

March 31, 2025 Council Meeting Materials

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Council Meeting

Draft Agenda

Date: March 31, 2025

Time: 12:40 p.m.

Location: Virtual

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

LOGIN INFORMATION

Topic: March Public Council Meeting

Time: Mar 31, 2025 12:40 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89015098226>

Meeting ID: 890 1509 8226

AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
	9:00 am – 12:00 pm	Council in-camera session			
	12:00 pm – 12:40 pm	LUNCH			
1	12:40 pm	Call to order, roll call, welcome	B. Matthie	No	Information
2	12:41 pm	Introductions	B. Matthie	No	Information
3	12:42 pm	Conflict of interest declarations	B. Matthie	No	Decision
4	12:43 pm	Approval of agenda	B. Matthie	Yes	Decision
5	12:44 pm	Approval of minutes: • December 2, 2024	B. Matthie	Yes	Decision
6	12:45 pm	Action Items from the December 2 meeting: <ul style="list-style-type: none"> Review and report information regarding duration of members' tenure with the College. - Complete Explore opportunities to refine and enhance data collection including information regarding member's practice (e.g. public vs private settings). - Ongoing 			
7	12:50 pm	Registrar's Report	N. Leris	No	Information
8	1:00 pm	President's Report	B. Matthie	No	Information
9	1:05 pm	Bylaw Amendment <ul style="list-style-type: none"> Bylaw 8 - Registrar Bylaw 19 - Fees 	B. Fehst	Yes	Decision
10	1:25 pm	Draft Privacy Code	F. Teape	Yes	Decision



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
11	1:40 pm	Practice Guideline – Patient/Client Centred Care – Public Consultation Report	B. Fehst	Yes	Decision
12	1:55 pm	Policy Review Schedule	B. Fehst	Yes	Information
2:05 pm		BREAK			
13	2:15pm	Revised Risk Management Plan	W. Fung	Yes	Decision
14	2:35pm	College Performance Measurement Framework (CPMF)	B. Fehst	Yes	Decision
15	2:55pm	Revised Committee Slate	S. Hanna	Yes	Decision
16	3:00 pm	Communications Update	S. Hanna	No	Information
17	3:15pm	Committee Reports <ul style="list-style-type: none"> • Executive • Governance and Nominations • ICRC • Quality Assurance • Registration • Planning & Finance • Q2 Finance Report • Dashboard 	All Chairs	Yes	Information
18	3:30pm	Meeting Evaluation	All Council	Yes	Information
	3:35pm	ADJOURNMENT			

Next Council Meeting: June 23, 2025

December Council Meeting Minutes

Date/Time of Meeting:	Monday December 2, 2024, 10:05am
Council present:	Benjamin Matthie, Victoria Nicholson, Teresa Bendo, Heather Westaway, Chad McCleave, Alyssa King, Jennifer Yee, Susan Garfat, Matthew Daher, Jane Gage, Oluwashindara Isaac-Oloye (unable to attend fully), Sara Gottlieb, Jana Smith
Regrets:	Leanne Smith, Corby Anderson, Jotvinder Sodhi
Staff members:	Nancy Leris, Fiona Teape, Brian Fehst, Magdalena Reder, Wendy Fung, Samuel Hanna
Guest presenters:	David Brown (GSI Inc.), Janice Dusek (JD & Associates), Blair Mackenzie (Hilborn LLP), Usman Paracha (Hilborn LLP), Deanna Williams (Dundee Consulting)
Guests/Observers:	Dana Lobson (Ministry of Health)

Let it be noted that Council held an in-camera session from 9:00 am – 10:05 am.

1. Call to order, roll call, welcome.

Benjamin Matthie, Council President called the meeting to order at 10:05 a.m. and welcomed Council, staff members and guests.

The Chair shared a Land Acknowledgement.

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

The Chair welcomed Dana Lobson from the Ministry of Health.

3. Conflict of Interest Declarations

The Chair asked the Registrar if any Council members had declared a Conflict of Interest. The Registrar confirmed that no such declarations were received.

The Chair also asked the Council if they knew of anyone who might have a Conflict of Interest on the agenda items presented. None were raised.

4. Approval of Agenda

UPON A MOTION duly made by Victoria Nicholson and seconded by Heather Westaway, it was resolved that the agenda be approved. Carried.

5. Approval of Minutes from the September 17, 2024 Council Meeting

UPON A MOTION duly made by Susan Garfat and seconded by Matthew Daher, it was resolved that the minutes of the September 17, 2024, Council Meeting be approved. Carried.

6. Previous Action Items

Nancy Leris informed the Council that work has been completed for action items from the September 2024 meeting.

First, the development of a policy for R.Kins who accept delegated duties from supervisors while licensed under the Emergency Act. After reviewing the regulation and existing College standards and guidelines, a policy does not appear to be necessary to address the delegation of duties by a supervisor to R.Kins licensed in the Emergency Class. As the individual is registered with the College, and unless there is a specific circumstance where practice limitations are imposed on a registrant by the Registration Committee, the individual would not be working “under the delegation” of a supervisor. Based on a review of the (limited)-available materials of other health regulators, the registrant would be expected to function autonomously at the supervisor’s practice location. The supervisor would be expected to broadly oversee that the registrant is practising safely and within scope and to provide any necessary support and professional guidance.

Second, the College will explore methods to measure engagement with the Annual Report. An environmental scan was performed on Colleges that are members of the Health Profession Regulators of Ontario (HPRO), with scans being performed on the methods for communicating the Annual Report, the method used to track engagement, benchmark for engagement, and engagement rate of the past two Annual Reports. The results of the environmental scan were that all colleges communicate the Annual Report through publications such as newsletters, and emails to the Ministry of Health, members of the College, and to specific stakeholders. Engagement rate is generally tracked through the open rate of the emails, and no Colleges reported a specific goal for engagement. The College of Kinesiologist’s open rate for the emails containing Annual Report generally matches with the other Colleges.

7. Registrar’s Report

Nancy Leris, Registrar/CEO, presented the Registrar’s Report, highlighting the following key points:

- *5-Year Strategic Plan:* After a strategic planning workshop with Council and an external consultant, the 2025-2030 strategic plan has been completed.
- *System Partnership & Events:* Throughout Q1 of 2024/2025, the registrar and members of the College's management team have met with external partners and other health regulators, and attended events such as the Canadian Kinesiology Alliance's 'Kin Can Conference' and the 2024 CNAR conference.
- *Registration:* The College is exploring how to handle requests for reductions to the College's membership fee, such as those based on financial hardship or other individual circumstances. Additionally, late renewals have been processed and notices of suspension have been issued. Lastly, the entry-to-practice examination was successfully administered on September 24, 2024.
- *Quality Assurance:* The Quality Assurance eLearning Modules were open from September 1 – November 1. Both modules had a 98% completion rate and Peer and Practice Assessments for Fall/Winter 2024/2025 are ongoing.
- *Communications:* University visits were scheduled for four universities in 2024, with more planned in early 2025. The draft 2023/2024 Annual Report has been completed and work is ongoing for the Website Redesign project.
- *Governance:* Meeting Evaluation Surveys have continued to be administered for the Council Effectiveness Review Framework, with an ongoing review of Council training and development, including working with an external consultant. A by-election in Electoral District 2 was run in Q1, with the Governance and Nominations Committee meeting to consider nominee eligibility.
- *Operations:* The College has received a report from an external third-party auditor regarding its Internal Controls and presented to the Planning and Finance Committee on October 24, 2024. The College's financial Audit has also been completed and the audited statements have been included in the Council package for review. The Registrar continues to provide support to the Operations, Communications & Professional Conduct portfolios due to staff changes and onboarding of new personnel including meeting with external vendors regarding IT and cybersecurity.

8. President's Report

Benjamin Matthie, Chair, presented the Presidents Report. The President's activities in Q1 of fiscal year 2024-2025 included attendance at the CNAR conference in October 2024, and periodic communication and meetings with the Vice-President and the Registrar & CEO. The President has also provided mentorship and training to new Council members in keeping with the College's Council Mentorship and Succession Planning Policy. Benjamin Matthie opened the floor for questions, none presented.

9. Understanding Financial Statements

David Brown of Governance Solutions Incorporated (GSI), provided an education and dialogue session focused on Council's review of financial statements. This session covered Council and committee roles and responsibilities, financial literacy, financial red flags and risks and key questions that may or should be asked by Council and committee members.

The Chair opened the floor for questions, Council inquired how the College can ensure that Planning & Finance Committee members have the required skill level. The Chair noted the

College's moves towards competency-based Council election eligibility and committee appointments. The Registrar also noted that there are opportunities to acquire experience through the public appointments and/or appointment of external members to serve on the Planning & Finance Committee.

10. Draft Audited Financial Statements – 2023/2024

Blair Mackenzie and Usman Paracha, Hilborn LLP, provided an overview of the draft Audited Financial Statements for 2023/2024.

The Chair then opened the floor for questions. Council asked whether the professional fees line item is expected to stay at the current level or increase. The Registrar noted that this line item was increased due to costs for specific projects, such as strategic planning, internal controls audit and the annual financial audit, which have been completed.

UPON A MOTION duly made by Alyssa King and seconded by Matthew Daher, it was resolved that Council approve for circulation, and submission to the Minister of Health, the audited financial statements for 2023/2024. Carried.

11. Revised Risk Management Plan

Brian Fehst, Manager, Professional Practice, delivered a presentation on the Revised Risk Management Plan for 2024-2025.

The Chair opened the floor for questions. Council enquired about the lowered risk priority for IT and cybersecurity and asked about what other measures are in place beyond training of staff. BF responded that there are ongoing measures and projects to ensure cybersecurity. The Planning and Finance Committee has received a report from the College's external IT provider regarding specific proposed measures. The Registrar provided additional information on the steps the College has taken to address cybersecurity and assured Council that ongoing monitoring and measures will be implemented, as reflected in the revised budget.

UPON A MOTION duly made by Heather Westaway and seconded by Alyssa King, it was resolved that Council approves the revised Risk Management Plan for 2024/2025. Carried.

12. Report on Council Effectiveness Review Framework

Brian Fehst, Manager, Professional Practice, provided a presentation on the public report of the 2023-2024 Council Effectiveness Review Framework (CERF). The report identified the following continuous improvement priorities for 2024-2025: Registrar & CEO performance evaluation and compensation, meeting evaluation survey participation, Council learning and development and meeting materials.

UPON A MOTION duly made by Jennifer Yee and seconded by Matthew Daher, it was resolved that Council approves the report on the 2023-2024 Council Effectiveness Review Framework for publication. Carried.

13. Governance Training

Deanna Williams of Dundee Consulting delivered a training presentation on Governance as part of the ongoing training series designed for continuous improvement, based on the results of the CERF.

14. Draft Strategic Plan 2025-2030

Nancy Leris, Registrar and CEO, provided a presentation on the Draft Strategic Plan for 2025-2030. The main themes of the strategic plan are: to effectively regulate the profession of kinesiology and advance its governance and statutory work through risk-based approaches; meaningfully engaging with the public, the profession and others to support an understanding of kinesiologists' role and mandate; and, to develop strategic collaborations to build a robust healthcare system. The Chair opened the floor for questions.

UPON A MOTION duly made by Teresa Bendo and seconded by Alyssa King, it was resolved that Council approves the proposed five-year Strategic Plan for 2025-2030 for implementation. Carried.

17. Draft Annual Report – 2023/2024

Council approved moving the Draft Annual Report presentation forward in the agenda due to additional time. Samuel Hanna, Communications Officer, provided a presentation on the draft 2023-2024 Annual Report. The Chair opened the floor for questions.

UPON A MOTION duly made by Heather Westaway and seconded by Sarah Gottlieb, it was resolved that Council approves the draft annual report for 2023/2024 for submission to the Ministry of Health and posting to CKO's website. Carried.

15. Revised 2024/2025 Operational Plan & Budget

Nancy Leris, Registrar and CEO, provided a presentation on the operational plan for 2024/2025. The Chair opened the floor for questions. Council noted the need for acceleration of the Communications strategy, acknowledging staffing pressures and noted a compromise proposed by the Planning and Finance Committee, which was to start developing the strategy and start to build it into the budget framework. Council asked for clarification regarding the Provincial Provider Database and data-sharing project, with the College noting that this project will be done after the College's database upgrade project is completed and following the Ministry of Health's timelines.

Nancy Leris, Registrar and CEO, provided a presentation on the budget for 2024/2025. The Chair opened the floor for questions.

*UPON A MOTION duly made by Victoria Nicholson and seconded by Sara Gottlieb, it was resolved that Council approves the draw-down of the internally restricted fund for property and technology for the upgrade of the College's database. **Carried.***

*UPON A MOTION duly made by Heather Westaway and seconded by Alyssa King, it was resolved that Council approves the revised Budget for the fiscal year 2024-2025, effective December 2, 2024. **Carried.***

16. Registration Report

Fiona Teape, Director, Registration, provided the Registration Report. The Chair opened the floor for questions. Council inquired whether there was any statistical data regarding members' work in public or private practice. FT advised that this data is not specifically gathered at this time, but could be worth incorporating as surveys are amended and updated.

Council enquired about how often members complete additional courses as assigned by the Registration Committee. FT confirmed that this data can be collected and reported at the next Registration Committee meeting. Council noted the potential value associated with data regarding membership trends over time, such as number of members who have maintained their certificates of registration since the College's proclamation.

18. Communications Report

Samuel Hanna, Communications Officer, provided the Communications Report for 2023/2024. The Chair opened the floor for questions.

19. Committee Reports

The Chair reviewed the various Committee reports included in the meeting package, which comprised reports from the Governance and Nominations Committee, the Inquiries, Complaints and Reports Committee (ICRC), Patient Relations Committee, Quality Assurance Committee, Registration Committee, and the Planning and Finance Committee.

The Chair opened the floor for questions

15. Review of Action Items

- The College will explore opportunities to refine and enhance member data collection including information regarding members' practice (e.g., public vs private settings).
- To review and report information regarding the duration of members' tenure with the College.



Termination

*UPON A MOTION duly made by Matthew Daher, seconded by Chad McCleave, the Council meeting of December 2, 2024 was terminated at 3:32 pm. **Carried.***

DRAFT

Issue or Decision Note

Issue or Decision: Amendments to By-law 8 The Registrar
Prepared for: Council
Date: March 31, 2025

Background:

Council is required to appoint one of its employees as the Registrar under s.9(2) of the *Regulated Health Professions Act, 1991* (“*RHPA, 1991*”) and article 8.01 of the by-laws of the College of Kinesiologists of Ontario (“the By-laws”).

Council may, as set out in s.94(1) clause (l.4) of the *Health Professions Procedural Code* (“the Code”), which is Schedule 2 to the *RHPA, 1991*, make by-laws respecting the duties and office of the Registrar.

The Registrar’s duties are described in article 8.02 of the By-laws. These duties include all statutory powers of the Registrar that are set out in the *RHPA, 1991* and the Code, and any duties and responsibilities assigned in the By-laws and elsewhere.

By-law 8 also includes article 8.03, which provides for the appointment of an Acting Registrar. An Acting Registrar is appointed by Council or the Executive Committee in circumstances where the position of the Registrar is vacant. Article 8.03 also permits the Registrar to make such an appointment during an extended absence of the Registrar.

The By-laws do not currently provide for the appointment of an Acting Registrar in other circumstances, such as where there may be a need or benefit associated with appointing a deputy or associate to the Registrar.

Issue for Consideration:

Proposed amendment to By-law 8 the Registrar to create the position of Deputy Registrar.

Analysis:

An environmental scan of other health profession regulators in Ontario showed that 88% (22/25) of these regulators have a specified role for a Deputy Registrar (or similar position, with titles such as “Associate Registrar” also used). The remaining 3 regulators all have by-law provisions whereby an “Acting” or “Interim” Registrar may be appointed.

Proposed amendments to the College’s by-laws have been presented to the Executive Committee, along with a business case. These amendments emerged from the results of the environmental scan. The Executive Committee provided feedback regarding the proposed by-law amendments.

These amendments, incorporating recommendations from the Executive Committee, are presented to Council for approval.

Public Interest Rationale

Creation of a role of Deputy Registrar serves the public interest by ensuring that the College can fulfil its mandate in the absence of the Registrar.

Risk Considerations and Rationale

Creation of a role of Deputy Registrar will support the College's ability to manage risks including:

- Disruption in work due to unexpected and/or extended absence of the Registrar;

The proposed by-law amendments may also contribute to the College's risk management and business continuity framework by:

- Establishing a clear succession plan for the role of Registrar;
- Supporting ongoing staff training and other capacity-building measures and activities.

Recommendations:

- 1) That By-law No. 8: The Registrar be amended as follows:
 - Amend Article 8.03 to create role of Deputy Registrar for the College (the changes to the existing Articles are shown by redline).
 - Re-number the current Article 8.03 Acting Registrar to 8.04 Acting Registrar
 - Amend Article 8.04 Acting Registrar to specify that appointment of an Acting Registrar by the Executive Committee shall be valid only until the next meeting of Council unless ratified by Council.
 - Creation of Article 8.05 Duties of Acting Registrar to specify that a person appointed as Acting Registrar would have the authority, duties and responsibilities of the Registrar as set out in legislation, regulations and the by-laws of the College.

Decision for Council:

Council is asked to approve the proposed amendments to By-law 8. The Registrar, as recommended by the Executive Committee.

Appendices:

Appendix A: By-law 8. The Registrar - redline

8. THE REGISTRAR

8.01 Appointment of Registrar

The Registrar shall be appointed by Council and, despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of Council under this article.

8.02 Duties of the Registrar

The Registrar shall be the Chief Executive Officer of the College and shall have such duties and responsibilities as are conferred by the Act, the RHPA, the by-laws and the policies of the College as well as such duties and responsibilities assigned to the position by Council.

8.03 Deputy Registrar

The Registrar may appoint a staff member to serve as Deputy Registrar at any time and for any period of time.

8.034 Acting Registrar

If a vacancy occurs in Registrar’s position, the Executive Committee or Council shall appoint an Acting Registrar until a Registrar is appointed, and during extended absences, the Registrar may appoint, in writing, the Deputy Registrar to serve as the Acting Registrar during the Registrar’s absence.

Where the Executive Committee appoints or approves an Acting Registrar, that appointment shall be valid only until the next meeting of Council unless ratified by Council.

8.05 Duties of Acting Registrar

A person appointed as Acting Registrar under 8.04 shall have the statutory authority, duties and responsibilities of the Registrar including those contained in the RHPA, the Act, the Regulations and by-laws of the College.

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Resolution – Amendments to By-law 8. The Registrar

Whereas the College of Kinesiologists of Ontario (“the College”) is committed to the adoption and implementation of best practices in governance and risk management; and

Whereas the College has given due consideration to succession planning and business continuity in the event of a vacancy or extended absence of the Registrar & CEO; and

Whereas the College had proposed amendments to By-law 8. The Registrar to facilitate succession planning and business continuity; and

Whereas the Executive Committee has reviewed the proposed amendments to By-law 8. The Registrar;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 8. The Registrar

Moved by:

Seconded by:

Date: March 31, 2025

Issue / Decision Note

Issue or Decision: By-law 19 amendments regarding fee waivers or reductions
Prepared for: Council
Date: March 31, 2025

Issue:

Requests from members for waiver or reduction of a College fee.

Background:

To fulfil its mandate to protect the public by effectively regulating the practice of kinesiology in Ontario, the College of Kinesiologists of Ontario (“the College”) must operate based on sound financial principles.

Fees paid by members are the College’s sole significant source of revenue. Council’s ability to make by-laws, requiring members to pay such fees, is set out in s.94(1)(t) of the *Health Professions Procedural Code* (“the Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*. The College’s fee schedule, which describes the fees that may be paid by members, is set out in the College’s By-law 19.

The College receives infrequent requests from members to waive or reduce one or more fees. Such requests are typically due to extraordinary circumstances that are beyond the control of the member. The extent to which such requests may be considered is set out in Article 19.14 Power to Waive a Fee.

Issues for Consideration:

Amendments to By-law 19. Fees that such that the Registrar may waive or reduce fees other than the application fee.

Analysis:

This issue was considered through the lens of the College’s *Policy and Material Development and Review Framework*. To obtain an understanding of good and best practices, the College conducted an initial environmental scan of the 25 other health profession regulators and 5 non-health profession regulators in Ontario. The environmental scan revealed that:

- 10 health profession regulators and 3 non-health profession regulators have by-laws that permit fee waivers/reductions
- 15 health profession regulators and 2 non-health profession regulators do not have by-laws that permit fee waivers/reductions

Where possible, the College obtained and reviewed any policies that are used by other regulators to guide operational decision-making regarding requests for fee waivers or reductions. Having reviewed the Registrar’s current ability to consider fee waivers or reductions as set out in Article 19.14 of the

by-laws against the results of the environmental scan and consideration of the public interest and risks to the College, the College proposes that Article 19.14 of the College's by-laws be amended as follows:

Current	Amended	Rationale
<p>19.14 Power to Waive a Fee The Registrar may waive or reduce the application fee associated with a particular application where the Registrar is satisfied in their sole and absolute discretion that such waiver or reduction is appropriate having regard for the actual costs incurred by the College in processing that application.</p>	<p>19.14 Power to Waive or Reduce a Fee The Registrar may consider requests from individual members for waiver or reduction of any fee and may waive or reduce any fee where the Registrar is satisfied that such waiver or reduction is appropriate.</p>	<p>Intended to expand the Registrar's ability to consider and grant fee waiver or reduction requests from a member.</p> <p>The current wording permits only the \$150 application fee to be considered for waiver or reduction.</p> <p>The amended wording would permit requests for waivers or reductions of other fees to be considered.</p>

The proposed amendment has been informed by consideration of:

Public Interest:

The College considered the extent to which a more flexible approach to fee waivers and reductions may promote member retention and therefore ongoing accountability to the College. There may be circumstances where a fee waiver or reduction may be aligned with the public interest. One example of such circumstances would be where the extent of accumulated fees may be the sole barrier to the reinstatement of a General Class certificate of registration from suspension. Another example where fee waiver or reduction is in the public interest would be where extraordinary circumstances beyond a member's or applicant's ability to control have adversely affected their ability to pay one or more fees. In such circumstances, it would be in the public interest that the member or applicant be registered with and accountable to the College rather than denied a certificate of registration, or having their certificate of registration suspended or revoked.

Risk:

The College has noted the need for a balanced approach to fee waivers or reductions. The College has noted that there may be extraordinary circumstances where it is appropriate consider requests for fee waivers or reductions. The number of requests for fee waiver or reduction is presently quite low (approximately 5 per year). The current low volume of such requests may be taken as evidence that the vast majority of members are able to pay the College's fees. This includes new members who may have recently graduated and are therefore at the outset of their professional careers. Any operational policy and/or procedure should, therefore, be carefully calibrated from a risk-based

perspective, balancing individual circumstances against risks to the College's finances and operations.

To further mitigate potential risks, the College also received legal advice regarding the proposed by-law amendment and an associated draft operational Policy. Feedback from this legal review was incorporated into the proposed by-law amendment, as well as the draft Policy.

Following legal review, the College presented the proposed by-law amendment and the draft Policy to the Planning & Finance Committee for review. The Planning & Finance Committee's recommendations were:

- That the wording of the proposed by-law amendment be made specific to case-by-case requests for fee waivers or reductions from individual members;
- That the criteria against which a request for fee waiver or reduction would be assessed should be specific and clearly described in the associated Policy and procedure(s).
- Some members of the Planning & Finance Committee voiced a preference that the assessment and eligibility criteria should be included in the by-laws; and
- Some members of the Planning & Finance Committee expressed reservations about the by-law amendments being presented to Council without a robust Policy developed and approved.

With that feedback having been given and noted, the Planning & Finance Committee decided, by a non-unanimous vote, to recommend the proposed by-law amendment, with the additional insertion of wording to ensure that the by-law is specific to requests from individual members, to Council for consideration.

Having duly considered feedback and recommendations from the Planning & Finance Committee, the College would like to note:

- Wording has been inserted into the proposed amended Article 19.14 to clarify that the Registrar's consideration of requests for fee waiver or reduction would be on a case-by-case basis in response to a request from individual members.
- That, as per s.94(2) of the Code, the proposed by-law amendment may not be made unless it is circulated for at least 60 days prior to approval by Council.
- The results of the environmental scan showed that fee waivers and reductions, where they may be considered by a regulatory body in Ontario, are typically broadly described in the by-laws, with specifics set out in operational policies or procedures. Some of these policies and procedures are publicly available, others are not. It is therefore proposed that operational decision-making specifics (for example, criteria against which an application would be assessed or evaluated) are best suited to being described in Policy and procedure rather than the By-laws.

The public consultation period will allow for additional time and feedback that will be used to refine the relevant draft Policy. Prior to presentation of the report from the public consultation to Council, the draft Policy will be presented to the Planning & Finance Committee along with the report from the public consultation regarding the proposed by-law amendment.

The College has also, in response to feedback from the Planning & Finance Committee, to expanded its environmental scan to additional non-health profession regulators. This additional information will

be used in combination with the results of the public consultation and further review by the Planning & Finance Committee to ensure that Policies and procedures are robust, clear, effective and practical.

Public Interest Rationale:

The proposed amendments to the by-laws pertaining to the College's fee schedule are intended to:

- 1) Mitigate risks to the College's ability to effectively fulfill its mandate to protect the public;
- 2) Ensure that the College can effectively adapt to evolving and emerging best practices in health professional regulation;
- 3) Provide an opportunity to recognize and support those who may be experiencing extraordinary circumstances beyond their ability to control; and
- 4) Promote and preserve public confidence in the College's ability to govern the profession in the public interest, including ensuring optimal public availability of health care services by reducing barriers to registration for qualified applicants.

Decision for Council:

Council is requested to consider the results of the consultation and is invited to:

- 1) Approve the proposed amendments to By-law 19 for circulation in a 60-day public consultation; or
- 2) Refer the proposed amendments to By-law 19 for further consideration with specific questions.



19. FEES

19.01 Application Fee

There shall be a non-refundable application fee of \$150. No further application fee will be required if the applicant reapplies to the College or pursues further evaluation from the College within one year of payment of the application fee in question.

19.02 Jurisprudence Fee

An applicant who applies to attempt the College's jurisprudence course shall pay a fee of \$75.

19.03 Examination Fee

An applicant who applies to attempt an examination that is a requirement for a certificate of registration in the General Class shall pay a fee of \$450.

An applicant who applies to have the results of an examination re-scored shall pay a fee of \$50. The fee will be reimbursed in case of a change in score.

19.04 Registration Fee

The registration fee is an amount equal to the annual fee. The College registration year runs from September 1 to August 31. For applicants who have never been registered with the College, the initial registration fee, pro-rated on a quarterly basis, is as follows:

- i. September 1 to November 30, \$700;
- ii. December 1 to February 28, \$525;
- iii. March 1 to May 31, \$350;
- iv. June 1 to August 31, \$175.

19.05 Annual Fee

A registration year begins on September 1 in one year and ends August 31 in the following year. Every member shall pay an annual fee of \$700. The annual fee must be paid on or before September 1 in the registration year.

A member shall not pay an annual fee for the registration year in which the member is issued a certificate of registration and has paid the registration fee.

No later than 60 days before the annual fee is due, the Registrar shall notify the member of the amount of the fee and the day on which the fee is due. The obligation to pay the annual

fee continues even if the Registrar fails to issue a notice or the member fails to receive such notice.

If a person is first issued a certificate of registration between July 1 and September 1 of any registration year, the Registrar shall make reasonable efforts to notify the member as soon as possible of the amount of his/her annual fee and of the fact that it is due on September 1.

19.06 Late Fee

If a member who fails to pay the annual fee on or before the date on which it is due, shall pay a penalty of \$150, in addition to the annual fee.

19.07 Inactive Fee

There shall be a non-refundable application fee of \$50 for any member who chooses to move their certificate of registration to Inactive.

The fee for the issuance of Inactive certificate of registration is \$250. If an Inactive member fails to pay the annual fee on or before the day on which the fee is due, the member shall pay a penalty of \$100.

Where a member in the Inactive Class is reissued his or her general certificate of registration in accordance with the Registration Regulation and the by-laws, the annual fee, prorated on a quarterly basis, is as follows:

- i. September 1 to November 30, \$700;
- ii. December 1 to February 28, \$525;
- iii. March 1 to May 31, \$350;
- iv. June 1 to August 31, \$175.

19.08 Reinstatement Fees

If the Registrar suspends a member's certificate of registration for failure to pay a required fee, the Registrar may lift the suspension upon payment of a reinstatement fee calculated by adding:

- i. the fee(s) which the member failed to pay and which gave rise to the suspension; and
- ii. any late payment fee or late filing fee which became owing to the College after the member's suspension and before the lifting of that suspension.

A person who applies for reinstatement of a certificate of registration shall pay, at the time the person makes such application, a non-refundable fee of \$350.

19.09 Declined Credit Card and Returned Cheques

A fee of \$40 shall be payable by a member where the member purports to make payment by VISA, MasterCard or other credit card accepted by the College and payment is refused by the credit card provider on first submission by the College.

A fee of \$40 shall be payable by a member where payment is made by cheque and the cheque is not honoured on first presentation to the financial institution of the payer.

19.10 Fees for Replaced Documents

- i. The fee for replacement tax receipt is \$10.
- ii. The fee for a letter of standing with the College is \$10.
- iii. The fee for a replacement certificate of registration is \$50.

19.11 Annual Fee Increases

Effective September 1, 2024, and each year thereafter, until this By-law is further amended, Council shall consider and may apply, based on the College's budget and operating requirements, increases to some or all fees.

19.12 Power to Waive Fee Increases

Council may, prior to September 1 of any given year, decide to waive the fee increase for that year.

19.13 Review of Fees

At any time, Council may review and, with or without amending these By-laws, adjust the amount of any fees or fee increases set out in By-law 19.

19.14 Power to Waive or Reduce a Fee

The Registrar may consider requests for waiver or reduction of any fee from individual members and may waive or reduce any fee where the Registrar is satisfied that such waiver or reduction is appropriate.

19.14 Power to Waive a Fee

The Registrar may waive or reduce the application fee associated with a particular application where the Registrar is satisfied in their sole and absolute discretion that such waiver or reduction is appropriate having regard for the actual costs incurred by the College in processing that application.



Resolution – Amendments to By-law 19. Fees

Whereas the College of Kinesiologists of Ontario (“the College”) is committed to the adoption and implementation of best practices in governance and risk management; and

Whereas the College has given due consideration to succession planning and business continuity in the event of a vacancy or extended absence of the Registrar & CEO; and

Whereas the College had proposed amendments to By-law 19. Fees to grant the flexibility to waive or reduce College fees on a case-by-case basis in response to requests from individual members; and

Whereas the Planning & Finance Committee has reviewed the proposed amendments to By-law 19. Fees and has referred the proposed amendments to Council for approval for circulation in a 60-day public consultation;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 19. Fees for circulation in a 60-day public consultation.

Moved by:

Seconded by:

Date: March 31, 2025

Decision Note

Item: Privacy Code
Prepared for: Council
Date: March 31, 2025

Summary

Council is being asked to approve the adoption of a formal Privacy Code that outlines the principles governing the collection, use, and disclosure of personal information related to applicants, registrants, clients, and other individuals. The proposed Privacy Code aligns with legislative requirements and underscores the College's commitment to protecting personal information.

Background

A Privacy Code was originally drafted upon the College's inception. However, it was not formally approved by Council and is not publicly available on the College's website. As a result, despite the College adhering to legislated privacy practices in its day-to-day operations, the absence of an official and accessible Privacy Code presents challenges. Foremost, without a published Privacy Code, the College may appear to lack transparency to both registrants and the public. The absence of a formalized policy may also result in inconsistencies in how staff, Council, and committee members manage personal information. Finally, without a clear framework, it can be difficult to fully ensure the College's privacy obligations are being met.

Since the draft Privacy Code was first developed, public expectations regarding data protection have increased. Most Ontario health regulatory colleges now have a forward-facing Privacy Code, reinforcing accountability and building trust.

Considerations

The College's draft Privacy Code has been developed to address both legal requirements and best practices in privacy management, and has been reviewed by the College's legal counsel. It is designed to provide clear guidance to staff, Council and Committee members on how to manage personal information responsibly and consistently.

An environmental scan demonstrates that several other Ontario Health Regulators have adopted a similar, if not identical, framework for their own Privacy Codes. This includes the Ontario regulators for Chinese Medicine & Acupuncture, Massage Therapy, Medicine, Chiropractic Medicine, Naturopathic Medicine, Pharmacy, Dietetics, Occupational Therapy, and Psychology & Behavior Analysis.

The draft Privacy Code has been developed to reflect the requirements set out in the Regulated Health Professions Act, 1991 (RHPA), the RHPA Procedural Code, Ontario's Personal Health

Information Protection Act (PHIPA), the College Bylaws, and other relevant legislation. By ensuring compliance with these legislative frameworks, the Privacy Code will help the College fulfil its legal obligations when collecting, using, disclosing, and safeguarding personal information.

The Privacy Code also emphasizes the importance of training and awareness, noting at the onset that orientation and training will be provided to all new employees and appointees as well as all members of Council, committees or working groups. This proactive approach reinforces the College's commitment to ensuring all individuals understand their obligations, reducing the risk of inadvertent privacy breaches.

Finally, the proposed Privacy Code is intended to be a forward-facing document. This means it will be made available on the College's website, ensuring that registrants, applicants, and members of the public understand how their personal information may be managed. Therefore, the Privacy Code not only highlights the College's legislative requirements but also demonstrates its commitment to protecting personal information in an accountable manner.

Failure to approve and implement a formal Privacy Code could increase the possibility of the College falling short of its obligations under the PHIPA and RHPA. Furthermore, the absence of a public-facing Privacy Code may also be perceived as a lack of commitment and transparency. Finally, without clear guidance, staff, Council members and Committees may apply inconsistent privacy practices, increasing the risk of breaches.

Public Rationale

A formal Privacy Code underscores the College's commitment to safeguarding personal information and upholding the public trust. An accessible Privacy Code is instrumental in fulfilling this mandate by clearly articulating the principles and practices governing the handling of personal information.

Recommendation

It is recommended that Council approve the proposed Privacy Code.

Next Steps

If approved, the Privacy Code will be posted on the College's website to ensure transparency. New staff, Council members and committee members will receive the Privacy Code along with all other onboarding materials. Elements of the Privacy Code will also be incorporated into annual orientations.

Decision for Council

1. Approve the draft Privacy Code.
2. Return the draft Privacy Code to College staff with specific comments/questions for consideration.

Attachments

Appendix A – Draft Privacy Code

PRIVACY CODE

Assumptions

This Privacy Code has been created based on the following assumptions:

- The term “College” has the same meaning as it does in the Regulated Health Professions Act, 1991 (RHPA).
- With respect to its regulatory activities, the College is not engaged in a ‘commercial activity’ as set out in the Personal Information Protection and Electronic Documents Act (PIPEDA) and as such the College's collection, use and disclosure of personal information is not covered by PIPEDA.
- The Privacy Code endeavours to adapt the Canadian Standards Association (CSA) principles included in Schedule 1 to PIPEDA in a manner that is appropriate for a regulatory body.
- The Privacy Code is voluntary.
- The principles set out in the Privacy Code are not equivalent to the CSA Principles included in Schedule 1 to PIPEDA.
- The principles set out in the Privacy Code do not comply with the requirements of PIPEDA.
- The Privacy Code does not deal with the personal information of employees of the College.
- The Privacy Code is not intended for use by members of the College in connection with their own obligations under PIPEDA or the Personal Health Information Protection Act, 2004 (PHIPA)

PRIVACY CODE

COLLEGE OF KINESIOLOGISTS OF ONTARIO

Preamble

Kinesiology is a self-governing health profession in Ontario under the Regulated Health Professions Act, 1991 (RHPA). Under the RHPA, it is the duty of the Minister of Health to ensure that health professions are regulated and coordinated in the public interest.

The College of Kinesiologists of Ontario was established by the *Kinesiology Act, 2007* and has the following objects as set out in the Health Professions Procedural Code (being Schedule 2 to the RHPA) (RHPA Procedural Code):

- "1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.
- 2 To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence, and improvement among the members.
- 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the Regulated Health Professions Act, 1991.
7. To administer the health profession Act, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
- 11 Any other objects relating to human health care that the Council considers desirable."

In carrying out its objects, the College has a duty to serve and protect the public interest.

The legal powers and duties of the College are set out in the RHPA, the RHPA Procedural Code and the *Kinesiology Act, 2007*. The activities of the College are subject to a number of oversight mechanisms including both general and specific oversight by the Ontario Minister of Health and specific oversight by the Health Professions Appeal and Review Board, the Human Rights Tribunal, the courts and Ontario's Fairness Commissioner.

In the course of fulfilling its mandate, the College may collect, use and disclose personal information regarding applicants for membership, members, members' patients and persons employed, retained, elected or appointed for the purpose of the administration of the Legislation. The personal information being collected is critical to the College's ability to effectively regulate the profession in the public interest.

Individuals who are employed, retained or appointed by the College as well as every member of College Council or a College committee are required by section 36 of the RHPA to maintain confidentiality with respect to all information that comes to their knowledge. Individuals who breach this provision face fines of up to \$25,000.00 for a first time offence and up to \$50,000 for a second or subsequent offence. (Section 36 of the RHPA is attached as Schedule 1 to this Privacy Code.)

In addition, personal information handled by the College is subject to the provisions of this Privacy Code.

The College's collection, use and disclosure of personal information in the course of carrying out its regulatory activities are done for the purpose of regulating the profession in the public interest. These regulatory activities are not of a commercial character. Accordingly, the performance of the College of its statutory duties is not covered by PIPEDA. The College has adopted this Privacy Code voluntarily to provide a voluntary mechanism through which the College can provide appropriate privacy rights to individuals involved in the College's activities while still enabling the College to meet its statutory mandate under the RHPA, the RHPA Procedural Code and the *Kinesiology Act, 2007*.

Definition of Terms

The following terms used in this Privacy Code have the meanings set out below:

"Board" means the Health Professions Appeal and Review Board.

"By-laws" means the by-laws of the College passed under the authority of section 94 of the RHPA Procedural Code.

"College" means the College of Kinesiologists of Ontario.

"Discipline Committee" means the Discipline Committee of the College as required by the RHPA Procedural Code.

"Inquiries, Complaints, and Reports Committee" (ICRC) means the Inquiries, Complaints and Reports Committee of the College as required by the RHPA Procedural Code.

"Legislation" means the RHPA, RHPA Procedural Code, the *Kinesiology Act, 2007*, Regulations and By-laws.

"member" means a member of the College.

"organization" includes an individual, a corporation, an association, a partnership, and a trade union.

"**client**" is deemed to include an individual to whom an applicant or member of the College has purported to provide professional services.

"**personal information**" means information about an identifiable individual but does not include the name, title, or business address or telephone number of an individual.

"**Privacy Committee**" means the Executive Committee.

"**Profession Specific Act**" means the *Kinesiology Act, 2007*.

"**Registration Committee**" means the Registration Committee of the College as required by the RHPA Procedural Code.

"**Regulations**" means the regulations made under the RHPA and/or regulations made under the Profession Specific Act.

"**RHPA**" means the *Regulated Health Professions Act, 1991* as amended from time to time.

"**RHPA Procedural Code**" means the Health Professions Procedural Code (being Schedule 2 to the RHPA).

Principle 1 – Accountability

The Registrar is accountable for compliance with these policies and procedures. Complaints or questions regarding the manner in which personal information is being handled by the College should be directed to the Registrar at:

College of Kinesiologists of Ontario
Suite 200, 1881 Yonge Street
Toronto, ON, M4S 3C4
Phone 416-961-7000

The College will provide orientation and training to all new employees and appointees as well as all members of Council, committees or working groups regarding their obligations pursuant to section 36 of the RHPA and this Privacy Code. The College's Privacy Code is also available on request by phone at 416-961-7000 or by mail at College of Kinesiologists of Ontario, Suite 200, 1881 Yonge Street, Toronto ON, M4S 3C4.

Principle 2 – Identifying Purposes

The purpose for which the College collects, uses and discloses personal information is to administer and enforce the Legislation.

Information About Members

The College collects and uses personal information regarding its members for the following purposes:

- to assess whether a member continues to meet the standards of qualification for a certificate of registration;
- to investigate complaints regarding the conduct or actions of a member of the College;

- to investigate whether a member has committed an act of professional misconduct or is incompetent and to render a decision per s. 26 of the RHPA Procedural Code ;
- to inquire whether a member is incapacitated;
- to negotiate and implement informal resolutions, including acknowledgements and undertakings that provide for reviewing samples of client records;
- to hold a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated;
- to carry out the quality assurance program of the College, including an assessment of the records and practice of its members;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while patients, were sexually abused by members of the College;
- to consider reports filed about members of the College under the RHPA Procedural Code;
- to assess whether a former member's certificate of registration should be reinstated;
- to provide statistical information for human resource planning and demographic and research studies for regulatory purposes including providing that information to the Ministry of Health and other appropriate agencies;
- to administer elections to the Council of the College of Kinesiologists of Ontario;
- to disseminate information relating to the regulation of the profession, including but not limited to standards of practice and the code of ethics;
- to provide information about members to the public for regulatory purposes on the public register which is located on the College's website; and
- to administer or enforce the Legislation.

The College may collect personal information regarding a member from the member, employers and colleagues of the member, clients of the member and other persons, for the purposes set out above. Personal information regarding members is collected by the College from time to time and at regular intervals.

The College discloses personal information regarding its members only as permitted by section 36 of the RHPA or as required by law. For example, the College is required under the RHPA Procedural Code to maintain a register containing information about its members. Such information includes, but is not restricted to: members' qualifications and practice information; court findings of professional negligence or malpractice made against the member unless the finding is reversed on appeal; referrals to the College's Discipline Committee until the matter has been finally resolved; and the result and a synopsis of the decision for every finding made against a member as a result of a disciplinary or incapacity proceeding. The RHPA Procedural Code and the By-laws require the College to provide access by posting the register on the College's website.

Information About Employers, Colleagues and Clients

The College collects and uses personal information regarding the employers, colleagues and clients of members of the College for the following purposes:

- to investigate complaints regarding the conduct or actions of a member of the College;
- to respond to inquiries from the public and/or members;
- to investigate whether a member has committed an act of professional misconduct or is incompetent and to render a decision per s. 26 of the RHPA Procedural Code ;
- to inquire whether a member is incapacitated;
- to negotiate and implement informal resolutions, including acknowledgements and undertakings that provide for reviewing samples of client records;
- to hold a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated;
- to carry out the quality assurance program of the College, including an assessment of the records and practice of its members;
- to administer the program established by the College to provide funding for therapy and counselling for persons who, while patients, were sexually abused by members of the College;
- to consider reports filed about members of the College under the RHPA Procedural Code;
- to assess whether a former member's certificate of registration should be reinstated;
- to provide statistical information for human resource planning and demographic and research studies for regulatory purposes including providing that information to the Ministry of Health and other appropriate agencies;
- to provide information about members to the public for regulatory purposes such as the public register and information about discipline hearings which is located on the College's website; and
- to administer or enforce the Legislation.

The College may collect personal information regarding an employer, colleague, and client of a member of the College from the employer, the colleague, the clients, the member and other persons, for the purposes set out above.

The College discloses personal information regarding the employers, colleagues, and clients of members of the College only as permitted by section 36 of the RHPA or as required by law. For example, hearings of the Discipline Committee are required, subject to certain exceptions, to be open to the public. Evidence at a hearing of the Discipline Committee may include personal information regarding the member of the College who is the subject of the allegation of professional misconduct or incompetence, as well as personal information regarding the member's clients related to the allegations of professional misconduct or incompetence. Another example of disclosure of personal

information about clients of members of the College relates to complaints regarding the conduct or actions of members of the College. Where a complainant, who is frequently a client of a member, or a member does not agree with a decision of the ICRC, subject to certain exceptions, either person can request a review by the Board. The RHPA Procedural Code requires that the College disclose to the Board a record of the investigation and the documents and things upon which the decision was based. This disclosure of personal information about a client of a member to the Board is required under the RHPA Procedural Code.

Information About Applicants For Registration and Potential Members

The College collects and uses personal information regarding applicants and potential members and the clients of applicants and potential members to assess whether an applicant or potential member meets, and continues to meet, the standards of qualification to be issued a certificate of registration and to administer or enforce the Legislation.

The College discloses personal information regarding applicants and potential members, references about them and their clients only as permitted by Section 36 of the RHPA or as required by law. For example, the RHPA Procedural Code provides a procedure for an applicant who does not agree with a decision of the Registration Committee to request a review or a hearing by the Board. The RHPA Procedural Code requires that the College disclose to the Board a copy of the order and reasons of the Registration Committee and the documents and things upon which the decision was based. This disclosure of personal information to the Board is required under the RHPA Procedural Code.

Information Related to Unauthorized Practice and Holding Out

The College collects and uses personal information regarding individuals who may be practising the profession of kinesiology, using protected titles or holding themselves out as practising the profession, to investigate whether the individual has contravened or is contravening the Legislation and to administer or enforce the Legislation. The College discloses personal information regarding such individuals only as permitted by Section 36 of the RHPA or as required by law.

Information Related to Administering the Legislation

The College collects and uses personal information regarding individuals who are retained, elected or appointed for the purpose of the administration of the Profession Specific Act including the following:

- to review prospective candidates and retain or appoint persons for the purpose of the administration of the Profession Specific Act;
- to maintain records to ensure accurate remuneration and payment of expenses, and all documentation required by law and by the various levels of government in accordance with sound accounting practices;
- to communicate with the person (e.g., home contact information)
- to maintain accurate and fair accounts of any disputes, possible conflicts of interest or misconduct involving a person retained or appointed for the purpose of the administration of the Profession Specific Act or a member of the Council or committee of the College;
- for the purpose of making payments and providing benefits.

The College discloses personal information regarding the individuals referred to above only as permitted by Section 36 of the RHPA or as required by law.

Specifying the Identified Purpose

Where practicable, the College will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, either at the time of collection or after collection but before use, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

The College will state the identified purposes in such a manner that an individual can reasonably understand how the information will be used or disclosed.

Where personal information is collected for one purpose, the College has the right to use and disclose the information for another regulatory purpose where it is in the public interest to do so. For example, the ICRC will receive all information, documents and reports concerning a member, no matter what the originating source. Further, the ICRC is mandated to review and consider the prior history (i.e. previous complaints or reports), including prior decisions dismissing a complaint or concern. In certain situations, the complainant may also obtain access to the member's prior history.

Principle 3 – Consent

The College collects personal information for purposes related to its objects (see Preamble for the College's objects) including for the purpose of the proper administration and enforcement of the Legislation and for other related regulatory purposes. In carrying out its objects, the College has a duty to serve and protect the public interest.

Where practicable, the College will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected as described in Principle 2. However, obtaining consent of the individuals would, in many cases, defeat the purposes of the College's collecting, using and disclosing the personal information.

Personal information will only be collected, used and disclosed without the knowledge and consent of the individual for the purpose of the administration or enforcement of the Legislation and in accordance with any applicable provisions of the Legislation. For example, personal information about a client may be collected and used without the client's consent for the purpose of the College's quality assurance program regarding the assessment of a member's practice in accordance with the RHPA Procedural Code and the Regulations. Another example is that personal information about a client may be collected and used without the client's consent for the purpose of an investigation of a member in accordance with the RHPA Procedural Code and the Regulations.

Principle 4 – Limiting Collection

The College collects only the personal information that is required for the purposes identified in Principle 2 of this Privacy Code. The College collects personal information using procedures that are fair and lawful.

Personal information regarding clients must be collected as part of the College's regulatory function. This information is typically obtained by the College as part of an investigation or quality assurance program. The focus of these inquiries is the conduct, competence or capacity of the member and the protection of the public. The College only collects personal information regarding clients to satisfy this regulatory purpose

Principle 5 – Limiting Use, Disclosure or Retention

The College uses personal information only for the purposes identified in Principle 2 and in accordance with the provisions of the Legislation. Personal information is only disclosed in accordance with the provisions of section 36 of the RHPA or as required by law.

The RHPA Procedural Code and By-laws clearly designate the information regarding members that is publicly available and the By-laws can be accessed from the College website at www.coko.ca or by contacting the College at 416-961-7000. In addition, under the RHPA Procedural Code, the College is required to publish certain information regarding discipline hearings conducted by the Discipline Committee.

Under certain circumstances, the College has the legal authority to disclose personal information including health information without consent. For example, information about complaints and reports, including information collected during an investigation, may be disclosed to other health professions regulatory colleges in Ontario and in other jurisdictions. In all cases when disclosure of this type is made, the College shall ensure that disclosure complies with any applicable legislation.

Under the RHPA Procedural Code, discipline hearings conducted by the Discipline Committee are open to the public. Evidence at a discipline hearing may include personal information regarding the member and the member's clients, employers and colleagues related to allegations of professional misconduct or incompetence. Under the RHPA Procedural Code, the panel of the Discipline Committee has the discretion to close a hearing under certain prescribed circumstances and/or restrict the publication of personal information where appropriate. Under the RHPA Procedural Code, reviews of decisions of the ICRC and Registration Committee by the Board are open to the public. Similarly, the Board has the discretion to restrict the disclosure of personal information in its review process. The objective of these regulatory processes is always the protection of the public.

The College has a record retention policy in place and conducts audits to ensure that personal information that is no longer required to be kept is destroyed, erased or made anonymous. Specific information regarding the record retention policy can be obtained by contacting the Registrar at the College.

Principle 6 – Accuracy

It is in the best interest of the public that the College collects, uses and discloses only accurate personal information in regulating the profession. The College therefore uses its best efforts to ensure that the information it collects, uses and discloses is accurate. However, in order to be accountable for its collection, use and disclosure of information, the College makes corrections to information without obliterating the original entry.

Pursuant to the By-Laws, members are required to provide the College with information (either on request of the College or automatically) and in accordance with the stipulated timelines. This information is updated annually when members renew their registration with the College.

Principle 7 – Safeguards

The College ensures that personal information it holds is secure.

The College ensures that personal information is stored in electronic and physical files that are secure. Security measures are in place to safeguard this information which includes restricting access to personal information to authorized personnel, ensuring that physical files are under lock and key and ensuring that electronic files are password protected. The College reviews its security measures periodically to ensure that all personal information is secure.

Employees of the College receive an orientation and ongoing training regarding the information safeguards required for personal information and their importance.

The College ensures that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion (i.e. shredding).

Principle 8 - Openness

The College's information management policies and procedures are available to the public and its members by request by phone at 416-961-7000 or by mail at College of Kinesiologists of Ontario, Suite 200, 1881 Yonge Street, Toronto, ON. M4S 3C4. Inquiries concerning the College's policies and practices for collecting, using and disclosing personal information may be directed to the Registrar at registrar@coko.ca.

Principle 9 - Individual Access

Access

Where the College holds personal information about an individual, upon written request, the College shall allow access to the information to that individual, unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation or it is impracticable or impossible for the College to retrieve the information.

Examples of situations where access may be denied include:

- Information contains references to another individual(s) that cannot be severed;
- Disclosure may result in significant risk of harm to the requestor or a third party;
- Information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure;
- Disclosure may defeat the purposes for which the information was collected;
- Information cannot be disclosed for legal, security or commercial proprietary reasons;
- Information is subject to solicitor-client or other privilege;
- Information was generated in the course of a dispute or resolution process;
- The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process;

In cases where the personal information forms part of a record created by another organization, the College may refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the College.

While the College's response will typically be provided at no cost or minimal cost to the individual, depending on the nature of the request and the amount of information involved, the College reserves the right to impose a cost recovery fee. In these circumstances, the College will inform the individual of the approximate cost to provide the response and proceed upon payment by the individual of the cost.

The College will make every effort to respond to the request within thirty days and to assist the individual in understanding the information.

Individuals should send their written requests for access, with contact information and sufficient information to identify themselves to the Registrar, College of Kinesiologists of Ontario, Suite 200, 1881 Yonge Street, Toronto, ON. M4S 3C4.

In the event the College refuses to provide access to all of the personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Registrar.

Challenging accuracy and completeness of personal information

An individual has the right to request a correction of what, in his or her view, is erroneous information. Where the information forms part of a record created by another organization, then the College may refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may challenge the accuracy or completeness of the information.

Where an individual is able to successfully demonstrate that the personal information of a factual nature (not, for example, the expression of an opinion) is inaccurate or incomplete, the College will amend the information (i.e., correct, or add information). In addition, where appropriate and possible, the College will notify any third parties to whom the College has disclosed the erroneous information. In some cases, a correction may be inappropriate (e.g., where the fact that a person made or recorded such a statement is the primary focus of the record rather than whether the statement is, in fact, accurate).

Where there is a dispute between the individual and the College as to the accuracy or completeness of the information, then the College will document the details of the disagreement, and, where appropriate and possible, will advise any third party who received the contested information from the College, of the unresolved disagreement.

Principle 10 - Challenging compliance

Complaints or questions regarding the College's compliance with this Privacy Code should be directed to the Registrar who can be reached at College of Kinesiologists of Ontario, Suite 200, 1881 Yonge Street, Toronto, ON, M4S 3C4, 416-961-7000.

If the Registrar cannot satisfactorily resolve a complaint, the College has a formal privacy complaints procedure which includes:

- acknowledging the complaint;
- review of the complaint by the College's Privacy Committee;
- providing a written decision and reasons to the complainant; and
- taking appropriate measures where the complaint is found to be justified.

Please note that there is a different process for handling complaints about the conduct or actions of a member of the College. Please contact the Registrar if you wish to file a complaint about the conduct or actions of a member of the College.

SCHEDULE 1

SECTION 36 OF

THE REGULATED HEALTH PROFESSIONS ACT, 1991, as amended (as of December 2024)

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the Drug and Pharmacies Regulation Act;

(b) in connection with the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the Health and Supportive Care Providers Oversight Authority Act, 2021;

(d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Integrated Community Health Services Centres Act, 2023, the Laboratory and Specimen Collection Centre Licensing Act, the Fixing Long-Term Care Act, 2021, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act (Canada);

(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the Drug and Pharmacies Regulation Act or the Drug Interchangeability and Dispensing Fee Act, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2); 2021, c. 27, Sched. 2, s. 70 (1); 2021, c. 39, Sched. 2, s. 23 (1); 2023, c. 4, Sched. 1, s. 82. Reports required under Code

Reports Required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1.

Definition

(1.2) In clause (1) (e),

"law enforcement proceeding" means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed.

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member.

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2).

Confirmation of investigation

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

Decision Note

Issue: Consultation Report on Practice Guideline – Patient/Client-Centred Care
Prepared for: Quality Assurance Committee
Date: March 18, 2025

Background:

One of the three strategic priorities of the College’s 2019-2022 Strategic Plan was to:

“Promote competent, safe and ethical kinesiology practice that is patient-/client-centred.”

One of the specific objectives emerging from this strategic priority was the development of a definition of patient-/client-centred care in the kinesiology context to facilitate understanding of relevant elements of the *Essential Competencies of Practice for Kinesiologists in Ontario*. This objective was operationalized into the development of a draft Practice Guideline – Patient-/Client-Centred Care Guideline (“the draft Guideline”).

The draft Guideline was reviewed internally, by members of the guideline development working group convened prior to 2022 and by representatives from another health professional regulator with a shared interest in this subject matter for preliminary feedback. Following these reviews, the draft Guideline was reviewed and recommended to Council by the Quality Assurance Committee. Council considered the draft Guideline on March 25, 2024. The draft Guideline was approved for circulation in a 60-day public consultation, which concluded on May 25, 2024.

Following the public consultation, the draft Guideline was presented to the Quality Assurance Committee in June 2024. At that time, the draft Guideline was referred to the College for further review and development based on the results of the Public Consultation.

Analysis:

More specifically, it was determined that the draft Guideline may be enhanced by work to address the following themes identified in the Public Consultation:

- Enhanced content, including more specific examples
- Improved clarity
- Enhanced readability, including use of more inclusive and accessible language
- Enhanced strength, specifically less use of potentially-ambiguous language regarding the College’s expectations (“should” recommended in many places instead of “may”)
- Format, including use of footnotes and lists in the draft Guideline.

To address these issues, the College conducted an internal review, focusing on qualitative feedback from the Public Consultation. Constructive and/or critical feedback was examined in more depth to identify specific recommendations. The College also consulted additional primary and secondary resources to ensure that the content of the draft Guideline is accurate and consistent with broadly-accepted principles of patient-/client-centred care. This included resources regarding patient-/client-centred care within the scope of practice of kinesiologists. The table below provides a brief overview of proposed revisions and amendments in response to the identified opportunities for improvement.

Opportunity for Improvement	Actions/Amendment/Revision to the draft Guideline	Rationale for Amendment/Revision
Content	<p>Reviewed <i>Essential Competencies of Practice for Kinesiologists in Ontario</i> to ensure alignment.</p> <p>Consulted additional resources (primary and secondary literature regarding Patient-/Client-Centred Care.</p> <p>Revisions to draft Guideline content for improved alignment with the above, including:</p> <ul style="list-style-type: none"> - Increased emphasis on Essential Competencies and create more explicit links to the competencies. - Included more specific examples, focusing on examples drawn from College resources such as the Essential Competencies, the College's eLearning modules and other resources. 	<p>The intent of the revised draft Guideline is to provide relatively thorough and comprehensive content without providing excessive detail beyond the scope of a Practice Guideline or the College's mandate.</p> <p>The intent of a Practice Guideline is to clarify and explain existing expectations rather than establishing new requirements.</p> <p>For that reason, the draft Guideline has been modified to focus on existing College requirements and guidance, including by providing additional examples drawn directly from existing College resources.</p>
Clarity	<p>Moved "Scope of the Guideline" to before the "Introduction".</p> <p>Amended wording of the Introduction, specifically using bullet-point lists to create clearer connections between the draft Guideline and the Essential Competencies. This included using wording direct from the Essential Competencies.</p> <p>Attempt to use plain, concise and inclusive language as much as possible.</p> <p>Made efforts to reduce or minimize use of more technical language or jargon, particularly in section pertaining to Equity, Diversity and Inclusion.</p> <p>Revised "Conclusion" to provide a clear summary and advice for kinesiologists.</p>	<p>These revisions were made, in general, to enhance the clarity and readability of the draft Guideline.</p> <p>The intent is a draft Guideline that is itself accessible. The draft Guideline should provide meaningful, clear and concise explanations and examples that have practical value and are relevant to the College's requirements and expectations.</p>

Readability	<p>Moved footnotes, including definitions, to an Appendix to the draft Guideline.</p> <p>Moved a list of examples of relevant legislation to an Appendix to the draft Guideline.</p> <p>Made edits to enhance readability by shortening sentences and balancing use of formal or technical language with the need for precision and accuracy in word choice.</p>	<p>Previous review by Quality Assurance Committee, and feedback from Public Consultation noted that the footnotes interrupted the flow of the draft Guideline in places.</p> <p>Feedback from the Public Consultation and the Quality Assurance Committee both noted how readability contributes to the effectiveness and value of the draft Guideline.</p>
Strength	<p>Amended language to be more definitive (for example, using wording that clearly depicts patient-/client-centred care as an expectation). This was supported by revisions to more clearly and closely align the draft Guideline with the Essential Competencies.</p> <p>More specifically: shifted wording such as “can” or “may” towards stronger statements: “should” or “will”, for example.</p> <p>Some softer language was maintained or used in examples or circumstances where it may not be appropriate to take a directive or prescriptive approach (for example, when discussing continuing professional development options).</p>	<p>Feedback from the Public Consultation showed that the language of the initial draft Guideline was not always as strong or definitive as would be expected from a regulatory Practice Guideline.</p> <p>While some allowance can be made for differences between Practice Standards and Practice Guidelines, it is important that a Practice Guideline give the reader(s) a clear understanding of the College’s expectations. Unnecessarily ambiguous wording could adversely affect the useability and practicality of the Practice Guideline.</p>
Format	<p>Revised section and sub-section titles and locations. Moved some sections to other locations in the draft Guideline.</p> <p>Created Appendices and moved some list and all footnote content to the Appendices.</p>	<p>Amended format was intended to promote and enhance flow, reader experience and to create a more coherent and structured narrative and progression.</p> <p>There were suggestions from the Public Consultation regarding other regulators’ Practice Guidelines as positive examples. While these examples and suggestions were reviewed and carefully considered, the College notes that there is at least some need for formatting consistency across its Practice Guidelines.</p> <p>This feedback, and alternative approaches and examples, have</p>

been noted and will be used to inform future consideration of the Practice Guidelines.
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Public Interest Rationale

The publication of this Guideline will promote the College's public protection mandate by ensuring that the expectations of the College are clear regarding how kinesiologists in Ontario can provide patient/client-centred care in keeping with the College's *Essential Competencies of Practice for Kinesiologists in Ontario* and the *Code of Ethics*.

Recommendation:

The Quality Assurance Committee is asked to consider the following options:

- 1) Recommend the draft Practice Guideline to Council for approval; or
- 2) Recommend the draft Practice Guideline to Council for approval with specified amendments;
or
- 3) Refer the draft Practice Guideline to the College for further study, consideration and revisions.

Practice Guideline: Patient/Client-Centred Care

Scope of this Guideline

The purpose of this Practice Guideline is to help kinesiologists understand the College's expectations regarding patient/client-centred care. This Practice Guideline is intended to expand on and clarify the College's *Code of Ethics*, the *Essential Competencies of Practice of Kinesiologists in Ontario* and the College's Practice Standards.

Introduction

Kinesiologists provide clinical and non-clinical treatment, care and services for patients/clients of all ages and abilities. Kinesiologists have a duty to put the interests of their patients/clients ahead of their own interests. This is known as a fiduciary duty.

Kinesiologists are also expected to follow the principles of ethical conduct as set out in the College's *Code of Ethics*:

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

These principles are aligned with the principles of patient/client-centred care. The patient-/client-centered approach can be summarized by the phrase “nothing about me without me”. The ability to apply the principles of patient-/client-centred care is among the *Essential Competencies of Practice for Kinesiologists in Ontario*. This approach helps patients/clients participate and make decisions based on their own goals, needs and values. Patient-/client-centred care involves open and transparent communication between the professional and the patient/client (and, in appropriate cases, their advocates, allies and substitute decision makers). Patient/client-centred care improves patient/client experiences and promotes access to treatment, care and services.

Kinesiologists demonstrate patient-/client-centred care through:

- Respect for patients/clients
- Patient/client involvement and direction in decision-making
- Advocacy with and for patient/client needs
- Recognition of patient's/client's experience and knowledge

To be more specific, a patient-/client-centred kinesiology practice includes:

- Building rapport and trust within professional relationships, while respecting boundaries
- Respecting the individuality of patients/clients and applying strategies that engage the patient/client in a collaborative approach
- Taking into consideration patient/client diversity, including:
 - Developing and implementing culturally sensitive approaches
 - Recognizing the limits of their own knowledge, skills, and abilities related to managing diversity and equity issues, and consulting when necessary

- Assessing the need for, developing and implementing accessible service and delivery strategies, and adhering to relevant legislation and regulations

Patient-/Client-Centred Care and Legislation/Regulations

Legislative requirements protect patients/clients by ensuring that kinesiologists fulfil their legal responsibilities. Some examples of laws in Ontario that may govern or require the application of patient/client-centred principles by kinesiologists are provided in Appendix A: “Legislation and Regulations” at the end of this Practice Guideline. Some additional information about legislation and regulations can also be found in Appendix B: “Glossary and Additional Resources”.

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

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

Patient-/Client-Centred Care: Standards, Guidelines and Competencies

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

- Follow the College’s Practice Standard – Consent.
- Follow the College’s Practice Standards and Guidelines regarding Professional Boundaries.
- Only provide treatment, care and services if the kinesiologist has appropriate knowledge, skill and judgement to do so, and make referrals to other professionals where required (see: Practice Guideline – Scope of Practice, Controlled Acts and Delegation for more information).
- Follow the College’s Practice Standard and Practice Guideline for Record Keeping.
- Protect patient/client personal information and personal health information from unauthorized or inappropriate collection, use, storage and disclosure.
- Provide treatment, care and services in a manner that is respectful of health system and patient/client resources as described in the College’s Practice Standard – Fees and Billing and Practice Standard – Professional Collaboration
- Ensure patient-/client-facing and public-facing materials, policies and practices are appropriate and aligned with the *Code of Ethics* and the College’s Practice Standards and Practice Guidelines (for example: Practice Standards and Guidelines regarding Advertising and Fees and Billing)
- Review test, evaluation and assessment results with the patient/client or their substitute decision-makers (SDMs) if necessary.
- Explain any proposed treatment plans, care or services, or changes to an existing treatment plan, care or service in a way that is understood by the patient/client or their SDMs.

- Provide opportunities for patients/clients and/or their SDMs to ask questions and participate in decision-making regarding treatment, care and services.
- Collaborate with patients/clients and, where appropriate, their families and/or SDMs to regularly evaluate treatment and/or program effectiveness and identify and work towards overcoming barriers to participation. This includes being responsive to patient/client feedback and progress.

Patient-/Client-Centred Care: Additional Considerations

Dimensions of Wellness

Dimensions of wellness include physical, intellectual, emotional, social, spiritual, environmental, occupational and lifestyle factors. These dimensions of wellness affect patient/client ability and motivation to seek out and participate in treatment, care and services. Patient-/client-centred care includes understanding how the dimensions of wellness affect health and well-being. A patient-/client-centred approach requires awareness of the dimensions of wellness. For example:

- Working with patients/clients and, where appropriate, their families, SDMs and allies to understand a patient's/client's individual preferences, values and needs based on their individual circumstances and history.
- Making evidence-informed recommendations that are aligned with assessment results and the patient's/client's needs, goals, preferences and abilities.
- Being able to recommend options to accomplish patient/client goals, with the patient/client able to select the approach that best meets their needs, goals, abilities and circumstances.
- Offering flexible options to address and remove barriers. For example, being aware of and suggesting alternatives where cost or access to a gym or facility may be a barrier.
- Providing treatment, care and services in a way that is culturally sensitive and mindful of diversity. This could include, for example, accommodating cultural or religious observances and requirements.

Equity, Diversity and Inclusion (EDI)

Kinesiologists are expected to provide treatment, care and services without discrimination based on the protected grounds in the Ontario Human Rights Code. Understanding EDI, including cultural sensitivity, helps build a safe and patient-/client-centred practice. Kinesiologists should therefore reflect on their knowledge, skill and judgement regarding these important issues. Learning about EDI can involve formal or informal research, study, mentorship or conversations with patients/clients who are members of equity-seeking groups. For convenience, some definitions have been included in Appendix B: "Glossary and Additional Resources" at the end of this Practice Guideline.

Effective communication helps build a good professional rapport based on respect, understanding and trust. Assumptions, misunderstandings or unconscious biases can result in miscommunication. This can lead patients/clients to feel uncomfortable or unsafe with the power imbalance between them and the kinesiologist. Lack of safety can make it difficult for the patient/client to be or feel involved in the treatment, care or service they are receiving. Some examples of patient-/client-centred approaches to communication are:

- Building rapport and showing respect by identifying and addressing patients/clients in a professional manner and according to their preferences. For example: addressing a

patient/client using a more formal title or honorific (such as “Ms.” or “Mr.” or other) and/or asking the patient/client how they would like to be addressed.

- Applying a culturally sensitive approach, including building awareness by asking, with respect, empathy and courtesy, patients/clients about their preferences or needs. Informal learning or formal communication training (for example, learning about and practicing cross-cultural communication) can be of significant value.
- Respecting and attempting to accommodate cultural and individual preferences. For example, being mindful of individual or cultural preferences regarding touch or attire.
- Considering the importance of non-verbal patient/client cues and how to respond appropriately.
- Consulting with individuals with relevant cultural experience or expertise to help understand, address or remove barriers to effective participation and collaboration.

Understanding diversity helps raise awareness of and remove barriers to participation. Accessibility can be challenging for some patients/clients. Kinesiologists should advocate for their patients/clients to help remove barriers and achieve desired goals and outcomes in an equitable and just manner. This could include providing or advocating for accessibility for patients/clients with disabilities. Accessibility reviews of the practice are one way to do this. Kinesiologists can also consider other approaches to promote access to care. Some examples are fee reductions based on need, or offering alternative treatment, care and service options such as small-group programs or virtual treatment, care or services.

Virtual Treatment, Care and Services

Kinesiologists may provide treatment, care and services virtually. For some patients/clients, this can help remove barriers to participation. Telephone, email and/or videoconferencing applications are some common examples of virtual treatment, care and services. In all circumstances, kinesiologists should:

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

Kinesiologists can offer virtual treatment, care and services for patients/clients outside Ontario. When doing so, kinesiologists need to comply with regulations and rules (for example, privacy and confidentiality laws) that apply where the patient/client is located. Kinesiologists should seek specific legal advice or other expertise to ensure compliance. It is also important, and in

patient's/client's interests, to find out if PLI coverage applies to virtual treatment, care or services outside of Ontario.

Conclusion

The goal of this Practice Guideline is to help kinesiologists understand patient-/client-centred care. The Practice Guideline includes examples of how kinesiologists can provide patient-/client-centre care. A patient-/client-centred approach builds trust and rapport between the patient/client and the kinesiologist. Patient-/client-centred care also supports patient/client safety, well-being, access to care and engagement. The scope of practice of kinesiology is broad, and there are many ways kinesiologists can build a patient-/client-centred practice. Kinesiologists should therefore pursue continuing professional development to help them use a patient-/centred approach that best fits their practice.

Appendix A: Legislation and Regulations

- *Regulated Health Professions Act, 1991* (RHPA, 1991): includes the requirement that regulatory Colleges have a Patient Relations program, which includes measures to prevent and address sexual abuse of patients.
- *Health Care Consent Act, 1996*: includes the requirement that no treatment shall be provided without the informed consent of a patient or their substitute decision-maker (SDM). More information can be found in the College's Practice Standard – Consent and Practice Guideline – Consent.
- *Personal Health Information Protection Act, 2004*: sets out the requirements for collection, use, storage and disclosure of personal health information.
- *Personal Information Protection and Electronic Documents Act ("PIPEDA")*: sets out the requirements for collection, use, storage and disclosure of personal information. May apply to situations where personal information that is not health information may be collected, used, stored or disclosed.
- *Access for Ontarians with Disabilities Act, 2002* (AODA, 2002): requires that workplaces in Ontario meet accessibility, customer service and staff training standards regarding accessibility.
- *Human Rights Code, R.S.O. 1990*: forbids discrimination based on specified "protected grounds"
- *Occupational Health and Safety Act, R.S.O. 1990*: sets out the legal framework to protect workers from health and safety hazards on the job.
- *Consumer Protection Act, 2002*: Applies to kinesiologists who may be providing "personal development services". Sets requirements regarding agreements for these services.
- *Excellent Care for All Act, 2010*: requires patient/client engagement and quality assurance processes in certain prescribed health care settings, such as hospitals.
- *Insurance Act, R.S.O. 1990*: establishes the regulatory framework for the insurance industry in Ontario. Includes regulations such as the Statutory Accident Benefits Schedule (SABS) (O.Reg. 34/10) and O.Reg. 90/14 regarding Service Providers – Standards for Business Systems and Practices and Other Prescribed Conditions.
- *Workplace Safety and Insurance Act, 1997*: establishes a legislative framework for the policies for entitlements to benefits and services for injured workers in Ontario.

Appendix B: Glossary and Additional Resources

“Diversity” - The psychological, physical, and social differences that occur among any and all individuals. Source: *HPRO EDI Organizational Self-Assessment and Action Guide* (2023)

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

“Equity-seeking” - Actively working, directly or indirectly, consciously or unconsciously, on attaining economic, political, and social fairness. Source: *HPRO EDI Organizational Self-Assessment and Action Guide* (2023)

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

“Intersectionality” - Having multiple and diverse identity factors (beyond gender) that intersect, work together, or feed off of each other to shape perspectives, ideologies and experiences. Source: *HPRO EDI Organizational Self-Assessment and Action Guide* (2023)

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

“(a) services provided for,

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

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

“Protected Grounds” - Described in the *Human Rights Code, R.S.O 1990* and, as of 2025, include:

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

Resolution – Practice Guideline – Patient-/Client-Centred Care

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

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

Whereas the draft Practice Guideline – Patient-/Client-Centred Care has been circulated in a public consultation; and

Whereas the draft Practice Guideline – Patient-/Client-Centred Care was reviewed and revised in keeping with feedback from the public consultation and the Quality Assurance Committee; and

Whereas the Quality Assurance Committee has referred the revised draft Practice Guideline – Patient-/Client-Centred Care to Council for review and consideration;

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

Moved by: _____

Seconded by: _____

Date: March 31, 2025

College of Kinesiologists of Ontario Policy Review Schedule 2025-2027

Overview/Background:

- The College is committed to ensuring its Policies are up-to-date, accurate and consistent with applicable legislation, regulations and best practices.
- Public Interest: Timely Policy reviews ensure that the College is able to effectively apply its Policies in a fair, transparent and consistent manner.
- Risk Considerations: Timely Policy review supports the College's approach to risk management by mitigating the likelihood or impact of events associated with Financial Risks, Governance Risks; and risk of Loss of confidence in the College.

Portfolio	Policies for Review		
	2025	2026	2027
Registration	Accommodations	Access to Records	Fee Refund
	Alternative Documentation	Emergency Class	Language Proficiency
	Examination Appeals	Exceptional Circumstances Relevant to Examination Timelines	Professional Liability Insurance
	Good Conduct	Expiration of One-Year Period for Registration Following Notification of Eligibility	Required Documents
	Inactive Class Certificate of Registration	Referral of a Registration Application to the Registration Committee	
	Reissuance of the General Class Certificate of Registration	Registration Appeals	
		Registration Timeline	



Portfolio	Policies for Review		
	2025	2026	2027
Quality Assurance	Self-Assessment General Requirements	PPA General Requirements	Bias
	Portfolio Content and Format	Deferral of PPA	Confidentiality
	Continuing Professional Development (CPD)	PPA Exemptions	Communication
	Deferral of Continuing Professional Development Requirements	Assessor Selection	Member File Retention
	Prescribed Learning Module	Competency Enhancement	Student Placement

Portfolio	Policies for Review		
	2025	2026	2027
Professional Conduct	Complaints Telephone Intake	Alternative Dispute Resolution Facilitator	Fast-Tracking Matters Relating to Sexual Abuse
	Oral Caution Procedures	Alternative Dispute Resolution	Funding for Sexual Abuse Therapy
	Hearing Procedures		



Portfolio	Policies for Review		
	2025	2026	2027
Operations	Registrar Performance Review Process	Registrar's Expense Approval	Reserve Funds
	Registrar Performance Evaluation Policy	Client Service	Investment Strategy
	Registrar Salary, Benefits, Vacation and Other Entitlements and Requirements	Accessibility	Travel Policy
	HR Manual	Contract Administration	Capital Asset
	Privacy Code	Per Diems and Council and Committee	Procurement
	Document Imaging Policy		
	Document Storage Policy and Procedure		
	Email Management Policy		
	Records Management Policy		
	Records Destruction Procedure		

Portfolio	Policies for Review		
	2025	2026	2027
Council/ Governance	Council and Committee Member and Volunteer Conflict of Interest	Committee Slate Selection Policy	Policy and Material Development and Review Framework
	Succession Planning and Mentorship	External Member Selection Policy	

2024/2025 Risk Management Plan Dashboard

Overall Risk Priority Highlights:

Risk Priority (Risk Rating)	Description	Changes (from March 2024)		# of Risks (2023/2024)
Extreme (10-20)	Requires immediate prohibition of the work, process and immediate corrective action	Upgraded to Extreme:	0	0
High (7-9)	Requires immediate corrective action	Downgraded to High:	1	2
		Upgraded to High:	0	
Moderate (3-6)	May require corrective action, planning and budgeting process	Downgraded to Moderate:	2	32
		Upgraded to Moderate:	2	
Low (1-2)	May require consideration in any future changes to the work area or processes, or can be fixed immediately	Downgraded to Low:	1	9
		Upgraded to Low:	0	


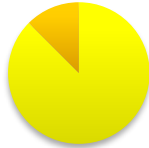

General and Non-Substantive Amendments (apply to multiple risk types, risks and risk mitigation strategies):

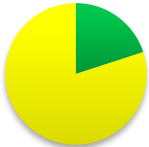
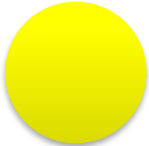

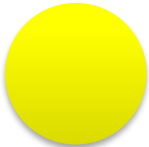
- Updated all date references where necessary
- Minor amendments for formatting/grammar/spelling where indicated


Details (Q1-Q2 2024-2025: September. 1, 2024 – February 28, 2025)

Legend:



Risk Type	Risk Priorities	Proposed Amendments			
Financial		• No changes or amendments proposed to any risks in this risk type.			
Information Management		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		12 - Inability to provide up-to-date accurate information relating to registrants on the public register	Decreased risk likelihood from 3 – Moderate to 2 – Unlikely	The decrease is attributed to the effective and ongoing implementation of a comprehensive risk mitigation strategy. This strategy includes the periodic review and evaluation of IT services and database providers, as well as the redesign of the public register to meet new transparency requirements.	Likelihood: 2 – Unlikely
			Decreased risk priority from 6 – Moderate to 4 - Moderate		Impact: 2 – Serious
					Priority: 4 – Moderate
Loss/Damage of Capital Equipment/Furnishings		• No changes or amendments proposed to any risks in this risk type.			

Risk Type	Risk Priorities	Proposed Amendments				
Loss/Compromise of Examination		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 				
Human Resources		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 				
Loss of Confidence in CKO		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 				
Governance		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority	
		37 - Conflict of Interest	Decreased risk likelihood from 3 – Moderate to 2 – Unlikely	The proposal addresses the lack of declarations made, alongside the implementation of an efficient risk mitigation strategy, which includes the By-Laws and Conflict of Interest (COI) Policy that define conflicts of interest, provide examples, and	Likelihood: 2 – Unlikely	
			Decreased risk priority from 6 – Moderate to 4 - Moderate		Impact: 2 – Serious	
					Priority: 4 – Moderate	

Risk Type	Risk Priorities	Proposed Amendments				
				outline the resolution process. The ongoing risk mitigation efforts also involve annual COI training for all Council members, committee members, volunteers, and staff to ensure consistent understanding and management of conflicts of interest.		
Compliance		<ul style="list-style-type: none">No changes or amendments proposed to any risks in this risk type.				

Resolution – Revised Risk Management Plan – 2024/25

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

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

Whereas, Council has reviewed the updated the Risk Management Plan for 2024/2025, including the identified risk priorities 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 approves the revised Risk Management Plan for 2024/2025.

Moved by:

Seconded by:

Date: March 31, 2025

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2024 – December 2024

November 2024

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Introduction

The College Performance Measurement Framework (CPMF)

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

- 1. Strengthens accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. Supports Colleges in improving their performance.

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

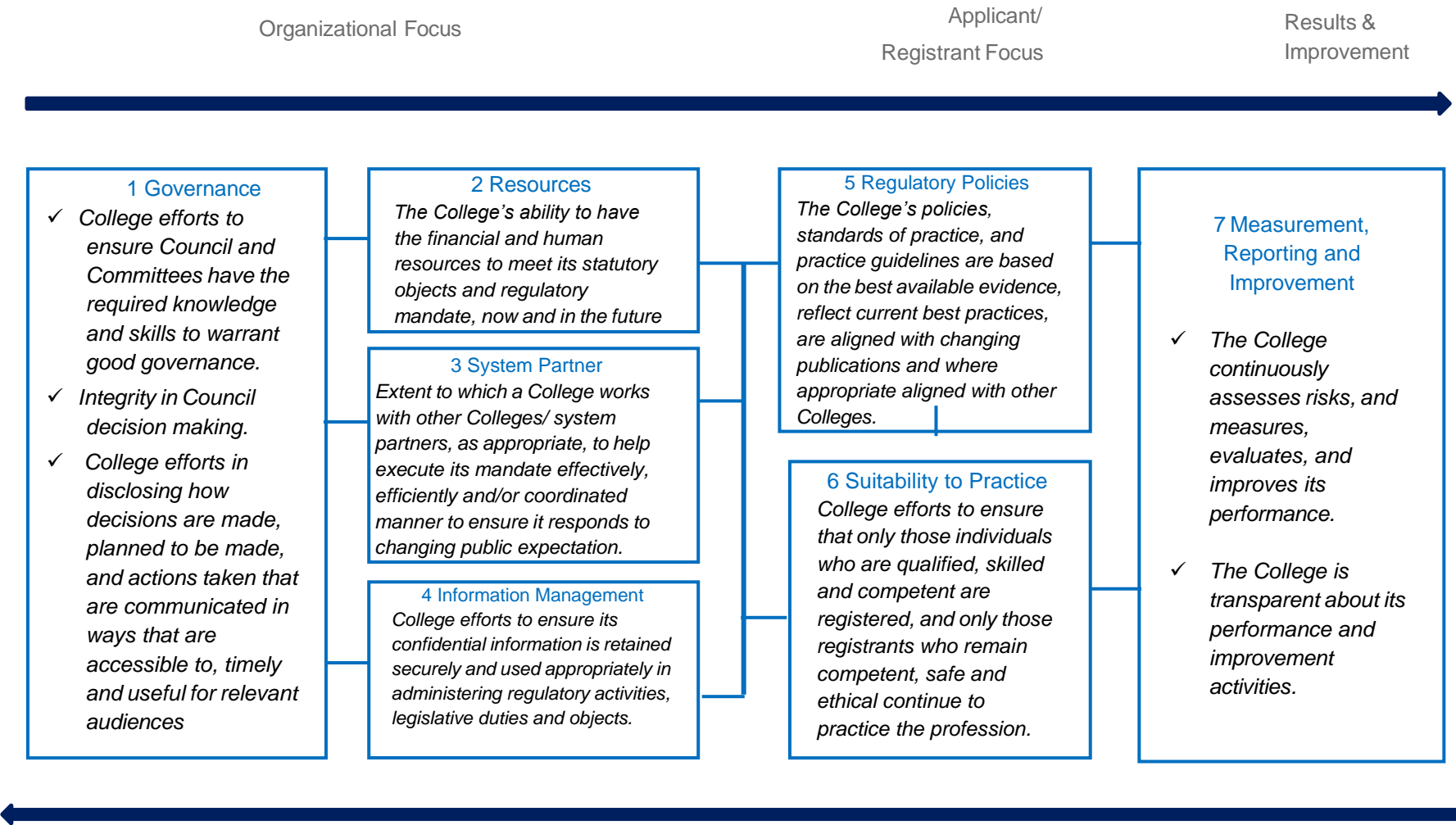


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) remains a cornerstone of regulatory transparency and excellence in Ontario. Through this fifth iteration, the CPMF will continue to provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges during 2024.

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

Completing the CPMF Reporting Tool

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

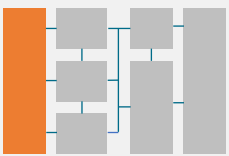
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

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

Where a College fully met Evidence in 2023 and 2024, the College may opt to respond with ‘Met in 2023 and Continues to Meet in 2024’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

-

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and <div>Benchmarked Evidence</div>	The College fulfills this requirement: Yes
			<ul style="list-style-type: none">The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The Council and Committee Competency Profile can be found here on the College’s website. Also, the Council eligibility criteria are set in the College’s by-laws (specifically articles 10.11 and 10.12, which can be found on pgs. 19-21 of the .pdf of the By-laws).</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

		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:	Yes
			<ul style="list-style-type: none"> Duration of orientation training. - The orientation training required can be completed at a pace suitable for the individual completing the module. Completion of the module may require 1-2 hours, depending upon the individual. Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). - The orientation training is currently provided via an online Council Orientation Module. Completion of the module is a required element of the nomination process. The module can be completed at a pace suitable for the individual, though it must be completed prior to the closure of the nomination window for the nominee to be deemed eligible to stand for election. The module, which includes links to the College’s By-laws and other resources, is divided into 12 parts. The module contains interactive elements, as well as a knowledge-testing quiz at the end of the module. Completion of the module is documented both on the nomination form and confirmed via a survey link embedded in the module itself. - The requirement to complete the orientation module is set out in articles 10.11 and 10.12 of the College’s By-laws (pgs. 19-21 of the .pdf of the By-laws). For greater specificity, see clauses 10.11.xix (pg. 20 of the .pdf of the By-laws) and 10.12.xix (pg. 21 of the .pdf of the College’s by-laws). Please insert a link and indicate the page number if training topics are public OR list orientation training topics. - The module is available via public link on the College’s Council and Committees webpage (under the section heading: “Competency and Eligibility”). 	
			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):	
		b. Statutory Committee candidates have:	The College fulfills this requirement:	Yes
		i. Met pre-defined competency and suitability criteria; and <hr/> <i>Benchmarked Evidence</i> <hr/>	<ul style="list-style-type: none"> The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. - The Council and Committee Competency Profile can be found here on the College’s website. Also, the committee eligibility criteria are set in the College’s by-laws (specifically article 13.14, which can be found on pg. 32 of the .pdf of the By-laws). - Expressions of interest in serving on committees are reviewed by the College’s Governance & Nominations Committee, taking into consideration the College’s By-laws, the relevant Policy for committee appointments and the terms of reference for each committee. 	

			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>
	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:	Yes
		<ul style="list-style-type: none">• Duration of each Statutory Committee orientation training.<ul style="list-style-type: none">- At least 1 hour in duration (varies depending upon the Committee).• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).<ul style="list-style-type: none">- Committee orientations are conducted at the first committee meeting following a new committee member’s appointment to the committee(s). Orientations may be conducted on an individual basis (for example, where there are new appointments during the year, such as may be required to fill a vacancy, or where a new member of Council has been elected or appointed).- Committee orientations may be supported or facilitated by pre-orientation online modules.- Orientations are facilitated by College staff, with external supports available as required on a Committee-by-Committee basis.• Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee.<ul style="list-style-type: none">- These orientations provide committee members with information and training regarding:<ul style="list-style-type: none">○ Committee governance (mandate, terms of reference and applicable legislation)○ Committee portfolio and accountabilities;○ The College’s by-laws and code of conduct (including conflicts of interest and confidentiality); and○ The processes and framework used by the committee for adjudicative and other decision-making.	
		<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>	

		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.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none">• Duration of orientation training.<ul style="list-style-type: none">- Council orientations are typically scheduled for 1.5 hours. The specific duration of each orientation may vary depending on the number of new Public members and the type and complexity of questions that may arise.• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).<ul style="list-style-type: none">- Orientations are conducted via virtual meeting (videoconference) prior to the appointee(s) first Council meeting.- Orientation sessions are facilitated by the President of Council and the Registrar & CEO and include presentations from College staff responsible for various College portfolios.• Please insert a link and indicate the page number if training topics are public OR list orientation training topics.<ul style="list-style-type: none">- Orientation topics include:<ul style="list-style-type: none">○ Governance;○ Financial planning and stewardship;○ The role of the College and the role of Council;○ Where Council’s role begins and ends, and the role of staff;○ Duties and responsibilities of a Council member (e.g. conflict of interest);○ What a registered kinesiologist does (and information on the entry-to-practice requirements);○ An overview of the College’s portfolios and the various statutory and non-statutory committees.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		Measure: 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: i. Council meetings; and ii. Council.		The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none">• Please provide the year when Framework was developed OR last updated.- Amendments to the College’s Council Effectiveness Review Framework (CERF) were most recently approved by Council on June 24, 2024 (see Agenda Item 13 on pg. 5 of the Minutes of that meeting of Council).• Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved.- The current CERF can be reviewed on pgs. 47-54 of the Meeting Materials for the June 24, 2024 Council meeting.• Evaluation and assessment results are discussed at public Council meeting: Yes• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i>- A public report was provided to Council at the December 2024 Council meeting (see pg. 40 of the December Council meeting package). A summary public report is also posted to the Council and Committee page on 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>	
		Choose an item.	
		Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Has a third party been engaged by the College for evaluation of Council effectiveness? Yes<i>If yes, how often do they occur?</i><ul style="list-style-type: none">Every 3 yearsPlease indicate the year of last third-party evaluation.<ul style="list-style-type: none">Fiscal year 2022-2023.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.- The report regarding the 2023-2024 CERF provides a high-level overview of how the outcome of that CERF cycle contributed to the identification of opportunities to enhance the training provided to Council and Committee members.• Please insert a link to Council meeting materials and indicate the page number where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.- Council and committee members may provide feedback regarding training needs and opportunities in Meeting Evaluation Surveys (which are administered at the end of each Council and committee meeting). Council members can also provide relevant feedback via the Council Annual Evaluation Survey (which is administered following the June Council meeting). The Annual Evaluation Survey asks Council members to rate their agreement with the following statement: “Council and Council members receive ongoing training and education to build and maintain the necessary knowledge and competencies.”. Council members may also choose to complete a voluntary Council Member Self-Reflection, which allows them to identify any personal goals for the following fiscal year. The Council Member Self-Reflection is also offered following the June Council meeting, at the same time as the Council Annual Evaluation Survey. Training needs and opportunities may also be identified via ongoing dialogue and communication between the Registrar & CEO and the President of Council.- Oversight of council and committee training and development based on evaluation results, and recommendations from Council and committees is among the responsibilities of the Governance & Nominations Committee. This is specified in the terms of reference of that Committee (see: Attachment 3 to Schedule 4 to the College’s By-laws, specifically pg. 74 of the .pdf)	
			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>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>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.- Council and committee training has been informed on an ongoing basis by the College Performance Measurement Framework (CPMF: See link for the College's previous submissions). By setting out Standards and Measures of regulatory excellence, the CPMF has provided the College and Council with insight into public expectations, including the importance and relevance of risk management and Diversity, Equity and Inclusion.- The College may also use its risk management framework to identify how evolving public expectations or other risk factors may impact ongoing Council training. While the detailed risk management plan and risk mitigation strategies are not made public, the College does provide Council with a quarterly dashboard. One example of an update to the risk management plan relevant to Council training can be found in the risk management dashboard presented to Council at the June 2024 meeting (see. Pg. 60 of the Council meeting materials for that meeting)• Please insert a link to Council meeting materials and indicate the page number where this information is found OR• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.- Consideration of public expectations, including risk management and Diversity, Equity and Inclusion, informed the Council training that was provided on September 16, 2024. This was a full-day Council training and orientation meeting. Topics included:<ul style="list-style-type: none">○ Discipline Committee training (required as all Council members are appointed to the College's Discipline Committee as per the By-laws)○ Sexual Abuse (intended to help Council members understand how the College protects the public from sexual abuse by the College's members and supports individuals who have reported sexual abuse by a member of the College)○ Equity, Diversity and Inclusion (training provided Council with a good governance perspective on Equity, Diversity and Inclusion)○ Conflict of Interest○ An update/information from the Ontario Fairness Commissioner○ Training regarding risk management and how it applies in the regulatory context- To provide additional support to Council, the College also provided Council members with more specific training focused on understanding financial statements. This training was provided at the December 2024 Council meeting prior to presentation of the College's audited financial statements for 2023-2024. This training is typically provided each year. Such training supports the College's approach to risk management by helping Council understand and make informed decisions regarding the College's financial statements.	
			<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 1: GOVERNANCE	STANDARD 2	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	
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: 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 <u>Further clarification:</u> 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.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.- At the September Council meeting, the College ensures that Council receives annual training from the College’s legal counsel regarding conflicts of interest. This was most recently provided on September 16, 2024. As part of this training, Council receives a review of the College’s By-laws and any relevant legislation, practices, public expectations, issues and emerging initiatives. This training provides and supports an annual review of the existing relevant articles of and schedule to the By-laws.• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.- No changes were indicated or required in calendar year 2024.	
	<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>			

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. - The College's By-laws, which are publicly available on the College's website, include the Council and Committee Code of Conduct (Schedule 3 to the By-laws on pgs. 63-64 of the .pdf) and Conflict of Interest By-law (By-law 16, pgs. 37-40 of the .pdf). - Both the Code of Conduct and the Conflict of Interest By-law (By-Law 16) are also posted separately on the College's website. 	
			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)	
		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).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p> <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. 2023 Please provide the length of the cooling off period. Three years How does the College define the cooling off period? <ul style="list-style-type: none"> - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Please see Articles 10.11 and 10.12 (pgs. 19-21 of the .pdf) of the By-laws. These Articles describe individuals to whom and circumstances in which the three-year cooling off period may apply to eligibility to stand for election to Council: <ul style="list-style-type: none"> - Findings of professional misconduct, incompetence or incapacity by the College or any other regulatory body; - Being in a leadership position (employee, officer or director) of any professional association or certifying body related to the profession; - Service as a member of Council for the maximum term; - Disqualification from Council or a committee of the College; - Individuals who have been College staff; and - Individuals who resigned from Council for reasons other than health or personal reasons acceptable to Council - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR <ul style="list-style-type: none"> - Following the requisite public consultation, By-law 10 was reviewed and approved at the March 20, 2023 Council meeting (see pgs. 8-9 of the .pdf). - Where not publicly available, please briefly describe the cooling off policy. 	

			<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>	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> 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> .	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated.- 2021 (please see pg. 24 of the .pdf of the College’s previous CPMF submission for specific links to relevant Council materials).• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.- The Conflict of Interest form is publicly available on the College’s website and is distributed to Council members via cloud-based survey application (example: December 2, 2024 Council Meeting). - Conflicts of interest declarations (via the Conflict of Interest form or in-meeting declaration(s)) were most recently considered by Council at the December 2, 2024 Council Meeting (see link associated with the Agenda, pg. 2 of the .pdf). Any declarations of conflict(s) of interest are recorded in the minutes (see: September 17, 2024 Council Minutes, Agenda Item 3 on pgs. 1-2 of the .pdf).	
			<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>	

		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).	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none">• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.<ul style="list-style-type: none">- The College provides Council members with Issue/Decision Notes associated with topics to be presented to Council. These issue/decision notes include public interest rationales relevant to the issue at hand.- The public interest rationales provided in the issue/decision notes are also included in presentations for Council.• Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.<ul style="list-style-type: none">- Example: December 2, 2024 Council meeting, Agenda Item 14, Strategic Plan Report. Public Interest Rationale provided on pg. 43 of the .pdf)	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		<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 as 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>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please provide the year that the formal approach was last reviewed.- The College’s risk management plan is reviewed quarterly by the Planning and Finance Committee and by Council. This occurred in 2024.• Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.- Please see the College’s Report on the 2025-2030 Strategic Plan, which was presented to Council for approval (and duly approved by Council) on December 2, 2024 (see pgs. 41-44 of the .pdf).		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (if needed)		

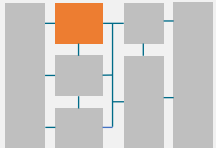
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:	
		3.1 Council decisions are transparent.	
		Required Evidence	College Response
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none">• Please insert a link to the webpage where Council minutes are posted.<ul style="list-style-type: none">- Council minutes for meetings from 2011 – 2024 are posted to the College’s website.• Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.<ul style="list-style-type: none">- At each regular Council meeting, and elsewhere as required, Council is provided with updates on the College’s operations in the form of a dashboard that shows quarterly progress on College projects and operational activities. An example of these dashboards can be found in the meeting materials for the December 2, 2024 Council meeting (pgs. 96-99 of the .pdf). Council is also provided with updates regarding any Action Items emerging from previous Council meetings (see the Minutes of the September 17, 2024 Council meeting, pg. 2 of the .pdf)- The College posts staff contact information on its website, as well as a General Contact Form. Should a request for more detailed updates or information be received, the College’s response times and processes would be governed by all applicable legislation regarding requests for information and the College’s Privacy Code and Client Service Policy.
			<div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div><div>Choose an item.</div></div> <div>Additional comments for clarification (optional)</div>

		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). 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.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>- Information regarding Executive Committee meetings may be posted to the Council and Committee meetings webpage</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence		College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
	<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.Past Council meeting materials are posted to the College's website. Meeting materials dating back to 2017 are provided. For Council meetings prior to 2017, meeting highlights and/or meeting minutes are posted to the website.		
	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)		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024
	<ul style="list-style-type: none">Please insert a link to the College's Notice of Discipline Hearings.Notices of Discipline Committee Hearings are posted to this page on 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>	Choose an item.
		<i>Additional comments for clarification (optional)</i>		
		Measure:		
		3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.		
		Required Evidence	College Response	
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).	The College fulfills this requirement:		Yes	
	<ul style="list-style-type: none">• Please insert a link to the College’s DEI plan.- Please see the College’s previous CPMF submission for more details.- Of note, and associated with the development of the College’s 2025-2030 Strategic Plan, the College’s Mission, Vision and Values have been amended to include “Equity, Diversity, Inclusion and Belonging” among the College’s Values. This is consistent with the College’s revised Vision of “Trusted Kinesiologists providing optimal movement for Ontarians of all ages.”• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.- Please see the 2025-2030 Strategic Plan Report from the December 2, 2024 Council meeting (pgs. 41-44).			
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.	
	<i>Additional comments for clarification (optional)</i>			
	<p>The College has allocated financial resources towards engaging external consultants and subject matter experts to provide ongoing training to Council. Such training has been provided at the September Council meetings in 2022, 2023 and 2024. Additional external expertise will be sought as required.</p> <p>The College has also allocated human resources to active participation in ongoing working groups relevant to DEI, including a standing committee of the Health Professional Regulators of Ontario (HPRO). College staff have also actively participated as a member of a relevant committee of the Council for Licensure, Enforcement and Regulation (CLEAR).</p>			

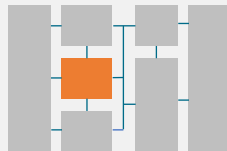
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact 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>	Yes
		<ul style="list-style-type: none">• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments.- Please see the College’s previous CPMF submission for details regarding 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.- An example from 2024 of how the College has applied an Equity Impact Assessment was a review of the College’s Reserve Funds Policy. Proposed amendments to this Policy were presented to Council at the September 17, 2024 Council meeting and were approved. These proposed amendments included increasing the minimum amounts required to be maintained as the College’s internally restricted reserves for Investigations & Hearings, Property & Technology and Funding for Sexual Abuse Therapy/Counselling. The Equity Impact Assessment enhanced the review of this Policy by supporting one element of the Public Interest Rationale. Specifically, that increasing the minimum amount to be maintained in the College’s internally restricted reserve fund for sexual abuse therapy/counselling is in the public interest as doing so would help ensure that the College is able to support patients/clients who have made allegations of sexual abuse by a kinesiologist. The Equity Impact Assessment considerations showed that this may be of particular importance for patients/clients from equity-seeking groups, some of whom may not have ready access to resources such as private insurance for therapy/counselling.		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	
		<p><i>Additional comments for clarification (optional)</i></p>		

		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	College Response
		<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> 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.</p>	The College fulfills this requirement: <div>Yes</div>
			<ul style="list-style-type: none"> Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. Council recently approved a revised budget for fiscal year 2024-2025 at the December 2, 2024 Council meeting (see pgs. 58-59 of the .pdf). This revised budget was associated with a revised operational plan (see pgs. 46-57 of the .pdf of the December 2024 Council meeting materials) intended to support the College's new 2025-2030 Strategic Plan. The College also provides Council with a quarterly Dashboard showing progress towards portfolio projects as set out in the operational plan for that fiscal year. Please see pgs. 96-99 of the .pdf of the December 2024 Council meeting for an example of this Dashboard. Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. The 2025-2030 Strategic Plan was developed over the course of 2024, with research and consultation including a Council strategic planning workshop that took place June 24-25, 2024. The 2025-2030 Strategic Plan was approved by Council in December of 2024. This 2025-2030 Strategic plan sets out 3 strategic themes, with more specific strategic goals that fall under each theme. The strategic planning process included operational considerations regarding timelines to achieve each of the strategic goals. The College's operational plans for each year, including a revised operational plan for fiscal year 2024-2025, have and will emerge from the strategic plan. The College's budget for each fiscal year emerges from the operational plan. The budgeting process includes projected expenditures and revenues for future fiscal years to aid in long-term planning. The operational plan and budget are reviewed by the College's Planning and Finance Committee and approved by Council. With Council's approval, one of both of the operational plan and the budget may be amended on an as-needed basis, for example to address new or emerging priorities, issues, opportunities or risks.
			<div> If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <div>Choose an item.</div> </div>
		Additional comments for clarification (optional)	

		b. The College: 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 ii. possesses the level of reserve set out in its “financial reserve policy”.	The College fulfills this requirement:		Met in 2023, continues to meet in 2024	
			<ul style="list-style-type: none">• Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.- The College has an internal Reserve Funds Policy that sets out the level(s) of the College’s reserves.• Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated.- Most recent review and approval by Council: September 2024 (see pg. 4 of the .pdf of those Minutes).• Has the financial reserve policy been validated by a financial auditor? Yes			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?			Choose an item.
			Additional comments for clarification (if needed)			

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	The College fulfills this requirement:	Yes
			<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 see the College’s previous CPMF submission for more details. The College notes that the relevant Policies are considered internal/operational in nature and are not posted publicly.- For some additional clarity and context, the College’s By-laws (specifically, By-law 8. The Registrar, see pg. 15 of the .pdf) do include some information regarding senior leadership succession planning. Specifically, Article 8.03 describes the circumstances in which an Acting Registrar may be appointed, and by whom (specifically, the Executive Committee or Council if the position of Registrar was to be vacant, or the Registrar in circumstances where the Registrar may be absent for an extended period of time).• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.- Also as noted in the previous CPMF submission, the College’s enterprise risk management plan includes succession planning, orientation of new staff, ongoing training and performance management of existing staff) critical to the risk mitigation strategies for human resources risks and other risks associated with the College’s human resources.- While the entirety of the enterprise risk management plan is not shared publicly, the College does provide Council with quarterly updates (see an example of the risk management dashboard, pgs. 44-50 of the .pdf) regarding any changes to the risk likelihoods, impacts, priorities and risk mitigation strategies. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p>	
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	

		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).	The College fulfills this requirement:		Yes
			<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.- The College’s data and technology resources are provided by external third-parties. The College continually monitors, with the support of these parties, emerging and evolving approaches to the use of technology in health profession regulation.- The College’s enterprise risk management plan, business continuity and disaster recovery plans include explicit and specific consideration of information technology risks and events, including cybersecurity threats. The enterprise risk management plan is presented to the Planning & Finance Committee and to Council on a quarterly basis, with any proposed amendments provided in a summary/”dashboard” format.- This information is not generally made public, due to risks that may be associated with explicit disclosure of the College’s cybersecurity/IT security infrastructure and risk mitigation strategies.		
			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)		

DOMAIN 3: SYSTEM PARTNER				
STANDARD 5 and STANDARD 6				
Measure / Required evidence: N/A	College response			
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>			
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i>			
	Initiative Undertaken		How engagement has shaped the outcome	Specific changes implemented at the College
	Human resource collaborations with other Ontario regulators.		<ul style="list-style-type: none">- Shared resources with the College of Massage Therapists of Ontario to participate in leadership training for senior staff.- Enhanced communication between regulators where some members are dually-registered. Establishment and maintenance of appropriate connections	<ul style="list-style-type: none">- College of Kinesiologists of Ontario staff took advantage of an opportunity to reflect on their personal approach to leadership and how to leverage their strengths in the interests of the College.- College of Kinesiologists of Ontario staff also participated in reciprocal/mutual mentorship opportunities to build

		<p>and lines of communication.</p> <ul style="list-style-type: none"> - Participated in informal mentorship conversations/partnerships with staff from other regulators including (but not limited to) the College of Registered Psychotherapists of Ontario (CRPO), the College of Occupational Therapists of Ontario. 	<p>capacity and identify/implement good and best practices.</p> <ul style="list-style-type: none"> - Mentorship and capacity-building for new College of Kinesiologists of Ontario staff in key portfolios including Professional Conduct).
	High-level collaboration with other regulators where there are commonalities in scopes of practice/practice environments.	<ul style="list-style-type: none"> - Facilitated identification of potentially shared/common resources and good or best practices. - This engagement enabled and facilitated discussion(s) of how to take a proactive approach to identified and emerging or potential trends in health professional regulation. 	<ul style="list-style-type: none"> - Planned and ad hoc meetings and communications between Registrars. Senior staff were kept apprised of circumstances and plans/action items.
	Temporarily shared office space/facilities	<ul style="list-style-type: none"> - During College of Kinesiologists of Ontario's office space relocation, which took place and was completed in 2024, the College of Massage Therapists of Ontario agreed to provide some space and materiel resources (use of scanner/copier, space to securely store documents). 	<ul style="list-style-type: none"> - This collaboration facilitated the College's office space transition by ensuring that incoming mail would be received and stored efficiently and securely. - Enhanced awareness of opportunities to share resources and provide reciprocal support as needed to other regulators.
	Health Professions Regulators or Ontario (HPRO) Engagements	<ul style="list-style-type: none"> - Active membership and participation in HPRO portfolio-specific committees, working groups. - Engagement has helped build and maintain lines of communication and a culture of reciprocity and mutual support among health professional regulators. 	<ul style="list-style-type: none"> - Registrar & CEO appointed to HPRO nominating committee. - College of Kinesiologists staff actively participated in formation and emergence of "Enterprise Risk Management and Business Continuity" (ERMABC) working group. This resulted in an opportunity for

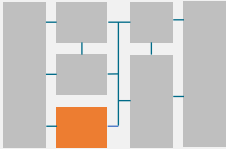
			a risk management team member from the College of Nurses of Ontario sharing their insights regarding risk management with the College of Kinesiologists of Ontario’s Council (September 2024).
	Professional Associations	<ul style="list-style-type: none">- Enhanced awareness and understanding of health professional regulation of Kinesiology in Ontario.- Identification of potential opportunities for potential collaboration in the future.- Facilitated communication with members, applicants to build awareness.- Reciprocal participation and consultation regarding strategic planning activities.	<ul style="list-style-type: none">- Clear understanding of professional association activities and goals.- Open and transparent lines of communication maintained throughout 2024.- The College was also invited by a provincial professional association to provide a presentation at a national virtual conference. This presentation included the College’s insights regarding the regulation of the profession in Ontario.

	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.			
	<p>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.</p> <ul style="list-style-type: none"><i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i>			
	Issue/Achievement	System Partner(s) Engaged	Discussions with System Partners	Use of Information Received
	<i>Development of 2025-2030 Strategic Plan</i>	<i>Professional Associations Ministry of Health Other regulators Educators (Universities)</i>	<i>Discussions conducted via interviews, correspondence as necessary. Discussed perceptions of the College and how it fulfils its mandate of public protection. Also discussed system partner perspectives on future directions in health professional regulation and the College’s work.</i>	<i>Informed SWOT and PESTLE analyses that, in turn, informed the development of the new Strategic Plan for 2025-2030. More specifically, feedback from system partners supported the identification of strategic themes. These themes were then used to develop more specific strategic goals. System partner engagements also identified an opportunity to review, revise and thereby enhance the College’s Mission, Vision and Values.</i>
-	<i>Patient-/Client-Centred Care</i>	<i>Members of the College Professional Associations Members of the Public (via the Citizen Advisory Group) Other regulators</i>	<i>Feedback was sought via direct and indirect outreach. Feedback was typically received via electronic survey responses, though some (other regulators, one interprofessional</i>	<i>Feedback from system partners was used to refine the draft Practice Guideline to address opportunities for improvement, for example by amending the wording and format of the draft Practice Guideline for clarity/readability.</i>

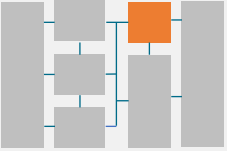
		<p><i>Collaborative interprofessional health care network.</i></p> <p><i>Organizations who employ members of the College.</i></p> <p><i>Associations/organizations whose work may be relevant to, aligned with, supported by or provided to members of the College.</i></p>	<p><i>association/alliance) elected to provide more specific feedback/suggestions/recommendations.</i></p> <p><i>Outreach asked system partners to respond to questions regarding the accuracy, clarity, potential effectiveness of a draft Practice-Guideline – Patient-/Client-Centred Care.</i></p>	
	<i>Infection Prevention and Control</i>	<p><i>Ministry of Health (Infection Control unit)</i></p> <p><i>Other health professional regulators</i></p>	<p><i>Series of virtual meetings to discuss emerging and ongoing trends in infection prevention and control in Ontario.</i></p> <p><i>Meetings began in June 2024 and have continued.</i></p>	<i>Information received during these briefings used to provide information and resources to members of the College to enhance IPAC practices in the public interest.</i>
	<i>Health Human Resources</i>	<p><i>Canadian Institute for Health Information (CIHI)</i></p> <p><i>Ontario Health Digital Services</i></p> <p><i>Professional Associations</i></p> <p><i>Financial Services Regulatory Authority of Ontario (FSRA)</i></p>	<p><i>The College had discussions in 2024 with CIHI regarding how kinesiology may be integrated into their data tracking. These discussions emerged from communication between the College and professional associations.</i></p> <p><i>The College has also had discussions with representatives from Ontario Health Digital Services regarding enhanced integration of the College’s data into the Provincial Provider Registry.</i></p>	<p><i>Information regarding CIHI’s data collection, and whether kinesiology could be considered for inclusion could be used to, at least initially, create high-level aggregate data regarding the total number of practitioners, their genders, age and the average practitioner age.</i></p> <p><i>Regarding the provincial provider registry, this registry provides comprehensive provider profiles. There have been ongoing discussions regarding enhancing links between the Provincial Provider Registry, the Professional</i></p>

				<i>Associations and the College’s member database to ensure that up-to-date information is included in the Provincial Provider Registry. Work has begun on a project that would support such integration.</i>
	<i>Artificial Intelligence in health care and health professional regulation</i>	<i>Members of the Public (via the CAG) Other health professional regulators in Ontario</i>	<i>In 2024, the College agreed to co-sponsor a CAG meeting focused on potential impacts of artificial intelligence (for example, use of Large Language Models to support patient/client care, or AI tools to support documentation of patient/client visits).</i>	<i>Information gathered from the CAG meeting will be used on an ongoing basis to support consideration of a health professional regulatory framework for Artificial Intelligence. The specific form/format of any such guidance (whether it might be common guidance or standards, or unique guidance/standards for each regulator informed by a common set of principles) is yet to be determined.</i>
	<ul style="list-style-type: none">• <i>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).</i>- The College identifies system partners through a variety of means, including:<ul style="list-style-type: none">○ Awareness of the responsible bodies for legislation and regulations that may intersect with the College’s activities (for example, the Information Privacy Commissioner of Ontario, whose mandate includes responsibility for privacy legislation and protection personal health information in Ontario).○ Requests for information from the College (for example, system partners may reach out to the College for information regarding its requirements, expectations, legislation/regulations, Practice Standards, etc).○ A system partner being brought to the College’s attention by one or more Professional Associations. One example of this was correspondence between the College and the Financial Services Regulatory Authority of Ontario (FSRA). The impetus for this correspondence was a request from a Professional Association for the College to provide FSRA with the College’s perspective on a legislative/regulatory amendment proposed by the			

	<p>Professional Association.</p> <ul style="list-style-type: none">○ Member reporting (for example, as part of Registration and Annual Renewal, members are required to indicate their practice location/employer). This information could be used to identify employers as system partners.○ Other regulators and associations/alliances that support regulators. Some examples may include the Canadian Network of Agencies of Regulation (CNAR), the Council on Licensure, Enforcement and Regulation (CLEAR) and the Health Professions Regulators of Ontario (HPRO).○ General awareness and environmental scans of relevant alliances, associations and other organizations relevant to the College’s members and the profession. One example is the Rehab Care Alliance (RCA), which is an interdisciplinary rehabilitation-focused organization that, as per its website: “works with partners across the province to strengthen and standardize rehabilitative care through better planning, ongoing evaluation and quality improvement, and the integration of best practices across the care continuum.”
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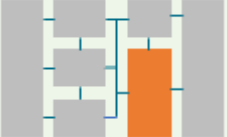
		Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement: <div> <div></div> <div>Yes</div> </div>
			<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. Please see the College's previous CPMF submission (specifically Domain 2, Standard 7, Measure 7.1, Required Evidence a.i. on pg. 46 of the .pdf) for details.
			<div> <div> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> </div> <div>Yes</div> </div>
		Additional comments for clarification (optional) <div> <div></div> <div> <ul style="list-style-type: none"> The College's internal Privacy Code has been under review, including receiving advice and recommendations from the College's legal counsel. Review began in 2024, expected to be presented to Council in March of 2025. </div> </div>	

		<div>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</div> <div>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</div> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:	Yes
			<div><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.- The College’s Enterprise Risk Management Plan and associated Business Continuity Plan and Disaster Recovery Plan includes consideration of and risk strategies to address various cybersecurity risks, including but not limited to unauthorized disclosure of information due to cybersecurity incident. These plans also include consideration of risks associated with other forms of unauthorized disclosure of information. The College also has portfolio-specific Business Continuity Plans and Disaster Recovery Plans that take various events and scenarios into consideration. These plans include practices and processes to address accidental or unauthorized disclosure of information, whether due to cybersecurity incident or some other unauthorized disclosure of information. The College’s risk management framework is reviewed on a quarterly basis, with updates presented to the Planning & Finance Committee. An overview is presented to Council at each scheduled Council meeting.- In addition, the College requires that all staff, Council members, Committee members and other representatives (such as Peer Assessors associated with the College’s Quality assurance program) review and sign annual confidentiality declarations (see the College’s Quality Assurance – Confidentiality Policy as an example of how this is documented at a Policy level).</div>	
			<div>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</div>	

		<p>Measure:</p> <p>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).</p>	
<p>DOMAIN 5: REGULATORY POLICIES</p>	<p>STANDARD 8</p>	Required Evidence	College Response
		<p>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.</p>	<div> <div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> </div> <ul style="list-style-type: none"> Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). Please see the College’s Policy and Material Development and Review Framework. Specifically, information regarding Policy, Practice Standard, Practice Guideline and other material review timelines can be found on pgs. 5-6 of the .pdf). Other information regarding how reviews are conducted can be found in the various sections of the Framework, which is arranged as a multi-step process.
		<div>Benchmarked Evidence</div>	<p>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</p>

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: 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. <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none">• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process.- The College’s approach to consideration of the 6 listed components when developing or amending policies, standards and practice guidelines can be found in the College’s Policy and Material Development and Review Framework.		
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>		

		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.	The College fulfills this requirement:	Yes
			<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.- As stated in the College’s Policy and Material Development and Review Framework (pg. 7 of the .pdf): “The College of Kinesiologists is committed to the principles of accessibility, reasonable accommodation, equity, diversity, inclusion and anti-bias (EDI-B). An EDI-B lens (which may include an Equity Impact Assessment) will be applied to all materials developed and published by the College.”• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.- As part of the development of the College’s new Strategic Plan for 2025-2030 a revised Mission, Vision and Values for the College were approved by Council in December 2024. Among the amendments are the inclusion of “Equity, Diversity, Inclusion and Belonging” in the Values. This is intended to explicitly reflect the College’s ongoing commitment to the principles of equity, diversity and inclusion.”- A previous CPMF submission provided some specific examples of how Diversity, Equity and Inclusion are integrated into the College’s policies, practice standards and practice guidelines.	
			<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>	

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ .	<div> <div>The College fulfills this requirement:</div> <div>Met in 2023, continues to meet in 2024</div> </div> <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. The College’s Required Documents Policy (which was most recently reviewed, updated and approved by Council in September 2024), Language Proficiency Policy (which was most recently reviewed, updated and approved by Council in March 2024), the Professional Liability Insurance (PLI) Policy and the Good Conduct Policy all describe the specifics regarding acceptable documentation. Verification and validation of documents is supported by reference documents available for staff, an internal annual PLI audit, connections with external resources/groups to ensure awareness of and alignment with best practices in documentation review, verification and validation. The College also ensures that documents come from the required source (i.e. transcripts directly from the issuing educational institution either in sealed envelope or via electronic file transfer). Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). As part of the application process, applicants are required to declare their registration with any other regulatory body/bodies. These declarations are included in the College’s application and renewal forms. Applicants who declare registration with another regulatory body or other regulatory bodies are required to provide letter of standing or similar documentation from that other regulatory body or those other regulatory bodies, as the case may be.

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

			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)	
		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.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. - The College has several policies and procedures regarding its Registration portfolio (please see the “Registration” sub-menu under the “Policies” menu). These policies include the College’s policies that govern the processes for assessment of whether an applicant meets registration requirements. These policies may themselves be reviewed and, as necessary, revised, in accordance with the College’s Policy and Material Development and Review Framework. This Framework includes processes by which best practices in applicant assessment may be identified. Some examples may include, but are not limited to, subject matter expert consultation, review of relevant legislation, collaboration and consultation with other regulators, or by other means, such as primary literature review. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. - In 2024, the Registration Required Documents Policy and Language Proficiency Policy were reviewed by the College. - The Required Documents Policy review was a best practice review, and no substantive changes or amendments were required. This Policy was reviewed and approved by Council at the September 2024 Council meeting (see pg. 3 of the .pdf). - The Language Proficiency Policy was reviewed to ensure alignment with language proficiency requirements under immigration legislation, and amendments to the Policy were made accordingly. These amendments were reviewed and approved by Council at the March 2024 Council meeting (see pgs. 6-9 of the .pdf). 	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (optional)</i>
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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 ² 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.).	<div>The College fulfills this requirement:</div> <div>Yes</div> <div> <ul style="list-style-type: none"> Please briefly describe the currency and competency requirements registrants are required to meet. <ul style="list-style-type: none"> Currency: the General Regulation (O.Reg. 401/12 under the Kinesiology Act, 2007) requires that members of the College holding a Certificate of Registration in the General Class are required to practice the profession for at least 1,500 hours during every three-year period beginning on the first September 1 following issuance of the General Class Certificate of Registration. Each following three-year period begins on the first anniversary of the commencement of the previous three-year period. Competency: Also as per the General Regulation (O.Reg. 401/12), applicants and registrants must have graduated from a program in kinesiology that was offered at the bachelor level at an Ontario university and which was not less than four years in duration, or have successfully completed a program which a panel of the Registration Committee considers to be substantially equivalent. Competency: O.Reg. 401/12 also requires that applicants (except those applying for an Emergency Class certificate of registration) are required to successfully complete the College’s Entry-to-Practice Examination. Applicants for the Emergency Class certificate of registration who have failed the Entry-to-Practice Examination on their third attempt at the examination are not eligible to receive such a certificate of registration, unless they have successfully completed another satisfactory education program. The Entry-to-Practice Examination is based on the Kinesiologist Core Competency Profile. Please briefly describe how the College identified currency and competency requirements. <ul style="list-style-type: none"> The currency and competency requirements were initially identified as part of the development of the <i>Kinesiology Act, 2007</i> and its associated Regulations. Please provide the date when currency and competency requirements were last reviewed and updated. <ul style="list-style-type: none"> The currency and competency requirements as set out in regulation (O.Reg. 401/12) were last updated in 2023. This update was associated with the creation of the Emergency Class Certificate of Registration. In March 2024 (see pg. 6 of the .pdf), Council reviewed and approved proposed revisions to the Kinesiologist Core Competency Profile and Entry-to-Practice Examination Blueprint. These updated documents will impact the various elements of competency assessment, such as assessment of educational equivalency and the specific content of the Entry-to-Practice Examination. Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <ul style="list-style-type: none"> As part of the annual renewal process, members are required to declare whether they have met the currency requirement set out in the College’s General Regulation (O.Reg. 401/12 under the <i>Kinesiology Act, 2007</i>). Members who are identified as not having met the currency requirements. Competency is assessed on an ongoing basis by the College’s Quality Assurance portfolio. Specifically, all members are required to complete a Self-Assessment every 2 years, including developing individual learning goals and documenting associated specific learning activities to achieve these goals. The College also assesses member competency using the Peer and Practice Assessment. Members may be selected for a number of specified reasons, including random selection. </div> <div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>

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

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
	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:	Met in 2023, continues to meet in 2024
		<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.<ul style="list-style-type: none">- College of Kinesiologists of Ontario Fair Registration Practices Report for 2023- 2024 OFC report will be submitted by the end of March 2025 and will be posted to the College’s website once the submission has been reviewed and released by the OFC.• Where an action plan was issued, is it: No Action Plan Issued	
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	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
		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).	<div>The College fulfills this requirement:</div> <div>Choose an item.</div>
		<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>	<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 Code of Ethics Duration of period that support was provided Ongoing since 2017 Activities undertaken to support registrants <p>The College supports member understanding and application of the Code of Ethics, and many of its other Practice Standards and Guidelines, via a mandatory learning module that pertains to Ethics and Professionalism. This module helps kinesiologists understand how to apply the College’s Code of Ethics and the associated model for ethical decision making in their practice. All members of the College are required to complete this module at least once while they are members of the College. The module is divided into two sections: Ethical Foundations and Principles and Principles of Ethical Conduct. The module also requires members to complete a quiz at the end of the module. Aggregate data from the quiz appeared to indicate that members take a higher-than expected number of attempts to successfully respond to certain questions. This was taken as an opportunity to review and, where necessary, revise the module and quiz. In addition, review and revisions to the College’s Practice Standards supported the goal of reviewing the module to ensure that it remains accurate and aligned with the current Practice Standards.</p> <ul style="list-style-type: none"> % of registrants reached/participated by each activity 100% Evaluation conducted on effectiveness of support provided <p>The module includes a feedback survey, aggregate data from which may be reviewed by the College. Data from the survey indicates the following:</p> <p>96% of members agree that “the module is relevant to a variety of kinesiology settings and reflects my practice area”</p> <p>97% of members agree that “the module helped me better understand the Code of Ethics, practice standards and the Essential Competencies of Practice for Kinesiologists in Ontario.</p> <p>95% of members agree that “the instructions were clear, and the online platform was user-friendly”.</p> <p>90% of members agree that “the module helped me identify areas for improvement”.</p> <p>The College also evaluated the impact of the review and revision on the number of responses required to correctly answer each Quiz question (the target is < 1.5 responses per question). Decreases in number of attempts per question were noted for all questions that had been identified as being above the target number of responses per question.</p> Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> The College publishes supplemental material, including webinars, invitational presentations, ad hoc learning modules, social media outreach and provides additional guidance (such as eLearning modules) to registrants on an as-needed basis, where a Practice Standard is identified as being associated with higher-

		risk areas of practice or where there is evidence that understanding of the Practice Standard may be incomplete. Such issues may be identified through the College’s Professional Conduct portfolio, Practice Advice service or reporting of aggregate data through the College’s Quality Assurance portfolio.	
		<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>	

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
	a. The College has processes and policies in place outlining: <ul style="list-style-type: none"> 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; 	The College fulfills this requirement: <div>Partially</div>
		<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. - As described in more detail in previous CPMF submissions (pg. 61 of the .pdf), the College's priority areas of focus for QA assessment were identified as part of the Peer and Practice Assessment development process. - To summarize, the Essential Competencies of Practice for Kinesiologists in Ontario are divided into five Units, 45 Competencies and 301 Performance Indicators. The Essential Competencies were evaluated by focus groups of College members, with one focus group composed of members in clinical practice and the other including members in non-clinical practice. These focus groups were facilitated by a third-party consulting firm. The results of the focus groups were used to identify the competencies to be assessed for clinical and non-clinical practice, respectively. - The College's Self-Assessment, another component of the QA portfolio, asks registrants to reflect on and evaluate their level of understanding of and ability to apply the College's Practice Standards and Guidelines, as well as the Essential Competencies of Practice for Kinesiologists in Ontario. Aggregate Self-Assessment data may be used to inform future changes to the Peer and Practice Assessment, as it may support identification of areas or types of practice that may be higher or lower risk. - Also, the aggregate Peer and Practice Assessment data may be used to further inform a risk-based/right-touch approach to identifying areas of focus for the Peer and Practice Assessment. Is the process taken above for identifying priority areas codified in a policy: No <i>If yes, please insert link to the policy.</i>
		<div> If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <div>Yes</div> </div>
		Additional comments for clarification (optional) <p>The College has initiated a review and validation of the Essential Competencies of Practice for Kinesiologists in Ontario. This review and validation, which will be supported by an external third-party consultant, will begin in Q2-Q3 of Fiscal Year 2024-2025 (March-April 2025) and will continue, likely concluding in late 2025 or as late as early 2026 depending on circumstances. One of the relevant benefits of this project will be applying a risk-based, right-touch regulatory focus to the Essential Competencies that can be used on an ongoing basis to identify opportunities to ensure maximum impact on public safety and practice quality.</p>

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

		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	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. Quality Assurance – Self-Assessment General Requirements Policy Quality Assurance – Peer and Practice Assessment General Requirements Policy Quality Assurance – Continuing Professional Development Policy Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022 ongoing in 2024 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> Public No Employers No Registrants Yes other stakeholders Yes 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> The College is committed to continuous improvement and ensuring that it fully incorporates the principles of right-touch regulation. The College will continue to monitor the following and may review and revise its assessment selection criteria accordingly: <ul style="list-style-type: none"> Aggregate results of Quality Assurance activity participation by kinesiologists; Professional Conduct matters that have come to the College’s attention; and Issues associated with public risk, whether they are or may be specific to the College and its registrants or more generally applicable to the regulation of health professions in Ontario. 	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. Quality Assurance – Peer and Practice Assessment General Requirements Policy (pg. 5, “Reporting, review and notice – unsatisfactory PPA Reports” items 30-34) Competency Enhancement Policy (see pgs. 1-7) Mentorship Program – Information Package (see pg. 3 of the .pdf for an overview, see pgs. 6-8 for more specifics regarding member responsibilities and learning plan development). 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

		Additional comments for clarification (optional)	
		Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.	
	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrants complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>Note: the following describes both the College’s process for monitoring completion and the process(es) for determining whether a registrant has demonstrated the required knowledge, skills and judgement following remediation.</p> <p>Registration: For clarity, where remediation may be ordered by the Registration Committee or a panel thereof, tracking and determination of completion and knowledge, skill and judgement may be the responsibility of the Registrar (who may assign duties to College staff) or the Committee, depending on the specific nature of the remediation activity required and on any requirements set out in legislation (for example, the Health Professions Procedural Code). The College’s relevant policies include: Reinstatement to the General Class After Administrative Revocation (see articles 2 and 3 of the policy, pgs. 2-3 of the .pdf) Reissuance of General Class Certificate of Registration (see articles 5 and 6, pgs. 2-3 of the .pdf and articles 7 and 10, pg. 3 of the .pdf).</p> <p>Quality Assurance: Completion of remediation directed by the Quality Assurance Committee or a panel thereof may be monitored by the Registrar (with specific responsibility assigned to College staff). One mechanism to monitor effectiveness of remediation may be ordering a second Peer and Practice Assessment. The College’s relevant policies include: Competency Enhancement Policy (see articles 7-15 of the Policy, pgs. 2-3 of the .pdf; also note that the Policy describes the process by which a second PPA may be ordered by the Quality Assurance Committee) Mentorship Information Package (pgs. 7-8 provide more details and specifics regarding monitoring of the mentorship and learning plan evaluation)</p> <p>Professional Conduct: - The College follows the requirements of legislation.</p>	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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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:	<div>The College fulfills this requirement:</div> <div>Yes</div> <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. <ul style="list-style-type: none"> Concerns & Complaints – kinesiologists: includes steps in complaints process, as well as FAQ for potential complainants. The Discipline Process – kinesiologists: includes information regarding the Discipline process The Fitness to Practice Process – kinesiologists: includes information regarding the Fitness to Practice process 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. <ul style="list-style-type: none"> Complaints Form: This online form provides support and convenience for anyone who raises a concern about a registrant. However, this form is not a requirement to submit a complaint. Complaints are required to be in a permanent form. The College ensures that its complaints intake process is fully compliant with the requirements of the Regulated Health Professions Act, 1991 (“RHPA, 1991”) and Schedule 2 to the RHPA, 1991, the Health Professions Procedural Code.
		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;	<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div>
		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;	<div>Additional comments for clarification (optional)</div>

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none">Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.<ul style="list-style-type: none">Complainants are given an opportunity to ask questions about the process and seek clarification at various points during the intake phase.	
		<div>Benchmarked Evidence</div>	If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			All inquiries from the public that the college in 2024 received a detailed response within 5 business days (10/10, or 100% response within 5 business days). All timelines set out in the Regulated Health Professions Act, 1991 (RHPA, 1991) and the Health Professions Procedural Code (Schedule 2 to the RHPA, 1991) are complied with. The current policy regarding follow-up and response timelines is described in the College’s Client Service Policy. Other follow-up timelines can be found on the College’s website (in the FAQ section at the bottom of the page).	
			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)	

		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:		Met in 2023, continues to meet in 2024	
			<ul style="list-style-type: none">Please list supports available for the public during the complaints process.<ul style="list-style-type: none">Members of the public or others making a complaint or report are provided with direct support from the assigned College investigator who is available via phone or email as a resource, including for questions related to the process or potential outcomes.The College’s website has resources, including an FAQ section which provides information regarding how long the process may take, who makes decisions regarding the disposition of a complaint or report and how to appeal a decision.Specific information is provided to members of the public in the form of a Complaint Confirmation Letter. The letter describes the decisions that can be made, the extent to which decisions will appear on the Public Register, and any limitations (such as stating that the ICRC may not direct a member to pay money or make a refund).Please briefly describe at what points during the complaints process that complainants are made aware of supports available.<ul style="list-style-type: none">Complainants are made aware of available support and related information upon making contact with the assigned college investigator. Supports may be reviewed and accessed by the complainant throughout the complaints process on an as-needed basis.			
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.	
			Additional comments for clarification (optional)			
Measure: 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:		Yes	
			<ul style="list-style-type: none">Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description.<ul style="list-style-type: none">Once the complaint is confirmed, the Complaint Confirmation Letter serves to accurately summarize the specific issues that require investigation by the college as well as a response from the registrant. The letter also provides an overview of the process and the timelines. Both the complainant and the registrant are provided with the contact information of the college staff or investigator that is facilitating the case and this person is available to answer any process-related questions at any time from either party.Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description.<ul style="list-style-type: none">Both the complainant and the registrant are updated at key milestones in the complaints process including the deadlines for written responses as well as			

			the date of the ICRC meeting where the case will be discussed. In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both parties explaining the reason for the delay. No delay letters were required during the reporting period.	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12		Additional comments for clarification (optional)	
		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:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none">Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied.<ul style="list-style-type: none">The first step of intake is assessment of the complaint or report through the lens of the College’s jurisdiction and mandate. The College has interpretive tools which are intended to explain the process to the public and to the College registrant. This information can be found on the “Concerns and Complaints” page of the College’s website.The College assesses risk on intake using a three-point risk matrix as follows: 1 – Low, 2 – Medium, 3 – High. This risk value is assigned on intake and updated after the member response and before the matter appears before the ICRC. Risk levels are used to prioritize case investigations and scheduling for ICRC meetings. There is currently no formal decision matrix or triage protocol.All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines.Please provide the year when it was implemented OR evaluated/updated (if applicable).	
			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)				

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:	Met in 2023, continues to meet in 2024
			<ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. <ul style="list-style-type: none"> The College maintains and abides by an internal Privacy Code. With regards to information that may have been requested, or where proactive sharing of such information may be considered, the College abides by the Confidentiality provisions set out in s. 36(1) (and associated subsections and clauses) of the Regulated Health Professions Act, 1991. The College responds to requests for information pertaining to an applicant or a member in keeping with this legislation. The College’s Good Conduct Policy (see “Decisions by the committees” on pg. 3 of the .pdf) states that “[b]oth committees may also direct the Registrar to disclose the information to another relevant body, such as another regulator, should the seriousness of the applicant’s or member’s conduct warrant it.” The College maintains its Public Register in keeping with the requirements set out in s. 23 of the Health Professions Procedural Code. The Public Register is accessible through the College’s website Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <ul style="list-style-type: none"> Over the past year, the College has shared information with two other regulators regarding members who are registered with the College and the other regulator in question. Specifically, information was shared between the College of Kinesiologists of Ontario and the College of Massage Therapists of Ontario (CMTO) and the College of Chiropractors of Ontario (COCO). 	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)		

		Measure: 14.1 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.					
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	Required Evidence	College Response				
		a. Outline the College’s KPIs, including a clear rationale for why each is important.	<table><tr><td>The College fulfills this requirement:</td><td>Met in 2023, continues to meet in 2024</td></tr><tr><td colspan="2"><ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.<ul style="list-style-type: none">KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2024 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43).The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2024 meeting, and can be found on pgs. 46-57 of the .pdf of the meeting materials for that Council meeting).The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan.</td></tr></table>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	<ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.<ul style="list-style-type: none">KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2024 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43).The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2024 meeting, and can be found on pgs. 46-57 of the .pdf of the meeting materials for that Council meeting).The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan.	
		The College fulfills this requirement:	Met in 2023, continues to meet in 2024				
<ul style="list-style-type: none">Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection.<ul style="list-style-type: none">KPIs are developed in accordance with the College’s strategic plan. The College’s current Strategic Plan for 2025-2030 was approved by Council in December 2024 and can be found on the College’s website. A summary report is included in the meeting materials for the relevant Council meeting (pgs. 41-43).The College’s KPIs are included in the operational plan for each fiscal year (the most recent operational plan was approved by Council at the December 2024 meeting, and can be found on pgs. 46-57 of the .pdf of the meeting materials for that Council meeting).The operational plan links the College’s strategic themes and goals set out in the strategic plan to more specific operational goals. Progress towards goal achievement (and therefore fulfilment of the strategic plan) can be measured by the KPIs included in the operational plan.							
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.						

			Additional comments for clarification (if needed)
	b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2023, continues to meet in 2024
		<ul style="list-style-type: none">Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.<ul style="list-style-type: none">The College reports on progress towards operational goals via quarterly dashboards (an example of which can be found in the materials for the December 2024 Council meeting, pgs. 96-99).Regulatory outcomes are documented in the College’s Annual Report, which is typically presented to Council at the December Council meeting. The Resources section of the College’s website includes a section specific to the Annual Report. The College also uses the CPMF report as an opportunity to report on regulatory performance. The College’s CPMF reports are presented to Council at the March Council meeting and are also available on the Resources section of the College’s website.Updates/amendments to the College’s risk management approach are reviewed quarterly by Council. Any such updates/amendments are presented in a Dashboard format, an example of which can be found in the materials for the December 2024 Council meeting (pgs. 31-36 of the .pdf).	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (if needed)	

Measure:			
14.2 Council directs action in response to College performance on its KPIs and risk reviews.			
<div>a. Council uses performance and risk review findings to identify where improvement activities are needed.</div> <div><div></div><div>Benchmarked Evidence</div><div></div></div>	The College fulfills this requirement:	Yes	
	<div><div><div><div></div></div><div>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</div><div><div>-</div><div>One example of how the College demonstrates how Council uses performance and risk review findings to identify opportunities for improvement or refinement can be found in the Materials for the September 2024 Council meeting, specifically the Issue/Decision Note regarding a review of and proposed amendments to the College’s Reserve Funds Policy (pgs. 42-45 of the .pdf). The note explicitly describes the Risk Considerations that informed the rationale for review of and amendments to the Policy. The Issue/Decision note also provides rationales for proposed amendments, which include consideration of how the amendments may support the College’s approach to risk management and mitigation.</div></div></div></div>		
	<div>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</div>		
Measure:			
14.3 The College regularly reports publicly on its performance.			
<div>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</div>	The College fulfills this requirement:	Met in 2023, continues to meet in 2024	
	<div><div><div><div></div></div><div>Please insert a link to the College’s dashboard or relevant section of the College’s website.</div><div><div>-</div><div>The College’s dashboard is presented to Council at each of the regularly scheduled Council meetings (typically in September, December, March and June of the Fiscal Year, which runs from September 1st to August 31st of the following calendar year).</div><div>-</div><div>An example of the College’s current dashboard can be found in the meeting materials for the December Council meeting (see pgs. 96-99 of the .pdf).</div></div></div></div>		
	<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div>		Choose an item.
	<div>Additional comments for clarification (if needed)</div>		

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.

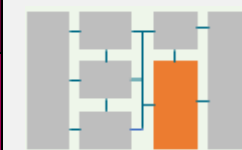
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <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 2024*		<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 2024. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Self-Assessment	2450		
ii. eLearning module – Ethics & Professionalism	227		
iii. eLearning module – Prevention of Sexual Abuse	248		
iv. Peer and Practice Assessment	48		
v. Competency Enhancement – Demonstrated Change Report	NR		
vi. Competency Enhancement - Mentorship	NR		
vii. Competency Enhancement – Specified Continuing Education and Remediation Plan (SCERP)	NR		
viii. Voluntary Peer Circle Pilot Project	5		
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<p><i>* 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.</i></p> <p>NR</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

Table 2 – Context Measures 2 and 3

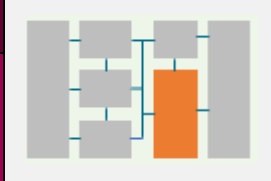
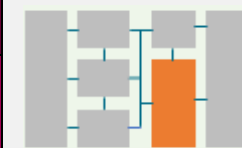
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee. 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 2024, understanding that some cases may carry over.
CM 2. Total number of registrants who participated in the QA Program CY 2024	2547	100	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2024.	NR	NR	
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

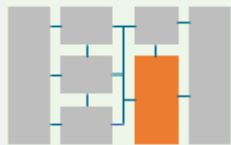
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2024:**		#	%
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*		NR	100%
II. Registrants still undertaking remediation (i.e., remediation in progress)		NR	NR
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.			
<div>NR</div> <div>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2024.</div> <div>**This measure may include any outcomes from the previous year that were carried over into CY 2024.</div>			
Additional comments for clarification (if needed)			
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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:					
Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2024	Formal received	Complaints	Registrar initiated	Investigations	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.
Themes:	#	%	#	%	
I. Advertising	0	0%	0	0%	
II. Billing and Fees	0	0%	0	0%	
III. Communication	0	0%	2	33%	
IV. Competence / Patient Care	2	50%	1	17%	
V. Intent to Mislead including Fraud	0	0%	0	0%	
VI. Professional Conduct & Behaviour	2	50%	1	17%	
VII. Record keeping	0	0%	0	0%	
VIII. Sexual Abuse	0	0%	1	17%	
IX. Harassment / Boundary Violations	0	0%	0	0%	
X. Unauthorized Practice	0	0%	0	0%	
XI. Qther <please specify>	0	0%	1	17%	
Total number of formal complaints and Registrar’s Investigations**	4	100%	6	100%	

Formal Complaints NR Registrar’s Investigation <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>	
<i>Additional comments for clarification (if needed)</i>	

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

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
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 2024	4		What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2024	6		
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 2024	7		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2024**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0%	
II. Formal complaints that were resolved through ADR	0	0%	
III. Formal complaints that were disposed of by ICRC	6	60%	
IV. Formal complaints that proceeded to ICRC and are still pending	1	10%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	1	10%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	2	20%	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0%	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation <i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i>			
Additional comments for clarification (if needed)			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2024							
Distribution of ICRC decisions by theme in 2024*	# 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	2				1		2
V. Intent to Mislead Including Fraud		1					
VI. Professional Conduct & Behaviour	1		1		2		
VII. Record Keeping		1					
VIII. Sexual Abuse							
IX. Harassment / Boundary Violations							

Table 7 – Context Measure 11

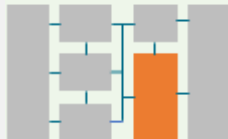
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	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. 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. A formal complaint in working days in CY 2024	75		
II. A Registrar’s investigation in working days in CY 2024	90		
Disposal			
Additional comments for clarification (if needed)			
-			

Table 8 – Context Measure 12

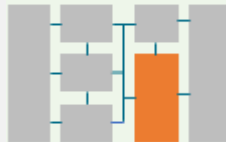
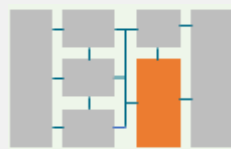
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What 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. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2024	0	
II. A contested discipline hearing in working days in CY 2024	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		
The College had no Discipline Hearings in CY 2024.		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*		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.	
Type	#		
I. Sexual abuse	NR		
II. Incompetence	NR		
III. Fail to maintain Standard	NR		
IV. Improper use of a controlled act	NR		
V. Conduct unbecoming	NR		
VI. Dishonourable, disgraceful, unprofessional	NR		
VII. Offence conviction	NR		
VIII. Contravene certificate restrictions	NR		
IX. Findings in another jurisdiction	NR		
X. Breach of orders and/or undertaking	NR		
XI. Falsifying records	NR		
XII. False or misleading document	NR		
XIII. Contravene relevant Acts	NR		

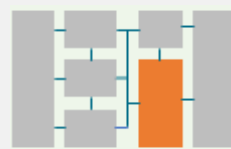
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

The College had no Discipline referrals from the ICRC in CY2024, therefore no findings were made.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		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.	
Type	#		
I. Revocation	NR		
II. Suspension	NR		
III. Terms, Conditions and Limitations on a Certificate of Registration	NR		
IV. Reprimand	NR		
V. Undertaking	NR		
* 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.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR -			
Additional comments for clarification (if needed)			
The College had no Discipline findings in CY2024, therefore no orders were made.			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

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

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

Whereas all health regulatory Colleges are required to complete and send their 2024 CPMF submission to the Ministry of Health and post the final copy to their websites by March 31, 2025; and

Whereas Council has, on March 31, 2025, reviewed the College's draft 2024 CPMF submission; and

Whereas further refinement of the CPMF submission may occur after the March 31, 2025 Council meeting;

Therefore, be it resolved that Council approve the draft CPMF for submission to the Ministry and posting to the College website on March 31, 2025.

Moved by:

Seconded by:

Date: March 31, 2025

Proposed 2024-2025 Committee Slate / 2023-2024 Committee Slate

Key: Green = Committee Chair

Pink = Vice-Chair

Highlight = Newly added member

Strikethrough = Removed

Committee	2024-2025 Professional Members	2024-2025 Public Members	2024-2025 Members-at-large
Executive ¹	Benjamin Matthie, Chair Heather Westaway Leanne Smith	Victoria Nicholson, Vice Chair Teresa Bendo	
Planning and Finance ²	Heather Westaway Benjamin Matthie Leanne Smith	Teresa Bendo, Chair Chad McCleave	N/A
Registration ³	Corby Anderson, Vice Chair Alyssa King Leanne Smith Heather Westaway Jane Gage Kristin Baker	Sara Gottlieb, Chair Victoria Nicholson Jana Smith	Miriam Fong William Gittings Daniel Crete Kristen Hoving Katelyn Methot Stefano Rulli
Quality Assurance ⁴	Heather Westaway, Chair Matthew Daher Oluwashindara Isaac-Oloye Kristin Baker	Chad McCleave, Vice-Chair Jennifer Yee Jotvinder Sodhi	Mehrdad Alizadeh-Meghrazi Delissa Burke Daniel Crete Brooke Hamilton Sherry Parent Logan Strasser

Committee	2024-2025 Professional Members	2024-2025 Public Members	2024-2025 Members-at-large
ICRC ⁵	Susan Garfat, Vice-Chair Corby Anderson Benjamin Matthie Jane Gage	Teresa Bendo, Chair Sara Gottlieb Jana Smith	Katelyn Methot Stefano Rulli Miriam Fong
Patient Relations ⁶	Susan Garfat, Chair Corby Anderson, Vice Chair Benjamin Matthie Alyssa King	Teresa Bendo Jana Smith Jotvinder Sodhi Jennifer Yee	Mehrdad Alizadeh-Meghrazi Brooke Hamilton Logan Strasser Stefano Rulli Miriam Fong
Examination Appeals	Benjamin Matthie Matthew Daher Oluwashindara Isaac-Oloye	Chad McCleave, Chair Jotvinder Sodhi	
Discipline ⁷	Benjamin Matthie, Chair All	All	Brooke Hamilton Mehrdad Alizadeh-Meghrazi
Fitness to Practise ⁸	All	Victoria Nicholson, Chair All	
Steering Committee: Strategic Planning ⁹	Heather Westaway, Chair	Chad McCleave Victoria Nicholson	
Governance and Nominations ¹¹	Benjamin Matthie	Victoria Nicholson, Chair Chad McCleave	Melanie Jones-Drost

Notes:

- 1) Registration
 - a. Added:
 - i. Kristin Baker – As per Expression of Interest.
- 2) Quality Assurance
 - a. Added:
 - i. Kristin Baker – As per Expression of Interest.



Resolution - Committee slate for 2023/2024

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

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

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

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

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

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

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

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

Moved by: _____

Seconded by: _____

Date: March 25, 2024

Committee Report

Committee: Executive Committee
Prepared for: Council
Date: March 31, 2025

The Executive Committee has met twice, on February 27, 2025 and March 11, 2025, since the Council meeting on December 2, 2024.

On February 27, 2025, the Executive Committee considered proposals and recommendations from the College regarding Council Engagement, Mentorship and Succession Planning. Also at this meeting, recommendations and proposals were made regarding staff-level succession planning, including a review of proposed by-law amendments to support succession planning and business continuity.

Also on February 27, 2025 and on March 11, 2025, the Executive Committee considered items that meet the criteria for exclusion of the public set out in s.7(2) of the *Health Professions Procedural Code* (“the Code”). Updates and information regarding such matters will be provided to Council in a closed meeting, which is permitted under s.7(2) of the Code.

Committee Report

Committee: Governance and Nominations Committee
Prepared for: Council
Date: March 31, 2025

Meetings

The Governance and Nominations Committee (“the Committee”) had one meeting scheduled since the last regular Council meeting on December 2, 2024.

2024-2025 Committee Slate

In accordance with its terms of reference, the Committee reviewed expressions of interest received from Council members and others for appointments to committees. The Committee specifically considered expressions of interest from a new Council member from electoral district 2 and expressions of interest regarding appointment to the Governance and Nominations Committee. The Committee’s recommendations regarding the 2024-2025 Committee Slate will be presented to Council at the March 31, 2025 Council meeting.

2024-2025 Council Effectiveness Review Framework (“CERF”)

The Committee has been provided with a report regarding Council and committee meeting surveys completed in Q2 of fiscal year 2024-2025. This report included an overview of and summary update regarding identified Council and committee meeting strengths and opportunities for improvement.

Council Engagement, Mentorship and Succession Planning

The Committee considered proposals to enhance the College’s Council engagement, mentorship and succession planning. The College received feedback from the Committee and will continue work regarding these important policies and procedures. This work will include development of a formal guideline to provide operational support and direction. The Committee will oversee and support the development of this guideline and implementation of other measures to enhance Council engagement, mentorship and succession planning.

Inquiries, Complaints and Reports Committee Report

Committee: Inquiries, Complaints and Reports Committee
Prepared for: Council
Date: March 31, 2025

Meetings

Panels of the Inquiries, Complaints and Reports Committee have met on two occasions since the last report to Council on December 2, 2024.

Committee Report

Summary:

ICRC panel met on December 18, 2024, to discuss three (3) cases

- Two F&V Complaints closed.
- An investigator was appointed for one case.

ICRC panel met on February 20, 2025, to discuss five (5) cases.

- For two cases, the panel is allowing the member to provide a response before a decision is made.
- One case is to be held in abeyance.
- An investigator was appointed for two cases.

Currently, there are four (4) active complaint investigations and ten (10) active report investigations.

There are currently two (2) active HPARB cases in review, one from the 2023 FY and the other from the 2024 FY. In both cases, the ICRC issued a decision, and the complainant was not happy with the conclusion, resulting in an HPARB review. Additionally, the College has observed an increase in reported criminal offences, primarily related to substance abuse and other serious matters. As a result, the College anticipates its first referral to the Fitness to Practise Committee in the near future, with the possibility of additional cases being referred to Fitness to Practise or Discipline Committees.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: March 31, 2025

Meetings

The Quality Assurance Committee (QAC) has met once, on March 18, 2025, since the Council meeting on December 2, 2024. During this meeting, the Committee considered the following items:

Draft Practice Guideline – Patient-/Client-Centred Care

The Committee reviewed a revised version of the draft Practice Guideline. Revisions were made in response to the Public Consultation regarding the draft Practice Guideline. The revised draft Practice Guideline has been referred to Council for consideration for approval.

Peer Assessor Appointments

The Committee considered expressions of interest in appointment and re-appointment of Peer Assessors. 3 new Peer Assessors were appointed, and all current Peer Assessors were re-appointed for a 2-year term.

2024-2025 Self-Assessment

The Committee reviewed a summary report regarding the 2024-2025 Self-Assessment, including trends in practice environments/locations, opportunities for improvement that were identified and preferred learning opportunities identified.

Panels

Panels of the Quality Assurance Committee (QAC) have met on December 16, 2024, February 7, 2025 and February 12, 2025 to make decisions regarding Peer and Practice Assessments.

39 registrants were selected to participate in the Spring/Summer 2024 cycle. Of these:

- 2 exemptions were granted due to resignations from the College;
- 10 deferrals have been granted for the following reasons:
 - 3 were granted due to the member working full-time as another regulated health care professional,
 - 1 was granted due to the member pursuing education in an unrelated field,
 - 2 were granted due to parental leave,

- 2 were granted due to family emergencies,
- 1 was granted due to the member being a celebrant in an impending wedding,
- 1 were granted a deferral due to transition to the Inactive Class Certificate of Registration;
- To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 22 PPA cases (includes No Further Action with advice, recommendations or requests);
 - 2 notices of intent to direct Competency Enhancement in the form of Demonstrated Change Reports have been issued.
 - 1 notice of intent to direct Competency Enhancement in the form of a Mentorship has been issued
- Initial decisions are pending for 2 PPA cases.

38 registrants were selected to participate in the Fall/Winter 2024-2025 cycle. Of these:

- 2 members were subsequently suspended for non-renewal/non-payment of fees;
- 3 exemptions were granted for the following reasons:
 - 3 exemptions were granted due to retirement/resignation from the College;
- 9 deferrals have been granted for the following reasons:
 - 1 was granted due to extenuating circumstances,
 - 1 was granted due to bereavement,
 - 1 was granted for medical reasons,
 - 1 was granted due to family emergencies,
 - 4 were granted due to the member not working/not practicing the profession,
 - 1 was granted a deferral due to transition to the Inactive Class Certificate of Registration;
- To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 7 PPA cases (includes No Further Action with advice, recommendations or requests);
 - 1 notice of intent to direct Competency Enhancement in the form of Demonstrated Change Reports has been issued.
- Initial decisions are pending for 16 PPA cases.

Registration Report

Committee: Registration and Examination Appeals
Prepared for: Council
Date: March 31, 2024

Meetings

A Panel of the Registration Committee met a total of 5 times since the last report to Council, on December 11, 2024, January 31, 2025, February 28, 2025, March 5, 2025, and March 19, 2025. The Panel considered the following referrals:

- 14 educational equivalency assessments;
- 2 reinstatements to the general class after being inactive for more than 2 years;
- 4 exemptions from the one-year period of eligibility for registration - following notification of passing the exam;
- 5 exemptions from exceeding the allotted timeline for writing the exam;
- 5 Remediation plans to support a third and final attempt at the exam;
- 1 course review; and
- 3 extension requests of a previous Panel's decision.

A panel of the Examination Appeals Committee met on February 6, 2025, to consider 7 appeals, 3 which were granted.

Exam Development

Throughout late 2024 and early 2025, the Item Writing Committee and Examination Committee worked with a senior psychometrician to continue exam development. Activities included:

- Validation of the French translation of the new exam form
- Assigning references for new exam items
- 2-day item writing session and item review sessions (4 days in total)

The Item Writing Committee met formally on January 22 and January 23, 2025. The Examination Committee met formally on March 17, 2025. Since re-recommencing exam development in May 2024, two new exam forms have been developed and finalized.

Spring Examination

The spring sitting of the College's entry-to-practice examination is scheduled for April 9, 2025. There are 194 candidates currently scheduled to sit the exam. Between now and exam day, there may be a few last-minute candidates (provided the College can accommodate), but also late deferrals or withdrawals. The final tally of exam writers will be provided to Council at the June meeting.

Membership Update

- Total membership as of Feb 28, 2025: 2937
- Members registered in the General Class: 2522
- Members registered in the Inactive Class: 415
- Members reinstated after suspension for non-payment of fees: 4
- Members resigned between Dec. 2024 and Feb 2025: 7

Planning and Financial Committee Report

Committee: Planning and Financial Committee
Prepared for: Council
Date: March 31, 2025

Meeting

The Finance and Planning Committee met on February 25, 2025, to review the College's financial status and key initiatives.

The following are the key initiatives discussed at the meeting:

Q2 Financial Review:

- Financial performance overview
 - The College Revenue aligns with year-end targets despite discrepancies from accounting changes. Membership fees had a positive impact on revenue.
 - For Expenditure, most expense categories are on track, with anticipated savings in Salaries in Q2.
- The Q2 financial report and 2025 performance report was recommended to Council for approval.

Risk Management Update:

- Updates to the risk management plan were discussed, with a focus on ongoing evaluations and strategic direction.
- There were two proposed amendments to the following risk type:
 - For Information Management Risk and
 - Governance risk,

The revised risk management plan was recommended to Council for approval.

Bylaw 19 – Fees:

- Proposed amendment to Article 19.14:
 - The current wording gives the Registrar & CEO some discretion to waive or reduce application fees.
 - The proposed amendment would permit the Registrar & CEO to waive or reduce any fees. The intent of this amendment is to provide greater flexibility to accommodate requests for fee waivers or reductions under appropriate

circumstances while still maintaining the College's ability to fulfil its public protection mandate.

- Feedback and Discussions:
 - It was recommended that the proposed amendment to Article 19.14 be further amended such that fee waivers or reductions may be considered on a case-by-case basis in response to requests from individual members.
 - The committee stressed the importance of fairness and objectivity in the decision-making process to avoid inconsistent outcomes.
 - The Committee recommended establishing clearer criteria, possibly through a checklist, to ensure equitable decisions and suggested finalizing a policy before proceeding with the by-law amendment.
- A motion was made that the amended Article 19.14 with recommended additional amendments as proposed by the Planning & Finance Committee was recommended to Council for approval for circulation in a 60-day public consultation. This motion was carried by a vote of 3 in favour, 2 opposed.

Investment Strategy:

- CIBC reviewed market conditions and interest rates. A Canadian bond portfolio was recommended due to expected rate declines. The reinvestment strategy was proactively adjusted to eliminate the risk from tariffs.
- The committee approved the reinvestment of \$207,000 and \$12,000 into a Canadian laddered bond strategy.

Whistleblowing Policy:

- The proposed policy:
 - The College introduced a Whistleblowing Policy, developed as per recommendations from the 2024 internal controls audit.
 - This policy aims to improve accountability, transparency, and public trust while protecting against risks like fraud and theft.
- Feedback was provided:
 - Committee members suggested assigning a senior staff member to escalate whistleblower complaints relating to the Registrar to the Executive Committee. Committee also inquired about potential incentives for whistleblowers. The policy will be reviewed by the Executive Committee before final implementation.

REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE REPORT FOR QTR 2 FOR THE FISCAL YEAR 2024/2025

updated Mar 13, 2025

CATEGORY	APPROVED REVENUE FORECAST (Sept 1 2024 to Aug 31, 2025)	REVENUES RECEIVED QTR1 + QTR2 SEP 1 2024 - Feb 28, 2025 (INTERIM)	PROJECTED REVENUES QTR3 MAR. - MAY 2025	PROJECTED REVENUES QTR4 JUN. - AUG 2025	VARIANCE TO YEAR END 2024/2025 (-Unfavorable/+Favorable)
Revenue:	\$			\$	\$
Jurisprudence Fee (\$75)	38,092	14,865	2,393	20,834	-0
Application Fee (\$150)	81,000	29,100	8,850	42,300	-750
Examination Fee (\$450)	196,425	13,579	31,458	151,388	0
Deferred Revenue		70,350	35,175	35,175	140,700
Registration Fees*	2,017,550	117,334	61,022	1,808,264	-30,930
Deferred Revenue		831,725	415,863	415,862	1,663,450
Interest Income	50,000	50,927	25,464	25,463	51,854
TOTAL REVENUE	2,383,067	1,127,880	580,225	2,499,286	1,824,324
*Registration Fees made-up of:	Approved Forecast	Interim Actual (Sept- Feb)	Projected (Mar - May)	Projected (June-Aug)	VARIANCE TO YEAR END 2024/2025 (-Unfavorable/+Favorable)
	\$			\$	\$
Deferred Revenue		831,725	415,863	415,862	1,663,450
New Registrants					
- Sept - Nov (\$700)	63,000	12,539	7,622	7,623	-35,216
- Dec - Feb (\$525)	30,713	14,514	19,700	19,699	23,201
- Mar - May (\$350)	11,025		2,756	8,269	0
- Jun - Aug (\$175)	7,875			7,875	0
Renewal (\$700)	1,782,900	57,339	30,085	1,695,476	0
Change in Status (members back to active)	5,738	5,350	600	1,413	1,626
Professional Corporation	800	1,200	600	600	1,600
Professional Corporation Late fee	250				-250
Inactive Renewal (\$250)	76,500	8,456	4,397	63,647	0
Inactive Renewal Late Fee(\$100)	8,000	4,900	100	3,000	0
Renewal Late Fee (\$150)	25,500	19,800	450	5,250	0
Re-instatement Fee (\$350)	5,250	2,450	1,050	1,750	0
Refunds		9,213	6,338	6,338	-21,889
Total	2,017,550	949,060	476,885	2,224,126	-30,929

Notes

Details:

We are expecting to meet projections by end of Q2.

Revenue categories for Examination and Registration were higher than projected due to a change in our accounting methodology. For the budget, we used the cash basis, while for actual reporting, we are now using the accrual basis. This difference in methodology accounts for the gap between the forecasted numbers and the actual revenue reported.

Registration:

There was a shortfall in new registration applications in Q1, and we had anticipated an increase in Q2.

The number of new registrants in Q2 was higher than forecasted due to timing of release of exam results in Q1. Actual registrations were lower than anticipated, as the delayed release of exam results shortened the window for eligible students to register in Q1. However, the delay in registration from Q1 contributed to an increase in Q2, as the registration window shifted.

Increase in Revenue in the following categories: Change in status and professional corporation.

The College holds investments that generate interest. Some GICs have matured and are set to be redeemed on specific dates, while others are cashable within 30 days if necessary.

Interest income has been higher than projected

EXPENDITURES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST FOR QTR 2 (SEPT 2024 -JAN 2025 Interim) FOR THE FISCAL YEAR 2024/2025					updated Mar 13, 2025
CATEGORY	APPROVED BUDGET Sept 1 2024 to Aug. 31, 2025	ACTUAL EXPENSES QTR1 + QTR2 SEP 1 2024 - Feb 28, 2025 (INTERIM)	PROJECTED EXPENSES QTR 3 MAR. - MAY 2025	PROJECTED EXPENSES QTR 4 JUN. - AUG 2025	VARIANCE TO YEAR END 2024/2025 (-Favorable/+Unfavorable)
<u>Expenditure:</u>	\$			\$	\$
Council & Committees	135,908	34,715	50,596	50,596	-0
Professional Fees	123,400	87,948	17,581	17,871	-0
Communications & Media	168,000	92,615	38,200	38,200	1,015
Rent & Facility Costs	163,670	70,283	46,693	46,693	-0
Office & General	141,800	50,626	45,587	45,587	-0
Salaries & Wages	1,147,000	461,063	280,532	280,532	-124,874
Registration	241,294	107,629	82,758	50,906	-0
Quality Assurance	61,660	18,760	35,300	12,429	4,829
Professional Conduct	80,250	18,515	49,383	49,383	0
TOTAL EXPENDITURE	2,262,982	905,125	646,630	592,197	-119,031

Major Highlights:

Council and Committee

Payment of expenses for Council, Executive, Finance and Planning, Registration, Steering Committee: Strategic planning, Quality Assurance, Governance & Nominations, ICRC, Patient relations, Item Writing , Examination Committees, Discipline in Q1 and Q2.
Projections for Q3 Q4 - Regular Council and Committee meetings

Professional Fees

Expenses for general legal fees , HR Manual review, Bookkeeping fees, FY2023 Audit, Registrar evaluation consultancy fees in Q2
Projections for Q3 and Q4 - general legal fees, Bookkeeping fees, Registrar evaluation consultancy fees.

Communications & Media

Expense for IT support, Annual report design, Website design, Implementation of systems to improve Cybersecurity system in Q1 and Q2
Projections for Q3 & Q4 - IT support, Public awareness

Rent & Facility Costs

Payment in Q1 & Q2 for rent.
Projections for Q3 & Q4 - Rent, spare laptop and Sound equipment for Board room

Office & General

Payment for bank charges, equipment rental, office supplies, telephone membership fees, Insurance renewal, professional development for council and staffs in Q1 and Q2
Projections for Q3 & Q4 - Regular office and general expense

Salaries & Wages

Payment for salary/benefits in Q1 and Q2.
Projections for Q3 & Q4 - Salary and Benefits

Registration

Payment in Q1 and Q2 for IMIS system enhancements & Support; IMIS consultants (maintenance of database), hosting of database, examination administration and printing of certificates of registration.
Projections in Q3 & Q4 - IMIS system enhancements & Support; IMIS consultants (maintenance of database), hosting of database, examination administration, Education Equivalency Framework, Online Exam Administration, printing of certificates of registration, Jurisprudence Annual Maintenance and licensing fee, Jurisprudence Module Project

Quality Assurance

Payment in Q1 and Q2 for self-

Projections for Q3 & Q4 - remaining payment for peer and practice assessments, peer cycle of PPA training, Essential competencies project, self assessments portal annual licence and maintenance, Professionalism and Ethics Learning Module Annual Licensing and Maintenance fee, Prevention of Sexual Abuse Module Annual Maintenance and Licensing fee

Professional Conduct



Costs for investigations, legal advice and discipline in Q1 and Q2.

Negative expenditure amount in YTD Q2 due to the reversal of the FY2024 year-end accrual (the accrual is larger than the incoming invoices for YTD Q2).

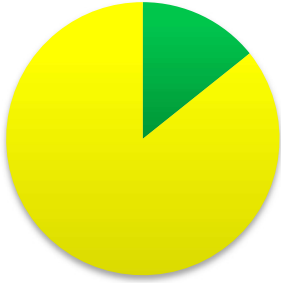
Q3 & Q4 projections are for ongoing and future cases


2024/2025 Performance Report

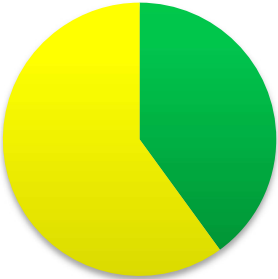
Overall highlights:

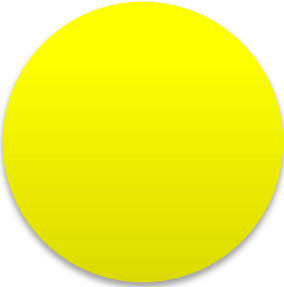
			
Dec. – Feb. (Q2) Registration Stats 96 New Registrants			Spring 2025 Exam: 194 applicants registered for April 9 exam (as of March 13)

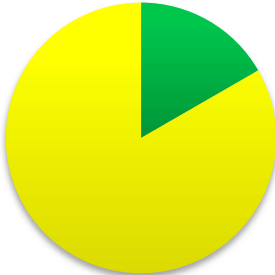
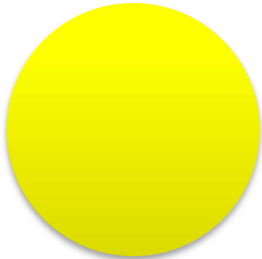
Operational highlights (Q2: Dec. 1, 2024 – Feb 28, 2025)

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
Governance	<ul style="list-style-type: none">College Performance Measurement Framework preparation and submission2024-2025 Council Effectiveness Review FrameworkApproval of draft Strategic PlanCompetency-based Council and committee eligibility and appointmentsCouncil and committee orientation and trainingImplementation of CKO’s WhistleblowerBy-law amendments	 <div><div>Completed</div><div>In Progress</div><div>Delayed</div><div>Not Started</div></div>	<ul style="list-style-type: none">Projects in Progress:<ul style="list-style-type: none">CPMF: March 2025CERF ongoing: post-meeting surveysOngoing Council and committee training & orientationOngoing: Whistleblower PolicyOngoing: amendments to by-laws (By-law 19 Fees and By-law 8 Registrar).

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
Corporate	<ul style="list-style-type: none">• Completion of the 2023/2024 Financial Audit and Annual Report.• Ongoing review portfolios’ performance against the KPIs.• Orientation and training opportunities for Council members and Committees.• Ongoing review and development of the action plan from the Internal Control Audit findings• Continuous review and action on risk mitigation strategies.• Implementation of Risk Management - Reporting Tool and Incident Log.• Development of the Finance Improvement Process and End User’s manuals.• Development of a new reinvestment strategy and amendments to the investment policy.• Development of a Materiality Policy for the College on decision-making.• Development of Security Strategies, including the implementation of Security Monitoring software and ongoing security awareness training for employees.• Development of AI tool – MS CoPilot adoption.• Implementation of additional security, tracking, and storage measures to improve controls, safety, and logistical operations for the office.	 <p>A pie chart illustrating the status of projects. The chart is divided into two segments: a green segment representing 'Completed' projects, which accounts for approximately 33% of the total, and a yellow segment representing 'In Progress' projects, which accounts for approximately 67%. Below the chart, a legend identifies the colors: green for 'Completed', yellow for 'In Progress', light orange for 'Delayed', and red for 'Not Started'.</p>	<ul style="list-style-type: none">• Completed:<ul style="list-style-type: none">○ Financial Report○ Annual Report○ Implementation of additional safety controls for the office○ New reinvestment strategy and no amendment to investment policy• Projects in progress:<ul style="list-style-type: none">○ Internal controls Implementation○ Action in risk mitigation strategies○ Training Staff for Risk Management reporting○ Finance improvement process, Materiality policy, actions on IT risk mitigation strategies

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
Communications	<ul style="list-style-type: none">CKO Council Elections – ED 1, 4, 5, 7Education and engagement of prospective registrantsCommunication strategy developmentStakeholder management and collaboration to raise awareness and align College operations with government objectivesWebsite Revamp projectTranslation of CKO By-laws and Practice Standards and Guidelines	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none">Completed:<ul style="list-style-type: none">Website Revamp project has been completedTranslation of CKO By-laws and Practice Standards and Guidelines has been completedProjects in progress:<ul style="list-style-type: none">ED 1, 4, 5, 7 competency-based eligibility for 2025 electionsUniversity Visit scheduling, planningOngoing meetings with professional associations and other stakeholders including HPRO registrar’s re: collaboration initiatives to advance the mandate of the College.

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
Registration	<ul style="list-style-type: none">• Ongoing development of new CKO entry-to-practice exam content and forms based on the updated Kinesiology Core Competency Profile.• Finalize updates to the Jurisprudence E-Learning Module.• Review and update to the Educational Equivalency framework.• Integrated data-sharing with Provincial Provider Registry (PRR), through Ontario Health.• Develop and incorporate demographic-related questions for the upcoming 2025 annual renewal cycle.• Update database management system, including the additional automation of registration processes.	<div></div> <div><div>Completed</div><div>In Progress</div><div>Delayed</div><div>Not Started</div></div>	<ul style="list-style-type: none">• Projects in progress:<ul style="list-style-type: none">○ New April & Sept. 2025 exam forms complete. Exam development remains on track with project timelines; Committees continue to develop new exam items.○ Jurisprudence e-Learning Module work anticipated to commence at start of Q3.○ External system partner is finalizing project plan for database management system upgrade.○ E-Health Ontario has confirmed will hold reimbursements for PPR until database management system upgrade complete.○ RFP for Education Equivalency framework drafted and under review by senior management.○ Environmental scan of health and non-health regulators' approach to demographic reporting complete.○ Meeting ongoing reporting requirements to the Ministry of Health and the OFC;

Portfolio	Deliverables: September 1, 2024 – August 31, 2025.	Status	Comments
			understand and improve exam pass rates
Professional Practice and Quality Assurance	<ul style="list-style-type: none">• Revise <i>Essential Competencies of Practice for Kinesiologists in Ontario</i> to align with <i>Kinesiologist Core Competency Profile</i>• Establish expectations and supports to promote culture of continuous quality improvement• Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach to assessment• Development of peer and mentoring programs for kinesiologists• Biennial self-assessment• Annual eLearning module cycle	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none">• Projects in progress:<ul style="list-style-type: none">○ Essential Competency revision: Vendor selected○ eLearning modules: >90% compliance○ PPA: ongoing○ Revisions to draft Practice Guideline: Patient/Client-Centred Care based on consultation feedback○ PLI audit & associated PPA selection○ Peer Circles: Planning next cycle implementation.
Professional Conduct	<ul style="list-style-type: none">• Timely response to complaints• Complainants effectively supported by and informed regarding the progress of complaints• Addressing complaints in a right-touch manner	 <p>■ Completed ■ In Progress ■ Delayed ■ Not Started</p>	<ul style="list-style-type: none">• Projects in progress:<ul style="list-style-type: none">○ Public register updates○ Tracking Inquiries, Complaints & Reports (ICR) timelines○ Monitoring feedback regarding complaint process and available information and supports