

June 24, 2024 Council Meeting Materials

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Council Meeting Draft Agenda

Date: June 24, 2024

Time: 9:00 a.m.

Location: Virtual

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

LOGIN INFORMATION

Join Zoom Meeting

<https://us02web.zoom.us/j/84454110111?pwd=UmpaTy9MQjk3UldFK2h3eTB6bnZBUT09>

Meeting ID: 844 5411 0111

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AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
	9:00 am – 10:00 am	Council in-camera session			
1	10:00 am	Call to order, roll call, welcome	B. Matthie	No	Information
2	10:01 am	Introductions	B. Matthie	No	Information
3	10:02 am	Conflict of interest declarations	B. Matthie	No	Decision
4	10:03 am	Approval of agenda	B. Matthie	Yes	Decision
5	10:04 am	Approval of minutes: • March 25, 2024	B. Matthie	Yes	Decision
6	10:05 am	Action Items from the March 25 meeting: <ol style="list-style-type: none"> The College will continue exploring ways to measure engagement of the Annual Report. To support this, the College will be conducting an enviro scan of other HPRO Colleges to determine a benchmark for engagement rate. - ONGOING Registration will work on a policy for R.Kins who accept delegation of duties from supervisors while licensed under the Emergency Act. - ONGOING 			
7	10:05 am	Governance Training	E. Richler	Yes	Information
	11:05 am	Break – 10 min			
8	11:15 am	Registrar's Report	N. Leris	No	Information
9	11:30 am	President's Report	B. Matthie	No	Information
10	11:35 pm	Draft Operational Plan - 2024/2025	N. Leris	Yes	Decision
11	11:45 am	Draft Budget – 2024-2025	N. Leris	Yes	Decision



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
12	11:55 pm	Committee Reports <ul style="list-style-type: none"> • Governance & Nominations • ICRC • Quality Assurance • Registration • Planning & Finance • Steering Committee – Strategic Planning 	College Staff	Yes	Information
	12:00 pm	LUNCH BREAK			
13	12:45 pm	Draft Council Effectiveness Review Framework (CERF)	B. Fehst	Yes	Decision
14	1:00 pm	Draft Risk Management Plan Review	B. Fehst	Yes	Decision
15	1:15 pm	Approval of Committee Slate	S. Hanna	Yes	Decision
	1:20 pm	ADJOURNMENT			

Next Council Meeting: Monday September 16, 2024

September Council Meeting Minutes

Date/Time of Meeting:	Monday, March 25, 2023, 10:00 a.m.
Council present:	Benjamin Matthie, Victoria Nicholson, Corby Anderson, Teresa Bendo, Matthew Daher, Susan Garfat, Chad McCleave, Pheing Ngo, Jennifer Pereira, Jotvinder Sodhi, Jana Smith (had to leave early), Leanne Smith, Heather Westaway, Ryan Wight, Jennifer Yee
Regrets:	Sara Gottlieb, Alyssa King
Staff members:	Nancy Leris, Fiona Teape, Mora Olubobokun, Brian Fehst, Magdalena Reder, Cecilia Li, Samuel Hanna, Colleen Foster, Ethan Foerster
Guest presenters:	Natasha Parfyonova, Measure Learning
Guests/observers:	Tiffany Mak, Ministry of Health Stuart Moulton, Ontario Kinesiology Association (OKA) Nancy Coldham, Athletic Therapy Ontario (ATON)

Let it be noted that Council held an in-camera session from 8:30 am – 10:00 am.

1. Call to order, roll call, welcome

Benjamin Matthie, Chair and Council President, called the meeting to order at 10:15 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, Stuart Moulton from the Ontario Kinesiology Association and Nancy Coldham from Athletic Therapy Ontario.

The Chair also introduced the newest public member of Council, Jennifer Yee, and the newest member of CKO staff, Ethan Foerster, Professional Conduct Coordinator, and asked them to share some information about themselves.

3. Conflict of Interest Declarations

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

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

4. Approval of Agenda

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

5. Approval of Minutes from the December 2023 Council Meeting

UPON A MOTION duly made by Victoria Nicholson and seconded by Corby Anderson, it was resolved that the minutes of the December 4, 2023 Council Meeting be approved. Carried.

6. Action Items from the September 2023 Meeting

Nancy Leris notified Council that the first action item would be addressed in a later presentation and invited Fiona Teape to share information regarding the emergency class action item. Fiona informed Council that several Health Regulatory Colleges have recently agreed to work together to develop a supervision policy to support the emergency class. The work has currently been paused due to other priorities.

7. Registrar's Report

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

Office relocation plan – With the College's current lease at 160 Bloor St E set to expire this June, the College has been exploring office sharing and individual space. The College has determined that procuring its own office space is the most cost-effective option for the College's needs and operational vision. The College has identified a preferred new office location and has developed a transition plan.

Internal Control Testing Audit – An internal control testing audit was recommended by the Finance and Planning Committee, with the purpose of the audit being to review the control environment and control activities within the College. The project commenced in January 2024, with the final report to be released in June 2024.

Staff Leadership Training – The College aims to build leadership competency and capacity in core and critical areas by providing leadership training opportunities to the senior management team. In partnership with the College of Massage Therapists of Ontario, a series of leadership modules will be delivered to staff by an HR consulting firm from April to July 2024.

CKO Human Resource Update – Nancy outlined some Human Resource changes at the College;

- Arifa Gafur, Professional Conduct Coordinator, reached the end of her one-year contract in March 2024. As of March 2024, Ethan Foerster has joined the College as Professional Conduct Coordinator.
- The Senior Communications Officer, Cecilia Li, will be transitioning to maternity leave in May 2024.
- Samuel Hanna, Practice Coordinator, provided interim support to the Professional Conduct portfolio and will support the Communications portfolio beginning in May 2024.

System Partnership – A meeting with the Ontario Kinesiology Association took place on February 20, 2024 with the next meeting likely taking place in April. The College will also be exploring meetings with other relevant professional associations, such as ATON and the Canadian Society of Exercise Physiologists (CSEP).

Update on ATON Letter – ATON has sent a letter to the Minister of Tourism, Culture and Sport and copied CKO regarding a past proposal submitted to CKO for the creation of a specialty class within kinesiology. The content of the letter did not align with the rationale for the College's decision to not create a specialty class for Athletic Therapists within the College. The Registrar has been working with the Council President on a response letter providing further clarification regarding the decision. The College asks for Council's approval to send the letter to the Ministry.

*UPON A MOTION duly made by Teresa Bendo and seconded by Pheing Ngo, it was resolved that the letter be sent to the Minister of Tourism, Culture and Sport. **Carried.***

A Letter to FSRA – OKA is currently proposing a legislative amendment to allow kinesiologists to sign Part 4 of the OCF-18: Treatment and Assessment Plan Form for the purposes of certifying an auto accidents benefits treatment program. The College concluded that such an amendment will not permit, authorize or require a kinesiologist to perform any actions outside the scope of practice. As such, the College has forwarded a letter to the FSRA providing information on the scope of practice so an informed decision can be made.

Health Profession Regulators of Ontario (HPRO) Collaboration – HPRO has started working with a government relations firm to support all health Colleges in 2024. This work will seek to reposition HPRO as a trusted partner of the Ontario government. To gather insight and collaborate more effectively, HPRO has sent a survey to all Colleges regarding current relationships with the Ministry of Health.

College Performance Measurement Framework (CPMF) – The draft 2023 CPMF has been completed and was included in the Council package for review and Council's approval for submission to the Ministry of Health.

EDI-B Update – The College has been an active member of several working groups, including: CLEAR (Council on Licensure, Enforcement and Regulation) DEI Committee and



the HPRO EDI-B working group. EDI-B is also included as part of consideration and evaluation for the College's Website Redesign Project.

2023 University Liaison Committee Meeting – The University Liaisons Committee met in December 2023; 15 Universities and Colleges attended, along with 4 professional associations attending as guests.

2024 Council Election – The 2024 Council Election will run from July 9th to 16th. A detailed workplan has been developed. There will be two vacancies in Electoral District 4 and one vacancy in Electoral District 5.

Spring Entry-to-Practice Exam – The spring entry-to-practice examination is scheduled to take place online on April 17, 2024. The College will hold a webinar during the last week of March. 215 applicants are currently registered, with 13 having requested special accommodations and one request to write the exam in French.

Kinesiologist Core Competency Review – The College's Steering Committee for the Review of the Kinesiologist Core Competency Profile met on January 22, 2024 to consider the results of the membership validation survey and finalize draft Competencies. On February 6, 2024, a separate working group met to consider updates to the Exam Blueprint. Both documents will be presented later in the Council meeting for final approval.

Strategic Planning – Since the last Council meeting in December 2023, the Steering Committee met on January 19th to interview each of the shortlisted vendors. JD & Associates were selected and the contract has been signed in early March 2024. A kick-off meeting with the Steering Committee will take place in April. A two-day strategic planning workshop is scheduled to take place in June or July.

HPRO's letter to The Office of the Fairness Commissioner (OFC) – Recently, OFC updated its Risk Informed Compliance Framework (RICF) to what they felt better aligns with the regulatory landscape. Concerns were raised about some new risk factors being out of the Colleges' sole control, such as third-party service providers, addressing labour market shortages and contributing to health human resource planning. Collectively supported by the 26 health Colleges, HPRO drafted a letter to the OFC, expressing the concerns on behalf of all Colleges.

OFC RICF & CKO Rating – The risk level for each College was determined based on the OFC's review of each regulator's historical performance, the steps taken to implement any outstanding recommendations, and how the regulator has addressed each of the OFC's forward-looking risk factors. CKO's previous risk rating in April 2022 was "low risk" and in February 2024, the OFC confirmed that CKO will be placed in the low-risk category for the period April 1, 2024 to March 31, 2026.

8. President's Report

Benjamin Matthie, Chair and Council President shared the President's report. Benjamin noted that he has reviewed the College's mandate to protect the public, and acknowledged

the importance of connecting with the College's system partners and Council members' continuing commitment and diligence in maintaining such mandate.

9. Revised Budget - 2023-2024

Mora Olubobokun, Director of Operations and Financial Services, provided a presentation, explaining proposed changes to the 2023-2024 budget. Due to the College's lease expiring at the end of June 2024, the College is proposing a reallocation fund of \$100,000 from the following:

- Quality Assurance – \$34,000,
- Rent and Facilities - \$42,000, and
- Salaries and Benefits - \$24,000).

The fund will address the financial requirements of the move while ensuring minimal impact on the College's operational effectiveness during the transition.

UPON A MOTION duly made by Pheing Ngo, and seconded by Susan Garfat, it was resolved that Council approves the revised budget for the current fiscal year 2023-2024. Carried.

10. Practice Guideline – Patient/Client Centred Care

Brian Fehst, Manager, Professional Practice, presented a draft Practice Guideline on Patient/Client-Centred Care. The purpose of the draft Practice Guideline is to define patient/client-centred care within the practice of Kinesiology and to provide a resource regarding how patient/client-centred care may be applied in kinesiology practice.

UPON A MOTION duly made by Matthew Daher, and seconded by Heather Westaway, it was resolved that Council approves the Practice Guideline – Patient/Client-Centred Care for public consultation. Carried.

11. Risk Management Plan - Update

Nancy Leris, Registrar and CEO, provided an update regarding the Risk Management Plan. Council noted the risk to IT is an ongoing concern and enquired about preventative measures that the College is taking to protect itself. Nancy informed Council that the College is continuing to work with third party service providers and has received assurance regarding the College's IT services. She also noted that the College works with third party companies located in Canada as well as the United States. Council expressed their appreciation of the historical data included in the presentation.

UPON A MOTION duly made by Matthew Daher, and seconded by Heather Westaway, it was resolved that Council approves the revised Risk Management Plan for 2023/2024. Carried.

13. Amendment to Language Proficiency Policy

Matthew Daher proposed amending the agenda to include the Amendment to Language Proficiency Policy (agenda item 13) forward. Council accepted the amendment to the agenda.

Fiona Teape, the Director of Registration, presented proposed amendments to the Language Proficiency Policy. On February 12th, 2024, the Office of the Fairness Commissioner (OFC) notified regulatory health colleges that the Immigration, Refugees and Citizenship Canada (IRCC) now accepts the Pearson Test of English (PTE). To determine the minimum required level of proficiency, the College has referenced the Language Test Equivalency Charts published by the Government of Canada. Based on this approach, the Language Proficiency Policy has been updated to include the PTE and scoring that is relative to the scoring of other language proficiency exams acceptable under the policy.

UPON A MOTION duly made by Matthew Daher and seconded by Teresa Bendo, it was resolved that the Council of the College of Kinesiologists of Ontario approves the revised Language Proficiency Policy. Carried.

12. Approval of Updated Core Competencies Profile and Exam Blueprint

Fiona Teape, the Director of Registration, and Natasha Parfyonova, Manager, Psychometric Services from Meazure Learning, provided an update on the Core Competencies Profile and Exam Blueprint, explaining the rationale of each updated competency and providing a comparison to the previous competencies.

Council raised some concerns around the updated competency 3.3 – “Apply knowledge of biopsychosocial strategies in communication, counselling, interviewing, and lifestyle management.”

Fiona provided the background to the change, which concerns encroaching on other College’s scope of practice. Council discussed the competency and expressed their main concern – as this document will become the competency list for entry-to-practise kinesiologists, and they may not be familiar with the term “biopsychosocial”. After some discussion, Council decided that the wording of ‘behaviour change’ is used in many regulatory colleges and does not necessarily encroach on any specific college’s scope of practice. Pheing put forward a friendly amendment to the wording of competency 3.3 from “biopsychosocial strategies” to “behavioural modification strategies”.

UPON A MOTION duly made by Matthew Daher and seconded by Teresa Bendo, it was resolved that the Council of the College of Kinesiologists of Ontario approves the updated Kinesiology Core Competency Profile and Exam Blueprint with modification to competency 3.3 to read ‘behavioural modification strategies’ rather than ‘biopsychosocial strategies’. Carried.

14. College Performance Measurement Framework (CPMF)

Brian Fehst, Manager, Professional Practice, presented the third annual CPMF submission to the Ministry of Health, providing updates on the College’s performance and improvement plans in seven different Domains.

UPON A MOTION duly made by Teresa Bendo and seconded by Leanne Smith, it was resolved that Council approve the draft CPMF for submission to the Ministry and posting to the College website on or before March 31, 2024. Carried.

15. Website Redesign Project: Approval of Vendor

Cecilia Li, Senior Communications Officer, presented a high-level overview of the College's Website Redesign Project and the selection of the vendor. She explained the evaluation process the College used to select the vendor and provided the reasoning for the selected vendor.

UPON A MOTION duly made by Heather Westaway and seconded by Jennifer Yee, it was resolved that Council approves the selected vendor for the website redesign project. Carried.

16. Amendment to Committee Slate

Brian Fehst, Manager, Professional Practice, presented the appointments to the Examination and Item Writing Committee, appointments to Committees of Jennifer Yee, a newly appointed Public Council member, and proposed reappointments to the Governance & Nominations Committee.

UPON A MOTION duly made by Corby Anderson and seconded by Teresa Bendo, it was resolved that the Council of the College of Kinesiologists of Ontario approves the proposed appointments and re-appointments to the College's committee slate. Carried.

17. Communications Update

Cecilia Li, Senior Communications Officer, presented an update on the Communications program at the College.

University Presentations – In Fall 2023, the College delivered presentations to nine universities, with six more presentations taking place between January to March 2024. Some universities requested more than one presentation to accommodate their students' and curriculum's needs.

University Presentation Measurements – In January 2024, the College started rolling out a feedback survey to participants to help better understand the student's needs and interests, and to enhance the quality of future presentations. The Communications and Registration Departments have also been working together to understand the correlation between the presentations and exam applications.

2022/2023 Annual Report Engagement Rate (Action item 1) – The 2022/2023 Annual Report was posted online and submitted to the Ministry of Health on December 13th, 2023. It was subsequently shared in the newsletter and shared across the College's social channels. From December 13th to March 21 2024, the Annual Report was clicked on 470 times across all sources. From December 22, 2023 to March 21, 2024, 798 impressions

were received across all channels. Moving forward, the College plans on collaborating with system partners and conducting environmental scans to learn about the Annual Report engagement rate of similarly-sized College and how that compares to CKO's data. More updates will provide to Council as more information becomes available.

18. Committee Reports

Reports were provided in the Council package, highlighting committee meetings, activities, changes and discussions that took place since the December Council meeting. The Q2 financial report and dashboard were also included.

Chad McCleave, Chair of the Planning and Finance Committee, provided an update on the activities at the end of Q2. The amendments to the Risk Management plan were reviewed and a motion was called to recommend the proposed amendments to Council for approval earlier in the meeting. The committee also reviewed the business case for the office relocation, which was recommended to Council for approval and had been presented to Council during the in-camera session of the meeting.

The Q2 revenue is lower than expected in some categories, such as Jurisprudence, Application and Exams, due to fewer-than-expected new registrants and examination candidates in Q2. The College also had some higher than anticipated revenue in some registration categories, such as change in status, inactive applications, late renewals and reinstatement fees.

A new dashboard report was reviewed and recommended to Council by the Planning and Finance Committee. The report provided a high-level overview of the operational plan and status for the year.

Investments

Reinvestment options were provided for the interest payments from two out of the five GICs that the College has. Planning and Finance Committee reviewed the options and proposed that the interest payments be reinvested into a one-year GIC.

Financial Year 2023/2024 Budget Revisions

Due to the College's lease expiring at the end of June and the need to relocate to a new office, expenditures have been reallocated to facilitate the relocation. The revised budget was recommended to Council for approval.

Jennifer Pereira, Chair of the Steering Committee, Strategic Planning, presented an update on the upcoming strategic planning workshop. The Steering Committee met on January 19, 2024 to interview the shortlisted vendors to determine who would be the most suitable firm to lead the workshop. After deliberation, the Steering Committee selected JD & Associates and made a recommendation to Council for approval.

UPON A MOTION duly made by Susan Garfat and seconded by Matthew Daher, it was resolved that Council approves JD & Associates to lead the College's upcoming strategic planning workshop. Carried.

15. Review of Action Items

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

Termination

*UPON A MOTION duly made by Chad McCleave, seconded by Pheing Ngo, the Council meeting of March 2024 was terminated at 2:58 pm. **Carried.***

DRAFT



Operational Plan: September 1, 2024 – August 31, 2025

Communications		
Focus: <ul style="list-style-type: none"> • Clear and effective messaging to maintain and increase awareness of the College and the regulation of the profession. 		
Impact: <ul style="list-style-type: none"> • <i>Enhanced engagement with system partners to promote public protection.</i> • <i>Facilitate communication between the College and members, system partners and the public via the website</i> 		
Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Website revamp</i>	<p>Needs assessment/identification of opportunities for development/improvement.</p> <p>Selection of vendor/service provider for this work.</p> <p>Project Phases:</p> <ol style="list-style-type: none"> 1. Assessment and information architecture 2. Conceptual and user-interface design 3. Building and development of the new site 4. Testing and Launch. 	<p>Needs assessment and vendor/service provider selection completed in FY 2023-2024.</p> <p>Project initiated with vendor/service provider in FY 2023-2024.</p> <p>Phases 1 and 2 completed, testing to begin in Q1 of FY 2024-2025.</p> <p>Phases 3 and 4 to be completed by Q1 of FY 2024-2025.</p>
2. <i>System partner meetings/communications</i>	<p>Identify key system partners, including other healthcare providers, government agencies, professional associations, and community organizations.</p> <p>Maintain regular communication channels with key system partners through emails, newsletters, or online portals.</p> <p>Share updates, announcements, and relevant information about the profession from a public protection perspective, such as changes in</p>	<p>Engagement meetings began: Q2 of FY 2023-2024</p> <p>Engagement meetings ongoing throughout 2024-2025 and beyond</p> <p>1 eNewsletter distributed each month on an ongoing basis. Will continue throughout FY 2024-2025.</p>



	<p>regulations, new research findings, or upcoming events.</p> <p>Initiate meetings, forums, or working groups to foster collaboration and information exchange among system partners.</p> <p>Leverage social media platforms and online forums to connect with key system partners, share relevant information, and participate in discussions related to the profession.</p> <p>Use technology (webinars, multimedia modules) to provide resources to members, the public and system partners.</p>	
<p>3. <i>CKO Council elections</i></p>	<p>Communications regarding upcoming election (eNewsletter, website, social media, notifications to existing Council and committee members regarding re-election)</p> <p>Engage electronic election vendor.</p> <p>Arrange Governance and Nominations Committee meeting to assess eligibility.</p> <p>Nomination period (runs from 60 days before the election to 45 days before the election).</p> <p>Notifications to nominees re: eligibility. Election & Orientation of new members</p>	<p>Nominations and Eligibility: Q3 of FY 2024-2025 (15-day period from 60 days before the election to 45 days before the election)</p> <p>Elections: Q4 of FY 2024-2025 (typically a 1-week period in early-July).</p>
<p>4. <i>Translation and enhanced availability of resources in English and French</i></p>	<p>Project scoping, needs assessment, resource allocation (budget) and vendor/service provider selection.</p>	<p>Practice Standards, Practice Guidelines and By-laws to be translated by August 16, 2024 (Q4 of FY 2023-2024).</p>



	<p>Scope of Project: French-language translation of:</p> <ul style="list-style-type: none"> • Practice Standards • Practice Guidelines • By-laws <p>Future project work to include:</p> <ul style="list-style-type: none"> • Revamped website translation • Translation of Policies • Translation of eLearning modules <p>Engaged with other regulatory Colleges to seek assistance with validation.</p>	<p>“Future project work” to be conducted throughout FY 2024-2025 and beyond as required.</p>
<p>5. <i>Education and engagement of prospective registrants (University students)</i></p>	<p>Support building awareness of value proposition of regulation.</p> <p>Scheduling academic program visits.</p> <p>Incorporation of feedback into existing format/presentations.</p> <p>Coordinating academic program visits with College staff, including consideration requests from programs for specific staff attendance on an as-requested basis.</p> <p>Distribution of post-visit feedback surveys and review/analysis of results</p>	<p>Outreach to academic programs: Q4 of FY 2023-2024.</p> <p>Visits to be scheduled in Q1-Q2 of FY 2024-2025.</p>
<p>Key Performance Indicators</p>		
<ul style="list-style-type: none"> • Website performance indicators <ul style="list-style-type: none"> ○ Website analytics, such as page views or link/document clicks (may obtain information via Google Analytics or similar applications/tools that may be provided or recommended by vendor/service provider). ○ Search engine analytics (may obtain information via Google Analytics or similar applications/tools that may be provided or recommended by vendor/service provider). 		



- eNewsletter engagement analytics
 - Open rate
 - “Click rate”/”Click-through rate”/”Click-to-Open Rate”
 - # of inquiries pertaining to specific newsletter items
- System Partner meetings:
 - # of identified system partners identified for engagement
 - # of meetings held (total)
 - # of meetings held with each individual system partner
- Election
 - # of nominees
 - # of eligible nominees
 - # of voters
 - # of votes

Corporate

Focus:

- *Governance and oversight*
- *Effective stewardship of resources (financial, material, human)*
- *Risk management & compliance*
- *Focus on the importance of protecting sensitive data, maintaining regulatory compliance, and mitigating cyber threats.*
- *Development and implementation of 3–5-year Strategic Plan*

Impact:

- *Demonstration of value to the public;*
- *Demonstration of effectiveness;*
- *Enhanced accountability;*
- *Competent Council members; and*
- *Performance reporting to demonstrate how the public interest is served through these functions.*

Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Development of Key Performance Indicators for College portfolios.</i>	Development and refinement of performance measures for CKO functions: <ul style="list-style-type: none"> • Quality Assurance • Finance & Operations • Registration 	Quarterly – Q1 to Q4 Review and reporting: quarterly via Dashboards/updates to Council.



	<ul style="list-style-type: none"> • Communications • Governance • Professional Practice • System partner management <p>Reporting on performance against KPIs</p>	Reporting via Annual Report, typically published in Q2 of Fiscal Year. Specific KPI reports re: FY 2024-2025 may be published in the Annual Report released in Q2 of FY 2025-2026.
2. <i>Collaboration with key system partners</i>	<p>Identification of opportunities to collaborate and/or share resources or information with system partners such as (but not limited to):</p> <ul style="list-style-type: none"> • Other Ontario health professional regulatory Colleges • Health Professions Regulators of Ontario (HPRO) • Other regulators/bodies outside Ontario <p>Identify opportunities for shared funding, resources, or expertise to support collaborative efforts.</p> <p>Explore opportunities for data sharing and analysis with system partners to enhance public protection and risk assessment.</p> <p>Formalization and approval, where necessary, of partnerships and collaborations.</p>	Ongoing/Quarterly throughout FY 2024-2025
3. <i>Risk Management</i>	<p>Quarterly reviews of Enterprise Risk Management Plan, Business Continuity Plan and Disaster Recovery Plan.</p> <p>Implementing incident response planning into risk management plan to respond to</p> <ul style="list-style-type: none"> • Assess risks related to the storage, transmission, and access to electronic records, and implement appropriate safeguards to mitigate these risks. • Address to data breaches, security incidents, or privacy breaches. 	<p>Enterprise Risk Management dashboard presented to Council quarterly throughout FY 2024-2025.</p> <p>Risk mitigation strategies, Business Continuity and Disaster Recovery Plans employed and monitored on an ongoing basis throughout FY 2024-2025.</p> <p>Risk Management training to Council to be delivered in FY 2024-2025.</p>



	<ul style="list-style-type: none"> Define roles and responsibilities, establish communication protocols, and outline procedures for investigating and reporting incidents to regulatory authorities and affected individuals. <p>Review and refinement of portfolio-specific Business Continuity and Disaster Recovery Plans.</p> <p>Multiple training programs, processes and platforms to manage risks and encourage and facilitate effective, efficient discharge of governance responsibilities in the public interest and for public protection.</p> <p>Development of “Public Risk Management Plan” to codify College’s approach to managing risks to the public associated with the practice of the profession.</p>	<p>Work on Public Risk Management Plan to begin in Q2 of FY 2024-2025.</p>
<p>4. <i>Provide ongoing security awareness training for employees to educate them about IT security best practices, threats, and their roles and responsibilities in safeguarding sensitive information.</i></p>	<p>Privacy and Confidentiality Training to staff and Council</p> <p>Conduct regular security risk assessments to identify vulnerabilities of IT infrastructure.</p> <p>Regular audits of access logs, system activity, and user behavior to detect unauthorized access or suspicious activities.</p> <p>Implementing monitoring tools and automated alerts to promptly identify and respond to security incidents or breaches.</p>	<p>Quarterly throughout FY 2024-2025</p>
<p>5. <i>Stay abreast of relevant regulations, standards, and industry best practices pertaining to IT security, and ensure compliance through regular audits, assessments, and internal controls.</i></p>	<p>Ongoing training and professional development opportunities for staff, Council and committee members to stay updated on regulatory requirements, best practices, and emerging threats in health information privacy and security.</p>	<p>Ongoing monitoring throughout FY 2024-2025.</p>



<p>6. <i>Draft Strategic plan developed for approval and implementation in current year.</i></p>	<p>Draft strategic plan based on research and development, including strategic planning retreat with Council and College staff.</p> <p>Received feedback regarding draft strategic plan.</p> <p>Finalize draft strategic plan.</p> <p>Scorecard and implementation/planning session.</p> <p>Review and approval of draft strategic plan report.</p> <p>Workshop with Council and presentation of strategic plan report.</p> <p>Prioritization of strategic goals.</p>	<p>Strategic Planning workshop/retreat Q4 of FY 2023-2024.</p> <p>Draft strategic plan: completion by end of Q4 of FY 2023-2024.</p> <p>Workshop regarding balanced score card development and strategy alignment: completed in Q4 of FY 2023-2024.</p> <p>Final draft, knowledge transfer, communications, submission and presentation to Council projected for Q1 of FY 2024-2025.</p>
<p>7. <i>Regulatory, governance and corporate compliance</i></p>	<p>Annual financial audit.</p> <p>Annual College Performance Measurement Framework (CPMF) reporting.</p> <p>Implementation of internal controls audit findings</p>	<p>Annual Financial Audit: Q1-Q2 of FY 2024-2025.</p> <p>CPMF reporting cycle: Q1-Q2 of FY 2024-2025 (CPMF responses focused on Calendar Year 2024)</p> <p>Internal Controls Audit: results anticipated Q4 of FY 2023-2024, implementation plan to be developed by Q1 of FY 2024-2025.</p>

Key Performance Indicators

Governance:

- Percentage of board meetings attended by board members.
- Compliance with regulatory requirements and industry standards such as CPMF, RHPA
- Number of governance policies and procedures reviewed and updated annually.
- Timeliness and effectiveness of decision-making processes within the governance structure.
- Rate of successful implementation of recommendations from internal and external audits.

Effective Stewardship of Resources (Financial, Material, Human)

- External Financial Auditor's Opinion



- Employee turnover rate and retention rate.
- Ratio of employee training hours to total work hours.
- Budget variance analysis comparing actual expenditures to budgeted amounts.

Risk Management & Compliance

- Number of identified risks and their mitigation strategies.
- Percentage of compliance with applicable laws, regulations, and internal policies.
- Number of incidents related to non-compliance or breaches of regulations etc.
- Timeliness and effectiveness of response to identified risks and compliance issues.
- Results of internal and external audits related to risk management and compliance.

Focus on the Importance of Protecting Sensitive Data, Maintaining Regulatory Compliance, and Mitigating Cyber Threats:

- Number of cybersecurity incidents detected and resolved.
- Compliance with data protection regulations (e.g. Personal Information Protection and Electronic Documents Act (PIPEDA), PIPEDA, Freedom of Information and Protection of Privacy Act (FIPPA) Personal Health Information Protection Act (PHIPA), Canadian Anti-Spam Legislation (CASL), Digital Privacy Act:).
- Employee training completion rates on cybersecurity awareness.
- Cybersecurity Incident Response Planning through disaster recovery and business continuity planning, employee training and awareness.

Development and Implementation of 3-5 Year Strategic Plan

- Progress towards strategic goals and objectives as measured by key milestones.
- Alignment of departmental or functional goals with the overarching strategic plan – development of departmental operational plans
- Percentage of strategic initiatives completed on schedule and within budget.
- System partner satisfaction with the strategic planning process and outcomes.
- Regular review and adjustment of the strategic plan based on changes in the internal or external environment.

Registration

Focus:

- *Entry-to-practice review*
- *Maintenance of online entry-to-practice exam*
- *Policy development*
- *Improvement of data management system*



Impact:		
<ul style="list-style-type: none"> • Entry-to-practice requirements are defensible and clearly defined; • Compliance with by-law and legislative requirements for reporting of data; and • Automated processes and well-organized data management system increase operational efficiencies. 		
Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Entry-to-Practice Review;</i>	<p>Implementation of the revised Kinesiology Core Competency Profile as part of the revision of the entry-to-practice requirements for kinesiologists.</p> <p>Assessment of current Educational Equivalency Review framework to determine impact the entry-to-practice examination.</p> <p>Implementation of new legislation for Emergency Class Regulation</p>	<p>Project to commence in Q2-Q3 of FY 2024-2025.</p> <p>My extend to FY 2025-2026</p>
2. <i>Jurisprudence E-learning Module reviewed and updated;</i>	Finalize updates to the Jurisprudence E-Learning Module;	<p>Project to commence in Q1 of FY 2024-2025.</p> <p>Expected completion: Q4 of FY 2024-2025.</p>
3. <i>Entry-to-Practice Exam administration and maintenance;</i>	<p>Ensure the ongoing functionality and integrity of the online entry-to-practice exam platform.</p> <p>Monitor exam performance and security measures to prevent cheating or unauthorized access.</p> <p>Develop new entry-to-practice examinations forms based on updated Kinesiology Core Competency Profile;</p> <p>Provide support and resources to candidates preparing for the exam, including webinars and practice tests.</p>	<p>To begin in Q1 FY 2024-2025. Two-year plan has been developed in conjunction with an external service provider.</p>
4. <i>Integrated data-sharing with Provincial Provider Registry;</i>	Integrate data-sharing with Ontario Health’s Provincial Provider Registry;	Expected to begin Q2 of FY 2024-2025 (January 2025).



		Project start/initiation is contingent on factors external to the College.
5. <i>Automation of additional registration processes;</i>	Regular review and update existing registration policies, and develop new registration policies; Automate prioritized registration processes in IMIS data management system.	Work to consist of a series of specific projects to be completed on an ongoing basis throughout FY 2024-2025
6. <i>Incorporate demographic data collection for 2025 renewal; and</i>	Develop and incorporate voluntary demographic data collection for the 2025 annual renewal.	Plan: have project complete prior to 2025 renewal cycle (opens in July 2025).
7. <i>Updated database management system.</i>	Transfer to new application forms to enhance membership data capture and storage.	Plan and timeframes to be aligned with projects associated with deliverable #6. Target completion in Q4 of FY 2024-2025.

Key Performance Indicators

- Entry-to-Practice Review
 - Compliance with legislated timelines pertaining to Registration and renewals.
 - Compliance with Emergency Class legislation
 - Number of system partners informed about Educational Equivalency Review amendment impacts.
- Jurisprudence eLearning Module:
 - Project completion measured against projected timelines.
 - Completion rate for Jurisprudence eLearning module
- Entry-to-Practice Exam
 - Number of incidents of misconduct (cheating or unauthorized access)
 - Participation rate in support resources (webinars, practice tests)
- Registrant data and statistics
 - Number of registrants
 - By Class of Certificate of Registration (General/Inactive)
 - Number of new registrants
 - Number of applicants
 - Number of applicants who complete registration process.
 - Number of administrative suspensions



- Number of administrative revocations
- Number of resignations (reasons)
- Annual Office of the Fairness Commissioner (OFC) Report
 - Number of requirements met.
 - Compliance with completion and submission timelines
- Health Professions Database Report (HPDB)
 - Number of requirements met.
 - Compliance with completion and submission timelines
- College Performance Measurement Framework:
 - Domain 6, Standard 9, Measure 9.1 “Applicants meet all College requirements before they are able to practice.”
 - Domain 6, Standard 9, Measure 9.3 “Registration practices are transparent, objective and fair”

Professional Practice & Quality Assurance

Focus:

- *Harm reduction through risk management, increased transparency and accountability.*

Impact:

- *CKO’s Quality Assurance program assists registrants in reducing the potential for harm;*
- *Promote registrants’ continuing competence and continuous quality improvement;*
- *Improve patient-centred care and inter-professional collaboration; and*
- *Improve public protection and reduce risk.*

Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Revise Essential Competencies of Practice for Kinesiologists in Ontario to align with the Kinesiologist Core Competency Profile;</i>	Revision of Essential Competencies for alignment with Core Competency Profile.	RFP to be distributed Q4 of FY 2023-2024 Vendor selection completed by Q1 of FY 2023-2024, with project to commence Q1-Q2 of FY 2023-2024.
2. <i>Establish expectations and supports to promote culture of continuous quality improvement;</i>	Engage kinesiologists and system partners to obtain current information about emerging frontline patient and practice issues and thereby identify areas for practical support to address	Began: Q2-Q3 of FY 2023-2024 with a Practice Standard/Practice Guideline survey series distributed via @CKO eNewsletter.



	<p>issues with the goal to ensuring patient safety, enhancing the patient's experience and the quality of patient care.</p> <p>Demonstrate how quality assurance activities engage and support registrants in incorporating Continuous Quality Improvement (CQI) into their practice, and help registrants improve practice as individuals and as part of a team;</p>	<p>Surveys ongoing, to continue into FY 2024-2025 (1 survey each month).</p> <p>Annual review of QA program metrics presented to QA Committee and Council (Q? of FY 2024-2025)</p>
<p>3. <i>Develop/amend processes and policies to demonstrate risk-based, evidence-informed approach to programming;</i></p>	<p>Develop/amend processes and policies to explain how we use a risk-based, evidence-informed approach for assessment.</p> <p>Continue peer and practice assessment operations through hybrid platform to ensure registrants' continuing competence, promote continuous quality improvement and identify profession-wide practice issues.</p>	<p>QA Policy and procedure reviews to begin in Q2 of FY 2024-2025.</p> <p>Peer and Practice Assessments ongoing, cycles set for Fall/Winter (Q1-Q2 of FY 2024-2025) and Spring/Summer (Q3-Q4 of FY 2024-2025).</p>
<p>4. <i>Development of peer and mentoring programs for kinesiologists.</i></p>	<p>Support registrants in applying relevant practice standards and guidelines to their practice and obtain feedback on value/efficacy of supports.</p> <p>Articles and other resources developed for registrants and the public to enhance understanding of Practice Standards and reduce risk of harm.</p>	<p>Peer Circles: Pilot project completed in FY 2023-2024.</p> <p>Plan: to continue Peer Circles, with development/initial work to begin in Q4 of FY 2023-2024 and continue into FY 2024-2025. Peer Circle cycle anticipated to begin in Q1-Q2 of FY 2024-2025.</p>

Key Performance Indicators

- Quality Assurance KPIs:
 - Internal QA Program Evaluation Metrics
 - Peer Circles:
 - # of Peer Circles
 - # of members participating
 - Peer Circle Attendance



- Feedback survey aggregate responses
- College Performance Measurement Framework:
 - Domain 6, Standard 9, Measure 9.2 “Registrants continuously demonstrate they are competent and practice safely and ethically.”
 - Domain 6, Standard 10, Measure 10.2 “The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation.”
 - Domain 6, Standard 10, Measure 10.3 “The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.”
 - Context Measure 1: Type and distribution of QA/QI activities and assessments used
 - Context Measure 2: Total number of registrants who participated in the QA Program
 - Context Measure 3: Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation
 - Context Measure 4: Outcome of remedial activities as at the end of the calendar year
- Professional Practice KPIs:
 - Number of Practice Inquiries
 - Practice Inquiries by topic/subject matter
 - Practice inquiry response rate vs Client Service Policy standard
 - Engagement rates with College resources:
 - Practice Standards
 - Practice Guidelines
 - Webinars
 - Other resources
 - CPMF:
 - Domain 5, Standard 8, Measure 8.1 “All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).”
 - Domain 6, Standard 10, Measure 10.1 “The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.”

Professional Conduct

Focus:

- *Analysis of risk within the practice of kinesiology and support to quality assurance and patient relations to reduce the potential for harm.*



Impact:		
<ul style="list-style-type: none"> Compliance measurement and reduction of risk to the public; and Improve transparency measures through communication through CKO's website. 		
Key Deliverables	Activity Highlights	Projected Timelines
1. <i>Timely response to complaints;</i>	<p>Timely updates to the public register and database regarding professional conduct matters.</p> <p>Ensure that information regarding member conduct is readily available and appropriately monitored.</p>	Ongoing throughout FY 2024-2025 as needed.
2. <i>Complainants effectively supported by and informed with the progress of complaints; and</i>	Develop accessible, up-to-date, and documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports.	<p>Ongoing throughout FY 2024-2025.</p> <p>Project to begin Q4 of FY 2023-2024?</p>
3. <i>CKO addresses complaints in a right touch manner.</i>	<p>The complaint process and relevant available support to complainants are clearly communicated on our website, including information on access to sexual abuse therapy.</p> <p>Monitoring feedback regarding complaint process and available information and supports.</p>	Ongoing throughout FY 2024-2025.
Key Performance Indicators		
<ul style="list-style-type: none"> College Performance Measurement Framework: <ul style="list-style-type: none"> Domain 6, Standard 11, Measure 11.1 “The College enables and supports anyone who raises a concern about a registrant.” Domain 6, Standard 11, Measure 11.2 “All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.” Domain 6, Standard 12, Measure 12.1 “The College addresses complaints in a right touch manner.” Domain 6, Standard 13, Measure 13.2 “The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).” Context Measure 5: Distribution of formal complaints and Registrar’s Investigations by theme Context Measure 6: Total number of formal complaints that were brought forward to the ICRC in the calendar year Context Measure 7: Total number of ICRC matters brought forward as a result of Registrar’s Investigation in the calendar year 		



- Context Measure 8: Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved
- Context Measure 9: Disposition of the formal complaints and Registrar's Investigations received
- Context Measure 10: Total number of ICRC decisions
- Context Measure 11: 90th Percentile disposals of a formal complaint and a Registrar's Investigation
- Context Measure 12: 90th Percentile disposal of an uncontested and a contested Discipline hearing in working days
- Context Measure 13: Distribution of Discipline finding by type
- Context Measure 14: Distribution of Discipline orders by type

College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2024/2025 - 2026/2027					
	Approved Budget	Approved Revised Budget	Interim Budget		
	2023/2024	2023/2024	2024/2025	2025/2026	2026/2027
Revenues			(\$)	(\$)	(\$)
Jurisprudence Fee	42,325	42,325	38,092	40,000	42,000
Application Fee	90,000	90,000	81,000	85,050	89,303
Examination Fee	218,250	218,250	196,425	206,246	216,559
Registration Fees	2,030,700	2,030,700	2,017,550	2,118,427	2,224,348
Interest At Bank	25,000	25,000	50,000	47,500	45,125
Other Income					
Total Revenue Projections	2,406,275	2,406,275	2,383,067	2,497,223	2,617,334
Operating Expenses	Proposed 2023/2024 \$	Approved Revised Budget 2023/2024	2024/2025 \$	2025/2026 \$	2026/2027 \$
Council and Committees	65,575	65,575	135,908	71,300	75,100
Professional Services	119,000	161,500	123,400	72,000	74,000
Communications/Media	153,000	153,000	168,000	114,200	119,300
Rent and Facilities Costs	202,200	202,200	163,670	159,000	164,500
Office and General	130,450	130,450	141,800	144,950	148,100
Staff Salaries/Benefits & Stat Remittances	1,257,500	1,207,000	1,147,000	1,204,350	1,264,568
Registration Costs	292,687	292,687	241,294	190,630	196,200
Quality Assurance Costs	48,395	48,395	61,660	28,600	44,700
Professional Conduct	84,500	84,500	80,250	83,000	85,750
Relocation Costs	-	100,000			
TOTAL OPERATING COSTS	2,353,307	2,445,307	2,262,982	2,068,030	2,172,218
SURPLUS (DEFICIT)	52,968	(39,032)	120,085	429,193	445,116
Reserve Fund Contribution					
Notes:					

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Resolution: Approval of Budget and performance plan for new fiscal year 2024-2025

Whereas Council and the Planning and Finance Committee have reviewed the proposed Budget presented by CKO and considered whether provision has been made to meet CKO's requirements during the new fiscal year – September 1, 2024, to August 31, 2025; and

Whereas Council plans to continue with operations in a prudent manner; and

Whereas opportunity has been provided for Council members to raise questions and gain a full understanding of the risks faced by CKO, the medium-term financial outlook for CKO and detailed proposed expenditures; and

Whereas the Registrar is asking for a vote from Council to approve the proposed Budget and Operational Plan as presented.

Therefore, be it resolved that Council approves the budget for the new fiscal year 2024-2025, beginning September 1, 2024.

Moved by:

Seconded by:

Date:

Committee Report

Committee: Governance and Nominations Committee
Prepared for: Council
Date: June 24, 2024

Meetings

The Governance and Nominations Committee (“the Committee”) has met once since the last regular Council meeting on March 25, 2024.

Review of Council Effectiveness Review Framework (“CERF”)

During its meeting on June 7, 2024 the Committee considered proposed amendments to the CERF, which is used to evaluate Council and Committee performance and effectiveness. These revisions were based on recommendations made by an external third-party consultant who administered the 2023 CERF and feedback from the March 12, 2024 Governance and Nominations Committee meeting.

The Committee concluded that the College has incorporated all feedback and recommended the amended CERF to Council for approval.

Assessment of eligibility to stand for election to Council

On June 7, 2024, the Committee considered nominations for Council election in Electoral Districts 4 and 5. Nominee eligibility was assessed and evaluated against the criteria set out in the College by-laws. Nominee applications were also reviewed against the *Council and Committee Competency Profile*. The following nominees were deemed eligible to stand for election in their respective Electoral Districts.

- Electoral District 4
 - Corby Anderson
 - Oluwashindara Isaac-Oloye
 - Mehrdad Alizadeh Meghrazi

- Electoral District 5
 - Jane Gage
 - Brooke Hamilton
 - Ryan Wight

The elections will take place from July 9 – July 16, 2024.

Committee Report

Committee: Investigations and Reports
Prepared For: Council
Date: June 24, 2024

An ICRC Panel met on April 5, 2024, to review five cases – three complaints and two reports.

The outcome of the meeting:

- Complaints
 - o One advice and recommendations
 - o One request for withdrawal accepted
 - o One no further action
- Registrar's report
 - o One decision for registrant to sign an Acknowledgement and Undertaking
 - o One decision to proceed with the previous panel's decision, sending the case to a lawyer to determine prosecutorial viability and to find out if further investigation is required before referring the case to discipline.

Currently, there are 8 open reports from 2023 and no complaints. For 2024 there are 2 complaints and 3 reports active.

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: June 24, 2024

Meetings

The Quality Assurance Committee (QAC) has met three times since the Council meeting on March 25, 2024. These meetings included Panels on April 10, 2024 and May 15, 2024 and one full Committee meeting, which took place on June 5, 2024.

Practice Guideline – Patient/Client-Centred Care

On June 5, 2024, the QAC considered the results of a public consultation regarding the draft Practice Guideline – Patient/Client-Centred Care. The QAC carefully considered feedback from kinesiologists, members and system partners. The QAC recommended that the draft Practice Guideline be further reviewed and revised by the College to incorporate feedback, suggestions and recommendations.

eLearning module: Ethics & Professionalism

On June 5, 2024, the QAC reviewed proposed amendments to the College’s mandatory eLearning module regarding Ethics and Professionalism. The QAC accepted all proposed amendments and recommended that these amendments be put into production for publication in the next eLearning module cycle (scheduled to begin September 2024).

Peer and Practice Assessment

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

- 1 exemption was granted for pending retirement;
- 8 deferrals were granted:
 - 1 has no patients at this time,
 - 3 reported not practising as a kinesiologist,
 - 1 due to extenuating professional circumstances,
 - 1 transitioned to the Inactive Class certificate of registration, not practising due to family and health issues, and
 - 1 does not practice kinesiology in Ontario;
 - 1 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. To date, the following decisions have been made regarding PPAs:

- No Further Action with respect to 19 PPA cases (includes No Further Action with recommendations or requests);
- 1 member completed a Demonstrated Change Report; and
- 1 member has been directed to engage in competency enhancement in the form of a Demonstrated Change Report. The timeline for completion is November 2024 as per the College's Policy – Competency Enhancement.

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

- 4 exemptions were granted due to resignation from CKO;
- 10 deferrals have been granted due to the following reasons:
 - 1 was granted due to the member being on maternity leave,
 - 1 was granted due to a family emergency,
 - 3 were granted as the members are not currently practising in Ontario,
 - 1 was granted due to not having any patients/clients, and
 - 4 were granted a deferral due to transition to the Inactive Class Certificate of Registration;
- 4 registrants have subsequently transitioned to the Inactive Class, resigned from the College or had their Certificates of Registration suspended or revoked.
- To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 11 PPA cases (includes No Further Action with recommendations or requests);
 - 1 member was directed to engage in Competency Enhancement in the form of a Demonstrated Change Report. The timeline for completion is October 2024 as per the College's Policy – Competency Enhancement.
 - 2 registrants have been referred to the Inquiries, Complaints and Reports Committee for non-compliance.

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

- 5 deferrals have been granted due to the following reasons:
 - 1 was granted due to the member being a celebrant in an upcoming wedding,
 - 3 were granted as the members were not currently employed/practising the profession,
 - 1 was granted for medial reasons; and
 - 1 was granted due to the member currently being enrolled in an academic program outside Ontario;
- 5 registrants have subsequently transitioned to the Inactive Class, resigned from the College or had their Certificates of Registration suspended or revoked.
- To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to 9 PPA cases (includes No Further Action with recommendations or requests);
 - 1 Notice of Intent to Direct Competency Enhancement in the form of a Demonstrated Change Report has been issued, with the final decision pending.
 - Initial decisions are pending for 2 PPAs.

Committee Report

Committee: Registration
Prepared for: Council
Date: June 24, 2024

Registration Committee Meetings

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

- Educational Equivalency Assessment (7);
- 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 (3); and
- Course Review (2).

Panels took place on March 20, April 5, April 23 and May 29, 2024.

Examination Appeals Committee Meetings

The Examination Appeals Committee did not meet in this quarter.

Spring Exam - Historical Examination Counts

Spring Exam Candidates - Year-to-Year		
Session	Examinees	Percentage of Examinees that passed
April 2017	226	71%
April 2018	213	74%
April 2019	191	70%
April 2020	<i>(deferred due to COVID-19)</i>	n/a
April 2021	<i>(deferred due to COVID-19)</i>	n/a
April 2022	243	68%
April 2023	195	71%
April 2024	196	57%

The College of Kinesiologists of Ontario (CKO)'s 2023 Spring Entry-to-Practice examination was held on April 17, 2024. A total of 226 candidates registered for the exam, while 196 candidates wrote the exam. This included fifteen candidates who requested testing accommodations. One candidate wrote the exam in French, all other candidates wrote the exam in English.

A total of ten applicants were unable to complete the exam on exam day, either due to technical issues or missed appointments, and rebooked for April 18. Three applicants registered for the exam but did not show up for the exam.

The final exam results are as follows:

April 2023 - Number of Examination Candidates	
Registered	226
Wrote	196
Passed	112
Failed	84
% Passed	57%

Membership Update

As of June 23, 2024, the total membership stands at 2985 registrants, with 2566 registrants in the General Class and 419 registrants in the Inactive Class. The total membership for the same time last year was 3001. This represents a less than 1% decrease in total registrants over the same period last year.

During the period of March 1, 2024, to May 31, 2024, the College registered 39 new kinesiologists. For the same period in 2023, the College registered 37 new kinesiologists.

Year-to-Year Historical Registration Counts

Registration Numbers as of **March 31** of each year:

Year	General Class	Inactive Class	Total
2014	1280	29	1309
2015	1419	123	1542
2016	1731	215	1946
2017	2294	287	2581
2018	2422	372	2794
2019 *	2441	410	2851
2020	2467	404	2871
2021	2458	426	2884
2022	2506	400	2906
2023	2541	421	2962
2024	2535	420	2955

* As of March 11th, 2019

REVENUES



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

1	2	3	4
CATEGORY	APPROVED REVENUE FORECAST (Sept 1 2023 to Aug 31, 2024)	INTERIM REVENUES QTR 1 - 3 SEPT 1 - Apr 30 2024	VARIANCE TO YEAR END
	\$	\$	\$
Revenue:			
Earned Registration Revenue*		1,088,466	1,088,466
Jurisprudence Fee (\$72.35)	42,325	18,364	-23,961
Application Fee (\$150)	90,000	34,600	-55,400
Examination Fee (\$450)	218,250	96,240	-122,010
Registration Fees*	2,030,700	279,585	-1,751,115
Interest Income	25,000	74,078	49,078
TOTAL REVENUE	2,406,275	1,591,333	-814,942
*Registration Fees made-up of:	Approved Forecast	Actual Q1 - Q3 (Sept-Apr)	VARIANCE TO YEAR END
	\$	\$	\$
New Registrants			
- Sept - Nov (\$700)	70,000	49,000	-21,000
- Dec - Feb (\$525)	34,125	32,821	-1,304
- Mar - May (\$350)	12,250	8450	-3,800
- Jun - Aug (\$175)	8,750		-8,750
Renewal (\$700)	1,782,900	138,492	-1,644,408
Change in Status (members back to active)	6,375	11,600	5,225
Professional Corporation Late Fee	250	250	
Professional Corporation Reg Fee	800	2,800	2,000
Inactive Renewal (\$250)	76,500	22,450	-54,050
Inactive Renewal Late Fee(\$100)	8,000	7,600	-400
Renewal Late Fee (\$150)	25,500	26,850	1,350
Re-instatement Fee (\$350)	5,250	7,675	2,425

Refunds		-28,403	-28,403
Total	2,030,700	279,585	-1,751,115

Details:

Registration:

Revenues from new registrants in Q1 & 2 came lower than projected. However, we expect to meet projections for Q3 and Q4.

Revenue categories for Jurisprudence, Application and Exam are expected to meet projections by end of Q3 & Q4 due to members applying for the September exam. Renewal numbers are expected to come lower than projected.

Interest income is expected to be higher than projected due to interest rates.

COLLEGE OF KINESIOLOGISTS OF ONTARIO VARIANCE REPORT: EXPENDITURE FORECAST & EXPENDITURE TO DATE FOR THE FISCAL YEAR END 2023/2024 (INTERIM)			
1	2	3	4
CATEGORY	APPROVED REVISED BUDGET Sept 1 2023 to Aug. 31, 2024	ACTUAL EXPENSES Q1 - Q3 Sep 1 to Apr 30, 2024 INTERIM	VARIANCE TO YEAR END
	\$	\$	\$
Expenditure:			
Council & Committees	65,575	27,985	37,590
Professional Fees	161,500	63,921	97,579
Communications & Media	153,000	57,025	95,975
Rent & Facility Costs	202,200	146,813	55,387
Office & General	130,450	56,218	74,232
Salaries & Wages	1,207,000	679,523	527,477
Registration	292,687	153,954	138,733
Quality Assurance	48,395	12,140	36,255
Professional Conduct	84,500	36,410	48,090
Relocation Costs	100,000		100,000
TOTAL EXPENDITURE	2,445,307	1,233,990	1,211,317
Surplus/Deficit	-39,032	357,343	

Major Highlights:

Council and Committee

Payment of expenses for Council, Executive, Finance and Planning, Registration, Steering Committee: Strategic Planning & review of Kinesiology Core Competency Profile, Quality Assurance, Governance & Nominations, Exams Appeals, ICRC, Patient Relations Committees. Projections for Q3 & Q4 - Executive, Governance & Nominations, Finance and Planning, Registration, QA, Council, Steering Committee - Strategic Planning, ICRC and Patient Relations. Projections in Q4 for 2024 Council Elections.

Professional Fees

Expenses for general legal fees, Bookkeeping fees, FY2023 Audit, first payment for strategic planning. Projections for Q3 and Q4 - Internal Control Audit, general legal fees, additional payment to consultant for strategic planning, consultancy fees - review of policies relating to Registrar, & Bookkeeping cost.

Communications & Media

Payment for IT Support and annual report design, outreach tools.

Projections for end of Q3 & Q4 - Website revamp design, IT Support and migration to SharePoint project and Translation

Rent & Facility Costs

Payment for rent. Projections for rent for May and June 2024.

Office & General

Payment for bank charges, equipment rental, office supplies, telephone/fax, membership fees, professional development for Council and Staff. Projections in Q3 & 4 for professional development, telephone, insurance, equipment rental & bank charges.

Salaries & Wages

Payment for salary/benefits. Projections for end of Q3 and Q4 salaries and benefits.

Registration

Payment for IMIS consultants (maintenance of database), hosting of database, examination administration and printing of certificates of registration. Projections by end of Q3 & Q4 - IMIS system enhancements & support, online exam administration for April sitting, review of Kinesiology Core Competency Profile, hosting cost for Jurisprudence, exam development, and database maintenance for the 2024 registration renewal. Review of the educational equivalency framework will not be completed this year. Funds to be reallocated to IMIS Service Pack upgrade to support security patch.

Quality Assurance

Payment for self assessment portal annual license and maintenance, Peer and Practice Assessments, Sexual Abuse & Professionalism & Ethics e-learning modules hosting cost and Peer Circles. Projections for end of Q3 & Q4 for remaining payment for peer and practice assessments and spring cycle of PPA training. Outstanding invoices for review of the e-learning module for Professionalism & Ethics e-learning module and development and review of the practice guideline for patient centered care. RFP for review of the Kinesiology Essential Competencies will be issued by end of this year and the actual work to begin in the new fiscal year. Funds have been reallocated to the office relocation.

Professional Conduct

Costs for investigations, legal advice and discipline.

Projections for Q3 & Q4 are for ongoing and future cases.




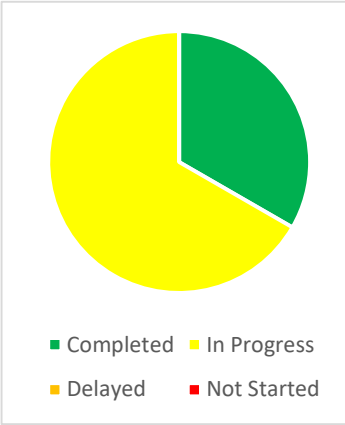
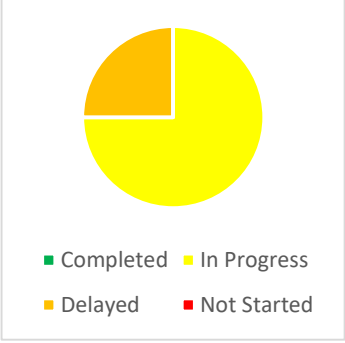
D (2023/2024 Performance Report

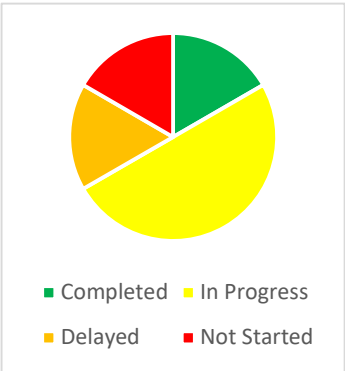
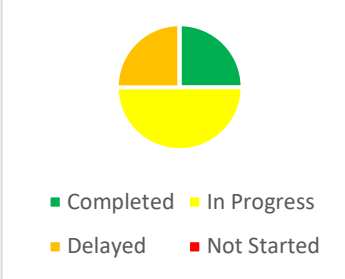
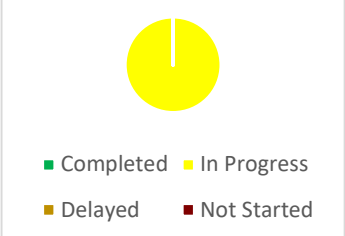
Overall highlights:

			
March – April (Q3) 40 New Registrants			Spring 2024 Exam: 188 registered for April Exam.

Operational highlights (Q3: Mar1 – May 31)

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

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

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

Committee: Steering Committee – Strategic Planning
Prepared for: Council
Date: June 24, 2024

Meetings

The Steering Committee met on April 16 2024, for its first strategic planning meeting with the College’s consultant.

The Committee finalized the reporting relationship between the consultant, Registrar and Committee, as well as reviewed the committee terms of reference. The consultant walked through the proposed meeting times, the project timeline and overall workplan. The Committee agreed the ideal date for strategic planning workshop would be the afternoon of Monday June 24, 2024, and all day June 25, 2024, with possible back-up dates floated in the event Council could not meet in June. The Committee and College staff agreed that the earliest meeting date was preferred, to ensure the strategic plan could be finalized this calendar year.

Steering Committee members:

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

Issue / Decision Note

Issue or Decision: Consideration of the College of Kinesiologists of Ontario's <i>Council Effectiveness Review Framework (CERF)</i>
Prepared for: Council
Date: June 24, 2024

Issue

Consideration of the Council Effectiveness Review Framework and its use in the assessment and evaluation of Council performance and effectiveness.

Background

Since 2014, the College of Kinesiologists of Ontario ("the College") has regularly used a *Council Effectiveness Review Framework* ("CERF") to support the assessment and evaluation of Council performance and effectiveness.

In keeping with the requirements of the Ministry of Health's *College Performance Measurement Framework* ("CPMF"), the College engaged a third-party consultant ("the consultant") to conduct the CERF assessment of Council effectiveness in 2023. Following administration of the CERF, the consultant developed and presented recommendations to Council on September 26, 2023.

Proposed revisions and amendments to the CERF were presented to Governance and Nominations Committee ("the Committee") on November 8, 2023. The Committee asked that the College revise the CERF in keeping with the consultant's recommendations.

On March 12, 2024. The Committee has provided specific feedback regarding the CERF, including:

- Adding and increasing the emphasis on the College's public protection mandate;
- Streamlining/reducing the length of surveys;
- Refining survey timing (administered during rather than following meetings);
- Consideration of survey frequency to make best use of time and resources;
- Addition of descriptor or anchor statements to clarify survey scoring.

The CERF, with amendments based on the consultant's recommendations and feedback from the Committee was reviewed by the Committee on June 7, 2024.

Issue(s) for Consideration

Review and consideration of proposed revisions to the CERF.

Analysis:

A brief overview of the amended CERF as reviewed by the Committee is presented below:

Components:

- Meeting Evaluation Survey

- 10 items (6 scale-based, 4 open-ended questions)
- Council Annual Evaluation Survey:
 - 5 sections, 21 total questions (16 scale-based, 5 open-ended questions)
- Council Member Self-Reflection Survey (optional), after the June Council meeting.

Participation:

- Council members: all surveys (with self-reflection survey being optional)
- Non-Council Committee members: Meeting Evaluation Surveys
- Registrar: Annual Evaluation Survey

Administration:

- 3-year cycle:
 - Internal administration (by the College) the first 2 years of the cycle
 - By an external consultant every 3 years
- Annual Evaluation Survey after the June Council meeting.
- Meeting Evaluation Survey at the end of each Council and committee meeting, excluding Panels.
- Council Member Self-Reflection Survey optional after the June Council meeting.

Oversight:

- Governance & Nominations Committee
 - Quarterly Reports
 - Annual Reports

The draft revised CERF is included as an Appendix to this Issue/Decision Note.

Ongoing/Iterative Analysis of the CERF:

In addition to the proposed amendments, the College will continue to receive feedback regarding the CERF and its components as part of a continuous improvement process. Such an ongoing review is consistent with the College's *Policy and Material Development and Review Framework*, which sets out guidance regarding review processes and timelines.

Risk Analysis

Failure to assess and evaluate Council and committee performance and effectiveness may increase the risk of:

- Non-compliance with the standards and measures of regulatory performance included in the CPMF;
- The College being seen as not adhering to good practices in regulatory governance; and
- Potential loss of confidence in the College's governance, oversight and decision-making.

Public Interest

Ongoing assessment and evaluation of Council and committee performance and effectiveness will support the public interest by:

- Promoting a culture of continuous governance improvement;
- Promoting alignment with identified and emerging regulatory governance best practices;

- Identifying opportunities for training and education to ensure that Council and committee members are well-prepared to fulfil their fiduciary responsibilities; and
- Supporting a focus on good governance, service of the public interest and the best interests of the College.

Considerations for Council

The Governance and Nominations Committee has recommended that Council approve the amended CERF to Council for implementation.

Council may also:

1. Approve the CERF with additional amendments or questions; or
2. Refer the CERF back for further consideration and development, with specific questions or feedback.

Attachments:

Appendix A: Draft revised Council Effectiveness Review Framework

Resolution:

Whereas Council believes that Council and committee effectiveness is the result of a clear understanding of the College’s mandate, responsibilities and accountabilities; adherence to policies and the Code of Conduct for Council members; constant diligence and vigilance in its work; and consistent improvement in how Council conducts its affairs at every level; and

Whereas Council is committed to reviewing periodically, not only the College’s operations and finances, but also the performance of Council members, committee and committee chairs; and

Whereas the College has conducted extensive research into effective board governance; and

Whereas the College has, based on research conducted and recommendations made by an external third-party consultant, amended the framework that governs assessment of the performance of Council and committees; and

Whereas the amended Council Effectiveness Review Framework (CERF) has been reviewed by the Governance and Nominations Committee and recommended to Council;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario adopts the amended Council Effectiveness Review Framework as the framework for formal evaluation of Council and committee performance.

Moved by: _____ Seconded by: _____

Date: _____



Council Effectiveness Review Framework

About the Framework

The Council of the College of Kinesiologists [of Ontario](#) believes that an effective board of directors is the result of a clear understanding of the College's mandate, responsibilities and accountabilities; adherence to policies and the College's Code of Conduct for Council members; constant diligence and vigilance in its work; and consistent improvement in how Council conducts its affairs at every level.

As such, Council is committed to reviewing periodically, not only the College's operations and finances, but also the performance of Council members, the chair and committees. This self-evaluation enables individuals who have accepted the responsibility of governance to identify and seek opportunities for improvement within their own participatory efforts.

The College has adopted a Council Effectiveness Review Framework (CERF) to enable Council to assure itself that all members of Council have the knowledge, skills and commitment to ensure effectiveness in the governance of the Council and the decision-making and development roles of committees.

Components of the Council Effectiveness Review Framework include the following:

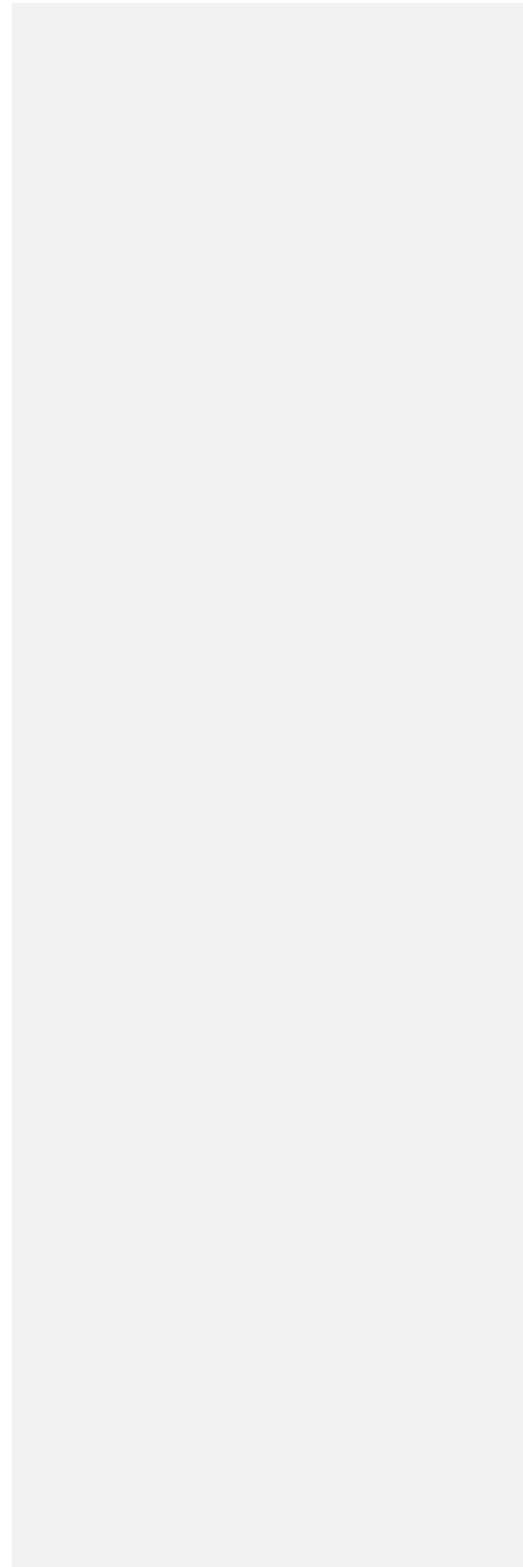
1. Council/Committee Meeting Evaluation Survey
2. Council Annual Evaluation Survey
3. Member Self-Reflection Survey (Optional)

Process

All Council and committee members participate by completing the Meeting Evaluation Survey [following at the end of](#) each meeting (excluding Panels of committees). All Council members and the Registrar complete the Council Annual Evaluation Survey each year following the June Council meeting. Council members may complete the optional Member Self-Reflection Survey following the [September-June](#) Council meeting.

Governance and Nominations Committee and the Registrar or their designate are accountable for the CERF and must ensure that the surveys are completed as required. Administration of the Council Effectiveness Review Framework may be conducted by a third-party consultant hired by the College for this purpose. A third-party consultant will be hired for this purpose at least every three years.

The Governance and Nominations Committee will receive quarterly reports regarding Meeting Evaluation Survey results. The Governance and Nominations Committee will use these reports to make recommendations to Council. Reports are completed for the Council President and for the Chair of each committee.



1. Meeting Evaluation Survey

In each section, statements are provided and Council/Committee members are asked to [answer the survey questions at the end of each meeting, provide a score as described in the scale below. An area is provided at the bottom. Open-ended questions are included](#) to add comments and identify opportunities for continuous improvement.

Scale:

1	2	3	4	5
Very Poor	Poor	Fair	Good	Excellent
This element of the meeting was completely unsatisfactory.	This element of the meeting did not meet expectations.	This element of the meeting met expectations.	This element of the meeting exceeded expectations.	This element of the meeting was truly outstanding.

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Meeting and Date:

Question	Score
1) Were the meeting materials received in a timely fashion?How well did the meeting follow the College's by-laws, the Rules of Order and the Code of Conduct?	Yes/No
2) How would you rate the meeting's focus on public protection?Did the quality of the materials have a positive impact on discussions and decisions?	Yes/No
3) How would you rate the meeting's focus on risk?Did the Chair manage the meeting effectively?	Yes/No
4) How would you rate the Chair's performance?Did staff provide effective support?	Yes/No
5) How would you rate the quality of the meeting materials?Were members prepared?	Yes/No
6) How would you rate support from the College regarding this meeting (notice of meeting, distribution of materials, timeliness, etc)?Were members fully engaged?	Yes/No
7) Did discussions include consideration of the public interest?What worked well about the meeting?	Yes/NoOpen-ended
8) Did discussions include consideration of risks?What could have been improved?	Yes/NoOpen-ended
9) Committee Meetings Evaluation only: Please take this opportunity to comment onrate your recent experiences as a member of Panels of this Committee, if any.	Open-ended
10) Please share any suggestions for continuous improvement (including additional training that may be of valDo you have any other comments?ue)?	Open-ended
11) Please share any additional comments or feedback.	Open-ended

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2. Council Annual Evaluation Survey

In each section, statements are provided and Council members are asked to provide a rating based on the Scale provided below. An area is provided at the bottom of each section to add comments.

Scale:

1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
The statement is never true. The described behaviour(s) have never been observed	The statement is rarely true. The described behaviour(s) have only rarely been observed	The statement is infrequently true. The described behaviour(s) are infrequently observed	The statement is occasionally true. The described behaviour(s) are occasionally demonstrated	The statement is usually true. The described behaviour(s) are usually demonstrated.	The statement is always true. The described behaviour(s) are always demonstrated.

Never	Rarely	Infrequently	Occasionally	Usually	Always
0-16% of the time	16-32% of the time	32-48% of the time	48-64% of the time	64-80% of the time	80-100% of the time

A. How well has Council done its job?

1. Council effectively sets and oversees the development and implementation of the College's strategic plan and goals.	
2. Council exercises appropriate oversight of the financial reporting process, including internal controls.	
3. Council considers the quality and adequacy of financial accounting and reporting, makes inquiries of the independent auditor, reviews the management recommendation letters written by the independent auditor, and monitors the process to ensure that all significant matters are addressed.	
4.3. Council has clear oversight regarding how the College manages risks to its operations and to the public.	
5.4. Council effectively manages, supervises and supports the work of the Registrar & CEO of the College.	

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Total: ___/24

Comments/Opportunities for Improvement:

B. How well has Council conducted itself?

1. Council performs its duties in accordance with the College's mandate to protect the public in a manner consistent with legislation, regulations and the College's by-laws.	
2. Council members come to meetings well prepared and can discuss matters and offer views.	
3.2. Council acts in accordance with its governance role (including discharging their fiduciary duties), focusing on oversight rather than operations.	
4.3. Council members act and speak in a manner consistent with the College's Mission, Vision and Values. All members participate in important Council discussions with a focus on encouraging and dealing with different points of view.	
5. Council receives relevant and concise written reports well in advance of meetings.	
6. Council members act and speak in a manner consistent with: legislation, regulations, the College's By laws, the Rules of Order, the Code of Conduct, the College's Mission, Vision and Values and their fiduciary duty to the College	

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Total: ___/3618

Comments/Opportunities for Improvement:

C. The President/Chair

1. Effectively discharges all duties as President of Council.	
2. Demonstrates ethical behaviours in accordance with College's values and beliefs.	
3. Has a positive working relationship with other Council members, acting as a sounding board and demonstrating tact and integrity.	
4. Is an effective Chair, including managing time well during meetings, sticking to the agenda and bringing matters to a close in a timely way.	

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Total: ___/24 — 18

Comments/Opportunities for Improvement:

--

D. Council's relationship with the Registrar

1. There is clear, effective and appropriate two-way communication between Council and the Registrar & CEO, including timely two-way feedback.	
2. There is mutual trust and respect between Council and the Registrar & CEO.	
3. Council has developed and implemented formal criteria and a process for annually evaluating the performance of the Registrar & CEO, focusing primarily on accomplishment of strategic goals and priorities, as well as adherence to policies and by-laws.	
4. Council encourages and supports the Registrar & CEO's professional development.	

Total: ____/24

Comments/Opportunities for Improvement:

--

E. Council Expertise

1. Council has the collective and individual knowledge and competencies required to effectively discharge its fiduciary responsibilities.	
2. Council and Council members receive ongoing training and education to build and maintain the necessary knowledge and competencies.	
3. New Council members receive orientation and training.	

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Total: ____/182

Total score (all five sections): ____/1296

My suggestions for Governance effectiveness improvement over the next year – for example new or changed processes, new or evolved priority behaviours, areas of focus or strategic priority, etc.

--

3. Council Member Self-Reflection Survey (Optional)

The Council of the College is comprised of kinesiologists and members appointed by the Government of Ontario to represent the public perspective. All of Council, however, must be prepared to consider the matters brought before it and to make decisions which are in the interests of the public. The effectiveness of Council as a whole and its ability to fulfill its mandate depend upon Council members being well-prepared, acting with integrity and adhering to the Code of Conduct adopted by Council. Council meetings are open to the public and Council must adhere to principles of openness, transparency and fairness, and must demonstrate to the public that it is qualified to govern the profession in the interest of the public. The Council also has fiduciary responsibility and is accountable to the membership for the wise and prudent management of College resources.

Each Council ~~and committee~~ member is given an opportunity to reflect upon their experiences. Questions may be answered by all Council ~~and committee~~ members [following the June Council meeting](#). All members who do so will receive a copy of their self-reflection survey.

	YES	NO
1. I am aware of what is expected of me as a Council member.		
2. I understand and adhere to Council's Code of Conduct and Robert's Rules of Order in Council meetings.		
3. I have a good record of meeting attendance.		
4. I read the minutes, reports and other materials in advance of our Council meetings and I am prepared for discussion and decisions where required.		
5. I am familiar with what is in the College's by-laws and governing policies.		
6. I am a good listener at Council meetings. I feel able to participate in Council discussions and decisions.		
7. When I have a different opinion than the majority, I raise it. However, I also ensure that the points that I raise are on topic, and that once I have stated my view, I allow others to express their views without interruption.		
8. I support Council decisions once they are made even if I do not agree with them.		
9. I maintain confidentiality of all Council decisions.		
10. I promote the work of the College in the community whenever I have a chance to do so.		

My personal goals for continuous improvement as a Council member for the next year:

Some resources that could support my achieving these goals:



2023/2024 Risk Management Plan Dashboard

Overall Risk Priority Highlights:

Risk Priority (Risk Rating)	Description	Changes (from March 2024)		# of Risks (2023/2024)
Extreme (10-20)	Requires immediate prohibition of the work, process and immediate corrective action	Upgraded to Extreme:	0	1
High (7-9)	Requires immediate corrective action	Downgraded to High:	0	1
		Upgraded to High:	0	
Moderate (3-6)	May require corrective action, planning and budgeting process	Downgraded to Moderate:	0	31
		Upgraded to Moderate:	3	
Low (1-2)	May require consideration in any future changes to the work area or processes, or can be fixed immediately	Downgraded to Low:	2	10
		Upgraded to Low:	0	



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

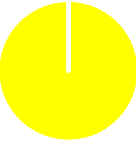
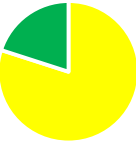
- Amended references to “Director (Finance and Operations)” (or similar) to “Director/Manager (Finance and Operations)” (or similar). Intended to be more inclusive, depending on job title of incumbent, which may vary. Multiple locations.
- 1 non-substantive formatting amendment: removed unnecessary bullet point from the risk mitigation strategy for Risk #39.

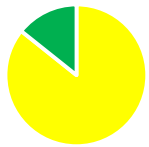
Details (Q2-Q3: Mar. 1, 2023 – May 31, 2024)

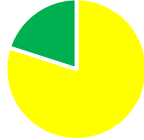
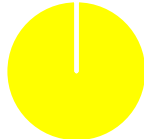
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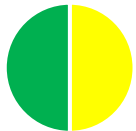


Risk Type	Risk Priorities	Proposed Amendments			
<i>Financial</i>		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		7 - Inefficient project management leading to: <ul style="list-style-type: none"> Inadequate project staffing Failure to adhere to timelines Poor quality of deliverables 	Decrease risk likelihood from 2 - Unlikely to 1 - Rare; Decrease risk priority from 4 - Moderate to 2 - Low	Evidence suggests that risk mitigation strategy has been satisfactory to-date. Currently anticipated that this risk may occur less than once/year, and in exceptional or unusual circumstances.	Likelihood: 1 - Rare Impact: 2 - Serious Priority: 2 - Low
		8 - Breach of confidentiality relating to: <ul style="list-style-type: none"> Staff personal information Registrant information Applicant information Vendor information Patient/Client information Council Member information 	Increased risk likelihood from 2 - Unlikely to 3 - Moderate Increase risk priority from 4 - Moderate to 6 - Moderate	Increased due to identified cybersecurity issues. Will be addressed by implementing the risk mitigation strategy. Once this work (including a migration to a cloud-based file retention system) is complete, it is anticipated that the risk priority will decrease.	Likelihood: 3 - Moderate Impact: 2 - Serious Priority: 6 - Moderate
<i>Information Management</i>		10 - Unintended destruction or loss of records		Ongoing close monitoring.	Likelihood: 3 - Moderate Impact: 3 - Major

Risk Type	Risk Priorities	Proposed Amendments			
				Plan: Implementation of enhanced Risk Mitigation Strategy in-process. Anticipate decreased risk priority following office space relocation.	Priority: 9 – High
Loss/Damage of Capital Equipment/Furnishings		15 - Computers systems are compromised due to: <ul style="list-style-type: none"> • Virus • Security breach • Malware / Ransomware 	Amended risk mitigation strategy. Amendment includes that training to be provided to all staff vs “new staff”.	Amendment to risk mitigation strategy for clarity.	Likelihood: 4 - Likely Impact: 3 – Major Priority: 12 – Extreme
		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		16 - Computers, servers and other items of value belonging to the College are stolen	Amended risk and description by removing reference to “servers”.	Removed reference to “servers” as the College will transition away from physical servers towards “Cloud-based” data storage.	Likelihood: 3 - Moderate Impact: 2 – Serious Priority: 6 – Moderate
	Amended Risk Mitigation Strategy element regarding approvals for “overtime”.	Amendment proposed to clarify that this element of the Risk Mitigation Strategy pertains to risk of theft presented by accessing office outside regular working hours.			
Loss/Compromise of Examination		Risk Item	Amendment	Rationale	Current Risk Likelihood/Impact/Priority
		22 - Item Bank and test forms lack sufficient items that:	Amended Committee references contained in Risk Mitigation Strategy.	Amendment to clarify responsibilities/oversight in Risk Mitigation Strategy.	Likelihood: 2 – Unlikely Impact: 2 – Serious Priority: 4 – Moderate

Risk Type	Risk Priorities	Proposed Amendments			
		<ul style="list-style-type: none"> • Reflect the examination blueprint • Are high quality • Can be correctly answered by the entry-level practitioner 			
<p><i>Human Resources</i></p> 		<p>Risk Item</p>	<p>Amendment</p>	<p>Rationale</p>	<p>Current Risk Likelihood/Impact/Priority</p>
		<p>23 – 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 	<p>Amended Risk Mitigation Strategy to include explicit references to portfolio- and role-specific succession plans.</p>	<p>Amendment to clarify how the College will manage risks associated with employee absences in key roles and portfolios.</p>	<p>Likelihood: 2 – Unlikely</p> <hr/> <p>Impact: 2 – Serious</p> <hr/> <p>Priority: 4 – Moderate</p>
		<p>26 – Organizational culture issues cause by/resulting in:</p> <ul style="list-style-type: none"> • Low staff morale • Interpersonal conflicts • Complaints of harassment • Decreased productivity • High staff turnover rate 	<p>Amended risk mitigation strategy to include additional elements, including initiatives and efforts to retain staff and enhance/maintain staff morale.</p>	<p>More clear description of retention and morale-building projects and initiatives. Aimed at managing risks of decreased productivity associated with low morale and staff turnover.</p>	<p>Likelihood: 2 – Unlikely</p> <hr/> <p>Impact: 2 – Serious</p> <hr/> <p>Priority: 4 – Moderate</p>
		<p>28 – Lack of expertise on the part of staff leads to poor decisions by Committees and Council</p>		<p>Historical data suggests that this risk does not occur “at</p>	<p>Likelihood: 1 - Rare</p>

Risk Type	Risk Priorities	Proposed Amendments			
			<p>Decreased Risk Likelihood from 2 – Unlikely to 1 – Rare.</p> <p>Decreased Risk Priority from 4 – Moderate to 2 – Low</p>	<p>least once per year”, which is the criteria for a Risk Likelihood of “2 – Unlikely”.</p>	<p>Impact: 2 – Serious</p> <p>Priority: 2 - Low</p>
<p><i>Loss of Confidence in CKO</i></p>		<p>Risk Item</p> <p>32 – Poor customer service/public relations</p>	<p>Amendment</p> <p>Increased Risk Likelihood from 2 – Unlikely to 3 – Moderate.</p> <p>Increased Risk Priority from 4 – Moderate to 6 - Moderate</p>	<p>Rationale</p> <p>Focus: implementing risk mitigation strategy including new staff training, hiring external supports to ensure continuity and ensuring timely performance feedback.</p>	<p>Current Risk Likelihood/Impact/Priority</p> <p>Likelihood: 3 - Moderate</p> <p>Impact: 2 – Serious</p> <p>Priority: 6 - Moderate</p>
<p><i>Governance</i></p>		<p>Risk Item</p> <p>38 – Council/Committee operating outside of mandate; or seen to be advocating for profession</p>	<p>Amendment</p> <p>Increased Risk Likelihood from 2 – Unlikely to 3 – Moderate.</p>	<p>Rationale</p> <p>To monitor trends, identify and provide additional training and support as required.</p>	<p>Current Risk Likelihood/Impact/Priority</p> <p>Likelihood: 3 - Moderate</p> <p>Impact: 2 – Serious</p>

Risk Type	Risk Priorities	Proposed Amendments			
		Becoming engaged with operational matters resulting in: <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 	Increased Risk Priority from 4 – Moderate to 6 – Moderate		Priority: 6 – Moderate
			Amended Risk Mitigation Strategy to include elements of the recommendations from the 2023 Council performance review.	Focus: Council training and ongoing development	
Compliance		<ul style="list-style-type: none"> No changes or amendments proposed to any risks in this risk type. 			

Resolution – Revised Risk Management Plan – 2023/24

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

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

Whereas, Council has reviewed the updated the Risk Management Plan for 2023/2024, including the identified risks and proposed mitigation strategies, and

Whereas, Council is of the view that the Risk Management Plan appropriately prioritize and address the identified risks in light of the College’s overall risk tolerance,

Therefore, be it resolved that Council approves the revised Risk Management Plan for 2023/2024.

Moved by:

Seconded by:

Date: June 24, 2024

Proposed 2023-2024 Committee Slate

Key: **Green = Committee Chair** **Red = Vice-Chair** **Bold Italics = Proposed change/update**

Committee	2023-2024 Professional Members	2023-2024 Public Members	2023-2024 Members-at-large
Executive	<ul style="list-style-type: none"> • Benjamin Matthie, Chair • Heather Westaway • Ryan Wight 	<ul style="list-style-type: none"> • Victoria Nicholson, Vice-Chair • Teresa Bendo 	
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 • Jennifer Yee 	<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"> • Ryan Wight, Chair • Corby Anderson • Benjamin Matthie 	<ul style="list-style-type: none"> • Teresa Bendo, Vice-Chair • Sara Gottlieb • 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 • Jennifer Yee 	<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, Chair¹ • Chad McCleave 	<ul style="list-style-type: none"> • Claude Balthazard • Melanie Jones-Drost

<p>Examination</p>			<ul style="list-style-type: none"> • <i>Adam Jongsma</i> • <i>Emily McLaughlin</i> • <i>Erin McHattie</i> • <i>Joseph Cicchillo</i> • <i>Kathryn Sinden</i> • <i>Kelvin Yu</i> • <i>Kimberly Klockars</i> • <i>Meridith Nodwell</i> • <i>Michael Herbert</i> • <i>Paul Murata</i> • <i>Shanice Adair-Samuel</i>
<p>Item Writing</p>			<ul style="list-style-type: none"> • <i>Alex Burnaru</i> • <i>Alyssa Manalo</i> • <i>Anushka Soni</i> • <i>Catarina Martins</i> • <i>Daniel Henke</i> • <i>Rene Vandenboom</i> • <i>Dena Spencer</i> • <i>Evelyn Lock</i> • <i>Gina Snider</i> • <i>Mohammadhadi Mostofinejad</i> • <i>Daniel Sibley</i> • <i>Laura Banks</i> • <i>Mandy Fournier</i> • <i>Mike Walker</i> • <i>Nancy Munn</i> • <i>Natalie Cuda</i>

Notes:

- 1) **Victoria Nicholson** – Elected on June 5, 2024 as Chair of the Governance & Nominations Committee for a one-year term.



Resolution – 2023/2024 Committee slate

Whereas as per the Terms of Reference of the Governance and Nominations Committee (“the Committee”), the Chair of the Committee is elected from amongst the members of the Committee; and

Whereas one expression of interest, from Victoria Nicholson, was received; and

Whereas the College’s by-laws state that where there is only one nominee for a position, that person shall be elected by acclamation;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the election of Victoria Nicholson as Chair of the Governance & Nominations Committee for one year.

Moved by: _____

Seconded by: _____

Date: June 24, 2024