

September 17, 2024 Council Meeting Materials

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Council Meeting

Draft Agenda

Date: September 17

Time: 11:00 a.m.

Location: Hybrid

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

MEETING LOCATION (for those attending in person)

College of Optometrists of Ontario
[65 St. Clair Ave. E.](#), Suite 900
Toronto, ON M4T 2Y3

LOGIN INFORMATION (for those attending online)

CKO Council Meeting - Sept. 17, 2024

Sep 17, 2024 11:00 AM

<https://us02web.zoom.us/j/82166462839?pwd=TGtvaGJOS3NSRzVjd2VHa3pEZmVsQT09>

Meeting ID: 821 6646 2839

Passcode: 155713

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 – 11:35 am	Council in-camera session			
	11:35 am	LUNCH			
1	12:20 pm	Call to order, roll call, welcome	B. Matthie	No	Information
2	12:21 pm	Introductions	B. Matthie	No	Information
3	12:22 pm	Conflict of interest declarations	B. Matthie	No	Decision
4	12:23 pm	Approval of agenda	B. Matthie	Yes	Decision
5	12:24 pm	Approval of minutes: • June 24, 2024	B. Matthie	Yes	Decision
6	12:25 pm	Action Items from the June 24 meeting: 1. The College will explore ways to measure engagement of the Annual Report. - ONGOING 2. Registration will work on a policy for R.Kins who accept delegation of duties from supervisors while licensed under the Emergency Act. - ONGOING			
7	12:30 pm	Registrar’s Report	N. Leris	No	Information
8	12:40 pm	President’s Report	B. Matthie	No	Information
9	12:45 pm	Registration Policies - Required Documents Policy - Professional Liability Insurance Policy	F. Teape	Yes	Decision



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
10	1:00 pm	Risk Management Plan Review	B. Fehst	Yes	Decision
11	1:15 pm	Operational Policies - Investment Strategy Policy - Reserve Funds Policy	B. Fehst	Yes	Decision
1:45 pm (5 mins)		BREAK			
12	1:50 pm	Election of Officers	N. Leris	Yes	Decision
13	2:20 pm	Revisions to Committee Slate	S. Hanna	Yes	Decision
14	2:35 pm	Committee Reports • Governance and Nominations • ICRC • Patient Relations • Quality Assurance • Registration • Steering Committee – Strategic Planning • Q4 Finance Report and Dashboard	Committee Chairs	Yes	Information
	2:40 pm	ADJOURNMENT			

Next Council Meeting: December 2, 2024

June Council Meeting Minutes

Date/Time of Meeting:	Monday, June 24, 2024, 10:00 a.m.
Council present:	Benjamin Matthie, Victoria Nicholson, Corby Anderson, Teresa Bendo, Matthew Daher, Susan Garfat, Sara Gottlieb, Chad McCleave, Pheing Ngo, Jennifer Pereira, Jotvinder Sodhi, Alyssa Sookram, Jana Smith, Leanne Smith, Heather Westaway, Ryan Wight, Jennifer Yee
Regrets:	None
Staff members:	Nancy Leris, Fiona Teape, Brian Fehst, Magdalena Reder, Samuel Hanna, Colleen Foster, Ethan Foerster
Guest presenters:	Erica Richler (Steinecke, Macuira Leblanc)
Guests/observers:	Tiffany Mak, Ministry of Health

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

1. Call to order, roll call, welcome

Benjamin Matthie, Chair and Council President, called the meeting to order at 10:02 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 Tiffany Mak from the Ministry of Health.

3. Conflict of Interest Declarations

The Chair asked the Registrar whether any Council members wished to declare a Conflict of Interest. The Registrar confirmed that there were no declarations.

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

4. Approval of Agenda

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

5. Approval of Minutes from the March 2024 Council Meeting

UPON A MOTION duly made by Teresa Bendo and seconded by Jennifer Yee, it was resolved that the minutes of the March 25, 2024 Council Meeting be approved. Carried.

6. Action Items from the March 2024 Meeting

Nancy Leris notified Council that the work is ongoing for both the action item on annual report measurement and engagement and the action item on emergency class policies.

7. Governance Training

Erica Richler, Co-Managing Partner of Steinecke Macuira Leblanc, provided training on Governance.

- Presentation was an orientation to Governance concepts; ensuring that Council stays up to date, providing a refresher of what good governance looks like and providing examples of risks associated with governance issues and operating outside of mandate.
- The presentation noted that the primary aim of governance at the College is to manage the risk of harm to the public, with the secondary aim of managing the risk of harm to the organization.
- The presentation reviewed the objectives of governance within the College; to regulate the profession, to govern members in accordance with legislation, setting entry-to-practice standards, maintaining those standards, collaborating with other Colleges, writing and ensuring Kinesiologists abide by Code of Ethics, enhancing relations between the CKO and system partners (including the public), and addressing changes within the practice environment.

8. Registrar's Report

Nancy Leris, Registrar/CEO, presented the Registrar's Report.

- **Strategic Planning** – The strategic planning contract was awarded in March, following vendor selection by the Steering Committee. The strategic planning exercise was launched with an orientation session for the Steering Committee. The consultant submitted a project workplan, presented it to the steering committee alongside the agenda and materials for a strategic planning retreat.
- **2024 Council Election** – This year's Council elections will be held for Districts 4 and 5, on July 9 to July 16, 2024. There are two open seats in electoral district 4 and one open seat in electoral district 5. The Governance and Nominations Committee met on June 7, 2024 to review the submitted nominations.

- **Spring Entry-to-Practice Exam** – The College’s Spring 2024 online entry-to-practice exam was held on April 17, 2024. Applicants for the exam were invited to attend a webinar which was also uploaded to the College’s YouTube channel on March 28, 2024. 196 applicants completed the online exam, 15 candidates received special accommodations, 23 applicants received deferrals to a later date, and 3 withdrew from the exam. The next exam will be held on September 24, 2024.
- **Internal Control Testing Audit** – At the request of the Planning and Finance committee, the College engaged its auditors to conduct an internal controls audit. Next steps will include a review of preliminary findings with College staff, a draft report to be reviewed by College management by the end of June 2024, with the final report being presented to the Planning and Finance committee in August 2024.
- **System Partnership** – On June 3rd, the Registrar attended the Health Profession Regulators of Ontario (HPRO) Annual General Meeting. The HPRO nominations committee facilitated a call for nominations for HPRO Officers, and the Registrar of the CKO was appointed as a member of HPRO’s Nomination Committee. In order to improve stakeholder collaboration as required by the CPMF, the CKO engaged in discussions with representatives from the Professional Associations, including Ontario Kinesiology Association (OKA), Athletic Therapy Ontario (ATON), Canadian Society of Exercise Physiologists. Kinesiology Prince Edward Island approached the CKO to advise us that they will be seeking regulation of Kinesiology in PEI. CKO also met with the Canadian Institute for Health Information (CIHI) to discuss the inclusion of kinesiology in their data tracking. The Registrar also held group meetings with the Registrars of other Rehabilitation Health Colleges to explore potential areas of collaboration. The registrar also met with a representative of the Health Professions Discipline Tribunal (HPDTP) which is a collaborative effort among four Ontario health colleges which aims to modernize and improve adjudicative practices in discipline hearings.
- **IT & Cybersecurity** – The CKO is transitioning from an on-premise server to Microsoft Sharepoint, scheduled for completion by the end of June 2024. The CKO has also invested in phishing software as part of its cybersecurity monitoring initiatives and initiated a project to uphold Payment Card Industry (PCI) compliance.
- **Website Redesign Update** – College staff met with the vendor in April to discuss the first phase of the project; Assessment & Information Architecture. The next stage of the project is Conceptual & User-Interface Design which began in May and completed in June. The building and development of the site will take place from mid-June to early-September 2024. The project is anticipated to be completed by October 31, 2024.
- **Council Support** – The Registrar held multiple meetings with the President and Vice President and engaged several vendors to participate in the review of the Registrar’s performance policies and tools. This work was supported with an environmental scan of the HPRO Colleges to identify best practices and vendors attended the Executive Committee meeting to present their proposal.
- **Staff Activities** – The CKO and CMTO have initiated a joint training program with the consulting firm Enliven HR. A total of four training sessions will be delivered jointly to the team of both Colleges. Staff performance reviews were finalized during the quarter and a review of staff health benefits was undertaken for renewal.

- **Office Relocation** – Currently, College staff are fully remote until our move to the new office space in August. We have signed a lease with the new landlord. Two decisions were presented for Council’s consideration.
 - For Council to approve the revised budget for the College’s office relocation and the reallocation of \$25,000 from the Unused Salaries/Benefits budget to relocation fees; and
 - For Council to approve the reallocation of \$25,000 from the Education Equivalency Framework Review project to the Database Security Update and Upgrade.

UPON A MOTION duly made by Teresa Bendo, and seconded by Alyssa Sookram, it was resolved that Council approves the revised budget for the College’s office relocation and the reallocation of \$25,000 from the Unused Salaries/Benefits budget to relocation fees. Carried.

UPON A MOTION duly made by Corby Anderson, and seconded by Jennifer Yee, it was resolved that Council approves the reallocation of \$25,000 from the Education Equivalency Framework Review project to the Database Security Update and Upgrade. Carried.

9. President’s Report

Benjamin Matthie, Chair and Council President shared the President’s report. Benjamin expressed his thanks to Jennifer Pereira for her nine years of service on Council, as her term is up in September 2024.

10. Draft Operational Plan

Nancy Leris, Registrar and CEO, provided a presentation, explaining the Draft Operational plan for 2024-2025 and changes to the 2024-2025 budget. She provided a high-level summary of the activities and deliverables for the new fiscal year for the CKO’s portfolios; Communications, Corporate, Registration, Professional Practice and Professional Conduct, which will be reported to Council through key performance indicators assigned to each portfolio.

11. Draft Budget - 2024-2025

Nancy provided a historical overview of the CKO’s performance over the past five years and the projected revenue over the next four years. She also provided a summary of the ongoing and new initiatives in the budget and asked Council to approve the budget for the fiscal year 2024/2025, recognizing that the budget remains subject to adjustment following Council’s approval of the Strategic Plan in the Fall.

UPON A MOTION duly made by Victoria Nicholson, and seconded by Susan Garfat, it was resolved that Council approves the revised budget for the new fiscal year 2024-2025, beginning September 1st, 2024. Carried.

12. Committee Reports

Reports were provided in the Council package, highlighting committee meetings, activities, changes and discussions that took place since the December Council meeting. The Q3 financial report and dashboard were also included.

13. Draft Council Effectiveness Review Framework (CERF)

Brian Fehst, Manager, Professional Practice, presented the draft Council Effectiveness Review Framework. The CKO had engaged a third-party consultant to conduct a CERF assessment of Council effectiveness in 2023, which was presented to Council in September of 2023. The CERF went through revisions, with the current version being reviewed by the Governance and Nominations Committee on June 7, 2024.

UPON A MOTION duly made by Chad McCleave, and seconded by Leanne Smith, it was resolved that Council of the College of Kinesiologists of Ontario adopts the amended Council Effectiveness Review Framework as the framework for formal evaluation of Council and committee performance. Carried.

14. Draft Risk Management Plan Review

Brian Fehst, Manager, Professional Practice, provided a quarterly update to the Risk Management Plan – 2023/2024. He presented the dashboard and provided detail on the changes to the identified risk priorities.

UPON A MOTION duly made by Susan Garfat, and seconded by Jennifer Yee, it was resolved that Council approves the revised Risk Management Plan for 2023/2024. Carried.

15. Approval of Committee Slate

Samuel Hanna, Communications Officer, provided an overview of the amendment to the Committee slate. The only change is that Victoria Nicholson has been elected through acclamation as the Chair of the Governance and Nominations Committee for one year.

UPON A MOTION duly made by Heather Westaway and seconded by Ryan Wight, it was resolved that the Council of the College of Kinesiologists of Ontario approves the election of Victoria Nicholson as Chair of the Governance & Nominations Committee for one year. Carried.

16. Review of Action Items

- Ongoing – Registration working on a policy for kinesiologists who accept delegation of duties from supervisors while holding an Emergency Class Certificate of Registration.
- Ongoing – Continuing to monitor engagement rate of the College's Annual Report. To support this, the College will be conducting an environmental scan of other Colleges that are part of Health Professions Regulators of Ontario (HPRO) to determine a benchmark for engagement rate of annual reports and reporting back to Council.

Termination

UPON A MOTION duly made by Chad McCleave, seconded by Pheing Ngo, the Council meeting of June 2024 was terminated at 1:40 pm. Carried.

DRAFT

DECISION NOTE

TOPIC: Required Documents Policy
PREPARED FOR: Council
DATE: September 17, 2024

Purpose

To inform Council of the outcome of the Registration Committee’s review of the Required Documents Policy, conducted as part of the College’s 3-year policy review cycle.

Background

The Required Documents Policy was initially approved in June 2012 and was last reviewed in March 2016. To ensure that all policies remain accurate and relevant, the College recently adopted a 3-year policy review cycle, which was approved by the Council in December 2022. This cycle reflects the College’s ongoing commitment to maintaining up-to-date policies. Additionally, adherence to the standards set by the Office of the Fairness Commissioner is crucial for maintaining compliance and upholding best practices.

Proposed Amendments

There are no proposed changes to the Required Documents Policy other than those related to style and clarity. The review process involved a thorough examination of the necessity and relevance of the registration requirements outlined in the policy. The Registration Committee reviewed staff’s assessment of whether substantive changes were needed to ensure the policy’s alignment with current practices and regulatory expectations.

The findings from this assessment indicate that no substantive changes to the policy are required. The policy has been updated to improve its style and clarity, aiming to enhance readability and comprehension without altering its core content.

Public Rationale

The decision to retain the policy in its current form, with only stylistic and clarity improvements, reflects its continued effectiveness and relevance in addressing registration requirements. The revisions made are intended to enhance the policy’s readability, ensuring it remains understandable and straightforward for all stakeholders. By adhering to the approved review cycle and making these

updates, the College demonstrates its commitment to transparency and continuous improvement in regulatory practices, supporting high standards of fairness and clarity in registration processes.

Decision for Council

1. Approve the proposed revisions to the Required Documents Policy for improved style and clarity. The policy's essential content remains unchanged.
 2. Return the draft policy back to the Registration Committee and staff with specific comments/questions for consideration.
-

Attachments

Appendix A – Redlined Draft Required Documents Policy

Policy

Type:	Registration		
Number:	54		
Name:	Required Documents Policy		
Status:	Final	Version #:	<u>34</u>
Date Approved:	June 7 th 2012	Date Revised:	March 17th 2016 <u>Sept. 17 2024</u>

Background

As part of the [initial registration](#) assessment process, new applicants ~~for registration into~~ the General class ~~are~~ ~~required to~~ must submit ~~a number of~~ certain documents. ~~The College's registration decisions are based on these documents.~~ The documentation required ~~will~~can vary, but generally includes: ~~the following:~~

- A. Proof of Language Proficiency
- B. Evidence of successful completion of a university bachelor program in Kinesiology
- C. Evidence of successful completion of the ~~approved~~ entry-to-practice examination
- D. Evidence of successful completion of the jurisprudence course
- E. Proof of Canadian Police Information Centre (CPIC) criminal record check
- F. Evidence of Professional Liability Insurance

Principle

To ensure public protection, the General Regulation of the Kinesiology Act, 2007 sets the standards and requirements for entry to practice in Ontario. ~~A~~ applicants must provide appropriate ~~and genuine~~ documentation ~~in order that~~ for the accurate assessment of their qualifications ~~may be accurately assessed.~~ ~~To ensure that documentation is genuine, some~~ Certain documents must be ~~sent to the College received~~ directly from the issuing body to ensure authenticity. (e.g., university, testing agency).

A. Proof of Language Proficiency

- a. Where the applicant's first language is not English or French and their program of study (kinesiology or non-kinesiology) ~~relevant health care instruction~~ was not in English or French, the applicant must demonstrate fluency in either language. The College accepts ~~a number of~~ several test scores as proof of language proficiency (Language Proficiency Policy).
- b. A copy of the applicant's score report ~~must~~ may be submitted with the initial

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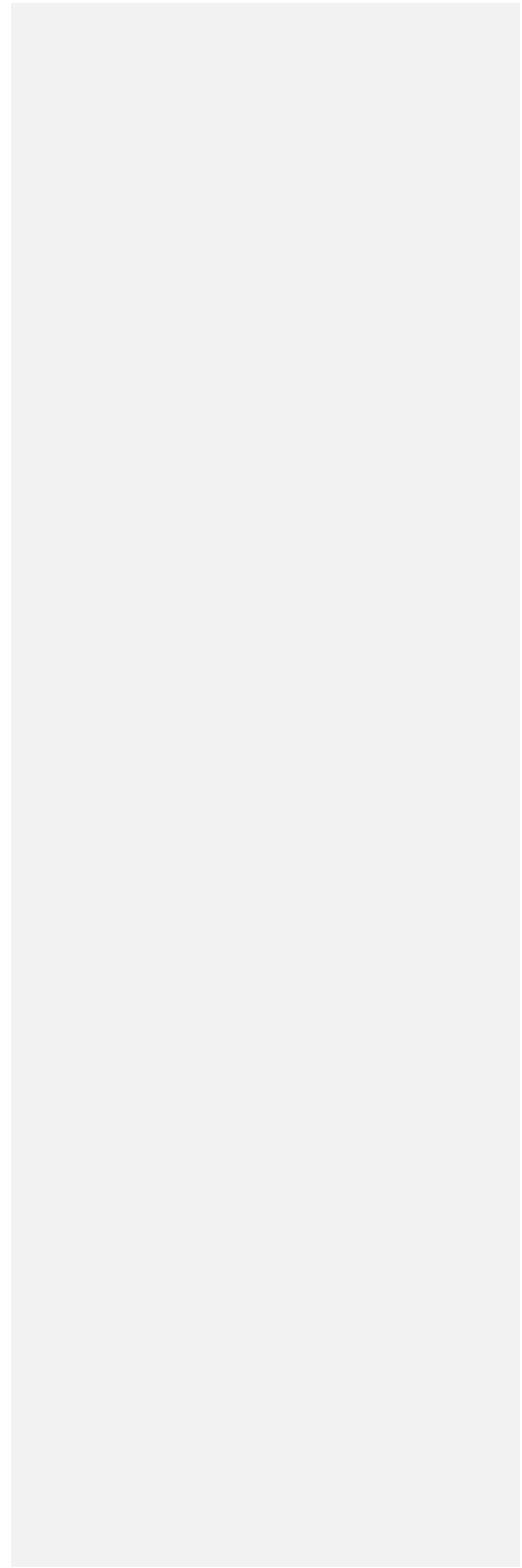
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Commented [FTC1]: Revised for clarity.

Commented [FTC2]: To stay consistent with the wording in the Language Proficiency Policy

application for registration.

- c. The official, final score must be submitted directly from the testing facility.



B. Evidence of successful completion of a Bachelor program in Kinesiology.

- a. Graduates of bachelor programs in kinesiology at an Ontario university:
 - i. Applicants for registration must ensure that their official, final transcript ~~of academic record~~ has been submitted to the College directly from the academic institution.
 - ~~ii.~~ For recent graduates, a letter from the program director /coordinator is acceptable; however, the official, final transcript must be received within eight weeks of completing the program.
 - ~~iii.ii.~~ ~~The official, final transcript must be submitted directly from the academic institution.~~

- b. Graduates of bachelor programs in kinesiology at a Canadian university:
 - i. Applicants for registration must ensure that their official, final transcript ~~of academic record~~ has been submitted to the College directly from the academic institution.
 - ii. For recent graduates, a letter from the program director /coordinator is acceptable; however, the official, final transcript must be received within eight weeks of completing the program.
 - ~~iii.~~ ~~The official, final transcript must be submitted directly from the academic institution;~~
 - ~~iv.iii.~~ Applicants must also submit ~~The a completed~~ Academic Assessment Form along with course descriptions or other supporting evidence (i.e., syllabus).

- c. Graduates of a substantially equivalent program ~~(i.e. not a kinesiology degree)~~ inside Canada:
 - ~~i.~~ Applicants for registration must ensure that their official, final transcript ~~of academic record~~ has been submitted to the College;
 - ~~ii.i.~~ ~~The official, final transcript must be submitted~~ directly from the academic institution.
 - ~~iii.ii.~~ Applicants must also submit ~~an~~ The completed Academic Assessment Form along with course descriptions or other supporting evidence (i.e., syllabus).

- d. Graduates of a substantially equivalent program ~~programs~~ offered outside Canada:
 - i. Applicants who obtained their education in kinesiology (or a related field) outside of Canada must have their academic qualifications verified by a College-approved credential evaluation agency. The credential agency will attest to the authenticity of the documents reviewed and prepare a course-by-course evaluation report ~~as required~~. All documents must be submitted to the credential agency by the applicant in accordance with the agency's required documents procedure. The applicant is responsible for the cost of obtaining the report. The College requires a course-by-course assessment conducted by one of the following College approved credential agencies:

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Commented [FTC3]: Including this qualifier here creates confusion, because it does not apply to item (d) below. Recommend removing.

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- World Education Services;
- International Credentials Assessment Service of Canada; or,
- International Credential Evaluation Service.

- ii. ~~Following a review of the documents submitted by the applicant, t~~he credential agency will send an evaluation report to the College and the applicant following a review of the documents submitted by the applicant.
- iii. Evaluation reports prepared by other organizations not approved by the College will be reviewed on an individual basis and may be accepted as an alternative if approved by the Registrar.
- iv. ~~Applicants must also submit~~The completed ~~an~~ Academic Assessment Form along with course descriptions or other supporting evidence (i.e., syllabus).

C. Evidence of successful completion of the entry-to-practice examination

- a. Approved document
 - i. Where applicable, a photocopy of the CKO exam results letter must be submitted with an application for initial registration.

D. Evidence of successful completion of the Jurisprudence e-Learning Module

- a. Approved document
 - i. ~~Where applicable, A~~ confirmation letter of ~~ertificate of~~ successful completion of the Jurisprudence e-Learning Module must be submitted with an application for initial registration.

E. Proof of a Canadian Criminal Record Search ~~Canadian Police Information Centre (CPIC)~~ Criminal Record Check

- a. Approved document
 - i. Criminal Record Search report that confirms a search of the Canadian Police Information Centre (CPIC) and ~~CPIC report~~ issued by the Royal Canadian Mounted Police, Ontario Provincial Police or local police services.
 - ii. Online checks by commercial vendors are NOT permitted.
- b. Applicants must arrange for and pay the cost of their own Criminal Record Search.
~~b. The cost relating to the CPIC report is borne by the applicant.~~
- c. Applicants ~~are to~~must submit ~~the~~an original ~~CPIC report~~Criminal Record Search directly to the College, ~~(no faxes or photocopies) with an application for initial registration.~~Faxes and photocopies are not acceptable.

Commented [FT4]: All criminal record searches include a search of the CPIC database; may be redundant to include this in the title of the document. Also, not common vernacular to include it in the title of the required document.

F. Evidence of Professional Liability Insurance

- a. Approved document
 - i. ~~Where applicable, A~~ copy of the applicant's certificate of insurance must be submitted to the College, ~~which that~~ confirms the purchase of the insurance, ~~and includes~~ the policy number and expiry date. The ~~policy content~~document must ~~also~~ demonstrate that ~~the insurance~~ it meets the College's requirements ~~(as prescribed by the by-law~~Professional Liability Insurance policy).
 - b. Alternatively, the applicant can sign an undertaking to provide sufficient proof

of insurance coverage within 30 days of being registered.

~~b.c.~~ The Registrar College ~~shall not~~ cannot issue the certificate of registration until ~~either actual~~ proof of coverage or the undertaking is received.

~~e.d.~~ To help the applicant ~~to obtain the proof of coverage~~ insurance before registration ~~with the College~~, the Registrar College may issue a letter indicating the applicant's registration has been approved for ~~him/her~~ them to ~~provide~~ take to the insurer.

Commented [FTC5]: We also accept undertakings.

Resolution –Required Documents Policy

Whereas the Required Documents Policy was initially approved in June 2012 and has not been reviewed since March 2016; and

Whereas the College adopted a 3-year policy review cycle, approved by the Council in December 2022, to ensure all policies remain accurate and relevant; and

Whereas the Registration Committee reviewed of the policy and found that no substantive changes are needed, with only stylistic and clarity improvements required; and

Whereas the revisions made to the policy are intended to enhance its clarity and ensure it remains understandable and straightforward for all stakeholders; and

Whereas adherence to the approved review cycle and making these updates demonstrates the College’s commitment to transparency and continuous improvement in regulatory practices;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves retaining the Required Documents Policy with the proposed stylistic and clarity edits.

Moved by: _____

Seconded by: _____

Date: September 17, 2024

DECISION NOTE

TOPIC: Professional Liability Insurance Policy
PREPARED FOR: Council
DATE: September 17, 2024

Purpose

To review and approve the proposed amendments to the Professional Liability Insurance Policy, as recommended by the Registration Committee.

Background

The Professional Liability Insurance Policy, approved by Council in June 2012, aims to help members understand their regulatory obligations regarding liability coverage. While both the *Health Professions Procedural Code* of the *Regulated Health Professions Act, 1991* (RHPA) and the *Kinesiology Act, 2007* mandate that members maintain professional liability insurance, the policy provides additional guidance to ensure members are fully informed about the requirements and implications of this obligation.

Since its initial approval, the policy has not undergone a formal review. Legislative changes and updates to regulatory organizations have made some references in the policy outdated. Specifically, the policy cites sections of the RHPA that are no longer in effect and references the “Financial Services Commission of Ontario,” which was replaced by the Financial Services Regulatory Authority of Ontario (FSRA) in 2019.

To maintain the policy’s relevance and accuracy, staff prepared recommended changes. These recommendations were reviewed by the Registration Committee at its November 2023 meeting and are now proposed for Council’s approval. These updates are necessary to ensure that the policy continues to provide clear and current guidance to members.

Proposed Amendments

The recommended amendments include:

- Updating the policy to reflect the current legislative sections under the Regulated Health Professions Act, 1991.

- Replacing all references of the “Financial Services Commission of Ontario” with “Financial Services Regulatory Authority of Ontario (FSRA).”
- Revising Bylaw 20.01 to correctly reference the Financial Services Regulatory Authority of Ontario if the proposed amendments are approved.
- Making minor edits for style and clarity.

Public Rationale

The Professional Liability Insurance Policy is essential for safeguarding the public by ensuring that all kinesiologists registered in the General Class maintain appropriate liability coverage. This policy ensures that, in the event of professional negligence or malpractice, financial resources are available to address claims, thereby protecting the interests and safety of the public.

Maintaining up-to-date and accurate policy guidance is crucial for sustaining public trust in the regulatory framework. The proposed amendments will ensure that the policy reflects current legislation and regulatory structures, providing clarity and confidence to both kinesiologists and the public. By updating the policy to align with recent changes, the College reinforces its commitment to protecting the public and upholding the highest standards of professional practice.

Decision for Council

1. Approve the proposed amendments to the Professional Liability Insurance policy.
2. Return the draft policy back to the Registration Committee and staff with specific comments/questions for consideration.

Attachments:

Appendix A – Redlined Draft Professional Liability Insurance Policy

Policy

Type:	Registration		
Number:			
Name:	Professional Liability Insurance Policy		
Status:		Version #:	<u>12</u>
Date Approved:	June 18 th 2012	Date Revised:	June 27, 2017 <u>TBD September 17, 2024</u>

Background

Liability insurance protects both Kinesiologists and the public ~~they serve.~~ Liability insurance ~~provides enables a client to have adequate financial~~ compensation ~~to a client~~ should harm occur as a result of error, omission or ~~negligence, a negligent act~~ and it protects the Kinesiologist by providing legal and financial support should a client make a claim against them. Members ~~can~~ may obtain liability insurance from ~~various~~ any sources, ~~including their~~ including their employer, their professional association, or directly from an insurance company.

The *Regulated Health Professions Act, 1991*, permits the Council of the College to set professional liability insurance requirements of all practising registrants; ~~requires all practising regulated health professionals to carry professional liability insurance as follows:~~

Professional Liability Insurance

- 94(1)(v) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws requiring members to have professional liability insurance that satisfies the requirements specified in the by-laws or to belong to a specific association that provides protection against professional liability and requiring members to give proof of the insurance or membership to the Registrar in the manner set out in the by-laws.

In addition, section 5(1)(d) of the General Regulation requires that members provide proof of professional liability coverage specified in the bylaws of the College or provide an undertaking to provide proof of such coverage within 30 days of being registered. Under section 17(1), if the Registrar becomes aware that a member no longer maintains professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration.

• Professional Liability Insurance

- 13.1 (1) No member of a College in Ontario shall engage in the practice of a health profession unless he or she is personally insured against professional liability under a professional liability

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~~insurance policy or belongs to a specified association that provides the member with personal protection against professional liability.~~

~~• Insurance requirements~~

~~(2) A member mentioned in subsection (1) shall comply with the requirements respecting professional liability insurance or protection against professional liability specified by the College and prescribed in the regulations made under the health professions Act governing the member's health profession or set out in the by-laws.~~

~~• Professional Misconduct~~

~~(3) In addition to the grounds set out in subsection 51(1), a panel of the Discipline Committee shall find that a member has committed an act of professional misconduct if the member fails to comply with subsection (1) or (2).~~

~~In addition, section 2(1) 12 5(1)(d) of the Registration Regulation requires that members provide proof of professional liability coverage specified in the bylaws of the College, or College or provide an undertaking to provide proof of such coverage within 30 days of being registered.~~

Policy

General

1. Registrants are responsible for their own actions and activities. ~~1.~~ In the event of committing a fault, error, omission, or negligent act while practising kinesiology, professional liability insurance must be in place to facilitate an appropriate level of accountability to the public.
2. Each member upon being registered for the first time, must [provide proof of professional liability insurance coverage in the amount and in the form as required under the by-law](#), or sign an undertaking to provide proof to the College within 30 days of registration, that the member holds a policy of professional liability insurance that meets the [by-law](#) requirements ~~prescribed by the by-law~~.

Proof of Liability Coverage

3. Members are required to provide the College with a copy of their insurance certificate which includes a policy number and expiry date.
4. At annual renewal, members must provide updated [insurance coverage information](#) ~~information on applicable insurance coverage~~ to maintain registration with the College.

Minimum Liability Insurance Requirements – General Certificate of Registration

5. The CKO by-law requires that active members engaged in the practice of kinesiology carry minimum liability insurance as follows:
 - a. A minimum amount of \$1,000,000 per occurrence,
 - b. A minimum aggregate amount of \$3,000,000 per year,
 - c. A deductible of no more than \$1,000 per occurrence,

Commented [CR2]: RHPA has been updated several times and this language/these sections no longer exist. Wording now refers back to the College's bylaws. Now covered under section 94(1)(y)

94(1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws,

(y) requiring members to have professional liability insurance that satisfies the requirements specified in the by-laws or to belong to a specific association that provides protection against professional liability and requiring members to give proof of the insurance or membership to the Registrar in the manner set out in the by-laws.

Commented [CR3]: Section 5(1)(d) of General Regulation refers to PLI, not Section 2(1)12 of Registration Regulation. Addressed above.

- d. The member shall have enduring (tail) insurance to provide coverage for at least five years after the termination of practice; and
- e. The provider must either be licensed as an insurer with the ~~Financial Services Commission of Ontario~~ [Financial Services Regulatory Authority of Ontario](#) or must be in the form of membership in a protective association acceptable to the Registrar that provides equivalent protection.

Commented [CR4]: No longer exists as of 2019. <http://www.fsco.gov.on.ca/en/Pages/default.aspx> Replaced by the Financial Services Regulatory Authority.

6. At a minimum, coverage should also include conduct or omissions within the scope of practice of kinesiologists as defined in section 3 of the *Kinesiology Act*, the *Regulated Health Professions Act* and the Standards of Practice of the profession. The insurance coverage should only have standard exclusion clauses that do not materially detract from comprehensive professional liability coverage, for example, criminal or deliberate acts.

Employer-provided Insurance Coverage

If a member is covered by ~~his/her~~ [their](#) employer’s professional liability insurance plan in the amounts and coverage set out in the by-law (see above), the member is not obliged to obtain additional liability insurance coverage, although the member may wish to do so. Members should note that it is not sufficient for the employer’s policy to cover the employer or the facility. The *Health Professions Procedural Code* requires that members practising a health profession be “personally insured”-” This means that a member must ensure that ~~his/her~~ [their](#) employer’s insurance policy covers not just the organization, but individual employees as well. The policy does not have to list the member individually by name but must specify that it covers the “employees” of the organization as “added insureds”-”

Where a member is covered by an employer’s insurance plan, the member must ensure the necessary individual coverage as described above. -The member is advised to request a letter from the employer confirming coverage. -If the employer’s insurance is insufficient in any way, the member must obtain additional insurance to meet the requirements stated by the College.

Liability Insurance Requirements – Inactive Certificate of Registration

7. For members moving to inactive status from the General class, professional liability insurance which is enduring (tail) that was in place at the time of conversion shall provide protection to members of the public. -The member applying to move to Inactive class -must provide a declaration on ~~his or her~~ [their](#) renewal form that ~~he or she~~ [they](#):

- a. ~~are~~ [is](#) requesting an exemption from the professional liability insurance requirement on the grounds that ~~he/she~~

~~is~~ they are not currently engaged in the practice of kinesiology;

~~a.b.~~ Haves enduring tail insurance coverage for five years; and

~~b.c.~~ Haves read and understood the College's Policy on professional liability insurance and will obtain insurance before practising.

Ensuring the requisite Insurance Coverage

The College recommends that all kinesiologists review their liability insurance coverage from time to time, whether it be an individual plan or one provided by an employer, for paid or volunteer work. Members should be satisfied on the following:

- Does your plan cover reimbursement of legal or criminal defense expenses?
- Will your plan provide for the cost of legal representation in the event you are subpoenaed to appear as a witness?
- What type of coverage does your policy provide e.g., Malpractice, Errors & Omissions, and Legal Expenses?
- What is the liability aggregate limit?
- Do you have an "occurrence" type of policy (covers claims that occur after the policy has lapsed) or "claims made" policy (only covers you for claims made during the term of the policy)? If you have a "claims made" policy (which is the most common form of liability insurance today) you should ensure that you have enduring coverage (often called "tail insurance") to protect against any claims made after you leave or the particular insurance policy ends.
- What are the "exclusions" under the policy? Such exclusions should be standard provisions that do not materially detract from comprehensive professional liability

Decision Criteria for Registrar – initial members (for a General Certificate of Registration)

~~7.8.~~ 8. An applicant who is approved for registration must provide a declaration that ~~they are~~ he/she is eligible for professional liability insurance coverage and that ~~they he/she will~~ submit the insurance policy to the Registrar within 30 days after ~~his/he their~~ registration is approved.

~~8.9.~~ 9. A member or person approved for registration may meet the requirement by providing a copy of their certificate of

insurance to the College which confirms the purchase of the insurance and includes the policy number and expiry date. This ~~may be provided~~ can be submitted as a hard-copy, a photocopy/~~a fax~~, or a PDF. The policy content must demonstrate that it meets the College's requirements.

Decision Criteria for Registrar – members (General Certificate of Registration)

~~9.10.~~ If for any reason the member ceases to hold professional liability insurance or the policy expires, the member must notify the Registrar in writing within two business days.

~~10.11.~~ The Registrar may suspend the member's certificate of registration if the member is without professional liability insurance and ~~in violation of the Regulated Health Professions Act and the regulations made under the Kinesiology Act,~~ if he/she they practise/practices or are holding out as a regulated health professional. The member is required to cease practising if insurance is not in place.

~~11.12.~~ The member cannot begin practising again until he/she/they provide s proof of professional liability insurance coverage and, if suspended, until his/her/their certificate is reinstated.

Resolution – Professional Liability Insurance Policy

Whereas, the Professional Liability Insurance Policy, approved by the Council in June 2012, is essential for ensuring kinesiologists maintain appropriate liability coverage and protects the public in cases of professional negligence or malpractice; and

Whereas, the policy has not been formally reviewed since its approval, and outdated references, including those to the *Regulated Health Professions Act, 1991* and the Financial Services Commission of Ontario, need updating; and

Whereas, the proposed amendments reflect current legislation and regulatory structures, enhancing clarity and confidence for both professionals and the public; and

Whereas, the Registration Committee has reviewed and approved these amendments, recommending them for Council approval;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to the Professional Liability Insurance Policy, including updates to legislative references, replacement of outdated financial services references in the policy and Bylaw 20.01, and other minor edits for clarity.

Moved by: _____

Seconded by: _____

Date: September 17, 2024



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	1
High (7-9)	Requires immediate corrective action	Downgraded to High:	0	2
		Upgraded to High:	1	
Moderate (3-6)	May require corrective action, planning and budgeting process	Downgraded to Moderate:	0	30
		Upgraded to Moderate:	0	
Low (1-2)	May require consideration in any future changes to the work area or processes, or can be fixed immediately	Downgraded to Low:	0	10
		Upgraded to Low:	0	



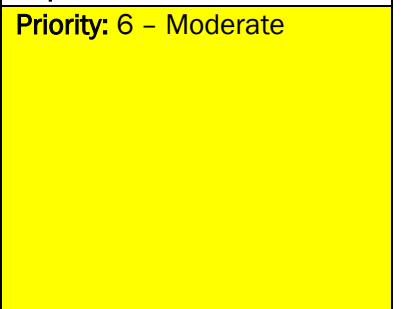
General and Non-Substantive Amendments (apply to multiple risk types, risks and risk mitigation strategies):

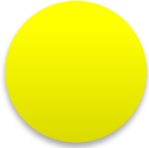
- 1 minor change to risk mitigation strategy for risk #19 (changed “is” to “are”) for grammar.



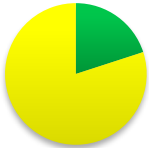
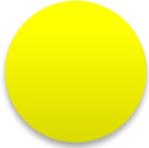

Details (Q3-Q4 2023-2024: June. 1, 2024 – August 3, 2024)

Legend:



Risk Type	Risk Priorities	Proposed Amendments					
<i>Financial</i>		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 					
<i>Information Management</i>		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority		
		8 - Breach of confidentiality relating to: <ul style="list-style-type: none"> Staff personal information Registrant information Applicant information Vendor information Patient/Client information Council Member information 	Risk mitigation strategy: <ul style="list-style-type: none"> Inclusion of periodic penetration testing; Amendments to reflect migration to cloud-based system; Clarification of training; Inclusion of offboarding checklist, 	Ongoing close monitoring and implementation of risk mitigation strategy will result in decrease to risk priority.	Likelihood: 3 – Moderate		
		Impact: 2 – Serious		10 - Unintended destruction or loss of records	Risk mitigation strategy: <ul style="list-style-type: none"> Amended to reflect transition to cloud-based electronic storage system. 	Ongoing close monitoring. Expectation that risk priority will decrease following monitoring of risk mitigation strategy.	Likelihood: 3 - Moderate
		Priority: 6 – Moderate		Impact: 3 – Major	Priority: 9 – High	Likelihood: 3 - Moderate	

Risk Type	Risk Priorities	Proposed Amendments			
		<p>11 - iMIS system does not meet College needs. Staff members are unable to use iMIS system to generate key reports for decision-making and registrants complain that their electronic records are inaccurate. The public is unable to effectively use the public register.</p>	<p>Increased Risk Likelihood from 1 - Rare to 3 - Moderate.</p> <p>Increased Risk Priority from 3 - Moderate to 9 - Moderate</p> <p>Risk mitigation strategy: - Amended to emphasize planning and budgeting for timely updates/upgrades</p>	<p>In response to increased likelihood identified by Risk Owners.</p> <p>Risk mitigation strategy, including plans for updates/upgrades, to be implemented.</p> <p>Close monitoring and effective risk mitigation will decrease risk likelihood and priority in future.</p>	<p>Impact: 3 - Major</p> <p>Priority: 9 - High</p>
		<p>15 - Computers systems are compromised due to:</p> <ul style="list-style-type: none"> • Virus • Security breach • Malware / Ransomware 	<p>No change.</p>	<p>Ongoing close monitoring and implementation of risk mitigation strategy.</p> <p>Will continue to report on this risk.</p>	<p>Likelihood: 4 - Likely</p> <p>Impact: 3 - Major</p> <p>Priority: 12 - Extreme</p>
<p>Loss/Damage of Capital Equipment/Furnishings</p>		<ul style="list-style-type: none"> • No changes or amendments proposed to any risks in this risk type. 			

Risk Type	Risk Priorities	Proposed Amendments			
Loss/Compromise of Examination		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		19 – Breach of confidentiality for exam, applicant or registrant information as a result of student placement.	Risk mitigation strategy: - Removal of risk mitigation strategy elements re: student training and supervision.	All staff, including student placements, receive the required and necessary amount of supervision and training.	Likelihood: 2 – Unlikely
					Impact: 3 – Major
					Priority: 6 – Moderate
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		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 			
Compliance		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		43 – Failure to comply with proposed legislative amendments	Risk and description: - Amended to: “Failure to comply with proposed legislative	Acknowledgement that compliance with all legislation is required, not only amendments.	Likelihood: 1 – Rare
			Impact: 3 – Major		
			Priority: 3 – Moderate		

Risk Type	Risk Priorities	Proposed Amendments			
			<p>amendments <u>legislation</u></p>		

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 risks and proposed mitigation strategies, and

Whereas, Council is of the view that the Risk Management Plan appropriately prioritize and address 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: September 17, 2024

Issue or Decision Note

Issue or Decision: Policy – Investment Strategy
Prepared for: Council
Date: September 17, 2024

Background:

Subsection 94(1)(c) of the *Health Professions Procedural Code* (“the Code”, which is schedule 2 to the *Regulated Health Professions Act, 1991* (“RHPA, 1991”)) authorizes Council to make by-laws respecting banking and finance of the College of Kinesiologists of Ontario (“the College”). The College’s relevant by-law is By-law 4. Banking and Finance (“By-law 4”). By-law 4 includes by-laws specific to the College’s investment philosophy (By-law 4.04(2)), responsibility and authority to invest (By-law 4.04(4)) and acceptable investments (By-law 4.04(5)).

The College also has an *Investment Policy* (“the Policy”). The Policy lays out the principles by which the investment portfolio of the College is to be managed. The Policy states that the College’s investment portfolio includes cash held in bank accounts, short-term investments, and long-term investments.

Procedural specifics set out in the Policy include:

- Use of investment managers;
- Types of investment vehicles eligible for investment;
- The College’s investment profile/strategy;
- Use of income from investments; and
- Specifics regarding conflicts of interest;

The Policy has been reviewed in keeping with the College’s *Policy and Material Development and Review Framework*, and to ensure that the Policy remains current and relevant within the context of health professional regulation.

Issue for Consideration:

Proposed amendments to the *Investment Policy*.

Analysis:

Review was guided by a survey of other regulatory colleges to identify any trends or best practices that should be reflected in the Policy. For this environmental scan, areas of focus/comparison are as follows:

- The range of permissible investment vehicles;
- The range of acceptable risk and credit ratings associated with various types of investment vehicles; and
- The extent to which other colleges consider ethical principles (including Environmental, Social and Governance ratings).

In addition to the environmental scan, the College also considered the following:

- Alignment between the Policy, relevant by-laws and the Terms of Reference of the College’s committees.

From this review and consideration of the Policy, the following changes are proposed (underlined red text and strikethroughs used to highlight proposed changes):

Current Policy	Proposed Amendment	Rationale
<p>References to the Executive Committee</p> <ul style="list-style-type: none"> - Pg. 2, “Policy Review”, paragraph 1. - Pg. 2, “Use of Investment Managers”, paragraph 2. - Pg. 2, “Use of Investment Managers”, paragraph 2, bullet point 5. - Pg. 3, “Types of investment vehicles eligible for investment”, paragraph 2 “Ethical Investing”. - Pg. 4, “Conflict of Interest”, paragraph 1. 	<p>Amended to refer to Planning & Finance Committee.</p>	<p>To explicitly align this Policy with the role and mandate of the Planning & Finance Committee.</p>
<p>Pg. 2, “Policy Review”, paragraph 1</p>	<p>This policy is reviewed annually <u>every three years</u> by the Executive or Planning and Finance Committee and revised as required or as conditions change.</p>	<p>For consistency with the College’s Policy review practices as outlined in the Policy and Material Development and Review Framework.</p>

The College has also proposed 2 minor, non-substantive amendments for formatting purposes. Specifically:

- Pg. 4, “Length of Investment”, bullet point 1: amended “Long-Term” to “long-term” for internal consistency; and

- Pg. 4, “Use of Income from Investments”, paragraph 1: amended “principle investments” to “principal investments”

The proposed amendments to the Policy were reviewed by the Planning & Finance Committee on September 5, 2024. The Planning & Finance Committee’s consideration of the Policy included the following discussions and questions:

- The importance of a flexible approach to ongoing review of the Policy given the high likelihood of changes in the investment environment.
- In response, the College noted that efforts were made to balance flexible and timely Policy review with the College’s resources.
- It was specifically noted that the Policy and the College’s Policy and Material Development and Review Framework do permit review and revision of policies outside the specified time frames to adapt to changing circumstances.

The Planning & Finance Committee proposed no additional amendments to the Policy and referred the Policy to Council for consideration and approval. The amended *Investment Policy* is included for Council’s consideration.

Public Interest Rationale

Clear policies and procedures regarding the College’s investments serves the public interest by:

- Ensuring that the College’s financial situation remains stable and secure by taking a balanced approach to investment that prioritizes preservation of capital;
- Supporting the College’s efforts to generate a reasonable return on monetary assets in a manner consistent with the College’s risk tolerance and not-for-profit status; and
- Ensuring that the College invests in a manner consistent with its mission, vision and values

Risk Considerations

The *Investment Policy* is one way in which the College manages financial risks, including situations where:

- Insufficient financial resources impact the ability of the College to meet its mandate;
- Poor financial management results in the College being unable to meet strategic initiatives;

The Investment Policy may also contribute to the College’s risk mitigation strategies for:

- Information Management risks, including cybersecurity issues;
- Capital Equipment/Furnishings risks, such as theft or permanent damage to equipment and/or furnishings;
- Loss of Confidence risks, such as the College not being seen to ensuring the competence of its Registrants through the Professional Conduct portfolio;

Decision for Council:

1. Approve the amended *Investment Policy*; or
2. Return the Policy back to staff with specific questions for consideration.

Resolution:

Whereas Council is authorized under the *Regulated Health Professions Act, 1991* (RHPA) to make by-laws pertaining to the College's banking and finances; and

Whereas It is prudent to invest the College's monetary assets in a manner consistent with the College's risk tolerance; and

Whereas The College's Investment Policy has been reviewed to ensure clarity, relevance and consistency with good and best practices; and

Whereas the Planning & Finance Committee has reviewed the amended Investment Policy and recommended the amended Policy to Council for approval;

Therefore, be it resolved that the Council of the College of Kinesiologists approves a revised Investment Policy as presented.

Moved By: _____ **Seconded By:** _____

Appendices:

Appendix A: Revised Investment Policy - Tracked Changes

College of Kinesiologists Policies and Procedures Manual			
SECTION: FINANCIAL			POLICY #:
POLICY Investment Policy		COVERAGE: Council, College	
CREATED: September 2014		NEXT REVIEW: 20152027	PAGE #: 1 of 42

POLICY STATEMENT
 College shall make efforts to generate a reasonable return on monetary assets held in Reserve Funds through strategic investments which reflect the values and principles of ethical investment, and the risk tolerance approved by the College.

Authority:

The approved bylaws for the College provide the authority, together with the *Regulated Health Professions Act, 1991*, for the establishment of Reserve Funds.

The approved By-law concerning Reserve Funds states:

4.04(3) - Reserve funds

- From time to time, the Council may establish reserve funds as required.
- I. At the end of each fiscal year from any excess of revenue over expenses shall be made to maintain the reserve funds as established by the Council.
 - II. The reserve funds may be invested in short-term or long-term instruments, with terms of up to 10 years as appropriate to the need for liquidity of the specific funds. The primary objectives of such investments shall be, in order of importance, preservation of capital and yield.
 - III. Surplus funds, not needed to meet the College’s operating expenses during the immediate 12-month period, may be invested in short-term or long-term instruments with terms of up to 10 years. The primary objectives of such investments shall be, in order of importance, preservation of capital and yield. No part of the income of the College, whether current or accumulated, can be payable to, or otherwise made available for the benefit of any member of the College or its Council.

- IV. All other funds may be invested only in short-term instruments with a term of 0 days to 365 days, or in a pool of such investments. The primary objectives of such investments, in order of importance, shall be preservation of capital, maintenance of liquidity and yield.

Objectives/Purpose:

This policy lays out the principles by which the investment portfolio of the College of Kinesiologists of Ontario is to be managed. The investment portfolio covered by this policy includes cash held in bank accounts, short and long-term investments belonging to the College.

The primary objective of this investment policy is to generate a reasonable return on monetary assets while investing in a manner consistent with acceptable levels of risk. Acceptable risk is defined by legislation such as the Trustees Act of Ontario and as approved by the Council of the College.

Policy Review:

This policy is reviewed ~~annually~~ every three years by the ~~Executive or Planning and Finance~~ Finance Committee and revised as required or as conditions change.

Use of Investment Managers:

The College will retain the services of professional investment managers.

The College's ~~Executive-Planning and Finance~~ Committee will meet with the investment manager(s) at least twice annually. The frequency of these meetings will be every six months with more meetings added when necessary. At these meetings the investment manager will:

- Present a report on investment performance compared to agreed upon benchmarks,
- Report on general economic conditions as they relate to the College investment portfolio,
- Provide confirmation that the College portfolio is being managed in accordance with this policy,
- Provide advice on investment strategy, including suggested changes to asset mix,
- Answer questions posed by ~~Executive-Planning and Finance~~ Committee members.

The professional investment manager is required to manage the College portfolio in accordance with the objectives and guidelines of this policy and the applicable laws for the investment of charitable funds.

Types of investment vehicles eligible for investment:

The College will invest in investment vehicles which are greater than BBB rating in any of the following :

- Individual bank GICs, high interest savings accounts or T-Bills
- Money market funds
- Fixed income funds
- Other investment vehicles approved by the Council

Ethical Investing:

When investing, the College will only invest in ethical funds. The ethical criteria of the selected fund will be evaluated by the [Executive Planning and Finance](#) Committee for fit with the College mission and values, in advance of making an investment.

Investment profile/strategy:

Risk profile and expected return:

The College Council is required to act as a “prudent investor”, per the Ontario Trustees Act. This means the College is required to balance the need for capital preservation with the need to generate investment revenue.

For mutual and pooled funds held by the College, the expectation is to earn a rate of return that is equal to or better than that of the benchmark to which it is compared. Benchmarks for each are agreed to with the investment manager for the portfolio.

Net return:

Investments are evaluated on a net return basis, including fees, commissions, anticipated tax effects of investments (if any), or any other costs which may be related to a particular investment.

Diversification:

A diversification strategy will be pursued, to ensure that:

- Investments are made in more than one type of instrument (e.g. not bonds alone)
- Investments are made in different types of instruments, where possible (e.g. not just Government of Canada bonds but bonds from different issuers)

Diversification in the College portfolio is assured by investing in mutual and/or pooled funds.

Income Strategy:

Timing of yield from investments is not a major consideration as long as the organization is able to meet its cash flow needs and disbursement quotas.

Donations

Externally designated donations may come with specific instructions with regard to eligible investments. In that event, the externally designated donations would be invested

according to the instructions of the donor and would be considered separately from the College asset mix.

Length of Investment:

- All ~~Long-term~~ investments, such as mutual and pooled funds, must be redeemable, entirely or partly, within four business days. This is to ensure access to the funds if needed.
- Short-term investments of operational funds, such as GICs, Money Market Funds and high interest savings accounts, regardless of term, must be redeemable entirely or partly within four business days. Short-term investments can only be made in investment vehicles that cannot incur a loss in market value. This includes investments such as high interest savings accounts, GIC's, T-bills and money market funds.

Use of Income from Investments:

Income from investments is generally used to fund the College programming each year. Investment income is estimated annually at the beginning of each fiscal year and the estimated amount is included as revenue in the College operating budget. In years where investment revenue is less than planned, the shortfall may be taken from the principal investments on the assumption that shortfalls and excesses will offset in the long term.

Conflict of Interest:

In accordance with the College conflict of interest policy, members of Council, [Executive Planning and Finance](#) Committee members, staff, consultants, or advisors dealing with the investment portfolio are expected to be cognizant of the possibility that conflict of interest may arise, such as if one or more of these individuals was in a position to benefit, or was perceived to be in such a position, from a proposed investment transaction by the College. In such a situation, the individual(s) involved would be expected to inform Council and the Registrar. Please refer to the College Conflict of Interest Policy for further details.

Next Scheduled Review of this Policy: September 20~~27~~¹⁵

Issue or Decision Note

Issue or Decision: Policy – Reserve Funds
Prepared for: Council
Date: September 17, 2024

Background:

Subsection 94(1)(c) of the *Health Professions Procedural Code* (“the Code”, which is schedule 2 to the *Regulated Health Professions Act, 1991* (“RHPA, 1991”)) authorizes Council to make by-laws respecting banking and finance of the College of Kinesiologists of Ontario (“the College”). The College’s relevant by-law is By-law 4. Banking and Finance (“By-law 4”). By-law 4 includes by-laws specific to the College’s reserve funds (By-law 4.04(3)). The by-laws state that the College may establish reserve funds as required.

The College’s *Reserve Funds Policy* (“the Policy”) was developed to expand on the relevant by-laws. The Policy states that the reserve funds are established and maintained to cover variable and unforeseen costs and expenses. The Policy also specifies that the College shall establish and maintain the following reserve funds:

- Investigations & Hearings Reserve Fund;
- Therapy and Counselling Reserve Fund; and
- Property and Technology Reserve Fund (also referred to in the Policy as the General Reserve Fund).

Procedural specifics set out in the Policy include:

- The process for approving transfers to and from Reserve Funds;
- The purpose of each of the three Reserve Funds required by the Policy;
- Minimum amounts to be maintained in each of the three Reserve Funds;
- Some specifics regarding how and when Reserve Funds may be accessed; and
- The maximum aggregate value of the College’s Reserve Funds.

The Policy has been reviewed in keeping with the College’s *Policy and Material Development and Review Framework*, and to ensure that the Policy remains current and relevant within the context of health professional regulation.

Issue for Consideration:

Proposed amendments to the *Reserve Funds Policy*.

Analysis:

Review was guided by a survey of other regulatory colleges to identify any trends or best practices that should be reflected in the College’s Reserve Funds Policy. For this Environmental Scan, areas of focus/comparison are as follows:

- The nature and number of the reserve funds maintained by each college;
- The maximum and minimum amounts that may be contained in each reserve fund; and
- The maximum aggregate amount that may be contained in all reserve funds.

In addition to the environmental scan, the College also considered the following:

- Recommendations from the College’s financial auditor regarding its Reserve Funds;

From this review and consideration of the Policy, the following changes are proposed (underlined red text used to highlight proposed changes):

Current Policy	Proposed Amendment	Rationale
References to the Executive Committee <ul style="list-style-type: none">- Pg. 1, “Procedure”, paragraph 2- Pg. 2, “Procedure”, paragraph 4 “Maximum Aggregate Value of Reserve Funds”	Amended to refer to Planning & Finance Committee.	To explicitly align this Policy with the role and mandate of the Planning & Finance Committee.
Minimum amount, Investigations & Hearings Reserve Fund <ul style="list-style-type: none">- Pg. 1, “Procedure”, paragraph 3.i.(b).	“The minimum amount to be maintained in this fund is <u>\$320,000</u> or such greater amount as may be determined by the Council of the College.”	Proposed increasing minimum to acknowledge increased volume of Professional Conduct matters. Intended to mitigate the risks associated with any unforeseen increase in Professional Conduct matters.
Therapy and Counselling Reserve Fund <ul style="list-style-type: none">- Pg. 1, “Procedure”, paragraph 3.ii.(b)	This funding amounts to approximately \$14,000 per person and is accessible over a five-year period.	The amount to which this removed section refers is subject to change periodically. The specific dollar amount currently in the Policy is outdated.
<ul style="list-style-type: none">- Pg. 2, “Procedure”, paragraph 3.ii.(c)	The minimum amount to be maintained in this fund is <u>\$102,000</u> or such greater amount as may be determined by the Council of the College.	Proposed increase to reflect increases in maximum potential payable amount over time.

Property and Technology Reserve Fund - Pg. 2, "Procedure", paragraph 3.iii.(b)	The minimum amount to be maintained in this fund is \$ 320,000 of such greater amount as may be determined by the Council of the College.	Proposed increase to reflect inflation over time since approval of the Policy. Intended to mitigate risks associated with unforeseen, unanticipated and/or extraordinary expenses.
Maximum Aggregate Value of Reserve Funds - Pg. 2, "Procedure", paragraph 4.	The aggregate value of these reserve funds shall not exceed \$2,000,000 <u>12 months operating expenses</u> or such other amount as may be approved by the Council for the College to achieve plans for larger than normal expenditures such as capital expenditures.	Based on environmental scan and auditor's recommendations regarding maximum aggregate amounts in reserve funds. Use of "12 months operating expenses" as a maximum rather than a specified dollar amount may promote flexibility in the Policy.

The Planning & Finance Committee reviewed the above proposed amendments on September 5, 2024. The Planning & Finance Committee's consideration of the Policy included the following discussions and questions:

- The need for clarity that the maximum aggregate value of reserve funds in the Policy applies to both restricted and unrestricted reserves.

Based on these discussions, the Planning & Finance Committee that an additional amendment be made as follows:

Current Policy	Proposed Amendment	Rationale
Maximum Aggregate Value of Reserve Funds - Pg. 2, "Procedure", paragraph 4.	The aggregate value of <u>the College's restricted and unrestricted</u> these reserve funds shall not exceed \$2,000,000 <u>12 months operating expenses</u> or such other amount as may be approved by the Council for the College to achieve plans for larger than normal expenditures such as capital expenditures.	As per Planning and Finance Committee recommendation to enhance Policy clarity,

The amended Policy, with the additional amendment proposed by the Planning and Finance Committee, was referred to Council for consideration and approval. The amended *Reserve Funds Policy* is included for Council's consideration.

Public Interest Rationale

Clear policies and procedures regarding reserve funds serves the public interest by:

- Ensuring that the College has the resources to address unanticipated infrastructure or other operational expenses;
- Ensuring that the College can meet any obligations to support patients/clients who have made allegations of sexual abuse by a kinesiologist; and
- Ensuring that the College has sufficient resources to conduct investigations and hearings in fulfillment of the College's mandate to protect the public through its Professional Conduct portfolio.

Risk Considerations

The *Reserve Funds Policy* is one way in which the College manages financial risks, including situations where:

- Insufficient financial resources impact the ability of the College to meet its mandate;
- Poor financial management results in the College being unable to meet strategic initiatives;

The Reserve Funds Policy may also contribute to the College's risk mitigation strategies for:

- Information Management risks, including cybersecurity issues;
- Capital Equipment/Furnishings risks, such as theft or permanent damage to equipment and/or furnishings;
- Loss of Confidence risks, such as the College not being seen to ensuring the competence of its Registrants through the Professional Conduct portfolio;

Decision for Council:

1. Approve the amended *Reserve Funds Policy*; or
2. Return the Policy back to staff with specific questions for consideration.

Resolution:

Whereas Council is required to ensure that the College takes appropriate measures to be fiscally responsible, prudent and to manage risk; and

Whereas the College must continue to maintain reserve funds; and

Whereas the College has reviewed its existing Reserve Funds Policy to ensure clarity, relevance, and consistency with identified good and best practices; and

Whereas amendments to the Reserve Funds Policy have been proposed based on this review; and

Whereas the Planning & Finance Committee has reviewed and recommended the proposed amendments to the Reserve Funds Policy to Council for approval;

Therefore, be it resolved that the Council of the College of Kinesiologists approves a revised Reserve Funds Policy as recommended by the Planning & Finance Committee.

Moved By: _____ Seconded By: _____

Appendices:

Appendix A: Revised Reserve Funds Policy - Tracked Changes

College of Kinesiologists Policies and Procedures Manual	
DEPARTMENT: Finance	
POLICY: FN.7- Reserve Funds Policy	
DATE OF APPROVAL: April 2014	POLICY REVISION DATES: <u>August 2024</u>

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POLICY STATEMENT:

The College shall establish and maintain reserve funds in order to cover variable and/or unforeseen costs and expenses.

PROCEDURE:

1. The College shall establish and maintain the following reserve funds: Investigations & Hearings Reserve Fund, Therapy and Counselling Reserve Fund, General Reserve Fund and any other reserve funds as deemed appropriate by the Council.
2. All transfers to and from the reserve funds shall be approved by the Council upon the recommendation of the Executive Planning and Finance Committee, unless otherwise specified.
3. The details of the funds are as follows:
 - i. Investigations & Hearings Reserve Fund
 - (a) The Investigations and Hearings Reserve Fund is designated to cover costs, including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for Funding for Therapy and Counselling which exceed annual budget provisions for those activities.
 - (b) The minimum amount to be maintained in this fund is \$~~320~~0,000 or such greater amount as may be determined by the Council of the College.
 - (c) In any fiscal year in which the costs of the activities set out in paragraph 3(a) exceed the budget and the College runs an operating deficit for that year, funds may be transferred from this fund to cover the cost overrun.
 - ii. Therapy and Counselling Reserve Fund:
 - (a) The Therapy and Counselling Reserve Fund is designated to provide funding for therapy and counselling for persons who, while patients/clients of members of the College, were sexually abused by such members.
 - (b) The maximum funding available to each applicant is established by the RHPA and is equivalent to the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. This funding ~~amounts to approximately \$14,000 per person and is~~

accessible over a five-year period. Under the RHPA, applicants are required to use other available sources of funding, such as private insurance, first.

- (c) The minimum amount to be maintained in this fund is \$192,000 or such greater amount as may be determined by the Council of the College.
- (d) In the event of dissolution of the Council, these funds are to be used only upon approval of a person or entity legally authorized to oversee the financial affairs of the College.

iii. Property and Technology Reserve Fund

- (a) The General Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and are not otherwise covered by the Complaints, Investigations & Hearings Reserve Fund or to fund the College's obligations in extreme circumstances as determined and approved by the Council of the College including in the event that the College ceases to exist as a statutory body corporate.
- (b) The minimum amount to be maintained in this fund is \$320,000 or such greater amount as may be determined by the Council of the College.
- (c) In the event of dissolution of the Council, these funds are to be used only upon approval of a person or entity legally authorized to oversee the financial affairs of the College.

4. Maximum Aggregate Value of Reserve Funds:

The aggregate value of ~~the College's restricted and unrestricted these~~ reserve funds shall not exceed ~~\$2,000,000~~ 12 months operating expenses or such other amount as may be approved by the Council of the College to achieve plans for larger than normal expenditures such as capital expenditures. In the event that there are surpluses in excess of the approved maximum aggregate value, the ~~Executive Planning & Finance~~ Committee or Council will request the College to undertake a review of the Fees Bylaw and prepare any recommendation for consideration by Council in the year subsequent to the ceiling being reached. In the year following the year in which the ceiling is reached, Council will consider any additional projects which should be undertaken to enable it to better fulfill its mandate before making any decision to change the Fees Bylaw.

Issue / Decision Note

Issue or Decision: College of Kinesiologists of Ontario Committee slate for 2024-2025
Prepared for: Council
Date: September 17, 2024

Issue:

Review applications and expressions of interest to serve on the College of Kinesiologists of Ontario’s committees.

Background:

Subsection 10(2) of the *Regulated Health Professions Act, 1991* (“RHPA, 1991”) requires Council to appoint the members of the College’s statutory committees. Subsection 94(1) of the *Health Professions Procedural Code* (“the Code”, which is Schedule 2 to the *Regulated Health Professions Act, 1991*) grants Council the authority to make by-laws relating to the administrative and internal affairs of the College, including provisions accounting for the appointment of individuals to committees that are not required by s. 10(1) of the *RHPA, 1991*. Additional details and requirements are set out in the College’s By-law 12 – Committees – General and By-law 13 – Specific Composition and Selection of Committees.

Issue for Consideration:

- The proposed 2024-2025 committee slate

Analysis:

The process for selection and appointment to committees emerges from:

- The College’s by-laws, including:
 - The committee eligibility criteria as set out in the College’s By-law 13.14 Eligibility for Appointment to a Committee;
 - Committee and Chair appointment term limits as set out in By-laws 13.08 and 13.10, respectively;
- The Terms of Reference for each of the College’s committees;
- The College’s Policy: *Development of Slate for Selection of Individuals to Committees*; and
- The College’s *Council and Committee Competency Profile*;

The above criteria require specific consideration of the following factors:

- Current committee composition and associated needs, including demographic characteristics such as geographic location, practice/professional background and experience and competencies;
- Committee mandate and relevant functions;

- Any requirements associated with current committee strategic initiatives;
- Any particular challenges, such as gaps in composition; and
- Any other relevant needs, factors and considerations that may be identified.

The proposed Committee Slate for 2024-2025 was presented to the Governance and Nominations Committee on August 26, 2024. The Governance and Nominations Committee recommended that the 2024-2025 Committee Slate be presented to Council. Additional amendments were made after the Governance and Nominations Committee convened to add newly-elected Council members to the proposed committee slate. The proposed Committee Slate for 2024-2025 is included as Appendix A to this Issue/Decision Note.

Public Interest Rationale:

Committee slate proposals not based on the College's by-laws, Policies and Procedures could result in decisions that:

- Are not based on universally applied principles;
- Create an unfair advantage or disadvantage (or the perception of an unfair advantage or disadvantage); and
- Do not consider risk of harm and protect the public.

Such proposals could also:

- Bring discredit to the College and undermine public confidence in the College's ability to govern the profession in the public interest;
- Result in a governance complaint against the College; and
- Create liability for either the College and/or the person involved.

Decisions for Council:

Council is requested to consider the proposed Committee Slate for 2024-2025 for approval.

Appendices:

- Appendix A: Proposed 2024-2025 committee slate

2023-2024 Committee Slate / Proposed 2024-2025 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	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
Executive¹	To be elected Sept. Council meeting.	To be elected Sept. Council meeting.		Benjamin Matthie, Chair Heather Westaway Ryan Wight	Victoria Nicholson, Vice-Chair Teresa Bendo	
Planning and Finance²	Heather Westaway Benjamin Matthie Leanne Smith	Teresa Bendo, Chair Chad McCleave	N/A	Jennifer Pereira Susan Garfat Benjamin Matthie	Chad McCleave, Chair Victoria Nicholson	N/A
Registration³	Corby Anderson, Vice Chair Alyssa King Leanne Smith Heather Westaway Jane Gage	Sara Gottlieb, Chair Victoria Nicholson Jana Smith	Miriam Fong William Gittings Daniel Crete Kristen Hoving Katelyn Methot Stefano Rulli	Corby Anderson, Vice-Chair Alyssa King Pheing Ngo Leanne Smith Heather Westaway Ryan Wight	Sara Gottlieb, Chair Victoria Nicholson Jana Smith	Miriam Fong William Gittings Daniel Crete Kristen Hoving Katelyn Methot Stefano Rulli Jasmeet Cheema
Quality Assurance⁴	Heather Westaway, Chair Matthew Daher Oluwashindara Isaac-Oloye	Chad McCleave, Vice-Chair Jennifer Yee Jotvinder Sodhi	Mehrdad Alizadeh-Meghrazi Delissa Burke Daniel Crete Brooke Hamilton Sherry Parent Logan Strasser	Susan Garfat, Vice-Chair Matthew Daher Leanne Smith Heather Westaway	Teresa Bendo, Chair Victoria Nicholson Jotvinder Sodhi Jennifer Yee	Mehrdad Alizadeh-Meghrazi Delissa Burke Jasmeet Cheema Daniel Crete Brooke Hamilton Sherry Parent Logan Strasser

Committee	2024-2025 Professional Members	2024-2025 Public Members	2024-2025 Members-at-large	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 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	Ryan Wight, Chair Corby Anderson Benjamin Matthie	Teresa Bendo, Vice-Chair Sara Gottlieb Chad McCleave 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	Corby Anderson Susan Garfat, Vice-Chair Alyssa King Pheing Ngo Ryan Wight	Teresa Bendo Victoria Nicholson, Chair Jana Smith Jotvinder Sodhi Sara Gottlieb 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		Benjamin Matthie Matthew Daher	Chad McCleave, Chair Jotvinder Sodhi	
Discipline ⁷	Benjamin Matthie, Chair All	All	Brooke Hamilton Mehrdad Alizadeh-Meghrazi	Jennifer Pereira, Chair Benjamin Matthie, Vice-Chair All	All	Brooke Hamilton Mehrdad Alizadeh-Meghrazi
Fitness to Practise ⁸	All	Victoria Nicholson, Chair All		Ryan Wight, Chair All	All	

Committee	2024-2025 Professional Members	2024-2025 Public Members	2024-2025 Members-at-large	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
Steering Committee: Strategic Planning ⁹	Heather Westaway, Chair	Chad McCleave Victoria Nicholson		Jennifer Pereira, Chair Heather Westaway	Chad McCleave Victoria Nicholson	
Steering Committee – Review of Kinesiology Core Competency Profile ¹⁰	Defunct	Defunct	Defunct	Corby Anderson Jennifer Pereira Ben Matthie Leanne Smith Heather Westaway Ryan Wight		Mandy Fournier (Crawford) Mehrdad Alizadeh-Meghrazi Sabrina Ribau Tara Bilec William Gittings
Governance and Nominations ¹¹	Benjamin Matthie	Victoria Nicholson, Chair Chad McCleave	Melanie Jones-Drost	Benjamin Matthie Jennifer Pereira	Victoria Nicholson, Chair Chad McCleave	Melanie Jones-Drost Claude Balthazard

Notes:

1) Executive

- a. Members of the Executive Committee are elected by Council at the September Council meeting.

2) Planning and Finance

a. Removed:

- i. Susan Garfat – as per EOIs
- ii. Jennifer Pereira – Council term limit reached as of September 2024 Council meeting
- iii. Victoria Nicholson – As per EOI to reduce appointments, combined with needs on other committees (specifically Registration)

b. Added:

- i. Heather Westaway – as per EOIs. Identified as having strong relevant financial oversight competencies.
- ii. Teresa Bendo – as per EOIs. Identified as having strong relevant financial oversight competencies.
- iii. Leanne Smith – as per EOIs. Identified as having some financial competencies, expressed interest in greater participation and development.

c. Considerations:

- i. Appointment of Chair. Public Council Member Teresa Bendo appears to have strong relevant competencies and Chair experience. No eligibility issues (she is not a signatory of the College). Propose appointment as Chair.

3) Registration

a. Removed:

- i. Ryan Wight – Council term ending as of September 2024 Council meeting.
- ii. Pheing Ngo – Has resigned from Council and committees.
- iii. Jasmeet Cheema – Sent resignation letter for committee service.

b. Added:

- i. Jane Gage – As EOI and needs of committee. Has previous adjudicative committee experience as member-at-large on Quality Assurance committee.

4) Quality Assurance

a. Removed:

- i. Teresa Bendo – As per needs of ICRC, need to avoid concurrent appointments to QA/ICRC.
- ii. Susan Garfat – As per EOI (expressed preference for ICRC)
- iii. Leanne Smith – As per EOI (preference for Planning & Finance)
- iv. Victoria Nicholson – As per EOI, desire to decrease number of appointments
- v. Jasmeet Cheema – Sent resignation letter for committee service

b. Added:

- i. Chad McCleave – Added to provide additional Public Member support, experienced Council member to serve as Vice-Chair. Has served on QA Committee previously (as recently as 2022-2023).
 - ii. Oluwashindara Isaac-Oloye – As per needs of the committee.
 - c. Other Changes:
 - i. Heather Westaway – Proposed appointment as Chair, Quality Assurance Committee. Strong relevant background including previous appointment as a Peer Assessor.
- 5) ICRC
 - a. Removed:
 - i. Ryan Wight – Council term ending as of September 2024 Council meeting.
 - ii. Chad McCleave – Removed from ICRC and appointed to QA Committee based on relative needs of each committee.
 - b. Added:
 - i. Susan Garfat – Appointed as Vice-Chair, ICRC based on EOI, previous ICRC service, including chairing panels.
 - ii. Jane Gage – based on previous adjudicative experience as a member-at-large on committee(s) and needs of the committee.
 - c. Other Changes
 - i. Teresa Bendo – Appointed as Chair, ICRC. Previously served as Vice-Chair, evidence of Chair experience and necessary competencies.
- 6) Patient Relations
 - a. Removed:
 - i. Victoria Nicholson – As per EOI to reduce appointments, combined with needs on other committees.
 - ii. Ryan Wight – Council term ending as of September 2024 Council meeting.
 - iii. Pheing Ngo – Resigned from Council and Committees
 - b. Added:
 - i. Susan Garfat – Appointed as Chair, Patient Relations Committee based on EOI, current service as Vice-Chair
 - ii. Benjamin Matthie – Appointed to Patient Relations Committee based on EOI.
- 7) Examination Appeals
 - a. Added:
 - i. Oluwashindara Isaac-Oloye – As per needs of committee (mentorship, succession planning).
- 8) Discipline
 - a. Removed:
 - i. Jennifer Pereira – Council term limit reached as of September 2024 Council meeting
 - ii. Ryan Wight – Council term ending as of September 2024 Council meeting.
 - b. Other Changes:

- i. Benjamin Matthie – Appointed as Chair, Discipline Committee. Based on competencies, previous experience as Chair, ICRC and Chair, Examination Appeals.
- ii. Jane Gage, Oluwashindara Isaac-Oloye – Added as new council members.

9) Fitness to Practice

- a. Removed:
 - i. Ryan Wight – Council term ending as of September 2024 Council meeting.
 - ii. Jennifer Pereira – Council term limit reached as of September 2024 Council meeting
- b. Other Changes:
 - i. Victoria Nicholson – Appointed as Chair, Fitness to Practice Committee. Based on competencies, including previous service as Chair, Quality Assurance Committee and relevant professional experience in health care.
 - ii. Jane Gage, Oluwashindara Isaac-Oloye – Added as new council members.

10) Steering Committee – Strategic Planning

- a. Removed:
 - i. Jennifer Pereira – Council term limit reached as of September 2024 Council meeting
- b. Other Changes:
 - i. Heather Westaway – Appointed as Chair, Steering Committee – Strategic Planning. Based on competencies including specific strategic planning experience, experience on this Committee.

11) Steering Committee – Review of Kinesiology Core Competency Profile

- a. Removed:
 - i. All. This Committee will not be required to remain constituted as its mandate has been completed.

12) Governance and Nominations

- a. Removed:
 - i. Jennifer Pereira – Council term limit reached as of September 2024 Council meeting.



Resolution- Committee slate for 2024/2025

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

Whereas the College invited kinesiologists to submit their applications to serve as non-Council committee members; and

Whereas the Governance and Nominations Committee has reviewed expressions of interest from Council members and non-Council members and 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: **September 17, 2024**

Issue Note

Issue: Vacancy in Electoral District 2
Prepared for: Council
Date: September 17, 2024

Background

In September 2024, the professional member of Council from Electoral District 2 resigned from Council, prior to their term end in 2026.

According to College By-law 10.33, the resignation has created a vacancy in Electoral District 2. As the seat has become vacant more than 12 months before the expiry of the member's term of office, this would be considered a long-term vacancy.

Therefore, in accordance with By-law 10.35 – Long Term Vacancy, Council may consider any of the following options:

- appoint as a councillor the eligible candidate, if any, who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes; or
- in the case of a vacancy declared pursuant to By-law 10.33 (ii), appoint a successor from among the members of the College who would be eligible for election if an election were held; or
- if there is no eligible candidate under 10.35 (i) direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this By-law.

Options for consideration

The professional member from Electoral District 2 was elected by acclamation in July 2023. Therefore, there is no immediate successor who may be appointed based on the results of the July 2023 election.

Given the scrutiny that all colleges are under, proceeding with appointing a successor from among the membership may diminish trust and confidence in the College's governance processes. If Council decides to proceed with this option, they will need to demonstrate that this process of appointment was fair and transparent.

Although holding a by-election will take additional time and result in some costs, the process will be viewed as open, fair, and transparent. The College will need to follow all guidelines in the by-laws associated with election periods and engage its vendor to create a new nomination and by-election process. If Council decides to proceed with this option, staff will need to begin the elections process as soon as possible.

Resolution– Vacancy in Electoral District 2

Whereas the professional member of Council from Electoral District 2 resigned in September 2024;

Whereas according to College By-Law 10.35, this created a long-term vacancy in this district since the seat became vacant more than 12 months before the member's term of office expired; and

Whereas in the event of a long-term vacancy Council can appoint the second or third place candidate from the last election; appoint a successor from among the membership; or hold a by-election; and

Whereas Council discussed all options and felt that appointing eligible members from the districts was not the most transparent process;

Therefore, be it resolved that Council directs the Registrar to hold a by-election to fill the vacancies in Electoral District 2.

Moved by:

Seconded by:

Date: September 17, 2024

Committee Report

Committee: Governance and Nominations Committee
Prepared for: Council
Date: September 17, 2024

Meetings

The Governance and Nominations Committee (“the Committee”) has met once since the last regular Council meeting on June 24, 2024.

2023-2024 Council Effectiveness Review Framework (“CERF”)

During its meeting on August 26, 2024, the Committee considered a report regarding Council and committee performance and effectiveness. This report included an overview of identified Council and committee strengths and opportunities for improvement. The report also included recommendations to address these opportunities for improvement.

The Committee accepted the report and recommended it to Council, with some additional recommendations.

2024-2025 Committee Slate

On August 26, 2024, the Committee considered proposed amendments to the College’s Committee Slate, which would take effect once approved by Council. The Committee considered a proposed Committee Slate for 2024-2025 based on expressions of interest, the needs of each committee and the College’s by-laws, policies and procedures. The proposed 2024-2025 Committee Slate will be presented to Council for approval on September 17, 2024.

Committee Report

Committee: Investigations and Reports
Prepared For: Council
Date: September 17, 2024

An ICRC Panel met on July 16, 2024, to review five cases – one complaint and four reports.

The outcome of the meeting:

- Complaints
 - One no further action
- Registrar's report
 - One decision for IJ to draft the advice and recommendations based on the panel's guidance.
 - One decision to proceed with the College to draft the terms of the undertaking and coordinate with the registrant. The panel to review the terms of the undertaking once prepared.
 - Two no further action to be taken against the member.

Currently, there are 4 open reports from 2023 and no complaints. For 2024 there are 3 complaints and 4 reports active.

There is one HPARB Review for a complaint from 2023. ICRC Decision & Reasons issued. Complainant requested HPARB review.

Committee Report

Committee: Patient Relations Committee
Prepared for: Council
Date: September 17, 2024

Meetings

The Patient Relations Committee (PRC) has met once, on July 10, 2024, since the last regular Council meeting on June 24, 2024.

Presentation from Vendor for the Website Redesign Project

During the meeting on July 10, 2024, the selected Website Redesign vendor C(GROUP gave a presentation to the committee, consisting of a general overview of the appearance and aesthetic of the new website, and several examples of webpages which have been approved by Staff. Committee was then given the opportunity to provide high-level feedback on the appearance of the site, with C(GROUP incorporating their feedback into the redesign of the website.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: September 17, 2024

Meetings

Panels of the Quality Assurance Committee (QAC) have met four times since the Council meeting on June 24, 2024. These meetings consisted of Panels on July 16, 2024, July 19, 2024, August 14, 2024 and August 16, 2024.

Peer and Practice Assessment

22 registrants were selected to participate in the Fall/Winter 2023 PPA cycle. Of these:

- 5 deferrals have been granted due to the following reasons:
 - 1 was granted due to the member being a celebrant in an upcoming wedding,
 - 3 were granted as the members were not currently employed/practising the profession,
 - 1 was granted for medial reasons; and
 - 1 was granted due to the member currently being enrolled in an academic program outside Ontario;
- 5 registrants have subsequently transitioned to the Inactive Class, resigned from the College or had their Certificates of Registration suspended or revoked.
- To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 11 PPA cases (includes No Further Action with recommendations or requests);
 - 1 PPA participant was directed to engage in Competency Enhancement in the form of Demonstrated Change Reports

39 registrants were selected to participate in the PPA 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 11 PPA cases (includes No Further Action with 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 15 PPA cases.

Committee Report

Committee: Registration
Prepared for: Council
Date: September 17, 2024

Registration Committee Meetings

A panel of CKO's Registration Committee has met three times since the last report to Council to review the following referrals from the Registrar:

- Educational Equivalency Assessment (6);
- Exemption from one-year period of eligibility for registration, following notification of passing the exam (5);
- Exemption from exceeding the allotted timeline for writing the exam (2); and
- Remediation Plan (6).

Panel meetings took place on July 26, August 9 and August 21, 2024.

Examination Appeals

Three applicants requested an appeal to the Examination Appeals Committee following the Spring 2024 exam session. Two appeals were approved, one was denied.

2024 Fall Examination

The College of Kinesiologists of Ontario (CKO)'s 2024 Spring Entry-to-Practice examination will be held on September 25, 2023. As of August 21, 2024, a total of 297 candidates have registered for the exam. This included five candidates who have requested testing accommodations, including 3 requests to write in a test centre. All candidates will be writing the exam in English.

On August 28, the CKO will host a live webinar for registered applicants, which included a presentation on what to expect on the exam as well as how to ensure they meet all technical requirements. Staff also answered live questions from attendees; responses were recorded to inform future webinars. The recorded presentation was later made available on CKO's YouTube page.

Annual Renewal

Annual renewal started on July 1 and the deadline was August 31, 2024. As of July 1, there were 3009 members due for renewal, of which 2582 were registered in the general class and 427 in the inactive class.

On September 1, CKO will send *Notices of Intention to Suspend* to members who have not yet renewed. Section 16 (1) of the General Regulation allows the Registrar to suspend a member if they fail to renew within 30 days after the notice was given. Members must renew and pay their fees by October 1, 2024, to avoid administrative suspension for non-payment of fees.

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

Membership Update

Reporting Period	New Registrants	Resignations
Q4: Jun 1 - Aug 22 2024	58	22
Q4: Jun 1 - Aug 31 2023	87	71
Fiscal: Sep 1 2023 - Aug 22, 2024	225	139
Fiscal: Sep 1 2022 - Aug 31 2023	320	203

*note, report prepared on August 22, 2024, prior to end of Q4 and Fiscal Year. Additional issuances/resignations may be received and processed before August 31.

A breakdown and analysis of the complete renewal statistics will be provided at the December Council meeting, as part of the annual registration presentation.

Committee: Steering Committee – Strategic Planning
Prepared for: Council
Date: September 17, 2024

Meetings

The Steering Committee met with the strategic planning consultants (“the Consultants) on August 22, 2024, to review a summary presentation of the strategic themes, results and objectives that emerged from Council’s strategic planning workshop held on June 24 and June 25, 2024. The Committee was also provided a document that further captured the proceedings of Council’s June workshop, including key discussions, decisions and ideas that emerged, as well as a detailed account of the important conversations and outcomes from that meeting.

The Consultants walked the Committee and College senior staff through the draft strategic plan deck, where comments and edits were provided. Next steps include the Consultants revising the slides based on the Committee’s input, and meeting with the College’s senior management team in September to develop the implementation plan and outcomes. The draft strategic plan will then return to the Steering Committee, before being presented to Council for final review.

Steering Committee members:

- Jennifer Pereira (Chair)
- Heather Westaway
- Victoria Nicholson
- Chad McCleave

REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - VARIANCE REPORT: REVENUE FORECAST & REVENUE RECEIVED FOR THE FISCAL YEAR 2023/2024(INTERIM)

1	2	3	4
CATEGORY	APPROVED REVENUE FORECAST (Sept 1 2023 to Aug 31, 2024)	INTERIM REVENUES QTR 1 - 4 SEPT 1 - AUG. 31 2024	VARIANCE TO YEAR END
	\$	\$	\$
Revenue:			
Earned Registration Revenue*		1,632,698	1,632,698
Jurisprudence Fee (\$72.35)	42,325	41,638	-687
Application Fee (\$150)	90,000	81,250	-8,750
Examination Fee (\$450)	218,250	230,130	11,880
Registration Fees*	2,030,700	1,962,926	-67,774
Interest Income	25,000	100,470	75,470
TOTAL REVENUE	2,406,275	4,049,112	1,642,837
*Registration Fees made-up of:	Approved Forecast	Actual Q1 - Q4 (Sept-Aug 31)	VARIANCE TO YEAR END
	\$	\$	\$
New Registrants			
- Sept - Nov (\$700)	70,000	51,100	-18,900
- Dec - Feb (\$525)	34,125	32,750	-1,375
- Mar - May (\$350)	12,250	13,300	1,050
- Jun - Aug (\$175)	8,750	12,371	3,621
Renewal (\$700)	1,782,900	1,721,492	-61,408
Change in Status (members back to active)	6,375	14,450	8,075
Professional Corporation Late Fee	250	250	0
Professional Corporation Reg Fee	800	3,300	2,500
Inactive Renewal (\$250)	76,500	103,200	26,700
Inactive Renewal Late Fee(\$100)	8,000	7,600	-400
Renewal Late Fee (\$150)	25,500	27,150	1,650
Re-instatement Fee (\$350)	5,250	7,675	2,425
Refunds		-31,712	-31,712
Total	2,030,700	1,962,926	-67,774

Details:

Revenues from new registrants in Q1 and Q2 fell short of projections but exceeded expectations in Q3 and Q4. Revenue categories for Jurisprudence and Application were lower than anticipated because there were more retakers of exams this year, who do not pay these fees. However, revenues from examinations surpassed projections. Renewal revenue came lower due to increase in inactive renewals before Aug 31. Additionally, interest income exceeded projections thanks to favorable interest rates.

**COLLEGE OF KINESIOLOGISTS OF ONTARIO VARIANCE REPORT: EXPENDITURE FORECAST
& EXPENDITURE TO DATE FOR THE FISCAL YEAR END 2023/2024 (INTERIM)**

1	2	3	4
CATEGORY	APPROVED REVISED BUDGET Sept 1 2023 to Aug. 31, 2024	ACTUAL EXPENSES Q1 - Q4 Sep 1 to Aug. 31, 2024 INTERIM	VARIANCE TO YEAR END
	\$	\$	\$
<u>Expenditure:</u>			
Council & Committees	65,575	60,410	5,165
Professional Fees	161,500	145,361	16,139
Communications & Media	153,000	140,707	12,293
Rent & Facility Costs	202,200	159,548	42,652
Office & General	130,450	104,492	25,958
Salaries & Wages	1,182,000	1,013,432	168,568
Registration	292,687	287,091	5,596
Quality Assurance	48,395	33,865	14,530
Professional Conduct	84,500	65,527	18,973
Relocation Costs	125,000	124,523	477
TOTAL EXPENDITURE	2,445,307	2,134,956	310,351
Surplus/Deficit	-39,032	1,914,156	

Major Highlights:

Council and Committee

Payment of expenses for Council, Executive, Finance and Planning, Registration, Steering Committee: Strategic planning & Review of Kinesiology Core Competency Profile, Quality Assurance, Governance & Nominations, Exams Appeals, ICRC, Patient Relations & Item Writing Committees. Savings resulted from Committee meetings coming lower than projected.

Professional Fees

Expenses for general & human resource legal fees, Bookkeeping fees, FY2023 Audit, Internal Control audit, payment for strategic planning, legal review of Emergency class regulation. Savings resulted from unspent funds for review of Registrar policies/process.

Communications & Media

Payment for IT Support and annual report design, outreach tools, website revamp and SharePoint migration.

Rent & Facility Costs

Payment for rent. Savings resulted from rent deposit received from previous landlord and work from home for two months.

Office & General

Payment for bank charges, equipment rental, office supplies, telephone membership fees, professional development for Council and staff, staff travel, telephone/Fax. Equipment rental. Savings from staff travel, hybrid working arrangements and office relocation.

Salaries & Wages

Payment for salary/benefits. Savings from staff vacancies & outstanding salary adjustments/benefits.

Registration

Payment for IMIS consultants (maintenance of database), hosting of database, examination administration and printing of certificates of registration. IMIS system enhancements & support review of Kinesiology Core Competency Profile, Jurisprudence hosting cost, implementation of Emergency Class into the database. Payment to service provider for exam development following revision of the updated core competency profile. Review of the educational equivalency deferred to next year. Funds reallocation to Service Pack upgrade for database to address security issues.

Quality Assurance

Payment for self assessment portal annual license and maintenance, Peer and Practice Assessments & training of Assessors. Sexual Abuse & Professionalism & Ethics e-learning modules hosting cost and Peer Circles. Revision of practice guideline for patient centered care. RFP for review of the Kinesiology Essential Competencies will be issued by end of this year and the actual work to begin in the new fiscal year. Funds for this latter have been reallocated to the office relocation and Professional Services. Savings resulted from lower revision cost from the vendor for the E-learning modules and lower revision costs from the SME for the eLearning modules. Additionally, savings were realized by CAG for review of the practice guideline for patient client care. Fall winter PPA Cycle was lower than expected. Less people participated than projected. Peer Circle pilot project was smaller than expected, with fewer participants and therefore fewer meetings.

Professional Conduct

Costs for investigations and legal advice. Savings resulted from volume of complaint compared to previous year.




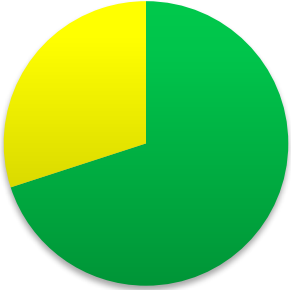
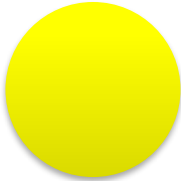
2023/2024 Performance Report

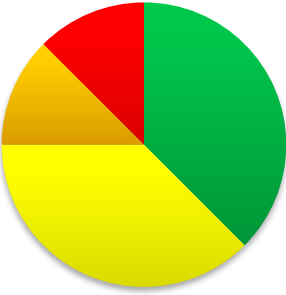

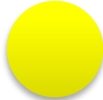
Overall highlights:

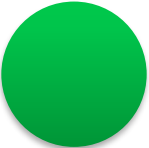
			
Jun. – Aug. (Q4) Registration Stats 62 New Registrants			Fall 2024 Exam: 315 applicants registered for September exam (as of Sept. 6)

Operational highlights (Q4: Jun – Aug. 31)

Portfolio	Deliverables: September 1,2023 – August 31,2024.	Status	Comments
Governance	<ul style="list-style-type: none"> • Terms of Reference • Council Effectiveness Evaluation Framework Review • Review of 5-year schedule calendar for council meeting dates • Recruitment of Staff • Elections 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Projects delayed – None.

Portfolio	Deliverables: September 1,2023 – August 31,2024.	Status	Comments
Corporate	<ul style="list-style-type: none"> • Completion of 2022/2023 Financial Audit and annual report. • Internal Controls Audit • Completion of the College Performance Measurement Framework (CPMF) to the Ministry of Health. • Orientation and training opportunities for Council and Committees. • Development of a new three-to-five-year strategic plan. • Development of new budget for the next fiscal year. • Implementation of changes to CKO’s fee schedule and by-laws. • Development of Council/Committee online orientation/training modules on Conflict-of-Interest Governance, Finance etc. • Updated terms of reference for Committees to reflect changes in by-laws and development of Committee specific competencies. • Office relocation 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Projects delayed – None.
Communications	<ul style="list-style-type: none"> • Implement a public awareness campaign that highlights the importance and value of working with registered kinesiologists. • Publish more information on the obligations of Council members – how they are trained and details on governance and information regarding the nominations on committee and Council. • Continuous outreach to the public and profession to serve on Council/Committees; and • Increase Council and Committee competency in technical, leadership, decision-making and interpersonal skills with a focus on equity, diversity, and inclusion. 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Projects delayed – None. Note: website revamp project a part of the public awareness initiative/project. • Projects not started – None

Portfolio	Deliverables: September 1,2023 – August 31,2024.	Status	Comments
Registration	<ul style="list-style-type: none"> Review of the Kinesiology Core Competency Profile. CKO entry-to-practice exam content development. Review of the Educational Equivalency Framework. Emergency Class Certificate implementation. Jurisprudence E-learning Module update. Registration Policy review and development. Automation of registration processes. Update database management system. 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> Projects delayed – Jurisprudence E-Learning Module update – to start in Q1 2024-2025. Projects not started - Educational Equivalency Framework review. To start in Q4 2024-2025.
Professional Practice and Quality Assurance	<ul style="list-style-type: none"> Revise peer and practice assessment and competency enhancement program with risk focus in line with the Ministry of Health’s Performance Measurement Framework Establish expectations and supports to promote culture of continuous quality improvement. Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming. Development of peer and mentoring programs for kinesiologists. 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> Projects delayed - Essential Competencies Revalidation – RFP to be circulated in Q1 2024-2025.
Professional Conduct	<ul style="list-style-type: none"> Timely response to complaints. Complainants effectively supported by and informed with the progress of complaints; and CKO addresses complaints in a right touch manner. 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> Projects delayed -None Projects not started - None

Portfolio	Deliverables: September 1,2023 – August 31,2024.	Status	Comments
<i>Patient Relations</i>	<ul style="list-style-type: none"> • Timely response to sexual abuse complaints. • Complainants effectively supported by and informed with the progress of complaints; and • CKO addresses complaints in a right touch manner. 	 <p> ■ Completed ■ In Progress ■ Delayed ■ Not Started </p>	<ul style="list-style-type: none"> • Projects delayed - None • Projects not started - None