



## Council Meeting Draft Agenda

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**Date:** September 27, 2021    **Time:** 10:05am    **Location:** Online

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

### LOGIN INFORMATION

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## AGENDA

	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
1	10:05am	Call to order, roll call, Welcome	J. Pereira	Yes	Information
2	10:10am	Introductions	J. Pereira	No	Information
3	10:15am	Conflict of interest declarations	J. Pereira	No	Decision
4	10:20am	Approval of agenda	J. Pereira	Yes	Decision
5	10:25am	Approval of Minutes – June 29, 2021	J. Pereira	Yes	Decision
6	10:30	<p><b>Action Items from the June 28 Meeting</b></p> <ul style="list-style-type: none"> <li>• Staff to define the word “group” or “defined group” in a Conflict-of-Interest Policy in relation to the proposed by-law 10 amendments pertaining to Council eligibility requirements - <b>COMPLETED</b></li> <li>• College staff to circulate proposed by-law 10 amendments externally for consultation and present final amendments and consultation report to Council for review and approval at September 2021 meeting - <b>COMPLETED</b></li> <li>• College staff to draft proposed by-law 13 amendments based on today’s discussion and present to Council for review and approval for external consultation at September 2021 Council meeting - <b>COMPLETED</b></li> <li>• Risk management plan to define timeline in documentation (i.e., annual review or more than once per year, to bring back at the September Council meeting) – <b>COMPLETED</b></li> <li>• College staff to refine risk management plan and present proposed amendments to numbers assigned in risk matrix to Council at its September 2021 meeting; <b>COMPLETED</b></li> <li>• Business Continuity and Disaster Recovery Plan for 2021-2022 to be amended and revised, brought back to Council during September 2021 meeting; <b>COMPLETED</b></li> <li>• Revised QA Program policies to be posted to College website – <b>COMPLETED</b></li> <li>• College staff to post a summary of the Council evaluation survey on the College website. <b>COMPLETED</b></li> </ul>			
7	10:35 am	<p>Committee Reports</p> <ul style="list-style-type: none"> <li>• Discipline</li> <li>• ICRC</li> <li>• Registration</li> <li>• Quality Assurance</li> <li>• Patient Relations</li> </ul>	Committee Chairs	Yes	Information



		<ul style="list-style-type: none"> <li>Q4 Finance Report/Dashboard</li> <li>Specialties Committee (Issue Note to be provided by Committee Chair)</li> </ul>			
8	10:40am	Registrar's Report <ul style="list-style-type: none"> <li>Elections</li> <li>BIPOC Working Group</li> <li>Operations Update</li> </ul>	N. Leris	No	Information
9	10:50am	President's Report	J. Pereira	No	Information
10	11:00am	Risk Management Plan/Disaster Recovery/Business Continuity	N. Leris	Yes	Decision
11	11:30 am	By-Law - 10 Consultation Results	L Thacker	Yes	Decision
12	11:50am	By-Law13 Amendments	L. Thacker	Yes	Decision
13	12:15 am	Governance and Nominations Committee TOR	L. Thacker	Yes	Decision
<b>LUNCH</b>					
14	1:00 PM	Issue Note: Specialty Committee	M Pat Moore	Yes	Decision
15	2:00 PM	Conflict of Interest: Policy and By-law 16 Amendments	L. Thacker	Yes	Decision
16	2:30PM	Election of Executive Committee	N. Leris	Verbal	Decision
17	3:00PM	Approval of Committee Membership	President	Yes	Decision
18	3:20 PM	Succession Planning and Mentorship Program	N. Leris	Yes	Decision
19	3:30PM	Review of Action Items	J. Pereira	No	Review
<b>ADJOURNMENT</b>					

## June Council Meeting Minutes

<b>Date/Time of Meeting:</b>	Monday, June 28 <sup>th</sup> , 2021 / 9:00 a.m. – 2:30 p.m. (8:30-9 In-Camera Session)
<b>Council Present:</b>	Jennifer Pereira, Chair, Teresa Bendo, Leslee Brown, Victoria Nicholson, Mary Pat Moore, Ryan Wight, Chad McCleave, Candace Glowa, Susan Garfat, Marie Cousineau, Ben Matthie, Ben Phalavong, Graydon Raymer, Brad Markis
<b>Staff Present:</b>	Nancy Leris, Lara Thacker, Danielle Lawrence, Keisha Simpson, Daniel McIntyre, Kat Elesin
<b>Facilitator:</b>	Shenda Tanchak
<b>Regrets:</b>	Sara Gottlieb, Elwin Lau
<b>Observers:</b>	JONATHAN STRAUSS, CEO OF PEDORTHIC ASSOCIATION OF CANADA, DON GRACEY, CG MANAGEMENT & COMMUNICATIONS INC, ARIEL ZOHAR, R. KIN, COMMITTEE MEMBER-AT-LARGE, ROB BURNS

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### 1. Call to Order/Introductions

Jennifer Pereira, Chair, welcomed Council and called the meeting to order at 9:02 a.m.

As a 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. Conflict of Interest Declarations

Jennifer Pereira asked if any Council members present wished to declare a conflict of interest. There were no declarations.

### 3. Approval of Agenda

*UPON A MOTION duly made by Vicky Nicholson and seconded by Teresa Bendo, it was resolved that the agenda be approved as amended. **Carried.***

### 4. Approval of Minutes

*UPON A MOTION duly made by Ben Matthie and seconded by Leslee Brown it was resolved that the March 1<sup>st</sup>, 2021 minutes be approved as amended. **Carried.***

## 5. Action Items Arising from Previous Meetings

- Further research to be conducted by College staff regarding the Executive Committee Terms of Reference, (i.e., term limits, cooling off periods, and providing the option of the past President to continue serving on the Executive Committee). **Ongoing – tabled for September 2021 meeting.**
- Proposed Council and committee eligibility criteria by-law amendments to be presented to Council at June Council meeting. **Completed.**
- Screening Committee and Terms of Reference for a Committee – Council voted to defer this item to the June Council Meeting, before deciding, and approving the Resolution. **Completed.**
- Staff to revise the Committee slate to address Benjamin Phalavong’s appointment to the Exam Appeals Committee. Council noted that Benjamin should not be appointed to any panels of either the Registration or Exam Appeals committees until this is resolved. **Completed.**

Jennifer welcomed newest public member, Brad Markis, to Council.

## 6. Competency-based Assessment & Education (Lara Thacker – Progress Report & Proposed by-law amendments)

Lara Thacker, Director Quality Assurance, provided a progress report on the Council and committee competency-based assessment framework, and presented proposed by-law 10 amendments. Lara welcomed back Shenda Tanchak, facilitator for the next agenda item. Key changes were highlighted:

- a new by-law provision stipulates that a member is eligible for election to Council if “before the nomination deadline, the member has successfully completed any qualification process established by the Council”;
  - the registrant “has not resigned from Council within the past three years other than for “health or personal reasons acceptable to Council”;
  - New conflict of interest provision stipulating: “the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College”;
  - An amendment expands the cooling off period for serving as an employee, officer or director of any professional association or certifying body in the health care and health related fields from one to three years prior to the date of nomination for the Council;
  - Removing the requirement for supporting signatures for nominations;
  - it was noted that the gathering of signatures for nominations are quite limiting, especially for individuals living in remote areas;
- i. It was suggested that “group” in by-law 10.09 and 10.29 provisions “the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College” be more clearly defined in a companion Conflict of Interest Policy.

*UPON A MOTION duly made by Teresa Bendo and seconded by Chad McCleave it was resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 10 regarding eligibility criteria for election of Council members for circulation. Final proposed changes will be presented to Council at its September 2021 meeting. **Carried.***

**7. Council & Committee Competency-Based Assessment & Education: Entity to screen for eligibility Shenda Tanchak**

Shenda Tanchak opened the discussion and thanked Council members for their time. The objectives of today's Council discussion were to identify a mechanism to review eligibility of those seeking to stand for election, and if a Committee is selected for this purpose, determine what other responsibilities such a Committee might have. Council engaged in extensive discussion.

- Council agreed in principle to establish a new Committee that would be comprised of mostly but not only Council members, who would have three areas of responsibility:
  - I. Screen for election eligibility;
  - II. Recommend Committee slates;
  - III. Oversee Council and Committee performance evaluation process.

The draft terms of reference functions for the new committee include:

- Screen applicants for eligibility for election to Council;
- Evaluate applications and indications of interest for Committee membership and recommends all other Committee slates to Council;
- Oversee administration of Council/Committee performance evaluation process;
- Receive and report results of Council evaluation;
- Based on evaluation results, and recommendations from Council and Committees
  - Review and make recommendations about updating competency profile
  - Identify continuing development needs for Council and Committee members
  - Identify particular recruitment needs (Equity, Diversity and Inclusion, (EDI) for example)
- To be composed of 5 to 7 individuals, at least one of whom has governance or HR expertise, with at least one member who is not a member of College Council, a College Committee or staff; and
- Accountable to Council.

Council agreed on the following additional considerations:

- Committee to be supported by a senior College staff member;
- External Committee member to be drawn from another College or a 'friendly' stakeholder with no specific connection to kinesiology and no potential real or perceived conflict of interest; and
- Executive Committee or Council should recommend the slate for this Committee; and
- Council determined the name "Governance & Nomination Committee" for the new committee.

*UPON A MOTION duly made by Sue Garfat and seconded by Teresa Bendo it was resolved that the Council of the College of Kinesiologists of Ontario approves, in principle, a by-law revision to establish a Committee which will have, inter alia, the following responsibilities:*

- *to ensure those seeking to stand for Council election meet the eligibility requirements established in the by-laws;*
- *to ensure those seeking appointment to committees meet the eligibility requirements established in the by-laws;*
- *to review applications for committee appointments based on identified competency and diversity needs and recommend to Council slates for committee appointments; and such other duties as may be identified and approved by Council. The proposed by-law provision*

*will be circulated externally, and final amendments will be presented to Council at its September 2021 meeting. Carried.*

## **8. COMMITTEE REPORTS**

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

## **9. REGISTRAR'S REPORT**

Nancy Leris, Acting Registrar/CEO, provided the Registrar's Report.

Brad Markis, a newly appointed public member, was oriented in June prior to his first Council meeting.

Nancy also informed Council that the College successfully completed the College Performance Measurement Framework and submitted the report to the MOH in March 2021.

The College submitted its annual fair registration practice report to the Office of the Fairness Commissioner (OFC) in May 2021. In its June 2021 newsletter, the OFC highlighted and commended the College on its innovative remedial process for applicants seeking a third attempt at the College's entry-to-practice examination. The OFC noted this process/policy as a commendable best practice for other regulators.

The College successfully completed and submitted the Health Professions Database Report (HPDB) report to the MOH and the Registration Report to the Office of the Fairness Commissioner in May 2021.

The College is an active participant in the Health Profession Regulators of Ontario (HPRO) working group on anti-BIPOC racism. Updates and next steps from this working group was provided in the Council package. On July 5<sup>th</sup>, training will be offered to all Registrars, additionally, a survey, open to healthcare professionals and the public, will be launched. Focus groups will be held to directly involve internal stakeholders, e.g. Registrars and staff, and select Council/Committee members.

Nancy provided an elections update. Nominations were completed as of June 22<sup>nd</sup>, 2021. District 4 had two vacancies, District 5 and 6 had one vacancy each. In District 4 and District 5, two candidates will compete for one vacancy, as the other was acclaimed by Jennifer Pereira. The vacancy in District 6 was acclaimed by Ben Phalavong. Elections will be open online from July 13<sup>th</sup> – July 20<sup>th</sup>.

Nancy attended several Ministry of Health meetings with HPRO board members for the proposed regulation of PSWs and proposed legislative review of the RHPA 1991 Procedural Code on governance reform to help reduce the burden placed on the 26 regulated health Colleges to respond swiftly to emerging needs and to increase efficiency as a result of the pandemic. A letter from the Ministry was provided in the Council package with a draft response to the Ministry for Council's attention. The College completed a draft response to the letter from Assistant Deputy Minister Sean Court's on governance reform which was provided to Council for perusal.



## 10. PRESIDENT'S REPORT (Council & Committee Evaluation)

Jennifer Pereira, President, provided the following update:

In April 2021, Health Regulators received training from HPRO. Council members took part in this training.

The president participated in the orientation session held for the new Council member Brad Markis on June 10<sup>th</sup> and attended the webinar "All Things Privacy", a joint initiative of the CKO and the College of Physiotherapists. In accordance with the requirements of the CPMF the president conducted a performance evaluation of the CKO Council. The CPMF requires the College post a summary of the evaluation survey on the College website. This is scheduled to take place promptly after the meeting of Council.

Nancy Leris was announced as the new Registrar for the College of Kinesiologists of Ontario effective immediately.

## 11. APPOINTMENT TO COMMITTEE: REVISED COMMITTEE SLATE

Jennifer Pereira welcomed Brad to Council and provided an update for an appointment to Committee, with a revised committee slate. Brad Markis expressed interest in serving on the Quality Assurance Committee. Council discussed Brad also serving on the Specialties Committee as well as ICRC.

*UPON A MOTION duly made by Chad McCleave and seconded by Victoria Nicholson it was resolved that the Council of the College of Kinesiologists of Ontario appoints Brad Markis to the following Committees: Quality Assurance, ICRC, and Specialties Committee. **Carried.***

## 12. BUDGET 2021-2022 & PERFORMANCE PLAN

Nancy Leris, Ag. Registrar, presented the draft budget and performance plan for 2021/2022. Both were included in the Council package and posted with other Council materials for discussion on the public website.

On June 24<sup>th</sup>, the Finance and Planning Committee reviewed the proposed Budget presented by the College and considered whether provision has been made to meet the requirements of the College to carry out the performance plan during the new fiscal year September 1<sup>st</sup>, 2021 to August 31<sup>st</sup> 2022.

An amendment was made to the agenda: Chad McCleave will provide the recommendation from the Finance and Planning Committee following the approval of the 2021-2022 Budget.

*UPON A MOTION duly made by Leslee Brown and seconded by Chad McCleave it was resolved that the Council of the College of Kinesiologists of Ontario approves the budget and performance plan for the new fiscal year 2021-2022, beginning September 1, 2021. **Carried.***



### **13. RECOMMENDATION FROM THE FINANCE & PLANNING COMMITTEE (Chad McCleave)**

Chad McCleave, chair of the Finance & Planning Committee, expressed concern on College resources in terms of increasing the number of staffing as the College matures to face the demands on the College which will have a direct impact on the College budget for 2021/22.

The Finance & Planning Committee recommended a possible task force or Finance Committee to review membership fees. Chad suggested only public members be included on this Committee to avoid the potential for a COI by a Professional member. If the Finance committee is selected for this role, the mandate of the Committee would need to be amended.

Chad put forth a recommendation by the Finance & Planning Committee for renewal in 2021. It was proposed that members renewing between September 1, and September 30 not be charged a late fee. Additionally, members suspended on October 1, 2021, for non-renewal who reinstate between October 1 and October 31 will not pay a re-instatement fee or a late fee. Chad noted that the Finance & Planning Committee acknowledges that some members continue to experience financial hardship due to public health restrictions due to COVID-19. While the fees for renewal are already among the lowest for any health profession regulator of a comparable size, the Committee agreed that some relief is warranted for those members who may be experiencing hardship. There is opportunity to make individual arrangements such as fee payment by installments. There is also opportunity for the College to demonstrate concern for members as they get back to work by allowing members additional time if necessary to pay their renewal fees without penalty. Graydon Raymer inquired whether registrants would be advised about this change, Keisha Simpson confirmed it would be on a case-by-case basis.

*UPON A MOTION duly made by Leslee Brown and seconded by Victoria Nicholson it was resolved that the Council of the College of Kinesiologists of Ontario approves that in this year of disruption due to the COVID-19 pandemic, late membership fees be waived up to sixty days and that registrants who are renewing by September 30 not be charged a late fee. Registrants who have not renewed by September 30 will be suspended on October 1. Such registrants, if they re-instate by October 31, will not be charged a late fee or a re-instatement fee. **Carried.***

### **14. ENTERPRISE RISK MANAGEMENT, BUSINESS CONTINUITY & DISASTER PREPAREDNESS PLAN**

Danielle Lawrence, Practice Advisor and Policy Lead, presented the Risk Management, Business Continuity and Disaster Recovery plans. Danielle provided a risk matrix example for Council members (Danielle specified the risk matrix for COI will be reviewed in light of recent discussions around COI). Jennifer inquired on how often the document will be reviewed, Danielle confirmed it is reviewed annually and should be reflected in all communication going forward. Jennifer also remarked that the College has not had a business continuity plan or disaster recovery plan previously. Nancy confirmed after collaborating with other Colleges, a business continuity plan will be from part of the risk management plan moving forward. Council agreed that the business continuity and disaster recovery plan be amended and brought back to Council in September 2021. College staff to edit the risk management plan, review risk ratings, and bring additional changes in mitigation and control option. Changes were made to the following areas:

- 1) Information Management:
  - o Signed confidentiality agreements
  - o Use of secure file sharing application
  - o VPN access to files for staff working remotely
  - o Cyber insurance coverage (including Ransom insurance)
- 2) Human Resources:
  - o Measures in place for reporting to Registrar or designate staff
- 3) Loss of Confidence in CKO:
  - o Soliciting feedback from registrants on CKO program components and services
  - o Anti-virus and malware protection, use of CKO professional virtual accounts
- 4) Governance/Compliance:
  - o Conflict of Interest Policy – clear examples, clear communication of consequences for breaching COI (risk matrix under review)
  - o Council & Committee Feedback and performance evaluation on meeting mandate

*UPON A MOTION duly made by Mary Pat Moore and seconded by Graydon Raymer it was resolved that the Council of the College of Kinesiologists of Ontario accepts the Risk Management Plan, Business Continuity and Disaster Recovery Plan for 2021-2022 to be revised and amended. **Carried.***

#### **15. QUALITY ASSURANCE PROGRAM POLICY AMENDMENTS:**

Lara Thacker presented the proposed Quality Assurance Program policy amendments to Council for review and approval:

- 1) **DEFERRAL OF PEER & PRACTICE ASSESSMENT POLICY 3.2**
- 2) **PEER & PRACTICE ASSESSMENT EXEMPTION POLICY 3.3**

Certain circumstances may arise that will affect a registrant's ability to participate in PPA requiring referral to a later date or exemption from having to complete the PPA. Requests for deferral and exemption should be carefully considered, seeking to balance the needs of the registrant with the public interest. Policies have been amended to provide legislative context, clarify principles that underpin the policies, reflect updated terminology, and expand grounds for deferral and exemption.

*UPON A MOTION duly made by Brad Markis and seconded by Graydon Raymer it was resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to the Quality Assurance Program Policies: Deferral of Peer and Practice Assessment Policy (3.2) and Peer and Practice Assessment Exemption Policy (3.3) as circulated. **Carried.***

#### **16. REVIEW OF ACTION ITEMS**

Kat Elesin provided the following action items noted throughout the Council meeting:

- Staff to define the word “group” or “defined group” in a Conflict-of-Interest Policy in relation to the proposed by-law 10 amendments pertaining to Council eligibility requirements;
- College staff to circulate proposed by-law 10 amendments externally for consultation and present final amendments and consultation report to Council for review and approval at September 2021 meeting;

- College staff to draft proposed by-law 13 amendments based on today's discussion and present to Council for review and approval for external consultation at September 2021 Council meeting;
- Risk management plan to define timeline in documentation (i.e., annual review or more than once per year, to bring back at the September Council meeting);
- Revised QA Program policies to be posted to College website.
- College staff to refine risk management plan and present proposed amendments to numbers assigned in risk matrix to Council at its September 2021 meeting;
- Business Continuity and Disaster Recovery Plan for 2021-2022 to be amended and revised, brought back to Council during September 2021 meeting;
- College staff to post a summary of the Council evaluation survey on the College website;

### **17. Closing Comments/Motion for Adjournment**

Nancy thanked everyone for their efforts.

Jennifer thanked staff and Council for their continued dedication and wished everyone well during summer.

*Chad moved to terminate the meeting at 2:23 p.m.*

**Discipline Committee Report**

<b>Committee: Discipline</b>
<b>Prepared for:</b> Council
<b>Date:</b> September 27, 2021

**Meetings**

A set date motion meeting was held on July 29, 2021, to establish dates for a pending contested discipline matter.

This contested hearing is scheduled for October 20, 2021.

ICRC Report

<b>Committee:</b> ICRC
<b>Prepared for:</b> Council
<b>Date:</b> September 27, 2021

**Meetings**

The ICRC is set to meeting at a date in October to be determined to review returning matters concluding investigations.

**Matters**

There is one active complaint in process returning to ICRC for decision.

There are two Registrar's Reports returning to ICRC for decision.

One matter has been appealed to HPARB with a review scheduled on March 2, 2022.

## Registration Report

<b>Committee:</b> Registration
<b>Prepared for:</b> Council
<b>Date:</b> September 27, 2021

### Meetings

The Registration Committee has not met since the last report to Council on June 28, 2021. The annual Registration Committee meeting for the purposes of providing training to Committee members will be scheduled to take place in October 2021.

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

- Educational Equivalency Assessment
- Reinstatement to the general class after being inactive for more than 2 years
- Good Conduct
- Course Review
- Exemption from exceeding the allotted timeline for writing the exam
- Remediation submission for third attempt at the entry-to-practice examination

### Registration Examination

The fall exam and the deferred spring exam (which was scheduled to take place on April 10, 2021) will occur on September 18, 2021.

There are 551 candidates registered for the exam, including 10 candidates with testing accommodations, and 1 candidate who has requested to write the exam in French. A total of 75 candidates have deferred writing the exam and 20 candidates have withdrawn. Here is a breakdown of where candidates will write the exam:

Toronto	306
Toronto Testing Accommodations (additional time, Kurzweil)	7
London	58
London Testing Accommodations (additional time)	3
Ottawa	30
Sudbury	25
Windsor	10
Thunder Bay	16
Edmonton, AB	1

Candidates have been informed of COVID-19 protocols such as the requirement to always wear a mask, and not present to the writing centre if they are sick, or feeling unwell, or have not been fully vaccinated and have traveled outside of Canada and did not quarantine for 14 days before September 18. Candidates have also been informed that their scheduled writing centre does not currently require proof of full vaccination, or a negative COVID-19 test, but that they may adopt policies under the [Ministry of Health regulations](#) or other guidelines; such as the government of Ontario, and require that people provide [proof of vaccination](#) before entering certain businesses and other settings by Wednesday, September 22, 2021. As a result, the CKO has recommended that candidates provide proof of full vaccination by September 4; or a negative COVID-19 test result obtained within 48 hours of the scheduled exam date. Candidates who do not meet vaccination requirements, cannot provide a negative test result, or wish not to provide this information, may defer their exam until the spring of 2022. CKO has advised candidates that it cannot guarantee changes to COVID-19 screening procedures from any writing centres now or in the future.

CKO is in discussions with our exam administrator Yardstick for the implementation of an online exam format for the 2021/2022 fiscal year.

### **Annual Renewal**

Renewal started on July 1, 2021; the renewal deadline was August 31, 2021. As of July 1, 2021, there were 2923 members due for renewal of which 2497 were registered in the general class and 426 in the inactive class.

The CKO is in the process of issuing *Notices of Intention to Suspend* to those members who have not yet renewed. Section 16 (1) of the General Regulation allows the Registrar to suspend a member if they fail to renew within 30 days after the notice was given. Failure of members to renew and pay their fee by October 1, 2021, will result in administrative suspension for non-payment of fees.

Based on the Council's decision regarding the continued financial hardships experienced by kinesiologists as a result of the COVID-19 pandemic, members who are suspended on October 1, 2021, for non-renewal and who reinstate between October 1, 2021, and October 31, 2021 will not be charged a reinstatement fee or a late fee.

The member's certificate will be revoked if they do not comply with the renewal requirement within 3 years of the suspension. When a member is suspended they are prohibited from practising as a



kinesiologist and from using the title “kinesiologist”. The College will inform the member’s last employer on record that the member has been suspended and is no longer in good standing with the College. Finally, the fact that a member is suspended remains indefinitely on the College’s Public Register.

A breakdown of the renewal statistics including total number of registered members in the general class and inactive class will be provided for the December Council meeting.

## Committee Report

<b>Committee: Quality Assurance Committee</b>
<b>Prepared for: Council</b>
<b>Date: September 27, 2021</b>

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

### Meetings

The Quality Assurance Committee (QAC) met once since the last Council meeting on June 28, 2021.

### Peer and Practice Assessment

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

Of the original 30 registrants selected to participate in the Spring/Summer 2021 PPA Cycle, 24 were assessed on the following grounds:

- One registrant previously directed by QAC to complete a mentorship program and undergo a second PPA;
- one registrant non-compliant with 2020/21 self-assessment;
- one registrant declared insufficient currency at annual renewal;
- three registrants volunteered; and
- 18 registrants were randomly selected.

Of the six other registrants, one randomly selected registrant previously completed a PPA, one registrant applied for Inactive Class status, one registrant was referred to the Inquiries, Complaints

and Reports Committee for neglecting to respond to the notice of selection, and the rest were granted deferrals.

The 24 PPAs were completed between June and August.

The QAC met and rendered decisions with respect to 12 PPA cases. Below is a summary of the QAC decisions:

- No further action – 7
- No further action with recommendation - 2
- Notice of intent to direct competency enhancement (demonstrated change report) - 3

The QAC will meet to review the remaining cases and registrants' submissions for cases where follow up was directed.

### **Ethics and Professionalism and Prevention of Sexual Abuse e-Learning Modules**

All kinesiologists registered in the General Class must complete the College's mandatory e-learning modules at least once: Ethics and Professionalism, and Prevention of Sexual Abuse. The Ethics and Professionalism e-Learning Module helps registrants better understand the application of the Code of Ethics and the process of making ethical decisions. The Prevention of Sexual Abuse e-Learning Module helps registrants understand what constitutes a boundary violation and sexual abuse; how to recognize warning signs and how to act on them to protect the client; and what to do if boundary violations occur. Both modules contain multiple choice practice scenarios to help test registrants' application of the College's practice standards and identify opportunities for improvement. Registrants can list completion of the modules as activities in their self-assessment individual learning plan.

Over 200 registrants completed each module in July and August 2021. Staff followed up with registrants who neglected to meet the deadline. Registrants who renew their certificates of registration and neglect to complete the module by the end of September 2021 will be selected to participate in Peer and Practice Assessment.

**Patient Relations Committee Report**

<b>Committee:</b> Patient Relations
<b>Prepared for:</b> Council
<b>Date:</b> September 27, 2021

No updates to report.



## 2020/2021 Performance Report

Overall highlights:



Operational highlights (Q4: June 2021 to August 2021)

24 new registrants

September 18 Exam: 551 registered (all centres), 306 registered (Toronto)

24 peer and practice assessments

Focus	Deliverables	Status	Comments and Impacts
<i>Governance</i>	Competency-based assessment and education of Council and committee members		<ul style="list-style-type: none"> <li>Proposed Bylaw 10 amendments pertaining to eligibility requirements for election to Council approved in principle at June Council meeting circulated for 60-day external consultation. Final proposed amendments and consultation report presented to Council for consideration.</li> <li>Drafted proposed By-law 13 amendments pertaining to eligibility requirements for committee selection for Council's consideration.</li> <li>Drafted Governance and Nominations Committee Terms of Reference for Council's consideration.</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>Circulate proposed amendments to By-Law 13 for 60-day external consultation;</li> <li>Stakeholder communications re by-law changes; and</li> <li>Design and implementation of online orientation program for Council and committee members.</li> </ul>
	<p>Conflict of Interest Policy</p> <p>Succession Planning &amp; Mentorship Program</p>		<ul style="list-style-type: none"> <li>Developed Council and Committee Member and Volunteer Conflict of Interest Policy for Council's consideration.</li> <li>Drafted proposed amendments to By-law 16 pertaining to conflict of interest for Council's consideration.</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>Stakeholder communications re by-law changes.</li> <li>Development of a pilot project subject to Council amendments, approval and evaluation at the end of the fiscal year on succession planning and mentorship program to ensure that newer members of Council and Committees have ongoing access to an experienced member.</li> </ul>
<i>Corporate</i>	Human Resources		<ul style="list-style-type: none"> <li>Review of organization structure, position descriptions and realignment of work responsibilities based on organizational needs and behaviour to ensure that proper recruitment strategies are put in place for vacant positions. Posting of job advertisements and conducting interviews for the position of Director of Operations and Financial Services, Executive Assistant, and additional support for Registration.</li> <li>Annual performance reviews underway. To be completed by end of September/October.</li> </ul>
	Recruitment Performance Appraisals		
	Council Orientation		<ul style="list-style-type: none"> <li>Completion of orientation of Council member, Corby Anderson</li> </ul>

Focus	Deliverables	Status	Comments and Impacts
<i>Communication</i>	2021 Council Elections		<ul style="list-style-type: none"> <li>Developed messaging regarding elections and communicated notice of election and outcomes to registrants.</li> </ul>
	Regular and timely communication to R.Kins		<ul style="list-style-type: none"> <li>Emails sent to R.Kins and other stakeholders announcing latest restrictions imposed by the province and the impact on practice.</li> <li>Regular communication regarding COVID-19 provincial orders posted on website.</li> <li>Finalization of the August 2021 e-newsletter for distribution to registrants and other stakeholders</li> <li>By-law 10 amendment consultation sent them out to registrants and stakeholders and posted to the website for comments</li> <li>Updating of the College's email accounts and reviewing the website to update mention of email addresses on website.</li> </ul>
<i>Registration</i>	Annual Renewal		<ul style="list-style-type: none"> <li>Annual renewal successfully launched on July 1, 2021. Suspension default processes underway.</li> </ul>
	Entry-to-Practice Examination		September Exam <ul style="list-style-type: none"> <li>Exam scheduled for September 18, 2021</li> <li>All writing centres booked.</li> <li>Applicants made aware of COVID-19 protocols and possible requirement for vaccination implemented by writing centres</li> </ul>
			Online Exam Administration <ul style="list-style-type: none"> <li>In consultation with exam administrator Yardstick for the implementation of an online exam administration for 2022. Currently reviewing submitted statement of work and master service agreement.</li> <li>Contractual agreement to be finalized in September.</li> </ul>
	Registration Policies		<ul style="list-style-type: none"> <li>Updates made to Inactive Class policy and Re-issuance policy. Both polices tentatively scheduled for Registration Committee review in mid fall.</li> <li>Review of existing registration policies/ development of new registration polices – Ongoing</li> <li>Briefing note prepared for Finance Committee review in September - Actionable Registration Committee Item.</li> </ul>
	Registration Committee		<ul style="list-style-type: none"> <li>3 Panel meetings were held to review referrals from the registrar.</li> </ul>
	Kinesiology Core Competency Review		<ul style="list-style-type: none"> <li>Meetings held with possible vendors to discuss scope of work.</li> </ul>
	Jurisprudence E-Learning Module		<ul style="list-style-type: none"> <li>Completed initial review of Jurisprudence Handbook. Updates include but not limited to information specific to treatment of spouses and sexual abuse, treatment of family members, use of title and specialities.</li> <li>A full-some review and update of the online modules will be conducted following a final review of the Jurisprudence Handbook by legal.</li> </ul>
<i>Quality Assurance</i>	Peer and Practice Assessments		<ul style="list-style-type: none"> <li>Peer Assessors conducted 24 virtual peer and practice assessments (PPAs) during Spring/Summer 2021 Cycle.</li> </ul> Next steps: <ul style="list-style-type: none"> <li>Implement Virtual PPA process improvements based on participant and peer assessor feedback</li> <li>Conduct Fall 2021 PPAs</li> </ul>

Focus	Deliverables	Status	Comments and Impacts
	Quality Assurance Program Policies	Completed	<ul style="list-style-type: none"> <li>Proposed amendments to Deferral of PPA Policy (3.2) and PPA Exemption Policy (3.3) were presented to the Quality Assurance Committee, and subsequently Council for consideration and approval. Council approved the proposed amendments, which will take effect during the Fall 2021 PPA Cycle</li> </ul>
	Quality Assurance Committee Panel Meeting	Completed	<ul style="list-style-type: none"> <li>A panel of the Quality Assurance Committee met to review and render decisions regarding 12 peer and practice assessment cases.</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>A panel of the Committee will review the remaining 12 cases from the Spring/Summer PPA Cycle.</li> </ul>
	Ethics and Professionalism and Prevention of Sexual Abuse e-Learning Modules	Completed	<ul style="list-style-type: none"> <li>Ethics and Professionalism and Prevention of Sexual Abuse e-Learning Modules administered to over 200 registrants.</li> <li>Follow up targeted e-blasts, individual notices, and telephone calls to non-compliant registrants.</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>Registrants who renew their certificates of registration and have yet to complete modules by end of September 2021 will be selected to participate in Fall 2021 PPA Cycle.</li> </ul>
<i>Professional Conduct</i>	Investigations and Discipline	Ongoing	<ul style="list-style-type: none"> <li>3 matters returning to ICRC, meeting date to be determined</li> <li>1 discipline matter date set for October 20, 2021</li> </ul>
<i>Professional Practice and Policy</i>	Collaboration Project with HPRO – Anti-BIPOC Racism Working Group	Completed	<ul style="list-style-type: none"> <li>Delivery of EDI-B training to CEOs and Registrars by Dr. Sukhera (external consultant) occurred July 2021</li> <li>Delivery of EDI-B training to Council, committees, and staff</li> <li>EDI-B Survey developed by Dr. Sukhera administered to all Colleges (registrants), and other stakeholders</li> <li>Report by Dr. Sukhera outlining results from EDI-B training focus groups and registrant surveys, and action plan items for Colleges in progress</li> <li>Development of toolkit – supporting resources to be made accessible to WG and College</li> <li>Application for federal project funding complete – decision pending</li> </ul>
	Specialties Committee	Ongoing	<ul style="list-style-type: none"> <li>Risk of Harm submissions reviewed by Committee</li> <li>Completion of environmental scan and business case documents</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>Decision to be prepared for Council meeting on September 27, 2021</li> </ul>
	Jurisprudence Module	Ongoing	<ul style="list-style-type: none"> <li>In-depth review and update of Jurisprudence Handbook to ensure policies and information align with current College processes</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>Jurisprudence Handbook sent to College Legal Counsel for review</li> </ul>

Legend: Completed



Ongoing



Incomplete







# REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE PROJECTIONS TO YEAR END  
FOR THE FISCAL YEAR 2020/2021  
(as of Sept 1 - Aug 31, 2021)

09/16/2021

	1	2	3	5
CATEGORY	APPROVED REVENUE FORECAST 2020/2021	ACTUAL REVENUES RECEIVED (Sept.1, 2020 - Aug 31 2021)	VARIANCE TO YEAR END	
	\$	\$	\$	
<b>Revenue:</b>				
Jurisprudence Fee (\$48.25)	24,125	28,177		4,052
Application Fee (\$100)	47,500	58,400		10,900
Examination Fee (\$400)	190,000	195,930		5,930
Registration Fees*	1,823,438	1,657,928	-	165,510
Interest Income	25,000	17,463	-	7,537
Other Income (misc amounts i.e. discipline)		7,756		7,756
<b>TOTAL</b>	<b>2,110,063</b>	<b>1,965,654</b>	-	<b>144,409</b>
<b>*</b>	<b>Approved Forecast</b>	<b>Actual Revenue Q1 - Q4 (Sept 1 to Aug 31)</b>	<b>Variance to year end</b>	
	\$	\$		
New Registrants				
- Sept - Nov (\$650)	35,750	18,200	-	17,550
- Dec - Feb (\$487.50)	48,750	63,863		15,113
- Mar - May (\$325)	24,375	15,600	-	8,775
- Jun - Aug (\$162.50)	8,125	3,900	-	4,225
		101,563		
Renewal (\$650 & Installments)	1,607,450	1,475,190	-	132,260
Change in Status (Members Back)	3,088	12,288		9,200
Inactive (\$200 & Installments)	80,800	77,000	-	3,800
Inactive Late (\$50)	3,000	200	-	2,800
Registration Late Fee (\$100)	6,000	2,000	-	4,000
Re-instatement Fee (\$325)	4,500	6,000		1,500
Professional Corp Reg Fee	1,200	3,700		2,500
Professional Corp Late Fee		600		600
Refunds		- 20,613	-	20,613
<b>Total</b>	<b>1,823,038</b>	<b>1,657,928</b>	-	<b>144,497</b>

## Notes

We are not expected to meet revenue projections by end of the fiscal year.  
Revenue projection for Jurisprudence, Application and Examination exceeded projection by end of FY.  
Decrease in registration revenues as members renew after closing date. Also the deferred April Exam resulted in a reduction in the amount of new registrants during this period.  
Payment of late fees waived as a result of the pandemic for members renewing in general and inactive class. Interest rates remained low throughout the FY 2020/21 as a result of the pandemic.  
Other income includes cost recovery from disciplinary matters.

## EXPENDITURES

Page 2

### COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO YEAR END 2020/2021

(as of Sept 1 - Aug. 31, 2021)

09/16/2021

	2	3	5
CATEGORY	APPROVED BUDGET 2020/2021	ACTUAL EXPENDITURE (Sept 1 to Aug 31 2021)	VARIANCE TO YEAR END
	\$	\$	\$
<b>Expenditure:</b>			
Council & Committees	84,100	63,231	20,869
Professional Fees	49,000	218,758	-169,758
Communications & Media	158,500	130,458	28,042
Rent & Facility Costs	228,465	221,638	6,827
Office & General	114,654	78,313	36,341
Salaries & Wages	1,137,914	1,112,245	25,669
Registration	269,992	215,964	54,028
Quality Assurance	35,656	27,611	8,045
Professional Conduct	47,500	53,990	-6,490
<b>TOTAL</b>	<b>2,125,781</b>	<b>2,122,208</b>	<b>3,573</b>
Excess/deficiency of revenue over expenses	-15,718	-156,554	

## Notes:

Council & Committees including AGM

Payments in Q1 - Q4 for Council and Committee meetings i.e. Council, ICRC, Quality Assurance,

Registration, Executive, Finance & Planning, Speciality and Elections. Savings resulted from Item Writing and Examination committee meetings being postponed. The Item Writing and Examination Committee will not meet until the Kinesiology Core Competency profile is reviewed in FY 2021/22.

#### Professional Fees

Expenses for bookkeeping services, audit, general legal fees, Council/Committee competencies, abuse therapy and special legal fees in Q1 to Q4 . Increased spending in general & special legal, abuse therapy and additional cost for 2019/2020 financial audit.

#### Communications & Media

Payment for IT Support, annual report design, public awareness and constant contact in Q1 - Q4. Projections in Q4 for remaining payment for public awareness campaign on sponsored articles and mobile banner videos and social media marketing campaign and IT support. Savings under Q4 as a result of public awareness campaign coming lower than projected, town hall meetings postponed due to pandemic , postponement of website updates and printing of swag for university visits.

#### Rent & Facility Costs

Payment in Q1 to Q4 for rent. Actual rent came higher than projections. Property Tax and operating expense credit applied to reduce total rent.

#### Office and General

Payment in Q1 to Q4 for general office expenses such as, insurance, telephone/Fax, equipment rental, professional development, bank charges, membership dues, postage/courier, printing cost, staff travel, recruitment costs and office supplies. Savings under Q4 from staff professional development, Council training, bank charges, printing & copying costs, staff travel postage and office supplies.

#### Salaries & Wages

Payment for salaries & benefits include merit/COLA increases for existing staff. Savings under benefits as a result of waiting periods for new hires and vacancies.

#### Registration

Payments in Q1 to Q4 for September 2020 Exam, database maintenance, hosting of database, minor changes to Jurisprudence module, Jurisprudence hosting, data mapping project and printing of certificates of registration. Savings from postponement of the April 2021 exam and deferral of revisions to the Kinesiology core competency profile, examination blue print, upgrade to jurisprudence e-learning module and review of educational equivalency assessment tool. Upgrade of Jurisprudence-eLearning module to be implemented in next

#### Quality Assurance

Payment in Q1 to Q4 for self assessment portal annual licence and maintenance and hosting of sexual abuse and ethics and professionalism e-learning modules. Savings resulted from reduction in number of people who were randomly selected for PPAs.

#### Professional Conduct

Expenditures for investigations, legal advice and discipline cost in Q1 to Q4. These expenditures are demand drive can occur at any time.

COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO



# Risk Management Plan

September 2021- September 2022

**DRAFT**



## College of Kinesiologists Risk Management Plan

September 2021 – September 2022

### Risk Management Plan Purpose

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

### Stakeholder Roles and Responsibilities

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

### Risk Management Process and Activities

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

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

### Risk Analysis Matrix

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

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

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

### Types of Risk Identified

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

Risk Occurrence Matrix

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

Legend

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



-Risk Assessment

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

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

Risk Management Table

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
1. Financial	<p>Inadequate procedures for financial document management resulting in:</p> <ul style="list-style-type: none"> <li>• unpaid invoices,</li> <li>• late payment fees,</li> <li>• difficulties in auditing,</li> <li>• difficulties in contract management and evaluation</li> </ul> <p>Financial records are not sufficiently organized leading to:</p> <ul style="list-style-type: none"> <li>• inconsistent practices,</li> <li>• inefficient work,</li> <li>• loss of confidence by employees and Council,</li> <li>• opportunity for fraud / theft</li> </ul>	<p>2 Unlikely</p> <p>3 Moderate</p>	<p>1 Minor</p>	<p>2 Low risk</p> <p>3 Moderate</p>	<p>Manager (Finance and Operations, Administrative Assistant</p>	<ul style="list-style-type: none"> <li>❖ Documented procedures in place to ensure that invoices are supported by appropriate documentation</li> <li>❖ Administrative staff are trained to ensure that filing is consistent with the CKO's policies and procedures</li> <li>❖ Periodic review of contract files with Directors/Managers, and Registrar to examine status of deliverables, timelines and billings</li> <li>❖ Clear communication to vendors on procedures for invoices.</li> <li>❖ Priority is given to document management, developing an appropriate system for retrieval</li> <li>❖ Increased separation of duties between Manager of Finance and Operations and Executive Assistant allowing better oversight</li> </ul>
2. Financial	Risk of Fraud/Theft	<p>2 Unlikely</p>	<p>2 Serious</p>	<p>4 Moderate</p>	<p>Registrar, Manager (Finance and Operations)</p>	<ul style="list-style-type: none"> <li>❖ Manager (Finance and Operations) reviews and verifies invoices prior to submitting to Registrar for approval</li> <li>❖ All payments require signed off invoices.</li> <li>❖ Bank payment and cheques over \$5000 require two signatures</li> <li>❖ Reconciliation processes in place for banking, credit cards, goods received, etc.</li> </ul>

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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
5. Financial	<p>Unfair, non-transparent and non-competitive procurement processes lead to:</p> <ul style="list-style-type: none"> <li>• Inability to assure Council and registrants that the College has achieved best value for money</li> <li>• Loss of vendor confidence</li> <li>• Difficulties in contract management</li> <li>• Potentially higher costs</li> </ul>	2 Unlikely	1 Minor	2 Low Risk	Registrar, Executive Committee	<ul style="list-style-type: none"> <li>❖ Procurement Policy of College defines requirements for competitive procurement processes</li> <li>❖ Registrar reports to Council on procurement strategies for all consulting contracts</li> <li>❖ Procurement process requires the development of a Request for Proposal for projects exceeding particular amounts</li> <li>❖ Review of procurement policy on a regular and periodic basis</li> </ul>
6. Financial	Inadequate oversight by Council may lead to non-adherence to Financial Plan and Procurement policies by College staff with resulting financial loss	2 Unlikely	2 Serious	4 Moderate	Registrar, Finance and Planning Committee, Council	<ul style="list-style-type: none"> <li>❖ Training for Council and Executive Committee on financial oversight, interpreting statements, etc.</li> <li>❖ Council ensures that appointments to Finance and Planning Committee include individuals with financial expertise</li> <li>❖ Finance and Planning Committee is provided with information on procurement strategies for large projects</li> <li>❖ Council -annually hires reputable auditor to carry out an audit of the College's finances</li> <li>❖ Annual review and approval of budget by Council.</li> <li>❖ Council reviews in-year expenditure and revenue reports on a quarterly basis</li> <li>❖ Business plans and briefing notes reviewed by Council or Committees prior to proceeding with expenditures on planned projects</li> </ul>
7. Financial	<p>Inefficient project management leading to:</p> <ul style="list-style-type: none"> <li>• Inadequate project staffing</li> <li>• Failure to adhere to timelines</li> <li>• Poor quality of deliverables</li> </ul>	<del>2</del> Unlikely  <del>3</del> Moderate	2 Serious	<del>4</del> Moderate  <del>6</del> Moderate	Registrar, Directors/ Managers	<ul style="list-style-type: none"> <li>❖ Conduct comprehensive project planning and preliminary research to determine resource requirements</li> <li>❖ Clear communication with stakeholders/vendors</li> <li>❖ Training for staff on project/contract management to ensure project goals are met</li> <li>❖ Business cases reviewed by Committees including Finance and Planning Committee as necessary.</li> <li>❖ Periodic review of contracts and legal review where necessary</li> </ul>

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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
9. Information Management	<p>Poor records management results in:</p> <ul style="list-style-type: none"> <li>• Incomplete files</li> <li>• Inaccurate info posted on public register</li> <li>• Inaccurate information provided to staff/Council/Committees/other stakeholders</li> <li>• Duplication of records</li> <li>• Inefficient processes</li> <li>• Inability to report accurately and in a timely and efficient manner</li> </ul>	4 Likely	2 Serious	8 High	Executive Officer, Directors/Managers, Registrar	<ul style="list-style-type: none"> <li>❖ Knowledge/records management policies and protocols in place</li> <li>❖ On-going training for all staff on protocols and policies</li> <li>❖ Periodic, random review by Executive Assistant</li> <li>❖ Staff members adopt filing protocols for naming, deletion of copies, electronic and paper storage.</li> <li>❖ Build classifying framework for documents based on risk</li> <li>❖ Quarterly review of H: drive</li> <li>❖ Internal file audits</li> <li>❖ Communication between portfolios re: registrant specific information</li> <li>❖ Ongoing review of records management infrastructure</li> <li>❖ <u>Appropriate investments in maintenance and upgrades to records management infrastructure, as required</u></li> </ul>
10. Information Management	Unintended destruction or loss of records	<del>1</del> Rare  <del>2</del> Unlikely	3 Major	<del>3</del> Moderate  <del>6</del> Moderate	All staff	<ul style="list-style-type: none"> <li>❖ Back-up procedures carried out daily on electronic files</li> <li>❖ File room/cabinets are secured and locked daily</li> <li>❖ Key documents are stored electronically with remote back-up of servers</li> <li>❖ Transfer of documents from office to home-office is limited</li> <li>❖ VPN access to files on H: drive available to staff working remotely using College equipment and remote login for those using their personal -computer equipment to limit access to electronic file</li> <li>❖ Bank records stored and copies of cheques retained</li> <li>❖ Increased permissions for who can edit/delete or move a file</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
11. Information Management	iMIS System does not meet College needs. Staff members are unable to use iMIS system to generate key reports for decision-making and registrants complain that their electronic records are inaccurate. The public is unable to effectively use the public register.	<del>4</del> Likely  <del>1</del> Rare	2 Serious	<del>8</del> High  <del>2</del> Low	Registrar Director (Registration) Manager (Finance and Operations)	<ul style="list-style-type: none"> <li>❖ Procure qualified IT support for iMIS system and ensure updates completed on a timely basis</li> <li>❖ Clear standards of service with IT support and regular review/evaluation of performance</li> <li>❖ Design or buy modules to meet needs</li> <li>❖ Respond immediately to notice from registrants, staff, or public of database difficulties</li> <li>❖ Ensure that staff are properly trained on all database functions</li> <li>❖ Create CSA alerts for Registration, ICRC and QA</li> <li>❖ iMIS support ensures that financial records from iMIS are easily extracted/used for planning and budgeting purposes, refunds and tax receipts for registrants</li> </ul>
12. Information Management/ Loss of confidence	Inability to provide up-to-date accurate information relating to registrants on the public register	<del>4</del> Likely  <del>3</del> Moderate	2 Serious	<del>8</del> High  <del>6</del> Moderate	Director (Registration) Manager (Professional Conduct) (Communications)	<ul style="list-style-type: none"> <li>❖ Periodic review and evaluation of IT Services / database providers</li> <li>❖ Public register re-design to house new information relating to transparency requirements</li> <li>❖ Timely communication between PC and Registration portfolios</li> <li>❖ Policies in place for how information posted and what level of detail required</li> <li>❖ Review of IT needs for portfolios and capacity of iMIS system to record required portfolio information</li> <li>❖</li> </ul>
13. Information Management/ Loss of confidence	Information provided to the public and stakeholders through public website is inaccurate, inconsistent, not easy to access, and/or causes confusion	<del>3</del> Moderate  <del>4</del> Likely	2 Serious	<del>6</del> High  <del>8</del> High	Manager (Communications) All Staff	<ul style="list-style-type: none"> <li>❖ All website content is periodically reviewed for accuracy</li> <li>❖ Presentations and speaking notes are reviewed to eliminate errors</li> <li>❖ Website provides for feedback from users</li> <li>❖ Continuing professional development of staff and collaboration with other Colleges to ensure up-to-date with changes in field</li> <li>❖ Development of videos to make information easy to understand</li> <li>❖ Regular cross-functional collaboration on website content</li> </ul>
14. Information Management/ Loss of confidence	Inaccurate or disparaging information is circulated about the College on social media / the internet	<del>1</del> Rare  <del>2</del> Unlikely	2 Serious	<del>2</del> Low  <del>4</del> Moderate	Manager (Communications)	<ul style="list-style-type: none"> <li>❖ Monitoring of College's social media channels for feedback</li> <li>❖ Keyword monitoring on internet search portals</li> <li>❖ Development of appropriate, individualized responses to concerns</li> <li>❖ Ensuring accurate information about College processes is available on College's website, social media</li> <li>❖ Use of legal options where information is posted in breach of legal duty (e.g. employee, confidentiality)</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
15. Information Management	Computers systems are compromised due to: <ul style="list-style-type: none"> <li>• Virus</li> <li>• Security breach</li> <li>• Malware / Ransomware</li> </ul>	<del>1</del> Rare <u>2</u> Unlikely	3 Major	<del>63</del> Moderate	Registrar	<ul style="list-style-type: none"> <li>❖ Contracts are in place for monitoring computers and servers, with detection of unauthorized access/entry and attempts to access/enter</li> <li>❖ Maintenance of appropriate and up-to-date firewall and anti-virus software by IT service provider</li> <li>❖ Ability to shut down system remotely to prevent breach of security</li> <li>❖ Staff/Council maintain strict protocols re: use of passwords, change of passwords, access levels</li> <li>❖ Procurement of Cyber insurance coverage (including Ransom insurance)</li> <li>❖ Development of cyber security roster</li> <li>❖ Training provided for all new staff via Websdepot regarding cyber security e.g., : phishing emails</li> <li>❖ Multi-factor Authentication used for certain applications for staff log-in</li> <li>❖ Ensure antivirus and malware protection, and Zoom software updates regularly</li> <li>❖</li> </ul>
16. Capital Equipment/ Furnishings	Computers, servers and other items of value belonging to the College are stolen	1 Rare	2 Serious	2 Low	Manager (Finance and Operations)	<ul style="list-style-type: none"> <li>❖ Security of premises is constantly assessed</li> <li>❖ Only authorized individuals allowed into secure areas</li> <li>❖ Building has 24/7 security</li> <li>❖ Access codes are released only to staff and are periodically updated according to schedule</li> <li>❖ Overtime is pre-approved by Registrar or Manager of Finance and Operations to ensure offices are not being frequented without knowledge of senior management</li> <li>❖ Adequate insurance coverage in place to cover replacements or address potential breach</li> <li>❖ Monitoring of equipment inventory that is taken offsite</li> </ul>
17. Capital Equipment/ Furnishings	Permanent damage to equipment and/ or furnishings due to water/fire damage, abuse by individuals.	<del>1</del> Rare <u>2</u> Unlikely	2 Serious	<del>2</del> Low <u>4</u> Moderate	Registrar	<ul style="list-style-type: none"> <li>❖ Adequate insurance is in place to cover replacement</li> <li>❖ Records of purchases are stored off site electronically to assist with insurance evaluation</li> <li>❖ Building is code compliant for building and fire standards</li> <li>❖ Fire/emergency policy and protocols in place with periodic fire drill training</li> </ul>



Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
18. Examination	Exam Security is breached	2 Unlikely	3 Major	6 High	Examinations Coordinator, Director (Registration) Contractors	<ul style="list-style-type: none"> <li>❖ Strict protocols are in place for handling and storage of examination materials</li> <li>❖ Staff and all persons involved in the development and approval of exam items and test forms trained on the risk of breach of the exam</li> <li>❖ Reports of breach are addressed immediately through appropriate process (refer to policy)</li> <li>❖ No hard copies or electronic copies of the examination or of items are retained by the College or any other person involved in the development of exam items and test forms</li> <li>❖ Invigilators, and members of the IWC and EC sign confidentiality agreement and are provided with training</li> <li>❖ ASI &amp; contractors' agreement specifies accountabilities for security of examination related materials</li> <li>❖ Regular review of risk management with hosting and development</li> <li>❖ Different exam form administered for consecutive exams</li> </ul>
19 Examination	Breach of confidentiality for exam, applicant or registrant information as a result of student placement	2 Unlikely	3 Major	6 High	Director (Registration), Examination Coordinator Director (QA)	<ul style="list-style-type: none"> <li>❖ Exam will be kept in secure safe while on premises</li> <li>❖ Student not working in office without other staff present</li> <li>❖ <u>Appropriate electronic and physical access restrictions in place.</u></li> <li>❖ <u>Student trained on importance of confidentiality; signed confidentiality agreement in place.</u></li> <li>❖ <u>Discussions about registrants or applicants are conducted in private</u></li> <li>❖</li> </ul>
20.Examination	Validity of examination content is legally challenged	2 Unlikely	2 Serious	4 Moderate	Registrar, ASI	<ul style="list-style-type: none"> <li>❖ Examination development conducted by highly qualified contractor with extensive experience and high credibility.</li> <li>❖ Examination Committee is comprised of persons with appropriate expertise and diversity with no conflicts of interest (no Council members)</li> <li>❖ Each exam sitting -undergoes extensive psychometric analysis and further review by Examination Committee</li> <li>❖ Ensure discussions about exam with Council are well informed (public meetings)</li> <li>❖ <u>Periodic review of Exam Blueprint (every 5-7 years)</u></li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
21. Examination	Validity of the administration of the exam sitting is challenged due to: <ul style="list-style-type: none"> <li>Hydro failure</li> <li>Fire drill</li> <li>Medical emergency, or</li> <li>Other irregular circumstances</li> </ul>	1 Rare	2 Serious	2 Low	Registrar, Director (Registration) Examination Coordinator ASI	<ul style="list-style-type: none"> <li>Research and visit sites to ensure stability of the site</li> <li>Educate candidates on withdrawing prior to exam if they have serious health issues</li> <li>Procedures in place for Invigilators to deal with emergencies and are periodically reviewed and updated as required</li> <li>Examination Appeals Policy in place to deal with procedural irregularities and is periodically reviewed and updated as required</li> </ul>
22. Examination	Item Bank and test forms lack sufficient items that: <ul style="list-style-type: none"> <li>reflect the examination blueprint</li> <li>are high quality</li> <li>can be correctly answered by the entry-level practitioner</li> </ul>	2 Unlikely	2 Serious	4 Moderate	Registrar ASI	<ul style="list-style-type: none"> <li>Continuous recruitment and development of high quality item writers to maintain robust bank of items</li> <li>Set target quotas for new items</li> <li>Executive Committee reviews the qualifications of nominees to ensure breadth and depth on IWC</li> <li>Examination Candidates are surveyed regarding the relevancy of test questions</li> </ul>
23. Human Resources	Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in: <ul style="list-style-type: none"> <li>Backlog in work</li> <li>Inability to meet required timelines</li> <li>Major interruption in work</li> </ul>	<del>2</del> Unlikely 3.5 Moderate	<del>1</del> Minor <del>2</del> Serious	2 Low <del>6</del> Moderate	Registrar All staff	<ul style="list-style-type: none"> <li>Procedures are documented for all key functions</li> <li>Each person is assigned a "back-up" role</li> <li>Registrar is briefed bi-weekly on work in progress</li> <li>Regular staff meetings to update all staff on work in progress</li> <li>Handover plans provided to appropriate support persons and Executive Assistant</li> <li>Emergency contact information provided by each staff member</li> <li>Staff receive training to develop more advanced skills and knowledge</li> <li>All staff provided with opportunities to act in other roles within the organization</li> <li>Succession plan in place for critical positions</li> </ul>

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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
26. Human Resources	<p>Poisoned work environment resulting in:</p> <ul style="list-style-type: none"> <li>• Low staff morale</li> <li>• Interpersonal conflicts</li> <li>• Complaints of harassment</li> <li>• Decreased productivity</li> <li>• High turnover rate in staff</li> </ul>	<p><u>2</u> Unlikely</p> <p><u>3</u> Moderate</p>	2 serious	<p><u>4</u> Moderate</p> <p><u>6</u> Moderate</p>	Registrar, Council, Staff	<ul style="list-style-type: none"> <li>❖ Performance management system in place for all staff which identifies and addresses issues of performance and contributions to team-building.</li> <li>❖ Policy on Violence &amp; Harassment in the Workplace reviewed annually and training provided annually to Council, staff and Committees.</li> <li>❖ Staff meetings held on a regular basis, which encourage openness, respect and collaboration</li> <li>❖ Team-building events held involving all staff</li> <li>❖ Develop and facilitate culture and values to promote positive team interactions, collaboration, inclusivity and fairness</li> <li>❖ Registrar addresses all issues of conflict promptly</li> <li>❖ Registrar provides coaching and feedback to staff regarding contributions to the team</li> <li>❖ Collaborative decision-making where appropriate</li> <li>❖ All staff receive due recognition</li> <li>❖ Appropriate and up-to-date HR policies in place and regularly reviewed</li> <li>❖ President/Council oversight and regular performance review of Registrar</li> <li>❖ Employee Assistance Plan and other benefits in place for full-time staff.</li> <li>❖ Measures in place for reporting to Registrar or designate staff</li> </ul>
27. Human Resources	<p>Staff are ineffective in their roles due to</p> <ul style="list-style-type: none"> <li>• Lack of clarity</li> <li>• Inconsistent decision-making</li> <li>• Lack of policies</li> <li>• Lack of transparency in leadership</li> <li>• Lack of orientation</li> <li>• Lack of training</li> <li>• Lack of expertise</li> <li>• Lack of commitment to the values of the organization</li> </ul>	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager (Finance and Operations)	<ul style="list-style-type: none"> <li>❖ Clear job descriptions are in place for all staff</li> <li>❖ Management decision-making is consistent with policies and best practices</li> <li>❖ All staff informed of rationale for decision making</li> <li>❖ One-on-one meetings between staff members and their supervisor occur regularly</li> <li>❖ Performance reviews for all staff identify developmental and training needs/opportunities.</li> <li>❖ Orientation package and program for all new hires</li> <li>❖ HR policies reviewed regularly and updated as necessary.</li> <li>❖ All staff required to review and confirm their understanding of HR policies.</li> <li>❖ Staff are provided with training on office procedures, guidance in relation to work assigned, and training to address skills gaps in relation to assigned work</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
28. Human Resources	Lack of expertise on the part of staff leads to poor decisions by Committees and Council	2 Unlikely	2 Serious	4 Moderate	Registrar, Manager (Finance and Operations)	<ul style="list-style-type: none"> <li>❖ Selection criteria correspond to the skills, experience and qualities required to perform effectively in the position being recruited. Target hiring levels set as part of recruitment process.</li> <li>❖ Senior staff collaborate with peers in other Colleges to ensure that approaches being proposed in the College are current and consistent with developing practices in the field</li> <li>❖ Training needs are identified in annual performance planning and report on training outcomes in same document.</li> <li>❖ Probationary employees reviewed according to schedule and at a minimum after six months</li> <li>❖ The College uses legal and other expert services for advice for critical decisions, as needed</li> </ul>
29. Human Resources	Lack of capacity during period of high activity in a portfolio resulting in: <ul style="list-style-type: none"> <li>• Errors and omissions</li> <li>• Operational needs not met</li> <li>• Statutory duties compromised</li> <li>• Financial expense</li> </ul>	3 Moderate	<del>32</del> <del>Minor</del> Serious	<del>96</del> High	Registrar/ Directors/Managers	<ul style="list-style-type: none"> <li>❖ Utilizing working groups</li> <li>❖ Accessing resources and learning opportunities from other Colleges</li> <li>❖ Cross training of roles</li> <li>❖ Regular staff meetings</li> <li>❖ Retained revenues to meet extraordinary expenses</li> <li>❖ Regular review of staffing needs, staff performance to align with operational needs of the College</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
30. Loss of Confidence in CKO	College does not ensure, or is seen not to ensure, competence of its registrants, through its registration, quality assurance and professional conduct processes	3 Moderate 2 Unlikely	2 Serious	6 High 4 Moderate	Registrar All staff	<ul style="list-style-type: none"> <li>❖ Registration requirements are reviewed to ensure registrants are practicing safely and professionally at entry-to-practice level</li> <li>❖ Self- assessment, e-learning modules, peer and practice assessment and remediation are seen as valuable tools and processes that enable registrants to maintain and enhance their competence.</li> <li>❖ Data from various programs is used to identify registrants’ learning needs, to inform development of resources and supports, and to inform universities of developing trends and performance on exams by their graduates</li> <li>❖ Regular communications efforts with registrants, employers, other stakeholders on the value of registration and public accountability</li> <li>❖ Periodic review of entry-to-practice and essential competencies, standards/guidelines for revisions</li> <li>❖ Work with other colleges on the development of joint resources relating to standards</li> <li>❖ Training of all statutory committees to ensure they discharge their mandate accordingly;</li> <li>❖ Program evaluation for Registration, QA and PC functions</li> </ul>
31. Loss of Confidence in CKO	Applicant/Registrant disengagement resulting in: <ul style="list-style-type: none"> <li>• Lack of interest for election to Council</li> <li>• Lack of membership on committees, working groups</li> <li>• Reduction in overall registrant numbers</li> <li>• Lack of commitment to QA</li> </ul>	2 Unlikely	3 Major	6 High	Council, Registrar, Directors/Managers	<ul style="list-style-type: none"> <li>❖ Create and advertise opportunities for engagement with College</li> <li>❖ Develop “stories” for publication, describing benefits of engagement</li> <li>❖ Continuous outreach to professional associations to ensure they are able to keep their members informed and engaged</li> <li>❖ Continuous outreach to universities to reach prospective registrants to ensure understanding of the College’s role and why regulation matters</li> <li>❖ Increased efforts to protect the title “kinesiologist”</li> <li>❖ Information to the public and membership on the value of regulation and membership</li> <li>❖ Solicit feedback from registrants on CKO program components and services</li> <li>❖ Change in by-law and governance structure (competencies)</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
32. Loss of Confidence in CKO	Poor customer service/public relations	<del>2</del> Unlikely <u>3</u> Moderate	1 minor	<del>2</del> <u>3</u> Low	Staff	<ul style="list-style-type: none"> <li>❖ Client Services Policy in place</li> <li>❖ Complaints intake policy developed and yearly training</li> <li>❖ Invite feedback through customer service surveys (to be implemented)</li> <li>❖ Regular review of website material to ensure accessibility of information in easy-to-use formats</li> <li>❖ Regular evaluation and reporting of inquiry tracking metrics to establish benchmarks for client service and to provide analytical information for the development of resources for registrants</li> </ul>
33. Loss of Confidence in CKO	Public, registrants, government perceive the College as not being transparent and/or fair	2 Unlikely	2 serious	4 Moderate	Council, Registrar	<ul style="list-style-type: none"> <li>❖ Adoption and use of Transparency Principles</li> <li>❖ Public education on need for confidential processes in appropriate circumstances</li> <li>❖ Collaboration with other Colleges on communications strategies</li> <li>❖ Implementation of Bylaws related to transparency</li> <li>❖ Regular reporting on activities of the College against key performance metrics</li> </ul>
34. Governance	<p>Council/Committee members and volunteers not adhering to Code of Conduct, Bylaws and other Council policies resulting in:</p> <ul style="list-style-type: none"> <li>• Decision or process is not based on principles that apply universally to everyone;</li> <li>• Decision or process creates an unfair advantage or disadvantage for a particular group;</li> <li>• Decision or process does not consider risk of harm and protect the public;</li> <li>• Public confidence in the</li> </ul>	<del>23</del> Moderate Unlikely	2 Serious	<del>46 High</del> Moderate	Council President, Registrar	<ul style="list-style-type: none"> <li>❖ Facilitate regular orientation and on-going training</li> <li>❖ Council/Committees and volunteers complete self-evaluations, peer evaluations and Council/committee evaluations, identify opportunities for improvement, and complete continuing professional development</li> <li>❖ Effective leadership training for Council members (e.g., workshops, conferences, etc.) that focus on good governance.</li> <li>❖ Update by-laws and policies as needed</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
	<p>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;</p> <ul style="list-style-type: none"> <li>• A breach of the fiduciary obligation of the person to the College; and</li> <li>• A liability for either the College and/or the person involved</li> <li>• Decreased morale</li> </ul>					



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

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
36. Governance/ Compliance/ Loss of confidence	<p>Council/Committee operating outside of mandate; or seen to be advocating for profession</p> <p>Becoming engaged with operational matters resulting in:</p> <ul style="list-style-type: none"> <li>Poor or inconsistent decisions</li> <li>Decision or process is not based on principles that apply universally to everyone;</li> <li>Decision or process does not consider risk of harm and protect the public;</li> <li>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</li> </ul>	<p>4 Likely</p> <p>3 Moderate</p>	<p>2 Serious</p>	<p>8 High</p> <p>6 High</p>	<p>President, Council, Registrar,</p>	<ul style="list-style-type: none"> <li>❖ Conflict of Interest Policy articulates what constitutes a conflict of interest, with clear examples</li> <li>❖ Regular orientation and training on Terms of Reference, mandate and legislative authority, and Governance</li> <li>❖ Track and monitor committee dispositions regularly</li> <li>❖ Provide legal advice to Council/Committees</li> <li>❖ Registrants interested in serving on Council/committees complete mandatory orientation program to ensure they understand the College's mandate</li> <li>❖ Advanced planning by staff on Council agendas to ensure items going forward focus on public protection mandate.</li> <li>❖ Ongoing Council and committee feedback and performance evaluation on meeting mandate</li> </ul>
37. Compliance	<p>Risk of bias or misconduct by staff, investigator, volunteer, or panel members in relation to a College process/ file under review</p>	<p>1 Rare</p> <p>2 Unlikely</p>	<p>2 Serious</p>	<p>2 Low Risk</p> <p>4 Moderate</p>	<p>Registrar, Directors/Managers</p>	<ul style="list-style-type: none"> <li>❖ Ensure only experienced and reputable investigators are appointed</li> <li>❖ Provide ongoing training to volunteers and Committee members regarding role, mandate, expectations, conflict of interest</li> <li>❖ Clear communication of consequences for misconduct (e.g. removal from Committee/Council, professional misconduct)</li> <li>❖ Review of reports of investigation by Director (Professional Conduct)</li> </ul>

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
38. Compliance	Risk of complaints/reviews from other bodies/ministries/tribunals including, but not limited to: <ul style="list-style-type: none"> <li>Human Rights Tribunal</li> <li>Fairness Commissioner</li> <li>Privacy Commissioner</li> <li>MOH</li> <li>Ministry of Labour</li> </ul>	2 Unlikely	<del>12</del> Minor/Serious	<del>24</del> Low/Moderate	Registrar, Manager (Finance and Operations)	<ul style="list-style-type: none"> <li>Continually ensure compliance with labour standards and AODA, and health and safety legislation and directives</li> <li>Privacy policies in place</li> <li>Staff training on human rights, anti-discrimination and harassment,</li> <li>Training on emergency protocols to staff and Council</li> <li>Staff member to be trained in CPR/EMD</li> <li>Implement any government directives in timely and meaningful manner</li> <li>Staff select member to act as Health and Safety Rep.</li> <li>Periodic meeting of Registrar and all staff to discuss health and safety measures, office protocols to protect health and safety and compliance with labour standards.</li> </ul>
39. Compliance	Failure to report to MOH on required performance metrics or other requirements	<del>3</del> Moderate  <u>1</u> Rare	2 Serious	<del>6</del> Moderate  <u>2</u> Low	Registrar All Staff	<ul style="list-style-type: none"> <li>Monitor compliance with College Performance Measurement Framework standards and progress</li> <li>Proactive advanced preparation for future reporting requirements</li> <li>Regular consultation with MOH representatives on College performance and expectations</li> <li>Collaboration with other regulatory bodies, HPRO, and key stakeholders on reporting framework, including sharing key templates and resources</li> <li>Consultation with focus groups (e.g. Citizen's Advisory Group)</li> </ul>

**Risk Strategy**

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

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

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

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

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

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

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

Each Director/Manager and the Registrar develop detailed plans for Risk Mitigation. Detailed plans are reviewed and status of implementation and risk assessment are updated twice annually.

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

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**Risk Management Plan Approvals**

**Approved by:**

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Council President

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**Draft Business Continuity Plan**

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## **Introduction**

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

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

## **Objectives**

The objectives of the Business Continuity Plan are:

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

## **Overview**

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

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

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

A detailed Disaster Recovery Plan is attached to this Plan.

## **Assumptions**

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

Other assumptions include:

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

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

- Some staff may be impacted and will not be able to work.
- Travel and group gatherings may be impacted.

- School closures and TTC disruptions may impact staff ability to get to work;
- Registrants may require guidance on providing services and practice operations.

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

## **Role as a Regulator**

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

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

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

### **Stages Identified:**

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

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

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

### **Stage 1: Planning**

#### **Planning Principles**

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

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



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

## **Cyber Attacks**

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

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

## **Stage 2: Implementation – Refer to Disaster Recovery Plan**

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

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

## **Stage 3: Post-Emergency / Disaster Recovery**

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

Considerations for the plan should include:

- Return to work safety protocols:
  - health and safety
  - equipment and supplies

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

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**Draft Disaster Recovery Plan**

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## Introduction

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

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

## Stage 1: Planning

### Emergency Preparedness Team

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

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

### Emergency Preparedness Team Contact Information

PRIORITY ASSIGNMENT	NAME	TITLE	PHONE NUMBER	EMAIL	HOME ADDRESS
Registrar	Nancy Leris	Registrar		Nancy.leris@coko.ca	
Director of Operations and Finance	Vacant	Director/Manager of Operations		Finance@coko.ca	
Business Continuity Plan Manager	Vacant	Director/Manager of Operations		Finance@coko.ca	

Alternate BCP Manager	Vacant	Executive Assistant		executiveassist@cokoca	
Health and Safety Representative	Magdalena Reder	Examination Coordinator		examcoordinator@coko.ca	

### Emergency Preparedness Team Roles:

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

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

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

**BCP Alternate Manager:** Ensure program continuity. Maintain hard and soft copy lists of employee contact and vital information. Assume role of BCP Manager if required.

**Health and Safety Representative:** Assist with the implementation of the BCP. Incorporate findings and considerations from health and safety best practices/guidelines

### Business Impact Analysis

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

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

### Critical Business Analysis and Action Plans

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

### Preparedness Considerations by Business Unit

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

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

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

Office processes.

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

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

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

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

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

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

## **BCP Framework and Documentation**

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

- 1) Identification of Service and Level of Importance - Appendix 1
- 2) Preparedness requirements by Department - Appendix 2
- 3) Communication Plan
- 4) Staff List with Contact Information - Appendix 3
- 5) Vital Business Information - Appendix 4
- 6) Helpful Resources - Appendix 5
- 7) Policies, Documents, Procedures- i.e., Return to Work Plan, Building Re-Entry Guidelines and Fire Warden Training Handbook - Appendix 6

## **Stage 2- Disaster and Emergency Response**

### **BCP Activation**

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

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

- Federal, Provincial or Municipal Public health recommendation
- School closures
- Transit interruptions



- Power outages
- Building security and closures
- Staff safety
- Natural disasters

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

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

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

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

### **Internal Communications**

The Business Continuity Plan Manager will be responsible to communicate any required protocols and guidelines from local authorities, government officials and facility management. When operating a fully or mostly virtual office, staff are asked to prioritize communications with each other, and be responsive to all communication requests. Staff are expected to keep their voicemail clear and their voicemail message updated. Each department will develop their communications understanding that communication should be reliable and regular

### **Emergency Contact Information**

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

### **Telephone and Computer Systems**

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

## **Operations**

### **Computer Systems**

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

### **College Files**

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

### **Financial Operations**

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

### **Staffing**

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

### **Signatures**

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

## **External Communications**

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

## **Council, Committees, and Panels**

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

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

#### **Website and Telephone Greetings**

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

#### **Communication with Registrants and the Public**

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

#### **Virtual Meetings**

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

#### **Temporary Reassignment of Duties**

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

### **Stage 3- Post Emergency**

#### **Resuming operations and return to the workplace.**

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

- Return to work safety protocols:
  - health and safety
  - equipment and supplies
  - procedures
  - office furniture
  - occupancy considerations
  - visitors

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

## Appendix

### Appendix 1 – Identification of Essential Service and Level of Importance

Level of importance of essential service	Current number of employees providing services	Remaining number of employees if absenteeism rate of 35% is applied	Degree of risk (high, medium, low)	Possibility of working from home (Yes or no?)	Action plan implemented for essential service (Yes or no?)
<b>A. Communications</b>	Services are currently outsourced	Outsourced	Medium	Yes	<ul style="list-style-type: none"> <li>Designate staff (internal/external)</li> </ul>
Operations/Corporate	6	2	Medium	Yes	<ul style="list-style-type: none"> <li>Ability to outsource</li> <li>Hiring of new staff</li> </ul>
Information Technology	Services are currently outsourced	Outsourced	High	Yes	<ul style="list-style-type: none"> <li>Procurement policy for acquiring new vendors</li> </ul>
Practice Advisory	2	1	Low	Yes	<ul style="list-style-type: none"> <li>FAQ on College website</li> <li>College Practice Standards and Guidelines on website</li> </ul>
Council	17	6	Low-	Yes	<ul style="list-style-type: none"> <li>Executive Committee in place in absence of Council</li> </ul>
<b>B. Finance</b>	4	1	Low	Yes	<ul style="list-style-type: none"> <li>Electronic approvals</li> <li>Mail re-direction</li> </ul>
Professional Conduct	1	0	Medium	Yes	<ul style="list-style-type: none"> <li>Assistance from Legal counsel</li> <li>Outsourcing of Investigators</li> </ul>
Registration	4.5	1	High	Yes	<ul style="list-style-type: none"> <li>Processes can be completed online (renewal etc.)</li> <li>Online meetings</li> <li>Online examination</li> </ul>
<b>C. Quality Assurance</b>	1	0	Medium	Yes	<ul style="list-style-type: none"> <li>Online portal for self-assessment and e-learning modules</li> <li>Virtual peer and practice assessment processes and procedures in place</li> </ul>

Level of importance

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

## **Appendix 2 – Department Action Plan for Maintaining Essential Services**

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

**Appendix 3 – Staff Contact List**

NAME	TITLE	PERSONAL PHONE	PERSONAL EMAIL ADDRESS
Nancy Leris	Registrar	To be completed	To be completed
Keisha Simpson	Director of Registration		
Lara Thacker	Director of Quality Assurance		
Magdalena Reder	Examination Coordinator		
Lisa Groten	Registration Program Assistant		
Colleen Foster	Program Assistant		

**Appendix 4 – Vital Business Information**

BUSINESS LICENCE NUMBER	(to be completed)
INSURANCE POLICY NUMBER	(to be completed)

CONTACT	CONTACT PERSON	PHONE	EMAIL ADDRESS
Building Management	Bashrat Rafa	416 928 2670	Bashrat.Rafa@colliers.com
Landlord	CSREFI (Canada) Leaseholds Inc	1-877-255-5888	
Security	Steve Bennett	416-968-3956/647-293-5720 (cell)	



Information Technology	Jason Konik	905.752.0689 x114	jason@websdepot.com
Employee Benefits Provider	Melanie Levesque Vania Lobo	519.220.1400 1-800-567-5670	melanie.levesque@peoplecorporation.com mygroupplan@ia.ca
Financial Services Provider	Navpreet Komal	416-980-3745	navpreet.komal@cibc.com
Legal	Rebecca Durcan	416.644.4783	rdurcan@sml-law.com

## Appendix 5 – Helpful Resources

### *In Case of Emergency Dial 911*

Emergency Management Ontario

<https://emergencymanagementontario.ca/english/home.html>

Tel: 416 326-5000 Toll free: 1-866-517-0571

Environment and Climate Change Canada

<https://www.canada.ca/en/environment-climate-change.html>

Public Safety Canada

<https://www.publicsafety.gc.ca/index-en.aspx>

Toronto Public Safety

<https://www.toronto.ca/community-people/public-safety-alerts/>

Toronto Public Health

<https://www.toronto.ca/community-people/public-safety-alerts/>

Tel: (416) 338-7600

Ontario Telehealth

Tel: 1-866-797-0000

Toronto Emergency Medical Services  
4330 Dufferin Street  
(416) 392-2000 (non-emergency number)

Toronto Fire Services  
4330 Dufferin Street  
(416) 338-9050 (non-emergency number)

Toronto Police Services  
40 College Street  
(416) 808-2222 (non-emergency number)

Ontario Workplace Safety Plan  
<https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan>

City of Toronto Fire Safety Plan  
<https://www.toronto.ca/city-government/accountability-operations-customer-service/city-administration/corporate-policies/people-equity-policies/fire-and-evacuation/>

## Appendix 6 – Return to Work Plan

### Optional Return to Work – effective September 1, 2020

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

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

---

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

## **General:**

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

## **Before you leave your house**

- Please let the Executive Assistant know 24 hours before you go to the office that you will be in the office. Please also record on your time sheets the days you attended the office. They will keep a record of who attended the office on any given day.
- Complete the Ministry of Health COVID-19 worker and employee screening tool each day prior to leaving for work. This must be completed each day before leaving your home to come to work.
- You must complete the pre-screening before you enter the office and a log will be kept to ensure that contact tracing can be followed. The Program Assistant will also be able to keep track of who has entered the office.
- 
- Make sure you pack a Health Canada approved masks and hand sanitizer
- Avoid touching your face
- If you need to cough or sneeze cough / sneeze into your sleeve
- Wear your mask during your commute, in the building and in the elevator.
- Bring your lunch / coffee / tea / water bottle if you would like (there is no milk or cream in the office). You are encouraged to bring your own mugs, plates and/or utensils. Shared plates, mugs and cutlery are no longer available for us to use.
- Ensure you wash your hands before you use the office kettle and coffee machine;
- You should also wipe down the fridge, microwave, office kettle, coffee machine when you use it.
- Bring a sweater as it will be cooler than usual in the office
- If your plans change, please email the Executive Assistant as they must keep track of those who are entering the office. I

## **If you are driving**

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

### **Once You Enter the Office Building**

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

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

### **Personal Protective Equipment**

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

## **Once You Approach and Enter the College Offices**

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

## **At “Your Desk”**

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

## **Breaks / Lunches**

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

## **Washrooms**

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

## **Enforcement**

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

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

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

## **A Note About in Person Meetings and Appointments**

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

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

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

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

**References:**

[Occupational Health and Safety Act](#)

[Environmental Cleaning Fact Sheet](#)

[How to Wash Your Hands](#)

[COVID Reference Document for Symptoms](#)

[How to Use PPE](#)

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

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

**Resolution – Risk Management Plan/Business Continuity/ Disaster Preparedness Plan  
2021/2022**

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

**Whereas**, as part of its oversight role, Council reviews the Risk Management & Business Continuity/Disaster preparedness 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 & Business Continuity/Disaster preparedness plan for 2021/22, including the identified risks and proposed mitigation strategies, and

**Whereas**, Council is of the view that the Risk Management & Business Continuity/Disaster preparedness plan appropriately prioritizes and addresses the identified risks in light of the College's overall risk tolerance,

**Therefore**, be it resolved that Council accepts the Risk Management Plan for 2021/22 with edits as instructed and approves the risk prioritization as presented therein.

**Moved by:**

**Seconded by:**

Date: September 27, 2021



# Consultation Report: Proposed Amendments to By-Law 10

September 15, 2021

## About the College

The College is a regulatory body that oversees kinesiologists working in the province. The College receives its authority from the *Kinesiology Act, 2007* and the *Regulated Health Professions Act, 1991*.

The College regulates kinesiologists and protects the public by:

- setting [requirements to enter the profession](#) so that only qualified individuals can practise kinesiology;
- maintaining on its website a [list of individuals qualified to practise kinesiology](#), known as the public register, or Find a Kinesiologist;
- developing [rules and guidelines for kinesiologists' practice and conduct](#), including a code of ethics;
- investigating [complaints about kinesiologists](#) and disciplining when necessary; and
- requiring kinesiologists to participate in a [program that helps ensure that their knowledge and skills are up to date](#), and monitoring that participation.

## Background and Context

Health profession regulators like the College of Kinesiologists of Ontario (the College) exist to protect the public. In Ontario, many regulatory bodies are beginning to introduce changes to the way they govern themselves to help better serve the interests of the public. Initiated by the Ontario Ministry of Health, the provincial government also introduced new requirements, including that all Council and statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training.

On June 28, 2021, the College's Council approved proposed by-law amendments regarding the election of Council members. The consultation document set out the proposed by-law changes pertaining to the eligibility requirements and nomination process for registrants seeking to stand for election to Council, including a provision that registrants have successfully completed a qualification process as established by Council.

The purpose of this consultation was to obtain feedback on the proposed amendments to By-law 10.

## Consultation process

On July 15, 2021, the College emailed its registrants and stakeholders a notice of the consultation and its process. Registrants and stakeholders were notified again in the August newsletter. A [dedicated webpage](#) was created on the College's website to promote the consultation, and anyone with comments was invited to submit feedback via Survey Monkey or email. The consultation concluded on September 14, 2021.

## What we heard

### *Feedback from Survey*

During the consultation period, a survey was available on the College's website to gather feedback on the draft competency profile. Seven respondents completed the survey: all respondents were registered kinesiologists.

The survey asked respondents to indicate their agreement and provide comments on the following questions:

- Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?
- Are the by-laws relevant and important to board governance?
- Are there any eligibility requirements we have missed?
- Do you have any concerns with the proposed amendments?

Respondents were given the opportunity to provide written comments throughout the survey. For more information about the survey responses, view the attached aggregate and individual response reports.

## Analysis of feedback and how the feedback was used

All respondents to the Survey Monkey (100%) were kinesiologists. This is not surprising given that the proposed amendments may directly impact them if they ever choose to run for Council. Among the highlights of the survey:

- All respondents (100%) felt that the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member.
- All respondents (100%) felt that the by-laws were relevant and important to board governance.
- None of the respondents felt that there were any eligibility requirements that had been missed.
- None of the respondents had any concerns with the proposed amendments.

By-law subsections 10.09 v. and 10.29 vii. have been amended to remove references to the Ontario Kinesiologists Association. This change is intended to acknowledge the existence of several professional associations and eliminate the need to update the by-law with the emergence of each new professional association.

Definitions for the terms “responsible position,” “organization,” and “group” have been proposed for Council’s consideration in a new draft Council and Committee Member and Volunteer Conflict of Interest Policy.

Below is a table capturing themes in the feedback and revisions made in response.

Comment	Change	Note
Clarify the term “regulatory body” used in the proposed amendments refers to statutory regulatory bodies.	No change.	Although the term “statutory regulatory body” accurately denotes the fact that the regulator derives its power from statute, the additional specificity is not required. Such an amendment to include the term “statutory” would require that the term is used consistently throughout all College documents to avoid confusion.
The term “responsible position” requires further definition.	The draft Council and Committee Member and Volunteer Conflict of Interest Policy includes proposed definitions for the terms “responsible position,” “organization” and “group”.	Responsible position would usually be interpreted to mean a directing mind (e.g., an officer, director, or person in a position of leadership that can influence or impact the organization). This is intended to be a catch all provision so that even if a person did not have a position of leadership in a professional association but a position in another organization that has a mandate which conflicts with the College, a conflict would be triggered. Although definitions provide clarity and transparency, Council should be mindful that definitions are also restrictive. There is a risk that the provided definition excludes conduct that has not yet been contemplated.
Suggested additional provision that by virtue of meeting the cooling off period, the member is absolved of any conflict of interest relating to the affiliation or affiliations that triggered the cooling off requirement. A Council member may declare a conflict of interest with respect to those affiliations on a case-by-case basis.	No change.	The conflict of interest provisions are to ensure that all Council and committee members abide by the College mandate. Any amendment to eligibility or obligations need to be viewed through the public interest lens. It would be difficult to justify a “lessening” of scrutiny on conflict of interest provisions. The cooling off period is intended to provide a window of time to allow the member to distance themselves from the working and operation of the previous organization, and to optically reassure the public that the member has had time to realign their mandate to the public and not to the profession. It should not be viewed as a panacea to conflict of interest concerns. Additional conflict of interest concerns must still be vigilantly reviewed. It is important to reassure the public that the conflict of interest provisions are robust and are taken seriously by all Council members.
Expand subsection 10.09 v. to include Ontario Athletic Therapists Association as well as Ontario Kinesiology Association.	Removed reference to Ontario Athletic Therapist Association.	Removed reference to Ontario Kinesiologists Association to be more general and inclusive and eliminate the need to update the by-law with the emergence of each new professional association.

<p>It is important to examine proposed amendments from an anti-racism lens of systemic racial barriers and engage with members of the BIPOC community to obtain their perspective and input.</p>	<p>No change to by-laws at this time.</p> <p>The Council and Committee Competency Profile introduction was amended to include a statement regarding the College's commitment to diversity, equity, and inclusion.</p>	<p>The College is engaged in a collaborative project with the Health Profession Regulators of Ontario - Anti-BIPOC Racism Working Group. The HPRO-Anti-BIPOC Racism Working Group Project includes EDI-B training and development of a toolkit of supporting resources. The College is engaging external consultants with respect to delivering EDI-B training to Council and committee members, volunteers, and staff. This is an extensive project that the College has initiated, and a phased rollout will include applying an anti-racism lens to by-laws, policies, and decision-making processes, as well as developing tools for Council and committee members, volunteers, and staff.</p>
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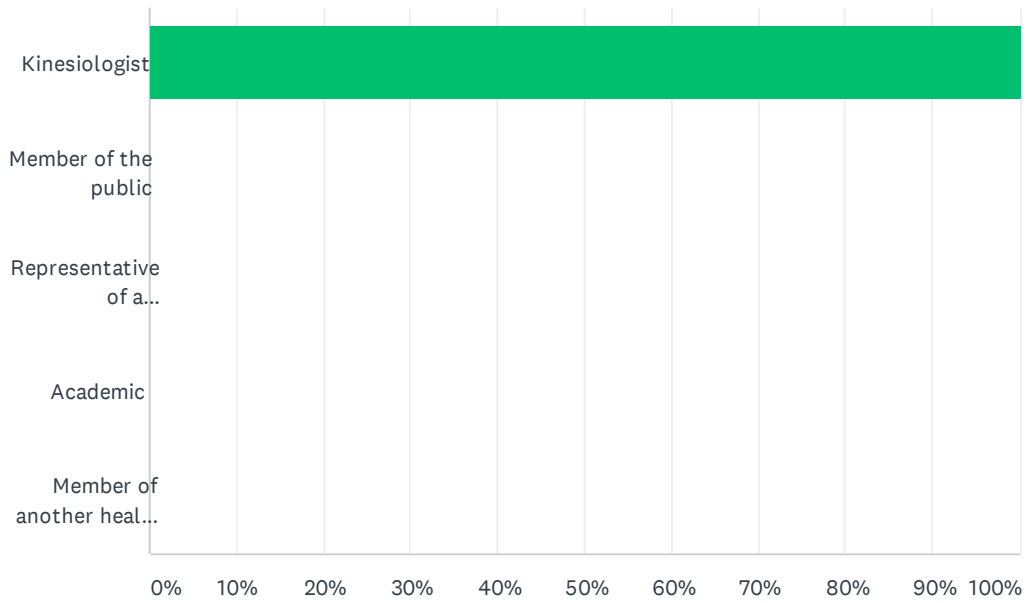
**Consultation feedback reports**

The following are attached:

- Summary responses to online feedback survey
- Individual responses to online feedback survey and consultation

## Q1 I am a/an:

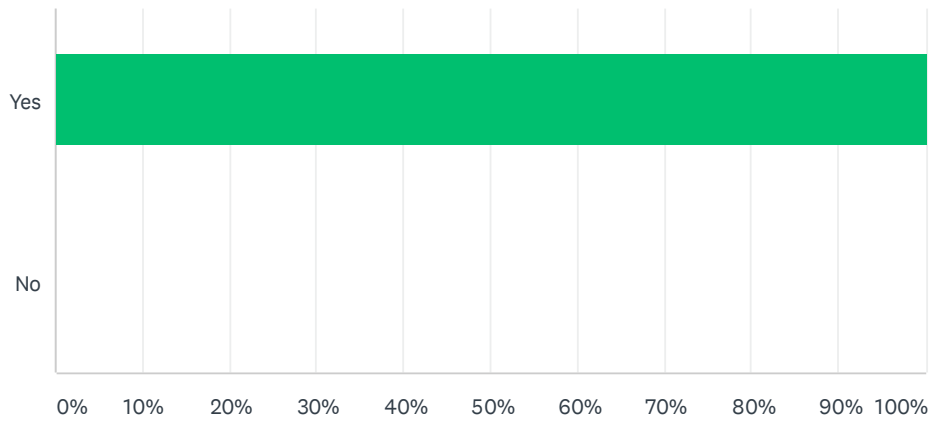
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Kinesiologist	100.00%	7
Member of the public	0.00%	0
Representative of a professional association	0.00%	0
Academic	0.00%	0
Member of another health profession	0.00%	0
<b>TOTAL</b>		<b>7</b>

## Q2 Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

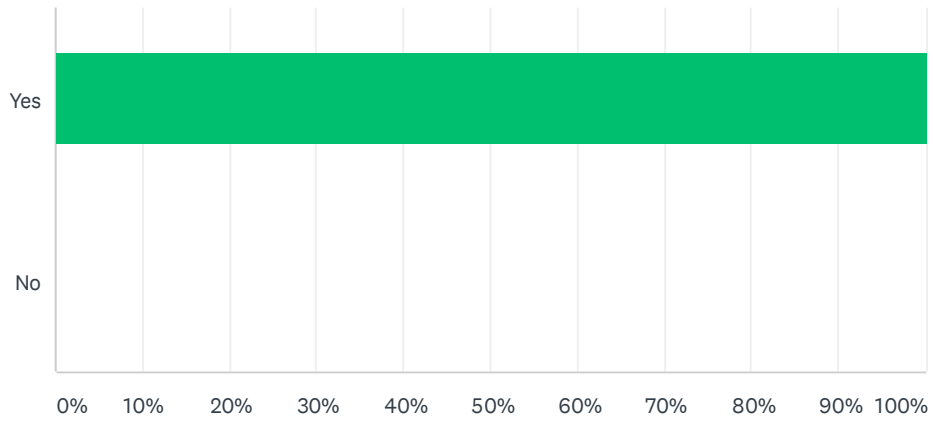
Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
TOTAL		7

### Q3 Are the by-laws relevant and important to board governance?

Answered: 7 Skipped: 0



ANSWER CHOICES		RESPONSES	
Yes		100.00%	7
No		0.00%	0
TOTAL			7



## Q4 Are there any eligibility requirements we have missed?

Answered: 5 Skipped: 2

## Q5 Do you have any concerns with the proposed amendments?

Answered: 6 Skipped: 1

## Q6 Further comments:

Answered: 3 Skipped: 4

# #1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 16, 2021 12:14:55 PM  
**Last Modified:** Friday, July 16, 2021 12:15:28 PM  
**Time Spent:** 00:00:32  
**IP Address:** 64.231.178.42

---

Page 1

**Q1** **Kinesiologist**

I am a/an:

---

**Q2** **Yes**

Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

---

**Q3** **Yes**

Are the by-laws relevant and important to board governance?

---

**Q4**

Are there any eligibility requirements we have missed?

Not that I can see

---

**Q5**

Do you have any concerns with the proposed amendments?

No

---

**Q6**

Further comments:

None

---

## #2

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, July 18, 2021 10:45:17 AM  
**Last Modified:** Sunday, July 18, 2021 11:00:57 AM  
**Time Spent:** 00:15:40  
**IP Address:** 72.141.231.197

---

Page 1

**Q1** **Kinesiologist**

I am a/an:

---

**Q2** **Yes**

Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

---

**Q3** **Yes**

Are the by-laws relevant and important to board governance?

---

**Q4**

Are there any eligibility requirements we have missed?

Not sure

---

**Q5**

Do you have any concerns with the proposed amendments?

No

---

**Q6**

Further comments:

I just read the email sent by the College separately about your equity and anti-racism survey before I opened the email about the revisions to the by-laws. I think in proposing these revisions it is important to examine them from a lens of systemic racial barriers. I recently attended a webinar hosted by the Ivey School of Business called "Racism is our Pandemic": A Conversation with Wes Hall, and one of the things he talked about are systemic barriers that are put in place that prevent BIPOC people from getting on to groups such as boards of directors. Here is the link to the recording: <https://www.ivey.uwo.ca/leadership/research-resources/leadership-videos/> I would strongly encourage the group working on the proposed revisions to watch this video (the section I mentioned above starts at about 30:50) and review the by-laws again from an exclusionary lens. That being said, you need to engage with members of the BIPOC community to do this work, so that you can obtain their perspective and input. If you are truly committed to doing better on the diversity and anti-racism front, then this is a critical piece of the work.

---

# #3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, July 19, 2021 11:26:41 AM  
**Last Modified:** Monday, July 19, 2021 11:27:16 AM  
**Time Spent:** 00:00:35  
**IP Address:** 64.64.188.47

---

Page 1

**Q1** **Kinesiologist**

I am a/an:

---

**Q2** **Yes**

Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

---

**Q3** **Yes**

Are the by-laws relevant and important to board governance?

---

**Q4**

Are there any eligibility requirements we have missed?

NO

---

**Q5**

Do you have any concerns with the proposed amendments?

NO

---

**Q6** **Respondent skipped this question**

Further comments:

---

# #4

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, July 20, 2021 4:09:31 PM  
**Last Modified:** Tuesday, July 20, 2021 4:09:59 PM  
**Time Spent:** 00:00:28  
**IP Address:** 142.122.150.207

---

Page 1

**Q1** **Kinesiologist**

I am a/an:

---

**Q2** **Yes**

Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

---

**Q3** **Yes**

Are the by-laws relevant and important to board governance?

---

**Q4** **Respondent skipped this question**

Are there any eligibility requirements we have missed?

---

**Q5** **Respondent skipped this question**

Do you have any concerns with the proposed amendments?

---

**Q6** **Respondent skipped this question**

Further comments:

---



# #5

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, July 21, 2021 10:03:07 PM  
**Last Modified:** Wednesday, July 21, 2021 10:03:51 PM  
**Time Spent:** 00:00:44  
**IP Address:** 72.139.206.3

---

Page 1

**Q1** **Kinesiologist**

I am a/an:

---

**Q2** **Yes**

Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

---

**Q3** **Yes**

Are the by-laws relevant and important to board governance?

---

**Q4**

Are there any eligibility requirements we have missed?

Not that I am aware of.

---

**Q5**

Do you have any concerns with the proposed amendments?

I have no concerns with the amendments.

---

**Q6** **Respondent skipped this question**

Further comments:

---

# #6

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, July 23, 2021 6:40:53 AM  
**Last Modified:** Friday, July 23, 2021 6:41:14 AM  
**Time Spent:** 00:00:20  
**IP Address:** 69.158.246.48

---

Page 1

**Q1** **Kinesiologist**

I am a/an:

---

**Q2** **Yes**

Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

---

**Q3** **Yes**

Are the by-laws relevant and important to board governance?

---

**Q4** **Respondent skipped this question**

Are there any eligibility requirements we have missed?

---

**Q5**  
Do you have any concerns with the proposed amendments?

no

---

**Q6** **Respondent skipped this question**

Further comments:

---

#7

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Sunday, July 25, 2021 8:31:46 PM  
**Last Modified:** Sunday, July 25, 2021 8:32:18 PM  
**Time Spent:** 00:00:32  
**IP Address:** 24.157.97.234

---

Page 1

**Q1** **Kinesiologist**

I am a/an:

---

**Q2** **Yes**

Do the by-law amendments clearly describe the eligibility criteria and nomination process to be a Council member?

---

**Q3** **Yes**

Are the by-laws relevant and important to board governance?

---

**Q4**

Are there any eligibility requirements we have missed?

Not to my nknowledge

---

**Q5**

Do you have any concerns with the proposed amendments?

No

---

**Q6**

Further comments:

None

---

July 19, 2021

To: The President, Council Members & Registrar of the College of Kinesiologists of Ontario

Sent by email

**Re: OATA Response to Proposed By-Law Changes**

The OATA welcomes this opportunity to comment on the amendments proposed to section 10 of the College's By-Laws. We hereby wish to register our support for the proposed amendments, but with the following comments and suggestions

1. The term "regulatory body" is used in several instances in the proposed amendments. We strongly recommend that "regulatory body" needs to be defined. For example, does the term apply only to "statutory" regulatory bodies (i.e. those established by a government), or does it also apply to self-regulatory bodies, such as (in the case of Athletic Therapists who are registered with College) the Canadian Athletic Therapists Association?

2. The term "responsible position" is also used in several instances in the proposed amendments and, for the OATA, is too vague and requires definition. In our view, the term should apply to any member who has been an officer, director or committee member of such an organization, or who as a member of such an association has had a prominent role in determining, or dealing with, matters that fall within the College's regulatory mandate.

3. We do not object to the extension of the "cooling off period" for persons seeking election to Council. What we believe is important to add, however, is that having satisfied the cooling-off period requirement and having been elected to Council, the member is then deemed no longer to be in a conflict of interest situation with respect to his/her previous role in the professional association or certification body that triggered the cooling off requirement. It appears to the OATA to be a "double jeopardy" situation when one is subjected to a relatively lengthy cooling-off period and is also at constant risk of being deemed to be in a conflict of interest situation because of previous affiliations. The OATA would like to see a statement in the By-Laws to the effect that, by virtue of completion of the cooling-off period, the member is prima facie absolved of any conflict of interest relating to the affiliation or affiliations that triggered the cooling-off requirement. This is not to suggest that a Council member may not himself/herself declare a conflict of interest with respect to those affiliations on a case-by-case basis.

4. We note the specific mention of the "Ontario Kinesiology Association" in subsection 10.09 v. and respectfully suggest the addition of the Ontario Athletic Therapist Association as well.

5. The OATA wishes to register our strong support for the proposed requirement that anyone wishing to be nominated for election to the Council must first successfully complete a qualification process. We acknowledge that this has been initiated by the Ministry.

6. We find the very broad wording of 10.29, in particular subsection xv, and the broad discretion left to Council to determine grounds for disqualification troubling, but we do not have suggestions for improvement at this time. We do have a question, however: May a member appeal a disqualification decision by Council and, if so, to whom or to what?

We ask that you give these comments and suggestions your full and careful consideration.

Yours sincerely,



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Andy Playter  
OATA President

Proposed Amendments to By-Law 10 of the College of Kinesiologists of Ontario

DRAFT

The following are proposed amendments to By-Law 10 of the College of Kinesiologists of Ontario.

## **Background**

Health profession regulators like the College of Kinesiologists of Ontario exist to protect the public. In Ontario, many regulatory bodies are beginning to introduce changes to the way they govern themselves to help better serve the interests of the public. The Ontario Ministry of Health has introduced a new requirement that all Council and statutory committee candidates have met pre-defined competency/suitability criteria and attended an orientation training.

This consultation document sets out the proposed by-law changes pertaining to the eligibility requirements and nomination process for registrants seeking to stand for election to Council, including a provision that registrants have successfully completed a qualification process as established by Council.

## **Proposed Changes**

The proposed changes are contained in By-law 10; consequently, this is the by-law presented for consultation.

A significant change introduced by the Ontario Ministry of Health is the requirement that registrants may only stand for election and/or attend their first committee meeting after they have completed an orientation program about the College's mandate and expectations pertaining to the Council/committee role and responsibilities. At the March 1, 2021 Council meeting, Council passed a resolution codifying the need for an online orientation program for all registrants seeking to stand for election to Council. Completion of an educational orientation program will help reinforce the mandate of the Council and committees and ensure individuals considering standing for election to Council understand the duties and obligations involved with serving on Council, as well as time commitments from the outset. The new by-law provision stipulates that a member is eligible for election to Council if "before the nomination deadline, the member has successfully completed any qualification process established by the Council". The proposed by-law amendment was approved by Council on June 28, 2021, for external consultation.

Two new provisions serve to expand and clarify examples of conflict of interest with respect to serving on Council:

- 1) "the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;" and
- 2) "the member is not a consultant to third party providers engaged by the College".

Another amendment expands the cooling off period for serving in a leadership position (e.g., as an employee, officer or director, etc.) of any professional association or certifying body related to the profession from one to three years prior to the date of nomination for the Council. This duration has been identified as a best practice.

Another amendment involves removing signatures of support during the nomination process.

Otherwise, there are minor proposed changes to the by-laws to improve clarity and consistency between sections.

### Document Layout

The document is structured in a table that sets out the current by-law provision, the proposed changes (additions are in red, deletions are struck out) and the rationale for the change.

### Consultation

On June 28, 2021, Council approved proposed By-law 10 amendments for 60-day external consultation. College staff considered all feedback received during the consultation. Final proposed changes are being presented to Council at its September 27, 2021 meeting, including information obtained during the consultation process for Council's consideration. Once the amendments are approved, staff will communicate these changes to registrants and other stakeholders.

### By-Law 10: Election of Council Members

Current by-law provision	Proposed change	Rationale / Explanation
<p>10.01 Electoral Districts The following are the Electoral Districts for all Council member elections:</p> <p><b>i. Electoral District 1:</b> Northern comprised of the districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Manitoulin, Parry Sound, Nipissing, Timiskaming; the district municipality of Muskoka; and the city of Greater Sudbury;</p> <p><b>ii. Electoral District 2:</b> Eastern comprised of the counties of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Lennox and</p>	No change.	N/A.



Addington; the united counties of Leeds and Grenville, Prescott and Russell, Stormont, Dundas, Glengarry; and the city of Ottawa;

**iii. Electoral District 3:** Central East comprised of the counties of Haliburton, Northumberland, Peterborough, and Simcoe, the city of Kawartha Lakes, the regional municipality of Durham and the township of Scugog;

**iv. Electoral District 4:** Central comprised of the city of Toronto and the regional municipality of York;

**v. Electoral District 5:** Central West comprised of the counties of Brant, Dufferin, Wellington, Haldimand and Norfolk, the regional municipalities of Halton, Niagara, Peel, Waterloo, and the cities of Hamilton and Brantford;

**vi. Electoral District 6:** Western comprised of the counties of Essex, Bruce, Grey, Lambton, Elgin, Middlesex, Huron, Perth, Oxford, and the municipality of Chatham-Kent and the city of London; and

**vii. Electoral District 7:** Comprised of the entire province. The purpose of Electoral District 7 is to fill the seat on Council designated under Section 5 (1) (c) of the Kinesiology Act 2007 as follows:

One person selected, in accordance with a by-law made under section 10, from among members who are members of a faculty or

department of kinesiology of a university in Ontario. 2007, c. 10, Sched. O, s. 5 (1).		
<p><b>10.02 Eligibility to Vote in an Electoral District</b></p> <p>A member is eligible to vote in the electoral district in which the member, as of January 1st of the election year, primarily practises, or if the member is not engaged in the practise of Kinesiology, in which the member has primary residence.</p> <p>A member, who is eligible in Electoral District 7 to run for election, is eligible to vote in Electoral District 7.</p>	No change.	N/A
<p><b>10.03 Number of Members per Electoral District</b></p> <p>For each electoral district referred to in column 1 of the following table, there shall be elected to Council the number of members set out opposite in column 2.</p>	No change.	N/A
<p><b>10.05 Maximum Term</b></p> <p>A member who has served on Council for nine consecutive years is ineligible for election to Council until a full three year-term has passed since that member last served on Council. The first nine year-period does not commence until after the first election in each electoral district.</p>	No change.	N/A
<p><b>10.06 Staggered Terms</b></p> <p>An election of members to Council shall be held:</p> <p>i. in 2014, and in every third year after that for members from Electoral Districts 2 and 3 and for one member from Electoral District 4;</p>	No change.	N/A

<p>ii.in 2015, and in every third year after that for one member from Electoral District 4, one member from Electoral District 5 and members from Electoral District 6; and</p> <p>iii.in 2016, and in every third year after that for members from Electoral District 1 and for one member from Electoral District 4 and one member from Electoral District 5.</p>		
<p><b>10.07 Election Date</b> The Registrar, as directed by Council, shall set the date for each election of members to Council.</p>	No change.	N/A
<p><b>10.08 Eligibility to Vote</b> A member is ineligible to vote in a council election if the member is in default of payment of any fees prescribed by by-law or any fine or order for costs to the College imposed by the College or court of law or is in default in providing any information required by the College. A member is eligible to vote in only one electoral district even if that member is a member of Electoral District 7 and also practises the profession of Kinesiology as a non-faculty member.</p>	No change.	N/A
<p><b>10.09 Eligibility for Election</b> A member is eligible for election to Council in Electoral Districts 1 through 6, if on the closing date of nominations and anytime up to and including the date of the election:</p> <ul style="list-style-type: none"> <li>i. the member is eligible to vote in the electoral district in which the member is nominated;</li> </ul>	<p><b>10.09 Eligibility for Election</b> A member is eligible for election to Council in Electoral Districts 1 through 6, if on the closing date of nominations and anytime up to and including the date of the election:</p> <ul style="list-style-type: none"> <li>i. the member is eligible to vote in the electoral district in which the member is nominated;</li> <li>ii. the member is not the subject of any disciplinary or incapacity</li> </ul>	

<p>ii. the member is not the subject of any disciplinary or incapacity proceedings;</p> <p>iii. no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years;</p> <p>iv. the member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;</p> <p>v. the member has not been an employee, officer or director of any professional association or certifying body in the health care and health related fields for one year prior to the date of nomination for the Council of the College of Kinesiologists of Ontario, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association. In the first year of elections following the date of proclamation, the time lapse required before accepting nomination shall be six months prior to the closing date of nominations;</p> <p>vi. the member has not been disqualified from the Council or a committee of the Council in the previous three (3) years;</p>	<p>proceedings of the College or any other regulatory body;</p> <p>iii. the member has not been the subject of a finding of no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years at the College or with any other regulatory body;</p> <p>iv. the member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee at the College or with any other regulatory body;</p> <p>v. the member has not been in a leadership position, including but not limited to being an employee, officer or director of any professional association or certifying body related to the profession in the health care and health related fields for one three years prior to the date of their nomination for the Council of the College of Kinesiologists of Ontario, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association. In the first year of elections following the date of proclamation, the time lapse required before accepting</p>	<p>ii. expanded definition for clarity and to include regulatory history with other professions and/or jurisdictions</p> <p>iii. consistent language, for clarity and expanded to include regulatory history with other professions and/or jurisdictions</p> <p>iv. expanded provision to include regulatory history with other professions and/or jurisdictions</p> <p>v. expanded cooling off period to three years. Best practice and in alignment with recommendation in Professional Standards Authority report by Sir Harry Cayton: <a href="#">An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</a></p> <p>Removed reference to Ontario Kinesiology Association to be more general and inclusive.</p> <p>The College was proclaimed in 2013 and therefore “year following the date of proclamation” is no longer relevant and is not needed.</p>
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<p>vii. the member is not a member of the Council or of a committee of the College of any other health profession; and</p> <p>viii. the member has not been a member of the staff of the College at any time within the preceding three (3) years.</p>	<p><del>nomination shall be six months prior to the closing date of nominations;</del></p> <p>vi. the member has not been disqualified from the Council or a committee of the <del>Council</del> College in the previous three (3) years;</p> <p>vii. the member is not a member of the Council or of a committee of the <del>C</del>College of any other health profession; <del>and</del></p> <p>viii. the member has not been a member of the staff of the College at any time within the preceding three (3) years;</p> <p>ix. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</p> <p>x. the member is not a consultant to third party providers engaged by the College;</p> <p>xi. the member has not resigned from Council within the previous three years other than for health or personal reasons acceptable to Council;</p> <p>xii. the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College;</p> <p>xiii. the member is not in default of completing and submitting any required form or information to the College;</p> <p>xiv. the member does not have a criminal finding of guilt that is relevant to the registrant's ability to practise the profession;</p>	<p>vi. consistent with vii.</p> <p>Revised to lower case c (rather than capital C, which is a reference to the College)</p> <p>ix and x, – expand examples of conflicts of interest</p> <p>ix. catch all provision that applies to an individual in a position in some other organization that has a mandate that conflicts with the College.</p> <p>xi. permits resignations for reasonable extenuating circumstances determined to be acceptable by Council (e.g., parental leave, moving out of province, etc.).</p> <p>xii. – xv. common health regulatory by-law provisions, consistent with by-law 10.29 Grounds for Disqualification</p> <p>xvi. New Ontario Ministry of Health requirement that registrants may only stand for election after they have completed an orientation program about the College's</p>
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<p>A member is eligible for election to Council in Electoral District 7 if on the closing date of nominations the member has not accepted nomination in any other electoral district and anytime up to and including the date of the election:</p> <ul style="list-style-type: none"> <li>i. the member is a full-time member of faculty or department in an Ontario university degree program in Kinesiology;</li> <li>ii. the member is eligible to vote in the electoral district in which the member is nominated;</li> <li>iii. the member is not the subject of any disciplinary or incapacity proceedings;</li> <li>iv. no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years;</li> </ul>	<ul style="list-style-type: none"> <li>xv. <del>the member is not and has not been the subject of a charge that is relevant to the registrant's ability to practise the profession; and</del></li> <li>xvi. <del>before the nomination deadline, the member has successfully completed any qualification process established by the Council.</del></li> </ul> <p>A member is eligible for election to Council in Electoral District 7 if on the closing date of nominations the member has not accepted nomination in any other electoral district and anytime up to and including the date of the election:</p> <ul style="list-style-type: none"> <li>i. the member is a full-time member of faculty or department in an Ontario university degree program in Kinesiology;</li> <li>ii. the member is eligible to vote in the electoral district in which the member is nominated;</li> <li>iii. the member is not the subject of any disciplinary or incapacity proceedings <del>of the College or any other regulatory body;</del></li> <li>iv. <del>the member has not been the subject of a finding of no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years at the</del> <b>College or any other regulatory body;</b></li> <li>v. the member is not subject to any order, direction, or term, condition</li> </ul>	<p>mandate and expectations pertaining to the member's role and responsibilities. Best practice and in alignment with recommendation in Professional Standards Authority report by Sir Harry Cayton: <a href="#">An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</a></p> <ul style="list-style-type: none"> <li>iii. expanded definition for clarity and to include regulatory history with other professions and/or jurisdictions</li> <li>iv. consistent language, for clarity and expanded to include regulatory history with other professions and/or jurisdictions</li> <li>v. expanded provision for consistency to include regulatory history with other professions and/or jurisdictions</li> </ul>
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<p>v. the member is not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;</p> <p>vi. the member is not an employee, officer or director of any professional kinesiology association, or any association where the majority number of members provide kinesiology services, such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</p> <p>vii. the member has not been disqualified from the Council or a committee of the Council in the previous three (3) years;</p> <p>viii. the member is not a member of the Council or of a committee of the College of any other health profession; and</p> <p>ix. the member has not been a member of the staff of the College at any time within the preceding three (3) years.</p>	<p>and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee <b>of the College or any other regulatory body;</b></p> <p>vi. the member <del>is not</del> <b>has not been in a leadership position, including but not limited to being</b> an employee, officer or director of any professional kinesiology association, <del>or any association where the majority number of members provide kinesiology services,</del> <b>or certifying body related to the profession for three years prior to the date of nomination for the Council of the College of Kinesiologists of Ontario,</b> such that a real or apparent conflict of interest may arise, <del>including but not limited to being an employee, officer or director of the Ontario Kinesiology Association. In the first year of elections following the date of proclamation, the time lapse required before accepting nomination shall be six months prior to the closing date of nominations;</del></p> <p>vii. the member has not been disqualified from the Council or a committee of the <del>Council</del> <b>College</b> in the previous three (3) years;</p> <p>viii. the member is not a member of the <del>College</del> of any other health profession; <del>and</del></p>	<p>vi. expanded cooling off period to three years. (best practice and in alignment with recommendation in Professional Standards Authority report by Sir Harry Cayton: <a href="#">An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</a>)</p> <p>Modified provision to include situations where person might be in a position of leadership e.g., voluntary manager, etc.</p> <p>Removed reference to Ontario Kinesiology Association to be more general and inclusive.</p> <p>The College was proclaimed in 2013 and therefore “year following the date of proclamation” is no longer relevant and is not needed.</p> <p>vii. consistent with viii.</p>
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	<ul style="list-style-type: none"> <li>ix. the member has not been a member of the staff of the College at any time within the preceding three (3) years;</li> <li>x. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</li> <li>xi. the member is not a consultant to third party provider engaged by the College;</li> <li>xii. the member has not resigned from Council within the previous three years other than for health or personal reasons acceptable to Council;</li> <li>xiii. the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College;</li> <li>xiv. the member is not in default of completing and submitting any required form or information to the College;</li> <li>xv. the member does not have a criminal finding of guilt that is relevant to the registrant's ability to practise the profession;</li> <li>xvi. the member is not <del>and has not been</del> the subject of a charge that is relevant to the registrant's ability to practise the profession; and</li> <li>xvii. before the nomination deadline, the member has successfully completed any qualification process established by the Council.</li> </ul>	<p>x, xi – expand examples of conflicts of interest. Catch all provision that applies to person in a position in some other organization that has a mandate that conflicts with the College.</p> <p>xii. permits resignations for reasonable extenuating circumstances determined to be acceptable by Council (e.g., parental leave, moving out of province, etc.).</p> <p>xiii.- xvi. common health regulatory by-law provision, and consistent with by-law 10.29 Grounds for Disqualification</p> <p>xvii. New Ontario Ministry of Health requirement that registrants may only stand for election after they have completed an orientation program about the College's mandate and expectations pertaining to the member's role and responsibilities. In line with Harry Cayton's recommendation to implement an Induction Program.</p>
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<p><b>10.10 Supervision of Nominations</b></p> <p>The Registrar shall supervise the nomination of candidates.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.11 Notice of Nominations</b></p> <p>No later than 60 days before the date of an election, the Registrar shall notify every member eligible to vote of the date, time and electoral district of the election and of the nomination procedure.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.12 Timing of Nomination</b></p> <p>The nomination of a candidate for election as a member of Council shall be in writing and shall be given to the Registrar at least 45 days before the date of the election (the nomination deadline).</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.13 Nominations</b></p> <p>The nomination shall be signed by the candidate and by at least two (2) members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.</p> <p>Electronic signatures will be permissible through the online voting process.</p> <p>A nomination for election from Electoral District 7 shall be signed by the candidate and by at least three (3) members who support the nomination and who are eligible to vote in Electoral District 7.</p>	<p><b>10.13 Nominations</b></p> <p>The nomination shall be signed by the candidate <del>and by at least two (2) members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.</del></p> <p>Electronic signatures will be permissible through the online voting process.</p> <p>A nomination for election from Electoral District 7 shall be signed by the candidate <del>and by at least three (3) members who support the nomination and who are eligible to vote in Electoral District 7.</del></p>	<p>Requirement for two signatures presents a barrier to running for election, particularly for registrants in remote communities. Requirement also sends message that electoral district is a political constituency, and that registrants are accountable to registrants in their district rather than the public, which undermines the public protection mandate.</p> <p>Requirement for three signatures presents a barrier to running for election, particularly for registrants in remote communities. Requirement also sends message that electoral district is a political constituency, and that registrants are accountable to</p>

<p>At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election. The timeframes outlined in By-laws 10.11 and 10.12 do not apply where the Registrar is acting under this By-law.</p> <p>The nominations for that election shall be re-opened for a minimum of fifteen days or such greater number of days as determined by the Registrar.</p> <p>The new election schedule may permit two additional calls for nomination prior to the seat of the member on Council being declared vacant.</p> <p>The Registrar shall notify in writing each member in the electoral district in which there is an election, of the date of the election and the deadline for returning nominations.</p>	<p>At the close of the nomination period, if no candidates eligible to be nominated in an electoral district have been nominated, the Registrar shall establish a new election schedule, including, where necessary, a new date for the election. The timeframes outlined in By-laws 10.11 and 10.12 do not apply where the Registrar is acting under this By-law.</p> <p>The nominations for that election shall be re-opened for a minimum of fifteen days or such greater number of days as determined by the Registrar.</p> <p>The new election schedule may permit two additional calls for nomination prior to the seat of the member on Council being declared vacant.</p> <p>The Registrar shall notify in writing each member in the electoral district in which there is an election, of the date of the election and the deadline for returning nominations.</p>	<p>registrants in their district rather than the public, which undermines the public protection mandate.</p>
<p><b>10.14 Candidate's Biography</b></p> <p>The candidate shall provide to the Registrar by the nomination deadline or such later date as the Registrar permits, biographical information in a manner acceptable to the Registrar for the purpose of distribution to</p>	<p>No change.</p>	<p>N/A</p>

<p>eligible members in accordance with the by-laws.</p>		
<p><b>10.15 Withdrawal of Nomination</b></p> <p>Except in the case of extenuating circumstances, a candidate cannot withdraw his or her nomination 30 days before the date of the election.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.16 Acclamation</b></p> <p>If the number of candidates nominated for an electoral district is less than or equal to the number of members to be elected in that electoral district, the Registrar shall declare those candidates to be elected by acclamation.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.17 Administering Elections</b></p> <p>The Registrar shall supervise and administer the election of candidates and, for the purpose of carrying out that duty, the Registrar may, subject to the by-laws:</p> <ul style="list-style-type: none"> <li>i. appoint returning officers and scrutineers;</li> <li>ii. establish a deadline for the receiving of votes;</li> <li>iii. provide for the notification of all candidates and members of the results of the election;</li> <li>iv. if there has been a non-compliance with a nomination or election requirement, determine whether the non-compliance should be waived in</li> </ul>	<p>No change.</p>	<p>N/A</p>

<p>v. circumstances where the fairness of the election will not be affected; and provide for the destruction of ballots following an election.</p>		
<p><b>10.18 Notice of Election</b></p> <p>No later than 21 days before the date of an election, the Registrar shall send to every member eligible to vote in an electoral district in which an election is to take place, a list of the candidates, the candidates' biographical information if provided and an explanation of the voting procedure.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.19 Electronic Voting</b></p> <p>Voting for elections of members to Council shall be by electronic ballot through the College's website.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.20 Voting Procedures</b></p> <p>The Registrar shall ensure that the electronic voting system used:</p> <p>i. Rejects all but one of the ballots of a voter who submits or permits the submission of more than one ballot;</p> <p>ii. Prevents someone who is not the member voting on the member's behalf, and</p> <p>iii. Prevents the identification of voters.</p>	<p>No change.</p>	<p>N/A</p>

<p><b>10.21 Number of Votes</b></p> <p>A member may cast as many votes on a ballot in an election of members to the Council as there are members to be elected to Council from the electoral district in which the member is eligible to vote. A member shall not cast more than one vote for any one candidate.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.22 Tallying Ballots</b></p> <p>On the date of the election, the Registrar shall certify the final vote count if he or she is satisfied that the election system accurately counted the votes submitted in accordance with the by-laws.</p>	<p>No change</p>	<p>N/A</p>
<p><b>10.23 Presence of Candidates</b></p> <p>Candidates or their representatives may be present when the Registrar reviews and certifies the final vote count.</p>	<p>No change</p>	<p>N/A</p>
<p><b>10.24 Tied Vote</b></p> <p>If there is a tie in an election of members to the Council, the Registrar shall break the tie by lot.</p>	<p>No change</p>	<p>N/A</p>
<p><b>10.25 Request for a Recount</b></p> <p>A candidate may require a recount by making a written request and depositing the sum of \$150 with the Registrar no more than 15 days after the date of an election.</p>	<p>No change</p>	<p>N/A</p>
<p><b>10.26 Recount</b></p> <p>The Registrar shall hold a recount no more than 10 days after receiving the request by</p>	<p>No change</p>	<p>N/A</p>

<p>reviewing the safeguards of the website voting system.</p>		
<p><b>10.27 Results of Recount</b></p> <p>If the recount changes the election result, the full amount of the deposit shall be refunded to the candidate. If the recount does not change the election result, the College will keep the deposit to partially offset recount costs, including staff time.</p>	<p>No change</p>	<p>N/A</p>
<p><b>10.28 Postal Disruption</b></p> <p>If a material component of the election employs the use of Canada’s postal system and if there is an interruption of mail service during a nomination or election, the Registrar shall extend the holding of nominations and election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.29 Grounds for Disqualification</b></p> <p>The Council shall disqualify an elected or selected member from sitting on Council if the elected or selected member:</p> <ul style="list-style-type: none"> <li>i. is subject of any disciplinary or incapacity proceeding;</li> <li>ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;</li> <li>iii. is found to be an incapacitated member by a panel of the Fitness to Practise Committee;</li> </ul>	<p><b>10.29 Grounds for Disqualification</b></p> <p>The Council shall disqualify an elected or selected member from sitting on Council if the elected or selected member:</p> <ul style="list-style-type: none"> <li>i. is subject of any disciplinary or incapacity proceeding <b>of the College or any other regulatory body;</b></li> <li>ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee <b>of the College or any other regulatory body;</b></li> <li>iii. is found to be an incapacitated member by a panel of the Fitness to</li> </ul>	<p>i, ii, iii, - language consistent with 10.09</p>

<p>iv. fails to attend two consecutive meetings of the Council or of a committee in which he or she is a member, without reasonable cause in the opinion of Council;</p> <p>v. fails to attend a hearing or review of a panel for which the member has been selected, without reasonable cause in the opinion of Council;</p> <p>vi. ceases to either have a primary practice of Kinesiology or primary residence in the electoral district in which the member was elected;</p> <p>vii. becomes an employee, officer or director of any professional kinesiology association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</p> <p>viii. becomes a member of the Council of or a committee of the College of any other health profession;</p> <p>ix. breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council, after being given notice of the concern and an opportunity to respond to the concern;</p> <p>x. fails to discharge properly or honestly any office to which the member has been elected or selected, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p>	<p>Practise Committee of the College or any other regulatory body;</p> <p>iv. fails to attend two consecutive meetings of the Council or of a committee in which he or she is a member, without reasonable cause in the opinion of Council;</p> <p>v. fails to attend a hearing or review of a panel for which the member has been selected, without reasonable cause in the opinion of Council;</p> <p>vi. ceases to either have a primary practice of Kinesiology or primary residence in the electoral district in which the member was elected;</p> <p>vii. <b>assumes a leadership position, including but not limited to being</b> <del>becomes</del> an employee, officer or director of any professional <del>kinesiology</del> <b>association or certifying body related to the profession</b> such that a real or apparent conflict of interest may arise, <del>including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</del></p> <p>viii. becomes a member of the Council of or a committee of the College of any other health profession;</p> <p>ix. breaches the conflict of interest provision(s) for members of Council and committees, in the opinion of the Council, after being given notice of the concern and an opportunity to respond to the concern;</p> <p>x. fails to discharge properly or honestly any office to which the</p>	<p>Modified provision to include situations where person might be in a position of leadership e.g., voluntary manager, etc.</p> <p>Removed reference to Ontario Kinesiology Association to be more general and inclusive.</p>
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<p>xi. becomes in default of payment of any fees prescribed by by-law or any fine or order for costs imposed by the College or court of law;</p> <p>xii. becomes in default of providing any information required by the College;</p> <p>xiii. ceases to hold a certificate of registration; or</p> <p>xiv. is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification.</p>	<p>member has been elected or selected, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p> <p>xi. <del>becomes in default</del> <b>s on the</b> of payment of any fees <del>prescribed by by-law or any, fines, or order for costs,</del> <b>or other amounts owed to imposed</b> by the College or court of law;</p> <p>xii. <del>becomes in default</del> <b>s of providing in submitting any required form or information required by to</b> the College;</p> <p>xiii. ceases to hold a certificate of registration; or</p> <p>xiv. is found guilty of a criminal <b>or other</b> offence which, in the opinion of Council, <b>is considered relevant to the member's ability to practise the profession and</b> is of such a nature that warrants disqualification;</p> <p>xv. <b>is charged with a criminal or other offense which, in the opinion of Council, is considered relevant to the member's ability to practise the profession and is of such a nature that warrants disqualification;</b></p> <p>xvi. <b>is subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee of the College or any other regulatory body;</b></p> <p>xvii. <b>becomes a member of the staff of the College;</b></p>	<p>xi, xii, xiv, and xv, language consistent with 10.09</p> <p>xxi. Council must acknowledge member's intent to leave position.</p> <p>xv – xix - provisions consistent with 10.09</p>
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	<p>xviii. is holding a responsible position with any organization/group whose mandate or interests conflict with the College;</p> <p>xix. is a consultant to third party providers engaged by the College; or</p> <p>xx. resigns from Council other than for health or personal reasons acceptable to Council.</p>	
<p><b>10.30 Applying for a Staff Position</b></p> <p>A Council member shall resign from Council prior to applying for any College staff position.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>10.31 Vacancies</b></p> <p>In this section, elected members include any Council members appointed under By-laws 10.32(ii), 10.32(iii), 10.33(i), or 10.33(ii)</p> <p>The President shall declare the office of the member on the Council to be vacant if:</p> <p>i. an elected member of the Council dies, resigns or is disqualified from sitting on the Council; or</p> <p>ii. during an election for Council, no candidates eligible for nomination in an electoral district have been nominated after two additional calls for nominations.</p> <p>Any members appointed or elected to the Council to fill a vacancy will be deemed to</p>	<p>No change</p>	<p>N/A</p>

<p>serve the balance of the former elected member's term.</p>		
<p><b>10.32 Short Term Vacancy</b></p> <p>If the seat of an elected Council member becomes vacant in an electoral district no more than 12 months before the expiry of the member's term of office, the Council shall:</p> <p>i. leave a seat vacant; or</p> <p>ii. appoint as an elected member the candidate, if any, who had the most votes of all the unsuccessful candidates in the last election of Council members for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes; or</p> <p>iii. if there are no candidates pursuant to 10.32(ii), appoint a successor from among the members of the College who would be eligible for election if an election were held.</p>	<p>No change</p>	<p>N/A</p>
<p><b>10.33 Long Term Vacancy</b></p> <p>If the seat of an elected Council member becomes vacant in an electoral district more than 12 months before the expiry of the member's term of office, the Council shall:</p> <p>i. appoint as a councillor the eligible candidate, if any, who had the most votes of</p>	<p>No change.</p>	<p>N/A</p>

<p>the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes; or</p> <p>ii. in the case of a vacancy declared pursuant to By-law 10.31 (ii), appoint a successor from among the members of the College who would be eligible for election if an election were held; or</p> <p>iii. if there is no eligible candidate under 10.33(i) direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this By-law.</p>		
<p><b>10.34 Elections to fill Vacancy</b></p> <p>Where an election is required under By-law 10.13 or 10.33 (iii) (because there is no eligible candidate who could be appointed pursuant to 10.33(i)), the Council shall be deemed to have directed the holding of a by-election thereby allowing the Registrar to set a date for the by-election without a resolution of the Council.</p>	No change.	N/A
<p><b>10.35 Remainder of Term</b></p> <p>The term of a member appointed under By-law 10.32(b) or elected in an election under article 10.32(c) shall continue until the time the former council member's term would have expired.</p>	No change.	N/A
<p><b>10.36 Inquiry into Disputed Election</b></p>	No change.	N/A

If, within 90 days from the date of the election, the Council is of the opinion that there is a reasonable ground for doubt or dispute as to the validity of the election of any member of Council, the Council shall hold an inquiry and decide whether the election of the member is valid and, if an election is found to be invalid, the Council shall direct another election to be held.

DRAFT

**Resolution – Amendments to By-law 10: Election of Council Members**

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

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

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

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

**Whereas** the College circulated proposed amendments to By-Law 10 for external consultation for 60 days and prepared a consultation report incorporating respondent feedback for Council's consideration;

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the final proposed amendments to By-law 10 regarding eligibility criteria for election of Council members.**

Moved by:

Seconded by:

Date: September 27, 2021

Proposed Amendments to By-Law 13 of the College of Kinesiologists of Ontario

DRAFT

The following are proposed amendments to the By-Laws of the College of Kinesiologists of Ontario.

## Background

Health profession regulators like the College of Kinesiologists of Ontario exist to protect the public.

The provincial government has called for improved openness and transparency in licensing and professional regulation and has directed Ontario health regulators to implement strategies to improve the way they protect the public. This announcement follows [reviews of regulatory bodies in other Canadian provinces](#).

As a result, the College of Kinesiologists of Ontario (CKO) has commenced the process of reviewing its regulatory practices.

In CKO's [strategic plan for 2019-2022](#), the College committed to improving the way it operates. The first step we undertook was to develop a [Council and Committee Competency Profile](#) for the election and selection of Council and committee members. Council approved this document on March 1, 2021.

This document sets out the respective proposed by-law amendments for Council's consideration at its September 27, 2021 Council meeting pertaining to the eligibility requirements for Committee selection, including a provision that registrants have successfully completed a qualification process as established by Council. Upon approval, the amendments will be circulated for external consultation, and final amendments presented to Council at its December 2021 meeting.

## Proposed Changes

The proposed changes are contained in By-Law 13; consequently, this is the by-law presented for consultation.

An important change concerns the creation of a new Governance and Nominations Committee, a non-statutory committee of Council appointed by Council to assist with competency-based assessment, education and evaluation of Council and committee members. Drawing from the [Procedural Code](#); the Ontario Ministry of Health's College Performance Measurement Framework; and the mission, vision and values of the College, the aim of the Governance and Nominations Committee is as follows:

*To improve Council decision-making capacity by assisting with competency-based assessment, education, and evaluation of Council and committee members.*

The Governance and Nominations Committee, supported by College staff, is responsible for:

- I. screening applicants seeking election to serve on Council for eligibility;
- II. evaluating applications for committee membership and recommending committee slate appointments to Council;
- III. overseeing the administration of the Council and committee performance evaluation process;

- IV. receiving and reporting results of Council and committee evaluation; and
- V. based on evaluation results, and recommendations from Council and committees:
  - a. reviewing and making recommendations about updating the Council and Committee Competency Profile;
  - b. identifying continuing development needs for Council and committee members; and
  - c. identifying specific recruitment needs (e.g., ensuring representation from diverse groups).

Another key change concerns a new requirement introduced by the Ontario Ministry of Health that registrants may only attend their first committee meeting after they have completed an orientation program about the College's mandate and expectations pertaining to the committee role and responsibilities. At the March 1, 2021 Council meeting, Council passed a resolution codifying the need for an online orientation program for all registrants seeking to be appointed to a College committee. Completion of an educational orientation program will help reinforce the mandate of the committees and ensure individuals considering applying for appointment to committee understand the duties and obligations involved with serving on committees, as well as time commitments from the outset. The new by-law provision stipulates that a member is eligible for appointment to committee if "before the appointment, the member has successfully completed any qualification process established by the Council".

Another notable by-law amendment stipulates that the registrant "has not resigned from Council or a College committee within the past three years other than for health or personal reasons acceptable to Council". The amendment allows for some discretion, to enable registrants to return if their reasons for resigning were deemed legitimate and reasonable by Council.

Two new provisions stipulating: "the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;" and "the member is not a consultant to third party providers engaged by the College" serve to expand and clarify examples of conflict of interest with respect to serving on committees.

Another amendment adds a cooling off period for a person in a leadership position including but not limited to serving as an employee, officer or director of any professional association or certifying body related to the profession from one to three years prior to the date of applying for appointment to committee. This duration has been identified as a best practice.

Otherwise, there are minor proposed changes to the by-laws to improve clarity and consistency between sections.

### **Document Layout**

The document is structured in a table that sets out the current by-law provision, the proposed changes (additions are in red, deletions are struck out) and the rationale for the change.

### **Consultation**

Upon approval of the proposed By-Law 13 amendments for circulation, a 60-day external consultation will take place in advance of presenting final proposed changes to Council at its December 2021 meeting. College staff will review all feedback received during the



consultation, and Council will be provided with final changes and information obtained during the consultation process for Council's review and approval in December 2021. Once the amendments are approved, staff will communicate these changes to registrants and other stakeholders.

DRAFT

**By-Law 13: Specific Composition and Selection of Committee Members**

<b>Current by-law</b>	<b>Proposed by-law</b>	<b>Rationale</b>
<p><b>13.01 Executive Committee</b></p> <p>The Executive Committee shall be composed of the President, the Vice-President and three (3) members of Council. Three (3) members of the Executive Committee shall be members and two (2) members of the Executive Committee shall be public members.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>13.02 Registration Committee</b></p> <p>The Registration Committee shall be composed of:</p> <ul style="list-style-type: none"><li>i. at least two (2) members of Council who are members of the College;</li><li>ii. at least one (1) member of Council appointed to the Council by the Lieutenant-Governor-in-Council; and</li><li>iii. one or more members of the College who are not members of Council, if Council so wishes.</li></ul>	<p>No change.</p>	<p>N/A</p>

<p><b>13.03 Inquiries, Complaints and Reports Committee</b></p> <p>The Inquiries, Complaints and Reports Committee shall be composed of:</p> <p>i.at least two (2) members of Council who are members of the College;</p> <p>ii.at least one (1) member of Council appointed to Council by the Lieutenant Governor in Council; and</p> <p>iii.at least one (1) member of the College who is not a member of Council.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>13.04 Discipline Committee</b></p> <p>The Discipline Committee shall be composed of:</p> <p>i.every member of Council;</p> <p>ii.at least two (2) members of the College who are not members of Council; and</p> <p>iii.one or more members of the College who are not members of Council, if Council so wishes.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>13.05 Fitness to Practise Committee</b></p> <p>The Fitness to Practise Committee shall be composed of every member of Council and one or more members of the College who</p>	<p>No change.</p>	<p>N/A</p>

<p>are not members of Council, if Council so wishes.</p>		
<p><b>13.06 Quality Assurance Committee</b></p> <p>The Quality Assurance Committee shall be composed of:</p> <p>i.at least two (2) members of Council who are members of the College;</p> <p>ii.at least two (2) members of Council appointed to Council by the Lieutenant-Governor-in-Council; and</p> <p>iii.at least one (1) member of the College who is not a member of Council.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>13.07 Patient Relations Committee</b></p> <p>The Patient Relations Committee shall be composed of:</p> <p>i.at least one (1) member of Council who is a member of the College;</p> <p>ii.at least two (2) members of Council appointed to Council by the Lieutenant-Governor-in-Council; and</p> <p>iii.at least two (2) members of the College who are not members of Council.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>13.08 Term of Office of Committee Members</b></p>	<p>No change.</p>	<p>N/A</p>

<p>The term of office of a committee member shall commence immediately after the appointment and shall continue for approximately one (1) year. The chair of every statutory and non-statutory committee shall be eligible for appointment for a maximum of two (2) consecutive one (1) year terms.</p>		
<p><b>13.09 Chairs</b></p> <p>Unless stated otherwise in these by-laws, the chair or chairs of each committee shall be appointed by Council. The chair of any statutory committee must be a member of Council.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>13.10 Decisions Regarding Appointments</b></p> <p>As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, the Executive Committee shall present a slate of recommended chairs and members of each committee to the Council, based on the College's governance policies as approved by Council. The Council shall appoint the chair and members of each committee.</p> <p>Where, for any reason, the Council fails to appoint a new committee at the time provided for in this by-law, the existing members of the committee shall continue</p>	<p>As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, the <del>Executive</del> <b>Governance and Nominations</b> Committee shall present a slate of recommended chairs and members of each committee to the Council, based on the College's governance policies as approved by Council. The Council shall appoint the chair and members of each committee.</p> <p>Where, for any reason, the Council fails to appoint a new committee at the time provided for in this by-law, the existing members of the committee shall continue</p>	<p>New non-statutory Governance and Nominations Committee established by Council to enable shift to Council and committee competency-based assessment and education.</p>

<p>to serve as the committee provided that a quorum exists.</p> <p>If any vacancies occur in the chair or membership of any committee, the Executive Committee shall recommend a member to serve as a replacement. The Council shall appoint a replacement chair.</p> <p>Where the chair of a committee is unable to act for a matter or for a period of time, he/she shall appoint from the committee a person to act on his/her own behalf, failing which the President shall appoint an acting chair from the committee.</p> <p>Despite the above, in circumstances of urgency, the Executive Committee can act to immediately fill a vacancy.</p>	<p>to serve as the committee provided that a quorum exists.</p> <p>If any vacancies occur in the chair or membership of any committee, the <del>Executive</del> <b>Governance</b> Committee shall recommend a member to serve as a replacement. The Council shall appoint a replacement chair.</p> <p>Where the chair of a committee is unable to act for a matter or for a period of time, he/she shall appoint from the committee a person to act on his/her own behalf, failing which the President shall appoint an acting chair from the committee.</p> <p>Despite the above, in circumstances of urgency, the Executive Committee can act to immediately fill a vacancy.</p>	
<p><b>13.11 Eligibility for Appointment to a Committee</b></p> <p>A member shall be eligible for appointment to a committee of the College as a non-Council member if, on the date of appointment:</p> <ul style="list-style-type: none"> <li>i. The member has filed a completed application in the form approved by the Registrar;</li> <li>ii. the member practises kinesiology in Ontario, or if the member does not practise Kinesiology, the member resides in Ontario;</li> </ul>	<p><b>13.11 Eligibility for Appointment to a Committee</b></p> <p>A member shall be eligible for appointment to a committee of the College as a non-Council member if, on the date of appointment:</p> <ul style="list-style-type: none"> <li>i. The member has filed a completed application in the form approved by the Registrar;</li> <li>ii. the member practises kinesiology in Ontario, or if the member does not practise Kinesiology, the member resides in Ontario;</li> </ul>	

<p>iii. the member is not the subject of any disciplinary or incapacity proceedings;</p> <p>iv. no finding of professional misconduct, incompetence or incapacity has been made against the member in the preceding three (3) years;</p> <p>v. the member is not subject to any order, direction, or term, condition or limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;</p> <p>vi. the member is not an employee, officer or director of any professional kinesiology association such that a real or apparent conflict of interest may arise, including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</p> <p>vii. the member has not been disqualified from the Council or a committee of the Council in the previous three (3) years;</p> <p>viii. the member is not a member of the Council or of a committee of the college of any other health profession;</p> <p>ix. the member has not been a member of the staff of the College at any time within the preceding three (3) years; and</p> <p>x. the member has not been appointed to a committee of the College as a non-Council member in</p>	<p>iii. the member is not the subject of any disciplinary or incapacity proceedings <b>of the College or any other regulatory body;</b></p> <p>iv. <b>the member has not been the subject of a finding of</b> professional misconduct, incompetence or incapacity <del>has been made against the member</del> in the preceding three years <b>at the College or any other regulatory body;</b></p> <p>v. the member is not subject to any order, direction, or term, condition or limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee;</p> <p>vi. the member <del>is</del> <b>has not been in a leadership position including but not limited to being</b> an employee, officer or director of any professional association <b>or certifying body related to the profession for three years prior to the date of application</b> such that a real or apparent conflict of interest may arise, <del>including but not limited to being an employee, officer or director of the Ontario Kinesiology Association;</del></p> <p>vii. the member has not been disqualified from the Council or a committee of the <del>Council</del> <b>College</b> in the previous three (3) years;</p> <p>viii. the member is not a member of the Council or of a committee of the college of any other health profession;</p>	<p>iii. expanded definition for clarity and to include regulatory history with other professions and/or jurisdictions</p> <p>iv. consistent language, for clarity and expanded to include regulatory history with other professions and/or jurisdictions</p> <p>vi. added cooling off period of three years. Best practice and in alignment with recommendation in Professional Standards Authority report by Sir Harry Cayton: <a href="#">An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</a></p> <p>Removed reference to Ontario Kinesiology Association to be more general and inclusive.</p> <p>vii. consistent with viii.</p>
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<p>each of the three (3) consecutive prior terms.</p>	<ul style="list-style-type: none"> <li>ix. the member has not been a member of the staff of the College at any time within the preceding three (3) years;</li> <li>x. the member has not been appointed to a committee of the College as a non-Council member in each of the <del>three (3)</del> <b>five (5)</b> consecutive prior terms;</li> <li><b>xi. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</b></li> <li><b>xii. the member is not a consultant to third party provider engaged by the College;</b></li> <li><b>xiii. the member has not resigned from Council or a College committee within the previous three years other than for health or personal reasons acceptable to Council;</b></li> <li><b>xiv. the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College;</b></li> <li><b>xv. the member is not in default of completing and submitting any required form or information to the College;</b></li> <li><b>xvi. the member does not have a criminal finding of guilt that is relevant to the member's ability to practise the profession;</b></li> <li><b>xvii. the member is not the subject of a charge that is relevant to the registrant's ability to practise the profession; and</b></li> </ul>	<ul style="list-style-type: none"> <li>x. Enables person to participate in committees for longer term.</li> <li>xi and xii – expands examples of conflicts of interest</li> <li>xiii. permits resignations for reasonable extenuating circumstances determined to be acceptable by Council (e.g., parental leave, moving out of province, etc.).</li> <li>xiv.-xvii. common health regulatory by-law provisions,</li> <li>xviii. New Ontario Ministry of Health requirement that registrants may only stand for election after they have completed an orientation program about the College's mandate and expectations pertaining to the member's role and responsibilities. Best practice and in alignment with recommendation in Professional Standards Authority report by Sir Harry Cayton: <a href="#"><u>An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act, December 2018</u></a></li> </ul>
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	xviii. before the appointment, the member has successfully completed any qualification process established by the Council.	
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**Resolution – Amendments to By-law 13: Selection of Committee Members**

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

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

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

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

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

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 13 regarding eligibility criteria for selection of Committee members for external consultation. Final proposed amendments will be presented to Council for review and approval at its December Council Meeting.**

Moved by:

Seconded by:

Date: September 27, 2021

# Attachment 3 to Schedule 4 – Terms of Reference for the Governance Committee

## Attachment 3 to Schedule 4 Terms of Reference for the Governance Committee

### Definitions

**“Governance and Nominations Committee”** means a standing committee of Council appointed by Council to assist with competency-based assessment, education and evaluation of Council and committee members.

### 1. Purpose and Responsibilities

Consistent with College of Kinesiologists of Ontario By-law 13, the Governance and Nominations Committee, supported by College staff, is responsible for:

- 1) screening applicants seeking election to serve on Council for eligibility;
- 2) evaluating applications for Committee membership and recommending Committee slate appointments to Council;
- 3) overseeing the administration of the Council and committee performance evaluation process;
- 4) receiving and reporting results of Council and committee evaluation; and
- 5) based on evaluation results, and recommendations from Council and committees:
  - a. reviewing and making recommendations about updating the Council and Committee Competency Profile;
  - b. identifying continuing development needs for Council and committee members; and
  - c. identifying specific recruitment needs (e.g., ensuring representation from diverse groups).

### 2. Accountability

The Governance and Nominations Committee is a standing committee of Council and is accountable directly to Council.

Members of the Governance and Nominations Committee will receive training and support in their role for the effective discharge of their responsibilities on the Committee.

### 3. Reporting

The Committee shall report to Council at least once annually and shall prepare a report for Council’s review and approval.

#### **4. Membership / Committee Composition**

The Governance and Nominations Committee shall be composed of five (5) to seven (7) individuals, mostly but not only Council members, with at least one member who is not a member of College Council or committee or staff who has governance and/or human resources expertise. The external Committee member will be selected from another College or a 'friendly' stakeholder with no specific connection to the profession of kinesiology and no potential real or perceived conflict of interest. The Committee will be supported by a senior College staff member.

#### **5. Term of office**

The term of office of a Governance and Nominations Committee member shall commence immediately after the appointment and shall continue for one (1) year. An appointment may be renewed by the Council each year after the first year.

#### **6. Selection of Governance and Nominations Committee members**

Each year, the Executive Committee or Council will recommend the slate for the Governance and Nominations Committee and shall elect a chair for a maximum of two (2) consecutive one-year terms.

College staff will issue an invitation to serve on the Governance and Nominations Committee.

In reviewing applications, Executive Committee or Council will consider the current composition of the Governance and Nominations Committee and the needs of the Committee for areas of knowledge, skills, and experience and to ensure diversity of representation and will appoint new members as necessary. Consideration will be given to the following:

- 1) Gender identity and/or expression;
- 2) Sexual orientation;
- 3) Indigenous peoples;
- 4) Physical and/or intellectual disability/attributes;
- 5) Race;
- 6) Ethnicity;
- 7) Religion;
- 8) Education;
- 9) Language (French or English);
- 10) Geographic/regional representation;
- 11) Knowledge, expertise and experience with governance transformation, competency-based assessment/education;
- 12) Years of experience serving on a regulatory body Council or committee; and
- 13) Other relevant experience.

## **7. Quorum and minimum composition**

The quorum of any Committee is three (3) members, at least one of whom shall be a member of the Council who was appointed to Council by the Lieutenant Governor in Council.

## **8. Panels**

The Committee may meet in panels of three (3) selected by the Chair of the Committee.

## **9. Structure of the Governance Committee**

College staff will call panels of the Governance and Nominations Committee, selected by the Committee Chair, to participate in meetings for the purposes of screening applicants seeking election to serve on Council for eligibility, determining eligibility to be appointed to committee(s), and making recommendations regarding committee appointments to Council.

The Governance and Nominations Committee will meet to oversee the administration of the Council and committee performance evaluation process and to receive and report the results to Council.

The Governance and Nominations Committee will meet to review and make recommendations about updating the Council and Committee Competency Profile periodically to ensure that it is current, relevant to the circumstances of the College, and reflects the individual and collective competencies necessary for effective governance of the College.

The Governance and Nominations Committee will meet periodically to review and make recommendations about updating the Council and committee performance evaluation processes and tools.

The Governance and Nominations Committee will identify continuing development needs for Council and committee members, and identify recruitment needs for Council and committee members to inform marketing and recruitment strategies.

## **10. Manner of Committee Meeting:**

Any meeting of the Committee may be conducted by means of teleconference or any other means that permit all persons participating in the meeting to communicate with each other simultaneously and instantaneously (including audio or video conferencing) and persons participating in the meeting by such means are deemed to be present at the meeting. The screening processes (of applicants) will be designed and implemented to be accessible, flexible, cost effective and support virtual meetings of the Governance and Nominations Committee.

Committee meetings will take place during regular business hours.

The agenda for each meeting will be developed jointly between the Chair and the senior support staff.

## **11. Minutes**

A summary of each meeting will be prepared and circulated to members of the Committee within 30 days of the meeting. The approved Record shall be maintained by the senior staff member according to the College Knowledge Management Policies.

## **12. Simple Majority**

Unless specifically provided for otherwise under the Code or the By-laws, every motion which properly comes before a Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

## **13. Chair Vote**

If the Chair is a member of a Committee panel, they may vote.

## **14. Expenses and remuneration of members**

Remuneration of members of standing committees will be equivalent to the remuneration of Council and committee members as per the By-laws of the College of Kinesiologists of Ontario.

Members who are required to travel to participate in meetings will be reimbursed for travel expenses according to approved policies on reimbursement of travel expenses of the College.

## **15. Expected time commitment**

During the nomination process, panels of the Governance Committee will convene for half-day meetings to review and screen applicants' submissions and determine eligibility to run for election to Council.

Following the election and throughout the year as necessary, panels of the Governance and Nominations Committee will convene for half-day meetings to review and screen applicants' submissions and determine eligibility for appointment to committee(s) and recommend a slate of committee appointments to Council.

As required, specific panels of the Governance and Nominations Committee may convene to complete special tasks relating to the review and update of the Council and Committee Competency Profile and Council and committee performance evaluation processes and tools.

Not all Governance and Nominations Committee members may be requested to participate in a panel in any given year. The total time commitment and number of meetings will vary depending upon the number of applicants that need to be reviewed, and the degree of review and revision required of the Profile, and competency-based assessment, education and evaluation processes and tools.

## **16. Conflict of Interest**

All Governance and Nomination Committee members will adhere to the College's Conflict of Interest By-Law and Policy. Members of the Committee shall sign a form annually identifying potential conflicts of interest and confirming that they will abide by the requirement to avoid and where not possible declare and appropriately manage conflict of interest. In addition, every member shall submit a Conflict of Interest Pre-meeting Declaration Form in advance of each Committee meeting to the Registrar. The Form will be disseminated with the meeting agenda and will require the committee member to identify and declare any conflict(s) with respective agenda items and describe the nature of the conflict(s). At every Committee meeting, Members shall declare if they have a conflict of interest with any agenda items being discussed. Every declaration of a conflict of interest shall be recorded in the minutes of the meeting together with a description of the nature of the conflict.

## **17. Confidentiality**

Appointees to the Governance and Nominations Committee will have access to private and confidential information. Any breach of confidentiality could result in liability and serious costs to the College. The College requires each appointee to sign and adhere to a binding Confidentiality and Non-disclosure Agreement.

## **18. Expectations and Duties of all Committee Members**

As per the College By-laws, every Committee member shall, in the performance of their duties:

- 1) familiarize themselves with the Act, the RHPA, the by-laws and any policies of the
- 2) College;
- 3) familiarize themselves with any other records, documents and guidelines that may be necessary for the performance of their duties;
- 4) comply with the provisions of the Act, the RHPA, the by-laws, any policies of the College and rules that are adopted by Council, from time to time;
- 5) regularly attend meetings on time and participate constructively in discussions;
- 6) ensure that confidential matters coming to their attention as a member of Committee are not disclosed by them, except as required for the performance of their duties or as permitted by the RHPA;
- 7) conduct themselves in an appropriate manner with College staff, other members of Council or members of the Committee, registrants and members of the public;
- 8) comply with the College's Code of Conduct, which is attached as Schedule 3 to the by-laws and forms part of these by-laws;
- 9) avoid, or where that is not possible, declare all conflicts of interest in the manner set out in by-law and policy; and
- 10) perform the duties associated with their position conscientiously and with due care and diligence in a manner that serves and protects the public interest.

## **19. Confidence**

The Governance and Nominations Committee is a standing committee supporting the College's mandate to protect the public.

All Committee members are expected to adhere to the Code of Conduct approved by Council. Members of the Governance and Nominations Committee, in accepting appointment to the Committee, will be held to the Code of Conduct.

## **20. Insurance and Liability**

No members of the Committee are liable for any act, neglect or default of an act done in good faith in the performance or intended performance of a duty, or in the exercise or the intended exercise of a power under the RHPA or a regulation or a By-law under the Act.

The College has contracted with an insurer for:

- 1) Directors and Officers and Errors and Omissions Liability;
- 2) Commercial General Liability; and
- 3) Board member, Employee and Volunteer Accident Death and Dismemberment Travel Insurance.



## Resolution – Governance and Nominations Committee Terms of Reference

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

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

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

**Whereas** many regulatory bodies are beginning to establish screening committees to determine eligibility and suitability of those seeking to stand for election to Council and/or be appointed to committee; and

**Whereas** there is no committee or other entity presently charged with the responsibility of assessing the eligibility of members to stand for election to Council or to be appointed to committees; and

**Whereas** a new Governance and Nominations Committee, supported by College staff, will have, *inter alia*, the following responsibilities:

- I. screening applicants seeking election to serve on Council for eligibility;
- II. evaluating applications for committee membership and recommending committee slate appointments to Council;
- III. overseeing the administration of the Council and committee performance evaluation process;
- IV. receiving and reporting results of Council and committee evaluation; and
- V. based on evaluation results, and recommendations from Council and committees:
  - a. reviewing and making recommendations about updating the Council and Committee Competency Profile;
  - b. identifying continuing development needs for Council and committee members; and
  - c. identifying specific recruitment needs (e.g., ensuring representation from diverse groups).

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the Governance and Nominations Committee Terms of Reference.**

Moved by:

Seconded by:

Date: September 27, 2021

## Issue - Decision Note

**Issue:** Specialties Committee recommendations to Council concerning the implementation of a speciality or class of athletic therapy

**Prepared for:** Council

**Date:** September 27, 2021

### Executive Summary

After thorough review, the Specialties Committee does not recommend to Council a specialty designation for Registered Kinesiologists who are also certified Athletic Therapists (ATs). The Specialties Committee has reviewed all submissions from stake holders including the Ontario Athletic Therapy Association (OATA) and the Canadian Athletic Therapy Association (CATA), with respect to Risk of Harm and a Specialty Framework. The committee concluded that the College's mandate of public protection is not furthered meaningfully with the addition of a specialty designation for ATs. Further, several significant barriers were identified by the committee that prevent implementation of a specialty designation, including:

- the absence of an independent national accreditation body
- some ATs do not meet the requirements for the College's general registration and therefore, do not have a path to a specialty designation
- there may be public confusion with the concepts of certification, regulation, and specialization
- there will be increased costs to some registrants to maintain a specialty designation

The Specialties Committee acknowledges that these barriers are possible to overcome with time however, the committee maintains that it does not recommend a specialty designation even if these identified barriers are adequately addressed in the future.

### Background

In 2013, the College of Kinesiologists of Ontario was approached by the Ontario Athletic Therapist Association (OATA), who proposed that the College support an application to the Ministry of Health which would create a specialty/class for OATA certified athletic therapists.

At its meeting on September 21, 2015, Council approved for circulation to members and stakeholders the document “Specialities: Authorizing a Specialty of the Profession.” This document set out a potential framework for the consideration by the College of a specialty within the profession of kinesiology (the “specialty framework”). The specialty framework is general in application and does not relate to any particular proposed specialty or area of practice. It is based in part on the frameworks employed by the Royal College of Physicians and Surgeons of Canada for the recognition of new specialties and sub-specialties in medicine.

The Council appointed a committee as described in the above-named framework, to review the submissions from the OATA. Hired by the College, the Committee engaged with Dr. Neil McCartney, an expert in post-secondary education and current appointee to the Ontario Postsecondary Education Quality Assessment Board, to review the OATA proposal, curriculum material and the draft Specialty Framework.

In 2018, after circulation to members and stakeholders, the Council approved the policy entitled “*Specialties Assessment Framework*”. The College has been actively engaged on this issue over the last several years, and approval of the Specialties Assessment Framework has enabled the College to provide OATA with a clear and defensible framework for the consideration of a request for specialties.

The Committee has met on several occasions, and in May 2019 developed an assessment tool to determine the scope of regulation for a specialty or class. On June 5<sup>th</sup> and 6<sup>th</sup>, 2019 the Committee invited presentations from the OATA, members from the kinesiology and athletic therapy profession, and two faculty members from Sheridan College and from the University of Waterloo. During these presentations and attendant discussions, the Committee and the presenters involved discussed the general practices of both kinesiology and athletic therapy, the risk of harm relating to athletic therapy practice, and the competencies associated with the Sheridan Athletic Therapy program and the University of Waterloo Kinesiology program. In addition to engagement with the OATA and thorough review of their Risk of Harm submissions, in December 2020 the Specialties Committee engaged two external experts who completed an educational review to understand whether the two Canadian Association of Athletic Therapists (CATA) - accredited baccalaureate degree programs in Ontario meet the characteristics described in the Assessment Framework.

### **Scope of Athletic Therapists v. Registered Kinesiologists**

The Canadian Athletic Therapists Association has defined athletic therapists as “experts in the prevention and rehabilitation of injuries to muscles, bones and joints, who are skilled in active rehabilitation that assesses the whole body and treats the cause”<sup>1</sup>. Athletic therapists adhere to the Sports Medicine Model of care, and treat a wide range of patients, from kids with concussions to seniors recovering from hip replacement surgery, using various manual

therapies, modalities, exercise prescription and even bracing and taping<sup>1</sup>. The OATA, as of July 2021 has taken the existing scope of practice statement and converted it into the RHPA structure and terminology<sup>2</sup>, and thus have defined the scope of practice of athletic therapy as,

*“The practice of athletic therapy is within the sport medicine model of care and is the assessment (in either field or clinical settings) of neuromuscular and musculoskeletal disease, dysfunction or disorders; and the treatment, rehabilitation, management, prevention or relief of physical dysfunction, injury or pain to develop, maintain, rehabilitate or augment function and promote mobility”*

The Canadian Athletic Therapy Association defines the scope of practice as,

*“The scope of practice of a Certified Athletic Therapist starts with the in-depth knowledge, education and training in the areas of the human musculoskeletal system, exercise physiology, biomechanics, and basic emergency care. Within this, the scope of practice is divided into five practice domains representing the core areas of competency that the CATA accredited institutions follow in educating Certification Candidates to become entry level, practicing Certified Athletic Therapists. The five practice domains are as follows: Prevention, Assessment, Intervention, Practice Management, and Professional Responsibility”*

The practice of kinesiology incorporates the sciences of biomechanics, anatomy and physiology, and considers neuroscience and psychosocial factors. Kinesiologists use evidence-based research to treat and prevent injury and disease, and to improve movement and performance. Registered kinesiologists work with people of all ages and physical abilities in many settings to help them achieve their health and wellness goals and improve quality of life. The scope of practice of kinesiology is defined as,

*“The assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance.”*

The Colleges’ annual renewal data from 2020 indicates that of the 758 certified athletic therapists in Ontario, approximately 300 are registered with the College of Kinesiologists of Ontario, leaving over 50% of certified athletic therapists in Ontario either registered with another health regulatory college or unregistered with a health regulatory body. The College could not obtain registration data from 2020/2021, however data from OATA and their 2018 Risk of Harm submission indicated that 340 OATA members were registered with the College of Kinesiologists of Ontario, and 196 members were registered with another health regulatory college; 57 individuals were registrants of the College of Traditional Chinese Medicine Practitioners and Acupuncturists, 3 individuals were registrants of the College of

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<sup>1</sup> Canadian Athletic Therapists Association

<sup>2</sup> Don Gracey on behalf of the Ontario Athletic Therapists Association, July 15 2021

Chiropractors, 120 individuals were registrants of the College of Massage Therapists, 15 individuals were registrants of the College of Physiotherapists and one individual was a registrant of the College of Naturopaths; leaving an estimated 144 athletic therapists unregistered with a health regulatory college<sup>3</sup>.

### ***Defining a Speciality***

The Specialties Assessment Framework defines a specialty as a discrete and well-defined focus of practice which requires in-depth knowledge and skills beyond those commonly possessed by registered kinesiologists (defined by the registration and renewal requirements of the College of Kinesiologists of Ontario). A specialty responds to defined needs of members of the public. The requirements for recognition of kinesiology specialties include,

1. Defined scope;
2. Evidence of need;
3. Impact on existing practice of Kinesiology;
4. Advanced education and training; and
5. General characteristics (i.e., specified knowledge and skill within kinesiology, building on essential competencies).

York University and Sheridan College are the two CATA - accredited baccalaureate degree programs in Ontario. To earn the Athletic Therapy Certificate from York University, one can either complete a four-year BA or BSc in Kinesiology and Health Sciences, extending the degree completion time to five years. To be eligible for the Athletic Therapy Certificate from Sheridan College, one must complete a four-year Honours Bachelor of Applied Health Sciences (Athletic Therapy) program.

The four-year Honours Bachelor of Applied Health Sciences (Athletic Therapy) program has not been approved for substantial equivalency from the College, as Sheridan College has never made a request for submission to the College to review their program for equivalency. As such, students who graduate from that program must undergo a review of equivalency by the Registration Committee, and, if there are any shortcomings in the curriculum identified, address such.

The Framework states that “a specialty builds on the knowledge *within* the discipline and strengthens and enriches evidence-based practice of kinesiology”. As generally demonstrated from the environmental scan of other regulatory colleges who have adopted specialties, it is a requirement that within these professions an individual must be qualified for the profession in general. For example, within the College of Physiotherapists of Ontario a person who is not a physiotherapist first, cannot become a specialist in a certain area of

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<sup>3</sup> Data from the OATA and their 2018 Risk of Harm submission

physiotherapy. This may pose a problem for the College if there are certain areas of practice that, while they may be within the scope of kinesiology, also allow non-Kinesiologists to practice. This implies that athletic therapy is not a speciality within Kinesiology alone.

### ***Risk of Harm Submissions***

To address the question, “Is the risk of harm to the public sufficient to require additional or specific regulation/governance?” and for the Committee to gather evidence and make the case for the creation of a specialty or class of athletic therapy, the OATA has provided the College with submissions relating to risk of harm.

The first risk of harm submission on October 12, 2018 (and its follow-up from Dr. Frances Flint on behalf of the OATA in February 2019), outlined the history of the athletic therapy profession, education programs and certification processes, status of title protection, risk of harm in the field-of-play, and provided case studies. The OATA identified the current issue as one due to the ‘cachet associated with the title and professional descriptor and the increasing demands for the services of Athletic Therapists, thus putting members of the public in a precarious position, and at risk of harm, of not being able to identify a bona fide Athletic Therapist’<sup>4</sup>

Upon review of the submissions in their May 8, 2019, meeting, the Committee stated that the OATA had not provided research or statistics concerning the number of unregulated practitioners who are holding themselves out to be qualified to practise in this important area of kinesiology. In addition, the Committee was concerned that the OATA provided insufficient statistical evidence concerning the risk of harm in sports, and that the submissions of the OATA do not address the significant problem of sexual abuse (as defined in the RHPA) in any substantial way. In response, the Committee outlined key questions and concerns to be addressed by the OATA.

On September 26, 2019, in response to the key issues outlined by the Committee, the OATA provided the Committee with a submission on “*Key Issues Identified by the Specialties Committee*”. This submission included responses from the comments and questions raised by the Committee, including documented evidence of risk of harm to athletes participating in sports and outside of the field-of-play area of practice, sexual abuse, and evidence on practitioners who have not been certified as athletic therapists.

On its January 10<sup>th</sup>, 2020, meeting, the Committee reviewed the September 26, 2019 OATA submission, and stated that the OATA provided statistics for the reporting of sexual abuse in Canadian sports, but most of the statistics were in relation to coaches involved in amateur sports in Canada. The Committee assessed the evidence (or lack of) presented by OATA and

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<sup>4</sup> The Ontario Athletic Therapist Association, Risk of Harm Submission to the College of Kinesiologists of Ontario October 12, 2018

concluded that they provided a weak case for risk of harm to public (i.e., injury), but noted that there may be a case for sexual abuse.

On October 29, 2020, the OATA provided the College with an addendum Risk of Harm False Representation Submission, relating to the risk of harm due to individuals falsely representing themselves as being competent to practise athletic therapy and holding themselves out as qualified Athletic Therapists. Upon review of the submission during the Committee meeting with the OATA on December 11, 2020, the Committee noted that the OATA was unable to produce or reference a body of research which discussed injury/damage resulting from treatment and assessment by qualified practitioners practicing in the field-of-play versus qualified ATs. The Committee also noted that, while the submission provided anecdotal evidence, it did not address the significant issue of intimate settings and sexual abuse, as defined in the Regulated Health Professions Act, and lacked substantial data and scientific research on this area. The Committee stated that the emphasis on the submission was on title protection, as opposed to public protection and the business case concerning risk of harm would require targeted research to meet the threshold expected for additional regulation. The Committee felt that more evidence was required to show the need for a specialty or class.

The OATA has since provided a supplementary submission to previous issues relating to Risk of Harm from Sexual Misconduct, on April 30, 2021. This submission, as a result of the December 11, 2020 meeting with the Committee, provides anecdotal evidence of sexual abuse involving, or witnessed by, Athletic Therapists, but particularly by Athletic Therapists who were not regulated by a statutory regulatory body at the time of the incident, in addition to providing additional research on sexual misconduct. During the Committee's review of the submission on May 21, 2021, the Committee noted that the report was stronger and more comprehensive than previous submissions, and that the many dimensions of risk of harm were addressed.

The OATA has indicated that athletic therapists registered in the RHPA Colleges do not pose a greater risk of harm than other regulated professionals<sup>5</sup>. They have explained that the risk of harm to the public is from unregulated practitioners of athletic therapy who are not qualified to practise. It is the feeling of the proposers that only certified athletic therapists are qualified. There is not a body of evidence that has been presented that supports this assertion. The College notes that all aspects of practice of athletic therapy are in the public domain. Kinesiologists and unregulated practitioners may not perform any controlled acts and may only perform certain controlled acts where properly delegated or in emergency situations (and even then, must have the necessary competency to perform the act safely).

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<sup>5</sup> The Ontario Athletic Therapist Association, Risk of Harm Submission to the College of Kinesiologists of Ontario October 12, 2018; OATA Overview to the College of Kinesiologists of Ontario July 18, 2013.

The Committee agreed that although there is a valid risk of harm in the field of play setting, the risk is not necessarily qualitatively or quantitatively different than the risk present in other settings that a kinesiologist may develop competency in (e.g., cardiac rehabilitation). The Practice Standards developed by the College of Kinesiologists of Ontario, which outline the accountabilities of all General Class registrants, provide protection to the public from the higher-risk scenarios Athletic Therapists may practice in (e.g., first responders on the field of play, sexual abuse). As controlled acts are restricted to authorized delegation, it was viewed that an additional risk of harm posed by Kinesiologists working in an Athletic Therapy setting was negligible/not shown.

### **Scope of Educational Review**

The College sought assistance from two external education experts, Dr. Bernadette Murphy, Professor and Director of Kinesiology at Ontario Tech University, and Dr. Peter Tiidus, Dean Faculty of Applied Health Sciences and Professor of Kinesiology at Brock University, in evaluating the following:

- Whether the York University and Sheridan College CATA - accredited degree programs expectations and program learning outcomes exceed what is required in a typical kinesiology degree program, aside from the training related to First Responder certification;
- Whether the York University and Sheridan College CATA - accredited degree programs require additional study and training beyond what might be attained by a registered kinesiologist taking courses and certification programs as part of their ongoing professional development; and
- Whether the York University and Sheridan College CATA - accredited degree programs meet the requirements described in the College policy on specialties.

In their review, while the external experts agreed that the York University and Sheridan College programs met or exceeded the educational equivalency requirement for a four-year kinesiology degree, it was noted that a kinesiology degree (or equivalent) is not required for CATA certification. Therefore, as a primary requirement for a specialty registrant is that one would need to first meet the entry-to-practice requirements to obtain a General Class Certificate of Registration, the Committee was unsure if a specialty class could be established if not all Athletic Therapists are eligible to register into the General Class of Registration. Legal counsel advice was sought.



## Legal Opinion

A legal opinion was requested based on the following challenges:

- A specialist designation is defined as a narrow subset of a registrant base;
- Currently, a Kinesiology degree is not required to be a certified Athletic Therapist; and
- Can the College designate an Athletic Therapist as a specialist on the Public Register if not all Athletic Therapists are R. Kins?

Legal counsel provided the following response:

*The purpose of a specialty is to alert the public that certain members of the College have achieved an extra set of competencies and ergo can hold themselves out as experts or specialists. The premise is that the person would first meet the general entry to practise requirements and obtain a General Class certificate of registration. The (now) member would then meet the additional specialty requirements and obtain a certificate for that specialty as well. If a person cannot meet the general entry to practise requirements, then there is no path to a specialty designation.*

## Recognizing a Specialty

### **Legal Authority to Recognize a Specialty**

The specialty framework provides a policy background for the College to frame its consideration of a potential specialty. Like the frameworks on which it was modelled, it establishes criteria that the College would consider when faced with a proposal for recognition of a new specialty in kinesiology.

Importantly, however, defining and recognizing a speciality within the profession of kinesiology is ultimately a *legal* act. The only avenue for the formal definition and recognition of a specialty within the profession is a regulatory amendment. The *Regulated Health Professions Act, 1991, (the Act)* requires a College to define a specialty in regulation. Specifically, the Act states,

### **Regulations**

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

(e) defining specialties in the profession, providing for certificates relating to those specialties, the qualifications for and suspension and revocation of those certificates and governing the use of prescribed terms, titles or designations by members indicating a specialization in the profession.

Therefore, while the speciality framework is helpful in guiding the College's considerations of what may constitute specialty practice, it is a policy tool used at a preliminary stage of a larger regulatory process, and does not, by itself, authorize or empower the College to recognize or regulate specialties. This is done through regulation, which requires the cooperation and approval of the Ministry and Lieutenant Governor in Council, as further described below.

### ***Requirements for Regulation***

The Policy on Regulatory Development<sup>6</sup> and the Ontario Regulatory Policy<sup>7</sup> outline the requirements needed under which provincial and/or federal regulations are developed and implemented. The pillars include:

- (1) the scope of regulation
- (2) the principles on which Ontario regulatory development and implementation are based;
- (3) regulatory impact assessment requirements; and
- (4) transparency and consultation requirements for proposed regulations.

Because recognition of a specialty is dependent upon such approval, as noted above, the College is unable to act unilaterally to recognize a specialty.

Instead, if a proposal is brought forward that met the criteria established by the speciality framework, the first step would be for the College to recommend the specialty. Subsequently, the College would be required to submit a regulatory amendment proposal to the Ministry (a lengthy and potentially contentious process with its own separate requirements established by legislation and by the Ministry). Submitting a regulation proposal is not a guarantee that such proposal would be approved or acted upon by the Ministry.

### ***What do Other Colleges Do?***

Recognition of speciality programs in Canada is normally performed by a dedicated, independent, national body, such as the Royal College of Physicians and Surgeons of Canada, the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Bodies, or the Commission on Dental Accreditation of Canada. In the practice of physiotherapy, areas of specialty are also recognized by a national body, but it is individual practitioners (rather than programs) that are evaluated to determine whether they meet the requirements of recognition as a specialist practitioner.

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<sup>6</sup> Policy on Regulatory Development, Government of Canada, 2020

<sup>7</sup> Ontario Regulatory Policy, Government of Ontario, July 2014

Dentistry and medical specialties are highly academic-based (they undergo program accreditation and credentialing) followed by assessment in the form of national examinations. These programs are subsequent specializations after earning the underlying DDS or MD degree. Specialization certificates are granted by a national body and subsequently recognized by the provincial regulatory body. The Royal College of Dental Surgeons of Ontario recognizes specialties in their registration regulation, by issuing a separate class of registration entitled “speciality certificate of registration”. The College of Physicians and Surgeons of Ontario does not have a separate speciality class but does recognize 70 different specialties along with subspecialties through a national body.

The Colleges of Physiotherapists (CPO) and Chiropractors (CCO) have a somewhat different approach to specialties. The CCO have a national federation – the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Bodies (CFCREAB) that develop policies and procedures to assess and recognize various chiropractic college programs as specialties. The provincial regulators then take direction to allow their members to use the term “specialist” or “specialty” in these areas. A specialty in the chiropractic context is defined by the CFCREAB as “*a discipline recognised by chiropractic regulatory boards for which a chiropractor has acquired postgraduate qualification in a separate and distinct body of knowledge, in a particular branch of the chiropractic arts and sciences, and which focuses on diagnostic and/or therapeutic acts.*” Chiropractors who have fulfilled the requirements of the program are referred to also as *fellows* and yearly must satisfy at least one requirement as approved by the speciality college. These include:

1. Teach a minimum of 12 hours in a year in a postgraduate programme;
2. Teach a minimum of 12 hours in a year to undergraduate students;
3. Write and submit for evaluation paper of not less than 2000 words that is suitable for publication;
4. Write and submit for evaluation a case report of not less than 2000 words;
5. Attend a scientific symposium;
6. Participate in a leadership capacity with the respective college for at least 12 hr/yr
7. Participate in project or field work (e.g. serving as a team chiropractor at a sports event) for at least 12 hours per year; and
8. Participate in a research project of scientifically admissible quality.

If a chiropractor ceases to be an active fellow, the specialty college must inform the federation and the federation, in turn, must inform the regulatory body of the province.

The CPO has developed rostering and use of specialty title for registrants. Rostered is the process where physiotherapists add their names to a list declaring that they have the required training, education, and experience to safely perform any of the statutorily defined

controlled acts. It is requirement for any physiotherapists performing or delegating these activities (not all can be delegated). Physiotherapists must roster for each of the authorized activities or controlled acts they perform in their practice. Rostering must be completed online and is mandatory for any physiotherapist doing these identified authorized activities under their own authority. Rosters are listed on the CPO's Public Register.

The Canadian Physiotherapy Association (CPA) has developed a program to establish 9 different specialities and a method of assessing whether a practitioner meets the requirements of specialist in each one. To use the title specialist, a registrant must receive a specialty designation from a certification body recognized by the College (the Physiotherapy Specialty Certification Board of Canada or the American Board of Physiotherapy Specialities), and then must apply to the College for approval to use the specialty title. The Canadian Alliance of Physiotherapy Regulators (the Alliance) takes steps to recognize these specialities. Once the Alliance has recognized them, each of the 10 provincial regulators (all of whom are members) then correspondingly recognizes the speciality.

The main similarity between all these colleges is that the specialities have been designed and/or recognized by a national body of the profession and not the regulators themselves. Also, it is a requirement that within these professions an individual must be qualified for the profession in general.

The CPO model may be the most applicable in assessing whether any areas of practice in Kinesiology would meet the test of speciality as they have outlined it. The CPA has quite a rigorous test in assessing whether or not a practitioner is a specialist. The assessment is not just based on the mere fact that they practice in a distinct area, but that they excel in it.

For a physiotherapist to attain a speciality title, they must demonstrate the following program requirements:

- advanced clinical competence
- professional leadership
- professional development activities
- involvement in research

These program requirements are given an additional set of competencies that they are rated on. Each requirement may have some or all competencies applied to it:

- advanced knowledge
- advanced clinical skills
- advanced clinical reasoning
- research
- leadership
- professional development/life long learning
- teaching/mentoring

- communication/collaboration
- innovation

All of these criteria are examples of the distinct difference in levels between an entry-to-practice practitioner and a specialist.

All candidates must submit a portfolio providing documentation on the above program requirements, plus a multi-source feedback, and clinical reflections. This is Stage I, and it is reviewed by an assessor panel. Stage II is a case-based discussion with the same panel. The assessment panel is made up of 3 PT specialists, 2 of whom are from the candidate's practice area.

It is clear from this very detailed program that achieving specialty status in the PT context is a rigorous process. The CPO currently has only 8 specialists and the volume of pending applications is not overly high.

In reviewing the policy of other colleges, some have taken a strict line against any use of defined titles involving terms such as "certified" or titles ending in "ist". The Occupational Therapists' policy on use of titles states:

*"The College holds the position that it is not appropriate to include credentials, or initials for such, after one's name that would suggest specialization. It is suitable however, to make a statement about an area of special interest or additional training.*

*For example, rather than stating "Certified Hand Therapist" or CHT, it would be appropriate to state "OT with training and expertise in hand therapy"*

The College has completed an environmental scan of the Ontario regulatory colleges who have a specialty class of registration or rostering program. Designation, credentials and eligibility, and driving factors for implementation were identified. Please refer to Appendix 1.

### **Financial and Operational Impact**

The College has considered what costs would be incurred by the College in the process of a) authorizing a specialty and b) in administering that specialty.

In analyzing costs, it was assumed that Council would wish to establish fees to be applied to those authorized to use specialist title, which would cover one-time costs amortized over a reasonable period, and annual costs. These fees would be in addition to the General Class (or Inactive Class) registration and annual renewal fees.

The costs outlined below represent a conservative estimate of both one-time costs and ongoing costs to administer a specialty.

**Table 1.0 – Financial and Operational Costs**

One-time Costs	Ongoing Costs to Administer a Specialty
<ul style="list-style-type: none"> <li>I. Defining the Specialty</li> <li>II. Cost of Accreditation</li> <li>III. Cost of Public Consultation</li> <li>IV. Cost of Development of Regulation to Establish a Specialty</li> <li>V. Costs of Communications</li> <li>VI. Systems Costs</li> </ul>	<ul style="list-style-type: none"> <li>I. Application and Renewal Costs</li> <li>II. Quality Assurance Costs</li> </ul>
<p><b>Initial one-time costs per specialty: \$11,500 to \$14,500</b></p>	<p><b>Annual incremental costs assuming 300 in one specialty: \$8500 to \$14,500</b></p>

**Considerations for the implementation of a specialty or class**

**Table 2.0 – Summary of Pros and Cons to implementation of specialty or class**

PROS	CONS
<ul style="list-style-type: none"> <li>• Increased ability for members of the public to search the public register for R.Kins who are also ATs</li> </ul>	<ul style="list-style-type: none"> <li>• There is no national association/authority or accrediting body for Kinesiology or Kinesiology programs. The Committee is of the opinion, support by legal advice, that an association such as CATA can not act as an accrediting body. There does not appear to be a third party organization to do this work.</li> </ul>
<ul style="list-style-type: none"> <li>• Possible increase in revenue for the College with the collection of increased fees for R.Kins who are also ATs</li> </ul>	<ul style="list-style-type: none"> <li>• Public confusion – who does the public contact with respect to complaints for ATs not registered with CKO</li> </ul>
<ul style="list-style-type: none"> <li>• Increased engagement with a portion of the registrant base</li> </ul>	<ul style="list-style-type: none"> <li>• Will the public be able to decipher and distinguish between the concept of specialization and certification</li> </ul>
<ul style="list-style-type: none"> <li>• Possible increased opportunity for regulation of a sub-set of Kinesiologists who may have a higher rate of interaction with vulnerable sector (i.e. children in sports)</li> </ul>	<ul style="list-style-type: none"> <li>• A proportion of ATs are registered with another regulatory body and/or are not eligible for CKO registration</li> </ul>
	<ul style="list-style-type: none"> <li>• Costs for registrants to uphold specialty designation</li> </ul>

	<ul style="list-style-type: none"> <li>• Regulation through a health regulatory College could harm some currently practicing ATs who could not qualify for CKO entry-to-practice requirements, leading to job loss, a reduction in available care/practitioners for the general population, and economic losses</li> </ul>
	<ul style="list-style-type: none"> <li>• No additional public protection advantage, as many registrants 536 <i>out of 758 ATs</i> are already accountable to the College or other regulatory bodies</li> </ul>

The Committee acknowledges the work completed by the OATA and in their Risk of Harm submissions to address the potential risks of athletic therapists who practice in field-of-play. The Committee also acknowledges the tremendous recognition that is already associated with possessing an athletic therapy certification.

**Recommendation**

The Committee does not recommend to Council a specialty or class designation for Registered Kinesiologists who are also certified Athletic Therapists.

In making this recommendation, the Specialty Committee has thoroughly reviewed the submissions by the OATA with respect to risk of harm, and the extensive educational review of the CATA- accredited athletic therapy degree programs at Sheridan College and York University. The Committee has compared the requirements of other regulatory colleges which permit specialty classes and has considered the administrative requirements for managing specialty requirements. Finally, the Committee has been advised by legal counsel that if a CATA Certified Athletic Therapist cannot meet the general entry-to-practise requirements for the College of Kinesiologists of Ontario, then there is a legal barrier to creating a specialty designation. The Specialty Committee has therefore concluded that it is not feasible to submit a request to the Ministry of Health for a regulatory amendment for a specialty class for Athletic Therapists within the College of Kinesiologists of Ontario.

## Appendix

### Appendix 1: Environmental Scan of Health Regulatory Colleges in Ontario with Specialty Class of Registration or Rostering

Regulatory College	Specialty Class of Registration	Class Type and Designation	Specialization Credentials	Driving Factors that influenced the implementation of a Specialty Class
College of Physiotherapists of Ontario	No	<ul style="list-style-type: none"> <li>• CPO offers a <i>Restricted Titles, Credentials and Specialty Designations Standard</i>.</li> <li>• It allows registrants to use a <i>specialist</i> title if they have completed a specialty certification program recognized by the College.</li> <li>• The College does not protect the titles; however, registrants are permitted to use the title as it appears on the public register<sup>1</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• There are two specialty certification programs recognized by the College<sup>2</sup>: <ol style="list-style-type: none"> <li>1. The Canadian Physiotherapy Association; and</li> <li>2. The American Board of Physical Therapy.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• It was instituted due to the College receiving requests from registrants to have their specialty acknowledged by the College. (Melissa Collimore, Registration Manager at the College of Physiotherapists of Ontario)</li> </ul>
College of Dental Hygienists of Ontario	Yes.  However, the College is working towards dissolving the Specialty Class of Registration in favour of a General Class of	<ul style="list-style-type: none"> <li>• CDHO proposed changes to the Registration Regulation that included administrative changes to update the regulation, removing the Specialty Certificate of registration from the regulation and replacing it with a Standard Certificate to authorize</li> </ul>	<ul style="list-style-type: none"> <li>• To be approved, the applicant must either<sup>4</sup>: <ol style="list-style-type: none"> <li>1. Show proof of accreditation from the Commission on Dental Accreditation of Canada or by the American Dental Association Commission on Dental Accreditation; and</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Approximately 4% of CDHO registrants are Restorative Dental Hygienists. The current term, <i>Specialty</i>, does not accurately reflect the training that restorative hygienists receive (Council Agenda Book,<sup>3</sup>).</li> </ul>



	<p>Registration .</p>	<p>registrants to practise restorative dental hygiene under the umbrella title of General Certificate<sup>4</sup>.</p>	<ol style="list-style-type: none"> <li>2. successfully complete the exam set by the National Dental Hygiene Certification Board (NDHCB); <i>or</i></li> <li>3. Supply proof that they have completed a program in Dental Hygiene that the Registration Committee considers to be substantially equivalent to an accredited program.</li> </ol> <ul style="list-style-type: none"> <li>• Applicants must also have successfully completed the clinical competency evaluation set or approved by the Registration Committee.</li> <li>• Under the proposed amendment, the Standard would be used to allow registered dental hygienists who have received training to perform select restorative procedures to use the title “RDH, authorized to practise Restorative Dental Hygiene” in the same way that those who are authorized to</li> </ul>	<ul style="list-style-type: none"> <li>• A survey of CDHO membership revealed that 30% were uncertain or did not know what Specialty meant (Council Agenda Book,<sup>3</sup>).</li> <li>• 60% did not feel that the term Specialty reflected the scope of what a restorative hygienist could practise (Council Agenda Book,<sup>3</sup>).</li> </ul>
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			prescribe, or self-initiate represent their status.	
College of Nurses of Ontario	Yes.  However, the College is working towards dissolving the Specialty Class of Registration in favour of a General and Extended Class of Registration .	<ul style="list-style-type: none"> <li>• The CNO currently offers a Specialty Class, Extended Class, and General Class<sup>5</sup>, however, are currently involved in a national project that will eventually lead to the removal of the Specialty Certificates altogether<sup>6</sup>.</li> <li>• With the removal of the Specialty Class, the College would register only one category of Nurse Practitioner (NP) that is prepared to practice in any setting with any patient population, while keeping the Extended Class.</li> </ul>	<ul style="list-style-type: none"> <li>• To be recognized by the College of Nurses of Ontario, applicants must<sup>5</sup>: <ol style="list-style-type: none"> <li>1. Hold a degree from an approved nursing program, as determined by the Canadian Association of Schools of Nursing (CASN), which acts as the National Accreditation Body.</li> </ol> </li> <li>• The CNO offers six Extended Classes, including: <i>General, Extended, Non-practicing, Temporary, Special Assignment, and Emergency Assignment.</i></li> <li>• The Extended Class is for Registered Nurses who have additional education and clinical experience that allows them to practise as NPs. Registrants in this class have an expanded scope of practice that gives them the authority to diagnose, prescribe medication, perform procedures, and order and interpret diagnostic tests.</li> </ul>	<ul style="list-style-type: none"> <li>• In 1998, the CNO introduced the extended class to register Primary Health Care Nurse Practitioners (NPs). The extended class was introduced in response to a request from the Ontario government, as they wanted to enable NPs to work in the system to address physician shortages in primary care (Rosanne Jabbour, Strategy Consultant at College of Nurses of Ontario).</li> <li>• Currently, the disparity in how CNO regulated “primary health care” and “acute care” (the two classes) became problematic. From a public protection perspective, it was confusing to have nurses with different types of registration providing these expanded scope services and all of them using the NP title. Given the autonomous diagnostic and</li> </ul>

			<ul style="list-style-type: none"> <li>The College offers three Specialty Certificates in the Extended Class that include: <ul style="list-style-type: none"> <li><i>Adult, Paediatrics and Primary Health Care.</i></li> </ul> </li> </ul>	<p>therapeutic decision-making of the NP role, it was determined in the public interest to have a similar level of regulation for all NPs by working to remove the Specialty Class (Rosanne Jabbour, Strategy Consultant at College of Nurses of Ontario).</p>
Royal College of Dental Surgeons of Ontario	Yes.	<ul style="list-style-type: none"> <li>The RCDSO offers a General Class and a Specialty Licence. Within the Specialty License, the applicant must have received a diploma or degree in any of the following 11 specialty areas<sup>7</sup>: <ul style="list-style-type: none"> <li>Dental anesthesia</li> <li>Endodontics</li> <li>Oral and maxillofacial surgery</li> <li>Oral medicine</li> <li>Oral pathology</li> <li>Orthodontics and dentofacial orthopedics</li> <li>Pediatric dentistry</li> <li>Periodontics</li> <li>Prosthodontics</li> <li>Public health dentistry</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All registrants have a university degree in dentistry that proves the successful completion of an education in Dental Studies of at least four years<sup>7</sup>.</li> <li>Specialty Diploma and Degree programs must be taken in Canada or in the United States following the completion of a Dental Studies Degree<sup>7</sup>.</li> <li>All specialty applicants must be accredited by the Commission on Dental Accreditation of Canada (CDAC) or recognized by CDAC under the terms of a reciprocal agreement<sup>7</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>With the exception of dental anaesthesia, the 10 specialty areas have existed as a regulated Specialty Class for many decades.</li> <li>The Dental Anesthesia Specialty became a regulated specialty 15 years ago after consultation with the profession and stakeholders (as regulation amendment was required). It is a small group of practitioners with a very specialized skill set and was not a government request (Dayna Simon, Senior Counsel &amp; Conduct &amp; Regulatory Affairs Professional at the Royal College of Dental Surgeons of Ontario).</li> </ul>

College of Chiropractors of Ontario	Yes.	<ul style="list-style-type: none"> <li>• There are five post-graduate specialty colleges where chiropractors can undertake additional education to further advance their skills. The colleges focus on sports sciences, radiology, clinical sciences, orthopedics, and rehabilitation<sup>8</sup>.</li> <li>• After attending one of the five aforementioned programs, fellows must also satisfy at least one requirement as approved by the speciality college annually. These include: <ol style="list-style-type: none"> <li>1. Teach a minimum of 12 hours in a year in a postgraduate program;</li> <li>2. Teach a minimum of 12 hours in a year to undergraduate students;</li> <li>3. Write and submit for evaluation paper of not less than 2000 words that is suitable for publication;</li> <li>4. Write and submit for evaluation a case report of not less than 2000 words;</li> <li>5. Attend a scientific symposium;</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• The College of Chiropractors of Ontario has their own national federation known as the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Bodies (CFCREAB)<sup>9</sup>.</li> <li>• The role of the federation is to identify post-graduate chiropractic programs that can accredit students with specialties.</li> <li>• Chiropractors who have fulfilled the requirements of the program are referred to also as <i>fellows</i>.</li> <li>• These specialties do not authorize a member to perform any additional acts but may be used as a credential to reflect the additional training required for these specialties<sup>9</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• The Specializations offered by CCO are based on the broader specialties established and recognized by the Canadian Federation of Chiropractic Regulatory and Education Accrediting Bodies<sup>8</sup>.</li> <li>• The association oversees all Canadian chiropractic regulators, schools, and is the educational accrediting body in Canada. Therefore, they established the Specialties Classes of Registration, which are the same across the country (Joel D. Friedman, Deputy Registrar, College of Chiropractors of Ontario).</li> </ul>

		<p>6. Participate in a leadership capacity with the respective college for at least 12 hrs/year;</p> <p>7. Participate in project or field work for at least 12 hours per year; and</p> <p>8. Participate in a research project of scientifically admissible quality<sup>8</sup>.</p>		
College of Registered Psychotherapists of Ontario	No.	<ul style="list-style-type: none"> <li>• The College has not established a program to formally recognize and confer specialty designations<sup>10</sup>.</li> <li>• Nonetheless, members can use terms, titles and designations in their practice and on the CRPO website that are meaningful and generally recognized by the profession<sup>8</sup>, while maintaining the distinction between the regulated title and additional qualifications<sup>11</sup>.</li> <li>• In considering whether a term, title or designation meets the conditions listed above, the test is whether a panel of one's peers would view it in this way<sup>10</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Members may use a term, title or designation conferred by a third party, provided it meets all the following conditions<sup>11</sup>: <ol style="list-style-type: none"> <li>1. The term, title or designation is earned. "Earned" means that the term, title or designation is not honorary and was not awarded purely through attendance, but that the member demonstrated development of the knowledge and/or competence associated with the term, title or designation;</li> <li>2. It is conferred by a recognized credentialing body. "Recognized credentialing body" means one that is broadly recognized</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• At the time that CRPO decided to use "terms, titles, and designations" rather than a Speciality Class, the College was relatively new. Council had felt that a formal specialization program would be rigid as there are many areas of expertise in the field of psychotherapy. It was also noted that adopting a formal Specialty Class would be costly to administer, as a large portion of college resources are currently allocated to normal registration applications. Therefore, a great deal of resources would be needed to administer specialty</li> </ul>

			<p>within the profession as legitimate;</p> <p>3. It meets established standards. “Established standards” mean standards that are broadly recognized within the profession as legitimate; and</p> <p>4. Prominence is given to the member’s regulated title.</p>	<p>applications (Practice Advisory Service, College of Registered Psychotherapists of Ontario).</p>
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1. <https://www.collegept.org/rules-and-resources/restricted-titles-credentials-and-specialty-designations-standard>
2. <https://physiotherapy.ca/clinical-specialist-program>
3. [https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho\\_agenda\\_06112021.pdf?sfvrsn=295999a0\\_14#page=145](https://www.cdho.org/docs/default-source/pdfs/council/agendas/cdho_agenda_06112021.pdf?sfvrsn=295999a0_14#page=145)
4. Practice Advisory Service, [practice@crpo.ca](mailto:practice@crpo.ca)
5. <https://www.cno.org/en/become-a-nurse/classes-of-registration/extended-class/>
6. Rosanne Jabbour, Strategy Consultant at College of Nurses of Ontario
7. <https://www.ontario.ca/laws/regulation/930853>
8. <https://chirofed.ca/specialty-colleges>.
9. <https://chiropractic.ca/about-chiropractic/canadian-chiropractors/regulation-and-education/>
10. <https://www.crpo.ca/new-members-professional-obligations/>
11. <https://www.crpo.ca/standard-1-2/>

**Issue / Decision Note**

<b>Issue or Decision:</b> Council and Committee Member and Volunteer Conflict of Interest Policy and Proposed Amendments to By-Law 16
<b>Prepared for:</b> Council Members
<b>Date:</b> September 27, 2021

**Issue:**

How to avoid and where not possible manage conflict of interest by the College of Kinesiologists of Ontario (the College) Council and committee members, and volunteers.

**Background:**

The Ontario Ministry of Health has introduced new requirements for health regulatory college governance through the College Performance Measurement Framework (CPMF). The CPMF requires that:

- 1) All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest;
- 2) The Council has a Code of Conduct and Conflict of Interest Policy, accessible to the public, that are periodically evaluated and/or updated;
- 3) The College defines cooling off periods and enforces through by-law/policy;
- 4) The College has a conflict of interest questionnaire that all Council members must complete annually, which is periodically evaluated and/or updated. Additionally:
  - a. the completed questionnaires are appended to each Council meeting package;
  - b. questionnaires include definitions of conflict of interest;
  - c. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
  - d. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.
- 5) Member(s) update their questionnaire for each Council meeting based on agenda items; and
- 6) Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).

To that end the College has committed to updating By-Law 16, which pertains to conflict of interest, and developing a new Council and Committee Member and Volunteer Conflict of Interest Policy (the Policy).

On June 28, 2021, Council approved proposed amendments to By-law 10 (regarding eligibility criteria for those seeking to stand for election to Council) for external consultation, including a new conflict of interest provision stipulating: “the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College.” At the meeting, Council

directed staff to further define the terms “responsible position,” “organization,” and “group” in relation to the proposed amendments. Staff committed to defining terms in the new Policy.

The purpose of the Policy is to avoid and where not possible manage/resolve conflict of interest by College Council and committee members, and volunteers.

The objectives of the Policy are to:

- 1) Emphasize the undeniable importance of serving and protecting the public interest above any one individual or collective;
- 2) Define conflict of interest as it pertains to Council and committee members and volunteers;
- 3) Foster a culture of ethics, discovery, and vigilance around conflict of interest;
- 4) Outline the process and procedures for avoiding and, where not possible, managing conflict of interest in accordance with the By-Laws and Policy; and
- 5) Outline the consequences for failing to comply with the By-Laws and the Policy.

**Principles:**

The principles that underpin the Policy include:

- 1) Fairness and objectivity – Council and committee members and volunteers act in a fair and objective manner regarding all decision-making;
- 2) Transparency – Council and committee members and volunteers exercise honesty and openness in carrying out their duties; and
- 3) Public protection - Council and committee members and volunteers carry out their duties in the public interest.

**Applicable Legislation and By-Law:**

- 1) Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*; and
- 2) College of Kinesiologists of Ontario’s By-Law 16.

**Policy Statement:**

All Council and committee members and volunteers have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. It is the fiduciary duty of each Council and committee member to not only be mindful of their own conflicts, but their fellow Council and committee members as well.

Conflict of interest means generally any situation or circumstance in which a Council or committee member, or volunteer has or promotes a personal, private, professional or financial interest which results in or may be reasonably perceived to result in:

- 1) An interference with the objectivity with which the Council or Committee member, volunteer, is expected to exercise responsibilities and official duties to and on behalf of the College; and/or
- 2) An advantage or material gain to the Council or committee member, or volunteer, and/or to other persons with whom the Council or committee member, or volunteer, does not deal at



arm's length, by virtue of the relationship of the Council or committee member, or volunteer, to the College.

A conflict of interest may be real or perceived, actual, or potential, direct, or indirect, including benefitting family members. Because the circumstances of each case are unique, it is impossible to define in advance all forms of conflicts of interest. However:

- 1) A "real" conflict of interest exists when a reasonable person, knowing all of the circumstances, would believe that the individual's judgment would be influenced by the competing consideration;
- 2) A potential conflict of interest is where a conflict of interest is not real at the time of the decision, but given the right set of circumstances, could manifest in the future; and
- 3) An apparent conflict of interest is where real conflict of interest is suspected, even though it does not exist. This impacts the image of the Council or committee member or volunteer and undermines the confidence of the public in the decision, and the confidence of the public in the College's ability to act in the public interest.

The reference to "conflict of interest" refers to all manifestations of the conflict.

A member has a conflict of interest where:

- 1) a reasonable person could conclude that the personal and/or financial interests of the member or a related person could influence the member's judgment in performing their duties;
- 2) the member is not directly involved with the matter and attempts to influence another individual or College staff who are involved with the matter;
- 3) there is an actual, potential or perceived use of College property and/or information for personal gain;
- 4) there is an actual, potential or perceived use of the member's position on Council or committee for personal gain, such as employment, appointment or money;
- 5) there is an appearance of bias (an appearance of bias being a preconceived idea in favour or against one thing, person, or group compared with another, or any personal interest or view that could be reasonably seen as precluding a Council or committee member of exercising fair evaluation of all information and objective judgement and decision making); or
- 6) the member's position (either present or previous) with another organization affects their decision-making abilities.

For a non-exhaustive list of examples of conflict of interest, please refer to Council and Committee Member and Volunteer Conflict of Interest Policy - Appendix B: Examples of Conflicts of Interest.

### **Recommendations**

Staff recommend that Council adopt the following:

- 1) Approve the proposed amendments to By-Law 16 for external consultation;
- 2) Adopt the proposed Council and Committee Member and Volunteer Conflict of Interest Policy, and evaluate and update the Policy periodically;

- 3) Provide Council and committee members and volunteers with annual conflict of interest training;
- 4) Institute Council and Committee Member and Volunteer Conflict of Interest Disclosure Forms that are:
  - a. completed annually, and prior to each Council and/or committee meeting,
  - b. included as an appendix to Council and committee meeting materials; and
  - c. evaluated and updated periodically.
- 5) Enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions regarding all Council and committee meeting material; and
- 6) Evaluate compliance with Council and committee performance evaluation metrics pertaining to conflict of interest.

**Application:**

The Policy applies to Council and committee members and volunteers. For definitions see Council and Committee Member and Volunteer Conflict of Interest Policy - Appendix A: Glossary.

**Proposed Approach:**

**1) By-Law 16 Amendments**

The By-Law 16 conflict of interest provisions are intended to ensure that all Council and committee members abide by the public protection mandate of the College. Proposed amendments to By-Law 16 outline additional risks associated with failure to disclose/declare conflicts, emphasizing the importance of recognition. New provisions regarding declaration forms support compliance with the Ontario Ministry of Health's College Performance Measurement Framework requirements. A provision was added setting out procedures to address situations when a Council or committee member believe that another member may have a conflict of interest.

**2) Council and Committee Member and Volunteer Conflict of Interest Policy**

While the By-Laws set out eligibility criteria for Council and committee members, a new Policy is the appropriate tool for describing procedures for avoiding and managing conflicts and providing a non-exhaustive list of examples of conflicts.

**3) Training**

Council and committee members and volunteers will receive annual conflict of interest training, which may incorporate scenarios and lessons learned into training sessions to foster a culture of discovery, vigilance, and risk management. There is a common misconception that by disclosing/declaring a conflict of interest, an individual has somehow done something "wrong" or "improper." Environmental scans have shown that health regulatory colleges that provide conflict of interest training to their members/volunteers are better equipped to deal with conflicts.

**4) Disclosure Forms and Meeting Protocol**

Upon election or appointment, and annually thereafter, every Council and committee member, and volunteer shall submit to the Registrar an Acceptance of Fiduciary Duty and Conflict of Interest Declaration Form, available from the Registrar, acknowledging their understanding of the Conflict of

Interest Policy, declaring their current and recent affiliations with professional associations and other relevant organizations/groups, and acknowledging acceptance of their fiduciary duty to the College.

Additionally, Council and committee members shall submit a Conflict of Interest Pre-meeting Disclosure Form in advance of each Council or committee meeting to the Registrar. The Form will be disseminated with the meeting agenda and will require the Council and/ or committee member to identify and disclose/declare any conflict(s) with respective agenda items and describe the general nature of the conflict(s).

The Disclosure forms shall:

- 1) Include definitions of conflict of interest
- 2) include questions based on areas of risk for conflict identified by Council that are specific to the profession and/or College (e.g., current/past leadership roles on professional associations and organizations/groups whose mandate may conflict with the College); and
- 3) be periodically evaluated and/or updated.

At the beginning of each Council and Committee meeting, Council and committee members shall disclose/declare if they have a conflict of interest with any meeting agenda items, enabling members to avoid and/or manage conflicts in the event that the agenda is amended the day of the meeting, or a conflict is identified after submitting the Disclosure Form.

Every Council and committee member, and volunteer shall sign an Undertaking Agreement acknowledging their understanding of the Policy upon exiting the appointment or volunteer position.

#### **5) Meeting Materials and Minutes**

All Council and committee meeting materials should enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions. Minutes shall include a link to a publicly available issue decision/ briefing note.

#### **6) Policy Evaluation and Council and Committee Performance Evaluation**

The Policy should be evaluated periodically to determine efficacy, identify strengths and opportunities for improvement, and results for key policy components (see Council and Committee Member and Volunteer Conflict of Interest Policy Evaluation Questions).

The Council and committee performance evaluation framework shall include metrics pertaining to the avoidance and management of conflict of interest in line with the CPMF.

#### **Legal Counsel**

College legal counsel provided the following comments for consideration:

- 1) Eligibility criteria and/ or disqualification criteria for becoming and/or remaining a Council and/or committee member must be set out in by-law;
- 2) Amendments to by-law eligibility or obligations need to be viewed through the public interest lens. The cooling off period is intended to (a) provide a window of time to allow the member to distance themselves from the working and operation of the previous organization and (b) to reassure the public that the member has had time to realign their mandate to the public

and not to the profession. It should not be viewed as a panacea to conflict concerns. Any additional conflict of interest concerns must still be vigilantly reviewed;

- 3) Defining “responsible position,” “group” and “organization,” may exclude conduct that has not yet been contemplated; there is potential for abuse if too prescriptive;
- 4) The Code of Conduct prohibits Council and committee members from using their position on Council or committee in any personal or business promotional materials, advertisement, and business cards. Council and committee members should not be permitted to use their current or former position on Council or committee to promote their services to the profession, and should be asked to remove any reference to their role with the College in advertisements. They can list it on their CV but in a limited way.
- 5) Council and committee members, and volunteers should be prohibited from providing a course or service to a kinesiologist in satisfaction of a College direction. A conflict of interest may be perceived where a College process recommends that a kinesiologist complete a course or program that is provided by a Council or committee member or volunteer, even where the Council or committee member, or volunteer does not sit on the specific panel that mandates or recommends the course or program.
- 6) Council and committee members and volunteers should not advertise their personal services on the College’s Continuing Professional Development Directory.

### **Finance**

The College shall budget for annual conflict of interest training. This pre-emptive measure will mitigate potentially more expensive costs arising from complaints regarding conflicts.

### **Risk Analysis**

Failing to avoid and, where not possible, manage a conflict of interest:

- 1) Could result in a decision or process that is not based on principles that apply universally to everyone;
- 2) could result in a decision or process that creates an unfair advantage or disadvantage for a particular group;
- 3) could result in a decision or process that does not consider risk of harm and protect the public;
- 4) could bring discredit to the College and undermine public confidence in the College’s ability to govern the profession in the public interest;
- 5) could result in a governance complaint against the member; and/or
- 6) could create liability for either the College and /or the person involved.

Registrants will need to carefully consider whether they are able and willing to serve the public exclusively and defer significant involvement in an organization or group that would preclude them from serving as a College Council or committee member, or volunteer. Some registrants who are interested in serving may find the recurring requirement for full disclosure of potential conflicts tedious and/or an invasion of privacy.

Registrants who rely on the College’s Continuing Professional Development (CPD) Directory to advertise their CPD services or courses may opt not to apply.

**Stakeholder Consultation**

Upon approval in principle by Council, proposed amendments to By-Law 16 will be circulated externally for consultation.

Proposed Amendments to By-Law 16 of the College of Kinesiologists of Ontario

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The following are proposed amendments to By-Law 16 of the College of Kinesiologists of Ontario.

## **Background**

The provincial government has called for improved openness and transparency in licensing and professional regulation and has directed Ontario health regulators to implement strategies to improve the way they protect the public. The Ontario Ministry of Health has introduced new requirements for health regulatory college governance through the College Performance Measurement Framework (CPMF). The CPMF requires that:

- 1) All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest;
- 2) The Council has a Code of Conduct and Conflict of Interest Policy, accessible to the public, that are periodically evaluated and/or updated;
- 3) The College defines cooling off periods and enforces through by-law/policy;
- 4) The College has a conflict of interest questionnaire that all Council members must complete annually, which is periodically evaluated and/or updated. Additionally:
  - a. the completed questionnaires are appended to each Council meeting package;
  - b. questionnaires include definitions of conflict of interest;
  - c. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and
  - d. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.
- 5) Member(s) update their questionnaire for each Council meeting based on agenda items; and
- 6) Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).

To that end the College has committed to updating By-Law 16, which pertains to conflict of interest, and developing a new Council and Committee Member and Volunteer Conflict of Interest Policy.

## **Proposed Changes**

The proposed changes are contained in By-law 16; consequently, this is the by-law presented for consultation.

## **Document Layout**

The document is structured in a table that sets out the current by-law provision, the proposed changes (additions are in red, deletions are struck out) and the rationale for the change.

**Consultation**

Upon approval of the proposed By-law 16 amendments for circulation, a 60-day external consultation will take place in advance of presenting final proposed changes to Council at its December 2021 meeting. College staff will review all feedback received during the consultation, and Council will be provided with final changes and information obtained during the consultation process for Council’s review and approval in December 2021. Once the amendments are approved, staff will communicate these changes to registrants and other stakeholders.

**By-Law 16: Conflict of Interest**

<b>Current by-law provision</b>	<b>Proposed change</b>	<b>Rationale / Explanation</b>
<p><b>16.01 Duty to Avoid Conflicts of Interest</b>                      All Council and committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest.</p> <p>Because the circumstances of each case are unique, it is impossible to define in advance all forms of conflicts of interest. A “real” conflict of interest exists when a reasonable person, knowing all of the circumstances, would believe that the individual’s judgment would be influenced by the competing</p>	<p><b>16.01 Duty to Avoid Conflicts of Interest</b>                      All Council and committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest.</p> <p>Because the circumstances of each case are unique, it is impossible to define in advance all forms of conflicts of interest. A “real” conflict of interest exists when a reasonable person, knowing all of the circumstances, would believe that the individual’s judgment would be influenced by the competing</p>	



<p>consideration. A potential conflict of interest is where a conflict of interest is not real at the time of the decision, but given the right set of circumstances, could manifest in the future. An apparent conflict of interest is where real conflict of interest is suspected, even though it does not exist. This impacts the image of the Council or the committee member, and undermines the confidence of the public in the decision, and even more so, the confidence of the public in the College’s ability to act in the public interest.</p> <p>In the specific examples discussed below, Council will exercise appropriate discretion to ensure that all circumstances that would meet these tests of conflict of interest are addressed appropriately.</p> <p>An individual has a conflict of interest where:</p> <ul style="list-style-type: none"> <li>i. a reasonable person could conclude that the personal and/or financial interests of the individual or a related person could influence the individual’s judgment in performing his/her duties;</li> <li>ii. the individual is not directly involved with the matter and attempts to influence another individual or College staff who are involved with the matter;</li> <li>iii. there is an actual, potential or perceived use of College information for personal gain;</li> <li>iv. there is an actual, potential or perceived use of the member’s position on Council for personal gain,</li> </ul>	<p>consideration. A potential conflict of interest is where a conflict of interest is not real at the time of the decision, but given the right set of circumstances, could manifest in the future. An apparent conflict of interest is where real conflict of interest is suspected, even though it does not exist. This impacts the image of the Council or the committee member and undermines the confidence of the public in the decision, and even more so, the confidence of the public in the College’s ability to act in the public interest. <b>The reference to “conflict of interest” refers to all manifestations of the conflict.</b></p> <p><del>In the specific examples discussed below, Council will exercise appropriate discretion to ensure that all circumstances that would meet these tests of conflict of interest are addressed appropriately.</del></p> <p><del>An individual</del> <b>A member</b> has a conflict of interest where:</p> <ul style="list-style-type: none"> <li>i. a reasonable person could conclude that the personal and/or financial interests of the member or a related person could influence the <del>individual’s</del> <b>member’s</b> judgment in performing <del>his/her</del> <b>their</b> his/her duties;</li> <li>ii. the <del>individual</del> <b>member</b> is not directly involved with the matter and attempts to influence another individual or College staff who are involved with the matter;</li> <li>iii. there is an actual, potential or perceived use of College <b>property and/or</b> information for personal gain;</li> </ul>	<p>Clarifies extent of application.</p> <p>Use consistent terms - oscillation between “individual” and “member”.</p> <p>iii. Expanded to include property for consistency with subsection 16.09 and Council and Committee Member and Volunteer Conflict of Interest Policy</p>
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<p>such as employment, appointment or money;</p> <p>v. there is an appearance of bias (an appearance of bias being any personal interest or view that could be reasonably seen as precluding a Council member of exercising fair evaluation of all information and objective judgement and decision making); or</p> <p>vi. the member’s position (either present or previous) with another organization affects his/her decision-making abilities.</p>	<p>iv. there is an actual, potential or perceived use of the member’s position on Council <b>or committee</b> for personal gain, such as employment, appointment or money;</p> <p>v. there is an appearance of bias (an appearance of bias being any personal interest or view that could be reasonably seen as precluding a Council <b>or committee</b> member of exercising fair evaluation of all information and objective judgement and decision making); or</p> <p>vi. the member’s position (either present or previous) with another organization affects <b>their</b> his/her decision-making abilities.</p> <p><b>For a non-exhaustive list of examples of conflict of interest, please refer to the College’s Council and Committee Member and Volunteer Conflict of Interest Policy.</b></p>	<p>Direct reader to non-exhaustive list of examples of conflicts in Council and Committee Member and Volunteer Conflict of Interest Policy for clarity and transparency.</p>
<p><b>16.02 Recognition of Conflict</b> Council and Committee members recognize that a conflict of interest or an appearance of a conflict of interest by a member of Council or its Committees:</p> <p>i. could bring discredit to the College;</p> <p>ii. could amount to a breach of the fiduciary obligation of the person to the College; and</p> <p>iii. could create liability for either the College and /or the person involved.</p>	<p><b>16.02 Recognition of Conflict</b> Council and Committee members recognize that a conflict of interest <del>or an appearance of a conflict of interest</del> by a member of Council or its Committees:</p> <p>i. <b>Could result in a decision or process that is not based on principles that apply universally to everyone;</b></p> <p>ii. <b>could result in a decision or process that creates an unfair advantage or disadvantage for a particular group;</b></p> <p>iii. <b>could result in a decision or process that does not consider risk of harm and protect the public;</b></p>	<p>Clarified extent of application of term “conflict” in 16.01.</p> <p>Expanded list of potential risks associated with failure to disclose/declare to emphasize importance of recognition.</p>

	<ul style="list-style-type: none"> <li>iv. could bring discredit to the College and undermine public confidence in the College's ability to govern the profession in the public interest;</li> <li>v. could result in a governance complaint against the member; and/or</li> <li>vi. could create liability for either the College and /or the person involved.</li> </ul>	
<p><b>16.03 Conflicts Relating to Involvement with a Professional Association</b>  A member of Council or a committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its committees at all if he or she holds a responsible position, such as director, owner, board member, officer in or is an employee of any professional association relating to Kinesiology.</p>	<p><b>16.03 Conflicts Relating to Involvement with a Professional Association / Certifying Body</b>  A member of Council or a committee member shall be perceived to have conflict of interest in a matter and should not serve on Council or its committees at all if <del>he or she</del> <b>they</b> holds a responsible position, <del>such as</del> <b>including but not limited to being a</b> director, owner, board member, officer in or <del>is</del> an employee of any professional association <b>and/or certifying body</b> relating to Kinesiology.</p>	<p>Expanded to include certifying body related to the profession to be consistent with By-Law 10 and 13.</p>
<p><b>16.04 Conflicts Relating to Position in Other Organizations</b>  A member of Council or a committee member would be perceived to have conflict of interest in a matter and should refrain from participating in any discussion or voting if he or she holds a responsible position such as director, owner, board member, officer in or is an employee of another organization where his or her duties may be seen by a reasonable person as influencing his or her judgment in the matter under consideration by the Council or its committees. For example, an educator should not participate in any decisions</p>	<p><b>16.04 Conflicts Relating to Position in Other Organizations</b>  A member of Council or a committee member would be perceived to have conflict of interest in a matter and should refrain from participating in any discussion or voting if <del>he or she</del> <b>they</b> holds a responsible position <del>such as</del> <b>including but not limited to being a</b> director, owner, board member, officer in or an employee of another organization/<b>group</b> where <del>his or her</del> <b>their</b> duties may be seen by a reasonable person as influencing <del>his or her</del> <b>their</b> judgment in the matter under consideration by the Council or its committees. For example, an educator</p>	<p>Expanded to “organization/group” for consistency with proposed amendments to By-Laws 10 and 13.</p>

<p>relating to the status of the school where he/she teaches, its program(s) or the acceptability for registration of graduates from that school.</p>	<p>should not participate in any decisions relating to the status of the school where he/she teaches, its program(s) or the acceptability for registration of graduates from that school. <b>In certain situations, the educator may determine that they should not participate in any deliberation or decision about any educational institutions.</b></p>	
<p><b>16.05 Declaration Forms</b> Upon appointment or election, and annually thereafter if requested, every Council and Committee member and every member of a working group shall fully complete and deliver to the Registrar a form, available from the Registrar, declaring his or her current and recent affiliations with professional associations and other organizations to facilitate compliance with the above provisions.</p>	<p><b>16.05 Declaration Forms</b> Upon appointment or election, and annually thereafter if requested, every Council and Committee member and every <b>volunteer and</b> member of a working group shall fully complete and deliver to the Registrar a form, available from the Registrar, declaring <del>his or her</del> <b>their</b> current and recent affiliations with professional associations and other organizations to facilitate compliance with the above provisions.</p> <p><b>In advance of each Council or committee meeting, Council and committee members shall submit a Conflict of Interest Pre-meeting Declaration Form, to the designated staff person by the date identified by the Registrar. The Form will be disseminated with the meeting agenda to ensure members have taken the time to review the meeting materials and ensure that they do not have any conflict of interest with any agenda items.</b></p> <p><b>The members' completed Conflict of Interest Pre-meeting Declaration Forms will be included as an appendix in the Council meeting materials as required by the Ontario</b></p>	<p>Expanded to include “volunteer” for consistency with new Council and Committee Member and Volunteer Conflict of Interest Policy.</p> <p>Added provisions to comply with Ontario Ministry of Health’s College Performance Measurement Framework requirements.</p>

	<p>Ministry of Health's College Performance Measurement Framework.</p> <p>At the beginning of each Council and committee meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.</p>	
<p><b>16.06 Interests of Related Persons</b>  For the purposes of this by-law, the direct or indirect personal or financial interests of a parent, spouse, child or sibling of a Council or committee member are interpreted to be the interests of the Council or committee member. Here, the term "spouse" includes a common-law spouse and a same-sex partner of the person.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>16.07 Where a Conflict May Exist</b>  Where a Council or committee member believes that he or she may have a conflict of interest in any matter which is the subject of deliberation or action by the Council or its committees, he or she shall:</p> <ul style="list-style-type: none"> <li>i. consult, as needed, with the President, the Registrar and legal counsel and, if there is any doubt about whether he or she may have or be perceived to have a conflict prior to any consideration of the matter, declare the potential conflict to the Council or the committee and accept Council's or committee's direction as to whether there is an appearance of a conflict;</li> <li>ii. where there appears to be a conflict of interest, not take part in the</li> </ul>	<p><b>16.07 Where a Conflict May Exist</b>  Where a Council or committee member believes that <del>he or she</del> they may have a conflict of interest in any matter which is the subject of deliberation or action by the Council or its committees, <del>he or she</del> they shall:</p> <ul style="list-style-type: none"> <li>i. consult, as needed, with the President, the Registrar and legal counsel and, if there is any doubt about whether <del>he or she</del> they may have or be perceived to have a conflict prior to any consideration of the matter, <del>declare</del> disclose the potential conflict to the Council or the committee and <del>accept Council's or committee's direction as to</del></li> </ul>	<p>If there is uncertainty the member would disclose. If it is determined that they are in a conflict of interest the member would declare the conflict.</p>

<p>discussion of, or vote on, any question in respect of the matter;</p> <p>iii. where there appears to be a conflict of interest, absent himself or herself from the portion of any meeting relating to the matter; and</p> <p>iv. where there appears to be a conflict of interest, not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.</p>	<p><del>whether there is an appearance of a conflict;</del></p> <p>ii. <del>where there appears to be a conflict of interest, not take part in the discussion of, or vote on, any question in respect of the matter;</del></p> <p>iii. <del>where there appears to be a conflict of interest, absent himself or herself from the portion of any meeting relating to the matter; and</del></p> <p>iv. <del>where there appears to be a conflict of interest, not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.</del></p> <p>ii. if it is determined that there is a conflict of interest, make a declaration of conflict; and</p> <p>iii. where a declaration of conflict of interest has been made,</p> <p>a. not take part in the discussion of, or vote on, any question in respect of the matter;</p> <p>b. absent themselves from the portion of any meeting relating to the matter; and</p> <p>c. not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.</p> <p>Where a Council or committee member believes that another member may have a conflict of interest in any matter which is the subject of deliberation or action by the Council or its committees, they shall:</p>	
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	<ul style="list-style-type: none"> <li>i. where possible, consult with the member and alert them that they may have a conflict prior to any consideration of the matter with respect to the conflict; and</li> <li>ii. if this does not resolve the matter they shall consult with the Chair of the Committee or President of Council or the Registrar about the matter; and</li> <li>iii. the Chair of the Committee or President of Council shall take such action as they deem appropriate, including but not necessarily limited to raising the matter before the full Council or Committee; and</li> <li>iv. where a declaration of conflict of interest has been made the member shall, <ul style="list-style-type: none"> <li>a. not take part in the discussion of, or vote on, any question in respect of the matter;</li> <li>b. absent themselves from the portion of any meeting relating to the matter; and</li> <li>c. not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.</li> </ul> </li> </ul>	<p>Added provision that sets out procedures to address situations when a Council or committee member believe that another member may have a conflict of interest.</p>
<p><b>16.08 Conflicts Recorded in Minutes</b> Every declaration of a conflict of interest shall be recorded in the minutes of the meeting together with a description of the nature of the conflict.</p>	<p><b>16.08 Conflicts Recorded in Minutes</b> Every declaration of a conflict of interest shall be recorded in the minutes of the meeting together with a <b>general</b> description of the nature of the conflict.</p>	

<p><b>16.09 Use of College Information or Property</b>  A member of Council or a committee member shall not use College property or information of any kind to advance his or her own interests, direct or indirect.</p>	<p>No change.</p>	<p>N/A</p>
<p><b>16.10 Staff Positions</b>  A member of Council or a committee member may not hold any other position, contract or appointment with the College while serving as a member of Council or its committees. There is a one-year waiting period before the individual may apply for a staff or consultant position with the College. This includes, but is not limited to, positions as peer assessor, investigator, inspector, examiner or staff</p>	<p>No change.</p>	<p>N/A</p>

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# Policy

<b>Type:</b>	Council and Committee Member and Volunteer		
<b>Number:</b>			
<b>Name:</b>	Council and Committee Member and Volunteer Conflict of Interest Policy		
<b>Status:</b>	Draft	<b>Version:</b>	1
<b>Date Approved:</b>	September 27, 2021	<b>Date Revised:</b>	

## Background/Purpose:

The purpose of the Council and Committee Member and Volunteer Conflict of Interest Policy (the Policy) is to avoid and where not possible manage/resolve conflict of interest by College of Kinesiologists of Ontario (the College) Council and committee members, and volunteers.

The objectives of the Policy are to:

- 1) Emphasize the undeniable importance of serving and protecting the public interest above any one individual or collective;
- 2) Define conflict of interest as it pertains to Council and committee members and volunteers;
- 3) Foster a culture of ethics, discovery, and vigilance around conflict of interest;
- 4) Outline the process and procedures for avoiding and, where not possible, managing conflict of interest in accordance with the By-Laws and Policy; and
- 5) Outline the consequences for failing to comply with the By-Laws and Policy.

## Principles:

The principles that underpin this policy include:

- 1) Fairness and objectivity – Council and committee members and volunteers act in a fair and objective manner regarding all decision-making;
- 2) Transparency – Council and committee members and volunteers exercise honesty and openness in carrying out their duties; and
- 3) Public protection - Council and committee members and volunteers carry out their duties in the public interest.

## Applicable Legislation and By-Law:

- 1) Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991 (RHPA)*; and
- 2) College of Kinesiologists of Ontario's By-Law 16.

### **Policy Statement:**

All Council and committee members and volunteers have a duty to carry out their responsibilities in a manner that serves and protects the public interest. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. It is the fiduciary duty of each Council and committee member to not only be mindful of their own conflicts, but their fellow Council and committee members as well.

Conflict of interest means generally any situation or circumstance in which a Council or committee member, or volunteer has or promotes a personal, private, professional, or financial interest which results in or may be reasonably perceived to result in:

- 1) An interference with the objectivity with which the Council or Committee member, volunteer, is expected to exercise responsibilities and official duties to and on behalf of the College; and/or
- 2) An advantage or material gain to the Council or committee member, or volunteer, and/or to other persons with whom the Council or committee member, or volunteer, does not deal at arm's length, by virtue of the relationship of the Council or committee member, or volunteer, to the College.

A conflict of interest may be real or perceived, actual, or potential, direct, or indirect, including benefitting family members. Because the circumstances of each case are unique, it is impossible to define in advance all forms of conflicts of interest. However:

- 1) A "real" conflict of interest exists when a reasonable person, knowing all of the circumstances, would believe that the individual's judgment would be influenced by the competing consideration;
- 2) A potential conflict of interest is where a conflict of interest is not real at the time of the decision, but given the right set of circumstances, could manifest in the future; and
- 3) An apparent conflict of interest is where real conflict of interest is suspected, even though it does not exist. This impacts the image of the Council or committee member or volunteer and undermines the confidence of the public in the decision, and the confidence of the public in the College's ability to act in the public interest.

The reference to "conflict of interest" refers to all manifestations of the conflict.

A member has a conflict of interest where:

- 1) a reasonable person could conclude that the personal and/or financial interests of the member or a related person could influence the member's judgment in performing their duties;
- 2) the member is not directly involved with the matter and attempts to influence another individual or College staff who are involved with the matter;
- 3) there is an actual, potential or perceived use of College property and/or information for personal gain;

- 4) there is an actual, potential or perceived use of the member's position on Council or committee for personal gain, such as employment, appointment or money;
- 5) there is an appearance of bias (an appearance of bias being a preconceived idea in favour or against one thing, person, or group compared with another, or any personal interest or view that could be reasonably seen as precluding a Council or committee member of exercising fair evaluation of all information and objective judgement and decision making); or
- 6) the member's position (either present or previous) with another organization affects their decision-making abilities.

All Council and committee members, and volunteers recognize that a conflict of interest by a Council or committee member or volunteer:

- 1) Could result in a decision or process that is not based on principles that apply universally to everyone;
- 2) could result in a decision or process that creates an unfair advantage or disadvantage for a particular group;
- 3) could result in a decision or process that does not consider risk of harm and protect the public;
- 4) could bring discredit to the College and undermine public confidence in the College's ability to govern the profession in the public interest;
- 5) could result in a governance complaint against the member; and/or
- 6) could create liability for either the College and /or the person involved.

While it is impossible to outline all circumstances in which a conflict of interest could arise, members should be aware of the potential for conflict of interest and seek advice whenever the likelihood of such exists. For a non-exhaustive list of examples of conflict of interest, please refer to Appendix B: Examples of Conflicts of Interest.

#### **Procedures: Training**

- 1) All Council and committee members and volunteers shall successfully complete mandatory annual conflict of interest training.

#### **Procedures: Conflict of Interest Declaration Forms**

- 2) Upon appointment or election and annually thereafter, all Council and committee members, and volunteers shall fully complete and deliver to the Registrar a Conflict of Interest Declaration Form, available from the Registrar, acknowledging their understanding of the Conflict of Interest Policy, declaring their current and recent affiliations with professional associations, certifying bodies related to the profession, and other relevant organizations/groups, and acknowledging awareness of their fiduciary duties to the College.
- 3) In advance of each Council or committee meeting, Council and committee members shall submit a Conflict of Interest Pre-meeting Declaration Form, to the designated staff person by the date identified by the Registrar. The Form will be disseminated

with the meeting agenda to ensure members take the time to review meeting material and to ensure that they do not have a conflict with any agenda items.

- 4) Members' completed Conflict of Interest Declaration Forms will be included as an appendix to the Council meeting materials as required by the Ontario Ministry of Health's College Performance Measurement Framework.

**Procedures: Disclosure/Declaration During Meetings**

- 5) At the beginning of every Council and committee meeting, after approval of the agenda and minutes, Council and committee members shall disclose/declare any updates to their Form responses, and any conflict specific to the meeting agenda.

**Procedures: Where a Conflict May Exist**

- 6) Where a Council or committee member believes that they may have a conflict of interest in any matter which is the subject of deliberation or action by the Council or its committees, they shall:
  - a. consult, as needed, with the Chair (committee Chair or President), the Registrar and College legal counsel and, if there is any doubt about whether they may have or be perceived to have a conflict, prior to any consideration of the matter, they shall disclose the potential conflict to the Council or the committee and, if it is determined that there is a conflict of interest, make a declaration of conflict; and
  - b. where a declaration of conflict of interest has been made,
    - i. not take part in the discussion of, or vote on, any question in respect of the matter;
    - ii. absent themselves from the portion of any meeting relating to the matter; and
    - iii. not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.
- 7) Where a Council or committee member believes that another member may have a conflict of interest in any matter which is the subject of deliberation or action by the Council or its committees:
  - a. where possible, they shall consult with the member and alert them that they may have a conflict prior to any consideration of the matter with respect to the conflict; and
  - b. if this does not resolve the matter, they shall consult with the Chair of Committee or President of Council or the Registrar about the matter; and
  - c. the Chair of the Committee or President of Council shall take such action as they deem appropriate, including but not necessarily limited to raising the matter before the full Council or Committee; and
  - d. where a declaration of conflict of interest has been made the member shall,

- i. not take part in the discussion of, or vote on, any question in respect of the matter;
  - ii. absent themselves from the portion of any meeting relating to the matter; and
  - iii. not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.
- 8) Where a staff member believes there may be a conflict of interest or another individual brings a potential conflict of interest to the attention of a staff member, the staff member shall bring the matter to the attention of the Registrar. The Registrar shall review the situation and:
  - a. where possible, consult with the member and alert them that they may have a conflict prior to any consideration of the matter with respect to the conflict;
  - b. consult with the Chair (committee Chair or President) prior to any consideration of the matter with respect to the conflict; and
  - c. the Chair (committee Chair or President) will disclose the potential conflict to the Council or the committee if the member has not already done so; and
  - d. if it is determined that there is a conflict of interest, the member shall make a declaration of conflict; and
  - e. where a declaration of conflict of interest has been made the member shall,
    - i. not take part in the discussion of, or vote on, any question in respect of the matter;
    - ii. absent themselves from the portion of any meeting relating to the matter; and
    - iii. not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.

**Procedures: Meeting Materials and Minutes**

- 9) All Council and committee meeting materials shall enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions. Minutes shall include a link to a publicly available issue/decision/ briefing note.
- 10) Every declaration of a conflict of interest shall be recorded in the minutes of the meeting together with a general description of the nature of the conflict.

**Procedures: Exiting appointed, elected or volunteer position**

- 11) Upon exiting the appointed, elected, or volunteer position with the College, all Council and committee members, and volunteers shall sign an Undertaking Agreement acknowledging their understanding of the Policy with respect to post appointment/position restrictions (e.g., restriction from referencing past

title(s)/role(s) with the College in personal or business promotional materials, advertisements, and business cards, etc.).

**Failure to Comply**

A current Council or committee member, or volunteer who does not comply with the measures in this Policy may be subject to a governance complaint, which could result in up to and including termination of their role with the College.

A former Council or committee member, or volunteer who is a registrant and does not comply with the measures in this Policy may become the subject of a complaint or Registrar's investigation against the registrant.

## Appendix A: Glossary

*Committee member:* a person who is registered with the College and who is an elected member of the College Council, or a public member who is appointed to the College Council, or a person who is registered with the College and who is a member-at-large (is not a member of the Council).

*Confidential Information:* all information within the possession of the College whether it is identified as confidential or not, that is not available to the general public that the College is obliged, or has the discretion, not to disclose under provincial or federal legislation or otherwise at law and includes Personal Information, information provided by an external source with the expectation that the information will be kept confidential, and materials generated by the College that contain or are derived from such confidential information.

*Council member:* a person who is registered with the College and who is an elected member of the College Council, or a public member who is appointed to the College Council.

*Group:* a network or collection of individuals who share a common purpose/goals and coordinate efforts in an organized manner. Several groups can exist within an organization. For example, a social media group is a network of individuals connected in a dedicated online space to share comments, information, images, video, and audio clips (e.g., Facebook, LinkedIn, etc.).

*Organization:* also a group, with typically defined roles, relationships and processes that are expected to transpire between members of the organization, and the organization itself typically has a defined purpose and activities that are pursued and accomplished by its members or participants.

*Responsible Position:* a post where the individual has a directing mind and can influence or impact the organization or group, and/or has a role that has a degree of accountability to an organization or group. For example, a professional association board member is answerable to a membership. A social media group administrator is the leader of the social media platform, writing and/or curating content. Responsible positions include but are not limited to officer, director, staff member, committee member, administrator, government relations consultant, etc.

*Vendor:* a person or company who delivers goods and/or services to the College.

*Volunteer:* a person who is appointed to a role within the College by a statutory committee (e.g., peer assessor) or another individual deemed eligible to perform work on behalf of the College (e.g., mentor, working group participant; continuing professional development facilitator).

## Appendix B: Examples of Conflict of Interest

The following table lists examples of general conflict of interest provisions. Please note the list is not exhaustive.

Examples
<p><b>Conflicts Relating to Involvement with a Professional Association/Certifying Body Related to the Profession</b></p> <p>A Council or committee member or volunteer shall be perceived to have conflict of interest in a matter and should not serve on Council or its committees or as a volunteer at all if they hold a leadership position, including but not limited to being a director, owner, board member, officer or employee of any professional association/certifying body relating to Kinesiology or have been so in the past three years.</p>
<p><b>Conflicts Relating to Responsible Position in Other Organizations or Groups</b></p> <p>A Council or committee member or volunteer shall be perceived to have conflict of interest in a matter and should not serve on Council or its committees or as a volunteer at all if they hold a responsible position, including but not limited to being a director, owner, board member, officer or employee of another organization or group where their duties may be seen by a reasonable person as in conflict with the public protection mandate of the College.</p>
<p><b>Prohibited Use of Council/Committee/Volunteer Position</b></p> <p>A College Council or committee member or volunteer shall not use, or seek to use, their position to:</p> <ul style="list-style-type: none"><li>• Gain direct or indirect benefit for themselves or a member of their family including a common law partner or same sex partner;</li><li>• Solicit or accept favours or economic benefits from any individuals, organizations or entities known to be seeking funding, business, or contracts with the College or that is engaged in the delivery of services to the College; and/or</li><li>• Favour any person, organization, or business entity.</li></ul>
<p><b>Offering/Provision of Services to Profession at Large including Continuing Professional Development Services or Courses</b></p> <p>Council and committee members and volunteers shall refrain from using/referencing their current or past titles/positions/associations with the College in any personal or business promotional materials, advertisement, and business cards, or as a revenue inducing factor to offer/provide services to the profession at large for financial gain. They can reference titles/positions held at the College in their curriculum vitae if not overtly used in a promotional manner.</p> <p>Current Council and committee members and volunteers who provide “other” services to the profession, including continuing professional</p>



development:

- shall refrain from advertising their services on the College's *Continuing Professional Development Directory* during their role/appointment;
- shall not advertise and/or provide their services to peer and practice assessment (PPA) participants at any time during a PPA, mentorship program or within a year of the participant's completion of the PPA or mentorship program;
- shall not advertise and/or provide their services to kinesiologists recommended or ordered to complete a specified continuing education or remediation program (SCERP) and any component thereof as a result of a College process, including, but not limited to the quality assurance program, or a complaint, review, inquiry, or hearing. For example, certain committees of the College (e.g., Quality Assurance; Inquiries, Complaints and Reports; Discipline) may require or recommend that kinesiologists complete specified continuing education or remediation programs, such as courses, mentorship, or monitoring, with an approved provider.

#### **Use of College Information or Property**

A Council or committee member or volunteer shall not use College property or information to advance their own interests, direct or indirect.

A Council or committee member or volunteer shall not engage in any outside activity, work or business undertaking that involves the use of the College corporate signature or logo, premises, equipment, or supplies.

#### **Gifts, Hospitality and Other Benefits**

A Council or committee member or volunteer must refuse/decline gifts, hospitality or other benefits that could influence or be seen to influence their judgment and performance of official duties. They must not accept, directly or indirectly, any gifts, hospitality or other benefits from persons, groups or organizations dealing with the College, including entities engaged or likely to engage in the delivery of services to the College, vendors, or persons with close or family relationships with such vendors or entities.

All the same, a Council or committee member or volunteer may accept incidental gifts, hospitality or other benefits associated with their official duties and responsibilities if such gifts, hospitality, or other benefits:

- Are appropriate, a common expression of courtesy or within the normal standards of hospitality (e.g., accepting a token gift from a cultural/community group);
- Do not cause suspicion about the objectivity and impartiality of the Council or committee member or volunteer; and/or

- Would not compromise the integrity of the Council or committee member or volunteer.

When the Council or committee member or volunteer cannot refuse unauthorized gifts, hospitality, or other benefits, they must immediately report the matter to the Registrar. The Registrar may require that such a gift be held by the College or given to charity or such other action as the Registrar may determine.

#### **Avoidance of Preferential Treatment**

A Council or committee member or volunteer shall not:

- Grant preferential treatment in relation to any official matter to any person, organization, family member or friend, or to any organization in which the Council or committee member or volunteer, family member or friend has an interest. The Council or committee member or volunteer must avoid being obligated, or seeming to be obligated, to any person or organization that might benefit from special consideration.
- Offer assistance in dealing with the College to any individual or entity where such assistance is outside the official role of the individual.

#### **Avoidance of Unfair treatment**

Council and committee members and volunteers shall remove themselves from situations that prevent /or may be perceived to prevent their ability to assess and / or address gaps in a kinesiologist's knowledge, skills, and judgment during or subsequent to a peer and practice assessment. Considerations include but are not limited to:

- Peer assessors or mentors having had a working or personal relationship with a peer and practice assessment participant; and/or
- The facility in which the peer and practice assessment participant works could reasonably be viewed as a competitor to the peer assessor or mentor (for patients/clients, referral sources, etc.).

#### **Staff Positions, Hiring of Relatives, and Interests of Related Persons**

A Council or a committee member or volunteer may not hold any other position, contract or appointment with the College while serving as a Council or committee member or volunteer. There is a one-year waiting period before the member may apply for a staff or consultant position with the College.

A Council or committee member or volunteer shall not hire or contract for the College any members of their family including a common law or same-sex spouse. The direct or indirect personal or financial interests of a parent, spouse, child or sibling of a Council or committee member or

volunteer are interpreted to be the interests of the Council or committee member or volunteer.

A Council or committee member or volunteer's immediate family or practice/business partner shall not enter any business arrangement with the College. The following would be considered conflicts:

- A Member's partner owns a Legal Firm that the College contracts for legal advice; and/or
- A Registration Committee member's child is attending a program coming before the committee to seek recognition.

#### **Post Appointment/Position Restrictions**

A former Council or committee member or volunteer should not take improper or unfair advantage of their past appointment or position with the College by:

- Seeking preferential treatment, special consideration or privileged access to the College after leaving their position with the College;
- Including or referencing Council or committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards / as a revenue inducing factor; and/or
- Taking personal advantage of confidential information obtained through their past title(s)/role(s)/position(s) with the College that is otherwise not available to the public.

#### **Emotional Bias**

A Council or committee member or volunteer should declare a conflict if for any reason, they have/have had a preconceived idea in favour or against one thing, person, or group compared with another, or any personal interest or view that could be reasonably seen as precluding them of exercising fair evaluation of all information and objective judgment and decision making. For example:

- Having publicly declared a firm position on an issue and not having an open mind to other alternatives;
- Having blogged extensively about a topic up for discussion and developed a fixed opinion on the issue;
- Having an emotional reaction to an individual's submission and allowing it to interfere with an impartial review of the matter; and/or
- Having an acrimonious relationship with an individual whose file/application for registration/appointment is before committee for review/consideration.

Environmental Scan of Ontario Health Regulatory College Council and Committee Member Conflict of Interest Policies/By-Laws

Procedures	Involvement in professional associations, organizations, and groups
College of Physiotherapists of Ontario	
<p>Members are required to:</p> <ul style="list-style-type: none"> <li>submit a document with their affiliations and fiduciary agreements at the beginning of their term, and annually as the College requires updated information once a year.</li> <li>submit a COI disclosure form before each meeting, specific to agenda items.</li> <li>verbally declare any COI they may have with agenda items at the beginning of each meeting (built into the agenda).</li> <li>Attend COI education sessions/lectures on COI hosted by the College.</li> </ul>	<ul style="list-style-type: none"> <li>If a member is believed to have COI in a matter, they are to refrain from participating in any discussions or voting. For example, an educator in a school should not participate in any decisions relating to the status of that school, its program(s) or the acceptability for registration of graduates from that school.</li> <li>The College By-Laws and Policy do not explicitly mention social media organizations/groups with potential conflict, but the common acceptance and acknowledgement is that the rules regarding COI also apply to online activities.</li> </ul>
College of Occupational Therapists of Ontario	
<p>Members are required to:</p> <ul style="list-style-type: none"> <li>sign a COI and Confidentiality disclosure form annually, and at the beginning of each committee meeting, as it is structured into the meeting agenda. Can be completed in advance via a survey monkey or google questionnaire.</li> </ul> <p>In the case that a Member has to recuse themselves from a particular meeting or tabling due to COI, they will each fill out a disclosure with the issues being tabled at the upcoming meeting. These disclosure forms will be attached to the back of the meeting minutes.</p>	<ul style="list-style-type: none"> <li>Council and committee members are not permitted to be a board member, director, CEO, officer, or employee of a professional association.</li> <li>Restriction extends to leadership positions on any professional association (i.e. beyond occupational therapy or health care).</li> </ul>

College of Chiropractors of Ontario

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| <ul style="list-style-type: none"> <li>• Looking to develop a COI Declaration Form/checklist in near future.</li> <li>• Members declare any COI with any agenda items at every Council and committee meeting (first agenda item).</li> </ul> | <ul style="list-style-type: none"> <li>• Council and committee members are not permitted to be an employee, director, or officer of any chiropractic organization or association.</li> <li>• This also includes but is not limited to any advocacy groups, the malpractice group, and some research groups as well. Exception is single Council academic member position reserved for a professor or teacher in the field.</li> </ul> |
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College of Surgeons and Physicians of Ontario

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| <ul style="list-style-type: none"> <li>• Before each Council and committee meeting, members must complete a COI declaration form to ensure that they do not have any COI with any agenda items.</li> </ul> | <ul style="list-style-type: none"> <li>• Council and committee members are not permitted to sit on any other board or volunteer at any other organization at the same time as serving on Council/committee. Council or committee member must step down from any and all other roles aside from their current CPSO role.</li> <li>• Same protocol applies to involvement in social media groups and virtual organizations; no involvement is permitted.</li> </ul> |
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Royal College of Dental Surgeons of Ontario

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| <ul style="list-style-type: none"> <li>• If a member believes that they may have a conflict of interest, they shall consult privately with the Registrar, a designated member of staff or the presiding officer about whether the conflict exists and how the member should proceed.</li> <li>• If it is found that they do have a COI, they must disclose it to council prior to any consideration and not take part in any discussion/vote, absent themselves from the meeting and not attempt to influence the vote</li> <li>• The COI will be recorded in the minutes</li> </ul> | <p>Council and committee members not permitted</p> <ul style="list-style-type: none"> <li>• to be an employee, Board Member, Council Member, officer, or occupy any responsible position at any national/ provincial dental association.</li> <li>• any involvement in a specialty association, other than one to which the member has been either appointed by Council or the Executive Committee.</li> <li>• holding any of the above noted positions at any corporation or organization owned or controlled by the Canadian Dental Association, the Ontario Dental Association, or a national / provincial dental association / organization, including a specialty</li> </ul> |
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	association / organization, or other similar national / provincial association / organization.
Ontario College of Pharmacists	
<ul style="list-style-type: none"> <li>- Council members are requested to confirm their understanding of their duty to avoid conflicts of interest annually. They also fill out an ‘employment and professional affiliations form provided by the registrar.’</li> <li>- If a member believes that they may have a COI they should, consult with the President, Registrar or Legal counsel (as needed). They should declare the information to the Council, and accept the Council’s determination as to whether there is an appearance of COI.</li> <li>- If it is found that they do have a COI, they will step out of the room for any portion related to the matter, and not attempt to influence to vote or discussion.</li> <li>- All declarations of COI should be recorded in the minutes.</li> </ul>	<ul style="list-style-type: none"> <li>• Fiduciaries should not engage in activities (including business, employment or volunteer) outside their College roles if doing so would influence or conflict with their role and duties for the College. For example, Fiduciaries should not have a leadership role in a professional advocacy association. Where an outside activity is unavoidable (e.g., employment in a pharmacy role for professional members), a Fiduciary should be particularly alert to disclosing the role when engaging in a College activity that might create a conflict.</li> </ul>
College of Nurses of Ontario	
<p>Before candidates apply for election or appointment, they are required to complete a conflict-of-interest statement in which they confirm the following:</p> <ul style="list-style-type: none"> <li>• they have read and understood By-Law No. 3: Conduct of Councillors and Committee Members</li> <li>• that, if elected/appointed, they would behave in accordance with the Conduct By-Law</li> <li>• that they do not have a position that would be a conflict of interest or, if they do, that they would withdraw from that position if elected/appointed.</li> </ul> <p>If a council member believes that he or she or another member of the council has a COI in a particular matter, he or she shall, declare to the Council that a COI prevents them from participating in any discussion or votes on the matter and leave the room for the portion of the meeting relating to the matter even if the meeting is open to the public.</p>	<ul style="list-style-type: none"> <li>• The general language is: Councillors members shall avoid, where feasible, situations where they would have conflicting duties of confidentiality and disclosure between their role with the College and with another person or entity.</li> </ul> <p>The by-law sets out specific examples of COI including:</p> <ul style="list-style-type: none"> <li>• Where the councillor or committee member has a leadership, employment or contractual role or position with a provincial, national or international entity that advances the interests of nurses, has policy making responsibilities for nurses or oversees the regulation of nurses;</li> <li>• Where the councillor member publishes, including a posting on social media, a statement that could impair the public’s confidence in the College.</li> </ul>

If any COI is declared, that fact shall be recorded in the minutes.	
College of Optometrists	
<p>If a Council Member believes or suspects that themselves or any other Council Member may have a conflict of interest, including an appearance of a conflict of interest, in any matter which is the subject of deliberation or action by Council, they shall, prior to any consideration of the matter at the meeting, declare it to Council.</p> <p>If there is any doubt, any Council member may introduce a motion to have the COI determined by Council, which is determined by Special Resolution using a secret ballot.</p> <p>The COI is recorded in the minutes of the Council meeting.</p>	<p>The member cannot be a member of the Faculty of the university of Waterloo School of Optometry and Vision Science.</p> <p>The member files a written agreement with the Registrar to resign from the applicable following positions if elected: an elected representative, director or officer or employee of, or a party to a contractual relationship (if it is reasonable to expect that a real or apparent COI may arise) to provide services to, The Ontario Association of Optometrists, the Canadian Association of Optometrists or any other organization determined by the council, or</p> <p>An appointed Committee chairperson or member of a committee of the Ontario Association of Optometrists or any other organization determined by Council.</p>
College of Registered Psychotherapists of Ontario	
<p>Upon appointment or election and annually thereafter (if requested), every Council or Committee member shall fully complete and deliver a form declaring his or her current and recent affiliations with Professional Associations.</p> <p>If a Council/Committee member believe they have a COI, they must consult, as needed, with the President, the Registrar and legal counsel and declare the potential conflict to the Council or Committee and accept the decision as to whether there is an appearance of conflict.</p> <p>All Conflicts shall be recorded in the minutes of the meeting with a description of the nature of the conflict (so long as the description doesn't breach confidentiality)</p>	<p>To be eligible for Council the member must agree to resign any responsible position before taking office; such as director, board member, officer or employee that they hold with a Professional Association relating to psychotherapy, by completing and returning the COI questionnaire,</p> <p>The member cannot be a member of a council of any other College regulated under the RHPA or of the Ontario College of Social Workers and Social Service Workers.</p>
College of Respiratory Therapists of Ontario	
<p>A council member who has or believes they or another council member have a COI, they will:</p> <ul style="list-style-type: none"> <li>- Declare the conflict to the President, Registrar or Committee Chair at the earliest opportunity</li> </ul>	<p>No specific provisions towards other organizations but the language for defining COI is: where a reasonable person could conclude that the personal or private interests of the individual Council member or Non-Council Committee member, or a related person or related company,</p>

<ul style="list-style-type: none"> <li>- Not participate in discussion or voting on the matter,</li> <li>- Withdraw from the meeting, or in the case of a Council meeting that is open, withdraw from the Council table</li> </ul> <p>All declared conflicts and their resolution shall be recorded</p>	<p>could improperly influence, or be perceived to influence, the individual's judgment in performing his or her duties as a Council member or Non-Council Committee member.</p>
<p>College of Midwives of Ontario</p>	
<p>During the election process, the Registrar shall request every eligible nominee to complete and return a COI questionnaire.</p> <p>If a member of Council is found to have a COI with the overall role, they shall be removed from any committee and a report will be sent to the Public Appointments Secretariat requesting removal of the member, if the member was appointed by Lieutenant Governor in Council.</p> <p>If a Council member believes they have a COI, or where Council has decided there is one:</p> <ul style="list-style-type: none"> <li>- The member shall disclose the COI</li> <li>- Not take part in the discussion of the matter, leave the meeting when related to the matter and not attempt to influence the decision in any way</li> </ul> <p>Every declaration of COI shall be recorded in the minutes.</p>	<p>Within their governance policy:</p> <p>4. "Council and Committee members must avoid conflict of interest with respect to their fiduciary responsibilities."</p> <ul style="list-style-type: none"> <li>- No conduct of private or personal services between any Council member and the College except as procedurally controlled.</li> <li>- Council members may not use their positions to obtain employment</li> </ul> <p>5. Council and Committee members' cannot exercise individual authority over the organization; including interactions with the public, press or other entities must recognize the same limitations</p>



### Council and Committee Member and Volunteer Conflict of Interest Policy Evaluation Questions

**Overall evaluation question:** Is the Council and Committee Member and Volunteer Conflict of Interest Policy achieving its intended goals?

The College demonstrates good governance and integrity in decision-making in executing its public protection mandate. All decisions related to Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Questions for Policy		
<p><b>Policy Goal:</b> Avoid and where not possible manage conflict of interest by Council and committee members, and volunteers.</p> <p><b>Policy Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Emphasize the undeniable importance of serving and protecting the public interest above any one individual or collective;</li> <li>2. Define conflict of interest as it pertains to Council and committee members and volunteers;</li> <li>3. Foster a culture of ethics, discovery, and vigilance around conflict of interest;</li> <li>4. Outline the process and procedures for avoiding and, where not possible, managing conflict of interest in accordance with the By-Laws and Policy; and</li> <li>5. Outline the consequences for failing to comply with the By-Laws and the Policy.</li> </ol>		
Evaluation Question	Indicator and Threshold	Information Required and Sources
1. Are the Policy goals well defined?	Policy document that clearly articulates goals is accessible to the public (College website).	Description of Policy Goals. College website.
2. Does the College enforce cooling off periods?	Cooling off periods are well defined, periodically evaluated, and enforced through by-law eligibility criteria and Policy, and nomination/selection process.	Cooling off periods set out in by-laws. Conveyed in nomination and application forms.
3. Is the Policy reviewed and updated regularly?	Policy is reviewed and updated regularly in accordance with policy review cycle or more frequently as required.	Evidence of regular policy review. Source: Agenda, minutes, Policy.
Questions for Training		
<p><b>Goal:</b> Avoid and, where not possible, manage conflict of interest through education and training.</p> <p><b>Training Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Members attend conflict of interest training;</li> </ol>		

<p>2. Members demonstrate application of new knowledge during course of their duties; and</p> <p>3. Members identify further areas of learning with respect to conflict of interest.</p>		
<b>Evaluation Question</b>	<b>Indicator and Threshold</b>	<b>Information Required and Sources</b>
4. Are Council and committee members and volunteers participating in COI training?	100% of Council and committee members and volunteers participate in mandatory training.	Evidence that training occurred, and participants attended. Source: Meeting minutes and attendance registers.
5. Do Council and committee members and volunteers think that the training has value?	Content is relevant and informative; facilitator has a clear understanding of the needs of the College; facilitator has the competence to lead the training session; facilitator is responsive to participants' questions. Participants identify opportunities for further learning.	Online survey participant feedback.
6. Are Council and committee members and volunteers applying new COI knowledge in the course of their duties?	Members are avoiding and managing conflicts.	Conflicts declared in forms, at meetings. Source: forms, meeting minutes.
<b>Questions for Declaration Forms, Meeting Protocol and Documentation</b>		
<p>Goal: Conflicts are managed through declaration processes and procedures, and meeting material appropriately recorded.</p> <p>Declaration Procedure Objectives:</p> <ol style="list-style-type: none"> <li>1. Members declare conflicts before and during meetings in accordance with By-law and Policy; and</li> <li>2. Council and committee member conflict of interest declarations are recorded in meeting minutes.</li> </ol>		
<b>Evaluation Question</b>	<b>Indicator and Threshold</b>	<b>Information Required and Sources</b>
7. Are Council and committee members and volunteers submitting COI Declaration Form annually?	Forms submitted annually by prescribed timeline.	Declarations documented in annual Conflict of Interest Declaration Form
8. Are completed annual Declaration Forms included as an appendix to each Council and committee meeting package?	Completed annual declaration forms included as appendix to each Council and committee meeting package.	Declarations noted in completed forms. Source: Council and committee meeting material.

9. Do Declaration Forms include definitions of COI and questions based on areas of risk for conflict identified by Council specific to the profession/ College?	Declaration Forms include definitions of conflict of interest and questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College	Forms included in Council package.
10. Do Council and committee members submit a Pre-meeting Declaration Form based on meeting agenda?	Council and committee members submit a Pre-Meeting Declaration Form prior to each Council/committee meeting based on specific meeting agenda.	Forms submitted. COI declarations recorded in meeting minutes.
11. At the beginning of each meeting, are members declaring further conflicts specific to meeting agenda?	Council and committee members declare further conflicts specific to the meeting agenda, particularly when amendments are made to the agenda.	COI declarations recorded in meeting minutes.
12. Are Members engaging in constructive dialogue when discussing the circumstances concerning potential conflicts during meetings?	Members indicate conflicts resolved through constructive dialogue in meeting evaluation forms.	COI declarations recorded in meeting minutes. Meeting evaluation survey feedback.
13. Are Council and committee members found to be in a conflict adhering to the protocol for managing conflicts?	Council and committee members recuse themselves promptly from meetings, and do not attempt to influence other members' decisions. Conflicts are recorded accurately in meeting minutes.	Notation of Member recusing themselves from meeting. Source: meeting minutes. Meeting evaluation survey feedback.
14. Are the COI Annual and Pre-meeting Declaration Forms evaluated/updated regularly?	Conflict of Interest Annual and Pre-meeting Declaration Forms are evaluated and updated regularly.	Review and amendments to forms recorded in meeting minutes.
15. Do Council/committee meeting materials enable the public to clearly identify the public interest rationale and evidence supporting a decision?	Council and committee meeting materials enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. minutes include a link to a publicly available issue/ decision note/briefing note).	Issue and decision/briefing notes included in Council packages. Links to documents included in meeting minutes.



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

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

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

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

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 16 regarding conflict of interest for external consultation. Final proposed amendments will be presented to Council for review and approval at its December Council Meeting.**

Moved by:

Seconded by:

Date:           September 27, 2021



## **Resolution – Council and Committee Member and Volunteer Conflict of Interest Policy**

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

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

**Whereas** the Policy contains provisions to comply with the CPMF; and

**Whereas** the Policy defines conflict of interest as it pertains to Council and committee members and volunteers; outlines the process and procedures for avoiding and, where not possible, managing conflict of interest in accordance with the By-Laws and Policy; and outlines the consequences for failing to comply with the By-Laws and Policy.

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the Council and Committee Member and Volunteer Conflict of Interest Policy.**

Moved by:

Seconded by:

Date: September 27, 2021



**Resolution: Registrar to supervise election of officers**

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

**Whereas** the Registrar is not the chair of meetings;

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

Moved by

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Seconded by

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September 27, 2021



**Resolution: Appointment of Officers and the Executive Committee members**

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

**Whereas** Council members were invited to submit their intent to stand for the Executive Committee on September 1, 2021 and for president and vice-president on September 1, 2021; and

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

**Whereas** the members below were elected and/or acclaimed.

**Therefore, be it resolved that:**

**be appointed President;**

**be appointed Vice-President;**

**be appointed as a member of the Executive Committee;**

**be appointed as a member of the Executive Committee; and**

**be appointed as a member of the Executive Committee.**

**Moved by**

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**Seconded by**

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**September 27, 2021**

Proposed Committee Composition 2021/2022

Green= Committee Chair or Vice-Chair

Committee	Professional members 2021/2022	Public members 2021-2022	Member(s)-at-large 2021/2022
Executive	Members to be elected at Sept Council Meeting	Members to be elected at Sept Council Meeting	
Finance	Ben Matthie, (Chair) Jennifer Pereira Elwin Lau	Chad McCleave (Vice Chair) Mary Pat Moore Brad Markis	
Specialties	Pending Decision at Council Meeting	Pending Decision at Council Meeting	
Registration	Ryan Wight,(Chair) Graydon Raymer Elwin Lau, Jennifer Pereira Ben Phalavong Corby Anderson	Sara Gottlieb, (Vice Chair) Victoria Nicholson Brad Markis Leslee Brown	Kristen Baker Alyssa King William Gittins - (New Appointment) Miriam Fong - New Appointment
Quality Assurance	Graydon Raymer (Chair) Marie Cousineau Candance Glowa Susan Garfat	Leslee Brown, (Vice Chair) Victoria Nicholson Teresa Bendo Brad Markis (alternate)	Alicia Oliveira Janice Gage Adeola Giwa Xana Ouellette Abiy Wolde-Michael - (New Appointment)
ICRC	Ben Matthie, (Vice Chair) Susan Garfat Elwin Lau Ben Phalavong Corby Anderson	Leslee Brown (Chair) Chad McCleave Teresa Bendo Brad Markis	Michelle Young Sasha T- Atkinson Francesca McKenzie Leanne Smith Evan Irani Kimberly Finnie
Patient Relations	Marie Cousineau Corby Anderson Ben Phalavong Ryan Wight	Teresa Bendo, Chair Victoria Nicholson, (Vice Chair) Sara Gottlieb Mary Pat Moore	Ariel Zohar Aaron McCullagh Jane Gage
Examination Appeals	Candace Glowa, Chair Ben Matthie	Chad McCleave Mary Pat Moore	
Discipline	All	Sara Gottlieb, Chair Mary Pat Moore, Vice Chair	Alyssa king Pamela Paquette
Fitness to Practise	Ben Matthie (Chair)	All	Amber Provencal Levesque





## **Resolution- Committee slate for 2021/2022**

**Whereas** the bylaws specify that Council shall appoint members to Committees; and

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

**Whereas** the terms of appointment are generally for one year and such Committee appointment terms of Council members have expired; and

**Whereas** Council members, including three newly elected, were canvassed for their interest regarding which committees they wished to serve on for the coming year; and

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

**Whereas** per By-law 13, the Executive Committee reviewed applications for appointment as members-at-large, the preferences of Council members where indicated, and also considered the needs of the Committees and is now recommending a proposed slate for committee membership based on the needs of each committee and the interests and skills of Council members and kinesiologists;

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario appoints the committee members and chairs as per the attached slate developed and recommended by the out-going Executive Committee.**

Moved by:

Seconded by:

Date: September 27, 2021

College of Kinesiologists of Ontario

**DRAFT**

## **SUCCESSION PLANNING MENTORSHIP PROGRAM**

### **Purpose**

The purpose of the mentorship program is to ensure that newer members of Council and Committees have ongoing access to an experienced member of Council to:

- Support the development of the newer member as they adjust to their governance responsibilities on a not-for-profit board;
- Provide a venue to have informal conversations that would not be possible in formal meeting settings;
- Share information that a new member would find valuable as they enter their first term as a Council and/or Committee member;
- Be a resource during and in between meetings, bearing in mind that the focus between meetings should be on process and protocols, and not on discussion of agenda content and issues;
- Serve to develop the next cohort of chairs and vice-chairs, the expectation being that each new Council and Committee member be mentored to becoming a chair/vice chair within three years of their first election/appointment;
- Capture and pass on the valuable skills, experience and legacy knowledge of Council and Committee members coming to the end of their term with the College.

### **Protocol**

#### *Mentor qualifications guideline*

- Mentors should have sufficient length of experience on the Council or a Committee [guideline: 2-years], at which point each Council and Committee member will be expected to take on a mentoring role with newer members
- Mentors should have sufficient breadth of experience on Council and/or Committees [guideline: served on at least 2 Committees of Council]

### **Process**

- Generally, Council will request expressions of interest after the regularly scheduled election of Council members, with the reminder that ensuring succession is one of the fiduciary duties of a Council member
- Expressions of interest should be submitted prior to or during the first meeting of Council following the election

## Matching

- Matching of mentors to new Council members will occur at the first Council meeting following the election
- When matching mentors and mentees, take into consideration:
  - Desirability of having the mentor serve on the same committee(s) as the mentee
  - Importance of ensuring access to expertise of both elected and appointed Council and committee members

## Type of Support

Pre- and Post-Council/Committee meeting check-ins:

- Mentors and mentees will arrange for an informal check-in prior to each Council or Committee meeting. A debrief session will also be held after each Council or Committee meeting.

The check-in and debrief sessions should include the following discussion topics:

- Understanding the materials in relation to the legislation, regulations, by-laws, policies, which may be new to the member, and help the member to situate the issues within these frameworks. These sessions should not include discussion or debate of specific agenda issues.
- Clarification regarding processes at the College and the respective roles of Council and the management/staff team and the appropriate relationship between them.
- Areas where further guidance is required in order to effectively carry out duties, such as how to prepare, how to manage time, the importance of participation in discussion.

Mentors and mentees may obtain coordination assistance from the College to help get them started.

Per diems will not be paid as all meetings are to take place around scheduled Council and Committee meetings.

## Other Support

Mentors and mentees may connect via email, zoom or phone between Council meetings as necessary, however the discussions should focus on understanding of process, protocols, expectations, duties and how to manage them, etc. and not on agenda content.

## **Program Evaluation**

A feedback/evaluation process on the efficacy of the program in meeting the participants' needs and fulfilling the purpose of the Succession Planning Mentorship Program will be conducted at the end of the first year of the program to inform and enhance the program going forward.



## **Resolution- Succession Planning and Mentorship Program**

**Whereas** the Executive Committee has reviewed and discussed the proposed Succession Planning Mentorship Program and recommends it to Council;

**Therefore be it resolved that the Council of the College of Kinesiologists of Ontario approves the Succession Planning Mentorship Program as presented.**

Moved by:

Seconded by:

Date: September 27, 2021