profession" genuinely keeps a registrant current. This could include research, writing, reading, etc. The Quality Assurance department has been advised by legal to ascertain what they deem is practising the profession and come up with some recommendations for Council to approve.

Environmental Scan

The College conducted an environmental scan of other health regulators to determine their process for applicants in the Inactive class or non-practising class to be reissued a General Certificate of Registration. Our findings suggest that most health regulators require applicants to have completed a predetermined amount of direct care hours over a set period, consistent with their General class requirements. Most regulators require applicants who do not meet the practicing hours requirement to be referred to their Registration Committee for further review. See Appendix A



Resolution – Reissuance of General Class Certificate of Registration Policy

Whereas the College is required under the Registration Regulation to ensure that all general class members have current knowledge, skill and judgement relating to the practice of the profession of Kinesiology; and

Whereas the Inactive Certificate of Registration and Reinstatement to the General Class is a component of College’s Registration Regulation; and

Whereas the College views this as important for members and the public; and

Whereas the College seeks to establish a defensible benchmark of currency of knowledge, skill and judgement in Kinesiology at the time of reissuance of the General class certificate that is in keeping the legislative currency requirement of 1500 practise hours for registrants holding a General class Certificate under the Registration Regulation; and

Whereas the Registration Committee has recommended that registrants who have been registered in the Inactive class in Ontario who have practised less than 1500 hours in the three years preceding the date of the application for reissuance of a General class Certificate of Registration be referred by the Registrar to a Panel of the Registration Committee for consideration.

Therefore, be it resolved that Council approves the draft Reissuance of General Class Certificate of Registration Policy.

Moved by: _____

Seconded by: _____

Date: March 28, 2022

Appendix A - Environmental Scan – Reissuance – General Certificate

Regulatory College	Reissuance Requirements
College of Audiologists and Speech-Language Pathologists	<p>Applicants who wish to reapply to the College for the General Certificate after issuance of a Non-Practising Certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • Submit an application form to the Registrar; • Applicant must show they have provided 750 hours of patient care or related work in audiology or speech-language pathology during the three years immediately preceding the date they apply to reinstate their General Certificate; • Applicant has paid any applicable fees required by the by-laws; and • The applicant is in compliance with any outstanding orders issued by any committee of the College or with any undertakings given by the College. <p>** If the applicant has not practised for the last 3 years or more, or if they have not provided 750 hours of patient care or related work during the three years immediately preceding the date they apply to reinstate their General Certificate, the Registration Committee will consider their case and may require them to successfully complete further education and/or training.</p>
College of Chiropractors of Ontario	<p>Applicants who wish to reapply to the College to the General Class Certificate after issuance of an Inactive Class certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • An application must be made to the Registrar; • The applicant shall pay the applicable fee for a General Certificate of Registration; • A member who has held an Inactive (or Retired) Certificate of Registration for more than two consecutive years preceding their application for a General Certificate of Registration will only be entitled to have a General Certificate of Registration issued if they satisfy the Registration Committee that they are currently competent to practise; and • The applicant will not resume active practice until their application for issuance of a General Certificate of Registration has been approved by the Registration Committee.
College of Massage Therapists of Ontario	<p>Applicants who wish to reapply to the College to the General Certificate after issuance of an Inactive Certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • Submit an application form to the Registrar; • Confirmation that they applicant has provided at least 500 hours of direct client care over the past three years in a regulated Canadian jurisdiction by signing a declaration to this effect; OR

Appendix A - Environmental Scan – Reissuance – General Certificate

Regulatory College	Reissuance Requirements
	<ul style="list-style-type: none"> • Successful completion of the Standards and Regulations e-workshop and complete tutoring hours with a College-approved tutor. <p>The College has developed a Refresher Competency Assessment Tool (RCAT), to be completed together with your tutor, if you are completing the Refresher course. It is designed to help facilitate your re-entry to practise.</p>
College of Midwives of Ontario	<p>Applicants who wish to reapply to the College to the General Certificate after issuance of an Inactive Certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • Submit an application form to the Registrar; • A member must have practised midwifery for at least 2 years in the preceding 4 years immediately before the date of application for re-issuance of a General certificate of registration, and have the following birth numbers: <ol style="list-style-type: none"> a) 40 births consisting of <ol style="list-style-type: none"> i. 20 primary births including: 10 primary out of hospital births, 10 primary hospital births • A member must have, at the time of entry into the profession or over the course of the member’s time practising the profession, completed the following: <ol style="list-style-type: none"> a) Have attended at least 60 births, of which at least <ol style="list-style-type: none"> i) 40 were attended as primary midwife; ii) 30 were attended as part of the care; provided to a woman in accordance with the principles of continuity of care; iii) 10 were attended in hospital, or which at least 5 were attended as primary midwife; and iv) 10 were attended in residence or remote clinic birth centre, of which at least 5 were attended as primary midwife. <p>Where a member cannot demonstrate current clinical experience and active practice, the Registration Regulation provides an alternative means for the member to become eligible for General certificate of registration. The member will be referred to a panel of the Registration Committee</p>
College of Nurses of Ontario	<p>Applicants who wish to reapply to the College for the General Class after issuance of a Non-Practising Certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • Submit an application to the Registrar;

Appendix A - Environmental Scan – Reissuance – General Certificate

Regulatory College	Reissuance Requirements
	<ul style="list-style-type: none"> • Provide evidence of practice appropriate for the requested certificate, within three years prior to the date of meeting all other requirements for the reinstatement of the requested certificate. Nursing practice from outside of Ontario will be considered; • The applicant must demonstrate language proficiency, within the past two years, by achieving the required benchmark scores on one of the language proficiency tests approved by the Registration Committee or by meeting other conditions set out by the College’s Registration Committee; • The applicant must have successfully completed, within the five years prior to the date on which the member satisfied all other requirements for reinstatement, either the RN/RPN Jurisprudence Examination or the RN(EC) Jurisprudence Examination, depending on what certificate the applicant last held within that timeframe; and • Payment of applicable fees.
College of Optometrists of Ontario	<p>Applicants who wish to reapply to the College for the General Class after issuance of a Non-Practising Certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • The applicant must provide a minimum of 750 hours of direct optometric care to patients in Canada in every three-year period following the year in which you were first registered; • If you have not provided a minimum of 750 hours of care in Canada in the past 3 years, you will be required to undergo a practice assessment with the Quality Assurance Program in order to return to practise in Ontario; • Complete the Practice Location/Change of Information form; • Provide proof of Professional Liability Insurance; and • Pay applicable fees
College of Registered Psychotherapists of Ontario	<p>Applicants who wish to reapply to the College to the General Certificate after issuance of an Inactive Certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • An application must be made to the Registrar; • The registrant must pay any outstanding fees owing to CRPO under the by-laws; • The registrant must provide CRPO with any information it has required of the member; • The registrant must:

Appendix A - Environmental Scan – Reissuance – General Certificate

Regulatory College	Reissuance Requirements
	<p>a) satisfy a panel of the Registration Committee that they possess the current knowledge, skill and judgment relating to the practise of psychotherapy that would be expected of a registrant holding a Certificate of Registration in the Registered Psychotherapist category, or</p> <p>b) have successfully completed such additional upgrading activities as are determined to be necessary by a panel of the Registration Committee.</p> <p>Applications will be considered on a case-by-case basis; however, Inactive registrants will be deemed to have satisfied requirement 4 above, provided:</p> <ul style="list-style-type: none"> • the registrant’s practice will be substantially as it was prior to entering the Inactive category (e.g., similar clientele, practice focus and/or employer, roles and responsibilities); • the registrant has completed at least 750 currency hours in the three-year period immediately prior to submitting an application to return to active RP status; and • there are no other factors which would require further review.
<p>Ontario College of Social Workers and Social Service Workers</p>	<p>Applicants who wish to reapply to the College to the General Class after issuance of an Inactive Class certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • Submit an application form to the Registrar; • Pay any applicable fees to the College; and • A member who held an inactive certificate of registration for more than five years and wishes to be issued a general certificate of registration again must also satisfy the Registrar that they are currently competent to practise social work or social service work before the member will be issued a general certificate of registration
<p>College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario</p>	<p>Applicants who wish to reapply to the College to the General Class after issuance of an Inactive Class certificate, must undertake the following conditions:</p> <ul style="list-style-type: none"> • Submit an application form to the Registrar; • Pay any penalty or other amount owed to the College; • Pay any fees required under the College’s by-laws; • Provide the College with any information that it has required of the member; • Satisfy the Registrar that he or she will be in compliance with all of the terms, condition and limitations of the certificate that is being applied for as of the anticipated date on which the certificate will be issued; and

Appendix A - Environmental Scan – Reissuance – General Certificate

Regulatory College	Reissuance Requirements
	<ul style="list-style-type: none">• Satisfy a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practise of the profession that would be expected of a member holding the type of certificate which is being applied for;• Applications for reinstatement will be considered on a case-by-case basis. However, members who have been registered in the Inactive class for less than two (2) years as of the date of application for reinstatement will be deemed to have satisfied requirement 4(a)(vi) listed above unless there exist other extenuating factors which would require further review.• Members who have been registered in the Inactive class for more than two (2) years as of the date of the application for reinstatement will be referred by the Registrar to a Panel of the Registration Committee so that requirement 4(a)(vi) can be satisfied. 5 Policy for a Certificate in the Inactive Class of Registration College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario PB• Members who have been registered in the Inactive class for more than two (2) years as of the date of the application for reinstatement will be required to complete a self-assessment prior to review by a Panel of the Registration Committee.• If the Panel does not believe that the member satisfies requirement 4(a)(vi), the Panel may require the following before agreeing to reinstatement: a. Successful completion of a program or examination or training to address the member’s deficiencies in knowledge, skill or judgment; b. Agreement by the member to additional terms, conditions and limitations being imposed on the member’s certificate of registration; and/or c. Other steps to address any deficiencies in knowledge, skill or judgment.• The following non-exhaustive criteria may be used by the Registration Committee to determine which outcome is most appropriate:<ul style="list-style-type: none">a. Duration of time since member last practiced;b. Nature and intensity of last practice;c. Quality and quantity of efforts to maintain currency while not practising; andd. The applicant’s re-entry plan.



Practice Standard- Professional Boundaries

Approved: June 2012

Revised: September 2017 Reviewed for revision based on spousal exception. Draft #1: 17JAN2022

Intent

This Standard deals with the expectations of conduct in any professional relationship where a kinesiologist is in a position of power or authority.

Objectives

- To ensure that registrants (“kinesiologists”) are aware of the professional boundaries that pertain to the practice of kinesiology in Ontario.
- To ensure that kinesiologists maintain all professional boundaries.
- To assist kinesiologists in identifying and managing potential boundary violations and preventing serious breaches of professional conduct.

Formatted: Bulleted + Level: 1 + Aligned at: 0.63 cm + Indent at: 1.27 cm

Standard Statement Description of Standard

~~The professional nature of the relationship between patients/clients and a kinesiologist makes it a unique relationship, which differs from other forms of personal or professional relationships.~~ The professional relationship is essential to ensure patients and clients receive safe, ethical and effective assessment and treatment of patients/clients.

The professional relationship is based on respect, trust and professional intimacy. The relationship is one where the kinesiologist holds an inherent position of power over the patients/clients because of their specialized skills and knowledge, access to personal health information, and the patients/client's reliance on a kinesiologist's judgment and recommendations to improve their condition/provide health services.

Kinesiologists are responsible for anticipating the boundaries that exist with their patients/clients, ~~and~~ To ensure that the trust a patient has placed in the registrant is not betrayed, kinesiologists should establish and manage boundaries relating to personal dignity, privacy, control and professional detachment ~~to ensure that the trust a patient/client has placed in the member is not betrayed.~~

Commented [BF1]: For the purposes of consistency with other documents, references to “members” will be changed to “registrants”

Performance Expectations

A kinesiologist demonstrates the Standard by:

- Showing sensitivity to the power imbalance (real or perceived).
- Establishing and managing the boundaries of the professional relationship by:
 - Recognizing and understanding the components of the professional relationship;
 - Maintaining an appropriate level of professional distance and objectivity with respect to the assessment and treatment of the patient/client ;
 - Refraining from accepting and giving gifts;
 - Refraining from inappropriate self-disclosure;
 - Recognizing that boundary crossings are often subtle and motivated by what appear to be noble intentions.
- Refraining from behaviour that could be seen as inappropriate, abusive and/or neglectful. Abuse includes (but is not limited to) verbal, physical, financial and sexual abuse.
- Refraining from excessive or inappropriate touching of a patient/~~client~~. Appropriate physical contact that is necessary for clinical treatment is permitted with the patient's informed consent.
 - Informed consent includes (but is not limited to): Telling a patient/client that you are going to touch him/her/them and, indicating the clinical reason for touching them, and ensuring the patient/client provides consent before proceeding.
- Engaging in appropriate professional communication by:
 - Using calm and plain language;
 - Refraining from voicing personal opinions about values, lifestyles, politics, etc. where the client may feel you judging or trying to influence him/her/them;
 - Ensuring ~~client~~ patient/client choice and informed consent;
 - Being aware of both verbal and non-verbal communication and how it may be perceived.
- Respecting a patient's/client's rights to reach decisions about treatment and/or services.
- Advocating for the patient's/client's best interests.
- Demonstrating sensitivity to diversity (diversity includes but is not limited to age, gender, religion, sexual orientation, ethnicity, cultural beliefs, ability, values and lifestyles) and adjusting boundaries as appropriate.
- Refraining except in demonstrably exceptional or emergency circumstances, from engaging in a close personal relationship with a patient/client treatment of individuals with whom the kinesiologist has a close personal relationship.
 - Close personal relationships can diminish a kinesiologist's objectivity and can increase a patient's/~~client's~~ vulnerability. A close personal relationship does not recognize the unique components of the professional relationship and risks the efficacy of the patient/client's health improvement.¹
 - A sexual relationship with a patient/client or their substitute decision maker (SDM) is strictly prohibited and is considered sexual abuse unless the patient is the Kinesiologist's spouse as per the provisions of the spousal exception regulation adopted by the College.
 - In general, kkinesiologists are not permitted to engage in a sexual relationship with a patient/~~client~~ for at least one year after the end of the professional relationship¹. A sexual relationship with a former patient/~~client~~ may never be acceptable if the power imbalance continues to exist.

Formatted

¹ This one year period is now prescribed in the *Health Professions Procedural Code*

- Refraining from engaging in a close personal relationship with a patient's/client's family member.
- Refraining from dual relationships².
- Educating patients/clients and client-patient/client advocates on the professional relationship and protecting them from boundary violations or abuse.
- Maintaining a professional image in any professional engagement.

Definitions

Professional Relationship: A relationship between the kinesiologist and the patient/client that is based on respect, trust and professional intimacy, and acknowledges the inherent power of the kinesiologist over the patient/client.

Client-Patient/Client Advocate: Anyone whom the patient/client has consented to assisting them in their health care needs and who advocates for the client's-patient's/client's best interests.

Substitute Decision Maker: A person who is authorized to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.

Close Personal Relationship: A relationship with a person that is characterized by feelings of warmth and familiarity, and/or has elements of exclusivity, privacy or intimacy.

Boundaries: The limits that allow for safe and respectful connections between individuals.

Dual Relationships: When a kinesiologist has a business or personal relationship with a patient/client outside of their practice. For example, a patient/client cannot provide professional services to their kinesiologist, such as financial planning or managing real estate transactions.

Family Members: A patient's/client's spouse or partner, parent, child, sibling, grandparent or grandchild; the patient/client's substitute decision maker; or another individual with whom the patient/client has a personal or emotional involvement with and may interfere in the professional relationship. A spouse is considered to be a person's legal spouse under the Family Law Act. A spouse may also be defined as someone with whom a person has lived in a conjugal relationship outside of marriage for not less than three years.

Patient: The following criteria may be used to determine whether an individual could be considered a patient of a kinesiologist:

a) The kinesiologist has charged or received payment for a healthcare service for the individual.

b) The kinesiologist has contributed to a health record or file for the individual

c) The individual has consented to a healthcare service recommended by the kinesiologist.

Abuse: The misuse of the power imbalance existing in the professional relationship and a manipulation of the core elements of the relationships – trust, respect and professional intimacy, when the kinesiologist knew, or ought to have known, that their behaviour would cause harm. Abuse can be verbal, physical, financial, sexual and/or emotional. Neglecting a patient's/client's needs may also be considered abusive.

² See "Definitions" below for a definition of "dual relationships".

Formatted: Indent: Left: 1.27 cm

Formatted: Font: Not Bold

Formatted: English (United States)

For more explanation of the expectations and principles outlined in this Standard, refer to the Practice Guideline_ The Professional Relationship and the Prevention of Sexual Abuse.

Legislative References

Regulated Health Professions Act, 1991

Professional Misconduct Regulation

Notation

In the event of any inconsistency between this standard and the legislation that governs the practice of kinesiology, the legislation governs.

Issue or Decision Note

Issue or Decision: Practice Standard Review/Revision – Professional Boundaries
Prepared for: Council
Date: March 28, 2022

Background:

- The College of Kinesiologists adoption of a spousal exception regulation pertaining to sexual abuse provisions under the Health Professions Procedural Code requires that the College ensure that information provided to registrants and the public is up to date and accurate.
- Practice Standards outline expectations for conduct and practice. They are principle-based documents meant to guide kinesiologists to identify and avoid behaviours that may be inappropriate and/or constitute professional misconduct, including sexual abuse.
- The Practice Standards may also be used to clarify situations where exceptions (such as the spousal exception) may apply, and how such exceptions and conditions may apply to the kinesiologist’s conduct and behaviour.
- The College aims to have all the necessary information available to members in an efficient and streamlined manner, while being comprehensive, relevant and helpful.
- The College’s stated aim of preventing and eliminating sexual abuse by kinesiologists is facilitated by ensuring that the information available to registrants is accurate and in accordance with current legislation and best practices.

Public Interest Statement:

- Updates to Practice Standards should be made periodically and in response to legislative and other changes to the regulatory environment.
- Practice Standards aim to educate kinesiologists regarding the expectations of the College, in order to ensure public protection through increased compliance with best practices.

Analysis

Professional Boundaries Practice Standard

- This standard was most recently revised in 2017, and was reviewed in 2021 in keeping with the adoption of the spousal exception. The changes are tracked in the attached version.

- The most pertinent change was the addition of a description of the Spousal Exception in the sexual abuse section of the Practice Standard.
- Language has also been inserted clarifying that sexual relations with patients, even in circumstances where permitted (such as where the spousal exception applies) are not encouraged due to the presence of power imbalances and potential for conflicts of interest.
- The following terminology changes have also been made, in keeping with environmental/regulatory best practices:
 - “*member*” when pertaining to a kinesiologist registered with the College, has been replaced with “*registrant*”. For Practice Standards, the initial reference to registrant(s) will read: “registrant(s) (“kinesiologist(s)”)”. Thereafter, the practice standard will refer to “kinesiologists” when discussing registrants of the College.
 - “patient/client” is used to refer to a person to whom the kinesiologist is providing services. This is a change from the original draft as presented to the Patient Relations Committee. This change was made to ensure consistency with all College documents.
 - Gender pronouns have been changed to gender-neutral pronouns (they/their/theirs) to promote inclusion, and for greater ease of reading/editing.
- Changes have also been made, where appropriate, for grammatical correctness and to promote readability.

Motion:

Whereas a revised Practice Standard – Professional Boundaries has been reviewed by the Patient Relations Committee and is being submitted to Council for approval,

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Professional Boundaries to be published by the College.

Moved by _____ seconded by _____

Date: _____

Resolution – Update to Practice Standard – Professional Boundaries

Whereas the College of Kinesiologists of Ontario has adopted the spousal exception to sexual abuse provisions in the *Regulated Health Professions Act, 1991*; and

Whereas the Council of the College of Kinesiologists has approved the review of Practice Standards and Guidelines in keeping with the adoption of the spousal exception; and

Whereas a revised Practice Standard – Professional Boundaries has been reviewed by the Patient Relations Committee and is being submitted to Council for approval,

Resolution:

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Professional Boundaries to be published by the College.

Moved by:

Seconded by:

Date: March 28, 2022

Practice Standard- Conflict of Interest

Approved: June 2012

Revised: Proposed revision due to Spousal
Exception. Draft #1 17JAN2022

Definition

A conflict of interest occurs where a person has a duty to one person or group that could reasonably be compromised by a conflicting obligation or interest.

Intent

To facilitate appropriate care and assessment/examination or treatment of a patient/client, or professional duties to other persons, by ensuring that members-registrants ("kinesiologists") comply with their obligations relating to conflicts of interest.

Objectives

- To ensure memberkinesiologists are aware of their existing obligations relating to conflicts of interest.
- To clarify the conflict of interest requirements outlined in legislation, case law, shared professional values and various existing College practice standards, policies and guidelines.
- To assist-help memberkinesiologists identify and resolve potential conflicts of interest.

Description of Standard

~~1-~~It is a conflict of interest for the purpose of section 16 of the Professional Misconduct Regulation for a memberkinesiologist to engage in a relationship or arrangement as a result of which the member's-kinesiologist's personal interests could improperly influence his/her/their professional judgment or conflict with his/her/their duty to act in the best interest of patients.

~~2-~~A conflict of interest can occur even where the interest or benefit goes to a "related person", such as a close relative of (or a corporation affiliated with) the memberregistrant.

~~3-~~Some examples of a conflict of interest, depending on the circumstances, might include where a memberregistrant:

- receives a benefit from a supplier of health care products or services or from a health practitioner to whom the memberregistrant refers patients;
- accepts credit from a supplier of health care products or services or from a health professional or practitioner to whom the memberregistrant refers patients unless the terms of credit provide a reasonable time for repayment and a reasonable rate of interest;

- refers a patient to a supplier of health care products or services in which the ~~memberregistrant~~ has a financial interest unless the ~~memberregistrant~~ discloses the interest to the patient and offers to refer the patient to suppliers with whom the ~~memberregistrant~~ has no financial interest (see the expanded discussion of self-referral below);
- sells a product to a patient for more than the cost to the ~~memberregistrant~~ plus a reasonable dispensing fee without disclosing the profit and the right of the patient/client to buy the product elsewhere;
- receives a benefit (e.g., free or cheap space) from a person who could reasonably hope to supply health related products or services to the ~~memberregistrant's~~ patient/client (e.g., a health food store);
- is employed in one work setting and transfers the ~~patient/client~~ to another work setting in order to earn a higher income or receive another sort of benefit without the consent of ~~his-or-her/their~~ employer and the patient/client;
- treats a ~~family-member/close personal relation~~ (or has another dual relationship) on an ongoing basis, particularly where the ~~other~~ relationship ~~can-could~~ interfere with the ~~memberregistrant's~~ objectivity or the effectiveness of treatment or where the services are paid by a third-party pay~~er~~; (the definition of ~~who may constitute a family-member/close personal relation~~ is interpreted broadly and may include ~~the registrant's spouse or common-law partner (as defined, for treatment purposes, in relevant legislation),~~ in-laws, step-relatives, ~~same-sex partners,~~ and ~~even~~ close friends);
- supervises a relative or friend in a clinical placement;
- permits an employer or a third-party pay~~er~~ to interfere with clinical or professional decisions (e.g., the nature or length of treatment required);
- becomes an employee or partner or shares revenue or profits with an unregistered person unless there is a written agreement ensuring that the ~~memberregistrant~~ has authority over the clinical and professional aspects of the practice;
- conferring a benefit to a patient (other than a token, health related product such as a thera-band) whose services are paid for by a third party (e.g., it would be a conflict to give a free pair of shoes to a patient who was receiving an orthotic device paid for by the patient's employer's insurance); and
- endorses a product using the ~~memberregistrant's~~ professional status.

The above list of examples is not exhaustive. They simply illustrate some of the more common ~~areas situations~~ where conflicts of interest ~~may exist/~~rise. In addition, ~~not every example applies all of the time.~~ Conflicts of interest ~~may~~ vary with the circumstances. For example, treating a family member ~~or close personal relation~~ may not always ~~be involve~~ a conflict of interest, particularly in circumstances where the ~~family-member/patient/client~~ is not a close relative, the condition is short term, ~~the treatment is provided in an emergency,~~ and the billing for the service is transparent.

Performance Expectations

A kinesiologist demonstrates this Standard by:

- Being aware of real, potential or perceived conflicts of interest that may arise.
- Awareness of conflicts of interest that may never be acceptable, and those that may be permissible under certain circumstances.
- Refraining from practice in situations where unacceptable conflicts of interest have arisen or may arise, including refraining from treating close personal relations except in exceptional circumstances.

- Awareness and correct application of strategies to mitigate or otherwise address conflicts of interest where they are permissible and unavoidable. Strategies may include:
 - Proactive disclosure, including documentation
 - Timely discharge planning, including appropriate referral to alternative care provider(s).
 - Clear separation of personal and professional roles
 - Establishing and following an appropriate conflict of interest policy and code of conduct in one's practice
 - Ensuring that informed consent is obtained from the patient, including ensuring that patients/clients are aware of alternative treatment or care options and have the freedom to choose for themselves
 - Contacting the College or consulting legal counsel regarding the real, possible or perceived conflict of interest

Formatted: Bulleted + Level: 2 + Aligned at: 1.9 cm + Indent at: 2.54 cm

Some conflicts of interest are almost never acceptable (e.g., paying someone for referring a client). However, other potential conflicts of interest can be addressed by disclosure and other safeguards. An example of this is self-referral.

Self-referral is a term used to describe a member's referral of patients to facilities, services or suppliers in which the member has any interest or gains any benefit. A member may undertake self-referral provided that:

- ~~the member has assured his/her patient that his/her choice of facilities, services or suppliers will in no way affect the quality or availability of the health care services provided by the member;~~
- ~~the member has disclosed his/her interest to his/her patient when making a referral;~~
- ~~access to comparable services or necessary products or devices is not reasonably possible for the patient or cannot be arranged for the patient;~~
- ~~the member has explored other sources as reasonably as possible and informs his/her patients that he/she has an option of using any of the alternative facilities, services or suppliers; and~~
- ~~information about the referral will be disclosed to the College upon request.~~

When in doubt about a potential conflict of interest, members are urged to contact the College or consult with their legal counsel for assistance.

Legislative References

Regulated Health Professions Act, 1991

Health Care Consent Act, 1996

Formatted: Font: Italic

Notation

In the event of any inconsistency between this standard and ~~any the~~ legislation that governs the practice of ~~members, kinesiology~~, the legislation governs.

Issue or Decision Note

Issue or Decision: Practice Standard Review/Revision – Conflict of Interest
Prepared for: Council
Date: March 28, 2022

Background:

- The College of Kinesiologists adoption of a spousal exception regulation pertaining to sexual abuse provisions under the Health Professions Procedural Code requires that the College ensure that information provided to registrants and the public is up to date and accurate.
- Practice Standards outline expectations for conduct and practice. They are principle-based documents meant to guide kinesiologists to identify and avoid behaviours that may be inappropriate and/or constitute professional misconduct, including sexual abuse.
- The Practice Standards may also be used to clarify situations where exceptions (such as the spousal exception) may apply, and how such exceptions and conditions may apply to the kinesiologist’s conduct and behaviour.
- The College aims to have all the necessary information available to members in an efficient and streamlined manner, while being comprehensive, relevant and helpful.
- The College’s stated aim of preventing and eliminating sexual abuse by kinesiologists is facilitated by ensuring that the information available to registrants is accurate and in accordance with current legislation and best practices.

Public Interest Statement:

- Updates to Practice Standards should be made periodically and in response to legislative and other changes to the regulatory environment.
- Practice Standards aim to educate kinesiologists regarding the expectations of the College, in order to ensure public protection through increased compliance with best practices.

Analysis

Conflict of Interest Practice Standard

- The publicly available version of this practice standard, available on the College’s website, indicates that the standard has not been reviewed since June 2012.

- Updated the description of “close personal relations” to include spouse or common-law partner as defined in relevant legislation.
- Added treatment administered in an emergency to a list of scenarios in which conflict of interest considerations may be less applicable when treating a close personal relation.
- These changes were made to accommodate the spousal exception, which permits treatment of a spouse, while still maintaining the integrity of the College’s position that treatment of a spouse or close personal relation is not encouraged.
- Language has also been inserted clarifying that sexual relations with patients, even in circumstances where permitted (such as where the spousal exception applies) are not encouraged due to the presence of power imbalances and potential for conflicts of interest.
- The standard has been formatted with categories/headers that are consistent with the content and tone of the Practice Standard – Professional Boundaries.
- The following terminology changes have also been made, in keeping with environmental/regulatory best practices:
 - “*member*” when pertaining to a kinesiologist registered with the College, has been replaced with “*registrant*”
 - “*patient/client*” is used to refer to a person to whom the kinesiologist is providing services. This is a change from the original draft as presented to the Patient Relations Committee. This change was made to ensure consistency with all College documents.
 - Gender pronouns have been changed to gender-neutral pronouns (they/their/theirs) to promote inclusion, and for greater ease of reading/editing.
- Changes have also been made, where appropriate, for grammatical correctness and to promote readability.

Motion:

Whereas a revised Practice Standard – Conflict of Interest has been reviewed by the Patient Relations Committee and is being submitted to Council for approval,

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Conflict of Interest to be published by the College.

Moved by _____ seconded by _____

Date: _____

Resolution – Update to Practice Standard – Conflict of Interest

Whereas the College of Kinesiologists of Ontario has adopted the spousal exception to sexual abuse provisions in the *Regulated Health Professions Act, 1991*; and

Whereas the Council of the College of Kinesiologists has approved the review of Practice Standards and Guidelines in keeping with the adoption of the spousal exception; and

Whereas a revised Practice Standard – Conflict of Interest has been reviewed by the Patient Relations Committee and is being submitted to Council for approval;

Resolution:

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Standard – Conflict of Interest to be published by the College.

Moved by:

Seconded by:

Date: March 28, 2022



Practice Guideline- Treating Family Members and Other Close Personal Relations

Approved: April 2016

Last revised: N/A [Review for compliance with spousal exception Draft #1: 17JAN22](#)

Introduction

Kinesiologists may periodically find themselves in a position where they must decide whether to provide treatment to a family member(s) or someone with whom they share a close, personal relationship. It is generally inadvisable to provide treatment to family members except in exceptional circumstances. ~~This is because, D~~espite a kinesiologist's intentions to deliver the best possible care, clinical objectivity may be compromised.

Scope of this guideline

This guideline applies to any situation where a kinesiologist is contemplating treating a family member or someone with whom they share a close personal relationship ~~with~~. Family member means any individual with whom the kinesiologist has a familial connection and/or a personal or close relationship, where the relationship is of such a nature that it would reasonably affect the kinesiologist's professional judgment. For the purposes of this guideline, the term family member will be used to refer to anyone with whom the kinesiologist has a close personal relationship ~~with, but does not include a spouse or common-law partner. Kinesiologists are not permitted to treat their spouses or common-law partners as this is considered sexual abuse under the Regulated Health Professions Act, 1991. Family member which could~~ includes, but is not limited to, the kinesiologist's ~~spouse, common-law partner,~~ parent, child, sibling, or those of the kinesiologist's spouse or partner (i.e. in-laws).

This guideline ~~also only~~ applies ~~in contemplation with respect to~~ treatment, which is defined in the *Health Care Consent Act, 1996* as, "anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment, plan of treatment or community treatment plan". It does not include emergency care or minor, episodic care, such as providing manual therapy to alleviate a tense muscle after a period of exercise on a sporadic basis.

Exceptional circumstances

Exceptional circumstances exist when the benefits of providing treatment to a family member(s) outweigh the risks. There is always a real and inherent risk when treating someone with whom a kinesiologist has a close personal relationship ~~with~~. The therapeutic client relationship is the foundation of safe, ethical care and the existence of a close personal relationship can threaten the efficacy of treatment.

Exceptional circumstances may exist where:

- There is no other similar or viable health care provider available
- ~~There is a~~ Alternative arrangements could lead to demonstrated financial hardship for the patient/client
- ~~The patient's/client's level of distrust and/or discomfort is such that he/she is otherwise~~ The patient/client may be unlikely to seek treatment from a practitioner whom they do not know, because of trust or comfort issues eg (for example, a family member who has been the victim of abuse)
- There exists a real barrier to the patient/client accessing other health care services (for example, a severe communication disability)

Often many of these factors may co-exist, ~~which makes the circumstance exceptional~~. These circumstances may ~~also no longer cease to~~ exist at some point. The kinesiologist ~~must should~~ therefore continue to evaluate the circumstances in which they are providing treatment and, if other treatment becomes available, to transfer the patient/client as soon as possible.

The best interests of the patient/client, ~~from their perspective,~~ client must always be paramount. It is in their best interests to receive safe, ethical and effective treatment from someone they can access and trust. ~~The best interests must be assessed from the patient's/client's perspective.~~

~~If a~~ A kinesiologist ~~determines it is in the best interests of their family member(s) to provide treatment, they remain~~ accountable to the College for care/services provided to close personal relations. Kinesiologists are expected to adhere to the College's Practice Standards in any situation. A kinesiologist should consider how they will fulfill their obligations as a regulated health professional before treating a family member.

Conflict of interest

~~Kinesiologists cannot provide treatment if a conflict of interest exists or the perception of a conflict of interest exists. This is not limited to financial conflicts of interest, but also includes~~ Conflicts of interest may emerge in situations where a kinesiologist's objective approach to treatment could be questioned, cannot be objective in relation to the treatment provided. Real, perceived and possible conflicts of interest may exist on a spectrum, where the potential for conflict is greater where there is a closer personal connection (such as a dependent, a sibling or a spouse). When there is an emotional involvement with the patient/client, there is a risk that the kinesiologist may not provide the best level of care/service or may have strong personal beliefs about what the patient/client must and must not do.

Kinesiologists should refrain from providing treatment if a real, perceived or possible conflict of interest exists, particularly where dependent family members or close personal relations are involved.

To assist in remaining objective, kinesiologists who provide care/service to their family member(s) must:

- ~~Disclose and explain the conflict of interest inherent in treating a family member~~
- ~~Ensure they are using objective measures and tests~~
- ~~Undertake full assessments before prescribing any treatment (Kinesiologists should not assume that they know all relevant health information about a family member)~~
- ~~Include their family member in the discussion about goals and progress~~
- ~~Identify their family member's goals and barriers to treatment~~
- ~~Ensure their own expectations for health outcomes are reasonable and based on objective measures and not personal desire~~
- ~~Collaborate with other treating professionals and disclose to them the nature of the personal relationship with the patient/client~~
- ~~Consider any potential conflict of interests (not only actual conflicts of interest) and refrain from providing treatment when there is doubt about the ability to maintain objectivity~~

Professional boundaries

A kinesiologist must establish professional boundaries with all patients/clients despite the existence of a familial relationship. This may prove challenging as the nature of the therapeutic client relationship is the avoidance of emotional involvement. Therefore, a kinesiologist must take great effort to ensure that the treatment relationship is kept separate from the personal one. A kinesiologist should be mindful of their interactions with a family member(s) and the potential lapse in professionalism. Kinesiologists should be particularly vigilant in this respect if providing treatment where colleagues or other patients/clients may observe these interactions.

To establish and maintain appropriate boundaries with family members, a kinesiologist must ensure that:

- Treatment is provided in an appropriate environment
- Communication remains professional and relates to the treatment provided for the duration of the treatment appointment
- They do not become pre-occupied with the care of their family member and such that it ~~does not impact~~impacts the care of other patients/clients
- They are comfortable and able to ask the questions necessary to conduct a proper assessment and provide effective treatment
- Their family member is comfortable and able to answer the questions with frank disclosure of necessary personal health information
- They set out a defined treatment time, place and duration
- They dress as is normally appropriate for all other patients/clients

- Any physical contact relates to the treatment

Consent and capacity

A patient/client must provide informed consent to treatment. When treating a family member, a kinesiologist may be at risk of not objectively evaluating consent and/or capacity. To ensure valid consent is obtained and maintained, a kinesiologist must:

- Disclose and explain the conflict of interest inherent in treating a family member
- Evaluate whether they are able to objectively assess the indicators of implied consent, and maintain greater reliance on express consent
- Revisit consent frequently
- Ensure any influence from the personal relationship is not used to influence consent in the clinical relationship. Consent must be given voluntarily
- Ensure they presume capacity and collaborate with other appropriate professionals if necessary. (For example, there is no age of consent. If a kinesiologist is treating their child, they do not automatically act as the substitute decision-maker)
- Provide full and frank disclosure of the risks and benefits of treatment. A kinesiologist cannot assume that a family member is knowledgeable about a proposed treatment
- Ensure objective evaluation of their family member's refusal to provide consent or to withdraw consent

Fees and billing

Fees and billing practices must always be transparent and as consistent as possible. To avoid any financial conflict of interest or appearance of conflict of interest, kinesiologists must not charge for services provided to any dependent (ie: the spouse, dependent parents, dependent children or any other person who is financially dependent upon the kinesiologist). Kinesiologists also cannot bill any third party payor for such services.

With respect to providing services to ~~family members~~ close personal relations, kinesiologists must:

- Adhere to the principles in the Practice Standard - Fees and Billing
- Be mindful of charging different rates for different ~~family members~~ close personal relations without objective reasoning. Kinesiologists cannot guarantee that ~~family members~~ close personal relations won't disclose amongst each other what they are paying for services
- Engage in frank discussions about fees and billing with ~~family members~~ close personal relations and obtain consent for the payment plan before beginning services. This will help to ensure there is no misunderstanding as to the expectations to pay

Record keeping

~~Kinesiologists are expected to keep records for their family members according to the Practice Standard - Record Keeping. Even if they are treating family members~~ Even in circumstances where the kinesiologist is treating family members or close personal relations, kinesiologists ~~are~~ remain bound

Commented [BF1]: These rules are not in the Practice Standard or Guideline for Fees and Billing. Should both be updated?

by the requirements of privacy, confidentiality and security under the *Personal Health Information Protection Act, 2004*.

In addition, the health record of any family member should contain documentation on the exceptional circumstances that exist and discussions with the family member regarding consent to treatment. This documentation is an on-going obligation.

Mandatory reporting

Kinesiologists are expected to fulfill their mandatory reporting obligations. For example, if providing care to a niece or nephew, a kinesiologist would be expected to report any suspected child abuse to the Children's Aid Society despite the familial relationship.

Conclusion

Kinesiologists must carefully reflect on ~~whether they will be able to meet all of the compliance with the College's Practice Standards when deciding whether to treating~~ their family members or persons with whom they share a close personal relationship. ~~Each situation and family member is different and kinesiologists may arrive at different conclusions based on each different context.~~ If after reviewing this guideline and contemplating all of the considerations a kinesiologist is not confident they can maintain the Practice Standards while treating their family member(s), they must refrain from doing so.

Issue or Decision Note

Issue or Decision: Practice Guideline Review/Revision – Treating Family Members and Other Close Personal Relations
Prepared for: Council
Date: March 28, 2022

Background:

- The College of Kinesiologists adoption of a spousal exception regulation pertaining to sexual abuse provisions under the Health Professions Procedural Code requires that the College ensure that information provided to registrants and the public is up to date and accurate.
- Practice Guidelines serve as supporting documents that provide context and help kinesiologists understand their responsibilities and make safe and ethical practice decisions.
- The Practice Guidelines may contain specific examples that could be extrapolated to a variety of circumstances that may arise.
- The College aims to have all the necessary information available to members in an efficient and streamlined manner, while being comprehensive, relevant and helpful.
- The College’s mandate to protect the public is facilitated by ensuring that the information available to registrants is accurate and in accordance with current legislation and best practices.

Public Interest Statement:

- Updates to Practice Guidelines should be made periodically and in response to legislative and other changes to the regulatory environment.
- In particular, Practice Guidelines should accurately reflect the information contained in the relevant Practice Standard(s)
- Practice Guidelines aim to describe the effective application of best practices as described in legislation and Practice Standards, thereby facilitating compliance with best practices.

Analysis

Professional Boundaries Practice Guideline

- This guideline was approved in April 2016. No revisions are noted on the publicly available guideline since that date. The guideline and was reviewed in 2021 in keeping with the adoption of the spousal exception. The changes are tracked in the attached version.

- The most pertinent change was the removal of wording that indicated that treatment of a spouse or common-law partner is automatically considered sexual abuse.
- Language has also been inserted indicating that kinesiologists should refrain from treatment where conflicts of interest may arise, rather than language indicating that kinesiologists cannot provide treatment in such cases. This is in keeping with the content of the Practice Standard – Conflict of Interest.
- The following terminology changes have also been made, in keeping with environmental/regulatory best practice
 - “*member*” when pertaining to a kinesiologist registered with the College, has been replaced with “*registrant*”
 - “*patient/client*” is used to refer to a person to whom the kinesiologist is providing services. This is a change from the original draft as presented to the Patient Relations Committee. This change was made to ensure consistency with all College documents.
 - Gender pronouns have been changed to gender-neutral pronouns (they/their/theirs) to promote inclusion, and for greater ease of reading/editing.
- Changes have also been made, where appropriate, for grammatical correctness and to promote readability.
- To promote consistent tone across documents, use of “you” when referring to the reader has been replaced with alternatives (such as “a kinesiologist”).

Motion:

Whereas a revised Practice Guideline – Treating Family Members and Other Close Personal Relations has been reviewed by the Patient Relations Committee and is being submitted to Council for approval,

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Guideline – Treating Family Members and Other Close Personal Relations to be published by the College.

Moved by _____ seconded by _____

Date: _____

Resolution – Update to Practice Guideline – Treating Family Members and Other Close Personal Relations

Whereas the College of Kinesiologists of Ontario has adopted the spousal exception to sexual abuse provisions in the *Regulated Health Professions Act, 1991*; and

Whereas the Council of the College of Kinesiologists has approved the review of Practice Standards and Guidelines in keeping with the adoption of the spousal exception; and

Whereas a revised Practice Guideline – Treating Family Members and Other Close Personal Relations has been reviewed by the Patient Relations Committee and is being submitted to Council for approval,

Resolution:

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Guideline – Treating Family Members and Other Close Personal Relations to be published by the College.

Moved by:

Seconded by:

Date: March 28, 2022



Practice Guideline- Professional Boundaries and the Prevention of Sexual Abuse

Approved: April 2013

Last revised: September 2017 Reviewed for spousal exception compliance. Draft #1: 17JAN22

Introduction

The prevention of sexual abuse of patients/clients by kinesiologists is one of the ways that the College works to protect the public. Standards have been developed ~~in order~~ to assist kinesiologists in understanding their role to practise professionally.

Sexual abuse is the most serious of boundary violations by a kinesiologist and can lead to damaging short- and long-term consequences for the patient/client. Kinesiologists who sexually abuse patients/clients face severe penalties by the College, including a revocation of their licence to practise.

All kinesiologists must understand the nature of the professional relationship, what constitutes a boundary violation and sexual abuse, and work towards preventing sexual abuse.

Scope of this guideline

This guideline provides further explanation of the College's Practice Standard - Professional Boundaries. It provides guidance on the professional relationship and how to establish and maintain professional boundaries to prevent sexual abuse. The content is intended to help understand the factors, complexities and nuances that exist within the professional relationship, and how Neglecting/failing to establish and maintain appropriate professional boundaries can lead to sexual abuse.

Commented [KS1]: [Hyperlink](#)

The professional relationship

The components of a professional relationship between you a kinesiologist and their patients/clients are respect and trust, professional intimacy and power.

Respect and trust

These are the foundations of a successful professional relationship based on the patient's/client's physical and emotional needs. The patient/client must feel respected and trust ~~your~~the kinesiologist's ability to deliver services.

Professional intimacy

There is a degree of personal closeness between a kinesiologist and their patient that may not exist in ~~other non-healthcare or other professional~~ relationships. This intimacy may ~~come in the forms of~~include physical closeness and/or touching of a clinical nature, disclosure of personal and private information, varying degrees of undress and witnessing of emotional behaviours on the part of the patient/client. This intimacy ~~is never sexual in nature, but~~ is appropriate in the context of delivering patient/client-centred care or services, but is never sexual in nature.

Power

The professional intimacy, along with ~~your~~the kinesiologist's knowledge and expertise, ~~place~~you places the kinesiologist in a position of power. As a health care professional, ~~you~~kinesiologists must remember that ~~you~~they always have more power in the professional relationship. ~~You must be sensitive~~Sensitivity to the patient's subjective perceptions ~~of your patients/clients~~is essential when providing services. The patient/client may have a heightened sense of vulnerability within this relationship and thus is more susceptible to abuse, whether real or perceived.

Sexual abuse

Kinesiologists must be aware of the meaning of sexual abuse, ~~and they must~~ understand that they assume the responsibility to prevent it from occurring and ~~that they must~~ respond appropriately when it occurs.

The *Health Professions Procedural Code* (the Code) of the *Regulated Health Professions Act, 1991* (RHPA) outlines acts that constitute sexual abuse:

- S. 1(3) (a) *Sexual intercourse or other forms of physical relations between the member and the patient/client*
(b) *Touching of a sexual nature of the patient/client by the member*
(c) *Behaviour or remarks of a sexual nature by the member towards the patient/client*

Exception

- (4) *For the purposes of subsection (3), "Sexual nature" does not include touching, behaviour, or remarks of a clinical nature appropriate to the services being provided.*

Exception, spouses

- (5) *If the Council has made a regulation under clause 95 (1) (0.a), conduct, behaviour or remarks that would otherwise constitute sexual abuse of a patient by a member under the definition of "sexual abuse" in subsection (3) do not constitute sexual abuse if,*
a) the patient is the member's spouse; and
b) the member is not engaged in the practice of the profession at the time the conduct, behaviour or remark occurs.

~~The professional relationship between a patient/client and a kinesiologist is based on the patient's/client's best interests. The College has a zero tolerance policy toward sexual abuse. It is a fundamental breach of the professional relationship and a betrayal of the patient's/client's trust. The College has a zero tolerance policy toward sexual abuse. With the exception of circumstances set out in the legislation above, sexual activity, including consensual sexual activity, between a patient/client and a kinesiologist is strictly prohibited under any circumstances, including a consensual relationship. A sexual relationship with a patient/client is not considered consensual in a professional context because of the existence of the power imbalance. It is a fundamental breach of the professional relationship and a betrayal of the patient's/client's trust. The professional relationship is based on the patient/client's best interests. Engaging in a sexual relationship is using the professional relationship to the interests of the kinesiologist.~~

Commented [KS2]: This reads a bit awkward.

Commented [BF3R2]: Amended sentence structure for flow.

Establishing and maintaining professional boundaries

Every kinesiologist has a personal responsibility for establishing and maintaining boundaries ~~and~~ within the professional relationship; it is the kinesiologist who is accountable ~~for the occurrence of~~ any abuse within the professional relationship not the patient/client.

~~Some elements of Practices for~~ establishing a an appropriate professional relationship ~~are as follows~~include:

- Introducing yourself to the patient/client, explaining your professional designation and your professional background.
- Ascertaining the patient's/client's preferred form of address (e.g. by their first or last name, preferred pronouns).
- Being on time for appointments, well-groomed and dressed professionally.
- Recognizing the patient's/client's cultural, social, linguistic or religious background and making appropriate adjustments in behaviour and communication to respect the differing boundaries among different backgrounds.
- Listening to the patient/client, or their caregiver, in an open and non-judgmental manner and validating their concerns.
- ~~Speaking in a polite and objective manner; refraining from over-use of slang and or voicing opinions about certain lifestyles, current events, and or other controversial issues.~~
- Communication with colleagues cannot be misinterpreted by the patient as unprofessional or sexual in nature.
- Being aware of body language, such as appropriate eye contact. Refraining from excessive physical contact that is unnecessary to the treatment.
- Discussing confidentiality of personal health information with the patient/client.
- Providing sufficient information regarding treatment options to allow the patient/client to make informed choices.
- Obtaining consent on treatment matters. Consent is ~~continuous throughout the~~necessary for continuing treatment ~~and where you may need to touch the patient/client for a clinical purpose throughout the clinical plan and treatment modalities~~ (refer to the Practice Guideline-Consent).
- ~~Telling a patient/client that you are going to touch him/her and explain the clinical purpose (Please see next section for further information on this aspect of treatment).~~

- Continuous explanation of the patient's/client's treatment progress, changes in treatment, etc., in a manner that the patient/client understands, always keeping in mind if the patient/client has linguistic or conceptual limitations.
- Monitoring for comments, attitudes, or behaviours from patients/clients that may challenge the efficacy of the professional relationship.
- ~~Being aware~~ Awareness of any pre-existing conditions or vulnerabilities of the patient/client that may require heightened care in maintaining boundaries.
- Being aware of the treatment environment, such as a patient's/client's home, which may be more informal and require increased ~~professional diligence on your part~~ diligence, and
- Ensuring ~~the a safe~~ practice environment is safe and that communication between colleagues cannot be misinterpreted by the patient/client as unprofessional or sexual in nature that validates respect for the patient and their trust.

This list is not exhaustive, but is to be used as a guide to ~~prompt you to analyze the situation in which you are providing~~ prompt ongoing reflection and intervention or correction if necessary. ~~Boundaries to the professional relationship~~ Appropriate application of professional boundaries are dependent depend on the patient/client, the type of treatment and the practice setting. Boundaries also vary across social and cultural lines, and ~~kinesiologists~~ you must take efforts to learn ~~what the each patient's/client's unique boundaries are for each patient/client~~ boundaries. The boundaries may also change depending on the length of the professional relationship, a change in the patient's/client's condition, a change in the treatment course and/or a change in the practice setting. ~~The longer the professional relationship continues, the greater the power imbalance may become. If you ever find yourself in a situation that could be deemed unprofessional, you should consult a colleague, inform a superior or contact the College for further guidance. A kinesiologist should consult with a supervisor, colleague or the College in the event of any uncertainty regarding professional boundaries.~~

Touching of a clinical nature

Kinesiology often involves physical contact between a patient/client and the kinesiologist. A kinesiologist may be providing ~~some~~ manual ~~release~~ therapeutic modalities, assessing range of motion, feeling for a musculoskeletal injury, guiding exercises, etc. Some physical contact may also be required in more sensitive areas of the body. Whenever treatment requires any kind of physical contact, especially of sensitive areas, ~~you~~ kinesiologists should be aware of the potential ~~for~~ misinterpretation and misunderstanding of this type of contact ~~of~~ by the patient/client. Kinesiologists can greatly reduce this risk through some or all of the following precautions:

- Assessing whether or not the physical contact is necessary for the efficacy of the treatment.
- Explaining to the patient/client how ~~and where you~~ the kinesiologist ~~intends~~ to touch them, and why. ~~This includes ensuring that they understand the clinical benefits to you touching them versus the risk of not touching them, such as being able to feel if a muscle is fully engaging, or ensuring proper technique during an exercise to avoid injury.~~
- Ask the patient/client if they are comfortable with this course of action. Obtain consent. Consent may be implied or ~~express~~ explicit. ~~Express-Explicit~~ Express-Explicit consent is either verbal or written and ~~may be~~ as simple as the patient/client saying "yes". Implied consent may be if they hold their ankle up after ~~you being asked to do so~~ ask to examine it for the purposes of examination. Deciding between ~~explicit~~ ress and

implied consent to touch will depend on the nature of the touching. For sensitive areas, express-explicit consent should be obtained.

- Demonstrating on yourself where you will touchPerforming a self-demonstration regarding the location and nature of any touch before touching the patient.
- Limiting the duration of the physical contact.
- Documenting the clinical reasoning for the physical touching and that consent was obtained.
- Upon initial intake and assessment of a new patient/client, explaining that treatment can involve physical touching. This may be helpful to gauge a patient's/client's comfort level with touching. It does not negate the need to discuss individual incidents of touching, particularly if they are inmay involve a more sensitive area.

The extent of these various precautions will depend on the nature and duration of the physical contact and the patient's/client's comfort with the proposed physical contact. For example, asking to look at a patient/client's ankle to assess mobility and where the client's response is simply to lift their ankle towards you may not require specific documentation in the record. However, recommending manual release in the buttocks region may require express consent and a brief note in the record.

Breaching the professional relationship: Possible warning signs

The following is a list of signs that may indicate that boundaries might have been crossed. This list is not exhaustive:

- Spending time with a patient/client that is in excess ofexceeds their health care needs.
- Scheduling irregular appointment times or longer appointment times with a patient/client.
- Dressing differently when seeing a particular patient/client.
- Using suggestive verbal or body language or flirting with a patient/client.
- Physically touching the patient/client in a manner unnecessary for the treatment.
- Asking a patient/client for personal information that is not related to their health care needs, such as asking if the patient/client is dating anyone.
- Answering questions of a similar nature as above from the patient/client.
- Self-disclosure to the patient/client about personal problems or situations.
- Providing a patient/client with personal contact information and/or accepting the personal contact information from the patient/client.
- Contacting and conversing with a patient/client that is not necessary to the treatment of the patient/client.
- Accepting or requesting access to personal social media pagesmedia accounts on platforms such as Facebook, Twitter, LinkedIn or other personal blog sites.
- Reducing or waiving professional fees.
- Receiving or giving gifts, especially those that are expensive or of a personal nature.
- Meeting socially with the patient/client even if there is no physical or sexual contact.
- Frequently thinking about the patient/client in personal terms, and
- Being hesitant to discuss activities with a patient/client to friends, family and colleagues (except for reasons of confidentiality).

If one or more of these signs are present, you the kinesiologist must be prepared to acknowledge personal feelings about a patient/client and, if needed, modify the behaviour immediately before a

more serious breach occurs. ~~You should seek counsel~~Counsel may be sought from peers, an employer or the College. This may avoid an actual occurrence of abuse, and may require ~~you_ the~~ end the clinical relationship ~~to be discontinued~~. ~~You should keep in mind that most often a breach~~Keep in mind that a breach of the professional relationship can begin ~~in a seemingly~~with innocent ~~manner with~~ comments or disclosures that ~~can then~~ escalate. ~~It is important that you~~Kinesiologists should be mindful of these warning signs, ~~either in yourself or from the patient/client to~~and avoid further progression. ~~You~~Kinesiologists must be ~~vigilant to~~mindful of the subtle changes in behaviour within the professional relationship that may be an indication of subsequent breaches.

In some cases, it is the patient/client that takes the initiative to change the relationship. It is important ~~for you~~ to be aware ~~of when the~~of changes in the relationship dynamic ~~might be changing~~. Such changes in the relationship may lead to, or be perceived as, sexual abuse. In cases where ~~it is presumed that you feel~~ the patient/client is attempting to cross the boundaries of the professional relationship, ~~you must~~ explain the professional relationship to the patient/client, even if ~~you have already previously~~ done so. ~~You must be~~Be sensitive to the fact that addressing this type of issue with the patient/client may make them feel even more vulnerable. Such communication should be done as sensitively as possible. ~~You must be~~Be prepared for an adverse reaction by the patient/client and, if the relationship continues, ~~the patient/client may feel an increased vulnerability~~increased vulnerability on the part of the patient/client. ~~You must~~The patient/client should be reassured the patient/client that care will continue in a professional manner. Any discussions of this nature with the patient/client should be documented and disclosed to an employer to ~~protect you from~~mitigate any bad faith allegations. ~~The presence of~~You might consider having a colleague or employer ~~present for~~during this discussion or ~~during~~for future treatment ~~in order to~~may create a safer environment for both ~~yourself and the patient/client~~kinesiologist and patient/client.

Social, romantic or sexual relationships with a patient/client

Engaging in a social relationship with a patient/client while providing services is not permitted. This is considered a breach of the Practice Standard - Professional Boundaries. ~~If you are engaged in a~~ sexual relationship with a patient/client ~~who is not the kinesiologist's spouse, this~~ is considered sexual abuse and subject to mandatory revocation of ~~the the kinesiologist's licence to practise certificate of registration~~ for five years.

~~You~~Due to the potential for power imbalances, ~~kinesiologists~~ should ~~also~~refrain, ~~where possible~~, from becoming ~~socially, romantically or sexually involved~~socially, romantically or sexually involved with ~~a member of the patient's/client's family~~a patient's/client's close personal relations. This type of behaviour, ~~while not explicitly prohibited by the RHPA~~, may make the patient/client feel uncomfortable. ~~Or~~, it may make the patient/client feel that ~~your the kinesiologist's~~ interests are being put ahead of theirs. ~~If the patient/client has a substitute decision maker, you are prohibited from entering into a relationship with that person. There may be a power imbalance between you and the substitute decision maker.~~The professional relationship extends to the substitute decision maker and, as such, crossing professional boundaries may affect the substitute decision maker's ability to put the patient's/client's interest first and make informed consent on treatment matters.

~~You are not permitted to engage in a~~ sexual relationship with a patient/client ~~is~~ **forbiddent** for a period of at least one year after the termination of the professional relationship.¹ ~~Even after this one~~

¹ This is a ~~new legislative amendment~~legislative requirement and the College does not have the authority to shorten this period. This period applies ~~to all kinesiologists and all patients/clients, regardless of the nature or length of the clinical~~

Commented [KS4]: Also should involve transfer of care if romantic feelings develop between the patient/client and the kin

Commented [KS5]: Legal Advice:
One year cooling off period-
There is an exception for emergency services where care is transferred as quickly as possible. However, that would be such a rare event in the kinesiology context that it is probably best not to get into it at all. It may just confuse things.

year period, it may ~~still not~~ never be acceptable or appropriate for ~~you a~~ kinesiologist to ~~commence~~ have a sexual relationship with the patient/client if a power imbalance continues to exist. The patient/client may feel pressured into ~~such a~~ the relationship or feel that ~~you are exploiting the~~ former the professional ~~relationship for your own gain~~ relationship is being exploited for the kinesiologist's gain. ~~You should be very careful in this regard, and if you suspect or notice that romantic feelings are developing between you and a patient (or a close personal relation of the patient), you should immediately seek professional guidance on the issue, and consider how a reasonable kinesiologist person would perceive the situation, and initiate discharge and transfer of care planning as soon as possible when initiating any further contact.~~

Conclusion

It is not advisable for a kinesiologist to treat a member of ~~your family~~ their family, even where doing so is permissible, or not specifically forbidden, by legislation and/or regulation. A family member can include ~~your a~~ spouse or partner, parent, child, sibling, grandparent or grandchild; a parent, child, sibling, grandparent or grandchild of ~~your one's~~ spouse or partner; or another individual ~~with~~ whom the kinesiologist you has ~~ve~~ a personal or emotional involvement that may ~~make you~~ affect the ability ~~unable~~ to exercise objective professional ~~judgment in the treatment of the~~ judgement regarding that person. ~~You may be~~ A kinesiologist may permitted ~~choose~~ to treat a family member if another health care professional is not readily available, ~~if it is~~ in an emergency situation, or for minor, episodic care. ~~You~~ Such treatment should be ~~limited in the length of the treatment and~~ and care should be ~~transfer~~ red care of the family member as soon as possible.²

~~relationship in all circumstances where sexual abuse may occur. As per the spousal exception, this one year period does not apply where the patient is the kinesiologist's spouse.~~

² Refer to the College's Practice Guideline: Treating Family Members and Other Close Personal Relations.

Issue or Decision Note

Issue or Decision: Practice Guideline Review/Revision – Professional Boundaries
Prepared for: Council
Date: March 28, 2022

Background:

- The College of Kinesiologists adoption of a spousal exception regulation pertaining to sexual abuse provisions under the Health Professions Procedural Code requires that the College ensure that information provided to registrants and the public is up to date and accurate.
- Practice Guidelines serve as supporting documents that provide context and help kinesiologists understand their responsibilities and make safe and ethical practice decisions.
- The Practice Guidelines may contain specific examples that could be extrapolated to a variety of circumstances that may arise.
- The College aims to have all the necessary information available to members in an efficient and streamlined manner, while being comprehensive, relevant and helpful.
- The College’s stated aim of preventing and eliminating sexual abuse by kinesiologists is facilitated by ensuring that the information available to registrants is accurate and in accordance with current legislation and best practices.

Public Interest Statement:

- Updates to Practice Guidelines should be made periodically and in response to legislative and other changes to the regulatory environment.
- In particular, Practice Guidelines should accurately reflect the information contained in the relevant Practice Standard(s)
- Practice Guidelines aim to describe the effective application of best practices as described in legislation and Practice Standards, thereby facilitating compliance with best practices.

Analysis

Professional Boundaries Practice Guideline

- This guideline was most recently revised in September 2017, and was reviewed in 2021 in keeping with the adoption of the spousal exception. The changes are tracked in the attached version.

- The most pertinent change was the addition of a description of the Spousal Exception in the sexual abuse section of the Practice Guideline. This description was quoted directly from the legislation.
- Language has also been inserted clarifying that sexual relations with patients, even in circumstances where permitted (such as where the spousal exception applies) are not encouraged due to the presence of power imbalances and potential for conflicts of interest.
- The following terminology changes have also been made, in keeping with environmental/regulatory best practices:
 - “*member*” when pertaining to a kinesiologist registered with the College, has been replaced with “*registrant*”
 - “*patient/client*” is used to refer to a person to whom the kinesiologist is providing services. This is a change from the original draft as presented to the Patient Relations Committee. This change was made to ensure consistency with all College documents.
 - Gender pronouns have been changed to gender-neutral pronouns (they/their/theirs) to promote inclusion, and for greater ease of reading/editing.
- Changes have also been made, where appropriate, for grammatical correctness and to promote readability.
- To promote consistent tone across documents, use of “you” when referring to the reader has been replaced with alternatives (such as “a kinesiologist”).

Motion:

Whereas a revised Practice Guideline – Professional Boundaries has been reviewed by the Patient Relations Committee and is being submitted to Council for approval,

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Guideline – Professional Boundaries to be published by the College.

Moved by _____ seconded by _____

Date: _____

Resolution – Update to Practice Guideline – Professional Boundaries

Whereas the College of Kinesiologists of Ontario has adopted the spousal exception to sexual abuse provisions in the *Regulated Health Professions Act, 1991*; and

Whereas the Council of the College of Kinesiologists has approved the review of Practice Standards and Guidelines in keeping with the adoption of the spousal exception; and

Whereas a revised Practice Guideline – Professional Boundaries has been reviewed by the Patient Relations Committee and is being submitted to Council for approval,

Resolution:

Therefore, be it resolved that the Council of the College of Kinesiologists has had the opportunity to review and approve the revised Practice Guideline – Professional Boundaries to be published by the College.

Moved by:

Seconded by:

Date: March 28, 2022

College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

Table of Contents

Introduction	4
The College Performance Measurement Framework (CPMF)	4
CPMF Model	5
The CPMF Reporting Tool	7
Completing the CPMF Reporting Tool	8
What has changed in 2021?	8
Part 1: Measurement Domains	9
DOMAIN 1: GOVERNANCE	9
DOMAIN 2: RESOURCES	27
DOMAIN 3: SYSTEM PARTNER	31
DOMAIN 4: INFORMATION MANAGEMENT	33
DOMAIN 5: REGULATORY POLICIES	35
DOMAIN 6: SUITABILITY TO PRACTICE	38
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	51
Part 2: Context Measures	54
Table 1 – Context Measure 1	55
Table 2 – Context Measures 2 and 3	57
Table 3 – Context Measure 4	58
Table 4 – Context Measure 5	59
Table 5 – Context Measures 6, 7, 8 and 9	61

Table 6 – Context Measure 10	63
Table 7 – Context Measure 11	65
Table 8 – Context Measure 12	66
Table 9 – Context Measure 13	67
Table 10 – Context Measure 14	69
Glossary.....	70

Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

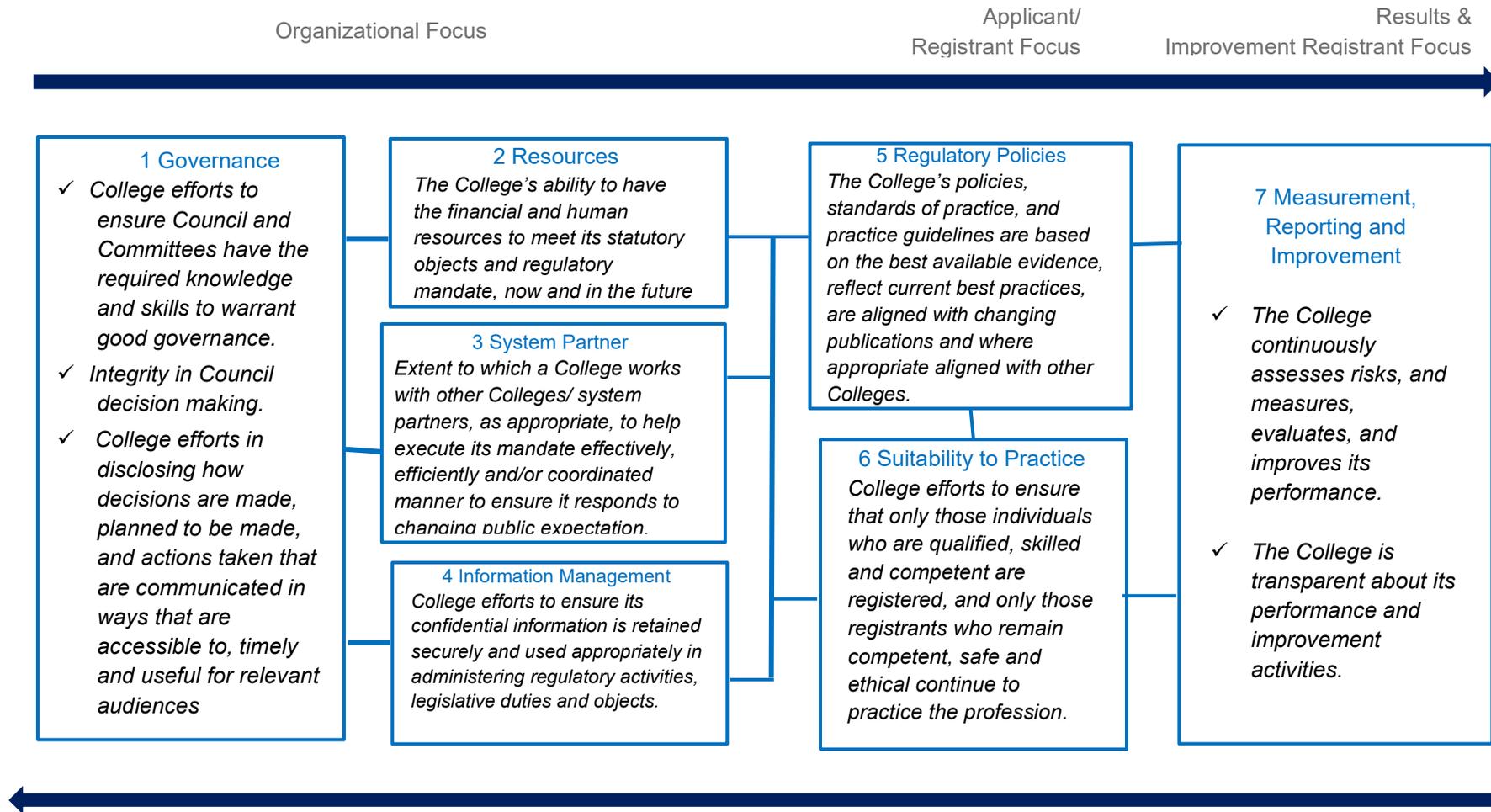


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

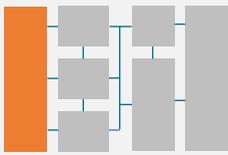
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and 	The College fulfills this requirement: <ul style="list-style-type: none"> • The competency and suitability criteria are public: <i>If yes, please insert a link to where they can be found, if not please list criteria.</i>
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			<i>Additional comments for clarification (optional):</i>

		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. 		
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		
			<i>Additional comments for clarification (optional):</i>		
		b. Statutory Committee candidates have:	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • The competency and suitability criteria are public: • <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> 		

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional):</i>	

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> Duration of orientation training. Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Please insert a link to the website if training topics are public OR list orientation training topics. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

Measure	
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i>
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>		
			<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. 	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				
<p><i>Additional comments for clarification (optional):</i></p>				

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

		ii. accessible to the public.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i>	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> Cooling off period is enforced through: Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; Insert a link to Council meeting where cooling of period has been discussed and decided upon; OR Where not publicly available, please describe briefly cooling off policy. 	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: • Please insert a link to the most recent Council meeting materials that includes the questionnaire. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>		
			<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
		<p><i>Additional comments for clarification (if needed)</i></p>		

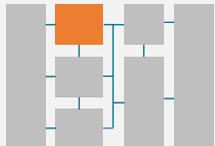
Measure	
3.1 Council decisions are transparent.	
Required Evidence	College Response
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
<i>Additional comments for clarification (optional)</i>	

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

Measure				
3.2 Information provided by the College is accessible and timely.				
Required Evidence	College Response			
a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px; vertical-align: top;"> <ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. </td> <td style="width: 20%;"></td> </tr> </table>	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 		
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 			
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%;"></td> </tr> </table>			
<i>Additional comments for clarification (optional)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px;"></td> <td style="width: 20%;"></td> </tr> </table>				
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 100px; vertical-align: top;"> <ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. </td> <td style="width: 20%;"></td> </tr> </table>	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. 		
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. 			

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		
		<p>Measure</p> <p>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</p>			
		<p>Required Evidence</p>	<p>College Response</p>		
		<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
	<p><i>Additional comments for clarification (optional)</i></p>				

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. 			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
			<p><i>Additional comments for clarification (optional)</i></p>			



Measure

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

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

Further clarification:

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

College Response

The College fulfills this requirement:

Choose an item.

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to most recent approved budget.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

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

Choose an item.

Additional comments for clarification (optional)

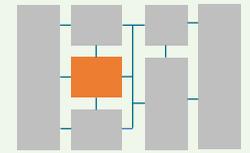
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p>		
			<ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Choose an item.</p>
			<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

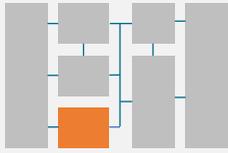


<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>

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

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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*



Measure

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

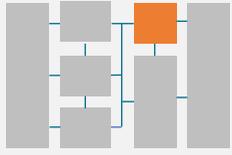
The College fulfills this requirement:

- Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.

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

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. 	
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				
<p><i>Additional comments for clarification (optional)</i></p>				



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

DOMAIN 5: REGULATORY POLICIES
STANDARD 8

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

College Response

The College fulfills this requirement:

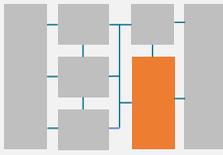
- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

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

Additional comments for clarification (optional)

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. 		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		
			<p><i>Additional comments for clarification (optional)</i></p>		

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).

² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure	
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	
c. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement: <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

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

Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
Required Evidence	College Response	
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: <i>If not, please provide a brief explanation:</i> 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
	<p><i>Additional comments for clarification (optional)</i></p>	

Measure:	
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .	
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: <i>If yes, please insert link to policy:</i>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
	<p><i>Additional comments for clarification (optional)</i></p>

⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - Public - Employers - Registrants - other stakeholders 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	
			<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. 	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.			
a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. 	Choose an item.	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (if needed)</i>

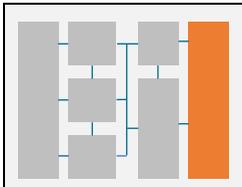
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
	Required Evidence	College Response
	a. The different stages of the complaints process and all relevant supports available to complainants are: <ol style="list-style-type: none"> i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and 	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (optional)</i>	

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
			<p><i>Additional comments for clarification (optional)</i></p>			
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p>			
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p>			
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			
			<p><i>Additional comments for clarification (optional)</i></p>			

	c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	
		<ul style="list-style-type: none"> • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (optional)</i>	
Measure			
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.			
	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	

			<i>Additional comments for clarification (optional)</i>		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure 12.1 The College addresses complaints in a right touch manner.			
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:		
			<ul style="list-style-type: none"> • Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). 		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
			<i>Additional comments for clarification (optional)</i>		

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure		
		13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	
			<ul style="list-style-type: none"> Please insert a link to the policy OR please briefly describe the policy. Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). 	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (if needed)</i>			

	<p>Measure 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.</p>		
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 14</p>	<p>Required Evidence</p>	<p>College Response</p>
<p>a. Outline the College's KPI's, including a clear rationale for why each is important.</p>		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. 	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Choose an item.</i></p> <p><i>Additional comments for clarification (if needed)</i></p>

Measure	
14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (if needed)</i>
Measure	
14.3 The College regularly reports publicly on its performance.	
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website.
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>
	<i>Additional comments for clarification (if needed)</i>

Part 2: Context Measures

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

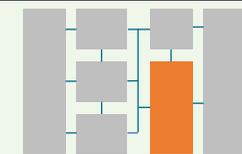
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>
Type of QA/QI activity or assessment:	#	
i. <Insert QA activity or assessment>		
ii. <Insert QA activity or assessment>		
iii. <Insert QA activity or assessment>		
iv. <Insert QA activity or assessment>		
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

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

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

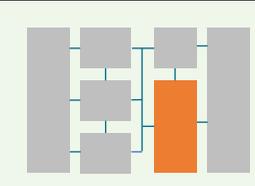
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
	#	%	What does this information tell us? <i>If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 2. Total number of registrants who participated in the QA Program CY 2021			<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.			
<u>NR</u>			
<i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

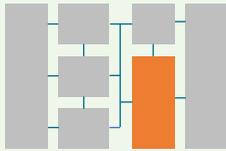
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*			
II. Registrants still undertaking remediation (i.e. remediation in progress)			
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

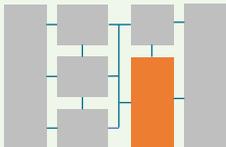
Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item.				
<i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care				
V. Intent to Mislead including Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse				
IX. Harassment / Boundary Violations				
X. Unauthorized Practice				
XI. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**		100%		100%

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

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

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021			<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021			
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2021			
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)			
II. Formal complaints that were resolved through ADR			
III. Formal complaints that were disposed of by ICRC			
IV. Formal complaints that proceeded to ICRC and are still pending			
V. Formal complaints withdrawn by Registrar at the request of a complainant			
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious			

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

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care							
V. Intent to Mislead Including Fraud							
VI. Professional Conduct & Behaviour							
VII. Record Keeping							
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

X.	Unauthorized Practice						
XI.	Other <please specify>						
<p>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2021.</p> <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p>							

Table 7 – Context Measure 11

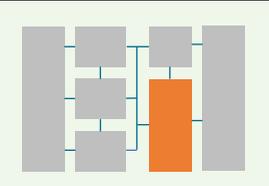
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<p><i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i></p> <p><i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i></p>
I. A formal complaint in working days in CY 2021		
II. A Registrar’s investigation in working days in CY 2021		
Disposal		
<i>Additional comments for clarification (if needed)</i>		

Table 8 – Context Measure 12

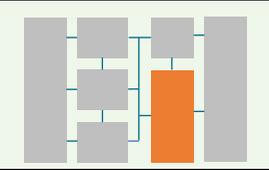
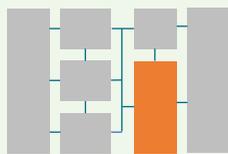
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
<p>Statistical data collected in accordance with the recommended method or the College’s own method: <i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>
I. An uncontested discipline hearing in working days in CY 2021		
II. A contested discipline hearing in working days in CY 2021		
<p>Disposal Uncontested Discipline Hearing Contested Discipline Hearing</p> <p><i>Additional comments for clarification (if needed)</i></p>		

Table 9 – Context Measure 13

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

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<p><i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p>
Type	#	
I. Revocation		
II. Suspension		
III. Terms, Conditions and Limitations on a Certificate of Registration		
IV. Reprimand		
V. Undertaking		
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p>Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR</p>		
Additional comments for clarification (if needed)		

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

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

Whereas the Ministry of Health formally launched this iteration of the College Performance Measurement Framework (CPMF) in October 2021; and

Whereas all health regulatory colleges are required to complete and submit the CPMF to the Ministry of Health and post the final copy to their websites by March 31, 2022; and

Whereas staff have completed a draft submission, which was provided to Council for review, and further refinement will occur, based on Council recommendations, after the March 28, 2022 Council meeting;

Resolution

Therefore, be it resolved that Council accept the draft CPMF for submission to the Ministry and posting to the College website on March 31, 2022.

Moved by:

Seconded by:

Date: March 28, 2022



Risk Management Plan

September 2021- August 2022

DRAFT



College of Kinesiologists Risk Management Plan

September 2021 – September 2022

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
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
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.
Council	Responsible for approving -Risk Tolerance Evaluation, -reviewing Risk Management Plan and periodically reassessing success of Risk Management Strategies.
Directors & Managers	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
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
Executive and Administrative Assistants	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

Risk Management Process and Activities

The College of Kinesiologists regularly undertakes risk management activities to protect the interests of the public, its registrants 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, and-
- resources of the College including knowledge of history, processes and legislative, operational and policy environment, staff, [office](#) 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/RegistrantStakeholder](#) Confidence
7. Governance
8. Compliance

Risk Occurrence Matrix

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
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 is the product of the consequence rating and 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 leading to:</p> <ul style="list-style-type: none"> • inconsistent practices, • inefficient work, • loss of confidence by employees and Council, • opportunity for fraud / theft 	<p>3-Moderate 2 Unlikely</p>	1 Minor	<p>3-Moderate 2 Low</p>	Manager (Finance and Operations, 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 ❖ Periodic review of contract files with Directors/Managers, and 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 Manager of Finance and Operations -and Executive Assistant allowing better oversight
2. Financial	<p>Risk of Fraud/Theft</p> <ul style="list-style-type: none"> • opportunity for fraud/theft 	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager (Finance and Operations)	<ul style="list-style-type: none"> ❖ Manager (Finance and Operations) reviews and verifies invoices prior to submitting to Registrar for approval ❖ All payments require signed off invoices. ❖ Bank -payment and cheques over \$5000 require two signatures ❖ Reconciliation processes in place for banking, credit cards, goods received, etc.

Formatted: Colorful List - Accent 11

Formatted Table

Formatted: Colorful List - Accent 11

Formatted: Left

Formatted: Left

Formatted: Colorful List - Accent 11

Formatted: Bulleted + Level: 1 + Aligned at: 0" + Indent at: 0.25"

College of Kinesiologists Risk Management Plan

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/registration in College • Uneven cash flow • Extraordinary expenditures 	2 Unlikely	2 Serious	4 Moderate	Council, Registrar, Directors/ Managers	<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 ❖ 18-24 month monthly cash flow projections maintained and reviewed with Finance Committee to determine needs for adjustment. ❖ All unbudgeted financial commitments in excess of \$20,000 require prior review by Finance and Planning Committee –and approval by Council ❖ Regular financial reporting to Council at each Council meeting

Formatted Table
Formatted: Colorful List - Accent 11
Formatted: Colorful List - Accent 11
Formatted: Colorful List - Accent 11

College of Kinesiology Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
4. Financial	Poor financial management results in the College being unable to meet strategic initiatives	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 that are flexible ❖ Quarterly review of financial forecasts -and the -projections for cash flow ❖ Monthly update to 18-24 month cash flow projections ❖ Re-evaluation of financial commitments following annual registration renewal. ❖ Annual audits by outside/independent auditor <ul style="list-style-type: none"> ○ Audit opinion provided and advice ○ Advice is implemented accordingly ❖ Reserve Fund policies reviewed by Finance and Planning Committee. ❖ Target Operating Capital Unrestricted Reserve set by Finance and Planning Committee.
5. Financial	Unfair, non-transparent and non-competitive procurement processes lead to: <ul style="list-style-type: none"> • Inability to assure Council and registrants that the College has achieved best value for money • Loss of vendor confidence • Difficulties in contract management • 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 for Proposal for projects exceeding particular amounts ❖ Review of procurement policy on a regular and periodic basis

Formatted Table

Formatted: Colorful List - Accent 11

College of Kinesiology Risk Management Plan

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	Registrar, Finance and Planning Committee, Council	<ul style="list-style-type: none"> ❖ Training for Council and Finance & Planning Committee on financial oversight, interpreting statements, etc. ❖ Council ensures that appointments to Finance and Planning Committee include individuals with financial expertise ❖ Finance and Planning Committee is provided with information on procurement strategies for large projects ❖ Council -annually hires reputable auditor to carry out an audit of the College's finances ❖ Annual review and approval of budget by Council. ❖ Council reviews in-year expenditure and revenue reports on a quarterly basis ❖ Business plans and briefing notes reviewed by Council or Committees prior to proceeding with expenditures on planned projects
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 	3 Moderate 2 Unlikely	2 Serious	6 Moderate 4 Moderate	Registrar, Directors/ Managers	<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 management to ensure project goals are met ❖ Business cases reviewed by Committees including Finance and Planning Committee as necessary. ❖ Periodic review of contracts and legal review where necessary

Formatted Table

Formatted: Colorful List - Accent 11

Formatted: Colorful List - Accent 11

Formatted: Colorful List - Accent 11

<p>8. Information Management</p>	<p>Breach of confidentiality relating to:</p> <ul style="list-style-type: none"> • Staff personal information • Registrant information • Applicant information • Vendor information • Patient/Client information • Council Member information 	<p>3 Moderate 4 High</p>	<p>2 Serious</p>	<p>6 Moderate 8 High</p>	<p>All</p>	<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. Confidentiality agreements signed annually ❖ 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 ❖ Signed confidentiality agreement in place for permanent and seasonal staff, vendors, Council and Committee members and volunteers ❖ Self-Assessment and e-learning module data housed on secure external server ❖ Peer and practice assessment patient record file sharing on College's secure file sharing solution, Filesafe Cloud ❖ Anyone engaged in College work, including Council, committees, and volunteers are trained on policies and protocols in place for ensuring confidentiality including cyber security ❖ File safe cloud software for increased security
----------------------------------	---	--------------------------------------	----------------------	--------------------------------------	------------	---

- Formatted: Colorful List - Accent 11
- Formatted: Colorful List - Accent 11
- Formatted: Colorful List - Accent 11
- Formatted: Centered
- Formatted: Centered

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
						<ul style="list-style-type: none"> ❖—Records retention schedule that outlines length of retention, archival, and final disposition ❖ Staff trained via Websdepot on cyber security i.e., phishing emails ❖ Periodically update and change passwords <u>i.e.</u>, Social media accounts ❖ Ensure antivirus and malware protection, and Zoom software updates regularly ❖ Unique access codes and passwords for each meeting ❖ Allow meeting host to screen participants before entering meeting

Formatted Table

Formatted: Colorful List - Accent 11

						<ul style="list-style-type: none"> ❖ ASI has implemented many security containment controls for CloudPlus clients, including: ❖ Practicing secure development and testing policies for the iMIS product in accordance with guidelines issued by the Open Web Application Security Project® (OWASP) ❖ Conducting quarterly internal web application penetration testing of the iMIS product ❖ Engaging a third party on an annual basis to perform web application penetration testing of the iMIS product including the API ❖ Deploying SentinelOne Managed Detection Response (MDR) antimalware agents on every endpoint in all ASI networks, enforcing their placement and anti-tampering by policy ❖ Partnering with Critical Start and their global Security Operations Center to monitor the SentinelOne MDR agents 24/7/365 ❖ Protecting all web sites behind a Cloudflare Web Application Firewall (WAF) to actively defend against attacks before access is granted to any page on any iMIS web site ❖ Enforcing Multi-Factor Authentication (MFA) on any form of remote access to any asset on any ASI-controlled network, this includes RDP, FTP, and VPN access as well ❖ Deployment of Privileged Access Workstation System controls to limit domain administration privileges only to known trusted users accessing from known trusted physical devices ❖ Deployment of Local Administrator Password Solution (LAPS) controls to
--	--	--	--	--	--	---

Formatted: Bulleted + Level: 1 + Aligned at: 0" + Indent at: 0.25"

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
						limit local administration privileges only to known trusted users with MFA verification ❖ Using automation, they monitor vulnerable third-party web controls installed on any Virtual Machine in their production operations environments with immediate remediation ❖ Using automation, monitor for known malware script signatures installed on any VM in their production operations environments with immediate remediation ❖ Practice their Data Protection and Privacy operations in accordance with their fully mature Data Protection Plan that aligns with the framework created by the National Institute of Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity v1.1, as published April 16, 2018 ❖ Achieved ISO 27001:2013 certification as of 18 June 2021 ❖ Ensuring IMIS system is up to date with the most recent Service Pack release to ensure protection from known security vulnerabilities

Formatted Table

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"> • Incomplete files • Inaccurate info posted on public register • Inaccurate information provided to staff/Council/Committees/ other stakeholders • Duplication of records • Inefficient processes • Inability to report accurately and in a timely and efficient manner 	4 Likely 3 Moderate	2 Serious	8 High 6 Moderate	Registrar/Executive Officer, Directors/Managers, 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 Director of Operations-Executive Assistant ❖ 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: registrant specific information ❖ Ongoing review of records management infrastructure ❖ <u>Appropriate investments in maintenance and upgrades to records management infrastructure, as required</u>

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
10. Information Management	Unintended destruction or loss of records	2 Unlikely 1 Rare	3 Major	6 Moderate 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 ❖ Transfer of documents from office to home-office is limited ❖ VPN access to files on H: drive available to staff working remotely using College equipment and remote login for those using their personal computer equipment to limit access to electronic file ❖ Bank records stored and copies of cheques retained ❖ Increased permissions for who can edit/delete or move a file
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 registrants complain that their electronic records are inaccurate. The public is unable to effectively use the public register.	2 Unlikely	3 Serious	6 Moderate	Registrar Director (Registration) Manager (Finance and Operations)	<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 registrants, staff, or public of database difficulties ❖ Ensure that staff are properly trained on all database functions ❖ Create CSA alerts for Registration, ICRC and QA ❖ iMIS support ensures that financial records from iMIS are easily extracted/used for planning and budgeting purposes, refunds and tax receipts for registrants

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
12. Information Management/Loss of confidence	Inability to provide up-to-date accurate information relating to registrants on the public register	3 Moderate	2 Serious	6 Moderate	Director (Registration) Manager (Professional Conduct) (Communications)	<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 — Review of IT needs for portfolios and capacity of iMIS system to record required portfolio information
13. Information Management/Loss of confidence	-Information provided to the public and stakeholders through public website is inaccurate, inconsistent, not easy to access, and/or causes confusion	4 <u>Likely</u> 2 <u>Unlikely</u>	2 Serious	84 <u>High</u> <u>Moderate</u>	Manager (Communications) 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 ❖ Development of videos to make information easy to understand ❖ Regular cross-functional collaboration on website content

Formatted Table

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
14. Information Management/ Loss of confidence	Inaccurate or disparaging information is circulated about the College on social media-/ the internet	2 Unlikely	2 Serious	4 Moderate	Manager (Communications)	<ul style="list-style-type: none"> ❖ Monitoring of College's social media channels for feedback ❖ Keyword monitoring on internet search portals ❖ Development of appropriate, individualized responses to concerns ❖ Ensuring accurate information about College processes is available on College's website, social media ❖ Use of legal options where information is posted in breach of legal duty (e.g. employee, confidentiality)
15. Information Management	<p>Computers systems are compromised due to:</p> <ul style="list-style-type: none"> • Virus • Security breach • Malware / Ransomware 	2 Unlikely	3 Major	6 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 ❖ Maintenance of appropriate and up-to-date firewall and anti-virus software by IT service provider ❖ 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 ❖ Procurement of Cyber insurance coverage (including Ransom insurance) ❖ Development of cyber security roster ❖ Training provided for all new staff via Websdepot regarding cyber security e.g., phishing emails ❖ Multi-factor Authentication used for certain applications for staff log-in ❖ Ensure antivirus and malware protection, and Zoom software updates regularly

Formatted Table

College of Kinesiology Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
16. Capital Equipment/ Furnishings	Computers, servers and other items of value belonging to the College are stolen	1 Rare	2 Serious	2 Low	Manager (Finance and Operations)	<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 and are periodically updated according to schedule ❖ Overtime is pre-approved by Registrar or Manager of Finance and Operations to ensure offices are not being frequented without knowledge of senior management ❖ Adequate insurance coverage in place to cover replacements or address potential breach ❖ Monitoring of equipment inventory that is taken offsite
17. Capital Equipment/ Furnishings	Permanent damage to equipment and/ or furnishings due to water/fire damage, abuse by individuals.	2 Unlikely	2 Serious	4 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Adequate insurance is in place to cover 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 with periodic fire drill training

Formatted Table

Formatted Table

College of Kinesiologists Risk Management Plan

18. Examination	Exam Security is breached	2 Unlikely	3 Major	6 Moderate	Examinations Coordinator, Director (Registration) Contractors	<ul style="list-style-type: none"> ❖ Strict protocols are in place for handling and storage of examination materials ❖ Staff and all persons involved in the development and approval of exam items and test forms trained on the risk of breach of the exam ❖ Reports of breach are addressed immediately through appropriate process (refer to policy) ❖ 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 exam items and test forms ❖ Invigilators, and members of the IWC and 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 hosting and development ❖ Different exam form administered for consecutive exams ❖ Multi-Factor Authentication (MFA) on login to the Meazure online exam platform ❖ Meazure Learning conducts annual third-party penetration testing on the Meazure Exam Platform ❖ Meazure Learning utilizes the following security controls in the protection of critical infrastructure: <ul style="list-style-type: none"> - All web application servers are fronted by Cloudflare's WAF - All Meazure Learning corporate endpoints are monitored 24x7 by CrowdStrike using Falcon Complete
-----------------	---------------------------	---------------	------------	---------------	---	---

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
						<ul style="list-style-type: none"> - All Internet-facing web application servers are in private network segments with all inbound traffic routed through Amazon Bastion servers - Access is granted on a need-to-know, role-based model adhering to the least-privileged-access principle - Privileged access to infrastructure requires multi-factor authentication - Administrative access to databases requires three distinct sets of credentials including one MFA authentication - SSH access to infrastructure endpoints requires two distinct sets of credentials in addition to the credentials required to access the server/endpoint itself ❖ All SSH traffic is routed through an SSH-proxy server ❖ Encryption <ul style="list-style-type: none"> ○ Data in transit is encrypted using a minimum of TLS1.2 or higher ○ Data at rest is encrypted with a minimum of AES256 encryption. This includes: ○ Databases use Transparent Database Encryption (TDE) <ul style="list-style-type: none"> ▪ Amazon S3 buckets ▪ Backup sets

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
19 Examination	Breach of confidentiality for exam, applicant or registrant information as a result of student placement	2 Unlikely	3 Major	6 High	Director (Registration), Examination Coordinator Director (QA)	<ul style="list-style-type: none"> ❖ Exam is offered online. Requests for paper exam is rare. Exam is no longer stored on premises, will be kept in secure safe while on premises ❖ Student not working in office without other staff present ❖ Appropriate electronic and physical access restrictions in place. ❖ Student trained on importance of confidentiality; signed confidentiality agreement in place. ❖ Discussions about registrants or applicants are conducted in private
20. 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 of persons 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 Exam Blueprint (every 5-7 years)

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
21. 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, or • Other irregular circumstances 	1 Rare	2 Serious	2 Low	Registrar, Director (Registration) Examination 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 and are periodically reviewed and updated as required ❖ Examination Appeals Policy in place to deal with procedural irregularities and is periodically reviewed and updated as required
22. 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

Formatted Table

Formatted Table

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
23. 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 	3.5 Moderate 2 Unlikely	2 Serious	6 Moderate 4 Moderate	Registrar All staff	<ul style="list-style-type: none"> ❖ Procedures are documented for all key functions ❖ Each person is assigned a “back-up” role ❖ Succession planning, including an awareness of who may be named Acting Registrar in the absence of the Registrar. ❖ Staff to receive cross-functional exposure and training to provide the necessary competencies and knowledge base to act as Registrar when/if required. ❖ Council, Executive Committee and other relevant Committees are kept informed of ongoing matters that involve the Registrar’s powers of investigation or other regulatory matters. ❖ 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 Executive 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 ❖ Organization has disability benefits in place to mitigate financial risks associated with employee on long-term disability

Formatted Table

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
24. Human Resources	<p>Extended disruption in work due to emergency situation, such as:</p> <ul style="list-style-type: none"> • Fire • Flood • Extreme weather event • Security Incident • Extended public lockdown (Pandemic) • Transportation disruption • Power loss • Similar emergency circumstances 	<p>3 Moderate</p> <p>2 Unlikely</p>	<p>2 Serious</p>	<p>6 Moderate</p> <p>4 Moderate</p>	Registrar Manager (Finance and Operations)	<ul style="list-style-type: none"> ❖ Emergency plan in place with assigned roles for staff, up-to-date contact information for staff ❖ Back-up arrangements in place with appropriate service providers (e.g. alternative work measures, remote access to computer systems, etc.) ❖ Training for staff and Council on emergency procedures ❖ Activation of Business Continuity Plan and Disaster Management Plan
25. Human Resources	Lack of French-speaking staff member is raised as an issue with media, the Ministry, the Fairness Commissioner or other authoritative body	<p>1 Rare</p> <p>2 Unlikely</p>	<p>0 Negligible</p> <p>3 Major</p>	<p>0 No</p> <p>6 Moderate</p>	Registrar	<ul style="list-style-type: none"> ❖ All key website content and publications provided in French and English ❖ Consider ways in which French language services can be easily accessed ❖ Ability to procure translation services quickly if needed in an extraordinary circumstance ❖ Recruitment of French-speaking staff member(s) ❖ Collaborate with other Colleges regarding shared translation resources and services, including options for front-line communications in French.

Formatted Table

<p>26. Human Resources</p>	<p><u>Poisoned work environment</u><u>Organizational culture issues caused by/</u>resulting in:</p> <ul style="list-style-type: none"> • Low staff morale • Interpersonal conflicts • Complaints of harassment • Decreased productivity • High staff turnover rate 	<p>3 Moderate 2 Unlikely</p>	<p>2 Serious</p>	<p>6 Moderate 4 Moderate</p>	<p>Registrar, Council, Staff</p>	<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. ❖ Policy on Violence & Harassment in the Workplace reviewed annually and training provided annually to Council, staff and Committees. ❖ 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 ❖ Appropriate and up-to-date HR policies in place and regularly reviewed ❖ President/Council oversight and regular performance review of Registrar ❖ Employee Assistance Plan and other benefits in place for full-time staff. ❖ Measures in place for reporting to Registrar or designate staff ❖ <u>Development and implementation of team-building/morale-boosting staff activities.</u> ❖ <u>Ensure staff are aware of resources and supports to help promote and maintain health and well-being.</u>
----------------------------	---	--	----------------------	--	--	--

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
27. Human Resources	Staff are ineffective in their roles due to <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 • Lack of expertise • Lack of commitment to the values of the organization 	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager (Finance and Operations)	<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 their supervisor occur regularly ❖ Performance reviews for all staff identify developmental and training needs/opportunities. ❖ Orientation package and program for all new hires ❖ HR policies reviewed regularly and updated as necessary. ❖ All staff required to review and confirm their understanding of HR policies. ❖ Staff are provided with training on office procedures, guidance in relation to work assigned, and training to address skills gaps in relation to assigned work

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
28. Human Resources	Lack of expertise on the part of staff leads to poor decisions by Committees and Council	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager (Finance and Operations)	<ul style="list-style-type: none"> ❖ Selection criteria correspond to the skills, experience and qualities required to perform effectively in the position being recruited. Target hiring levels set as part of recruitment process. ❖ Senior staff collaborate with peers in other Colleges to ensure that approaches being proposed in the College are current and consistent with developing practices in the field ❖ Training needs are identified in annual performance planning and report on training outcomes in same document. ❖ Probationary employees reviewed according to schedule and at a minimum after six months ❖ The College uses legal and other expert services for advice for critical decisions, as needed
29. 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 <u>Moderate</u> 2 <u>Unlikely</u>	3 <u>Major</u> 2 <u>Serious</u>	9 <u>High</u> 4 <u>Moderate</u>	Registrar/ Directors/Managers	<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 revenues to meet extraordinary expenses ❖ Regular review of staffing needs, staff performance to align with operational needs of the College

Formatted Table

Formatted Table

<p>30. Loss of Confidence in CKO</p>	<p>College does not ensure, or is seen not to ensure, competence of its registrants, through its registration, quality assurance and professional conduct processes</p>	<p>2 Unlikely</p>	<p>3 Major</p>	<p>6 Moderate</p>	<p>Registrar All staff</p>	<ul style="list-style-type: none"> ❖ Registration requirements are reviewed to ensure registrants are practising safely and professionally at entry-to-practice level ❖ Self- assessment, e-learning modules, peer and practice assessment and remediation are seen as valuable tools and processes that enable registrants to maintain and enhance their competence. ❖ Data from various programs is used to identify registrants' learning needs, to identify areas of risk for the profession that inform assessment and remediation policies, to inform development of resources and supports, and to inform universities of developing trends and performance on exams by their graduates ❖ Regular communications efforts with registrants, employers, other stakeholders on the value of registration, quality assurance and public accountability ❖ Periodic, scheduled review of entry-to-practice and essential competencies, standards/guidelines and other materials for revisions and updates ❖ Work with other colleges on the development of joint resources relating to standards ❖ Training of all statutory committees to ensure they discharge their mandate accordingly; ❖ Program evaluation for Registration, QA and PC functions ❖ Ensuring accurate and timely communication to registrants, the public and other stakeholders regarding emerging and developing areas of risk that may be associated with changes to best practices
--------------------------------------	---	-----------------------	--------------------	-----------------------	--------------------------------	---

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
31. Loss of Confidence in CKO	Applicant/Registrant 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 registrant numbers • Lack of commitment to QA • Lack of awareness of reporting and mandatory reporting processes 	2 Unlikely	3 Major	6 Moderate	Council, Registrar, Directors/Managers	<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 registrants to ensure understanding of the College’s role and why regulation matters ❖ Increased efforts to protect the title “kinesiologist” ❖ Information to the public and membership on the value of regulation and membership ❖ Solicit feedback from registrants on CKO program components and services ❖ Change in by-law and governance structure (competencies)

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
32. Loss of Confidence in CKO	Poor customer service/public relations	3 Moderate	1 Minor 2 Serious	3 Moderate 6 Moderate	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) ❖ Regular review of website material to ensure accessibility of information in easy-to-use formats ❖ Regular evaluation and reporting of inquiry tracking metrics to establish benchmarks for client service and to provide analytical information for the development of resources for registrants ❖ [Yearly/Semi-Annually/Quarterly] customer service survey/outreach efforts to groups/individuals who have had interactions with the College
33. Loss of Confidence in CKO	Public, registrants, government and/or other stakeholders perceive the College as not being transparent and/or fair	2 Unlikely	2 serious 3 Major	4 Moderate 6 Moderate	Council, Registrar	<ul style="list-style-type: none"> ❖ Adoption and use of Transparency Principles ❖ Public education on need for confidential processes in appropriate circumstances ❖ Collaboration with other Colleges on communications strategies ❖ Implementation of Bylaws related to transparency ❖ Regular reporting on activities of the College against key performance metrics ❖ Adoption and application of Equity, Diversity, Inclusion and anti-Bias principles and practices.
34. Loss of Confidence in CKO	The College's policies and procedures are perceived as unfair or facilitating/supporting embedded or systemic racism, discrimination, and/or bias.	1 Rare	2 Serious	2 Low	Staff	<ul style="list-style-type: none"> ❖ Adoption and application of Equity, Diversity, Inclusion and anti-Bias principles and practices. The College has published an anti-racism statement.

Formatted Table

Formatted Table

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
						<ul style="list-style-type: none"> ❖ Adopt an Equity Impact Assessment tool that will be applied to policy and document development and review. ❖ Development of outreach and collaboration strategies between the College and BIPOC/other identified groups (including rural/geographically remote communities). ❖ Review and develop policies and procedures specific to issues involving various tribunals such as Human Rights Tribunal, Office of the Fairness Commissioner and the Ombudsman's Office
<p>34-35. Governance</p>	<p>Council/Committee members and volunteers not adhering to Code of Conduct, Bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> • Decision or process is not based on principles that apply universally to everyone; • Decision or process creates an unfair advantage or disadvantage for a particular group; • Decision or process does not consider risk of harm and protect the public; • Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry; • A breach of the fiduciary obligation of the person to the College; and • A liability for either the College and/or the person involved • Decreased morale 	<p style="text-align: center;">3 <u>Moderate</u></p> <p style="text-align: center;">2 <u>Unlikely</u></p>	<p style="text-align: center;">2 Serious</p>	<p style="text-align: center;">6-Moderate 4 <u>Moderate</u></p>	<p style="text-align: center;">Council President, Registrar</p>	<ul style="list-style-type: none"> ❖ Facilitate regular Council and Committee members complete orientation and on-going training ❖ Council/Committees and volunteers complete self-evaluations, peer evaluations and Council/committee evaluations, identify opportunities for Council-wide and individual improvement, and complete continuing professional development ❖ Effective leadership training for Council members (e.g., workshops, conferences, etc.) that focus on good governance. ❖ Update by-laws and policies as needed

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
35.36. Governance/_Compliance	<p>Conflict of Interest by Council, committee members, volunteers, staff undeclared/inappropriately managed resulting in:</p> <ul style="list-style-type: none"> Decision or process is not based on principles that apply universally to everyone; Decision or process creates an unfair advantage or disadvantage for a particular group; Decision or process does not consider risk of harm and protect the public; Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry; A breach of the fiduciary obligation of the person to the College; and A liability for either the College and/or the person involved 	<p>3 Moderate</p>	<p>2 Serious</p>	<p>6 Moderate</p>	<p>Registrar, Council, Directors/Managers</p>	<ul style="list-style-type: none"> ❖ By-Laws and Conflict of Interest Policy articulate what constitutes a conflict of interest, with clear examples, and outline process for managing/resolving COI training provided for all Council, committee members, volunteers and staff annually ❖ Foster culture of openness and transparency -for members to trust disclosing conflicts or potential conflicts ❖ Council and Committee members required to declare or disclose conflicts of interest annually and prior to -each meeting using disclosure forms. Forms to be retained, circulated with Council meeting material, and conflicts documented in meeting minutes. ❖ Council and committee members required to disclose/declare conflicts of interest at beginning of each meeting. Conflicts documents in meeting minutes. ❖ Volunteers required to declare/disclose potential conflicts annually ❖ Clear communication of consequences for breaching COI (e.g., removal from Committee/Council). Ongoing Council and committee feedback and performance evaluation on managing conflict of interest ❖ Periodic review of COI disclosure forms and COI Policy, and amendments as necessary

Formatted Table

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
36,37. Governance/Compliance/ Loss of confidence	<p>Council/Committee operating outside of mandate; or seen to be advocating for profession</p> <p>Becoming engaged with operational matters resulting in:</p> <ul style="list-style-type: none"> Poor or inconsistent decisions Decision or process is not based on principles that apply universally to everyone; Decision or process does not consider risk of harm and protect the public; Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry 	3 Moderate	2 Serious	6 Moderate	President, Council, Registrar,	<ul style="list-style-type: none"> ❖ College implement competency-based assessment and education, ensuring prospective and current Council and Committee members understand the College mandate and their roles and fiduciary duties ❖ Conflict of Interest Policy articulates what constitutes a conflict of interest, with clear examples ❖ Regular orientation and training, on Terms of Reference, mandate and legislative authority, and Governance ❖ Track and monitor committee dispositions regularly ❖ Provide legal advice to Council/Committees ❖ Registrants interested in serving on Council/committees complete mandatory orientation program to ensure they understand the College's mandate ❖ Advanced planning by staff on Council agendas to ensure items going forward focus on public protection mandate. ❖ Ongoing Council and committee feedback and performance evaluation on meeting mandate
37,38. Compliance	Risk of bias or misconduct by staff, investigator, volunteer, or panel members in relation to a College process/ file under review	2 Unlikely 1 Rare	2 Serious	4 Moderate 2 Low	Registrar, Directors/Managers	<ul style="list-style-type: none"> ❖ Ensure only experienced and reputable investigators are appointed ❖ Provide ongoing training to volunteers and Committee members regarding role, mandate, expectations, conflict of interest ❖ Clear communication of consequences for misconduct (e.g. removal from Committee/Council, professional misconduct) ❖ Review of reports of investigation by Director (Professional Conduct)

Formatted Table

Formatted Table

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
38.39. 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 • MOH • Ministry of Labour 	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager (Finance and Operations)	<ul style="list-style-type: none"> ❖ Continually ensure compliance with labour standards and AODA, and health and safety legislation and directives ❖ Privacy policies in place ❖ 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 ❖ Staff select member to act as Health and Safety Rep. ❖ Periodic meeting of Registrar and all staff to discuss health and safety measures, office protocols to protect health and safety and compliance with labour standards.
39.40. Compliance	Failure to report to MOH on required performance metrics or other requirements	1 Rare	2 Serious	2 Low	Registrar All Staff	<ul style="list-style-type: none"> ❖ Monitor compliance with College Performance Measurement Framework standards and progress ❖ Proactive advanced preparation for future reporting requirements ❖ Regular consultation with MOH representatives on College performance and expectations ❖ Collaboration with other regulatory bodies, HPRO, and key stakeholders on reporting framework, including sharing key templates and resources ❖ Consultation with focus groups (e.g. Citizen's Advisory Group)

Formatted Table

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
41. Compliance	<p>Failure to comply with proposed legislative amendments pertaining to governance reform and regulatory modernization including:</p> <ul style="list-style-type: none"> • Implementing Core Governance reform • French Language Services Act • Reporting to Auditor General • Oversight by Patient Ombudsman 	<p><u>1</u> Rare</p>	<p><u>3</u> Major</p>	<p><u>3</u> Moderate</p>	<p>Registrar All Staff</p>	<ul style="list-style-type: none"> ❖ Letter has been written and submitted to Ministry of Health regarding proposed governance reforms and regulatory modernization initiatives. Letter includes requests and recommendations from College's perspective regarding support that may be required to implement proposed reforms/changes. ❖ College to collaborate where possible with government and other regulatory bodies to implement any legislative reforms, amendments and updates.

Formatted Table

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/Manager and the Registrar develop detailed plans for Risk Mitigation. Detailed plans are reviewed and status of implementation and risk assessment are updated twice annually and when/if required based on emerging risks.

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– Enterprise Risk Management, Business Continuity and Disaster Preparedness Plans 2021-2022

Whereas, Council is responsible for oversight of the College and assuring its ongoing viability, and

Whereas, as part of its oversight role, Council reviews the Enterprise Risk Management Plan to consider and determine the Risk Tolerance of the College and to be assured that the College has considered possible risks and has in place measure and planned responses to address risk, and

Whereas, Council has reviewed the updated Enterprise Risk Management Plan for 2021-2022 and 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 2021-2022 and approves the risk prioritization as presented therein.

Moved by: _____

Seconded by: _____

Decision: Carried/Defeated/ Amended

Date: March 28, 2022

Proposed Committee Composition 2021/2022

Green= Committee Chair or Vice-Chair

Committee	Professional members 2021/2022	Public members 2021-2022	Member(s)-at-large 2021/2022
Executive	Jennifer Pereira Ben Matthie Susan Garfat	Victoria Nicholson Mary Pat Moore	
Finance	Ben Matthie, (Chair) Jennifer Pereira	Chad McCleave (Vice Chair) Mary Pat Moore Brad Markis	
Registration	Ryan Wight,(Chair) Graydon Raymer Jennifer Pereira Ben Phalavong Corby Anderson	Sara Gottlieb, (Vice Chair) Victoria Nicholson Brad Markis Leslee Brown <u>Jana Smith</u>	Kristen Baker Alyssa King William Gittins Miriam Fong
Quality Assurance	Graydon Raymer (Chair) Marie Cousineau Candace Glowa Susan Garfat	Leslee Brown, (Vice Chair) Victoria Nicholson, Vice Chair Teresa Bendo Brad Markis <u>Jana Smith</u>	Alicia Oliveira Janice Gage Adeola Giwa Xana Ouellette Abiy Wolde-Michael
ICRC	Ben Matthie, Chair (Vice Chair) Susan Garfat, Vice Chair Ben Phalavong Corby Anderson	Leslee Brown (Chair) Chad McCleave Teresa Bendo Brad Markis <u>Jana Smith</u>	Sasha T- Atkinson Francesca McKenzie Leanne Smith Evan Irani Kimberly Finnie
Patient Relations	Marie Cousineau Corby Anderson Ben Phalavong Ryan Wight	Teresa Bendo, Chair Victoria Nicholson, (Vice Chair) Sara Gottlieb Mary Pat Moore	Ariel Zohar Aaron McCullagh Jane Gage
Examination Appeals	Candace Glowa, Chair Ben Matthie	Chad McCleave Mary Pat Moore	
Discipline	All	Sara Gottlieb, Chair Mary Pat Moore, Vice Chair	Alyssa King Pamela Paquette
Fitness to Practise	Ben Matthie (Chair)	All	Amber Provencal Levesque

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough



Resolution- Revised Committee slate for 2021/2022

Whereas Council approved the proposed Committee slate as presented at the September 27, 2021 Council meeting; and

Whereas Council members are appointed to Council as other appointments expire or members resign each year.

Whereas a revised slate for committee membership is developed and brought forward to Council 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 following:

Jana Smith to the QA Committee, Registration Committee and ICRC Committee

Ben Matthie, Chair of the ICRC

Susan Garfat, Vice Chair of the ICRC.

Victoria Nicholson, Vice Chair, Quality Assurance Committee

Moved by:

Seconded by:

Date: March 28, 2022