

September 26, 2023 Council Meeting Materials

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Council Meeting Draft Agenda

Date: September 26, 2023 Time: 1:00 p.m. Location: In person and online

Please join the meeting in person or remotely 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 remotely)

Join Zoom Meeting

<https://us02web.zoom.us/j/89458094168?pwd=RkJ6Mnp6cW9zenVmR1JqamtmRERzUT09>

Meeting ID: 894 5809 4168

Passcode: 897183



AGENDA

Time		Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
9:00am-12:00pm		Council in-camera session			
1	1:00 pm	Call to order, roll call, welcome	J. Pereira	Yes	Information
2	1:02 pm	Introductions	J. Pereira	No	Information
3	1:04 pm	Conflict of interest declarations	J. Pereira	No	Decision
4	1:06 pm	Approval of agenda	J. Pereira	Yes	Decision
5	1:08 pm	Approval of minutes – June 26, 2023	J. Pereira	Yes	Decision
6	1:10 pm	<p>Action items from the June 26 meeting:</p> <ul style="list-style-type: none"> • Track the increase, if any, of resignations after the fee increase is implemented - ONGOING • Council Effectiveness Review Framework (CERF) - COMPLETED • Discuss next steps for the internal controls audit - COMPLETED • Add Heather Westaway to the Steering Committee – Strategic Planning - ONGOING • Changes to the Committee Slate - COMPLETED <ul style="list-style-type: none"> ○ Remove Bradley Markis’ name from Planning & Finance, Examination Appeals, Quality Assurance, and ICRC; ○ Highlight Victoria Nicholson’s name in green as Chair for the Governance and Nominations Committee; and ○ Planning and Finance – remove the red highlight from Benjamin Matthie’s name, and indicate that Chad McCleave as the Chair 			



7	1:11 pm	<p>Committee Reports</p> <ul style="list-style-type: none"> • ICRC • Registration • Quality Assurance • Governance and Nominations • Q4 Finance Report / Dashboard Report 	Committee Chairs	Yes	Information
8	1:15 pm	Directors & Officers Liability Insurance	C. McCleave	No	Information
9	1:30 pm	Registrar's Report	N. Leris	Yes	Information
10	1:40 pm	President's Report	J. Pereira	Yes	Information
11	1:45 pm	<ul style="list-style-type: none"> • Risk Management Training • Draft Risk Management Plan 2023/2024 • Draft Business Continuity and Disaster Recovery Plan 	N. Leris	Yes	Information Decision Decision
	2:10 pm	Break			
12	2:25 pm	Workplace Violence & Safety Training	B. Fehst	No	Information
13	2:35 pm	<p>Communications Update</p> <ul style="list-style-type: none"> • Elections update • CKO 10th Anniversary Celebration • E-newsletter • Social Media • University presentations • Annual Report 	C. Li	No	Information



14	2:50 pm	<ul style="list-style-type: none"> • Election of Officers • Approval of Committee slate • Appointment of members-at-large 	N. Leris/ B. Fehst	Yes	Decision
4:15 pm		ADJOURNMENT			

Next Meeting: Monday, December 4th, 2023



June Council Meeting Minutes

Date/Time of Meeting:	Monday, June 26, 2023, 9:00 a.m.
Council present:	Jennifer Pereira, Corby Anderson, Teresa Bendo, Susan Garfat, Sara Gottlieb, Ben Matthie, Chad McCleave, Victoria Nicholson, Leanne Smith, Jotvinder Sodhi, Heather Westaway, Ryan Wight
Regrets:	Jana Smith
Staff members:	Nancy Leris, Michelle Bianchi, Brian Fehst, Colleen Foster, Arifa Gafur, Lisa Groten, Sam Hanna, Cecilia Li, Magdalena Reder, Fiona Teape
Guest presenters:	Maureen Boon, Registrar and CEO, CMTO Sam Goodwin, Goodwin Consulting
Guests/observers:	Tiffany Mak, Ministry of Health

1. Call to order, roll call, welcome

Ben Matthie, Chair and Council Vice-President, called the meeting to order at 9:02 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. He also introduced Maureen Boon, Registrar and CEO, CMTO, who will be speaking before lunch and Sam Goodwin from Goodwin Consulting, who will be presenting in the afternoon.

The Chair also introduced the newest member of the College, Cecilia Li, the Senior Communications Officer, and asked her to share some information about herself.

The Chair reminded meeting attendees that the College requires cameras to remain on during meetings to support and encourage engagement.



3. Conflict of Interest Declarations

The Chair asked the Registrar whether any Council members present 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 Matthew Daher and seconded by Ryan Wight, it was resolved that the agenda be approved. Carried.

5. Approval of Minutes from the March 2023 Council Meeting

UPON A MOTION duly made by Matthew Daher and seconded by Ryan Wight, it was resolved that the minutes be approved. Carried.

Approval of Minutes from the April 2023 Special Council Meeting

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

6. Action Items from the March 2023 Meeting

- 1) Review the proposed five-year schedule of Council meetings and incorporate any changes to dates. **(completed)**

The revised proposed five-year schedule of Council meetings was circulated in the package for review. Some changes were made to account for religious holidays.

- 2) Undertake 60-day consultations on the following:
 - a. By-law 13 – Specific Composition and Selection of Committee Members amendments. **(Completed)**
 - b. By-law 19 – Fee amendments **(Completed)**

The Registrar noted that these items will be discussed at items #14 and #11, respectively, in the agenda.

- 3) Collect ideas and develop plans for the College's 10th Anniversary celebrations - **ONGOING**

The Registrar stated that this will be discussed in item #18 of the agenda.



7. Committee Reports

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

Chad McCleave, Chair of the Planning and Finance Committee, provided an update as of the end of Q3. He stated that the projected revenues are on target, expenses are understated due to some projects not being completed, and that the College is now projecting a surplus. He also highlighted that the lease will end on June 30, 2024, and stated that staff will continue to report on the status to Council.

The Planning and Finance Committee met on June 8 and reviewed the projected Q4 budget for 2022-2023 and the draft budget for 2023-2024. Chad mentioned that there is a cost in the budget for an internal controls audit that will be conducted for due diligence in the next fiscal year.

Chad shared that costs for the Strategic Planning Project are included in the budget, which will be presented. Finally, it was noted that if Council approves the fee increase for 2023-2024, there will be a smaller deficit.

8. Financials

- 1) **Draft 2023-2024 budget** – Michelle Bianchi, Director of Operations and Financial Operations, provided a high-level summary of the proposed budget for 2023-2024. Michelle stated that the projections were made conservatively by analyzing historical data and consulting with senior staff to determine meeting requirements and upcoming projects for the next fiscal year. Michelle highlighted the fact that while the provided document showed projected income and expenses over the next four years, Council will not be approving those figures, but they should be considered when contemplating approving the budget for 2023-2024.

Michelle highlighted that Council had approved a deficit budget for 2022-2023. However, due to projects not being completed, the College will have a surplus.

When reviewing the projected expenditures for 2023-2024, Michelle provided the following details:

- **Council & Committee:** Expenses will be increasing in the following areas:
 - There will be an increase in the number of meetings for the Steering Committees – Core Competency and Strategic Planning as these projects will take place in 2023-2024
- **Professional fees:** fees will be higher than typical as the College will be engaging a third party to complete the Council Effectiveness Framework Review (as required by the CPMF), and there will be an audit of the College's internal controls.



- **Office & General Expenses:** The College has ten (10) months remaining on the lease and are actively looking for another space. There are funds allocated for leasehold improvements for the new space. However, the College is looking for an office that will not require any work or where minor improvements are required.
- **Quality Assurance (QA):** QA Department will be completing a revision of the essential competencies, developing e-learning modules and creating patient-centred modules; therefore, their expenses will be higher in the new fiscal year.
- **Professional Conduct:** Professional Conduct is demand-driven. While an amount is projected based on trends, there is the potential for the costs to be higher than anticipated as there has been an increase in the number of intake matters received.
- **Registration:** Registration Department will be working on several projects, including updating the 2023-2024 core competencies and developing new items for exam bank based on the new information.
- The College will be asking Council to approve a contribution to the Abuse Therapy Reserve Fund to return it to the opening balance.
- If Council approves the fee increase, the College will have a smaller deficit budget.

Michelle also noted that through the fees webinars, it became evident that the College needs to create a more robust public awareness plan to ensure registrants and the public are aware of the College's role.

- 2) **Draft 2023-2024 operational plan** – Michelle continued to present the draft 2023-2024 Operational Plan. She presented the key focus points for each portfolio:
- **Communications** – Increased transparency around Council and committee processes; increased communication to the public about the role of registered kinesiologists; and increased communication to registrants on patient/client-centred care and reducing harm.
 - **Corporate** - Public interest focused, competency-based governance to enhance oversight processes that improves patient safety and protection from risk of harm
 - **Registration** - Entry-to-practice review, maintenance of online entry-to-practice exam, policy development, improvement of data management system.
 - **Professional Practice and Quality Assurance** – Harm reduction through risk management and increased transparency and accountability.
 - **Professional Conduct** - Analysis of risk within the practice of kinesiology and support to Quality Assurance and Patient Relations to reduce potential for harm

Resolution – Approve Draft 2023-2024 Budget and Operational Plan

UPON A MOTION duly made by Chad McCleave and seconded by Susan Garfat, it was resolved that Council approves the Budget and Operational Plan for 2023-2024 as presented. Carried.



- 3) **Abuse Therapy Reserve Fund** – Michelle explained to Council that the College has a reserve fund for kinesiologists patients seeking therapy if they were victims of abuse by a kinesiologist. The College is asking for a contribution in of \$11,830 to return the fund to the opening balance. The amount requested represents amounts of money paid out to one patient.

Resolution – Approve Contribution to Abuse Therapy Fund

*UPON A MOTION duly made by Ryan Wight and seconded by Leanne Smith, it was resolved that Council approves a contribution of \$11,830 to the Abuse Therapy Reserve Fund in the fiscal year 2022-2023 as presented. **Carried.***

9. Registrar’s Report

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

The Registrar began by welcoming the College’s newest staff member Cecilia Li, Senior Communications Officer.

The Registrar then provided updates on the following items.

Q3 activities – Council approved the establishment of the Steering Committee – Strategic Planning on December 5, 2022, based on the recommendations of the Executive Committee. Further details will be provided during item # 18 on the agenda.

Communications – As noted earlier, the College has hired a new Senior Communications Officer who will be responsible for the Communications portfolio.

Emergency Class Regulation–The College submitted its draft amendments to the Registration Regulation (Emergency Class) to the Ministry on May 1, 2023. On May 23, 2023, the Ministry shared their version of the draft regulation with the College, which will be submitted by August 31, 2023, for the Lieutenant Governor’s approval. A copy of the draft regulation was included in the package. The Registrar thanked the Registration Committee and support staff for their efforts, and Council for their flexibility in attending two special meetings.

Governance and Nominations Committee – Victoria Nicholson was elected as Chair on April 25 for a one-year term. The Committee met on June 14 to review the candidates who are seeking to serve on Council and successfully submitted their applications by the deadline.

In addition, the Committee reviewed and provided feedback regarding a proposal seeking third-party support for the upcoming Council Effectiveness Review Framework (CERF) cycle. The CERF is the tool the College uses to assess and evaluate Council and committee performance and effectiveness. The College sought third-party support for the CERF to better align its governance practices with the requirements set out in Domain 1



(Governance) of the College Performance Measurement Framework. This proposal will be presented to Council for consideration and discussion during the meeting.

Spring exam – The College’s spring 2023 online entry-to-practice exam was held on April 19, 2023. Prior to the entry-to-practice exam, applicants were able to attend a webinar describing the examination process and providing helpful suggestions. Applicants who were unable to attend the live webinar were able to view a recording, which was posted to the College’s YouTube channel on March 28, 2023 and has since received 192 views.

195 applicants completed the online exam, five candidates received special accommodations and 21 applicants received deferrals to a later date or withdrew from the exam. The next online exam will be held on September 20, 2023.

iMIS Upgrade Project – Earlier this month, the College completed the project to update the database management system, iMIS. The updates will address necessary security recommendations and improve backend functionality throughout the database. The database houses registrant details, supports the application and renewal processes through the Member Portal, and provides information to the online public register.

HPRO Anti-Racism in Health Regulation Project – Since November 2022, the College has participated as a member of the Steering Committee for the HPRO Anti-Racism in Health Regulation Project. One of the deliverables of this project is an EDI (Equity, Diversity, and Inclusion) Organization Self-Assessment and Action Guide. On June 21, 2023, the College participated in a “hands-on” implementation workshop. The two-and-a-half-hour session:

- Informed participants about the tools;
- Walked through how to apply the tools to assess the College’s EDI status and take action; and
- Discussed how regulatory Colleges meet the CPMF requirements for equity impact assessments.

The College will reflect on how this project will support its commitment to EDI and Anti-Racism, including consideration as part of the upcoming Strategic Planning process.

Professional Conduct: Complaints, Reports, and Investigations – The College’s Professional Conduct portfolio (which includes Inquiries, Complaints and Reports, Discipline and Fitness to Practise Committees) is one of the ways in which the College can take action to protect the public.

The College has received an increased volume of complaints and reports in this fiscal year – 23 intake matters as of May 31, 2023, vs. 4 complaints received in 2021-2022. All inquiries, complaints and reports are followed up, with investigations commencing as required.

The College continues to evaluate and review its Professional Conduct processes to optimize the use of the available resources. Where possible, the College has engaged in joint or collaborative investigations with another health professional regulatory College. Such joint



investigations are conducted in a way permitted by the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code* and any other applicable legislation.

The College will continue to track and evaluate trends in Professional Conduct matters to identify emerging or potential areas of risk that may be associated with the practice of kinesiology in Ontario.

Council/Staff Training – On May 12, 2023, College staff participated in a team-building activity. This activity allowed staff to reflect on how purpose-built physical spaces can evolve over time to meet changing needs and circumstances.

Staff also had opportunities to consider how changes in legislation and social values and consensus may affect the workplace and work environment. Changing times may result in changes to the work that is done, how it is done and why it must be done.

The College believes that this team-building activity helped reinforce staff awareness of how appropriate and calibrated creativity and innovation may support a flexible, agile response to an ever-changing regulatory environment.

The Registrar took the opportunity to thank the College staff for their commitment and hard work. Everyone strives to be their best.

New Council members and staff also attended the CLEAR (Council of Licensure, Enforcement and Regulation) Introduction to Regulatory Governance webinar and HPRO Discipline Training.

Next Council meeting – The College remains committed to a flexible approach to governance, one example of which is a hybrid approach to Council meetings. To promote collaboration and interpersonal connections, the College is looking forward to a 2-day in-person Council meeting on September 25 and 26, 2023.

10. President's Report

Ben Matthie, Chair and Council Vice-President, shared the President's report. Jennifer noted that the quarter has been quiet due to great work on behalf of the College. She also mentioned that there has been regular communication between herself and the Registrar regarding project updates and changes in staffing. Jennifer thanked the College for their consistent hard work in maintaining its mandate of protecting the public.



11. Results of Consultation: Review of CKO Fee Schedule

Michelle shared that the College held two webinars - May 4 – 42 attendees and May 10 – 49 attendees. The main concerns raised from these webinars were:

- Relatively low income kinesiologists receive;
- Fees being higher than other Colleges; and
- Low awareness of what CKO does for them.

The College also sent out a survey to registrants and received 280 responses, representing approximately 10% of the registrants.

- 97.5% of the respondents were registered kinesiologists
- 9 % supported the fee increase, whereas 80% did not support the increase;
- 55% understood why the fees are being increased and 45% did not understand why the fees need to be raised; and
- 89% were concerned about the proposed fee increases while 12% were not concerned.

The common comments and concerns from the survey were:

- Kinesiologists' income may not be sufficient to support the proposed fee increases;
- The College's fees are higher than other Colleges;
- The College does not provide adequate services for or effective advocacy on behalf of members;
- Timing of the proposed fee increase is particularly challenging due to financial uncertainties;
- The College should focus on managing expenses and growing membership rather than fee increases;
- Members are not clear on how the fee increases are required to support the College's mandate; and
- Fee increases may prompt resignations/non-renew, which may have an adverse effect on the College's reputation and ability to protect the public.

A chart comparing the current and proposed fees was included in the package for review.

Upon a suggestion from Council, the College will track the increase, if any, in resignations after the fee increase is implemented.

Proposed amendments to By-law 19

Brian Fehst, Manager, Professional Practice, shared the proposed amendments to By-law 19. The public consultation occurred between March 22 – May 22, 2023. The relevant survey question (Question #3: "Are the proposed changes to the fees By-law fair and transparent?") received 276 responses, with 37% of respondents answering "yes", whereas 61% answered "no". Three common themes emerged from the survey:

- Concerns about the nature, extent and frequency of fee increases in the future;
- Whether there will be unilateral fee increases without consultation; and
- Supporting the amendments.



The College also received letters from the Ontario Athletic Therapists Association/Athletic Therapy Ontario (OATA/ATON) and Ontario Kinesiology Association (OKA) during the public consultation. These letters were presented to Council for consideration, along with proposed additional amendments to the wording of By-law 19.

Resolution – Approve amendments to By-law 19 – Fees

*UPON A MOTION duly made by Chad McCleave and seconded by Matthew Daher, it was resolved that Council approves the amendments to by-law 19 presented. **Carried.***

12. Presentation: Third Party Assessment of Council

Maureen Boon, Registrar and CEO of CMTO, shared her experiences on third-party assessment. She highlighted the importance of having a good relationship between Council and the Registrar. The CMTO completes an evaluation at end of each year followed by a Board retreat. Their tool consists of a variety of evaluation methods, including a rating scale and a succession plan is created based on the results. CMTO regularly checks and confirms if they have sufficient information and necessary resources to fulfill their strategic plan. She stated that they utilize the information to assist them in focusing on future projects. Maureen also noted that transparency of the results is crucial for CMTO and that the results are included in Council packages with decisions and reported on the CPMF.

13. Council Effectiveness Review Framework, Including Third Party Assessment

Sam Goodwin, Principal of Goodwin Consulting, shared his proposed changes to the College's Council Effectiveness Review Framework (CERF). He noted that the assessment and evaluation of Council performance and effectiveness is a requirement of the College Performance Measurement Framework (CPMF) and should be completed at a minimum of every three years. This process also promotes Board / Council focus on reflection and continuous improvement.

CKO's current process includes:

- Chair evaluation;
- Member reflection; and
- Committee evaluation.

The expectations for this year:

- Chair evaluation and Member reflection – All members will complete both;
- Committee evaluation – Each member will evaluate two committees; and
- Each Council member will complete four surveys.



The framework:

- Most questions should be based on a ranking system:
 - The intention is to maintain consistency as everyone's opinion is different;
- Each section will provide the opportunity to share comments:
 - Provide examples of what is not working (in your opinion) and provide suggestions;
 - What would make it better next year?
- Sam would call if you indicated that something is not working to gather more information
- Additional features for this year:
 - Supported by a third party;
 - 100% participation;
 - Option to be interviewed or take surveys
 - Interviews with sampling of Council members to probe further and validate responses received
 - Modifying questions to eliminate overlap and duplication
- Role of 3rd party advisor is to:
 - Facilitate process – ensures confidentiality;
 - Follow up on comments and interview Council members
 - Be a sounding board for member;
 - Analyze input and identify issues and opportunities;
 - Make recommendations to improve the process; and
 - Facilitate Council discussion of the results and actions.

Proposed timing:

- July – surveys and follow-up interviews
August – analysis of data, which allows time to gather information and conduct interviews if needed/or more data is required
- Sept 25 – discuss findings and future opportunities with Council

Review of the CERF questions and purpose:

- Potential streamlining of questions for this year's process
- Goal was to make the process a bit more manageable for individual Council members to encourage participation
- An additional consideration was whether all council members would have sufficient line of sight to answer the questions
- Yellow – questions that could be consolidated
- Red – showing consolidated wording
- Blue – questions Sam had regarding the wording



List approved changes and reference specific sections and questions

Following this discussion of the proposed amendments to the CERF surveys, Council requested the following changes to the amended CERF:

- ensure that multiple concepts are not covered in one question
- reword the question (Council Member Reflection, Section B, Question 3) “...seems like Council members are prepared for meetings...”; and
- preserve questions about the key role(s) and responsibilities of the President, including questions related to the evaluation of the Registrar’s performance.

Resolution – APPROVAL OF AMENDMENTS TO THE COUNCIL EFFECTIVENESS REVIEW FRAMEWORK

UPON A MOTION duly made by Susan Garfat and seconded by Victoria Nicholson, it was resolved that Council approves the amendments to the CERF with the additional approved changes. Carried.

14. By-law 13: Public Consultation Results

Brian Fehst, Manager, Professional Practice, presented the results of the public consultation regarding proposed amendments to By-law 13, which was reviewed in response to anticipated legislative reforms and to promote the College’s adoption of regulatory governance best practices. The proposed amendments were presented to Council on Dec. 5, 2022, and reviewed again by Council on March 20, 2023. The public consultation period ran from March 21 to May 30, 2023.

Brian presented the results of the public consultation survey. The majority of respondents were supportive of the amendments and agreed that the proposed changes were clear and relevant.

A letter from the Ontario Athletic Therapist Association/Athletic Therapy Ontario (OATA/ATON) was also received during the public consultation. This letter expressed four main concerns:

- Inconsistency between the Council and committee term lengths and term limits:
 - The College’s response – the proposed changes would create a better alignment between Council and committee terms;
- Vacancy amendments were counter-intuitive:
 - The College’s response – time spent on a committee to fill a vacancy would not count towards a member’s term limit. This is intended to decrease the potential or perceived cost associated with filling a vacancy in urgent or exceptional circumstances.
- External appointments – By-law 13.14 might exclude non-registrants from committees:
 - The College’s response – By-law 12.03.iii refers to the appointment to non-statutory committees of individuals who are non-council members and not members of the college;



- Council public members brings public perspectives to statutory and non-statutory committees;
 - Governance and Nominations Committee (non-statutory) is a great example that committee engages external members and values their perspective.
- Cooling off period seems to be too short:
 - The College's response – the cooling off period would be extended to 3 years, if approved, and this should result in better mentorship and succession planning;
 - College cited reviews of governance best practices and recent legal decision supporting cooling-off periods.

Resolution – Approve Amendments to By-law 13 – Specific Composition and Selection of Committees

UPON A MOTION duly made by Teresa Bendo and seconded by Ryan Wight, it was resolved that Council approves the amendments to By-law 13 – Specific Composition and Selection of Committees as presented. Carried.

15. Review of Kinesiologist Core Competency Profile – Update

Fiona Teape, Director of Registration, provided an update on the Kinesiology Core Competency Project. To date the project has achieved the following milestones:

- “Project Design and Launch”;
- “Recruitment and Selection of Subject Matter Expert”; and
- “Background Research”, which includes individual interviews between the psychometrician and select subject matter experts in March and April 2023.

The information gathered through research and interviews has informed the first draft of the updated Core Competencies.

In April, the project timeline was adjusted to seek feedback from a focus group of educators on the College's University Liaison Committee. Six representatives met virtually on May 25.

The feedback from the University Liaison Committee focus group will be incorporated into the draft Competencies, which will be circulated to the Steering Committee for the upcoming 2-day meeting on July 11 and July 14. Following the Steering Committee meeting, a competency validation survey will be circulated to the College membership for 60 days.

Upon completion of the project in 2024, the College will begin the process of developing new exam content, updating the Education Equivalency Assessment Tool utilized by the Registration Committee and refreshing the practice standards and guidelines.

The Chair thanked Fiona for her update and opened the floor for questions and discussion.



16. Revised Policy: Per Diem and Council and Committee Compensation Policy

Michelle presented the proposed changes to the per diem policy. She stated that there was some confusion and the College wanted to firm up definitions. Also, the College would like to ensure that this policy mirrors the Ministry's.

- Proposed changes to policy:
 - Meetings scheduled for three hours or less is a half-day per diem;
 - Meetings scheduled for more than three hours is a full day per diem
 - Claims are to be received no more than 3 months after the work has been completed

Resolution – Approve proposed changes to the Per Diem and Council and Committee Compensation Policy

UPON A MOTION duly made by Heather Westaway and seconded by Leanne Smith, it was resolved that Council approves the amendments to the Per Diem and Council and Committee Compensation Policy as presented. Carried.

17. Strategic Planning

The Registrar provided an update regarding the Strategic Planning Project. She began with a review of the three steps involved in the process:

- Environmental scan;
- Strategic planning workshop and Draft Strategic Plan;
 - Two-day workshop (February 2024) for Council and staff'
 - In-camera session permitted by *Regulated Health Professions Act (RHPA)*.
- Monitoring and evaluation;
 - Ongoing review of:
 - Financial reports,
 - Risk reports, and
 - Performance reports.

On Dec. 5, 2022, Council approved the Request for Proposal (RFP) and appointed the Steering Committee. The posting of the RFP was pending.

The next steps for the project:

- Posting the RFP on MERX for 60 days;
- The Steering Committee meeting at the end of September 2023 to review the proposals and select the consultant;
- Meeting with the successful Consultant by October/November to discuss the process; and
- Conducting a two-day workshop in February 2024.



Resolution – Grant permission to move the Strategic Planning process forward and to determine a date for the Strategic Planning Workshop.

UPON A MOTION duly made by Leanne Smith and seconded by Victoria Nicholson, it was resolved that Council grants permission to move the Strategic Planning process forward and to determine a date for the Strategic Planning Workshop in February 2024. as presented.
Carried.

18. Communications Update

Brian provided Communications and elections updates.

He noted that the key priorities for the Communications portfolio in 2022-2023 were:

- Increased transparency;
- Promoting public awareness; and
- Registrant communication.

Brian highlighted the Communications projects during 2022-2023:

- *Public consultations for the fee schedule;*
- *Council elections in districts 2, 3, and 6:*
For the upcoming elections, the nomination period ran from May 12 – 26, 2023, and there were five successful candidates – one in district 2, two in district 3, and two in district 6.
The notice of the election was on June 20, 2023, and voting will take place between July 11 – 18, 2023. The new members will receive their orientation in August and join Council in September.
- Ongoing/planned communications:
 - New E-learning modules to commence September 2023;
 - The College will resume the e-Newsletter in August 2023 and will contain information and updates; and
 - Website.

Cecilia Li, Senior Communications Officer, provided an update regarding the College's 10th Anniversary Celebration:

- A new email signature banner for all staff to use
- The website will have a new section – “Celebrating CKO’s 10 years”
- Social media campaign – weekly posts that highlight the key milestones, from August to December 2023



19. Revised Committee Slate

Since the Council meeting on March 20, 2023, there have been the following changes to the Committee slate.

Planning & Finance Committee

- Removal of Bradley Markis

Examination Appeals Committee

- Removal of Bradley Markis

Quality Assurance Committee

- Removal of Bradley Markis

ICRC Committee

- Removal of Bradley Markis

Governance and Nominations Committee

- Election of Victoria Nicholson as Chair

Resolution – Revised Committee Slate for 2022/2023

UPON A MOTION duly made by Heather Westaway and seconded by Teresa Bendo, it was resolved that Council approves the revised 2022/2023 Committee Slate as presented. Carried.

20. Review of Action Items

- Track the increase, if any, of resignations after the fee increase is implemented
- Council Effectiveness Review Framework (CERF)
 - ensure that multiple concepts are not covered in one question;
 - reword, “...seems like Council members are prepared for meetings...”; and
 - keep in key role of president and responsibilities.
- Discuss next steps for the internal controls audit
- Add Heather Westaway to the Steering Committee – Strategic Planning
- Changes to the Committee Slate
 - Remove Bradley Markis’ name from Planning & Finance, Examination Appeals, Quality Assurance, and ICRC;
 - Highlight Victoria Nicholson’s name in green as Chair for the Governance and Nominations Committee; and
 - Planning and Finance – remove the red highlight from Benjamin Matthie’s name, and indicate that Chad McCleave as the Chair

Termination

UPON A MOTION duly made by Matthew Daher, the Council meeting of June 2023 was terminated at 2:14 pm. Carried.

Issue Note

Item: 2023 Registration Trends – Action Item
Prepared for: Council
Date: September 26, 2023

Summary:

This issue note is to provide Council with an update on registration figures for 2023, as well as provide insights into observed renewal and resignation trends.

Background:

In June 2023 Council approved amendments to the fee bylaws, as part of ongoing efforts to ensure the College’s long-term sustainability. The fee increases came into effect on September 1, 2023.

Like many organizations, the College has been affected by inflation and rising operating costs associated with the funding of core regulatory functions including: investigations, hearings, and legal counsel; licensing and examinations; technology infrastructures and upgrades; quality assurance learning programs and assessments; third-party fiscal audits; strategic consultations; and public outreach initiatives. Additionally, there is increased demand from government to meet oversight measures and governance modernization reforms.

With the fees increase taking effect after this year’s renewal deadline, the majority of the current membership will not pay the fees until 2024. Still, Council is mindful of potential membership attrition given some potential resistance to paying additional fees. In view of this, at the last meeting Council directed staff to closely monitor and report on renewals and resignations.

Findings:

A) Membership – End of Renewal Cycle

	August 31, 2022	August 31, 2023
CKO Membership		
Renewed	2418	2552
Not Renewed	546	453
Total	2964	3005
Renewed - Breakdown		
Active Class	2178	2233
Inactive Class	240	319
Total	2418	2552

Not Renewed - Breakdown		
Active Class	400	318
Inactive Class	146	135
Total	546	453

- Overall, the College saw a higher percentage of registrants renew prior to the August 31 deadline (81.2% in 2022 vs 84.9% in 2023), in both the Active and Inactive Classes.
- In terms of membership growth, Registration staff will send reminders to successful Fall 2022 exam candidates regarding the upcoming 1-year deadline to finalize registration.

B) Membership – Post-Renewal Comparative Summary

	Sept 13 2022	Sept 13 2023
Total Members	2972	3006
Active Class	2536	2540
Inactive Class	436	466
Total Renewed	2575	2666
Active Class	2258	2319
Inactive Class	317	347
Total Not Renewed	397	340
Active Class	278	221
Inactive Class	119	119

- As of September 13, **104** registrants have renewed on or after the deadline and paid the full increased membership fee and late fee.
- Installment plans were offered to registrants who expressed challenges making the renewal payment in full. To date, 5 registrants have requested and been approved to pay in installments.
- As of September 14, **340** registrants have not renewed. The potential revenue from all outstanding registrants would be:
 - Active Class: \$187, 820 (221x \$850)
 - Inactive Class: \$41, 650 (119 x \$350)
- Registration Staff will launch a call campaign to registrants who have not renewed the week of September 25 to 29, before suspension for non-payment occurs on October 1, 2023.

C) Resignations

Fiscal Quarter	Fiscal Year					
	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024*
Q1 (Sept - Nov)	115	131	50	64	106	41
Q2 (Dec - Feb)	5	0	2	13	15	-
Q3 (Mar - May)	1	1	2	4	11	-
Q4 (Jun - Aug)	4	54	38	49	71	-
Total	125	186	92	130	203	-

*Pending processing/approval

- The College has observed fluctuations in resignations over the past 5 years, leaning towards a slight upward trend. Possible factors that may have impacted registration:
 - The start of the COVID-19 pandemic in March 2020 had a profound impact on industries and businesses as a result to the economic shutdown, and may have contributed to resignations;
 - As the COVID-19 pandemic continued and it was established that only regulated health professionals could work, which may have lessened resignations;
 - Council’s September 2021 decision to approve the report of the Specialty Committee and not move forward with the Specialty class for athletic therapists may have contributed to an increase in resignations by athletic therapists; and
 - The decision to increase fees may be a factor in recent and future resignations.

D: Reasons for Resignations – Sept 2022 to Aug 2023

Reasons	Resignations
Changing Professions	113 (55.7%)
Leaving Country	7 (3.4%)
Leaving Province	11 (5.4%)
Retiring	19 (9.3%)
Other	53 (26.2%)
Total	203 (100%)

- Of the 53 resignations who indicated “Other” as their reason:
 - 31 indicated they were no longer practising the profession and/or required licensure;
 - 9 indicated they were specifically practising athletic therapy and/or the College did not approve the athletic therapy class;
 - 6 responded with reasons related to costs, benefits and/or value of licensure;
 - 3 were returning to school; and
 - The remaining provided other reasons (e.g. living out of province, stay-at-home parent).

Next Steps

The final administrative suspension for non-payment of fees takes place on October 1, 2023. Until then, College will continue to process late renewals as well as a higher volume of resignations and requests for class changes. Following that, the College will have better sense of the membership make-up and will update the Council accordingly.

**Committee Report**

Committee: Investigations and Reports
Prepared for: Council
Date: September 26, 2023

The ICR Committee met on July 7, 2023 to approve one (1) Appointment of an Investigator for one (1) report, and received a refresher on the ICRC portfolio, and specifically sexual abuse and frivolous and vexatious cases.

The ICRC panel met on August 9, 2023 to review and discuss three (3) cases (2 reports and 1 complaints) and to approve two (2) Appointment of an Investigator for two (2) complaints.

Currently, there are eleven (11) active cases – eight (8) complaints and three (3) reports – which includes a joint investigation with the College of Massage Therapists of Ontario (CMTO).



Committee Report

Committee: Registration
Prepared for: Council
Date: September 26, 2023

Registration Committee Meetings

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

- Educational Equivalency Assessment (7);
- Reinstatement to the general class after being inactive for more than two years (2);
- Exemption from one-year period of eligibility for registration, following notification of passing the exam (2);
- Exemption from exceeding the allotted timeline for writing the exam (2);
- Remediation Plan (2); and
- Course Review (1).

Examination Appeals Committee Meetings

Four applicants requested an appeal to the Examination Appeals Committee following the Spring 2023 exam session. Two appeals were approved, two were denied.

2023 Fall Examination

The College of Kinesiologists of Ontario (CKO)'s 2023 Spring Entry-to-Practice examination will be held on September 20, 2023. As of September 6, 2023, a total of 280 candidates have registered for the exam, with 259 having confirmed their examination timeslot. This included six candidates who have requested testing accommodations. All candidates will be writing the exam in English.

On August 30, CKO hosted 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, 2023. As of July 1, there were 3057 members due for renewal, of which 2629 were registered in the general class and 428 in the inactive class.

On September 1, 2023, CKO sent *Notices of Intention to Suspend* to those 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, 2023, 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 3 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

In view of the fee increase approved by Council in June 2023, CKO is mindful of the potential adverse impacts to registration trends.

Net New Registrants

- During the period of June 1 to August 31, 2023, CKO registered 87 new registrants. This was up 21% from the total for the same period the previous fiscal year (72).
- For the fiscal period of September 1, 2022 to August 31, 2023, CKO registered 305 new registrants. This was up less than 1% from the total for the same period the previous fiscal year (303).

Resignations

- During the period of June 1, 2023 to August 31, 2023, 71 registrants resigned from CKO. This was up 47% from the total for the same period the previous fiscal year (49).
- For the fiscal period of September 1, 2022 to August 31, 2023, 203 registrants resigned from CKO. This was up 56% from the total for the same period the previous fiscal year (130).

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

Fair Registration Practices Report

The 2022 Registration Practices Report was submitted on August 4, 2023. The report included the CKO's qualitative and quantitative information relating to registration. The final report will be posted to CKO's website once the formatted version is received from the Office of the Fairness Commissioner.

Emergency Class

Amendments to the General Regulation of the *Kinesiology Act, 2007* were approved by the Governor in Council on August 17, 2023, and came into effect on August 31, 2023. Policies and processes are being developed to support the implementation of this new class. CKO has met with its database service provider to map the necessary system changes and updates to support the new class of registration. The work is expected to begin in late September 2023.

Kinesiologist Core Competency Profile Review

On July 11 and July 14, 2023, the Steering Committee met to review and update the Kinesiologist Core Competency Profile, building on the previous contributions from the University Liaison Committee focus group meeting and subject matter expert interviews. The draft has been sent to a third-party editor for formatting review, while our psychometrician partners develop the validation survey for circulation to all College registrants.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: September 26, 2023

Meetings

Panels of the Quality Assurance Committee (QAC) have met twice since the Council meeting on June 26, 2023. These QAC panel meetings took place on July 10 and July 12, 2023.

Peer and Practice Assessment

30 registrants were selected to participate in the PPA fall/winter 2022 cycle. Of these:

- One exemption was granted for pending retirement;
- Eight deferrals were granted:
 - One has no patients at this time,
 - Three reported not practising as a kinesiologist,
 - One due to extenuating professional circumstances,
 - One transitioned to the Inactive Class certificate of registration, not practising due to family and health issues, and
 - One does not practice kinesiology in Ontario;
- One deferral was granted outside the typical deferral timeline due to an unanticipated family emergency;
- All PPAs of the 21 remaining registrants have been scheduled and completed; with four taking place outside the standard PPA cycle period (90 days) due to extenuating circumstances. 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);
 - Notices of Intent to Direct Competency Enhancement in the form of Demonstrated Change Reports have been issued with respect to 5 PPA cases; and
 - One registrant has been directed to complete competency enhancement in the form of a Demonstrated Change Report. The completion date for the competency enhancement is October 19, 2023.
 - There are 4 PPA cases awaiting initial decision.

32 registrants were selected to participate in the PPA spring/summer 2023 cycle. Of these:

- Four exemptions were granted due to resignation from CKO;
- Ten deferrals has been granted due to the following reasons:

- one was granted due to the member being on maternity leave,
 - one was granted due to a family emergency,
 - three were granted as the members are not currently practising in Ontario,
 - one was granted due to not having any patients/clients, and
 - four were granted a deferral due to transition to the Inactive Class Certificate of Registration;
- Of the 18 remaining registrants, 12 PPAs have been scheduled and completed, with QAC decisions pending in all cases.



Committee Report

Committee: Governance and Nominations
Prepared for: Council
Date: September 26, 2023

Meetings

The Governance and Nominations Committee (“the Committee”) has met once since the last Council meeting on June 26, 2023.

2023-2024 Committee slate

The Committee met on September 12, 2023, to review expressions of interest from Council members and non-Council members and thereby propose a 2023-2024 Committee Slate for approval by Council.

Steering Committee – Strategic Planning

The composition of the Steering Committee – Strategic Planning was also discussed at this meeting. An expression of interest to join this Steering Committee was received from a member of Council and was reviewed by the Governance and Nominations Committee.



REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE FORECAST AND REVENUE RECEIVED
FOR THE FISCAL YEAR 2022/2023(INTERIM)

1	2	3	5
CATEGORY	APPROVED REVENUE FORECAST (Sept 1 2022 to Aug 31, 2023)	INTERIM REVENUES QTR 1 - 4 SEPT 1 - Aug. 31 2023	VARIANCE
	\$	\$	\$
Revenue:			
Jurisprudence Fee (\$48.25)	29,433	27,646	-1,788
Application Fee (\$100)	62,900	51,200	-11,700
Examination Fee (\$400)	200,400	187,720	-12,680
Registration Fees*	1,854,063	1,894,489	40,426
Interest Income	18,000	52,243	34,243
TOTAL REVENUE	2,164,796	2,213,297	48,501
*Registration Fees made-up of:	Approved Forecast	Interim Q1 - Q4 Sept 1/22 -Aug. 31/23)	Variance Q2
	\$	\$	\$
New Registrants			
- Sept - Nov (\$650)	37,700	68,250	30,550
- Dec - Feb (\$487.50)	51,675	32,175	-19,500
- Mar - May (\$325)	25,675	13,650	-12,025
- Jun - Aug (\$162.50)	8,775	14,138	5,363
Renewal (\$650)	1,650,000	1,641,288	-8,712
Change in Status (members back to active)	5,138	11,938	6,800
Professional Corporation	1,200	1,200	0
Professional Corporation Late fee	400	200	-200
Inactive Renewal (\$200)	60,000	81,800	21,800
Inactive Renewal Late Fee(\$50)	3,000	4,550	1,550
Renewal Late Fee (\$100)	6,000	21,000	15,000
Re-instatement Fee (\$300)	4,500	4,200	-300
Duplicate Certificate of Reg.		100	100
Total	1,854,063	1,894,489	40,426

Notes

Registration revenue and income from investments exceeded projections but other revenue categories came lower than projections.

Registration:

Registration renewal exceeded target amount by end of Q4. This is consistent with previous years. Jurisprudence, Examination and Application revenues came lower than projected. This is also consistent with previous years.

Registration details:

Total number of exam candidates for both September and April exam was 413, lower than projections. This resulted in lower revenues from Jurisprudence and Application fee categories.

Increase in revenues for new members joining CKO. More new registrants than projected. Also, increase in Inactive Class revenues as more people moved to the inactive class. Also, the number of members renewing in the general class came slightly lower as of Aug. 31.

Revenues from "Late fees" for general and inactive class during the year exceeded projections. This means that more members renewed after the deadline.

Members changing status was higher than projected. This is due to an increase in members returning to normal activities after Covid.

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE TO DATE & FORECAST TO FISCAL YEAR END 2022/2023 (Interim)				
	1	2	3	5
CATEGORY	APPROVED BUDGET Sept 1 2022 to Aug. 31, 2023	ACTUAL Q1 - Q4 SEPT 1- AUG. 31, 2023	VARIANCE	
	\$	\$	\$	
Expenditure:				
Council & Committees	60,750	56,762	3,988	
Professional Fees	69,775	69,775	0	
Communications & Media	137,500	73,783	63,717	
Rent & Facility Costs	238,000	233,167	4,833	
Office & General	113,312	86,171	27,141	
Salaries & Wages	1,195,000	1,029,199	165,801	
Registration	300,820	253,247	47,573	
Quality Assurance	56,210	36,350	19,860	
Professional Conduct	53,700	64,345	-10,645	
TOTAL EXPENDITURE	2,225,067	1,902,798	322,269	
Surplus/Deficit		310,499		

Major Highlights:Council and Committee

Payment for Council, Registration, Quality Assurance, Professional Conduct, Planning and Finance, ICRC, Patient Relations, Exam Appeals and Steering Committee meeting for review of Kinesiology Core Competency Profile.

Professional Fees

Legal fees: Expenses under general legal fees for review of COI, Jurisprudence e-Learning module, CKO By-laws and review of draft emergency class legislation.

Expenses for Audit was higher than projected due to additional work done by auditor.

Payment for Council third Party Evaluation /Assessment as required by CPMF. This includes

review of the Council Effectiveness Evaluation Framework.

Communications & Media

Payment for monthly cost for I.T. provider and for phased replacement of IT equipment
Savings resulted from public awareness campaign and website updates not completed.

Office & General

Payment for Insurance, Membership fees, Office Supplies, Postage and bank charges.
recruitment cost, telephone/internet, equipment rental, professional development for
staff & Council. Savings resulted from working with a hybrid model.

Salaries & Wages

This consists of the salaries and benefits for staff . Payment of staff merit increases.
Compensation survey completed in Q4 for staff salary review. To be paid out in new fiscal.
Savings resulted from staff vacancies, new staff hires and outstanding staff salary reviews
and merit increases.

Registration

Payment of monthly license with ASI and maintenance of database. Review of the Kinesiology
Core Competency Profile to be completed next year. Payment for administration of the September
and April exams and Jurisprudence E-learning module review. Payment for data base
service pack upgrade in Q4. Savings resulted from incomplete projects to be completed in
new fiscal year.

Quality Assurance

Payment for maintenance and subscription of Self Assessment portal.
Payment for Peer and Practice Assessments and Peer and Practice Assessor training including
payment for the review of Sexual Abuse eLearning Module. Savings resulted from the
Professionalism and Ethics e-Learning module not completed as planned due to change
in priorities. Number of PPAs completed was lower than projected.

Professional Conduct

A total of 29 intake matters by the end of the fiscal year - 11 Complaints, seven reports and one matter
closed administratively. Complaints: six cases are open for investigation, three cases closed, and
two scheduled for ICRC in October. Reports - four cases investigated, three cases are open for
investigation



2022/2023 Performance Report

Overall highlights:



(87 new registrants between June 1 and August 31 2023)

Fall 2023 Exam: 280 registered (as of Sept 5)

Operational highlights (Q4: June 1 – August 31 2023)

Focus	Deliverables	Status	Comments and Impacts
<i>Governance</i>	2023-2024 Committee Slate	Green	Committee meeting September 12, 2023 to review expressions of interest and supporting documents. Committee slate proposed, will be presented to Council on September 26, 2023.
	By-laws Consultations	Green	All proposed amendments to by-laws were approved by Council on June 26, 2023.
	Council Effectiveness Evaluation Framework review	Yellow	Consultant engaged, and evaluation begun. Results to be presented to Council on September 26, 2023.
	New Council Member Orientation	Green	New Council member orientation completed in August in preparation for the September Council meeting.
<i>Corporate</i>	Recruitment of Staff	Green	Completed interviews for a new Director of Operations and Financial Services. Onboarding of new staff in September.
	Internal Control Testing	Yellow	Auditors engaged to commence an internal control testing of CKO processes. CKO policies and procedures provided to auditors for review in preparation of Planning & Finance Committee meeting in September. Committee to determine the scope of this assignment.
	Strategic Planning RFP	Yellow	The RFP approved by Council at the June meeting was posted on Merx for 60 days. CKO made several amendments to the RFP based questions from vendors. The proposals were received by August 31 and will be reviewed by the Steering Committee in the new fiscal year.
	Office Space **	Red	Office lease expires June, 2024, the office space is currently on sublease market and CKO has received some interests and showings. CKO continues to explore options for office relocation and will update the Planning and Finance Committee and Council on its progress.
<i>Communications</i>	Elections	Green	Elections were held from July 11 to 18 for District 3 and 6. Susan Garfat was re-elected to Council from District 3 and Alyssa King was elected to Council from District 6. Pheing Ngo was acclaimed from District 2.
	Communications in support of CKO programs and activities	Green	Communications that took place in Q4 includes the following: <ul style="list-style-type: none"> • Web update on fee increases, by-law changes, annual renewal, 10th anniversary celebration, recruitment of Peer Circles facilitators and participants, recruitment of Director of Operations and Financial Services, two mandatory e-learning modules; • Relaunch of @ CKO, our monthly e-newsletter, and social media;

Focus	Deliverables	Status	Comments and Impacts
			<ul style="list-style-type: none"> Relaunch of social media channels: 10th anniversary, fee increases; Peer Circles recruitment, Annual Renewal Creation of a new 10th anniversary email signature banner for all staff to use.
Registration	Entry-to-Practice Examination		The fall Entry-to-Practice Exam is scheduled for September 20, 2023. The exam webinar was held on August 30, 2023.
	Annual Renewal		Annual renewal successfully launched on July 1, 2023. Suspension process begins October 1, 2023.
	Regulatory Amendments for the Emergency Class		The Emergency Class officially came into effect on August 31, 2023, as per the Amendments to the <i>Kinesiology Act</i> , 2007.
	Emergency Class Registration Policies and Procedures		Staff continue to develop policy and processes to support the administration of the Emergency Class certificate for Council's review in December 2023.
	Database Management System		Mapped Emergency Class license with database provider. Statement of work expected in September 2023.
	Office of the Fairness Commissioner		CKO submitted the OFC report for the 2022 reporting year on August 4, 2023.
	Kinesiologist Core Competency Profile Review		Ongoing. First draft of updated Core Competencies Profile completed by Steering Committee. Under review by editor, Validation survey files being prepared by psychometrician for CKO's review prior to circulation to registrants for feedback.
	Jurisprudence Online Module		Content of streamlined modules reviewed by legal counsel. Will return to vendor for updated project estimate.
	Exam Appeals Committee		1 panel meeting held to consider 4 appeal requests under the Examination Appeals policy.
	Registration Committee		2 panel meetings held to review and render decisions on referrals from the Registrar.
Quality Assurance	Peer and Practice Assessments		Ongoing. Fall 2022 assessments completed, review by QA Committee ongoing. Spring 2023 assessments completed, some committee decisions have been made, further decisions to be made following orientation of Quality Assurance Committee in October 2023.
	eLearning modules		e-Learning module portal opens to members Sept. 1 – Oct. 31, 2023. Members are expected to complete Professionalism and Ethics and revised Prevention of Sexual Abuse eLearning modules as required by October 31, 2023.
Professional Conduct	ICRC		The ICRC committee met on July 7, 2023 to approve one (1) Appointment of an Investigator for one (1) report, and received a refresher on the ICRC portfolio, and specifically sexual abuse and frivolous and vexatious cases. The ICRC panel met on August 9, 2023 to review and discuss three (3) cases (2 reports and 1 complaints) and to approve two (2) Appointment of an Investigator for two (2) complaints. Currently, there are eleven (11) active cases – eight (8) complaints and three (3) reports – which includes a joint investigation with the College of Massage Therapists of Ontario (CMTO).
	Upcoming meetings		ICRC training for new committee members to be scheduled in mid October (date to be determined). An ICRC panel meeting to be scheduled for the last full week of October (date to be determined).
Patient Relations	eLearning module: Prevention of Sexual Abuse		e-Learning module revision has been completed and launched in September 2023.

** - In red as it is a priority for the College

Legend:

Completed



Ongoing



Incomplete



Five-year Schedule of Council Meetings

2023	2024	2025	2026	2027	2028
	March 25	March 31	March 30	March 29	March 27
	June 24	June 30	June 29	June 28	June 26
	September 9 and 10	September 8 and 9	September 21 and 22	September 27 and 28	September 25 and 26
December 4	December 2	December 1	November 30	December 6	December 4

Notes:

1. Meetings scheduled for March and December will be held virtually.
2. Meetings scheduled for June and September will most likely be conducted in a hybrid setting.

Issue/Decision Note

Issue/Decision: Risk Management, Business Continuity and Disaster Recovery Plans
Prepared for: Council
Date: September 26, 2023

Background

As set out in s. 4 of the *Health Professions Procedural Code* (“the Code”, Schedule 2 to the *Regulated Health Professions Act, 1991*), Council acts as the board of directors of the College of Kinesiologists of Ontario (“the College”). In this capacity, Council is responsible for oversight of the College’s affairs. One element of this role is an ongoing understanding of the risks facing the College and how it manages such risks. Another part of Council’s responsibility is understanding the College’s ability to promote business continuity during and operational recovery from emergency circumstances. Such emergencies may present threats to the College’s operations and therefore its ability to fulfil its public protection mandate.

The College’s Risk Management Plan is considered twice annually by Council, most recently on March 20, 2023. The College’s Business Continuity Plan and Disaster Recovery Plan were approved by Council on September 27, 2021.

Issue for consideration

The Risk Management, Business Continuity and Disaster Recovery Plans have been reviewed by the College in keeping with its overall integrated risk management approach. All three plans are now presented to Council for consideration.

Analysis

Portfolio-specific review of the Risk Management Plan was done, with consideration given to:

- The likelihood of each identified risk occurring;
- The impact or severity of an occurrence of each identified risk;
- The risk priority (as determined by the risk occurrence matrix set out in the risk management plan; and
- The risk mitigation strategy for each identified risk.

As a result of this review, the following amendments to the Risk Management Plan are proposed:

Risk Management Plan Section	Proposed Amendment	Rationale
Title Page	❖ Amended logo	Maintain/enhance consistency with the College's Brand/Style Guide
4. Financial (pg. 6)	❖ Added bullets to Risk Mitigation Strategy	For stylistic consistency with the rest of the document.
8. Information Management (pg. 8-10)	❖ Removed references to specific cybersecurity measures, including names of external cybersecurity service providers from the Risk Mitigation Strategy.	As the Risk Management Plan is presented as part of public Council meetings, information published in the Risk Management Plan regarding the College's IT and cybersecurity service provider(s) could potentially be obtained and used against the College by parties seeking to sabotage, compromise or infiltrate the College's IT infrastructure.
9. Information Management (pg. 10)	❖ Quarterly review of <u>the College's internal drives</u> H:drive	Minor change to a more general description of internal drives. Intended to be more inclusive of all network drives, rather than exclusively the "H:" drive.
13. Information Management/Loss of confidence (pg. 11)	❖ Continuing professional development of staff and collaboration with other Colleges to ensure up to date <u>be on top of any with changes/hot topics in the field</u>	Minor change, style/grammar.
	❖ Development of <u>videos content in plain language</u> to ensure make <u>can be</u> easily to understand <u>by all audiences</u>	Expands intent of this item beyond "videos" only. Emphasizes that content will be in "plain language" to promote comprehension by all.
14. Information Management/Loss of confidence (pg. 12)	❖ Ensuring accurate information about College processes is available on College's website, social media <u>and all other external-facing documents</u>	Added wording to expand scope beyond website/social media only.
18. Examination (pg. 13-14)	❖ Removal of specific and detailed information regarding security controls utilized by examination external service provider.	Reduce risk of known or identified vulnerabilities being exploited by a knowledgeable party or parties seeking to sabotage, compromise or

		infiltrate the security or integrity of the examination.
24. Human Resources (pg. 16)	❖ Activation of Business Continuity Plan and Disaster Management <u>Recovery</u> Plan	Changed “Disaster Management” to “Disaster Recovery” for internal consistency between the risk management and disaster recovery plans.
31. Loss of Confidence in CKO (pg. 19)	❖ Develop “stories” for publication, describing benefits of engagement <u>engaging with CKO</u>	Modified for greater clarity/specificity.

Review of the Business Continuity and Disaster Recovery Plans was done in a manner consistent with the College’s *Policy and Material Development and Review Framework*. The College conducted an environmental scan, which included:

- The Canadian Standards Association (“CSA”) standard Z1600-17: Emergency and continuity management program
- A review of the following College Performance Measurement Framework (“CPMF”) requirements (from the most recently published CPMF reports of each of the other health professional regulators in Ontario):
 - Standard 2, Measure 1, Evidence e.
 - Standard 4, Measure 1, Evidence c.ii.
 - Standard 7, Measure 1, Evidence a.ii.
 - Standard 7, Measure 1, Evidence a.iii.
 - Standard 14, Measure 1, Evidence b.
 - Standard 14, Measure 2, Evidence a.
- Review of relevant resources published by Public Health Ontario
- Review of relevant resources published by the Government of Ontario

As a result of consideration of the Business Continuity Plan, the following amendments are proposed:

Business Continuity Plan Section	Proposed Amendment	Rationale
Assumptions (pg. 4)	Remove “The College will continue to have access to computer, telephone system and data via the cloud/VPN”	Loss of IT/Communications infrastructure is a possible emergency situation that may be considered in the Business Continuity Plan. The College’s specific plans for such as situation are described in more detail in the portfolio-specific Business Continuity and Disaster Recovery plans.

Assumptions (pg. 4)	Change “TTC disruptions” to “other service disruptions”	Given that remote work is possible, TTC disruptions by themselves may not need to be identified as a specific business continuity issue.
Stages Identified: Stage 2 – Implementation (pg. 5)	Insertion of “Directors and” to “the Registrar and, Managers”)	To promote clarity regarding job titles.
Stage 1: Planning – Planning Principles (pg. 5)	Bullet point 3: Replace “other virtual platforms” with “social media platforms”	For clarity regarding intended message (that communication may be done via the website and other electronic platforms, such as social media).
	Bullet point 8: Add “and, if necessary, alternative secure means of communication are established”	Acknowledgement that alternative means of communication may need to be established where, for example, loss of or damage to telecommunications/IT infrastructure is the nature and/or result of the emergency situation.
	Bullet point 10: Replace “Identify files and documents [...]” with “Ensure files and documents[...]”	To promote clarity that such files/documents will be identified and that access plans will be developed.
	Bullet point 14 and 15: “Analyze” to “Analyse”	Spelling correction

As a result of consideration of the Disaster Recovery Plan, the following amendments are proposed:

Disaster Recovery Plan Section	Proposed Amendment	Rationale
Emergency Preparedness Team Contact Information table (pg. 4-5)	<ul style="list-style-type: none"> - Update table to clarify titles, contact information and staff assignment(s). Includes: - Removal of duplicate reference to Director/Manager of Operations - Assignment of Health and Safety Representative as Alternate Business Continuity Plan Manager - Assignment of staff to role of Business Continuity Plan Coordinator 	<p>For greater clarity regarding roles and accurate contact information.</p> <p>Note that staff home addresses and contact information will be maintained internally and are not presented in this document, which may be publicly accessible via the Council meeting package.</p>

	<ul style="list-style-type: none"> - Removed staff names and contact information. 	
Emergency Preparedness Team Roles (pg. 5)	Amended duties associated with the role of BCP Alternate Manager.	For internal clarity and consistency.
	Amended "Health and Safety Representative" to "BCP Coordinator" and description of the duties associated with this role.	For internal clarity and consistency.
BCP Framework and Documentation (pg. 6)	<p>Modified list of documentation to be completed and retained, with notes regarding information that may be:</p> <ul style="list-style-type: none"> - classified as "sensitive information"; - designated as excluded from the publicly-available document; - designated for internal use only; and/or - deleted from the Disaster Recovery Plan due to being no longer required. 	Materials containing personal information or sensitive information removed from public-facing document. Intended to ensure protection of personal information and to minimize the risk that the integrity and efficacy of the Disaster Recovery Plan may be compromised.
BCP Activation (pg. 7)	Bullet Point 2: inserted "Decision by Council (example: invocation of Emergency Class Certificate of Registration)"	Inserted to note that Council may, in some circumstances, make decisions that result in or require implementation of the Business Continuity and Disaster Recovery Plans.
Emergency Contact Information (pg. 8)	Bullet Point 2: Replaced "Executive Director" with "Director, Operations and finance or their designate"	For clarity/accuracy regarding job titles.
Telephone and Computer Systems (pg. 8)	Bullet Point 2: Added "or that other means of communication are available as required"	To acknowledge that circumstances may exist where there is a more widespread loss of communications/IT infrastructure.
Financial Operations (pg. 8)	Bullet Point 1: Amended "Bookkeeper" to "Finance Department"	Minor change to be more flexible regarding human resource assignments.
	Bullet Point 2 (pgs. 8-9): Replaced "required through email from the approvers to the Bookkeeper" with "required using a system where the approvers can view"	For consistency with current operational practices.

	the documents for payment and supporting documents prior to releasing payments using CIBC CMO platform.”	
External Communications – Website and Telephone Greetings (pg. 9)	Added “and social media platforms are” to “The College website is updated”.	Recognizes the important role the College’s social media may play in emergency communications.
Appendix 1 – Identification of Essential Service and Level of Importance (pg. 12)	Proposed updates to table.	Updates based on current staffing/human resources.
Appendix 3 – Staff Contact List (pg. 15)	Removed	Includes personal/sensitive information that could be exploited if publicly available.
Appendix 4 – Vital Business Information (pg. 16)	Removed	Includes sensitive information that could be exploited if publicly available.
Appendix 5 – Helpful Resources	Removed	Includes sensitive information that could be exploited if publicly available.
Appendix 6 – Return to Work Plan (pg. 17-21)	Removed	Proposed removal as this information is specific to return to work following the COVID-19 pandemic. The College will continue to review and, when necessary, update and implement its portfolio-specific business continuity and disaster recovery plans.

In addition, in keeping with the goal of emergency preparedness, the College has developed a series of portfolio-specific Business Continuity and Disaster Recovery Plans. These plans are based on the template presented as Appendix 2 (not attached) to the Disaster Recovery Plan and are intended to serve as a framework to guide the work of the Emergency Preparedness Team in directing the College’s response to an emergency situation. The plans include considerations for business continuity and disaster recovery in response to the following emergency circumstances:

- Loss of staff (which may include loss of third-party human resources)
- Human activity (such as error or sabotage)
- Loss of physical infrastructure
- Loss of Information Technology infrastructure
- Loss of communication infrastructure

Public Interest Rationale:

In order to continue to deliver its mandate effectively during emergency circumstances, it is in the public interest that the College have Business Continuity and Disaster Recovery Plans that:

- Are clear and contain a framework and plans that are realistic and consider a range of possible emergency circumstances;
- Consistent with established and accepted practices in Business Continuity and Disaster Recovery; and
- Balance the need for detail and information with the flexibility to adapt to unanticipated or unprecedented situations.

Unclear or inconsistent Business Continuity and Disaster Recovery Plans could result in:

- Delayed response to emergency circumstances;
- Avoidable gaps in operational deliverables; and
- A loss or lack of confidence in the College's ability to fulfil its legislated mandate of public protection.

Recommendation and next steps

Council is requested to review and approve the Risk Management, Business Continuity and Disaster Recovery Plans as presented.

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



Draft Risk Management Plan

September 2023- August 2024



College of Kinesiologists Risk Management Plan

September 2023 – August 2024

Risk Management Plan Purpose

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

Stakeholder Roles and Responsibilities

Role	Risk Management Responsibility
Registrar and CEO	Responsible for ensuring comprehensive risk assessment within the organization, development and implementation of mitigation strategies, and ongoing evaluation of effectiveness of risk management by the organization
President	Responsible for leading Executive Committee and Council in reviewing the Risk Management Plan, implementing certain procedures needed in specified emergency situations, ensuring action is taken as necessary to protect the separation of Council from operations.
Council	Responsible for approving Risk Tolerance Evaluation, reviewing Risk Management Plan and periodically reassessing success of Risk Management Strategies.
Directors & Managers	Responsible for identifying risk factors relevant to portfolio responsibilities and for jointly working with Registrar to identify organization level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies
Registration & Examinations Coordinator	Responsible for identifying risk factors relevant to portfolio responsibilities and for jointly working with Registrar and other staff to identify organization level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies
Executive and Administrative Assistants	Responsible for identifying risk factors relevant to administration within the organization, and for jointly working with Registrar and other staff to identify organization level risks. Responsible for implementing, evaluating and adjusting risk mitigation strategies

Risk Management Process and Activities

The College of Kinesiologists regularly undertakes risk management activities to protect the interests of the public, its registrants and the Government of Ontario to which it is accountable. Risk management involves complex processes of risk assessment, development and implementation of mitigation strategies and evaluation of effectiveness, change and opportunity. Effective risk management

requires the active engagement of everyone actively engaged in the organization and may include consultation with external experts such as auditors. The College adheres to a Risk Management Policy which requires regular review, evaluation and reporting to Council.

Risk Analysis Matrix

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

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

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

Types of Risk Identified

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

Risk Occurrence Matrix

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

Legend

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

Risk Assessment

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

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

Risk Management Table

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
1. Financial	<p>Inadequate procedures for financial document management resulting in:</p> <ul style="list-style-type: none"> • unpaid invoices, • late payment fees, • difficulties in auditing, • difficulties in contract management and evaluation <p>Financial records are not sufficiently organized leading to:</p> <ul style="list-style-type: none"> • inconsistent practices, • inefficient work, • loss of confidence by employees and Council, 	2 Unlikely	1 Minor	2 Low	Director (Finance and Operations), Administrative Assistant	<ul style="list-style-type: none"> ❖ Documented procedures in place to ensure that invoices are supported by appropriate documentation ❖ Administrative staff are trained to ensure that filing is consistent with the CKO's policies and procedures ❖ Periodic review of contract files with Directors/Managers and Registrar to examine status of deliverables, timelines and billings ❖ Clear communication to vendors on procedures for invoices. ❖ Priority is given to document management, developing an appropriate system for retrieval ❖ Increased separation of duties between Director of Finance and Operations and Program Coordinator allowing better oversight
2. Financial	<p>Risk of Fraud/Theft</p> <ul style="list-style-type: none"> • opportunity for fraud/theft 	2 Unlikely	2 Serious	4 Moderate	Registrar, Director (Finance and Operations)	<ul style="list-style-type: none"> ❖ Director (Finance and Operations) reviews and verifies invoices prior to submitting to Registrar for approval ❖ All payments require signed off invoices. ❖ Bank payment and cheques over \$5000 require two signatures ❖ Reconciliation processes in place for banking, credit cards, goods received, etc.

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
3. Financial	<p>Insufficient financial resources impact the ability of the College to meet its mandate resulting from:</p> <ul style="list-style-type: none"> • Lack of retained funds • Low registration in College • Uneven cash flow • Extraordinary expenditures 	2 Unlikely	2 Serious	4 Moderate	Council, Registrar, Directors/ Managers	<ul style="list-style-type: none"> ❖ Use of 3-5 year time horizon for financial planning ❖ Manage projects to ensure cash flow is planned ❖ Maximize retention of funds to achieve targeted level of one year's operating costs ❖ Cost sharing with other Colleges on various initiatives ❖ 18-24 month monthly cash flow projections maintained and reviewed with Finance Committee to determine needs for adjustment. ❖ All unbudgeted financial commitments in excess of \$20,000 require prior review by Finance and Planning Committee and approval by Council ❖ Regular financial reporting to Council at each Council meeting
4. Financial	Poor financial management results in the College being unable to meet strategic initiatives	2 Unlikely	2 Serious	4 Moderate	Council, Registrar	<ul style="list-style-type: none"> ❖ Use of 3-5 year time horizon for financial planning ❖ Use multiple scenarios for forecasting and develop plans that are flexible ❖ Quarterly review of financial forecasts and the projections for cash flow ❖ Monthly update to 18-24 month cash flow projections ❖ Re-evaluation of financial commitments following annual registration renewal. ❖ Annual audits by outside/independent auditor <ul style="list-style-type: none"> ○ Audit opinion provided and advice ○ Advice is implemented accordingly ❖ Reserve Fund policies reviewed by Finance and Planning Committee. ❖ Target Operating Capital Unrestricted Reserve set by Finance and Planning Committee. ❖ Review of fee structure to ensure it meets demands of the regulation

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
5. Financial	<p>Unfair, non-transparent and non-competitive procurement processes lead to:</p> <ul style="list-style-type: none"> • Inability to assure Council and registrants that the College has achieved best value for money • Loss of vendor confidence • Difficulties in contract management • Potentially higher costs 	2 Unlikely	1 Minor	2 Low Risk	Registrar, Executive Committee	<ul style="list-style-type: none"> ❖ Procurement Policy of College defines requirements for competitive procurement processes ❖ Registrar reports to Council on procurement strategies for all consulting contracts ❖ Procurement process requires the development of a Request for Proposal for projects exceeding particular amounts ❖ Review of procurement policy on a regular and periodic basis
6. Financial	Inadequate oversight by Council may lead to non-adherence to Financial Plan and Procurement policies by College staff with resulting financial loss	2 Unlikely	2 Serious	4 Moderate	Registrar, Finance and Planning Committee, Council	<ul style="list-style-type: none"> ❖ Training for Council and Finance & Planning Committee on financial oversight, interpreting statements, etc. ❖ Council ensures that appointments to Finance and Planning Committee include individuals with financial expertise ❖ Finance and Planning Committee is provided with information on procurement strategies for large projects ❖ Council annually hires reputable auditor to carry out an audit of the College's finances ❖ Annual review and approval of budget by Council. ❖ Council reviews in-year expenditure and revenue reports on a quarterly basis ❖ Business plans and briefing notes reviewed by Council or Committees prior to proceeding with expenditures on planned projects
7. Financial	<p>Inefficient project management leading to:</p> <ul style="list-style-type: none"> • Inadequate project staffing • Failure to adhere to timelines • Poor quality of deliverables 	2 Unlikely	2 Serious	4 Moderate	Registrar, Directors/ Managers	<ul style="list-style-type: none"> ❖ Conduct comprehensive project planning and preliminary research to determine resource requirements ❖ Clear communication with stakeholders/vendors ❖ Training for staff on project/contract management to ensure project goals are met ❖ Business cases reviewed by Committees including Finance and Planning Committee as necessary. ❖ Periodic review of contracts and legal review where necessary

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
8. Information Management	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 	3 Moderate	2 Serious	6 Moderate	All	<ul style="list-style-type: none"> ❖ External contract for IT security ❖ Provide on-going training to all staff, Council and Committee members and all other volunteers regarding confidentiality requirements. Confidentiality agreements signed annually ❖ Ensure all passwords on computers, devices, iMIS are changed periodically ❖ Comprehensive privacy and record management policies in place which include protocols for investigating and correcting breaches (this identifies measures to be taken by staff) ❖ Foster culture of privacy and confidentiality; info exchanged on need-to-know basis ❖ Signed confidentiality agreement in place for permanent and seasonal staff, vendors, Council and Committee members and volunteers ❖ Self-Assessment and e-learning module data housed on secure external server ❖ Peer and practice assessment patient record file moved to the secure platform ❖ Anyone engaged in College work, including Council, committees, and volunteers are trained on policies and protocols in place for ensuring confidentiality including cyber security. ❖ Records retention schedule that outlines length of retention, archival, and final disposition Staff trained by new service provider on cyber security (i.e., phishing emails) ❖ Periodically update and change passwords (i.e., Social media accounts) ❖ Ensure antivirus and malware protection, and Zoom software updates regularly ❖ Unique access codes and passwords for each meeting ❖ Allow meeting host to screen participants before entering meeting

					<ul style="list-style-type: none"> ❖ ASI-External service provider has implemented many security containment controls for CloudPlus clients, including: ❖ Practicing secure development and testing policies for the iMIS product in accordance with security guidelines issued by the Open Web Application Security Project (OWASP) ❖ Conducting quarterly internal web application penetration testing of the iMIS product ❖ Engaging a third party on an annual basis to perform web application penetration testing of the iMIS product including the API ❖ Deploying SentinelOne Managed Detection Response (MDR) antimalware agents on every endpoint in all ASI networks, enforcing their placement and anti-tampering by policy ❖ Partnering with Critical Start and their global Security Operations Center to monitor the SentinelOne MDR agents cybersecurity firm for managed detection and response on a 24/7/365 basis; ❖ Protecting all web sites behind a Cloudflare Web Application Firewall (WAF) to actively defend against attacks before access is granted to any page on any iMIS web site ❖ Enforcing Multi-Factor Authentication (MFA) on any form of remote access to any asset on any ASI service provider-controlled network, this includes RDP, FTP, and VPN access as well ❖ Deployment of Privileged Access Workstation System controls to limit domain administration privileges only to known trusted users accessing from known trusted physical devices ❖ Deployment of Local Administrator Password Solution (LAPS) controls to limit local administration privileges only to known trusted users with MFA verification ❖ Using automation, they monitor vulnerable third-party web controls installed on any Virtual Machine (VM) in the it production operations environments with immediate remediation ❖ Using automation, monitor for known malware script signatures installed on any VM in the it production operations environments with immediate remediation ❖ Practice their Data Protection and Privacy operations in accordance with their fully mature Data Protection Plan that aligns with the framework created by the National Institute of Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity v1.1 ❖ Achieved ISO 27001:2013 certification
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Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
						<ul style="list-style-type: none"> ❖ Ensuring IMIS system is up to date with the most recent Service Pack release to ensure protection from known security vulnerabilities ❖ Database and SQL passwords changed by system administrator and securely provided
9. Information Management	Poor records management results in: <ul style="list-style-type: none"> • Incomplete files • Inaccurate info posted on public register • Inaccurate information provided to staff/Council/Committees/other stakeholders • Duplication of records • Inefficient processes • Inability to report accurately and in a timely and efficient manner 	2 Unlikely	2 Serious	4 Moderate	Registrar/ Directors/Managers	<ul style="list-style-type: none"> ❖ Knowledge/records management policies and protocols in place ❖ On-going training for all staff on protocols and policies ❖ Periodic, random review by Director, Finance and Operations ❖ Staff members adopt filing protocols for naming, deletion of copies, electronic and paper storage. ❖ Build classifying framework for documents based on risk ❖ Quarterly review of the College's internal drivesH: drive ❖ Internal file audits ❖ Communication between portfolios re: registrant specific information ❖ Ongoing review of records management infrastructure ❖ Appropriate investments in maintenance and upgrades to records management infrastructure, as required ❖ Membership and applicants files to be moved to the secure platform
10. Information Management	Unintended destruction or loss of records	1 Rare	3 Major	3 Moderate	All staff	<ul style="list-style-type: none"> ❖ Back-up procedures carried out daily on electronic files ❖ File room/cabinets are secured and locked daily ❖ Key documents are stored electronically with remote back-up of servers ❖ Transfer of documents from office to home-office is limited ❖ VPN access to files on H: drive available to staff working remotely using College equipment and remote login for those using their personal computer equipment to limit access to electronic file ❖ Bank records stored and copies of cheques retained ❖ Increased permissions for who can edit/delete or move a file

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
11. Information Management	iMIS System does not meet College needs. Staff members are unable to use iMIS system to generate key reports for decision-making and registrants complain that their electronic records are inaccurate. The public is unable to effectively use the public register.	2 Unlikely	3 Major	6 Moderate	Registrar Director (Registration) Director (Finance and Operations)	<ul style="list-style-type: none"> ❖ Procure qualified IT support for iMIS system and ensure updates completed on a timely basis ❖ Clear standards of service with IT support and regular review/evaluation of performance ❖ Design or buy modules to meet needs ❖ Respond immediately to notice from registrants, staff, or public of database difficulties ❖ Ensure that staff are properly trained on all database functions ❖ Create alerts for Registration, ICRC and QA ❖ iMIS support ensures that financial records from iMIS are easily extracted/used for planning and budgeting purposes, refunds and tax receipts for registrants
12. Information Management/Loss of confidence	Inability to provide up-to-date accurate information relating to registrants on the public register	3 Moderate	2 Serious	6 Moderate	Director (Registration) Managers (Professional Conduct) (Communications)	<ul style="list-style-type: none"> ❖ Periodic review and evaluation of IT Services / database providers ❖ Public register re-design to house new information relating to transparency requirements. ❖ Timely communication between PC and Registration portfolios ❖ Policies in place for how information posted and what level of detail required ❖ Review of IT needs for portfolios and capacity of iMIS system to record required portfolio information
13. Information Management/Loss of confidence	Information provided to the public and stakeholders through public website is inaccurate, inconsistent, not easy to access, and/or causes confusion	2 Unlikely	2 Serious	4 Moderate	Manager (Communications) All Staff	<ul style="list-style-type: none"> ❖ All website content is periodically reviewed for accuracy ❖ Presentations and speaking notes are reviewed to eliminate errors ❖ Website provides for feedback from users ❖ Continuing professional development of staff and collaboration with other Colleges to ensure up-to-date be on top of any with changes/hot topics in the field ❖ Development of videos to make information easy to understand ❖ Development of content in plain language to ensure information is easily understood by all audiences. ❖ Regular cross-functional collaboration on website content
14. Information Management/ Loss of confidence	Inaccurate or disparaging information is circulated about the College on social media/the internet	2 Unlikely	2 Serious	4 Moderate	Manager (Communications)	<ul style="list-style-type: none"> ❖ Monitoring of College's social media channels for feedback ❖ Keyword monitoring on internet search portals ❖ Development of appropriate, individualized responses to concerns ❖ Ensuring accurate information about College processes is available on College's website, social media and all other external-facing documents ❖ Use of legal options where information is posted in breach of legal duty (e.g. employee, confidentiality)

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
15. Information Management	Computers systems are compromised due to: <ul style="list-style-type: none"> • Virus • Security breach • Malware / Ransomware 	1 Rare	3 Major	3 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Contracts are in place for monitoring computers and servers, with detection of unauthorized access/entry and attempts to access/enter ❖ Maintenance of appropriate and up-to-date firewall and anti-virus software by IT service provider ❖ Critical Security updates provided by new IT service provider, 24/7 monitoring of PC's, Servers and Network ❖ Dark Web Monitoring ❖ Server Monitoring, ❖ Disk Space & Data Backups Monitoring ❖ Cloud Based Server Virtualization (Disaster Recovery) ❖ Full Disaster Recovery in 30min-1 hr ❖ Automated hourly backups of server ❖ Ability to shut down system remotely to prevent breach of security ❖ Staff/Council maintain strict protocols re: use of passwords, change of passwords, access levels ❖ Procurement of Cyber insurance coverage (including Ransom insurance) ❖ Development of cyber security roster ❖ Training provided for all new staff via -new IT service provider regarding cyber security e.g., phishing emails Multi-factor Authentication used for certain applications for staff login ❖ Ensure antivirus and malware protection, and Zoom software updates regularly ❖ Cyber Security Insurance is in place for a variety of scenarios ❖ Health benefit provider has implemented Multi-Factor Authentication in order for staff to access information ❖ Multi-Factor Authentication for staff to login to their computers ❖ Password policy implemented to change passwords every 3 months

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
16. Capital Equipment/ Furnishings	Computers, servers and other items of value belonging to the College are stolen	1 Rare	2 Serious	2 Low	Director (Finance and Operations)	<ul style="list-style-type: none"> ❖ Security of premises is constantly assessed ❖ Only authorized individuals allowed into secure areas ❖ Building has 24/7 security ❖ Access codes are released only to staff and are periodically updated according to schedule ❖ Overtime is pre-approved by Registrar or Director of Finance and Operations to ensure offices are not being frequented without knowledge of senior management ❖ Adequate insurance coverage in place to cover replacements or address potential breach ❖ Monitoring of equipment inventory that is taken offsite
17. Capital Equipment/ Furnishings	Permanent damage to equipment and/or furnishings due to water/fire damage, abuse by individuals.	2 Unlikely	2 Serious	4 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Adequate insurance is in place to cover replacement ❖ Records of purchases are stored off site electronically to assist with insurance evaluation ❖ Building is code compliant for building and fire standards ❖ Fire/emergency policy and protocols in place with periodic fire drill training

<p>18. Examination</p>	<p>Exam Security is breached</p>	<p>2 Unlikely</p>	<p>3 Major</p>	<p>6 Moderate</p>	<p><u>Manager</u> <u>(Registration and Examinations)</u> <u>Coordinator,</u> Director (Registration) Contractors</p>	<ul style="list-style-type: none"> ❖ Strict protocols are in place for handling and storage of examination materials ❖ Staff and all persons involved in the development and approval of exam items and test forms trained on the risk of breach of the exam ❖ Reports of breach are addressed immediately through appropriate process (refer to policy) ❖ No hard copies or electronic copies of the examination or of items are retained by the College or any other person involved in the development of exam items and test forms ❖ Invigilators, and members of the IWC and EC sign confidentiality agreement and are provided with training ❖ Database service provider& contractors' agreement specifies accountabilities for security of examination related materials ❖ Regular review of risk management with hosting and development ❖ Different exam form administered for consecutive exams ❖ Exam service provider conducts annual third-party penetration testing on the Exam service provider's Exam Platform ❖ Exam service provider utilizes <u>the following</u> security controls in the protection of critical infrastructure: <ul style="list-style-type: none"> - All web application servers are fronted by Cloudflare's WAF - All exam service provider corporate endpoints are monitored 24x7 by CrowdStrike using Falcon Complete - All Internet facing web application servers are in private network segments with all inbound traffic routed through third party servers - Access is granted on a need to know, role based model adhering to the least privileged access principle - Privileged access to infrastructure requires multi factor authentication - Administrative access to databases requires three distinct sets of credentials including one MFA authentication - SSH access to infrastructure endpoints requires two distinct sets of credentials in addition to the credentials required to access the server/endpoint itself ❖ All SSH traffic is routed through an SSH proxy server ❖ Encryption <ul style="list-style-type: none"> ○ Data in transit is encrypted using a minimum of TLS1.2 or higher ○ Data at rest is encrypted with a minimum of AES256 encryption. This includes: ○ Databases use Transparent Database Encryption (TDE)
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Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
						
19 Examination	Breach of confidentiality for exam, applicant or registrant information as a result of student placement	2 Unlikely	3 Major	6 High	Director (Registration), Manager (Registration and Examinations) Examination Coordinator Manager, Professional Practice	<ul style="list-style-type: none"> ❖ Exam is offered online. Requests for paper exam is rare. Exam is no longer stored on premises. ❖ Student not working in office without other staff present ❖ Appropriate electronic and physical access restrictions in place. ❖ Student trained on importance of confidentiality; signed confidentiality agreement in place. ❖ Discussions about registrants or applicants are conducted in private
20. Examination	Validity of examination content is legally challenged	2 Unlikely	2 Serious	4 Moderate	Registrar, Exam Service Provider	<ul style="list-style-type: none"> ❖ Examination development conducted by highly qualified contractor with extensive experience and high credibility. ❖ Examination Committee is comprised of persons with appropriate expertise and diversity with no conflicts of interest (no Council members) ❖ Each exam sitting undergoes extensive psychometric analysis and further review by Examination Committee ❖ Ensure discussions about exam with Council are well informed (public meetings) ❖ Periodic review of Exam Blueprint (every 5-7 years)
21. Examination	Validity of the administration of the exam sitting is challenged due to: <ul style="list-style-type: none"> • Hydro failure • Fire drill • Medical emergency, or • Other irregular circumstances 	1 Rare	2 Serious	2 Low	Registrar, Director (Registration) Manager (Registration and Examinations) Examination Coordinator Exam Service Provider	<ul style="list-style-type: none"> ❖ Educate candidates on withdrawing prior to exam if they have serious health issues ❖ Procedures in place for Invigilators to deal with emergencies and are periodically reviewed and updated as required ❖ Examination Appeals Policy in place to deal with procedural irregularities and is periodically reviewed and updated as required

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
22. Examination	<p>Item Bank and test forms lack sufficient items that:</p> <ul style="list-style-type: none"> reflect the examination blueprint are high quality can be correctly answered by the entry-level practitioner 	2 Unlikely	2 Serious	4 Moderate	Registrar, Exam Service Provider	<ul style="list-style-type: none"> Continuous recruitment and development of high-quality item writers to maintain robust bank of items Set target quotas for new items Executive Committee reviews the qualifications of nominees to ensure breadth and depth on IWC Examination Candidates are surveyed regarding the relevancy of test questions
23. Human Resources	<p>Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in:</p> <ul style="list-style-type: none"> Backlog in work Inability to meet required timelines Major interruption in work 	2 Unlikely	2 Serious	4 Moderate	Registrar, All staff	<ul style="list-style-type: none"> Procedures are documented for all key functions Each person is assigned a “back-up” role Succession planning, including an awareness of who may be named Acting Registrar in the absence of the Registrar. Staff to receive cross-functional exposure and training to provide the necessary competencies and knowledge base to act as Registrar when/if required. Council, Executive Committee and other relevant Committees are kept informed of ongoing matters that involve the Registrar’s powers of investigation or other regulatory matters. Registrar is briefed bi-weekly on work in progress Regular staff meetings to update all staff on work in progress Handover plans provided to appropriate support persons and Program Coordinator. Emergency contact information provided by each staff member Staff receive training to develop more advanced skills and knowledge All staff provided with opportunities to act in other roles within the organization Succession plan in place for critical positions Organization has disability benefits in place to mitigate financial risks associated with employee on long-term disability

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
24. Human Resources	<p>Extended disruption in work due to emergency situation, such as:</p> <ul style="list-style-type: none"> • Fire • Flood • Extreme weather event • Security Incident • Extended public lockdown (Pandemic) • Transportation disruption • Power loss • Similar emergency circumstances 	2 Unlikely	2 Serious	4 Moderate	Registrar Director (Finance and Operations)	<ul style="list-style-type: none"> ❖ Emergency plan in place with assigned roles for staff, up-to-date contact information for staff ❖ Back-up arrangements in place with appropriate service providers (e.g. alternative work measures, remote access to computer systems, etc.) ❖ Training for staff and Council on emergency procedures ❖ Activation of Business Continuity Plan and Disaster Management Recovery Plan
25. Human Resources	Lack of French-speaking staff member is raised as an issue, the Ministry, the Fairness Commissioner or other authoritative body	2 Unlikely	3 Major	6 Moderate	Registrar	<ul style="list-style-type: none"> ❖ All key website content and publications provided in French and English ❖ Consider ways in which French language services can be easily accessed ❖ Ability to procure translation services quickly if needed in an extraordinary circumstance ❖ Recruitment of French-speaking staff member(s) where possible ❖ Collaborate with other Colleges regarding shared translation resources and services, including options for front-line communications in French.

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
26. Human Resources	Organizational culture issues caused by/resulting in: <ul style="list-style-type: none"> • Low staff morale • Interpersonal conflicts • Complaints of harassment • Decreased productivity • High staff turnover rate 	2 Unlikely	2 Serious	4 Moderate	Registrar, Council, Staff	<ul style="list-style-type: none"> ❖ Performance management system in place for all staff which identifies and addresses issues of performance and contributions to team-building. ❖ Policy on Violence & Harassment in the Workplace reviewed annually and training provided annually to Council, staff and Committees. ❖ Staff meetings held on a regular basis, which encourage openness, respect and collaboration ❖ Team-building events held involving all staff ❖ Develop and facilitate culture and values to promote positive team interactions, collaboration, inclusivity and fairness ❖ Registrar addresses all issues of conflict promptly ❖ Registrar provides coaching and feedback to staff regarding contributions to the team ❖ Collaborative decision-making where appropriate ❖ All staff receive due recognition ❖ Appropriate and up-to-date HR policies in place and regularly reviewed ❖ President/Council oversight and regular performance review of Registrar ❖ Employee Assistance Plan and other benefits in place for full-time staff. ❖ Measures in place for reporting to Registrar or designate staff ❖ Development and implementation of team-building/morale-boosting staff activities. ❖ Ensure staff are aware of resources and supports to help promote and maintain health and well-being.

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
27. Human Resources	<p>Staff are ineffective in their roles due to</p> <ul style="list-style-type: none"> • Lack of clarity • Inconsistent decision-making • Lack of policies • Lack of transparency in leadership • Lack of orientation • Lack of training • Lack of expertise • Lack of commitment to the values of the organization 	2 Unlikely	2 Serious	4 Moderate	Registrar, Director (Finance and Operations)	<ul style="list-style-type: none"> ❖ Clear job descriptions are in place for all staff ❖ Management decision-making is consistent with policies and best practices ❖ All staff informed of rationale for decision making ❖ One-on-one meetings between staff members and their supervisor occur regularly ❖ Performance reviews for all staff identify developmental and training needs/opportunities. ❖ Orientation package and program for all new hires ❖ HR policies reviewed regularly and updated as necessary. ❖ All staff required to review and confirm their understanding of HR policies. ❖ Staff are provided with training on office procedures, guidance in relation to work assigned, and training to address skills gaps in relation to assigned work
28. Human Resources	Lack of expertise on the part of staff leads to poor decisions by Committees and Council	2 Unlikely	2 Serious	4 Moderate	Registrar, Director (Finance and Operations)	<ul style="list-style-type: none"> ❖ Selection criteria correspond to the skills, experience and qualities required to perform effectively in the position being recruited. Target hiring levels set as part of recruitment process. ❖ Senior staff collaborate with peers in other Colleges to ensure that approaches being proposed in the College are current and consistent with developing practices in the field ❖ Training needs are identified in annual performance planning and report on training outcomes in same document. ❖ Probationary employees reviewed according to schedule and at a minimum after six months ❖ The College uses legal and other expert services for advice for critical decisions, as needed
29. Human Resources	<p>Lack of capacity during period of high activity in a portfolio resulting in:</p> <ul style="list-style-type: none"> • Errors and omissions • Operational needs not met • Statutory duties compromised • Financial expense 	2 Unlikely	2 Serious	4 Moderate	Registrar, Directors, Managers	<ul style="list-style-type: none"> ❖ Utilizing working groups ❖ Accessing resources and learning opportunities from other Colleges ❖ Cross training of roles ❖ Regular staff meetings ❖ Retained revenues to meet extraordinary expenses ❖ Regular review of staffing needs, staff performance to align with operational needs of the College

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
30. Loss of Confidence in CKO	<ul style="list-style-type: none"> College does not ensure, or is seen not to ensure, competence of its registrants, through its Registration Quality assurance (QA) and Professional Conduct (PC) processes 	2 Unlikely	3 Major	6 Moderate	Registrar, All staff	<ul style="list-style-type: none"> Registration requirements are reviewed to ensure registrants are practising safely and professionally at entry-to-practice level Self- assessment, e-learning modules, peer and practice assessment and remediation are seen as valuable tools and processes that enable registrants to maintain and enhance their competence. Data from various programs is used to identify registrants' learning needs, to identify areas of risk for the profession that inform assessment and remediation policies, to inform development of resources and supports, and to inform universities of developing trends and performance on exams by their graduates Regular communications efforts with registrants, employers, other stakeholders on the value of registration, quality assurance and public accountability Periodic, scheduled review of entry-to-practice and essential competencies, standards/guidelines and other materials for revisions and updates Work with other colleges on the development of joint resources relating to standards Training of all statutory committees to ensure they discharge their mandate accordingly; Program evaluation for Registration, QA and PC functions Ensuring accurate and timely communication to registrants, the public and other stakeholders regarding emerging and developing areas of risk that may be associated with changes to best practices
31. Loss of Confidence in CKO	<p>Applicant/Registrant disengagement resulting in:</p> <ul style="list-style-type: none"> Lack of interest for election to Council Lack of membership on committees, working groups Reduction in overall registrant numbers Lack of commitment to QA Lack of awareness of reporting and mandatory reporting processes 	2 Unlikely	3 Major	6 Moderate	Council, Registrar, Directors/Managers	<ul style="list-style-type: none"> Create and advertise opportunities for engagement with College Develop "stories" for publication, describing benefits of engagementengaging with CKO Continuous outreach to professional associations to ensure they are able to keep their members informed and engaged Continuous outreach to universities to reach prospective registrants to ensure understanding of the College's role and why regulation matters Increased efforts to protect the title "kinesiologist" Information to the public and membership on the value of regulation and membership Solicit feedback from registrants on CKO program components and services Change in by-law and governance structure (competencies)

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
32. Loss of Confidence in CKO	Poor customer service/public relations	2 Unlikely	2 Serious	4 Moderate	Staff	<ul style="list-style-type: none"> ❖ Client Services Policy in place ❖ Complaints intake policy developed and yearly training ❖ Invite feedback through customer service surveys (to be implemented) ❖ Regular review of website material to ensure accessibility of information in easy-to-use formats ❖ Regular evaluation and reporting of inquiry tracking metrics to establish benchmarks for client service and to provide analytical information for the development of resources for registrants ❖ [Yearly/Semi-Annually/Quarterly] customer service survey/outreach efforts to groups/individuals who have had interactions with the College
33. Loss of Confidence in CKO	Public, registrants, government and/or other stakeholders perceive the College as not being transparent and/or fair	2 Unlikely	3 Major	6 Moderate	Council, Registrar	<ul style="list-style-type: none"> ❖ Adoption and use of Transparency Principles ❖ Public education on need for confidential processes in appropriate circumstances ❖ Collaboration with other Colleges on communications strategies ❖ Implementation of Bylaws related to transparency ❖ Regular reporting on activities of the College against key performance metrics
34. Loss of Confidence in CKO	The College's policies and procedures are perceived as unfair or facilitating/supporting embedded or systemic racism, discrimination, and/or bias.	1 Rare	2 Serious	2 Low	Staff	<ul style="list-style-type: none"> ❖ Adoption and application of Equity, Diversity, Inclusion and anti-Bias (EDI-B) principles and practices. The College has published an anti-racism statement. ❖ Adopt an Equity Impact Assessment (EIA) tool that will be applied to policy and document development and review. ❖ Development of outreach and collaboration strategies between the College and BIPOC/other identified groups (including rural/geographically remote communities). ❖ Review and develop policies and procedures specific to issues involving various tribunals such as Human Rights Tribunal, Office of the Fairness Commissioner and the Ombudsman's Office
35. Governance	<p>Council/Committee members and volunteers not adhering to Code of Conduct, Bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> • Decision or process is not based on principles that apply universally to everyone; 	2 Unlikely	2 Serious	4 Moderate	Council President, Registrar	<ul style="list-style-type: none"> ❖ Council and Committee members complete orientation and on-going training ❖ Council/Committees and volunteers complete self-evaluations, peer evaluations and Council/committee evaluations, identify opportunities for Council-wide and individual improvement, and complete continuing professional development ❖ Effective leadership training for Council members (e.g., workshops, conferences, etc.) that focus on good governance. ❖ Update by-laws and policies as needed

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
	<ul style="list-style-type: none"> • Decision or process creates an unfair advantage or disadvantage for a particular group; • Decision or process does not consider risk of harm and protect the public; • Public confidence in the College’s ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry; • A breach of the fiduciary obligation of the person to the College; and • A liability for either the College and/or the person involved • Decreased morale 					
36. Governance	<p>Resignations from Council along with failure to recruit/maintain minimum number of Council members resulting in:</p> <ul style="list-style-type: none"> • Not enough Council members to constitute a quorum • Not having enough members to staff committees • Decreased morale of current members • Increased volunteer workload for current members • Potential resignation of some current members 	2 Unlikely	2 Serious	4 Moderate	Council President, Registrar	<ul style="list-style-type: none"> ❖ Develop and implement Council succession planning. ❖ Develop the skills, knowledge and competencies of committee members to encourage and prepare them to run for future Council vacancies. ❖ Create in-depth board orientation education for delivery through multiple channels (e.g., learning modules, podcasts, bootcamps). ❖ Promote the benefits of running for Council. Develop messaging based on different target groups. ❖ Expand the pool of committee members to balance the volunteer workload among current members. ❖ Ensure ongoing appreciation and recognition of current Council and committee members.

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
37. Governance/ Compliance	<p>Conflict of Interest by Council, committee members, volunteers, staff undeclared/inappropriately managed resulting in:</p> <ul style="list-style-type: none"> • Decision or process is not based on principles that apply universally to everyone; • Decision or process creates an unfair advantage or disadvantage for a particular group; • Decision or process does not consider risk of harm and protect the public; • Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry; • A breach of the fiduciary obligation of the person to the College; and • A liability for either the College and/or the person involved 	3 Moderate	2 Serious	6 Moderate	Registrar, Council, Directors, Managers	<ul style="list-style-type: none"> ❖ By-Laws and Conflict of Interest Policy articulate what constitutes a conflict of interest, with clear examples, and outline process for managing/resolving ❖ COI training provided for all Council, committee members, volunteers and staff annually ❖ Foster culture of openness and transparency for members to trust disclosing conflicts or potential conflicts ❖ Council and Committee members required to declare or disclose conflicts of interest annually and prior to each meeting using disclosure forms. Forms to be retained, circulated with Council meeting material, and conflicts documented in meeting minutes. ❖ Council and committee members required to disclose/declare conflicts of interest at beginning of each meeting. Conflicts documents in meeting minutes. ❖ Volunteers required to declare/disclose potential conflicts annually ❖ Clear communication of consequences for breaching COI (e.g., removal from Committee/Council) Ongoing Council and committee feedback and performance evaluation on managing conflict of interest ❖ Periodic review of COI disclosure forms and COI Policy, and amendments as necessary

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
38. Governance/Compliance/Loss of confidence	<p>Council/Committee operating outside of mandate; or seen to be advocating for profession</p> <p>Becoming engaged with operational matters resulting in:</p> <ul style="list-style-type: none"> Poor or inconsistent decisions Decision or process is not based on principles that apply universally to everyone; Decision or process does not consider risk of harm and protect the public; Public confidence in the College's ability to govern/act in the public interest is undermined, discredit is brought to the College, and/or action is taken by the Ministry 	2 Unlikely	2 Serious	4 Moderate	President, Council, Registrar	<ul style="list-style-type: none"> College implements competency-based assessment and education, ensuring prospective and current Council and Committee members understand the College mandate and their roles and fiduciary duties Conflict of Interest Policy articulates what constitutes a conflict of interest, with clear examples Regular orientation and training on Terms of Reference, mandate and legislative authority, and Governance Track and monitor committee dispositions regularly Provide legal advice to Council/committees Registrants interested in serving on Council/committees complete mandatory orientation program to ensure they understand the College's mandate Advanced planning by staff on Council agendas to ensure items going forward focus on public protection mandate Ongoing Council and committee feedback and performance evaluation on meeting mandate
39. Governance/Compliance/Loss of confidence	Lack of timely access to Council/Committee proceedings and activities in French	1 Rare	3 Major	3 Moderate	Registrar, Council, Directors, Managers	<ul style="list-style-type: none"> Recruitment, where possible, of bilingual Public Appointees and Professional (and Professional At-Large) Council and Committee members Funds allocated in budget for document translation
40. Compliance	Risk of bias or misconduct by staff, investigator, volunteer, or panel members in relation to a College process/file under review	1 Rare	2 Serious	2 Low	Registrar, Directors, Managers	<ul style="list-style-type: none"> Ensure only experienced and reputable investigators are appointed Provide ongoing training to volunteers and Committee members regarding role, mandate, expectations, conflict of interest Clear communication of consequences for misconduct (e.g. removal from Committee/Council, professional misconduct) Review of reports of investigation by Professional Conduct lead.

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
41. Compliance	Risk of complaints/reviews from other bodies/ministries/tribunals including, but not limited to: <ul style="list-style-type: none"> • Human Rights Tribunal • Fairness Commissioner • Privacy Commissioner • MOH • Ministry of Labour 	2 Unlikely	2 Serious	4 Moderate	Registrar, Director (Finance and Operations)	<ul style="list-style-type: none"> ❖ Continually ensure compliance with labour standards and AODA, and health and safety legislation and directives ❖ Privacy policies in place ❖ Staff training on human rights, anti-discrimination and harassment, ❖ Training on emergency protocols to staff and Council ❖ Staff member to be trained in CPR/EMD ❖ Implement any government directives in timely and meaningful manner ❖ Staff select member to act as Health and Safety Rep. ❖ Periodic meeting of Registrar and all staff to discuss health and safety measures, office protocols to protect health and safety and compliance with labour standards.
42. Compliance	Failure to report to MOH on required performance metrics or other requirements	1 Rare	2 Serious	2 Low	Registrar, All Staff	<ul style="list-style-type: none"> ❖ Monitor compliance with College Performance Measurement Framework standards and progress ❖ Proactive advanced preparation for future reporting requirements ❖ Regular consultation with MOH representatives on College performance and expectations ❖ Collaboration with other regulatory bodies, HPRO, and key stakeholders on reporting framework, including sharing key templates and resources ❖ Consultation with focus groups (e.g. Citizen's Advisory Group)
43. Compliance	Failure to comply with proposed legislative amendments	1 Rare	3 Major	3 Moderate	Registrar, All Staff	<ul style="list-style-type: none"> ❖ The College seeks subject matter expertise and legal counsel, where applicable, when considering proposed changes in legislation. ❖ The College responds in a timely and comprehensive fashion to consultations from the provincial government regarding legislative changes. ❖ The College maintains an awareness of and works to apply regulatory best practices. ❖ The College reviews policy, by-law, regulation and other materials to ensure that all materials are up-to-date and fit-for-purpose. ❖ The College collaborates, where possible, with government and other regulatory bodies to implement any legislative reforms, amendments and updates.

Risk Strategy

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

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

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

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

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

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

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

Each Director/Manager and the Registrar develop detailed plans for Risk Mitigation. Detailed plans are reviewed and status of implementation and risk assessment are updated twice annually and when/if required based on emerging risks.

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

Risk Management Plan Approvals

Approved by:

Registrar

Council President

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Draft Business Continuity Plan

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Introduction

The Business Continuity Plan is a document that provides a framework to ensure that essential business functions can continue in the event of unplanned incidences, such as power disruptions, a pandemic, environmental or natural disasters (snowstorms, flood, etc.), fire, employee errors, hardware or software failures, or any other major emergency (hereafter “declared emergency”), where staff cannot access or use the office for one or more business days. The Business Continuity Plan ensures staff, Council, Committees and Registrants are informed and updated before, during and after the period of disruption.

The goal of this plan is to identify how the College will maintain its core regulatory functions and continue operations during a declared emergency.

Objectives

The objectives of the Business Continuity Plan are:

- To provide an organized and consolidated approach to managing operations of the College during a significant disruption to normal business operations;
- To provide for the continuity of College operations; and
- To manage and reduce the disruption of services to an acceptable level.

Overview

This plan provides an overview of strategies and considerations for the effective continuity of critical business operations. The College’s goal during any business interruption is to continue to fulfill its mandate to protect the public and to remain responsive to the public, the registrants, and other stakeholders.

This Business Continuity Plan discusses the planning, training, procedures, and technical infrastructure required to maintain essential business operations during a declared emergency.

Other activities not specified in this plan may be required for the recovery of business functions. This will depend on the nature and extent of the effects on staff, and College operations.

A detailed Disaster Recovery Plan is attached to this Plan.

Assumptions

This plan assumes that the disruption is temporary in nature and the College staff will have the ability to return to their normal workspace.

Other assumptions include:

- The College will continue its regulatory and operational functions;
- ~~The College will continue to have access to computer, telephone systems and data via the cloud/VPN.~~

In the event of a city wide or global declared emergency:

- Some staff may be impacted and will not be able to work.
- Travel and group gatherings may be impacted.
- School closures and ~~FFG~~other service disruptions may impact staff ability to get to work;

- Registrants may require guidance on providing services and practice operations.

The Emergency Preparedness Team will implement the appropriate steps of the Business Continuity Plan to support remote work, as required.

Role as a Regulator

As a strategic partner in the Ontario healthcare system, the College has an important role to play as the regulator of kinesiologists in Ontario. The core mandate of the College is to regulate the practice of kinesiology and to serve and protect the public interest.

The extent to which the College can maintain its core regulatory functions and continue operations during a declared emergency depends on a variety of factors, such as phase, severity and human resource capacity.

For this reason, the College has identified the following stages that will guide decisions about operational functions and the prioritization of activities during a declared emergency.

Stages Identified:

Stage 1 – Preparation/Planning: Day to day operations continue with monitoring of the situation. Planning activities take place and preparations are undertaken and then completed. A gradual reduction of on-site operations may take place as required.

Stage 2 - Implementation: It is determined that the situation may require closure of the office and that the College operate through a virtual office, or some hybrid of office/virtual office. Modified work may be required as the College responds to the effects of the event and the senior staff (the Registrar ~~and~~, [Directors and](#) Managers) (or Emergency Preparedness Team) work daily to mitigate risk.

Stage 3 - Post-declared emergency: Return to regular operations through careful planning.

Stage 1: Planning

Planning Principles

During the planning stage Senior College staff (or the Emergency Preparedness Team) will consider the following and take appropriate actions:

- Conduct environmental scan of /meet with other health regulatory colleges to discuss situation, options, past experiences, opportunities to collaborate;
- Manage and administer Business Continuity Plan;
- Communicate to College staff, Council, registrants and the public via website and ~~other~~ [virtual social media](#) platforms when required;
- Identify training required in departments and between departments to ensure appropriate coverage;
- Identify key business partners, suppliers, and stakeholders;
- Ensure departmental processes are clearly defined and documented;
- Ensure software for a fully virtual environment is installed on computers, e.g., Microsoft Teams, Zoom, SharePoint;

- Ensure remote telephone system is operational/installed on staff computers/cell phones and, if necessary, alternative secure means of communication are established;
- Ensure training is organized for staff to answer any software/telecommunications questions;
- ~~Identify-Ensure~~ files/documents that are not available/cannot be removed from the office are identified and develop a plan to allow access;
- Plan for and test virtual Council, Committee, Working Group, and Panel Meetings
- Make preliminary decisions regarding upcoming entry-to-practice examinations, registration renewal, quality assurance program requirements and Discipline Hearings and create acceptable plans around postponements and accommodations;
- Identify and prepare key communication messages. Examples include:
 - Guidance on office closures to stakeholders, the public, applicants and registrants;
 - Consideration for accessibility needs and means of communicating with the College;
 - Guidance on adhering to Standards and any Federal or Provincial guidelines; and
 - Message regarding finance and payments.
- ~~AnalyzeAnalyze~~ key financial processes and address gaps that may exist in a fully virtual environment;
- ~~AnalyzeAnalyze~~ emerging issues and contemplate the ramifications of a full shut down of the building and remote work (disrupting access to facsimile, mail, files, supplies etc.);
- Develop a plan for facsimile and mail retrieval and dissemination, printing and mailing on behalf of staff, as well as access to mail supplies and equipment;
- Update staff contact information with current information, including emergency contact information, personal email, telephone numbers and addresses.

Cyber Attacks

The following elements are to be considered when protecting College information technology systems:

- Secure multiple backups of all data;
- Firewalls are in place;
- Access to information systems are protected by passwords which are regularly changed;
- Staff, Council, committees and volunteers are regularly trained on the risks of attack through email;
- A recovery plan is in place in the event of a cyber attack; and
- Procurement of cyber insurance and ransomware insurance.

Stage 2: Implementation – Refer to Disaster Recovery Plan

A partial or full closure of the office is possible, and the contents of the plan will alter based on that.

If the Registrar considers a move to Stage 2 – Implementation, the Emergency Preparedness Team will organize regular meetings. This decision-making team will operate under the leadership of the Registrar.

Stage 3: Post-Emergency / Disaster Recovery

This stage will be planned by the Emergency Preparedness Team during Stage 2 as appropriate.

Considerations for the plan should include:

- Return to work safety protocols:

- health and safety
 - equipment and supplies
 - procedures
 - office furniture
 - occupancy considerations
 - visitors
- Provincial or Municipal guidelines
- Operational guidelines
- Communications: internal and external
- Review of Equipment Damage
 - Upon safe return to the office space, any damaged furniture or equipment is documented and recorded for insurance purposes. The usual wear and tear of office equipment and furniture are expected.
- Post emergency/disaster debrief

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Draft Disaster Recovery Plan

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Introduction

The Disaster Recovery Plan provides a framework for the College describing the current operational capabilities which can be applied or modified for a strategy as needed. The plan is intended to cover unplanned incidents, which can include power disruptions, pandemic, environmental or natural disasters (snowstorms, flood, etc.), fire, employee errors, hardware or software failures, cybersecurity breaches, or any other major emergency where staff cannot access or use the office for one or more business days.

The goal of the plan is to allow the College to continue to fulfill its mandate of public protection and provide ongoing services with a minimum of disruption. The plan is part of the overall Business Continuity Plan (BCP).

Stage 1: Planning

Emergency Preparedness Team

The Emergency Preparedness Team is organized and led by the Registrar. Their key responsibilities include:

- Conduct environmental scan of /meet with other health regulatory colleges to discuss situation, options, past experiences, opportunities to collaborate;
- Manage and administer Business Continuity Plan;
- Communicate to College staff, Council, registrants and the public via website and other virtual platforms when required;
- Conduct Business Impact Analysis;
- Identify training required in departments and between departments to ensure appropriate coverage;
- Identify key business partners, suppliers, and stakeholders;
- Ensure departmental processes are clearly defined and documented;
- Analyse key financial processes and address gaps that may exist in a fully virtual environment;
- Analyse emerging issues; contemplate the ramifications of a full shut down of the building and remote work (disrupting access to facsimile, mail, files, supplies, etc.);
- Update staff contact information with current information including emergency contact information, personal email, telephone numbers and addresses; and
- Revise and update Business Continuity Plan annually or as required

Emergency Preparedness Team Contact Information

PRIORITY ASSIGNMENT	TITLE	PHONE NUMBER	EMAIL
Registrar	Registrar & CEO	416-961-7000 xt. 101	Nancy.leris@coko.ca
Director of Operations and FinanceBusiness	Director/Manager of Operations	416-961-7000 xt. 102	Finance@coko.ca

<u>Continuity Plan Manager</u>			
Alternate_BCP Manager	<u>Executive Assistant</u> Health and Safety Representative	<u>416-961-7000</u> xt. 106	<u>executiveassist@coko.ca</u> <u>examcoordinator@coko.ca</u>
<u>Health and Safety Representative</u> <u>Business Continuity Plan Coordinator</u>	<u>Examination Coordinator</u> <u>Manager, Examination & Registration</u> <u>Services</u> <u>Professional Conduct Coordinator</u>	<u>416-961-7000</u> xt. 109	<u>examecoordinator@coko.ca</u> <u>conductcoordinator@coko.ca</u>

Emergency Preparedness Team Roles:

Registrar: Provide leadership and communication to team members and stakeholders, internally and externally

Director of Operations and Finance: Provide leadership and communication internally and externally, if the Registrar is unavailable

Business Continuity Plan Manager: Oversee the implementation of the Business Continuity Plan. Responsible for all program activities once implemented. Maintain all documentation to support the Business Continuity Plan. Review and revise the plan on an annual basis.

BCP Alternate Manager: Assist with the implementation of the BCP. Incorporate findings and considerations from health and safety best practices/guidelines. Ensure program continuity. Maintain hard and soft copy lists of employee contact and vital information. Assume role of BCP Manager if required.

Health and Safety Representative BCP Coordinator: Ensure program continuity. Maintain hard and soft copy lists of employee contact and vital information. Assist with the implementation of the BCP. Incorporate findings and considerations from health and safety best practices/guidelines

Business Impact Analysis

A Business Impact Analysis (BIA) is a systematic process to determine and evaluate the organization's operations and associated resource requirements, to identify the impact of exposure to a sudden loss of business functions and resources due to a declared emergency.

This analysis will assess the organization's key services and products and rank them, based on priority, by what is most essential for continuing business functions in the event of a declared emergency and recovering from a declared emergency.

Critical Business Analysis and Action Plans

- Identify critical functions and level of importance, Appendix 1
- Create a plan to maintain operations by business unit, Appendix 2

Preparedness Considerations by Business Unit

Communications: Communication releases, website, social media accounts, preparation of communication templates to address office closure.

Finance: Payroll, utilities, vendor and third-party payments, cheque/EFT processing.

Operations/Corporate: Training and cross-training, staff responsibilities, team management, work plans, vacation times, employee absences and leaves of absence.

Office processes.

Professional Conduct: Plans for acceptable postponement of discipline hearings, plans for remote or in-person investigations.

Information Technology: Systems and technology for remote work. Security of Information, Back ups, File Access, Virtual meeting format, Hardware, Software, Equipment, Technical support for vital business functions.

Practice Advisory: Practice advisor is up-to-date with all concerns, directives, and policy matters effecting Registered Kinesiologists.

Registration: Plans for acceptable postponement, plans for remote or in-person examinations, electronic processes for review and approval of application, continuity of registration functions.

Quality Assurance: Plans for acceptable postponement of program components, plans for virtual peer and practice assessments.

Council: Continuation of Council work, and appropriate training for virtual platforms is completed.

BCP Framework and Documentation

Identify central location for the storage and maintenance of all BCP Documentation. Create a hardcopy if the College computer systems are not available, to include:

- 1) Identification of Service and Level of Importance - Appendix 1
- 2) Preparedness requirements by Department - Appendix 2 [\(sensitive information, template not completed\)](#)
- 3) Communication Plan
- 4) Staff List with Contact Information - Appendix 3 [\(sensitive information, excluded ~~from~~ document, for internal use only\)](#)
- 5) Vital Business Information - Appendix 4 [\(sensitive information, for internal use only\)](#)
- 6) Helpful Resources - Appendix 5 [\(sensitive information, excluded in document\)](#)
- 7) Policies, Documents, Procedures- i.e., Return to Work Plan, Building Re-Entry Guidelines and Fire Warden Training Handbook - Appendix 6 [\(deleted, no longer required\)](#)

Stage 2- Disaster and Emergency Response

BCP Activation

The Emergency Preparedness Team will closely monitor the situation to understand any potential delays, long-term consequences, and other variables for determining the activation of the BCP, following the steps in the plan, and initiating appropriate communication.

Events that may trigger a discussion about closing the office and moving to a virtual office include:

- Federal, Provincial or Municipal Public health recommendation
- Decision by Council (example: invocation of Emergency Class Certificate of Registration)
- School closures
- Transit interruptions
- Power outages
- Building security and closures
- Staff safety
- Natural disasters

A partial or full closure of the office is possible, and the actions of the plan will alter based on that. The College may have a full office shut down, however still have access to the office for mail, files and supplies. Alternatively, if the building is closed, there may be no access to those items onsite.

If the Registrar determines a move to Stage 2 – Implementation of the BCP, the Senior Staff / Emergency Preparedness Team will convene regular meetings. The Emergency Preparedness Team will closely monitor the situation to understand potential delays, short-term and long-term consequences, and other factors for communicating the BCP. This decision-making team will operate under the leadership of the Registrar.

The Registrar and the Emergency Preparedness Team will be responsible for all operational decision-making, including:

- The extent of remote or onsite work (e.g., full virtual, hybrid etc.) required;
- Defining essential services in the event of staff reductions;
- Reassigning staff resources, as necessary;
- Ongoing assessment of staff resources;
- Decision-making about the reassignment of staff to various duties for business continuity;
- Analysis of emergent issues and related planning;
- Serving as a focal point for all internal communications;
- Central management function of all College activities;
- Managing communication to the public, communicating to key stakeholders via the Communications Officer; and
- Ensuring that risk management procedures are still in operation during the activation of this plan.

Internal Communications

The Business Continuity Plan Manager will be responsible to communicate any required protocols and guidelines from local authorities, government officials and facility management. When operating a fully or mostly virtual office, staff are asked to prioritize communications with each other, and be responsive

to all communication requests. Staff are expected to keep their voicemail clear and their voicemail message updated. Each department will develop their communications understanding that communication should be reliable and regular

Emergency Contact Information

- The Emergency Preparedness Team will ensure that the contact information for all staff and the building management is up to date, accessible in both hard and soft copy.
- The Registrar and Director, Operations and Finance or their designate ~~Executive Director~~ maintain current Council member contact information and key Ministry of Health personnel.

Telephone and Computer Systems

- All staff are issued a laptop computer which can be taken home should the College implement remote service. Staff are able to access all files and programs remotely.
- The College has a telephone application that allows staff to make and receive voice calls from their cellular phone, or that other means of communication are available as required.
- All staff are familiar with accessing their telephone voicemail remotely.

Operations

Computer Systems

- The telephone system, the servers and other network related devices are kept in a secure locked room.

College Files

- Files which may be needed for a virtual work environment, are identified and a plan is developed to make these accessible.
- Registrants' registration files are scanned and uploaded into an external document management platform (i.e., Digital Docs) and multiple locations on the College's secured internal shared drives.
- Investigations, Hearings, Quality Assurance, Operational and Financial files are scanned and uploaded into the College's secured internal drives as they are created.
- Other documents are scanned into the College's secured internal drives and signed originals stored onsite.
- Should files from the College office be needed, a staff member retrieves the required files and scans them into the College's secured internal drives

Financial Operations

- The College Finance Department Bookkeeper can operate remotely, ~~except for depositing physical cheques. A staff member must either take cheques to the bank or, with the bookkeeper setting up from off-site, use the remote deposit system for depositing cheques.~~
- Invoices are paid through EFT using the CIBC CMO platform. Payroll is done by EFT through the Payworks online system. Payments are authorized using Adobe Digital Signatures and additional approvals required using a system where the approvers can view the documents for payment and supporting documents prior to releasing payments using CIBC CMO platform.~~required through email from the approvers to the Bookkeeper.~~

Staffing

- Depending on the emergency, staffing may be impacted. If necessary, the availability of staff is reviewed, cross training evaluated, and a needs assessment completed.

Signatures

- Documents requiring a signature are signed with Adobe Digital Signatures. Routine letters may be signed with a copy of a scanned signature.

External Communications

The Registrar and the Emergency Preparedness Team, as per their responsibilities, will design and implement a communications plan and schedule with stakeholders including mass emails to registrants, website notifications, telephone system messages and door signage. This can include daily or weekly updates to stakeholders, conferences with Ministry officials, and meetings with Directors to identify any gaps in communications.

Council, Committees, and Panels

The College Council and Committees will continue their governance role to the extent possible, given the nature and scope of the disruption, and the operational capability of the organization. Meetings will be held via videoconference and teleconference as required.

The location of Discipline Hearings, onsite or virtual, will be scheduled as is necessary for the protection of the public.

Website and Telephone Greetings

- The College website and social media platforms ~~is~~are updated to advise the public of operational capabilities.
- The main telephone greeting is changed to reflect operational capabilities.
- Staff are advised to adjust personal telephone phone greetings.
- Signage, as needed, is posted on the main door.

Communication with Registrants and the Public

- A staff member will be designated to receive any incoming facsimile/mail delivery and to scan mail as required.
- Updates and guidance are sent to registrants by the Communications Manager as appropriate.
- Where possible, documents, including registration and investigation materials are received digitally.
- A plan is developed for printing and mailing on behalf of the department in the event of staff working remotely.

Virtual Meetings

- College has access to virtual meeting software (Microsoft Teams and Zoom), and all staff are trained in its use if staff must plan for virtual Committee meetings, public Council meetings and Discipline Hearings. The Executive Officer will review any contracts held with outside meeting spaces to determine if it is necessary to amend or cancel.

Temporary Reassignment of Duties

It may be necessary to reassign staff to areas deemed essential to carry out the College's role. When necessary, staff may be reassigned in an equitable manner to assist in other areas that are experiencing shortages. All reassignment decision-making will be made by the Registrar and Emergency Preparedness Team in consultation with the staff involved. Where possible, staff will be reassigned into areas that are related to their expertise.

Stage 3- Post Emergency

Resuming operations and return to the workplace.

This stage will be planned by the Emergency Preparedness Team during Stage 2 as appropriate. Considerations for the plan should include but are not limited to:

- Return to work safety protocols:
 - health and safety
 - equipment and supplies
 - procedures
 - office furniture
 - occupancy considerations
 - visitors
- Provincial or Municipal guidelines
- Operational guidelines
- Communications: internal and external

- Review of Equipment Damage
 - Upon safe return to the office space, any damaged furniture or equipment is documented and recorded for insurance purposes. The usual wear and tear of office equipment and furniture are expected.
- Post emergency/disaster debrief

Appendix

Appendix 1 – Identification of Essential Service and Level of Importance

Level of importance of essential service	Current number of employees providing services	Remaining number of employees if absenteeism rate of 35% is applied	Degree of risk (high, medium, low)	Possibility of working from home (Yes or no?)	Action plan implemented for essential service (Yes or no?)
A. Communications	Services are currently outsourced <u>1</u>	Outsourced <u>1</u>	Medium	Yes	<ul style="list-style-type: none"> Designate staff (internal/external)
Operations/Corporate	26	12	Medium	Yes	<ul style="list-style-type: none"> Ability to outsource Hiring of new staff
Information Technology	Services are currently outsourced	Outsourced	High	Yes	<ul style="list-style-type: none"> Procurement policy for acquiring new vendors
Practice Advisory	12	1	Low	Yes	<ul style="list-style-type: none"> FAQ on College website College Practice Standards and Guidelines on website
Council	147	610	Low-	Yes	<ul style="list-style-type: none"> Executive Committee in place in absence of Council
B. Finance	24	1	Low	Yes	<ul style="list-style-type: none"> Electronic approvals Mail re-direction
Professional Conduct	1	0	Medium	Yes	<ul style="list-style-type: none"> Assistance from Legal counsel Outsourcing of Investigators
Registration	4.5	21	High	Yes	<ul style="list-style-type: none"> Processes can be completed online (renewal etc.) Online meetings Online examination
C. Quality Assurance	21	01	Medium	Yes	<ul style="list-style-type: none"> Online portal for self-assessment and e-learning modules Virtual peer and practice assessment processes and procedures in place

Level of importance

- A. Crucial service. Cannot be interrupted or suspended.
- B. Services/functions that can be suspended for a short period of time (e.g. a month).
- C. Services/functions that can be suspended for a long period of time (e.g. one year)

Appendix 2 – Department Action Plan for Maintaining Essential Services

Department:			
Essential Services your department covers (Identify and provide brief description)			
Individual/Position Responsible for implementing specific action plan	(Name)	(Phone numbers)	(Email addresses)
Back Up Individual/Position Responsible for implementing specific action plan			
Business impact issues (list any)			
Action Plan (List action plan including, notification plan, communications strategy, staff reallocation plan, use of other sector services, any change in scope of service delivery, monitoring and reporting needs, etc.)			
Resource Needs (List needs and contact information for resource needs – staffing, equipment, contracting out services.)			

~~Optional Return to Work—effective September 1, 2020~~

~~Note: no more than 11 people will be allowed in the office at any one time which includes no more than 6 staff. If you are hosting a meeting keep in mind that the boardroom can only hold 5 people if we are to meet the physical distancing requirements. You are encouraged to continue conducting meetings virtually.~~

~~Should we return to the office on a full-time basis, no more than 6 staff members will be allowed at the office. Staff will attend on a rotating schedule to be managed by the Executive Assistant~~

Employers have a legal duty under Ontario's *Occupational Health and Safety Act* to take every reasonable action to protect the health and safety of workers. This duty is particularly important in the context of COVID-19, where there is a need to protect workers and the public from contracting the virus. The following guidance is being issued to minimize risk to our team:

General:

- ~~Complete the Ministry of Health COVID-19 worker and employee screening tool each day prior to leaving for work~~
- ~~Wear a mask~~
- ~~Avoid touching your face~~
- ~~If you need to cough or sneeze cough / sneeze into your sleeve~~
- ~~Wash your hands / use sanitizer often~~
- ~~If you have been in contact with someone who has COVID-19, you must self isolate. Do not come to work, and monitor for symptoms for 14 days after exposure~~
- ~~If you are being tested for COVID-19 do not come to work while your test results are pending and follow the directions issued to you from public health / your health care team regarding isolation~~
- ~~Be kind to yourself, the last couple of months have been tough, ease into a return to the office plan if you need to and remember you do not need to return to the office at this time~~
- ~~The College currently has not made a decision regarding the mandatory vaccination of staff, while in the office. The College is working with Ontario health regulators and building requirements on this issue.~~

Before you leave your house

- ~~Please let the Executive Assistant know 24 hours before you go to the office that you will be in the office. Please also record on your time sheets the days you attended the office. They will keep a record of who attended the office on any given day.~~
- ~~Complete the Ministry of Health COVID-19 worker and employee screening tool each day prior to leaving for work. This must be completed each day before leaving your home to come to work.~~
- ~~You must complete the pre-screening before you enter the office and a log will be kept to ensure that contact tracing can be followed. The Program Assistant will also be able to keep track of who has entered the office.~~

●

- Make sure you pack a Health Canada approved masks and hand sanitizer
- Avoid touching your face
- If you need to cough or sneeze cough / sneeze into your sleeve
- Wear your mask during your commute, in the building and in the elevator.
- Bring your lunch / coffee / tea / water bottle if you would like (there is no milk or cream in the office). You are encouraged to bring your own mugs, plates and/or utensils. Shared plates, mugs and cutlery are no longer available for us to use.
- Ensure you wash your hands before you use the office kettle and coffee machine;
- You should also wipe down the fridge, microwave, office kettle, coffee machine when you use it.
- Bring a sweater as it will be cooler than usual in the office
- If your plans change, please email the Executive Assistant as they must keep track of those who are entering the office.

If you are driving

- The elevator for the parking garage is limited to 2 persons. Please use the stairs if you can and ensure you observe physical distancing protocols. Also, ensure you obey the same protocols in the underground parking garage. Use hand sanitizer before and after you use the elevators or open doors

Once You Enter the Office Building

Please note that we cannot control the quality of the air or water
Learn more about how the building is managing this in the Collier's International Building Re-Entry Guidelines

- Wear a mask in the building
- Apply hand sanitizer before you enter the building
- Elevator capacity is restricted and there will be queuing lines—follow building recommendations re elevator capacity or personal comfort. The building suggests that 2 people can go into an elevator.

Personal Protective Equipment

- Staff are required to wear a mask at all times when in the office.
- If meeting with a vendor / stakeholder both you and your guest need to wear a mask
- If you forget your mask one will be provided to you
- Gloves will be available for you if you would like to use them
- Hand sanitizer is available in the office (kitchen, main hallway, filing room and on all desks).
- You are required to wash your hands immediately after entering the office. The in suite washroom is available for hand washing prior to entering the main office. You are required to use the washrooms on the 14th floors. The in suite washroom can only be used for handwashing.

Once You Approach and Enter the College Offices

- ~~The College office doors will remain locked.~~
- ~~Enter as you would for a regular workday~~
- ~~Apply hand sanitizer once you are inside the office~~
- ~~You are required to keep all your belongings around your desk or workstation, including your coat.~~
- ~~Follow the floor markings- you must enter the office through the main door and exit through the second door near the supply cabinets.~~
- ~~The following seating areas are off limits: staff room and board rooms including the small meeting rooms. There will be no seating area in the lobby.~~
- ~~Always stay 6 feet apart from your colleague~~
- ~~All high touch surfaces will be cleaned / disinfected once a day and you are required to clean your desk and wipe down surfaces as often as you can during the day. You will be provided with disinfecting wipes to maintain a clean surface. The Program Assistant will develop a cleaning schedule for common areas to be adhered to by all staff.~~
- ~~Also, ensure that you use the wipes provided to you to wipe down all other surfaces that you have touched including filing and stationary cabinets. When you have entered an office, you are also required to wipe down door handles after you leave. The Executive Assistant will continue to keep track of supplies as they are depleted to ensure we continuously have stock on hand.~~

At "Your Desk"

- ~~At your desk you will find, Kleenex, hand sanitizer and your own garbage can. You should only sit at your own desk and use your own chair.~~
- ~~Wipe your desk and chair down before you start your day and at the end of the day~~
- ~~Dispose of your gloves (if you wore any) in the garbage at the end of the day~~
- ~~Wear your mask while in the office at all times~~
- ~~If you need supplies from the supply room wipe them down when you take them and before they are returned (if returnable)~~
- ~~Using copiers, staplers, or shredder? Wipe them down before and after use~~

Breaks / Lunches

- ~~Do not leave the office in a group or congregate in a group~~
- ~~If you leave the office, take your mask and only go into the elevator where there is at most one other person~~
- ~~Follow the physical distance markers to enter and exit the office~~
- ~~At lunch proceed one by one into the kitchen. If you are not leaving the office for lunch, please eat at your desk to limit contact with other surfaces.~~
- ~~There will be no coffee, tea, condiments, peanut butter, sugar, etc. available. You should bring your own. Do not keep any items placed in the fridge open. Ensure your name is written on any items in the refrigerator. If you are bringing your lunch you can put your lunch in the fridge. One shelf per staff person.~~
- ~~All appliances that you touch in the office, including the faucet must be wiped before and after you use it~~
- ~~If you typically have snacks in the office, please do not share them with your colleagues~~

Washrooms

- Follow the physical distancing markers when entering and leaving the washroom
- No more than three people can be in the washrooms at a time
- Do not go to the washroom in groups
- Use hand sanitizer as required

Enforcement

- All staff are expected to adhere to the new rules. The focus will be on reinforcing public health measures and training. In the event that staff notice examples of non-compliance, it is important to approach the individual in a respectful manner using appropriate language. If individuals continue to engage in non-compliant behavior, the matter will be escalated to the Health and Safety representative, Magda Reder.

If You Contract COVID-19 and have been working in the office:

- Please report this information to Nancy so we can engage in contact tracing, assist staff with screening and precautionary measures and ensure that the office goes through a thorough cleaning. The office will be closed temporarily and staff will be advised as to when they can return.
- Staff who have contracted COVID-19 are to follow all Public Health and Ministry of Health guidelines with respect to return to work i.e., self isolation for the time period advised by your local public health unit, providing a negative COVID-19 test prior to returning to the office.

A Note About in Person Meetings and Appointments

Note: At this time we are trying to avoid hosting in person meetings in the office. No walk ins are permitted. Meetings with staff will occur by appointment only and it is everyone's preference that these take place over the phone or by GoToMeeting. All visitors will need to be pre-screened, by phone or email before attending at the office. The Program/Executive Assistant will be responsible for pre-screening of visitors.

If a meeting is being held in the office keep in mind that we can host no more than 5 people in the board room and meet the physical distancing requirements. Alternatively we can use a College-approved virtual meeting platform.

We are all in this together; if you see a colleague not following any of these safeguards have a conversation with them. If you don't see any change, please connect with Nancy to discuss your concerns.

If you go into the office and feel that we have missed something, please let us know

References:

[Occupational Health and Safety Act](#) —

[Environmental Cleaning Fact Sheet](#)

[How to Wash Your Hands](#)

[COVID Reference Document for Symptoms](#)

[How to Use PPE](#)

[Public Health Ontario — How to Self Isolate](#)

[Public Health Ontario — How to Self Monitor](#)



Resolution – Risk Management Plan/Business Continuity Plan/Disaster Recovery Plan 2023/2024

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, Business Continuity and Disaster Recovery plans 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, Business Continuity and Disaster Recovery Plans for 2023/2024, including the identified risks and proposed mitigation strategies, and

Whereas, Council is of the view that the Risk Management, Business Continuity and Disaster Recovery Plans appropriately prioritize and address the identified risks in light of the College's overall risk tolerance,

Therefore, be it resolved that Council approves the Risk Management Plan, Business Continuity Plan and Disaster Recovery Plan for 2023/2024.

Moved by:

Seconded by:

Date: September 26, 2023



Resolution: Registrar to supervise election of officers

Whereas the Registrar is required by the By-Laws to supervise the election of officers; and

Whereas the Registrar is not the chair of meetings;

Therefore, be it resolved that the Registrar assume the chair for the portion of the meeting relating to election of officers.

Moved by

Seconded by

September 26, 2023



Resolution: Appointment of Officers and the Executive Committee members

Whereas the term of office for the president, vice-president and remaining members of the Executive Committee is one year; and

Whereas Council members were invited to submit their intent to stand for the Executive Committee on July 26, 2023 and for President and Vice-President on July 26, 2023; and

Whereas there were no more than one candidate for each position and/or Council conducted elections and all Council members were provided the opportunity to vote by secret ballot; and

Whereas the members below were elected and/or acclaimed.

Therefore, be it resolved that:

be appointed President;

be appointed Vice-President;

be appointed as a member of the Executive Committee;

be appointed as a member of the Executive Committee; and

be appointed as a member of the Executive Committee.

Moved by

Seconded by

September 26, 2023



Issue / Decision Note

Issue or Decision: Draft Committee slate for 2023-2024
Prepared for: Council
Date: September 26, 2023

Issue:

The committee slate for 2023-2024, which describes the proposed composition of statutory and non-statutory committees of the Council of the College of Kinesiologists of Ontario (“the College”).

Background

Subsection 10(2) of the *Regulated Health Professions Act, 1991* (“RHPA”) requires Council to appoint the members of the College’s statutory committees. The specific composition of such committees is set out in the College’s by-laws (specifically By-law 13 – Specific Composition and Selection of Committees). In addition, 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*. Such committees may be referred to as “non-statutory”.

The purpose and responsibilities of the Governance and Nominations Committee (“the Committee”), as set out in its Terms of Reference, include, but are not limited to:

- Evaluating applications for committee membership; and
- Recommending committee slate appointments to Council.

On September 12, 2023, the Governance and Nominations Committee met to develop a committee slate to be referred to Council for approval.

Issue for Consideration

Review of the draft 2023-2024 committee slate as proposed by the Governance and Nominations Committee.

Analysis

Expressions of interest and supporting materials from Council members and members of the College not presently serving on Council were reviewed by the Committee.

The Committee has proposed a 2023-2024 committee slate based on:

- The committee eligibility criteria, as set out in the College’s By-law 13: Specific Composition and Selection of Committees (specifically, By-law 13.14: Eligibility for Appointment to a Committee).
- The Terms of Reference for the College’s committees;

- The College's *Council and Committee Competency Profile*; and
- The College's Policy: *Development of Slate for Selection of Individuals to Committees*.

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 accept and approve the draft committee slate for 2023-2024 as proposed by the Governance and Nominations Committee.

Appendices:

- Appendix A: the draft 2023-2024 Committee slate



Proposed 2023-2024 Committee Slate

Key: **Green = Committee Chair** **Red = Vice-Chair**

Committee	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
Executive			
Planning and Finance	<ul style="list-style-type: none"> Jennifer Pereira Susan Garfat Benjamin Matthie 	<ul style="list-style-type: none"> Chad McCleave, Chair Victoria Nicholson 	
Registration	<ul style="list-style-type: none"> Corby Anderson, Vice-Chair Alyssa King Pheing Ngo Leanne Smith Heather Westaway Ryan Wight 	<ul style="list-style-type: none"> Sara Gottlieb, Chair Victoria Nicholson Jana Smith 	<ul style="list-style-type: none"> Miriam Fong William Gittings Daniel Crete Kristen Hoving Katelyn Methot Jasmeet Cheema Stefano Rulli
Quality Assurance	<ul style="list-style-type: none"> Susan Garfat, Vice-Chair Matthew Daher Heather Westaway Leanne Smith 	<ul style="list-style-type: none"> Teresa Bendo, Chair Victoria Nicholson Jotvinder Sodhi 	<ul style="list-style-type: none"> Mehrdad Alizadeh-Meghrazi Delissa Burke Jasmeet Cheema Daniel Crete

Committee	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
			<ul style="list-style-type: none"> • Brooke Hamilton • Sherry Parent • Logan Strasser
ICRC	<ul style="list-style-type: none"> • Corby Anderson • Ryan Wight • Benjamin Matthie 	<ul style="list-style-type: none"> • Sara Gottlieb, Chair • Teresa Bendo, Vice-Chair • Jana Smith • Chad McCleave 	<ul style="list-style-type: none"> • Katelyn Methot • Stefano Rulli • Miriam Fong
Patient Relations	<ul style="list-style-type: none"> • Susan Garfat, Vice-Chair • Corby Anderson • Alyssa King • Pheing Ngo • Ryan Wight 	<ul style="list-style-type: none"> • Victoria Nicholson, Chair • Teresa Bendo • Jana Smith • Jotvinder Sodhi • Sara Gottlieb 	<ul style="list-style-type: none"> • Mehrdad Alizadeh-Meghrazi • Brooke Hamilton • Logan Strasser • Stefano Rulli • Miriam Fong
Examination Appeals	<ul style="list-style-type: none"> • Benjamin Matthie • Matthew Daher 	<ul style="list-style-type: none"> • Chad McCleave, Chair • Jotvinder Sodhi 	

Committee	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
Discipline	<ul style="list-style-type: none"> • Jennifer Pereira, Chair • Benjamin Matthie, Vice-Chair • All 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • Brooke Hamilton • Mehrdad Alizadeh-Meghrazi
Fitness to Practise	<ul style="list-style-type: none"> • Ryan Wight, Chair • All 	<ul style="list-style-type: none"> • All 	
Steering Committee: Strategic Planning	<ul style="list-style-type: none"> • Jennifer Pereira, Chair • Heather Westaway 	<ul style="list-style-type: none"> • Chad McCleave • Victoria Nicholson 	
Steering Committee – Review of Kinesiology Core Competency Profile	<ul style="list-style-type: none"> • Corby Anderson • Jennifer Pereira • Benjamin Matthie • Leanne Smith • Heather Westaway • Ryan Wight 		<ul style="list-style-type: none"> • Mandy Fournier (Crawford) • Mehrdad Alizadeh-Meghrazi • Sabrina Ribau • Tara Bilec • William Gittings
Governance and Nominations ²	<ul style="list-style-type: none"> • Jennifer Pereira • Benjamin Matthie 	<ul style="list-style-type: none"> • Victoria Nicholson, Chair • Chad McCleave 	<ul style="list-style-type: none"> • Claude Balthazard • Melanie Jones-Drost

Notes:

- 1) **Heather Westaway** – Has requested to be added to the Steering Committee – Strategic Planning as a Professional Council member.
- 2) **Governance and Nominations** – This Committee was appointed for a 1-year term beginning in March 20, 2023. The current Committee term will end March 2024.



Resolution- Committee slate for 2023/2024

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

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

Whereas 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 26, 2023