



Council Meeting

Draft Agenda

Date: March 20, 2023 **Time:** 9:25 a.m. **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
Please complete the online Conflict of Interest Disclosure/Declaration Form prior to the meeting.					
1	9:25 am	Call to order, roll call, welcome	J. Pereira	No	Information
2	9:26 am	Introductions	J. Pereira	No	Information
3	9:27 am	Conflict of interest declarations	J. Pereira	No	Decision
4	9:28 am	Approval of agenda	J. Pereira	Yes	Decision
5	9:29 am	Approval of minutes: <ul style="list-style-type: none"> • December 5, 2022 • February 13, 2023 	J. Pereira	Yes	Decision
6	9:32 am	<p>Action Items from the December 5 meeting:</p> <ol style="list-style-type: none"> 1) Investigate the costs of holding in-person meetings and report back to Council. This will be taken into consideration when determining the frequency of in-person and/or hybrid meetings. (Completed) 2) Correct two incorrect date ranges in the draft RFP for Strategic Planning. (Completed) 3) Determine if recordings from the CNAR conference can be shared with all Council meetings. If so, then share the links with Council members. (Completed) 4) Undertake 60-day public consultations on the following: <ul style="list-style-type: none"> ○ By-law 6 Election of Officers amendments (Completed) ○ By-law 10 Election of Council Members amendments (Completed) ○ By-law 12 Committees amendments (Completed) ○ By-law 19 Fees amendments (in-progress) ○ Business Case Fees (in-progress) 5) Further research to be conducted by College staff regarding By-law 13 – Amendments for the Selection of Committees: (Completed) <p>Action Items from the February 13 special Council meeting:</p> <ul style="list-style-type: none"> • Undertake 60-day public consultations on the following: <ul style="list-style-type: none"> ○ Draft emergency class regulation (in-progress) 			



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
7	9:35 am	Governance Reform — Presentation on Council Evaluation Framework	Deborah Adams Registrar and CEO, (CRPO)	No	Information
	10:35 am	Break			
8	10:45 am	Committee Reports <ul style="list-style-type: none"> • Discipline • ICRC • Registration • Quality Assurance • Patient Relations • Q2 Finance Report/Dashboard College investment update 	Committee Chairs	Yes	Information
9	10:55 am	Registrar's Report	N. Leris	No	Information
10	11:15 am	President's Report	J. Pereira	No	Information
11	11:25 am	Registration <ul style="list-style-type: none"> • Language Proficiency Policy • Registration Database Update • Emergency Class Certificate of Registration 	F. Teape	Yes	Decision / Information
	12:00 pm	Lunch Break			
12	1:00 pm	Practice Standard and Guideline updates: Complementary and Alternative Therapy Guidelines	B. Fehst	Yes	Decision
13	1:10 pm	Fee communications:	L. Butler / M. Bianchi	No	Information



	Time	Discussion Item	Presenter/ Speaker	Document Included	Action
		By-law 19 fee consultations			
14	1:30 pm	By-law updates <ul style="list-style-type: none"> • Consultations 6,10,12 • Review 13 	B. Fehst	Yes	Decision
15	1:50 pm	Update: Review of Kinesiology Core Competency Profile	F. Teape	No	Information
16	2:00 pm	CPMF 2022-2023 submission	B. Fehst	Yes	Decision
	2:15 am	Break			
17	2: 25 pm	Communications update <ul style="list-style-type: none"> • University visits • Outreach and public awareness 	L. Butler	No	Information
18	2:40 pm	Risk Management Plan review	N. Leris	Yes	Decision
19	2:55 pm	Insurance update	M. Bianchi	Yes	Information
20	3:00 pm	Committee appointments: <ul style="list-style-type: none"> • Review Committee Slate • Governance and Nomination Committee 	N. Leris	Yes	Decision
21	3:10 pm	Five-Year Council Meeting Schedule	J. Pereira	Yes	Information / Decision
22	3:15 pm	Review of action items	J. Pereira	No	Review
ADJOURNMENT					



December Council Meeting Minutes

Date/Time of Meeting:	Monday, December 5, 2022 – 10 a.m.
Council present:	Jennifer Pereira, Corby Anderson, Teresa Bendo, Matthew Daher, Susan Garfat, Sara Gottlieb, Ben Matthie, Brad Markis, Chad McCleave, Victoria Nicholson, Jana Smith, Leanne Smith, Heather Westaway, Ryan Wight
Staff members:	Nancy Leris, Michelle Bianchi, Lynn Butler; Brian Fehst, Colleen Foster, Magdalena Reder, Fiona Teape
Guest presenters:	Usman Paracha CPA, CA, CGA, LPA, CIA, CFE, FCCA, Associate Partner, Hilborn LLP Dr. Nafeesa Jalal, PhD
Guests/observers:	Lucksini Raveendran, Ministry of Health Christine Forsyth

1. Call to order, roll call, welcome

Jennifer Pereira, Chair and Council President, called the meeting to order at 10 a.m. and welcomed Council, staff members, and guests.

The Chair shared a Land Acknowledgement.

As the notice of the meeting had been duly given in accordance with the by-laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.

2. Introductions

Jennifer Pereira, President and Chair, welcomed the following guests to Council:

- Dr. Nafeesa Jalal, PhD
- Usman Paracha, Associate Partner at Hilborn LLP
- Lucksini Raveendran, Ministry of Health

Jennifer provided a brief update on the November by-elections to Council and welcomed new Council member Matthew Daher who was elected in District 4 by acclamation.

Jennifer also noted that the by-elections in Districts 2 and 6 did not produce any candidates and that the College is reviewing its options for filling these two Council seats.

Jennifer reminded meeting attendees that the College requires cameras to remain on during meetings to support and encourage engagement. She also noted that, due to a packed agenda, the strategy for getting through it efficiently would be to use a “parking lot” approach to any questions and comments unrelated to the agenda, and that these items would be reviewed at the end of the meeting and/or would be brought forward to the next Council meeting.

3. Conflict of Interest Declarations

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

Jennifer also reminded Council members that they must complete the following forms annually:

- Confidentiality and Non-disclosure Agreement form
- Council and Committees Annual Declarations and Attestations form
- Professional Affiliations form.

The completed forms are required under the College’s By-law 16.05 – Conflicts of Interest/Declaration Forms. These forms are in addition to the Conflict-of-Interest form that members must sign before each meeting.

4. Approval of Agenda

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

5. Approval of Minutes from the September 26, 2022 Council Meeting

UPON A MOTION duly made by Corby Anderson and seconded by Sara Gottlieb, it was resolved that the minutes be approved. Carried.

6. Action Items from the September 26, 2022 Council Meeting

- 1) Determine why some candidates who write the entry-to-practice exam do not register with the College of Kinesiologists of Ontario after they have passed the exam. **Completed**

Fiona Teape, Director of Registration, presented a report on candidate registration post-examination and the percentage of successful entry-to-practice examination candidates who become registered with the College.

Recommendations for increasing candidate registration post-examination include:

- Increased and regular communication to potential applicants
- Streamlined instructions regarding the process to become registered
- Survey non-registrants to gain further insight.

- 2) Review and recommend how Council meetings should proceed in the future, taking into consideration the following:
- Should meetings be held in person, virtual or hybrid?
 - Should the September meeting continue to be in person with a remote option for those who cannot attend in person?
 - Should the September meeting be one or two days since it includes training? **Completed**

Lynn Butler, Manager of Communications, presented a report on the format of future Council meetings based on a survey of Council members.

Recommendations for the format of future Council meetings include:

- Consider holding hybrid Council meetings
- Plan to hold a two-day in-person Council meeting in September 2023.

Resolution – Approval of two-day hybrid Council meeting in September 2023

*UPON A MOTION duly made by Sara Gottlieb and seconded by Heather Westaway, it was resolved that Council approves moving forward with a hybrid (in-person and virtual) two-day Council meeting in September 2023 with an option for other hybrid meetings following a cost analysis for holding in-person meetings. **Carried.***

7. Training – EDI-B Education

Jennifer Pereira introduced Dr. Nafeesa Jalal, the founder and CEO of N. Jalal Global Consulting, a boutique firm that was established to help build understanding, competence and capacity around DEI, anti-racism and ally-ship. Dr. Jalal provided training in EDI-B to Council members and College staff.

8. Committee Reports

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

Ben Matthie, chair of the Planning and Finance Committee, provided an update indicating that the College had 100 new registrants by the end of the quarter. He indicated that there are no concerns about the College's financial situation and that the College is on track to meet financial goals.

9. Registrar's Report

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

The College moved from a hybrid model, to working fully remote again, to reduce the risk of critical illness on the College's ability to deliver services.

The College has also reviewed the three-year strategic plan, which ends in December of 2022 and has noted the following achievements in the last year.

The College's strategic plan focused on three goals.

Goal #1 - Strengthen the College's decision-making capacity to improve patient/client safety and reduce the risk of harm to patients/clients.

Plan:

- Develop a profile of qualifications and expertise to use in the selection of Council and committee members that seeks the following skill sets: technical, leadership, decision-making and interpersonal. We will also focus on Equity, Diversity and Inclusion.
- Develop training mechanisms for Council and committees that focus on the public interest and reducing risk of harm to patients/clients.
- Increase openness around our processes to select Council and committee members.

Results:

- Developed Terms of Reference for Governance and Nominations Committee.
- Developed External Member Selection Policy for Governance and Nominations Committee.
- Developed a Succession Planning and Mentorship Program Policy, to support the onboarding of new Council members and to promote continuity of participation and decision-making approaches on Council.
- Developed and published experience and competency profile for Council and committees, as well as publishing the nomination eligibility criteria.
- Published an updated Conflict of Interest Policy and by-laws.
- Introduced requirement that all Council members must sign a Conflict-of-Interest Declaration Form.
- Developed pre-nomination Council orientation modules.

Goal #2 - Promote competent, safe and ethical kinesiology practice that is patient/client centred. Promote collaboration among health professions to further protect patients/clients.

Plan:

- Develop a definition of patient/client-centred care in the context of kinesiology practice.
- Increase communication to kinesiologists on recommended practices to reduce risk of harm.
- Increase communication to various groups on the importance of working with other regulated health professionals.
- Increase resources to patients/clients of kinesiologists to empower them in the management of their care.

Results:

- The COVID-19 pandemic resulted in significant changes to the practice environment, some of which are ongoing.
- The College provided a dedicated website COVID-19 section to ensure that kinesiologists and patients/clients had accurate, up-to-date information regarding how kinesiology treatment, care and services may be provided during the pandemic.
- The College collaborated with other health care professional regulatory colleges to develop and publish practice materials pertaining to issues such as virtual practice.
- The College has adopted the Spousal Exception to the sexual abuse provisions in the RHPA, 1991 and the Health Professions Procedural Code. This was seen as an opportunity to take a risk-based “right-touch” approach to regulation, by ensuring that the College’s resources may be allocated to highest-risk conduct, while still maintaining cautions and safeguards against inappropriate behaviors that present a lower risk to the public.
- The College has reviewed and, where necessary, revised its Practice Standards, Guidelines and mandatory learning materials pertaining to sexual abuse.

Goal #3 - Analyze and report on data and information that demonstrates our progress toward reducing risk of harm and how we protect the public.

Plan:

- Publicly report on progress towards achieving the goals in the College's strategic plan and how the public interest is served by these goals.
- Continually improve business and regulatory processes to enhance public protection.

Results:

- The College has actively engaged with the provincial government's College Performance Measurement Framework (CPMF) reporting process. The annual CPMF report provides an opportunity for the College to reflect on its business and regulatory processes across several key domains. This report also includes quantitative context measures for college portfolios including quality assurance and professional Conduct.
- The College also completes an annual report to the Ontario Fairness Commissioner (OFC)
- The College has supported Healthcare Workforce Planning initiatives by submitting Health Professions Database reports to the provincial government.
- The College reviews its internal risk management plan twice each year. As part of this process, the risk management plan (and any proposed changes or amendments) is presented at Council meetings, which are open to the public.
- The College's website includes a page where public feedback can be provided regarding proposed policies, processes, standards and by-laws.

The results of the strategic plan provide context as to why the documents have deadlines that coincide with the reporting of the CPMF to the Ministry.

The College's next strategic planning process will begin in early 2023. An RFP has been developed for the recruitment of a facilitator.

Staff performance appraisals

As the College has new staff where probationary periods are ending and some are reaching their first-year anniversary with the College, the focus has been on staff performance appraisals to be concluded in January of 2023.

CNAR attendance

The Canadian Network of Agencies for Regulation (CNAR) 2022 hybrid conference was an opportunity to learn from, share information and connect with other regulatory professionals and subject matter experts from across Canada.

In October, two members of Council and three staff members attended (online and in-person, respectively). This was part of the professional development of staff and Council.

Sessions attended by staff included:

- Impact of the COVID-19 pandemic on mental health and how regulators have navigated the pandemic and its impact on regulators, members and the public
- A full-day pre-conference workshop about Equity, Diversity and Inclusion (EDI)
- Indigenous Cultural Safety, Cultural Humility and Anti-Racism
- Evidence-based Standards of Practice Reform
- Workplace Standards – A Component of Quality Practice.

College Performance Management Framework (CPMF)

Earlier in November, the Ministry of Health conducted a “soft launch” of the 2022 CPMF reporting tool. As part of this soft launch, the College attended a meeting with the MOH. This meeting was a discussion regarding the College’s March 2022 submission of the College Performance Measurement Framework.

The College shared information regarding:

- Examples of how the College engages with other health regulatory colleges and system partners
- The cooperative and collaborative relationships that the College maintains to ensure responsiveness to changing public expectations
- Examples of how the College responds in a timely and effective manner to changing public expectations (e.g., Diversity, Equity and Inclusion, and Public Engagement); and
- The College’s progress towards improvement commitments identified in the College’s March 2022 CPMF submission.

The Ministry provided feedback regarding the March 2022 CPMF submission:

- There were no areas where the College’s response(s) were misaligned with the relevant CPMF Domain, Standard, Measure or required Evidence.
- The Ministry made some suggestions about formatting of the College’s responses.
- The Ministry identified responses from the College they considered to be exemplary.

Overall, the College feels that it has satisfied the Ministry with its submission on Domain 3. The next steps will be for staff to begin assembling the required information to be able to report fully and appropriately in March.

HPRO EDI-B/anti-racism Group

The goal of the working group, which began work in 2020, is to facilitate efforts by all 26 HPRO members to identify and implement timely, tangible, and coordinated actions to actively work against racism and promote equity, diversity and inclusion.

The Government of Canada has partnered with HPRO to advance equity and anti-racism in health profession regulation. HPRO has received an \$88,000 grant from the Government of Canada’s Community Support, Multiculturalism, and Anti-Racism Initiatives (under the Department of Canadian Heritage and the Minister of Housing and Diversity and Inclusion).

This grant will support the following:

- An equity, diversity and inclusion (EDI) framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation
- An EDI self-assessment checklist and reporting tool
- The development of an EDI toolkit, including internal training components for colleges.

A consultant has been selected to complete the project deliverables, with guidance from an HPRO Steering Committee, of which the College is a member.

The College will also continue to make collaborative and individual efforts to combat systemic racism. As part of this exercise, Dr. Nafeesa Jalal spoke to our Council members on this topic.

Bill 106

On April 14, 2022, the Ontario government enacted Bill 106, the *Pandemic and Emergency Preparedness Act, 2022*, which introduced changes to the Registration Requirements regulation under the *Regulated Health Professions Act, 1991*.

On October 25, 2022, the government announced the following new registration requirements, which will be in force by January 1, 2023:

- Restrictions on the requirement for Canadian work experience as a condition of registration
- A requirement to accept English or French language proficiency testing that is accepted for the purposes of immigration to Canada
- Mandatory timeframes for registration decisions and responses, including timelines applicable to the Registrar's decision about an application, or referral of the application to the Registration Committee.

Additionally, all health regulatory Colleges will be required to establish an emergency class certificate of registration by August 31, 2023. The government has stipulated that the regulations establishing the emergency class certificate must identify:

- The circumstances that would prompt the issuance and renewal of the emergency class certificate
- The circumstances in which the holder of an emergency class certificate could be exempt from certain registration requirements if applying for another class of certificate of registration.

The College has been working on fulfilling the requirements under Bill 106 by policy and procedure development, including aligning existing policies and procedures to address some of these requirements. Additional work on an updated Language Proficiency policy will be shared with the Registration Committee for approval.

College staff have started work identifying the circumstances associated with the emergency class certificate of registration. The College is also working with other regulators to ensure consistency where possible. More information will be available to Council in the new year.

Governance Reform and Regulatory Modernization

In January 2022, the Ministry of Health met with regulated health colleges and sought feedback on a policy proposal for governance reform, regulatory modernization and reducing barriers to registration. To date, the Ministry has only moved forward with reforms to reducing barriers to registration, through the enactment of Bill 106.

Under modernization reforms, the Ministry has proposed the inclusion of Colleges under the French Language Services Act (FLSA) through legislative amendments designating colleges as public service agencies. If approved, there would be increased requirements for colleges to provide French-language services.

In February 2022, following a special meeting of Council, the College reaffirmed its compliance with the existing legislative requirements and its provision of French language documents and translation services. The College noted that full compliance with the FLSA would create significant financial and resource challenges. The College recommended a gradual and phased compliance timeline for implementation in consideration of the limited operational budget of smaller colleges. It was also noted that regulators have a history of collaboration on Ministry and operational initiatives, and the College is open to sharing resources to achieve the proposed French language service mandate.

Work is ongoing to amend/revise the Governance and Nomination Committee Terms of Reference, as well as revise the proposed external member selection policy for this Committee. This was presented to Executive Committee on November 21, 2022. This work should be completed in time for the submission of the CPMF in March of 2023.

Work is also ongoing to develop a formal approach to Council and Committee Succession Planning and Mentorship program. This was presented to Executive Committee on November 21, 2022 and will ensure that steps have been taken to build and maintain leadership and institutional knowledge on the College's Council and Committees.

Review of by-laws

Revisions have been proposed to By-laws 6, 10, 12 and 13 in keeping with the College's environmental scan regarding terms, term limits and election processes (election eligibility, addressing vacancies and supplemental/by-election processes). This work has been done in anticipation of proposed governance reforms/modernization initiatives from the provincial government, as well as to adopt governance best practices.

Revisions/amendments have also been proposed to By-law 19 regarding changes to the College's fee schedule (i.e., to permit a one-time increase).

Proposed by-law amendments will be presented to Council for consideration and, with Council's approval, will be sent for 60-day public consultation. Final approval is expected at the March 2023 Council meeting.

Online exam update – fall 2022

The College's fall 2022 online entry-to-practice exam was held on September 21, 2022. A total of 218 applicants wrote the exam including one who wrote the exam in French. The College secured an additional session for candidates who were unable to complete the exam on September 21 due to technical issues. Nine applicants were rebooked for September 22 and one candidate was rebooked for September 23.

A total of 144 applicants passed the exam and 74 failed – a pass rate of 66 per cent. The College received seven incident reports from the exam provider but upon review no further action was required. Overall, the exam session was successful and no requests for an appeal were received. The next exam is scheduled for April 19, 2023.

iMIS Upgrade Road Map

In fall 2022, the Registration Department engaged in discussions with the College's database vendor to determine the best path forward as well as to establish relationships with new staff. Staff also surveyed and consulted with other Ontario regulators to learn more about their current system experiences.

In January/February 2023, the College will begin implementing required updates for system and security optimization. Between March and June 2023, the College will work with its system partners to realign the database and forms. This should result in improvements to the renewal experience for registrants in July 2023.

Financial audit and annual report

The financial audit and accompanying annual report were completed for 2021-2022. Draft audited financial statements and the annual report for 2021-2022 will be submitted to the Ministry after approval by Council.

In December, the College is planning a staff team-building event to build on and encourage team collaboration and cohesiveness. The College will be closed for a half day to focus on team development. The College is also closed for the holidays from December 26 to 30.

10. President's Report

Jennifer Pereira, Chair and Council President, opened by discussing the role of the College, followed by her President's Report.

The President provided the following summary of activities that she has been involved with in her role as President:

- Attended various committee meetings
- Been in constant communications with the Registrar/CEO
- Been in contact with staff (with the Registrar's knowledge)
- Managed stakeholder communications
- Participation in Council orientation.

The President also noted that she attended the CNAR Conference (remotely) along with Council member Vicky Nicholson. Both agreed that the conference was very interesting, and the president provided an overview of some of the topics discussed. Council asked if recordings from the CNAR conference can be shared with all Council meetings. College staff will follow up with CNAR.

11. Draft Audited Financial Statements

Jennifer Pereira called upon the College's auditor, Usman Paracha, Associate Partner at Hilborn LLP, to present the draft audited financial statements. The auditors presented a clean opinion.

The auditors proceeded to provide a high-level overview of the Auditor's Report, Statement of Financial Position, Statement of Changes in Net Assets, and the Statement of Operations. They also provided a brief review of the notes to the financial statements and responded to questions posed by Committee members.

Resolution – Approval of Audited Financial Statements

UPON A MOTION duly made by Brad Markis and seconded by Vicki Nicholson, it was resolved that Council approves for circulation, and submission to the Minister of Health, the audited financial statements for 2021/2022 as presented. Carried.

12. RFP and Steering Committee for Strategic Planning

1) Strategic Planning RFP

The College has come to the end of the implementation of the College's 2019 – 2021 Strategic Plan and is now preparing for a new three-year cycle.

The RFP was reviewed by the Executive Committee on November 21 and is recommended to Council for approval. The proposal explains the strategic planning process and provides information on the work to be completed. The strategic planning process requires expertise and dedicated time. In the past, the College has selected one consultant (through a competitive process) for strategic planning. This consultant has provided competitive pricing for their work on behalf of the College to-date.

Council must consider its direction to the College, as there may be a desire to engage a different consultant or multiple consultants. Using the same consulting firm as in previous years will require an exemption from the Procurement Policy. An allocation for this project was approved in the 2022/23 fiscal budget.

The objective of the proposal is for the College to engage a consultant to prepare materials for and facilitate a two-day strategic planning workshop to guide key initiatives over the next three to five years.

The goals of the Strategic Plan are to:

- I. Guide development of the College and Council over the next three years
- II. Improve engagement of registrants and the public
- III. Advance the College in its mandate of public protection.

The scope of works for the consultant and the goals of the workshop are highlighted in the RFP. Staff will subsequently develop a business plan to address the goals and initiatives in the strategic plan.

Resolution – Approval of RFP for Procurement of a Facilitator for Strategic Planning

UPON A MOTION duly made by Chad McCleave and seconded by Vicky Nicholson, it was resolved that Council approves the Request for Proposal for Procurement of a facilitator for Strategic Planning to be posted on Merx as presented. Carried.
There was one abstention: Matthew Daher

2) Steering Committee.

To ensure a productive and meaningful strategic planning workshop that meets Council's expectations and provides future directions for the College, considerable upfront work is required including an environmental scan, issues analysis, and procurement of a facilitator.

This requires that a Steering Committee be appointed for the specific purpose of working with the Registrar to manage the planning process, confirm analysis, agenda, and priority issues.

The Steering Committee will be tasked with:

- the procurement of the facilitator and
- will identify strategic issues and prioritize them in terms of importance, timing and feasibility. These issues will be discussed at the workshop.

The Executive Committee has reviewed and is recommending three Council members to serve on the Steering Committee for strategic planning for your approval.

Resolution – Appointment of Strategic Planning Committee

UPON A MOTION duly made by Susan Garfat and seconded by Corby Anderson, it was resolved that Council approves the appointments of Jennifer Pereira, Chad McCleave and Victoria Nicholson to lead the Strategic Planning Steering Committee for the development of the new Strategic Plan as presented. Carried.

13. Business Case for Fees and By-law 19 Updates

Registrar Nancy Leris and the Director of Operations and Financial Services, Michelle Bianchi, presented the Business Case on Fees Increase and the updates to By-law 19 – Fees.

The College's sole source of income is member fees, which must cover all operating expenses. The College's overall fee structure has not changed since the College was proclaimed in 2013 as an active regulatory body registering kinesiologists in Ontario. The College's fees were set from inception to cover the costs of doing business over the last ten years and the College has successfully done so without passing any additional costs to the membership. However, increased costs over the last ten years have forced the College to review its fee structure and plan to ensure continued effective regulation of the profession.

The College has explored a range of options to mitigate the risks associated with increasing costs of business. Specifically, it is proposed that the College increase fees to offset increasing operating costs. The fee increase proposed in the business case would promote public protection by:

- 1) Ensuring that the College's core operations are sustainable
- 2) Enhancing the College's flexibility to pursue developing initiatives and best practices, including changes in legislation
- 3) Ensuring that the College remains able to respond to unanticipated costs.

Proposed amendments to the College's fee schedule will, upon approval in principle by Council, be circulated externally for consultation. Following this consultation period, further amendments may be made based on stakeholder feedback. The final fee schedule will then be referred to Council for final approval.

Resolution – Amendments to the College's Fee Schedule

UPON A MOTION duly made by Jana Smith and seconded by Ben Matthie, it was resolved that Council approves the proposed amendments to the College's Fee Schedule for a 60-day external consultation. Carried.

The College has reviewed its current fee schedule and has reviewed the relevant by-laws (By-law 19: Fees). The intent of the College is to ensure that the by-laws are clear, relevant, and fit for the purpose of meeting the College's present and anticipated future operational requirements.

Proposed amendments to By-law 19 will, upon approval in principle by Council, be circulated externally for consultation. Following this consultation period, further amendments may be made to the by-law based on stakeholder feedback. The by-law will then be referred to Council for final approval.

Resolution –Amendments to By-law 19 - Fees

UPON A MOTION duly made by Teresa Bendo and seconded by Chad McCleave, it was resolved that Council accepts and approves the proposed amendments to By-law 19 - Fees for a 60-day external consultation. Carried.

14. Draft Annual Report

Lynn Butler, Manager of Communications, presented the draft 2021/2022 Annual Report for review and approval. The College is required by law to submit an Annual Report to the Ministry of Health and to post it on the College's website.

Resolution – Approval of 2021/2022 Annual Report

UPON A MOTION duly made by Susan Garfat and seconded by Heather Westaway, it was resolved that Council accepts and approves the draft 2021-2022 Annual Report for submission to the Ministry of Health and for posting to the College website. Carried.

15. Registration and Examination Statistical Report Presentation

The College's Director of Registration, Fiona Teape, presented to Council on the Registration and Examination Statistical Report.

16. Policy Material Development and Review Framework

Brian Fehst, Manager of Professional Practice provided an update on the policy material development and review framework.

The College has developed a formal approach to the development and review of policies and other materials (including practice standards and guidelines) published by the College.

College staff performed an environmental scan, and the results have informed the development of a draft Policy, Document and Material Development and Review Framework. Upon approval by Council, the Policy, Document and Material Development and Review Framework will be implemented into College operations.

Resolution – Approval of Policy and Material Development and Review Framework

*UPON A MOTION duly made by Teresa Bendo and seconded by Vicki Nicholson, it was resolved that Council approve the Policy and Material Development and Review Framework as presented. One abstention. Carried.
There was one abstention: Brad Markis*

17. Governance

Brian Fehst presented on governance including the Governance and Nominations Committee Terms of Reference and the External Member Selection Policy.

The government of Ontario has proposed a series of governance reforms and modernization initiatives that will apply to health profession regulatory colleges. To meet the expected requirements of these legislative changes, the College has committed to identifying and applying governance best practices into its operations. This includes establishing a Governance and Nominations Committee as a non-statutory committee of the College.

Resolution – Governance and Nominations Committee External Member Selection Policy

*UPON A MOTION duly made by Teresa Bendo and seconded by Corby Anderson, it was resolved that Council approve the Governance and Nominations Committee External Member Selection Policy as presented. **Carried.***

At the September 2021 Council meeting, Council approved proposed amendments to the draft Terms of Reference (TOR) for the Committee. On November 23, 2021, the Executive Committee's review of the External Member Selection Policy for the Committee included feedback that had implications for the wording of the TOR, which was then reviewed by an external consultant. The resulting amendments to the TOR were reviewed by the Executive Committee on November 21, 2022 and referred to Council for approval.

Resolution – Approval of Governance and Nominations Committee Terms of Reference

*UPON A MOTION duly made by Susan Garfat and seconded by Heather Westaway, it was resolved that Council approves the Governance and Nominations Committee Terms of Reference. **Carried.***
There was one abstention: Matthew Daher

18. Elections Update

In December 2021, the professional member from District 4 resigned from Council, prior to their term end in July 2023. In March 2022, the professional members from Districts 2 and 6 also resigned. The District 2 member's term ends in July 2023 and the District 6 member's term ends in July 2024.

According to College By-law 10.33, the resignations created long-term vacancies in Districts 2, 4 and 6 since the seats became vacant more than 12 months before the members' terms of office expired. At the Council meeting on September 26, 2022, and in accordance with the by-laws, Council approved running by-elections in Districts 2, 4 and 6. The by-elections concluded in November 2022 with a new member being acclaimed to Council in District 4. The nomination period did not produce any candidates in Districts 2 and 6.

As the vacancies in Districts 2 and 6 are long-term, and in accordance with the by-laws, Council may consider any of the following options:

- appoint as a councillor the eligible candidate, if any, who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes; or

- in the case of a vacancy declared pursuant to By-law 10.31 (ii), appoint a successor from among the members of the College who would be eligible for election if an election were held; or
- if there is no eligible candidate under 10.33(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.

Options for consideration

The two openings in Districts 2 and 6 are long-term vacancies and given the scrutiny that all colleges are under, proceeding with appointing a previous candidate or a successor from among the membership may diminish trust and confidence in the College's governance processes. If Council decides to proceed with this option, they will need to demonstrate that this process of appointment was fair and transparent.

However, since the annual election process will begin again in March 2023, the elections for Districts 2 and 6 can be held at that time. The process will be viewed as open, fair, and transparent. This will also eliminate the additional time and costs that would be incurred by running another by-election.

Resolution – Vacancies in Electoral Districts 2 and 6

UPON A MOTION duly made by Teresa Bendo and seconded by Susan Garfat, it was resolved that Council directs the Registrar to include the vacancies in Electoral Districts 2 and 6 in the annual election process that begins in March 2023. Carried.

19a. Revised Committee Slate

At the September Council meeting Council approved a slate for committee members. Since then, there have been the following changes to the Committee slate.

- Registration Committee:
 - Removal of Kristen Baker
 - Removal of Sherry Parent
- Patient Relations Committee
 - Removal of Logan Strasser
- Registration Committee
 - Addition of Ryan Wight for continuity on Committee.

Addition of Matthew Daher to the:

- QA Committee
- Patient Relations Committee
- Exam Appeals Committee

Resolution – Revised Committee Slate for 2022/2023

UPON A MOTION duly made by Susan Garfat and seconded by Teresa Bendo, it was resolved that Council approves the revised 2022/2023 Committee Slate as presented. Carried.
There was one abstention: Matthew Daher

19b. Kinesiologists Core Competency Profile

The Kinesiologists Core Competency Profile has not been reviewed since the College's inception and was approved by Council in January 2012. Council, at its meeting of June 2022, approved the appointment of a consultant to perform a comprehensive review of the profile.

The competency revalidation project will rely on the participation of Subject Matter Experts (SME) through various stages of the project. A Steering Committee will be required to define and update the Core Competency Profile and oversee recruitment of SMEs.

The Executive Committee met on November 21 and reviewed and recommended six members of Council to serve on the Steering Committee based on the following selection criteria:

- Knowledge of the profession. Members must collectively have essential knowledge about all aspects of the profession.
- Members should represent all geographic regions. They should reflect the gender, ethnic and racial composition the profession. Members of other equity groups (i.e., members of visible minorities, aboriginal peoples, and persons with disabilities) should also be included.
- Members should represent the profession in terms of practice setting, job title, and educational level.
- The majority of the members should be practitioners. As well, the involvement of educators is recommended.
- Most members should have substantial years of experience in the field; however, it is also recommended to include a few junior professionals who have recently obtained registration.
- It is recommended that all major areas of specialization or practice settings are represented.

This initial group of Council members will determine the selection of the remaining Steering Committee members and volunteer SMEs from the wider profession using the selection criteria provided.

The Steering Committee will oversee the selection of the SMEs to participate in the following phases of the competency profile development:

1. Interviews with key leaders and CKO professionals (six SMEs)

In these series of interviews, each SME will be interviewed by a psychometrician on a one-to-one basis to understand major practices and trends in the profession. The interview will last for approximately an hour.

2. Steering Committee Discussions (8-12 SMEs): Pre- and Post- Validation Survey

Pre-validation Survey: In this phase, the Steering Committee will be requested to provide written feedback on a competency profile draft prior to the meetings. During the meetings, the panel will update the profile. The meetings will be organized, facilitated, and documented by a psychometrician.

Post-Validation Survey: In this one-day meeting, the Steering Committee will review survey results and finalize the competencies. The meeting will be facilitated by a psychometrician, including presentation of survey results.

3. Blueprint Development Meeting (8-12 SMEs): In this meeting, the Examination Blueprint will be updated to reflect the changes to the Competency Profile, including the percentile weighing of each competency domain. The meeting will be facilitated and documented by a psychometrician. This phase of the project is scheduled to occur in Summer 2023.

Resolution – Steering Committee for the Review of the Kinesiology Core Competency Profile

UPON A MOTION duly made by Ben Matthie and seconded by Vicky Nicholson, it was resolved that Council approves the appointment of the Steering Committee and recommends the slate for the initial committee members as recommended by the Executive Committee. Carried.

20. Succession Planning and Mentorship

Brian Fehst, Manager, Professional Practice, presented to Council on succession planning and mentorship.

In keeping with its commitment to meet the Standards of the CPMF, as well as to meet and exceed organizational governance best practices, the College has proposed the development and implementation of a Succession Planning and Mentorship Program for Council and committee members. In September 2021, Council reviewed and approved the Succession Planning and Mentorship Program.

A policy developed by an external consultant focusses on the following six sections:

- Mentor qualifications
- Process – expressions of interest to serve as a mentor
- Process – matching mentors and mentees
- Type of support
- Other support
- Program evaluation

On November 21, 2022, the policy was reviewed by the Executive Committee and referred to Council.

Resolution – Succession Planning and Mentorship Program Policy

UPON A MOTION duly made by Corby Anderson and seconded by Heather Westaway, it was resolved that Council approves the Succession Planning and Mentorship Program Policy as presented. Carried.

There was one opposed: Brad Markis

21. By-law Updates (6, 10, 12, 13)

Brian Fehst presented by-law updates to Council.

The government of Ontario has proposed a series of reforms and modernization initiatives that will impact the governance of health professional regulatory colleges in Ontario. In response, the College has undertaken a review of its by-laws including By-laws 6, 10, 12 and 13.

The review included an environmental scan that focused on two key areas relevant to Governance reforms and current best practices:

- Council and committee terms (including maximum term limits and cooling-off periods)
- Election processes (including eligibility and nominations).

The information from the environmental scan informed proposed amendments to each of the by-laws, and the following motions were brought forward to Council for approval to proceed to a 60-day external consultation on each by-law.

Resolution – Amendments to By-law 6 – Election of Officers

*UPON A MOTION duly made by Teresa Bendo and seconded by Ryan Wight, it was resolved that Council approves the proposed amendments to By-law 6 for a 60-day external consultation. **Carried.***

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

*UPON A MOTION duly made by Vicky Nicholson and seconded by Teresa Bendo, it was resolved that Council approves the proposed amendments to By-law 10 for a 60-day external consultation. **Carried.***

There were three opposed: Matthew Daher, Ben Matthie, Ryan Wight

Resolution – Amendments to By-law 12 – Committees

*UPON A MOTION duly made by Susan Garfat and seconded by Teresa Bendo, it was resolved that Council approves the proposed amendments to By-law 12 for a 60-day external consultation. **Carried.***

Brian also presented amendments to By-law 13 – Specific Composition and Selection of Committee Members. However, Council directed the Registrar that the decision to approve By-law 13 be deferred pending additional research.

23. Review of Action Items

- Investigate the costs of holding in-person meetings and report back to Council. This will be taken into consideration when determining the frequency of in-person and/or hybrid meetings.
- Determine if recordings from the CNAR conference can be shared with all Council members. If so, then share the links with Council members.
- Correct two incorrect date ranges in the draft RFP for Strategic Planning.
- Undertake 60-day public consultations on the following:
 - By-law 6 Election of Officers amendments
 - By-law 10 Election of Council Members amendments
 - By-law 12 Committees amendments
 - By-law 19 – Fees amendments
 - Business Case Fees
- Further research to be conducted by College staff regarding By-law 13 – amendments for the selection of committees

24. 2023 Council Meeting Dates

Council will next meet in 2023 on the following date:

- March 20

Adjournment

Jennifer thanked Council and staff for their continued dedication and wished everyone well during the holiday season.

UPON A MOTION duly made by Victoria Nicolson, the Council meeting of December 5, 2022 was terminated at 4:42 p.m.

DRAFT



Special Council Meeting Minutes

Date/Time of Meeting:	Monday, February 13, 2023 – 9 a.m.
Council present:	Jennifer Pereira, Teresa Bendo, Matthew Daher, Susan Garfat, Sara Gottlieb, Bradley Markis, Chad McCleave, Victoria Nicholson, Jotvinder Sodhi, Heather Westaway
Staff members:	Nancy Leris, Michelle Bianchi, Lynn Butler, Brian Fehst, Magdalena Reder, Fiona Teape
Guests/observers:	Rebecca Durcan, Legal Counsel Asna Ali, Ministry of Health

1. Call to order, roll call, welcome

Jennifer Pereira, Chair and Council President, called the meeting to order at 9 a.m. and welcomed Council, staff members and guests.

As the notice of the meeting had been duly given in accordance with the by-laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.

2. Introductions

Jennifer Pereira welcomed Jotvinder Sodhi, the newly appointed public member to Council. Jennifer also welcomed Rebecca Durcan of Steinecke Maciura LeBlanc as College legal counsel. Individual introductions were made by Council, College staff and guests.

3. Conflict of Interest Declarations

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

4. Approval of Agenda

UPON A MOTION duly made by Sue Garfat and seconded by Chad McCleave, it was resolved that the agenda be approved. Carried.

5. Proposed Amendments to the General Regulation for Registration (Emergency Class)

Jennifer Pereira invited Fiona Teape, Director of Registration, to present the proposed draft amendments to the General Regulation of the *Kinesiology Act, 2007*, which would introduce an emergency class certificate of registration.

In April 2022 the Ontario government enacted Bill 106, the *Pandemic and Emergency Preparedness Act, 2022*, which sets out amendments to the *Regulated Health Professions Act, 1991* to ensure the healthcare system is better equipped to respond to a public health emergency. In October 2022, the Ontario government approved a regulation made under the RHPA that, amongst other things, requires all health regulatory health colleges to develop an emergency class of certificate of registration.

In late December 2022, the Ministry of Health advised all regulated health colleges to submit their draft proposed regulation on or before May 1, 2023. A 60-day circulation period to registrants and stakeholders must occur before the May 1 submission. Once approved by the Ontario government, the emergency class will come into force on August 31, 2023.

Features of the emergency class certificate of registration must include:

1. The specific emergency circumstances that will cause the class to be open for registration. The term 'emergency circumstance' should be broader than a declared state of emergency made under the *Emergency Management and Civil Protection Act, 1990*.
2. A time period of no more than a year duration, but renewable for the same period of time, with no limit on the number of times they may be renewed as long as the emergency circumstance persists.
3. Circumstances in which a member of the emergency class must become eligible for registration in another registration class and be exempt from at least some registration requirements that would ordinarily apply to that other class of registration.

Features of the Proposed Draft Amendments to the *Kinesiology Act, 2007*

Emergency Circumstances

The Ministry expressed that an 'emergency circumstance' should be considered broader than a declared state of emergency, such as the interruption of a registration pathway due to a delayed examination. To sufficiently capture the breadth of possibilities, the proposed amendments permit Council or the Government of Ontario to invoke the emergency class when an emergency circumstance exists and it is in the public interest to do so. Such language allows the College a level of discretion in determining what constitutes an emergency circumstance, with or without declaration by the government.

Requirements to Apply

The purpose of the emergency class certificate of registration is to provide a route of entry for applicants who do not yet meet the core registration requirements, and enable rapid entry to the workforce in emergency circumstances under certain safeguards. As the College's entry-to-practice examination, currently held twice a year, presents a realistic delay to immediate registration in an emergency circumstances, it is omitted as a registration requirement for the emergency class. All other requirements under the general regulation remain. To provide reasonable assurances of competency and safeguards to the public, the following are non-exemptible requirements to registration in the emergency class:

- **The applicant must either,**
 - have satisfied the program requirements described in clause 5 (1)(a) no more than two years prior to the date of application for the emergency certificate of registration, or
 - have practiced the profession of kinesiology for at least 1,500 hours during the three years immediately prior to the date of the application.

- **The applicant must practise kinesiology under the supervision of a holder of a general class certificate of registration** whose certificate is not subject to additional terms, conditions, and limitations and who is in good standing. Operationally, the College will develop supervision guidelines (e.g. direct vs. indirect supervision) and reporting requirements.

Expiry of the Emergency Class

In accordance with Ministry requirements, the emergency class certificate of registration will be issued for up to a one-year period and renewable for a one-year period. The College is proposing the expiry date of the initial certificate of registration align with the annual registration renewal deadline, which is currently August 31, to avoid additional strain to staff and system resources. In this way, the initial certificate could be valid for a maximum 12-month period depending on the first issuance date, with any subsequent renewals issued for a one-year term.

Notwithstanding the one-year term of the emergency certificate, the certificate would expire 90 days after the Government of Ontario or Council declares the emergency circumstance has ended or immediately, if it is in the opinion of the Registrar that it is in the public interest to do so.

Transition from the Emergency Class

The draft amendments provide a path to registration in the general class that would exempt completion of the entry-to-practice examination for those who have demonstrated at least 1500 hours of practice in the three years at the time of registering for the emergency class, satisfactorily completed an additional one year of practice in the emergency class under supervision, and underwent a peer and practice assessment designed to assess practice competencies.

This is in accordance with the Ministry's mandate to establish circumstances in which a member of the emergency class can become eligible for registration in another class, with the emergency certificate holder exempt from at least some registration requirements that would ordinarily apply to that other class of registration. The College will develop and refine, through policy and guidelines, the criteria for determining the satisfactory evidence of knowledge, skill, and judgment to transition to the general class.

Council also considered the following recommendations:

- Registrants in the emergency class would not be permitted to apply directly to the inactive class;
- Registrants in the emergency class would not be required to participate in the quality assurance program under the *Kinesiology Act, 2007*, unless applying to transition to the general class under the proposed amendments. Council members acknowledged that the supervision requirement under the emergency class provided a layer of assurance and accountability in this area.

Council was also provided a summary of an environmental scan of other regulators' approaches to the emergency class.

Rebecca Durcan provided the following additional insights:

- The Lieutenant Governor in Council of Ontario may make changes to the wording/language to the final draft of the proposed legislation without consultation with the Colleges. The College should view the final submission to the Ministry as an opportunity to highlight the public interest rationale within the proposed amendments.
- The new regulation will likely require operational policy to be developed to guide Council regarding when Council may declare an emergency. Policies should be developed within a reasonable timeframe, though there is no requirement to have these finalized for May.
- Notwithstanding the need for operational guidance through policy, the core components of the class of registration should be included (e.g. supervision requirement) in the regulation in order to ensure transparency and fairness.

Following approval in principle by Council, the draft regulation will be circulated for 60 days and returned to Council in April 2023 to review the feedback and ratification. The final draft would then be submitted to the Ministry of Health for May 1.

Resolution – Proposed Amendments to the Registration Regulation (Emergency Class)

*UPON A MOTION duly made by Teresa Bendo and seconded by Brad Markis, it was resolved that the Council of the College of Kinesiologists of Ontario approves in principle the draft proposed amendments to the General Regulation of the Kinesiology Act, 2007, as appended to this resolution, and directs staff to circulate the draft amendments to the membership for comment for a period of at least sixty (60) days. **Carried unanimously.***

Adjournment

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

*UPON A MOTION duly made by Chad McCleave the Council meeting of February 13, 2023 was terminated at 10:16 a.m. **Carried.***

Discipline Committee Report

Committee: Discipline
Prepared for: Council
Date: March 20, 2023

Meetings

There are no new cases that have been referred to the Discipline Committee.

ICRC Report

Committee: ICRC
Prepared for: Council
Date: March 20, 2023

Meetings

A panel of the ICRC met on February 15, 2023 with four matters on the agenda. The Committee disposed of three cases and appointed an investigator for one case.

Matters

There are four active cases that are under investigation.

Registration Report

Committee: Registration
Prepared for: Council
Date: March 20, 2023

Registration Report

Meetings

The Registration Committee has met once since the last report to Council. On February 10, 2023, the Committee met to review and recommend for Council approval draft amendments to the *Kinesiology Act, 2007* for an emergency class certificate of registration, as well as to review and recommend updates to the Language Proficiency Policy.

A Panel of the Registration Committee has met a total of four 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 two years
- Exemption from the one-year period of eligibility for registration - following notification of passing the exam
- Exemption request from writing exam - after resignation and re-application
- Exemption from exceeding the allotted timeline for writing the exam
- Remediation plan for a third and final attempt at the exam.

Spring Examination

The spring sitting of the College's entry-to-practice examination is scheduled to take place online on April 19, 2023. College staff worked diligently with the exam administrator, Meazure Learning, to update and finalize the exam logistics.

On February 10, 2023, staff completed a successful dry run of the exam using Meazure Learning's new proprietary proctoring browser. Beginning this spring, candidates must download the browser in order to challenge the exam. All other browsers (e.g. Chrome, Firefox, Safari) will not be permitted, as they have limited functionality and strict policies that increasingly conflict with Meazure Learning proctoring requirements. The new browser promises increased security and a better user experience.

Updates regarding the new browser and other housekeeping items were made to communication templates and exam instructions.

The College held a webinar on March 16, 2023, for all applicants on what to expect and how to prepare for the exam. There are 172 applicants currently registered for the exam (i.e., as of February 28), which includes four candidates with special accommodations. No requests to write the exam in French were received. This is not the final count of registered exam applicants; the College anticipates the final registration numbers to increase.

Office of the Fairness Commissioner

Fair Registration Practices Report

Throughout 2022, the Office of the Fairness Commissioner (OFC) underwent database software updates and a modernizing of their IT infrastructure with the purpose of enhancing how they collect, share and store information. The OFC typically invites regulated health colleges to prepare and submit their report by March 1 of each year. However, due to OFC's changes, Colleges were invited to submit their 2021 Fair Registration Practices (FRP) report in Fall 2022. The College submitted its report on December 14, 2022.

The OFC will announce the format and filing deadline for the 2022 FRP Report in the coming months.

Risk-Informed Compliance Framework –2023 Risk Rating

In April 2022, the OFC began transitioning to a new [Risk-Informed Compliance Framework](#). In April 2022, the OFC identified the CKO's risk rating as "low risk" on a three-category scale of "low risk" to "moderate to high risk" that was to remain in effect until March 31, 2023. The risk level was determined based on the OFC's review of each regulator's historical performance, the steps taken to implement any outstanding recommendations, and how the regulator has addressed each of the OFC's forward-looking risk factors.

In February 2023, the OFC advised regulators that their assigned rating will remain in place for an additional 12 months until March 31, 2024. The extension is to permit regulators sufficient time to consider and adjust their approaches in view of the recent regulatory amendments by the government, as well as allow the OFC to consider how the new legislative obligations should be factored into a refreshed risk assessment framework.

Legislated Obligations and Best Practices Guide

In November 2022, the OFC released the [Legislated Obligations and Best Practices Guide – Health Regulatory Colleges](#), designed to provide health colleges with information and advice to more fully understand how to comply with their legal obligations under Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), as well as to provide OFC staff with a tool to help them assess the degree to which a health college is complying with these obligations. The guide replaces and supersedes earlier OFC documents issued in 2016, namely, the *Registration Practices Assessment Guide: For Regulated Professions and Health Regulatory Colleges* and *Registration Practices: Indicators and Sources: A Companion to the OFC's Registration Practices Assessment Guide*.

Jurisprudence E-Learning Module Update

Following Council's approval of changes to the Jurisprudence Handbook in December 2021, the College undertook a fulsome review and update of the Jurisprudence e-Learning Modules. Legal counsel completed an additional review of the updated modules in November 2022. The College is in the process of examining costs with the current vendor as well as researching alternate delivery formats, as initial estimates were significantly higher than anticipated. The College is also seeking separate estimates for French translation services.

Kinesiologist Core Competency Review

The College's Steering Committee for the Review of the Kinesiology Core Competency Profile had its first meeting on March 6, 2023. The six-person group was appointed from volunteer members of Council at the December 2022 Council meeting.

This initial Steering Committee met to select the remaining four-to-six Steering Committee members and other subject matter experts from the volunteer applications received by the College. In total, 21 volunteer applications were received between December 2022 and January 2023.

Recommendations for selection were made by the senior psychometrician leading the project at Meazure Learning prior to the Committee's meeting. The next stage of the project will involve the senior psychometrician meeting for one-on-one interviews with the selected subject matter experts and scheduling a two-day virtual meeting with the Steering Committee.

IMIS Database Management System Updates

The College is moving forward with updates to the IMIS Document Management System (DMS), to address security recommendations and improve the system's functionality and reporting. The project will begin mid-March 2023 and continue over nine weeks. It will involve registration staff resources throughout the planning, development, and testing phases.

The College's membership as of March 1, 2023: 2948

Members registered in the General Class - **2523**

Members registered in the Inactive Class - **425**

Committee Report

Committee: Quality Assurance Committee
Prepared for: Council
Date: March 20, 2023

Meetings

The Quality Assurance Committee (QAC) has met four times, including in panels, since the last Council meeting on December 5, 2022. A QAC committee meeting took place on February 22, 2023. QAC panel meetings took place on December 14, 2022, January 23, 2023 and January 25, 2023.

Peer and Practice Assessment

Twenty registrants participated in the Peer and Practice Assessment (PPA) fall/winter 2021 cycle (January 2021 - March 2022). To date, the QAC has met and rendered the following decisions:

- No further action with respect to 15 PPA cases (including those where a Notice of Intent to Direct Competency Enhancement was issued).
- One Specified Continuing Education and Remediation Plan has been ordered by the Committee. This member has transitioned to the Inactive Class and will be required to complete their PPA upon reinstatement to the General Class.
- One PPA case was issued a final decision directing the kinesiologist to engage in competency enhancement in the form of a Demonstrated Change Report. The kinesiologist has been given a six-month timeline for the completion of this competency enhancement by July 24, 2023.

Twenty-seven registrants were selected to participate in the Peer and Practice Assessment (PPA) spring/summer 2022 cycle. Of these:

- Two exemptions were granted (one for pending retirement and one due to resignation from the College)
- Two deferrals were granted (one due to caregiving responsibilities and one due to not practising as a kinesiologist)
- Of the 23 remaining registrants, all PPAs have been completed and the QAC has met and rendered the following decisions:
 - No Further Action with respect to seventeen PPA cases.

- Notices of intent to direct competency enhancement in the form of Demonstrated Change Reports were issued with respect to six PPA cases. The final decisions in these cases are pending any additional submissions that members may provide.

Thirty registrants were selected to participate in the Peer and Practice Assessment (PPA) fall/winter 2022 cycle. Of these:

- One exemption was granted (for pending retirement)
- Six deferrals were granted (one has no patients at this time, three reported not practising as a kinesiologist, one deferral was granted due to extenuating professional circumstances and one transitioned to the Inactive Class certificate of registration, not practising due to family and health issues)
- One deferral was granted outside the typical deferral timeline due to an unanticipated family emergency.
- Of the 22 remaining registrants, all PPAs have been scheduled and completed with four taking place outside the standard PPA cycle period (90 days) due to extenuating circumstances. To date, the following decisions have been made regarding PPAs:
 - No Further Action with respect to one PPA
 - A Notice of Intent to Direct Competency Enhancement in the form of Demonstrated Change Reports has been issued for one PPA

Committee Report

Committee: Patient Relations Committee
Prepared for: Council
Date: March 20, 2023

Meetings

The Patient Relations Committee (PRC) has met three times since the last Council meeting on December 5, 2022. A PRC Committee Orientation meeting took place on February 7, 2023. The PRC also met on February 24, 2023 and March 2, 2023.

Prevention of Sexual Abuse eLearning module

On February 24, 2023, a Panel of the PRC met to consider proposed revisions to the Prevention of Sexual Abuse eLearning module. This module was reviewed in keeping with the College's adoption of the spousal exception. Legal review of proposed changes to the module included additional feedback. All proposed changes have been reviewed by the PRC. The revised module has been submitted to the third-party vendor currently responsible for the College's Prevention of Sexual Abuse and Professionalism and Ethics eLearning modules. It is expected that members of the College will be able to complete this module beginning in September 2023.

Communications strategy/Public Awareness Campaign

The Patient Relations Committee also met on March 2, 2023. The purpose of the meeting was to review the draft communications rollout and materials for the changes to fees and By-law 19. Committee members also reviewed a workplan that included key deliverables for the proposed 60-day consultation. The members actively participated in the detailed review of the communications and made several useful suggestions that have been incorporated into the materials. These materials will be brought forward as an information item at the Council meeting on March 20, 2023.

REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE REPORT FOR QTR 2
FOR THE FISCAL YEAR 2022/2023

	1	2	3	
CATEGORY	APPROVED REVENUE FORECAST Sept 1 2022 -Aug 31, 2023	ACTUAL REVENUES QTR 1 & QTR 2 Sept 1 - Feb 28, 2023	PROJECTED REVENUES QTR 3 Mar - May 2023	PROJECTED REVENUES QTR 4 June - Aug 2023
Revenue:	\$	\$		
Jurisprudence Fee (\$48.25)	29,433	12,687	4,500	12,246
Application Fee (\$100)	62,900	21,000	8,900	33,000
Examination Fee (\$400)	200,400	67,910	3,600	128,890
Registration Fees*	1,854,063	307,939	56,554	1,489,570
Interest Income	18,000	36,914	10,000	10,000
TOTAL REVENUE	2,164,796	446,450	83,554	1,673,706
*Registration fees made up of:	Approved Forecast	Actual Q1 & Q2 (Sept-Feb)	Projected (Mar - May)	Projected (June-Aug)
	\$	\$		
New Registrants				
- Sept - Nov (\$650)	37,700	68,250		
- Dec - Feb (\$487.50)	51,675	32,175		
- Mar - May (\$325)	25,675		25,675	
- Jun - Aug (\$162.50)	8,775			8,775
Renewal (\$650)	1,650,000	182,399		1,467,601
Change in Status (members back to active)	5,138	10,813	575	575
Professional Corporation	1,200	400	400	400
Professional Corporation Late fee	400	200	200	
Inactive Renewal (\$200)	60,000	17,000		43,000
Inactive Renewal Late Fee(\$50)	3,000	4,550	50	150
Renewal Late Fee (\$100)	6,000	20,600	400	200
Re-instatement Fee (\$300)	4,500	1,500	300	2,700
Refunds		-29,948	-800	-4,000
Total	1,854,063	307,939	26,800	1,519,401

Notes

All revenue categories are expected to meet projections by end of fiscal year except for interest income. Interest rates continued to increase; therefore Q2 has a larger revenue amount in the interest category.

Registration:

It is estimated that the registration for the entry to practice exam will be 170 people.

Q2 new registrations are lower than budgeted; this is due to the increase that occurred during Q1

The number of new registrations in Q2 is 68.

Registration department is working on increasing communications to follow-up with applications.

Registrations believes there will be an increase in the number of new registrations during Q3 & Q4 after the April exam

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST FOR QTR 2
(Nov/22 - Feb 28/23) FOR THE FISCAL YEAR 2022/2023

	1	2	3	
CATEGORY	APPROVED BUDGET Sept 1 2022 - Aug 31, 2023	ACTUAL QTR 1 & QTR 2 Sept - Feb 28, 2023	PROJECTED EXPENSES QTR 3 Mar - May 2023	PROJECTED EXPENSES QTR 4 June - Aug 2023
Expenditure:	\$	\$		
Council & Committees	60,750	24,183	9,500	27,067
Professional Fees	69,775	26,326	18,510	24,939
Communications & Media	137,500	39,138	39,448	58,914
Rent & Facility Costs	238,000	115,401	61,050	61,549
Office & General	113,312	43,008	27,000	33,607
Salaries & Wages	1,195,000	527,548	331,852	335,600
Registration	300,820	60,661	114,236	125,923
Quality Assurance	56,210	6,150	25,000	25,060
Professional Conduct	53,700	19,442	15,000	19,258
TOTAL EXPENDITURE	2,225,067	861,857	641,596	711,917

Major Highlights:

Council and Committee

Payment for meetings in Q2 for Council, Registration, Quality Assurance, Professional Conduct, Planning and Finance, I Committee in Q2. This includes payment for special Council meeting that was held on Feb. 13/23.
Expenses for training for Quality Assurance and Patient Relations committee members paid in Q2.

Professional Fees

Payment for facilitation of workshop for chair training, HR support regarding hiring new staff. Consultant fees, payment During the next two quarters there will be additional general legal costs and consultants costs for additional training to

Communications & Media

Payment for monthly cost for IT provider/ Office 365, fee for implementing MFA, also development of SharePoint site.
Costs for the annual report & communication tools such as Zoom. Payment for upgrade of Adobe licenses, Constant C

Office & General

Payment for insurance, membership fees, office supplies, postage and bank charges. In Q2 the first portion of the insu the remaining balance is due in July 2023. There was staff and Council professional development training, CNAR wo Will also be purchasing additional laptops for new staff and replacing old equipment in the coming quarters

Salaries & Wages

This consists of the salaries and benefits for staff.

There will be employee reviews taking place in the next two quarters also merit increases.

Registration

Payment of monthly license with ASI and maintenance of database.

Registration has a number of projects that have started in Q2 and will continue in Q3 & Q4 - Core Competencies, jurisp

Quality Assurance

Payment for peer and practice assessments, Skilsure payment for online tool.

During the first two quarters 21 PPAs were completed.

Payment for hosting of e-learning modules, self-assessment portal and file safe cloud.

Professional Conduct

Investigation costs were incurred due to complaints. There were three complaints reported.

There are ongoing investigations at this time that will continue into Q3 & Q4.

Rent & Facilities Costs

Payment for monthly rent in Q1 & Q2. Projections for Q3 & Q4.

Updated Feb. - 23
5

VARIANCE

\$

0
0
0
0

38,914

38,914

Variance Q2

\$

30,550
-19,500
0
0
0
0

6,825

0
0
0

1,750

15,200

0

-34,748

	5
VARIANCE	
\$	
	0
	0
	0
	0
	9,697
	0
	0
	0
	0
	0
	9,697

CRC and Patient Relations

*for general legal fees.
be conducted.*

contact and Survey Monkey.

*insurance was paid;
workshop, and recruitment fees.*



2022/2023 Performance Report

Overall highlights:



(68 new registrants between Dec 1, 2022 and Feb 28, 2023)

Apr 19, 2023 Exam: 172 registered (as of FEBRUARY 28)

Exam registration end date: March 20

Operational highlights (Q2: Dec 1, 2022, to Feb. 2023)

Focus	Deliverables	Status	Comments and Impacts
Governance	Governance and Nominations Committee Slate	Green	Letters seeking expressions of interest from Council and prospective external committee members have been sent out, and responses received by Registrar. Executive Committee reviewed applications for the Governance and Nominations Committee Slate.
	Governance and Nominations Committee Training	Yellow	Date for training to be determined (April 2023) once Committee Slate has been appointed.
	By-laws	Yellow	By-laws 6, 10 and 12 have been circulated for public consultation. Sixty-day consultation period ended February 8, 2023. By-law 13 to be reviewed by Council at March Council meeting. These by-laws pertain to Council elections, Committee appointments, with amendments proposed to align the College with governance best practices and anticipated provincial government reforms to regulatory college governance.
	Council Effectiveness Review Framework	Yellow	Draft work plan prepared, will include adoption of a tool for this purpose, have begun outreach to consultants to conduct third-part evaluation as per the CPMF.
Corporate	Recruiting	Green	Recruitment completed for a Conduct Coordinator and onboarding of new staff in next quarter.
	Fee Consultation	Yellow	Work plan prepared and consultation to be executed in next quarter. After 60-days consultation a report will be issued with the findings. Planning and Finance Committee review of communication plan.
	Office Lease	Red	Office lease expires June, 2024, the office space is currently on sublease market. College is also exploring other options for office space.
	Cyber Security	Yellow	Review of Cyber Security coverage to determine if coverage is adequate. Discussed at Planning and Finance Committee.
	I.T. Security	Yellow	Implementing Multi-Factor Authentication (MFA) and Password Policy - all staff computers.

Focus	Deliverables	Status	Comments and Impacts
	Health Benefits		Effective Jan. 1/ 23 changes to health benefits plan to include increased coverage for mental health, increased prescription drugs reimbursement
	Investments		Reviewed investment portfolio with Wood Gundy. Options for reinvestment of matured securities to go to Planning and Finance Committee for approval.
<i>Communications</i>	Changes to Fees and By-law 19		Developed communications rollout and materials in support of the consultation for changes to fees and By-law 19
	University visits		Ongoing outreach and virtual visits to graduating kinesiology students in Ontario universities over the fall and winter terms. Goal is to educate them about the College and its mandate, and how they can become registered kinesiologists.
	Elections		Start of 2023 elections cycle. Date of election determined (July 4-11. 2023), workback schedule developed and vendor engaged.
	University Liaison Committee		Coordination of annual meeting of University Liaison Committee on December 12, 2022, with follow-up survey
	Newsletter		Distribution of December newsletter
	Communications in support of College programs and activities		Self-assessment cycle and entry-to-practice examination reminders and results, Bill 106, By-laws 6, 10 and 12 consultations.
<i>Registration</i>	Bill 106 amendments to the RHPA		In response to amendments to the RHPA, the College has had to propose revisions to the language proficiency testing policy for Council's review at the March meeting. Draft proposed regulatory amendments for an emergency class certificate of registration approved for 60-day consultation at a special meeting of Council in February. The policy will return to Council to be ratified in mid-April 2023.
	Entry-to-Practice Examination		Registration of applicants and planning for online exam scheduled April 19, 2023 is pending. In February 2023, staff completed a successful dry run of the exam using the exam administrator's new proprietary browser; candidates can no longer use Chrome, Firefox, Safari, etc. to challenge the exam. Exam webinar for registered exam candidates scheduled March 16, 2023.
	Office of the Fairness Commissioner		OFC confirmed regulators will not be required to complete the Risk Informed Compliance Framework in 2023, and that the previous year's risk rating will remain in effect until 2024. The 2021 Fair Registration Practices (FRP) Report was submitted to the Ministry in December 2022. Details regarding the 2022 FRP report will be provided soon.
	Registration Committee Meetings and Panels		Four Panel meetings were held to review and render decisions on referrals to the Registrar. One Registration Committee meeting held.
	Revocation of registrants suspended greater than three years		Final revocation notices emailed and mailed to registrants suspended greater than three years.
	Jurisprudence Online Module		Awaiting estimate of costs from administrators to complete update of visuals and recordings online modules, and estimate of costs of text translations.
	Kinesiologist Core Competency Review		Psychometric partner vetted volunteer applications and provided participant recommendations to Steering Committee to begin consultation process.
	Health Professions Database		Data capture completed for 2022 reporting. Awaiting notice from Ministry regarding the HPDB submission due end of May 2023.
	Database Management System		Statement of Work signed for necessary upgrades to database system. Work to begin mid-March 2023.

Focus	Deliverables	Status	Comments and Impacts
<i>Quality Assurance</i>	Self-assessment cycle	Completed	Ongoing. Self-assessment cycle 2022-2023 extends from December 1, 2022 – March 1, 2023.
	Peer and Practice Assessments	Ongoing	Ongoing. Fall 2021 Cycle complete (final decisions rendered in all cases); Spring 2022 cases being reviewed, Fall 2022 assessments in-progress.
<i>Professional Conduct</i>	ICRC	Completed	ICRC Committee to met on Feb. 15, 2023 to review three active complaints cases on the agenda. There are three cases currently under investigation.
	Upcoming meetings	Ongoing	ICRC Training for new and returning members will occur at a date to be determined before the end of the quarter.
<i>Patient Relations</i>	Committee orientation	Completed	Committee orientation February 7, 2023.
	Prevention of Sexual Abuse eLearning module	Ongoing	Proposed amendments based on adoption of the spousal exception and legal advice regarding the module reviewed by the Patient Relations Committee on February 24, 2023.

Legend:

Completed



Ongoing



Incomplete



Decision Note

Decision: Revisions to the Language Proficiency Policy
Prepared for: Council
Date: March 20, 2023

Background

In April 2022, the Ontario government enacted Bill 106, the *Pandemic and Emergency Preparedness Act, 2022*, which introduced changes to the Registration Requirements under the *Regulated Health Professions Act, 1991* (RHPA). In October 2022, the government approved a regulation made under the RHPA that, amongst other things, requires regulatory health colleges to accept English or French language proficiency testing that is accepted for the purposes of immigration to Canada. These changes came into effect on January 1, 2023. Accordingly, the College’s Language Proficiency policy must be updated to align with the new regulation.

Relevant Existing Regulation

Traditionally, international applicants were required to achieve prescribed scores on standardized language proficiency test in order to gain a certificate of registration to practice a particular health profession in Ontario. Regulatory Colleges set minimum test scores based on the English or French language competence that the regulator believes is necessary for a prospective applicant to practice safely and effectively in Ontario.

Subsection 95(1)(c) of the Health Professions Procedure Code of the RHPA permits Council to make regulations prescribing standards and qualifications for the issuance of certificates of registration.

In accordance with the above provision, subsection 3.3 of the Registration Regulation of the *Kinesiology Act, 2007*, sets out that it is a requirement for issuance of a certificate of registration in any class that “the applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing”.

New Regulatory Requirements

Effective January 1, 2023, the language proficiency testing requirements under the new [Registration Requirements of the RHPA](#) state:

3. (1) An applicant for registration satisfies a College’s English or French language proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the Immigration and Refugee Protection Act (Canada) for use in assessing language proficiency.

(2) Subsection (1) does not limit a College's ability to accept other examinations, tests or assessments as evidence of English or French language proficiency.

The *Immigration and Refugee Protection Act* (IRPA) currently accepts the following four language proficiency tests:

- Canadian English Language Proficiency Index Program (CELPIP) – General Test
- International English Language Testing System (IELTS) – General Training
- Test d'évaluation de français pour le Canada (TEF Canada)
- Test de connaissance du français pour le Canada (TCF Canada)

Under the language amendments to the RHPA, regulatory health colleges are still permitted to set the minimum required level of proficiency for each of these tests. Regulators may also continue to accept the language proficiency tests they previously relied on if the IRPA accepted proficiency tests have not been taken.

The College must determine the benchmark scoring the additional language proficiency exams.

Revisions to the Language Proficiency Policy

The College's current Language Proficiency policy already recognizes two of the four approved IRRA tests, IELTS and TEF, as acceptable.

To determine the minimum required level of proficiency for the CELPIP and TCF Canada exams, College staff referenced the Language Test Equivalency Charts published by the Government of Canada (Appendix D). This approach is consistent with our regulatory counterparts. The Government of Canada's charts provide a straightforward method of determining equivalencies between different proficiency exams.

Staff also completed an environmental scan in January 2023, to ensure the College's overall scoring reasonably aligned with other health regulators. Of note, some health regulators have yet to update their language proficiency policies to reflect the new regulatory requirements. Therefore, only scores from the following health regulators were available: the College of Occupational Therapists, the College of Naturopaths, the Royal College of Dental Surgeons, the College of Respiratory Therapists, and the College of Registered Psychotherapists. The results of this review demonstrate that our minimum threshold is in keeping with that of most regulators.

In addition to the required updates, minor revisions were made to reflect the correct minimum scores of the TEF Canada exam, along with minor housekeeping edits.

Lastly, it is recommended that the "Principles" section be condensed in support of a plain language approach. Individuals reviewing this policy likely speak English or French secondary to another language, and the College may wish to be concise in its use of preambles. This approach is not dissimilar to other existing Registration policies.

An updated Language Proficiency policy is included for Council's consideration.

Decision for the Council:

1. Approve the amended Language Proficiency Policy; or
 2. Return the draft policy back to the Registration Committee and staff with specific questions for consideration.
-

Appendices:

- Appendix A: Draft – Language Proficiency Policy - Tracked Changes
Appendix B: Draft – Language Proficiency Policy - Untracked
Appendix C: Government of Canada Language Test Equivalency Charts
Appendix D: Environmental Scan

Resolution – Revisions to the Language Proficiency Policy

Whereas the requirement for language proficiency (English or French) is required for entry-level kinesiologists to practice safely and effectively; and

Whereas the new Registration Requirements (Ontario Regulation 508/22) under the *Regulated Health Professions Act, 1991* require health colleges to accept that an applicant satisfies the English or French proficiency testing requirement if the applicant demonstrates, within two years before the date of making the application, English or French language proficiency at a level satisfactory to the College on a test that is approved under the *Immigration and Refugee Protection Act (Canada)* for use in assessing language proficiency; and

Whereas the recommended revisions to the College’s Language Proficiency Policy reflect the language proficiency examinations approved under the IRPA, as well as establish benchmarks for these additional language proficiency examinations; and

Whereas the Registration Committee has recommended that the amended Language Proficiency Policy be forwarded to Council for final review and approval;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the revised Language Proficiency Policy.

Moved by: _____

Seconded by: _____

Date: March 20, 2023

Policy

Type:	Registration		
Number:	101		
Name:	Language Proficiency Policy		
Status:	Final	Version #:	32
Date Approved:	June 28, 2012	Date Revised:	June 27, 2022 TBD

Background

~~In order to~~ ensure that the practice of Kinesiology in Ontario is safe and accessible, Kinesiologists must be able to communicate clearly and effectively with their patients (or their representatives), ~~with as well as with their~~ College and ~~with~~ the general public. Under the [Health Professions Procedural Code \("the Code"\)](#) of the ~~Regulated Health Professions Act, 1991~~ and ~~The Health Professions Procedural Code ("The Code")~~, the College may set language proficiency requirements for Kinesiologists, including how Kinesiologists ~~may can~~ demonstrate evidence of proficiency. ~~Underpinning this policy are the principles of transparency, fairness, objectivity, impartiality, and a focus on risk of harm.~~

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Principles

~~The principles that underpin this policy include:~~

- ~~1. Transparency—Processes are clear, information is readily available, and College staff and the Registration Committee exercise honesty and openness in carrying out their duties.~~
- ~~2. Fairness, Objectivity, and Impartiality—Processes and procedures exist, address bias, and are reasonable. The College staff and Registration Committee review registration applications and make decisions that are fair and objective.~~
- ~~3. Focus on risk of harm—Review processes include a risk management, evidence-informed-accountability approach to address and reduce the potential of risk of harm to patients/clients by registrants or future registrants.~~

Applicable Legislation and Regulation

~~Section 95(1)(c) of the Code indicates that: Under the Regulated Health Professions Act, 1991, The Health Professions Procedural Code ("The Code") indicates that:~~

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

- (c) prescribing standards and qualifications for the issue of certificates of registration.

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~~Accordingly, Section 3.3 of the General Regulation under the Kinesiology Act, 2007 sets out the following language proficiency requirements for issuance of a certificate of registration in any class:~~

College has made the following regulations as per the General Regulation under the Kinesiology Act, 2007 (O. Reg. 401/12, s. 3(3)(4)):

3. Requirements for issuance of certificate of registration, any class

3. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.

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~~4. An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 3 of section 3 if the requirements for the issuance of the out of province certificate included language proficiency requirements equivalent to those required by that paragraph.~~

Commented [FTC1]: Section of regulation referenced is inaccurate - this appears under labor mobility provisions of subsection 8.(1)(4). Given this provision is an exemption and is also addressed further in the policy, removal is recommended.

Definitions

Approved Language Test – a language proficiency test that the College has determined is acceptable for applicants to undertake to demonstrate that they meet the language proficiency requirements.

Policy

General

~~The nature of the practice of Kinesiology requires that a Kinesiologist be able to communicate clearly and efficiently with their patients.~~ To promote inclusive practice and manage risks, Kinesiologists should be willing to make good faith attempts to facilitate effective communication across language or other communication barriers. Therefore:

1. An individual applying for registration with the College of Kinesiologists of Ontario must submit, in accordance with the Registration Regulation, Registration Timeline Policy and this policy, proof of proficiency in either English or French (or both).

a. Except where the individual is applying from out-of-province and the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by the College, or where exceptional circumstances exist (as approved by the Registrar or Registration Committee), an applicant who cannot provide proof of English or French language proficiency may not be permitted to write the entry-to-practice exam and/or become registered with the College.

~~Except where the individual is applying from out of province and the requirements for the issuance of the out of province certificate included language proficiency requirements equivalent to those required by the College, or where exceptional circumstances exist (as approved by the Registrar or Registration Committee), an applicant who cannot provide proof of English or French language proficiency may not be permitted to write the entry to practice exam and/or become registered with the College.~~

2. Applicants shall identify their preferred language of communication with the College (English or French).

3. Applicants shall identify their language(s) of practice to the College. All applicants must offer practice and services in English, French or both, in

addition to any other language(s) they may use in practice.

a. This information will be included in the Public Register.

4. All patient records must be in English or French. The language used for record-keeping (English or French) should be the same as that used for communication with the College.

Language Proficiency – Applicants educated in Ontario

5. Proof of graduation from an Ontario university program (kinesiology or non-kinesiology) will be accepted as evidence of language proficiency in either English or French.

a. This holds true for applicants whose first language is neither English or French, but who were educated at and graduated from an Ontario University.

Language Proficiency – Applicants educated in Canada, outside Ontario

6. Proof of graduation from a Canadian university program (kinesiology or non-kinesiology) will be accepted as evidence of proficiency in English or French.

7. Applicants holding an out-of-province certificate of registration may be required to submit proof of language proficiency (English or French) if proof of language proficiency was not a requirement for the granting of their out-of-province certificate.

Language Proficiency – Applicants educated outside Canada

8. Internationally educated applicants who graduated from a program (kinesiology or non-kinesiology) in English or French may provide their transcript(s) as evidence of language proficiency in English or French.

9. Internationally educated applicants whose first language is English or French who did not graduate from a program (kinesiology or non-kinesiology) in English or French may provide evidence of practice experience in a predominant English or French setting.

10. Internationally educated applicants whose first language is neither English or French and who did not graduate from a program (kinesiology or non-kinesiology) in English or French must submit proof of satisfactory completion of one of the following language proficiency tests:

Option	Fluency Test	Minimum Score
1	TOEFL Paper-based	560
2	TOEFL Internet based <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	86 (Non-Cumulative Total) <ul style="list-style-type: none"> • 20 • 20 • 20 • 23
3	IELTS – Academic or General Training	Level 6.5 required on all skills (listening, reading, writing and speaking)
<u>4</u>	<u>CELP</u>	<u>Level 8 required on all skills (reading, writing, listening, speaking).</u>

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<u>54</u>	CLBA	Benchmark score of 7 required on all skills (listening & speaking, reading, writing)
<u>65</u>	MetTest	54
<u>76</u>	TEF <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	1154 (Total) <ul style="list-style-type: none"> • 349/233/300 • 310/349/450 • 280/280/360 • 215/349450
<u>8</u>	TCF <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	<ul style="list-style-type: none"> • <u>499</u> • <u>12</u> • <u>503</u> • <u>12</u>

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Submission of proof of language proficiency

11. Any document required by the College as proof of language proficiency in English or French must be submitted directly to the College from by the institution or organization providing producing the document(s), by email or mail.

Exceptions, Extenuating or Ambiguous Circumstances

12. Where ambiguity or uncertainty exists regarding language proficiency (despite proof of proficiency having been presented), the College may require an applicant to provide evidence of satisfactory completion of one of the above language-proficiency tests.

13. In exceptional or extenuating circumstances as approved by the Registration Committee or the Registrar, the following may be accepted as proof of proficiency in English or French:

- a) A sworn affidavit, notarized in Ontario by a notary public or commissioner of oaths, indicating that the applicant is fluent in English or French.
- b) Successful completion of the application (including Jurisprudence e-Learning modules) and the entry-to-practice examination.
- c) Proof of registration with a professional College in another jurisdiction where English or French language proficiency is a requirement of registration.
- d) Proof of membership in a professional association in another jurisdiction where English or French language proficiency is a requirement of membership.
- e) Evidence of practice experience in a predominantly English or French practice setting.
- f) Proof of completion of a post-secondary degree or diploma

program in English or French

14. Requests for accommodation under [Accessibility for Ontarians with Disabilities Act](#) or based on equity, diversity, inclusion and anti-bias principles will be reviewed and evaluated on a case-by-case basis by the Registration Committee.

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Costs

15. All costs associated with proof of language proficiency in English or French are the responsibility of the applicant, not the College.

Validity of Test Results

16. Test results are considered valid for two years from the date of the applicant passing the test.

17. Test results that are more than two years old will not be accepted by the College.

Review

18. Language proficiency standards as described in this policy will be reviewed by the College every two years to ensure they remain current.

DRAFT

Policy

Type:	Registration		
Number:	101		
Name:	Language Proficiency Policy		
Status:	Under Review	Version #:	3
Date Approved:	June 28, 2012	Date Revised:	TBD

Background

To ensure that the practice of kinesiology in Ontario is safe and accessible, kinesiologists must be able to communicate clearly and effectively with their patients (or their representatives), with the College and with the general public. Under the Health Professions Procedural Code (“the Code”) of the *Regulated Health Professions Act, 1991*, the College may set language proficiency requirements for kinesiologists, including how kinesiologists can demonstrate evidence of proficiency. Underpinning this policy are the principles of transparency, fairness, objectivity, impartiality, and a focus on risk of harm.

Applicable Legislation and Regulation

Section 95(1)(c) of [the Code](#) indicates that:

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

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Accordingly, Section 3.3 of the [General Regulation under the Kinesiology Act, 2007](#) sets out the following language proficiency requirements for issuance of a certificate of registration in any class:

3. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.

Definitions

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Policy

General To promote inclusive practice and manage risks, kinesiologists should be willing to make good faith attempts to facilitate effective communication across language or other communication barriers. Therefore:

1. An individual applying for registration with the College of Kinesiologists of Ontario must submit, in accordance with the Registration Regulation, Registration Timeline Policy and this policy, proof of proficiency in either English or French (or both).

a. Except where the individual is applying from out-of-province and the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by the College, or where exceptional circumstances exist (as approved by the Registrar or Registration Committee), an applicant who cannot provide proof of English or French language proficiency may not be permitted to write the entry-to-practice exam and/or become registered with the College.

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**Language Proficiency
– Applicants
educated in Ontario**

5. Proof of graduation from an Ontario university program (kinesiology or non-kinesiology) will be accepted as evidence of language proficiency in either English or French.

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**Language Proficiency
– Applicants
educated in Canada,
outside Ontario**

6. Proof of graduation from a Canadian university program (kinesiology or non-kinesiology) will be accepted as evidence of proficiency in English or French.

7. Applicants holding an out-of-province certificate of registration may be required to submit proof of language proficiency (English or French) if proof of language proficiency was not a requirement for the granting of their out-of-province certificate.

**Language Proficiency
– Applicants
educated outside
Canada**

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8	TCF <ul style="list-style-type: none"> • Reading • Writing • Listening • Speaking 	<ul style="list-style-type: none"> • 499 • 12 • 503 • 12

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12. Where ambiguity or uncertainty exists regarding language proficiency (despite proof of proficiency having been presented), the College may require an applicant to provide evidence of satisfactory completion of one of the above language-proficiency tests.

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English or French.

b) Successful completion of the application (including Jurisprudence e-Learning modules) and the entry-to-practice examination.

c) Proof of registration with a professional College in another jurisdiction where English or French language proficiency is a requirement of registration.

d) Proof of membership in a professional association in another jurisdiction where English or French language proficiency is a requirement of membership.

e) Evidence of practice experience in a predominantly English or French practice setting.

f) Proof of completion of a post-secondary degree or diploma program in English or French

14. Requests for accommodation under [Accessibility for Ontarians with Disabilities Act](#) or based on equity, diversity, inclusion and anti-bias principles will be reviewed and evaluated on a case-by-case basis by the Registration Committee.

Costs

15. All costs associated with proof of language proficiency in English or French are the responsibility of the applicant, not the College.

Validity of Test Results

16. Test results are considered valid for two years from the date of the applicant passing the test.

17. Test results that are more than two years old will not be accepted by the College.

Review

18. Language proficiency standards as described in this policy will be reviewed by the College every two years to ensure they remain current.



Language test equivalency charts

i This section contains policy, procedures and guidance used by IRCC staff. It is posted on the department’s website as a courtesy to stakeholders.

Equivalencies between the Canadian Language Benchmarks (CLBs) (for English), the Niveaux de compétence linguistique canadiens (for French), and the results of language tests from designated testing organizations have been established and are summarized in the following tables.

Canadian English Language Proficiency Index Program (CELPIP) – General Test score equivalency chart

CLB Level	Reading	Writing	Listening	Speaking
10	10	10	10	10
9	9	9	9	9
8	8	8	8	8
7	7	7	7	7
6	6	6	6	6
5	5	5	5	5
4	4	4	4	4

International English Language Testing System (IELTS) – General Training – Test score equivalency chart

CLB Level	Reading	Writing	Listening	Speaking
10	8.0	7.5	8.5	7.5
9	7.0	7.0	8.0	7.0
8	6.5	6.5	7.5	6.5
7	6.0	6.0	6.0	6.0

CLB Level	Reading	Writing	Listening	Speaking
6	5.0	5.5	5.5	5.5
5	4.0	5.0	5.0	5.0
4	3.5	4.0	4.5	4.0

**Test d'évaluation de français pour le Canada (TEF Canada)
Test score equivalency chart**

CLB Level	Reading	Writing	Listening	Speaking
10	263-300	393-450	316-360	393-450
9	248-262	371-392	298-315	371-392
8	233-247	349-370	280-297	349-370
7	207-232	310-348	249-279	310-348
6	181-206	271-309	217-248	271-309
5	151-180	226-270	181-216	226-270
4	121-150	181-225	145-180	181-225

**Test de connaissance du français pour le Canada (TCF Canada)
Test score equivalency chart**

CLB Level	Reading	Writing	Listening	Speaking
10 and above	549-699	16-20	549-699	16-20
9	524-548	14-15	523-548	14-15
8	499-523	12-13	503-522	12-13
7	453-498	10-11	458-502	10-11
6	406-452	7-9	398-457	7-9
5	375-405	6	369-397	6
4	342-374	4-5	331-368	4-5

Environmental Scan - Language Proficiency Policy

	CKO	Physiotherapists (through CAPR)	Occupational Therapists	Naturopaths	Denturists	Dental Surgeons	Respiratory Therapists	Psychotherapists
Currently Accepted								
TOEFL								
Base Total	86 (noncumulative)	92 (noncumulative)	92	100	89 (noncumulative)	100 (noncumulative)	90	80 (noncumulative)
Reading	20	21	22	25	20	24	22	18
Writing	20	21	22	25	21	27	20	20
Listening	20	21	22	25	21	24	24	19
Speaking	23	21	26	25	24	23	24	20
IELTS								
Base Total	n/a	n/a	7 overall	6.5	n/a	7.5 overall	7	n/a
Reading	6.5	7	7	6	6.5	7	7	6
Writing	6.5	6.5	6.5	6	6.5	7	7	6
Listening	6.5	7	7	6	7	7	7	6
Speaking	6.5	6.5	7.5	8	7	7	7	6
CLBA: Benchmark								
Reading	7	-	-	-	7	-	-	7
Writing	7	-	-	-	7	-	-	7
Listening	7	-	-	-	7	-	-	7
Speaking	7	-	-	-	7	-	-	7
Met Test	54	-	-	-	-	-	-	-
TEF Canada								
Reading	233	248	248	233	233	233	233	207-232
Writing	349	349	349	349	349	349	349	310-348
Listening	280	280	280	280	280	280	280	249-279
Speaking	349	349	349	349	349	349	349	310-348
New under IRPA								
CELP – General								
Reading	8	9	9	8	7	8	8	-
Writing	8	8	8	8	7	8	8	-
Listening	8	8	8	8	7	8	8	-

Environmental Scan - Language Proficiency Policy

Speaking	8	8	8	8	7	8	8	-
TCF Canada:								
Reading	499	524	524	499	-	499	499-523	453-498
Writing	12	12	12	12	-	12	12-13	10-11
Listening	503	503	503	503	-	503	524-548	458-502
Speaking	12	12	12	12	-	12	12-13	10-11

Decision Note

Issue: Complementary/Alternative Therapies Guideline
Prepared for: Council
Date: March 20, 2023

Background:

The College occasionally receives enquiries regarding members' ability to offer complementary/alternative therapies in addition to or in the context of conventional kinesiology treatment. Some of these questions may emerge from patients who request unregulated complementary or alternative therapies or who receive such therapies from other providers.

Considering the increasing popularity of such therapies, and to address some of the common questions that arise, the Quality Assurance Committee proposed a Practice Guideline ("the Guideline") on the use of complementary/alternative therapies in kinesiology practice.

The Guideline that emerged was largely based on a similar guideline developed by the College of Physicians and Surgeons of Ontario (CPSO), which was used with that College's permission. The Guideline clarifies general principles applicable to both conventional and complementary/alternative therapies, as well as considerations and requirements that relate specifically to complementary/alternative therapies.

A summary of work on and consideration of the Guideline completed to-date follows:

- Council reviewed the Guideline and approved its circulation for a 60-day consultation period April 17 – June 17, 2019.
- Following this consultation, the Guideline was again reviewed by Council (June 24, 2019) and was referred for further consideration, which would include revisions based on any changes made to the relevant CPSO guidance.
- In May 2022, the College was informed that updates to the relevant CPSO guideline had been approved.
- The Guideline was presented to the Quality Assurance Committee for review in November 2022 and subsequently referred to Council.

Analysis:

An overview of the review of the Practice Guideline based on the current CPSO guidance, the results of the public consultation and review by the Quality Assurance Committee is included in the table below:

Pre-Consultation Guideline	Proposed change	Rationale for Change
<p>Throughout the Guideline:</p> <p>References to “patient(s)”</p>	<p>Change references from “patient(s)” to “patient(s)/client(s)”</p>	<p>For consistency with other Standards and Guidelines. The intent of this wording is to be inclusive acknowledging that kinesiologists may provide treatment, care and services in a variety of contexts.</p>
<p>“Introduction”, pg. 1:</p> <p>In kinesiology, conventional therapies are evidence-based therapeutic interventions, founded on a modern conceptualization of disease/dysfunction and rooted in the scientific principles of biology, anatomy, and biomechanics. These therapies, like exercise prescription and functional ability assessment, form the core of kinesiology practice.</p>	<p>In kinesiology, conventional therapies are evidence-based therapeutic interventions, founded on a modern conceptualization of disease/dysfunction <u>health and human performance and consistent with the Essential Competencies of Practice of Kinesiology and -and-what is typically taught in a four-year university program in kinesiology in Ontario (or a course of study that has been deemed to be substantially equivalent).</u> -rooted in the scientific principles of biology, anatomy, and biomechanics. These therapies-interventions, like exercise prescription and functional ability assessment, form the core of kinesiology practice.</p>	<p>More detailed definition of “conventional therapies.”</p> <p>CPSO Policy is more explicit in stating that conventional “medicine” is what is commonly practised and is taught in medical schools.</p> <p>The definition of “conventional therapies” was updated to include a reference to the education that kinesiologists receive as part of their degree. The intent is to ensure that the definition of “conventional therapies” is clear.</p>
<p>“Introduction”, pg. 1:</p> <p>Complementary/alternative therapies fall within a broad group of therapeutic practices, services, remedies, or devices based on various theories or beliefs, which may or may not be grounded in evidence-based practice and scientific principles. Examples include herbal supplements, cupping therapy, and homeopathic remedies.</p>	<p>Complementary/alternative therapies fall within a broad group of therapeutic practices, services, remedies, or devices based on various theories or beliefs, which may or may not be grounded in evidence-based practice and scientific principles. Examples include herbal supplements, cupping therapy, and homeopathic remedies. <u>This definition may include conventional</u></p>	<p>More detailed definition of “complementary/alternative therapies.”</p> <p>Clarification, as in CPSO materials, that "conventional treatments, practices and products used in unconventional ways" and "new or emerging treatments, practices and products that are based on conventional medical</p>

<p>Complementary therapies may be specifically regulated by law, such as acupuncture, or may be unregulated.</p>	<p><u>treatments, practices and products used in unconventional ways and new or emerging treatments, practices and products that are based on conventional medical understanding and scientific reasoning.</u> Complementary therapies may be specifically regulated by law, such as acupuncture, or may be unregulated.</p>	<p>understanding and scientific reasoning" are included in the definition of complementary and alternative therapies.</p>
<p>"Respect the Autonomy of Patient Choice," pg. 2:</p> <p>Kinesiologists should acknowledge the diversity of cultures within a multicultural patient population, including Indigenous/First Nations cultures, and respect how these differing cultural perspectives may inform patient choice.</p>	<p>Kinesiologists should acknowledge the diversity of cultures within a multicultural patient/<u>client</u> population; including indigenous/First Nations cultures, and respect how these differing cultural perspectives may inform patient/<u>client</u> choice.</p>	<p>Revised based on consultation feedback.</p> <p>Indigenous North Americans are not the only group where culture may inform patient choices and preferences regarding therapy options. Also, not all Indigenous peoples may prefer or be culturally predisposed to complementary/alternative care. Note that the CPSO Guideline does not explicitly reference Indigenous/First Nations.</p>
<p>pg. 2:</p> <p>N/A</p>	<p><u>¹ "Competence" may be broadly defined as having sufficient knowledge, skill and judgement to perform or provide a given therapy, modality or service safely and effectively. This includes an awareness of and ability to manage the reasonably foreseeable consequences and side-effects of the therapy, modality or service.</u></p>	<p>Inserted a footnote defining "competence" as having appropriate knowledge, skill and judgement to practice safely and effectively, as well as awareness of and ability to successfully manage reasonably foreseeable effects/consequences of the treatment, service or modality in question.</p>
<p>"Compliance with Governing Laws, Standards and Guidelines," pg. 3:</p> <p>Kinesiologists must comply with all governing laws, standards, and guidelines, both relating to their practice of kinesiology and any other</p>	<p>Kinesiologists must comply with all governing laws, standards, and guidelines, both relating to their practice of kinesiology and any other complementary/alternative therapy they may offer. This includes the College's <u>Code of Ethics</u>, professional standards</p>	<p>Inserted reference to the College's Code of Ethics (pg. 2, section "Compliance with governing laws, standards and guidelines").</p> <p>Also inserted reference to specific Practice Standards and Guidelines (Record</p>

<p>complementary/alternative therapy they may offer. This includes the College’s professional standards as well as any licensing/registration requirements and professional standards related to other specifically-regulated therapies (e.g. acupuncture).</p>	<p><u>(including those regarding Record Keeping, Fees and Billing, Conflicts of Interest and Consent)</u> as well as any licensing/registration requirements and professional standards related to other specifically-regulated therapies (e.g. acupuncture).</p>	<p>Keeping, Fees and Billing, Conflicts of Interest and Consent).</p>
<p>“Criteria for Complementary Alternative Therapy”, pg. 3:</p> <ul style="list-style-type: none"> • The therapy must be logically related to the patient’s condition and treatment goals. • The therapy must have a reasonable expectation of improving the patient’s condition or helping them to achieve their treatment goals. • The overall risks and costs of the therapy must not outweigh its potential benefits, in particular when compared with conventional therapies. 	<ul style="list-style-type: none"> • The therapy must be <u>reasonably and objectively logically</u> related to the patient’s/<u>client’s</u> condition and treatment goals. • <u>The kinesiologist must have an understanding of the extent to which the therapy is supported by conventional kinesiology practice and scientific evidence.</u> • <u>The therapy or modality must be applied within the scope of practice of kinesiology and the kinesiologist’s personal sphere of competence.</u> 	<p>Feedback from Quality Assurance Committee:</p> <p>Replacement of “logically” with “reasonably and objectively”</p> <p>Point 2 clarifies that the kinesiologist must understand the evidence for a given treatment, therapy or modality. This will help inform the kinesiologist’s judgement as to whether the therapy or modality is appropriate in a given context.</p> <p>Clarification added that that the complementary or alternative therapy “must be provided within the scope of practice of kinesiology, as well as the kinesiologist’s personal sphere of competence.”</p>
<p>“Patients/Clients Receiving Therapies Elsewhere,” pg. 4:</p> <p>Kinesiologists should make a record of any complementary/alternative therapies in the patient record and be mindful of any possible interactions or contraindications that these therapies may create with the patient’s kinesiology plan of care.</p>	<p>Kinesiologists should make a record of any complementary/alternative therapies in the patient/<u>client</u> record and be mindful of any possible <u>reasonable</u> <u>foreseeable</u> interactions or contraindications that these therapies may create with the patient’s/<u>client’s</u> kinesiology plan of care.</p>	<p>Quality Assurance Committee recommended change from “possible” to “reasonably foreseeable.” This term matches language used in the College’s Practice Guideline – Scope of Practice Controlled Acts and Delegation.</p>

A more detailed report regarding the consultation is included in the attached Consultation Report and its Appendix.

Public Interest Rationale

The publication of this Guideline will promote the College's public protection mandate by ensuring that the expectations of the College are clear regarding how complementary and alternative therapies may be used by kinesiologists in Ontario. Patients and clients will be able to expect that kinesiologists, following this Guideline, will apply the same rigorous and objective approach to complementary and alternative therapies as they would to conventional kinesiology treatment, care and services.

Recommendation:

That Council approve the Practice Guideline - Complementary Alternative Therapies for publication.

Practice Guideline- Complementary/Alternative Therapies

Approved:

Last revised:

Introduction

In kinesiology, **conventional therapies** are evidence-based therapeutic interventions founded on a modern conceptualization of health and human performance and consistent with the Essential Competencies of Practice of Kinesiology and what is typically taught in a four-year University program in Kinesiology in Ontario (or a course of study that has been deemed to be substantially equivalent). These interventions, like exercise prescription and functional ability assessment, form the core of kinesiology practice.

Complementary/alternative therapies fall within a broad group of therapeutic practices, services, remedies, or devices based on various theories or beliefs, which may or may not be grounded in evidence-based practice and scientific principles. This definition may include conventional treatments, practices and products used in unconventional ways and new or emerging treatments, practices and products that are based on conventional medical understanding and scientific reasoning. Complementary therapies may be specifically regulated by law, such as acupuncture, or may be unregulated.

There may not always be a clear distinction between conventional therapies and complementary/alternative therapies. Moreover, some aspects of complementary/alternative therapies may become incorporated into conventional kinesiology practice over time if scientific evidence and support for the particular intervention expands.

Given the growth in interest in complementary/alternative therapies among both the public and practitioners, the purpose of this Guideline is to provide information regarding the College's expectations for kinesiologists who:

- may recommend or provide complementary/alternative therapies in conjunction with their practice of conventional kinesiology, or
- may have patients/clients seeking or receiving complementary/alternative therapies in addition to conventional kinesiology treatment.

Expectations for Practice

General Expectations

The following general principles apply to all areas of kinesiology practice. These principles should guide a kinesiologist when dealing with complementary/alternative therapies, including when recommending or directly providing such therapies and in dealing with a patient/client who requests or is receiving these therapies from another provider.

Act in the Best Interests of the Patient/Client

- As regulated healthcare professionals, kinesiologists must always act in the best interests of the patient/client. A kinesiologist's recommendations and treatment must be focused on the needs, goals, and interests of the patient/client, not on the interests of the kinesiologist. Kinesiologists must refrain from the exploitation of patients/clients for personal or professional gain.

Respect the Autonomy of Patient/Client Choice

- Patients/clients are entitled to set goals and make decisions about their care, including goals and decisions with which the treating kinesiologist may disagree. Kinesiologists should serve as a trusted resource for healthcare information by providing unbiased, accurate, and clinically appropriate recommendations for treatment to support informed patient/client choice.
- Kinesiologists should acknowledge the diversity of cultures within a multicultural patient/client population and respect how these differing cultural perspectives may inform patient/client choice.
- Kinesiologists must always obtain a patient's/client's informed consent prior to initiating treatment and comply with the College's Practice Standard – Consent and Practice Guideline – Consent.

Avoid or Appropriately Manage Conflicts of Interest

- Kinesiologists are expected to avoid or appropriately manage potential conflicts of interest and to comply with the College's Practice Standard – Conflict of Interest. This is of particular importance when recommending or providing complementary/alternative therapies in which the kinesiologist may have a personal or financial interest.

Practice within the Limits of Personal Skill, Knowledge and Judgement

- Kinesiologists are expected to limit their practice, whether conventional or complementary/alternative, to the scope of practice of kinesiology and their individual sphere of competence¹. Kinesiologists must ensure that they possess adequate skill, knowledge, and judgement to recommend or provide any treatment modality, and should

¹ "Competence" may be broadly defined as having sufficient knowledge, skill and judgement to perform or provide a given therapy, modality or service safely and effectively. This includes an awareness of and ability to manage the reasonably foreseeable consequences and side-effects of the therapy, modality or service.

refer patients/clients to other healthcare practitioners where the required or requested treatment would fall outside of this sphere.

Compliance with Governing Laws, Standards and Guidelines

- Kinesiologists must comply with all governing laws, standards, and guidelines, both relating to their practice of kinesiology and any other complementary/alternative therapy they may offer. This includes the College's Code of Ethics, professional standards (including those regarding Record Keeping, Fees and Billing, Conflicts of Interest and Consent) as well as any licensing/registration requirements and professional standards related to other specifically regulated therapies (e.g. acupuncture).

Specific Expectations: Recommending or Providing Complementary/Alternative Therapies

Conventional Assessment First

Prior to recommending or providing a complementary/alternative therapy to a patient/client, a kinesiologist must first have performed a conventional patient/client assessment and formulated conventional treatment recommendations on the basis of that assessment. The kinesiologist's clinical assessment and judgement must be informed by evidence-based practice and be in keeping with all applicable professional standards and obligations.

Criteria for Complementary/Alternative Therapy

Moreover, if a kinesiologist plans to recommend or provide a complementary/alternative therapy to a patient/client, the recommended therapy must satisfy the following criteria:

- The therapy must be reasonably and objectively related to the patient's/client's condition and treatment goals.
- The kinesiologist must understand the extent to which the therapy is supported by conventional kinesiology practice and scientific evidence.
- The therapy or modality must be applied within the scope of practice of kinesiology and the kinesiologist's personal sphere of competence.
- The therapy must have a reasonable expectation of improving the patient's/client's condition or helping them to achieve their treatment goals.
- The overall risks and costs of the therapy must not outweigh its potential benefits, when compared with conventional therapies.

Patient/Client Discussion

In discussing treatment options with a patient/client, and when obtaining a patient's/client's informed consent, the kinesiologist must do the following:

- The kinesiologist must provide accurate and objective information about all therapeutic options, including conventional therapies, and never overstate or exaggerate the benefits (or understate or minimize the risks) of a particular therapy.
- The kinesiologist must never make a claim about a remedy, treatment, device, or procedure other than a claim that can be supported as reasonable professional opinion. When recommending a complementary/alternative therapy, the kinesiologist must provide the patient/client with the following information about the therapy:

- The extent to which the therapy is supported by conventional kinesiology practice and scientific evidence.
- How the therapy would compare with conventional kinesiology therapies.
- A reasonable assessment of the expected clinical efficacy of the therapy.

As noted above, a kinesiologist who plans to recommend or provide complementary/alternative therapies must ensure that any potential conflict of interest is avoided or appropriately managed and that they have the requisite skills, knowledge, and judgement to do so safely and effectively.

Specific Expectations: Patient/Client Requesting or Receiving Complementary/Alternative Therapies

Patient/Client Requests

Patients/clients may sometimes request information about or ask a kinesiologist to provide a particular complementary/alternative therapy. Kinesiologists are not expected to be knowledgeable about every complementary/alternative therapy that a patient/client may ask about, nor are kinesiologists expected to provide a particular therapy simply because it was requested by a patient/client.

Kinesiologists are expected to limit their practice to their sphere of competence and to recommend and provide treatment in accordance with their professional judgement and the patient's/client's best interests. To the extent possible, kinesiologists should act as a resource for accurate and objective treatment information and should refer patients/clients to another trusted source, such as another regulated healthcare provider, if the kinesiologist is unable to answer particular questions. Kinesiologists should also provide appropriate referrals to patients/clients seeking care that is not offered by the kinesiologist.

Patients/Clients Receiving Therapies Elsewhere

When completing clinical histories for patients/clients, kinesiologists should ask their patients/clients about other treatments they are receiving, including complementary/alternative therapies. Kinesiologists should make a record of any complementary/alternative therapies in the patient/client record and be mindful of any reasonably foreseeable interactions or contraindications that these therapies may create with the patient's/client's kinesiology plan of care. Kinesiologists should keep patient/client clinical histories updated at regular intervals in keeping with the College's record keeping standards.

Acknowledgement

The College thanks and acknowledges the College of Physician and Surgeons of Ontario (CPSO) for the use of the CPSO's *Policy Statement on Complementary/Alternative Medicine* as a resource for the development of this guideline.

Consultation Report: Practice Guideline – Complementary Alternative Therapies

March 20, 2023

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
- 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 exist to protect the public. Part of this public protection mandate is a commitment to continued improvement of registration practices and policies.

On April 15, 2019, Council reviewed a proposed Practice Guideline – Complementary Alternative Therapies. At that time, Council recommended certain amendments to the draft Practice Guideline, and that the Practice Guideline be submitted for a 60-day general consultation to provide the public, registrants of the College and other stakeholders an opportunity to comment.

Consultation process

On April 17, 2019, the College provided the public, registrants and stakeholders with a notice of the consultation and its process. A dedicated webpage was created on the College's website to promote the consultation, and anyone with comments was invited to submit feedback via online survey or email.

The consultation concluded on June 17, 2019.

What we heard

Feedback from Survey

The College received 71 responses to the consultation. 67 respondents (94.37%) were Registered Kinesiologists, with responses also received from two members of the public, one representative of a professional association and one member of another health profession.

The consultation asked for respondents to consider and provide a response to the following questions:

- “Is the guideline clear about the College’s expectations with respect to the use of complementary/alternative therapies in kinesiology practice?”
- “Does the guideline provide enough guidance for kinesiologists offering complementary/alternative therapies or receiving requests from patients with respect to complementary/alternative therapies?”
- “Are there considerations that the College has not identified in the guideline?”
- “Is the guideline consistent with the College’s mandate to protect the public interest?”

Respondents were also provided an opportunity to provide general comments regarding the policy.

For a detailed review of responses, see the attached individual response reports.

Analysis of feedback and how the feedback was used

Among the highlights of the consultation responses:

Question 2:

- Most respondents (82.86%) felt that the guideline was clear regarding the College’s expectations

Question 3:

- Most respondents (70.00%) felt that the guideline provided enough guidance.

Question 4:

- 15 respondents (53.57% of those who responded to Question 4, 21.13% of the total number of respondents) suggested considerations that were not included in the guideline.

Question 5:

- Most respondents (94.12%) felt that the guideline was consistent with the College’s mandate to protect the public interest.

Question 6:

- 19 respondents (26.76% of respondents) provided general comments regarding the policy via responses to Question 6.

The above general information, as well as a review of individual comments, were used to identify potential revisions to the Guideline.

Consultation feedback reports

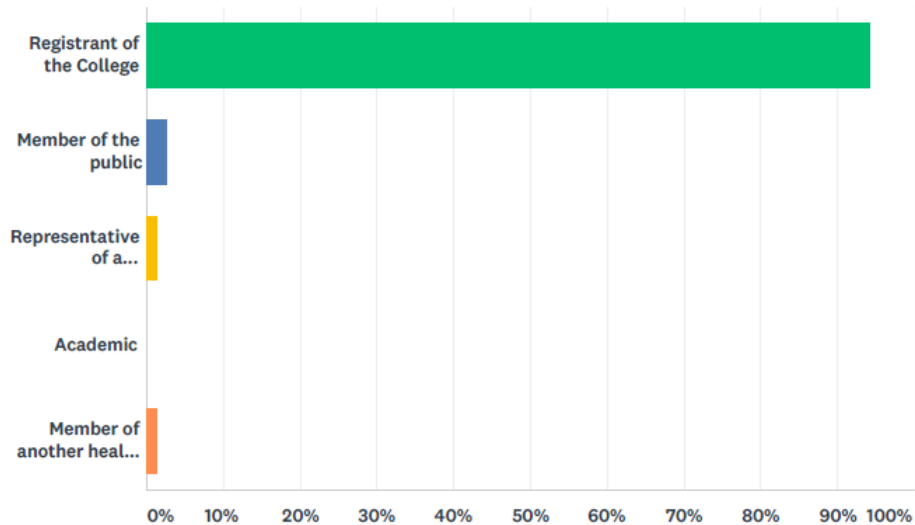
The following are attached:

Individual responses to online feedback survey and consultation, with proposed impact on the Guideline

Appendix A: Draft Complementary/Alternative Therapies Guideline Feedback/Comments

Q1 I am a/an:

Answered: 71 Skipped: 0



Question 2

Is the guideline clear about the College's expectations with respect to the use of complementary/alternative therapies in kinesiology practice?	Proposed guideline amendment(s)
The introduction creates confusion from the outset by referring to a functional ability assessment as a therapy. It is an assessment, not therapy. Additionally Kinesiology therapies are more accurately rooted in anatomy, physiology, biomechanics, motor control and learning (psychomotor behaviour), and social psychology. Biology is too vague a term whereas physiology and motor control are pillars. Alternative therapies can also be behavioural in nature and the guideline should not overlook them. For example EFT tapping.	Revise definition of "conventional therapies" to more closely track CPSO definition.
Very ambiguous, are kinesiologists able to administer cupping as a modality?	Added further clarity regarding the circumstances in which a kinesiologist may choose to administer a complementary/alternative therapy that is within their scope of practice and sphere of competence. Example: a kinesiologist with

	<p>appropriate knowledge, skills and judgement may, based on good clinical judgement (including knowledge of likely benefits, risks, contraindications etc) and with informed consent, offer (for example) cupping to a patient/client within the scope of practice of kinesiology.</p>
<p>I would like to suggest that the word "competence" be formally defined either within the text of the guideline or hyperlinked to that section within the Colleges website so that there is clear understanding of what competence means. Example: does a colleague showing you how the cups work in cupping therapy qualify as having the appropriate training to deem competence?</p>	<p>Added a footnote defining "competence" as having appropriate knowledge, skill and judgement to practice safely and effectively, as well as awareness of and ability to successfully manage reasonably foreseeable effects/consequences of the treatment, service or modality in question.</p> <p>In the example given here in the consultation, no, that kinesiologist would not necessarily be competent. Knowing "how the cups work in cupping" does not mean that the kinesiologist is aware of all reasonably foreseeable benefits, risks, indications and contraindications associated with cupping and is able to manage any foreseeable risks or complications.</p>
<p>In accordance with our regulations, R.KIN's MUST provide services within our legislative scope of practice as well as within our scope of competence. Further, there must be a scientific Kinesiological basis for their practice and services. Based on the current Ontario undergraduate Bachelor Kinesiology Degree programs and the ones that we utilized to establish minimal entry to practice requirements, including the core competencies, the Lyons share of these therapies fall beyond our entry to practice scope of practice if not certainly our core competencies. I would strongly advise my peers to have "established" scope of competencies in these particular "complementary/alternative therapies" beyond the College entry to practice requirements. Primarily because R.KIN's remain vulnerable and exposed to complaints and disciplinary action trying to establish and defend their beyond the potential legal scope and or core competencies interventions and services. It is also important to adhere to informed consent, transparency and our ethical requirements of nonmaleficence. One must ask themselves can they do all this when providing these complementary and alternative therapies. Moreover, these nebulous terms must be defined. What is</p>	<p>Added clarification that that the complementary/alternative therapy "must be provided within the scope of practice of kinesiology, as well as the kinesiologist's personal sphere of competence" (pg. 3, under "criteria for complementary/alternative therapy").</p> <p>Rationale (if specific reference to scope of practice of kinesiology and personal sphere of competence is included): by making this distinction, the guideline clarifies that a kinesiologist is limited by those 2 factors. A complementary or alternative therapy used to facilitate "human movement and performance" may be within scope and appropriate if the kinesiologist has appropriate knowledge, skill and judgement, whereas the same therapy, regardless of the kinesiologist's competence, may not be appropriate for a kinesiologist, practising as a kinesiologist, to use as</p>

<p>an alternative therapy; alternative to what exactly and then how is it within our legal scope particularly if it is alternative to it?</p>	<p>an exclusive treatment not related to the patient's/client's movement or performance.</p>
<p>It would be more clear to specify some therapies we are allowed to use</p>	<p>Clarified in the guideline that "complementary and alternative therapies" can include novel approaches/therapies that may not yet be fully supported by evidence OR conventional therapies/modalities applied in novel ways that are not yet supported by evidence.</p>
<p>Approval for the application of these therapies should be vetted by the college because there is a big potential to change the basis of the profession and the perception of the profession. I do not want alternative/complementary therapies associated with the profession because of the conflict of interest it can create when choosing health care providers</p>	<p>No change. Kinesiologists are permitted to make treatment/service decisions based on the intersection of the scope of practice of kinesiology, the kinesiologist's personal sphere of competence, the kinesiologist's clinical/professional judgement and any applicable legislation.</p>
<p>What is considered conducting a conventional kinesiology assessment? Clarification on this point please. Practice within the scope (complementary/alternative therapies are not within scope if not evidence based) of their competence therefore conflicting message.</p>	<p>Note that the definition of a "conventional kinesiology assessment" may be clarified by inserting a proposed earlier reference that "conventional therapies" may be defined as evidence-based approaches consistent with what is taught in a 4-year University program in Kinesiology (or program deemed to be substantially equivalent to same).</p> <p>"Evidence-based" is one criteria for the use of a therapy or modality, but that approaches with less supporting evidence (or where the evidence is emerging) may be used, provided the kinesiologist has appropriate knowledge and skill and uses good judgement.</p>
<p>Basic guidelines are "basic" and appropriate, but specifics to each alternative may need to be clearer.</p>	<p>No change.</p>
<p>"Practice within the scope of their competence" may be interpreted with lack specificity. Does this apply if you have other certifications/training? Is this treatment evidence-based?</p>	<p>Scope of competence may be defined as the kinesiologist having sufficient "knowledge, skill and judgement" to perform a given treatment safely and effectively, including the ability to anticipate and manage reasonably foreseeable consequences/effects.</p> <p>Footnote inserted to better define "competence" in accordance with</p>

	above.
I think the scope of practice is also unclear now that athletic therapists have joined the college- it seems that their scope of practice has now become a Kinesiologists scope of practice, even though Kinesiologists do not cover any assessment, rehabilitation, or manual therapy techniques in their curriculum. They are not therapists, they are exercise professionals. I don't think they have enough background knowledge to provide hands on treatment/ alternative therapies when other health care professionals have to go through a lot of extra training in order to provide these therapies- it also gets very confusing for the public and I think it's irresponsible of the college to add alternative therapies to a Kinesiologists scope of practice.	<p>No change.</p> <p>Note that "assessment, rehabilitation" of human movement and performance are within the scope of practice of kinesiology.</p> <p>Also note that the essential competencies set out the basic competencies common to all kinesiology. It is acknowledged that a kinesiologist may acquire or develop additional knowledge, skill and judgement that complements the essential competencies.</p>

Question 3

Does the guideline provide enough guidance for kinesiologists offering or receiving requests from patients with respect to complementary/alternative therapies?	Proposed guideline amendment(s)
In the section on Patient (Client) Discussion, reasonable professional opinion is too vague. Perhaps adding based on currently available evidence.	<p>No change.</p> <p>Discussion of evidence with patient/client is already included in this section (as a bullet point).</p>
In the patient discussion section are statements about the need for the R Kin to provide "accurate and objective information about all therapeutic options" and "the extent to which the therapy is supported by conventional kinesiology practice and scientific evidence". These statements rely on the R Kin's ability to evaluate the claim and to convey their judgement to the client. These evaluation and communications abilities may be part of current practice but this expansion of practice requires that all R Kin's become expert in evaluating clinical evidence. The College should only move ahead with this expansion of practice if R Kin's are required to demonstrate their expertise. This would be similar to the other training requirements such as for abuse and for legal issues. Given the ability of various groups to convincingly communicate false claims (consider measles) we must ensure that R Kin's do not become purveyors of false claims for therapies.	<p>No change.</p> <p>See Essential Competency of Practice 3.5 "Applies critical thinking and decision-making in practice".</p>
Possibly site some case studies or some hypothetical examples?	No change.

	May wish to consider how this Guideline may most effectively be communicated to members.
Should specify if we can do certain therapies. Which common alternatives have enough evidence currently to be acceptable?	No change proposed. A kinesiologist is capable of and responsible for ensuring that a given therapy is within scope of practice and their sphere of competence, and determining whether the therapy is appropriate in the circumstances. The Guideline is not intended to be fully prescriptive.
As above hyperlinks to the words "law" and "standards" should be considered to provide full clarification of these terms.	No change. May not be ideal or recommended to include such links, as links may change on short notice (which could result in broken links or out-of-date information).
No, the College has not clearly defined these terms making it difficult to fully adhere or adhere at all to our regulatory and practice standards requirements. Providing advice and guidance regarding any service that may complement any one particular legal scope of Kinesiology practice intervention or service is simply practice.	No change.
Is proof of training required? Or just competency based?	No change. The Guideline, as written, appears clear regarding the circumstances complementary/alternative care should be provided.
As long as the Kinesiologist has some training and stays within the scope of that training.	No change. The Guideline advises kinesiologists that this should be the case.
More guidance on acceptable training to provide alternative therapies.	No change. It is up to individual kinesiologists to determine whether they have the required competence/knowledge, skill and judgement. The College requires CPD, but does not approve specific courses or training programs.
Not enough specific examples given as to what can be done or not.	No change. Role of Guideline is not to specify all possible situations and scenarios.

Question 4

Are there considerations that the College has not identified in the guideline?	Proposed guideline amendment(s)
<p>What is the impact of this guideline on patients who are actively involved in research trials and also under the care of a Kinesiologist?</p>	<p>Inserted language (as per Question 2, Comment #6) regarding how new approaches (or established approaches used in novel ways) could also be considered “complementary and alternative therapies” at least until sufficient evidence is accumulated to determine efficacy and safety of the new approach/novel use of accepted modality.</p>
<p>Is there anything special that needs to be done related to documentation or billing?</p>	<p>No change.</p> <p>The applicable practice standards are Record Keeping and Fees and Billing (both of which are referenced in this Guideline).</p>
<p>As mentioned above social/psychological or behavioural interventions. We motivate, counsel and coach clients within scope but should use techniques that are based on principles in these areas.</p>	<p>No change.</p>
<p>A major concern that is only partially addressed is the risk of failure to provide effective conventional Kinesiology therapy as a consequence of moving on to a complementary/alternative therapy. It is too easy to fail the client by not providing behavioral supports to exercise.</p>	<p>No change.</p> <p>The Guideline sets out criteria for use of a complementary/alternative therapy, which includes the kinesiologist having grounds to believe that the complementary/alternative therapy will benefit the patient/client.</p> <p>Also, the Guideline is structured such that it considers a scenario where a patient has requested a complementary/alternative therapy. It may be outside the scope of the Guideline to consider that a failure on the part of the kinesiologist.</p>
<p>There should be additional information detailing how this guideline connects to the overall ethical policies and procedures of the college and should detail possible reprimands for members who don't follow the guidelines.</p>	<p>Inserted reference to the College's Code of Ethics (pg. 2, section “Compliance with governing laws, standards and guidelines”).</p> <p>Also inserted reference to specific Practice Standards and Guidelines (Record Keeping, Fees and Billing, Conflicts of Interest and Consent).</p>
<p>Which alternatives therapies are absolutely not permitted?</p>	<p>No change.</p> <p>The intent of the Guideline is to take a</p>

	positive, supportive approach to this issue rather than prescriptive.
Some alternative therapies may have their own certification process. If that is the case, then the extra certification should be obtained.	No change. This already appears clear in the Guideline (pg. 2, section “Practice within the Limits of Personal Knowledge, Skill and Judgement”).
May wish to expand list of possible complementary therapies.	No change.
On the draft, there needs to be clarification on what these complementary and or alternative therapies entail. I recognize that the scope claims to not cover 'instrument assisted soft tissue release' (as some classes are offered for kinesiologists) and leaves the onus to the kinesiologists to 'mind the gap' - would like this to be addressed.	See previous notes regarding definition of “complementary and alternative therapies”.
Ensure that proper documentation regarding the complementary/alternative therapy is completed. If patient asks about CBD treatment, charting on enquiry and advice/direction provided should be noted. Is there a standard response that can be provided to patients that has been deemed acceptable and appropriate from the College? Perhaps a sample of responses within the guidelines will help Kinesiologists.	No change. Reference to Practice Standard – Record Keeping within the Guideline may be sufficient.
It might be a good idea to make it more specific (even though it already somewhat is).	No change (aside from other changes under consideration).
I do not believe the college has addressed the fact that complementary alternative therapies should not be associated with the profession. The practice of alternative therapies should remain separate from a kinesiologist’s scope of practice.	No change. The purpose of the Guideline is to provide guidance/advice to kinesiologists in circumstances where complementary/alternative therapies may fall within the scope of practice of kinesiology. Prohibition of any and all complementary or alternative therapies may not be necessary or appropriate.
We need more direction for those who work in disability management and use modalities like CBT and MPS.	No change. The Guideline appears clear (as does other guidance) that any kinesiologist must practice within their scope of practice and personal sphere of competence (knowledge, skill and judgement).

<p>Csep certifies members to do glucometer testing. This requires breaking the skin. Also other jurisdictions provide training/guidelines to adjust oxygen for clients on O2 therapy Guidelines as mentioned above aren't necessarily specific enough.</p>	<p>No change.</p> <p>Neither of these modalities are considered complementary or alternative therapies.</p> <p>Both modalities mentioned in this comment involve controlled acts ("glucometer testing" involves taking a blood sample via fingerprick, which is considered performing a procedure below the dermis; adjusting oxygen falls under the controlled act of administering a substance by injection or inhalation) in Ontario.</p> <p>Kinesiologists are not authorized to perform any controlled acts without appropriate delegation or medical directives. The Guideline currently notes that kinesiologists are required to abide by any legislation that may govern any given complementary or alternative therapy.</p>
<p>Special class of Kin's that can do specific therapies?</p>	<p>No change.</p> <p>The College does not have any specialty classes.</p>

Question 5

<p>Is the guideline consistent with the College's mandate to protect the public interest?</p>	<p>Proposed guideline amendment(s)</p>
<p>Kinesiologists should not be expanding their areas of practice within the umbrella of kinesiology without specific training in evaluation of claims and then specific training in providing that therapy.</p> <p>It would be better for the R Kin to respectfully communicate that they are not aware of evidence to support that claim, that there may not be evidence to refute the claim but that simply means lack of credible evidence and that the client is free to seek out the therapy from another person. By permitting R Kin's to provide such therapies we provide tacit support for those therapies - even if the R Kin identifies that the therapy is not part of Kinesiology practice. This may damage the client either through neglect of safe, effective exercise therapy or directly from the alternative therapy.</p>	<p>No change (beyond any relevant changes already proposed here).</p> <p>The Guideline does describe the circumstances under which a kinesiologist may provide complementary and/or alternative therapies, including explicitly defining the "Criteria for Complementary/Alternative Therapy".</p>

I do not think so give the comments and issues I have identified.	No change.
Though some of these therapies are not all supported through scientific evidence. The Kinesiologist should have the right to refuse exploration of these treatments if they are not comfortable with them, and refer for those specifically elsewhere.	No change. This is captured in the Guideline. The intent of the Guideline is to provide guidance to kinesiologists who may provide complementary/alternative therapies rather than to prescribe that all kinesiologists are required to do so.
Somewhat with exception provide accurate and unbiased information about therapies; so if it's not evidence based is this covered in scope of practice?	No change. The Guideline is clear regarding circumstances under which complementary/alternative therapies may be appropriate. Also, the scope of practice of kinesiology, though broad, also appears to be clear.
I applaud the College for tactfully addressing this challenging issue.	No change.

Question 6

Additional Comments	Proposed guideline amendment(s)
This is a great guideline. However in it there was no mention of the kinesiologist working as a support role for another healthcare professional who is a primary care giver and who makes the ultimate clinical decision in regards to therapies that is best for the patient. Other than this it sounds very reasonable!	No change is recommended. In such a circumstance, the applicable Practice Guideline is: Practice-Guideline-Accountabilities-in-Different-Roles.pdf (coko.ca)
I see that the word "should" is often used in this guideline (e.g., kinesiologists should keep patient clinical histories etc...). I would recommend using stronger language such as "kinesiologists are expected to..."	No change. Practice Guidelines are intended to provide advice and guidance. "Stronger language" may not be appropriate in a Guideline.
I am curious about why Indigenous/First Nations were specifically identified in the Respect the Autonomy of Patient Choice section versus a statement that was more broad such as: Kinesiologists should acknowledge the diversity of cultures within a multicultural patient population (E.g. First Nations, Muslim, Mennonite) and respect how these differing cultural perspectives may inform patient choice. The way it's worded currently seems to almost specifically highlight that	Amended Guideline based on this comment. Indigenous North Americans are not the only group where culture may inform patient choices and preferences regarding therapy options. Also, not all Indigenous peoples may prefer or be culturally predisposed to complementary/alternative care. Note

<p>there is a particularly special consideration that needs to be given to this population/cultural which I don't think is the real purpose of the statement. I think it is more inclusive to provide examples as noted above or take the reference out entirely.</p>	<p>that the CPSO Guideline does not explicitly reference Indigenous/First Nations.</p>
<p>In the final section titled "Patients Receiving Therapies Elsewhere" please consider the following edit: In the 2nd sentence replace the term "possible interactions" with "known interactions". It is a high bar for Kinesiologists to be mindful of all possible interactions of alternative therapies especially since these therapies may not have much evidence or research to support their use or outline side-effects/interactions.</p>	<p>Changed "possible" to "reasonably foreseeable". This term matches language used in the College's Practice Guideline – Scope of Practice Controlled Acts and Delegation.</p>
<p>Just wondering when why we have changed reference to the science type around kinesiology.... Document references biology, anatomy, and biomechanics... In previous documents (not 100% on this) we refer to our core sciences being anatomy, physiology, biomechanics, and psychomotor behaviour (or motor control and learning).</p>	<p>Proposed change: removed references to specific fields of study, replaced with references to Essential Competencies and typical Kinesiology education.</p>
<p>Please cease the use of the term patient; it is clear that this is taken directly from the Physician sick care model and language. Kinesiologists use the term client.</p>	<p>The term "patient" has a specific definition, as does "client", but they are not necessarily the same thing or interchangeable.</p> <p>Note that the RHPA, 1991 often refers to "patient(s)" in specific circumstances, such as sexual abuse.</p> <p>Proposed changing references to "patients" to "patients/clients".</p>
<p>This guidance should include a statement that R Kinesiologists should not provide these alternative/complementary therapies. It may damage the public interest and it certainly will damage the profession.</p>	<p>No change.</p>
<p>There are well worded recommendations in the guideline asking members to discuss with patients if the therapy is supported by scientific evidence and that there must be an expectation of improving the patient's condition. We need to hope then that members put this into practice and do not recommend or perform therapies that are known not to have any scientific backing or evidence, such as homeopathy. Otherwise we risk discrediting the profession as a whole.</p>	<p>No change.</p>

<p>Some alternative therapies may have their own certification process. If that is the case, then the extra certification should be obtained.</p>	<p>No change.</p>
<p>This guideline opens up kinesiologists to potentially offer alternative therapies that are not evidence based. If an additional therapy falls under the scope of practice of a kinesiologist and the practitioner can prove they are competent in the therapy because they have completed additional education in it then the kinesiologist is able to provide the service. Perhaps a comprehensive list of approved additional treatment options that kinesiologists can provide would be better suited. Kinesiology is so broad of a field and some specificity in the sub field within kinesiology would be helpful.</p>	<p>No change. Purpose of Guideline is to offer advice, but not to be fully prescriptive.</p>
<p>Please be specific on the draft on what exactly these alternative and complementary therapies would entail - possibly adding the definition between alternative AND / OR complementary therapies if possible. Thank you!</p>	<p>Changes associated with previous comments (clarifying the definition of “complementary and alternative therapies”) are relevant to this comment as well.</p>
<p>As a regulated health care professional, kinesiologists should not be providing advice/offering services that are not evidenced-based. Therefore, should not be promoting, recommending or counseling on homeopathic supplements as well as other herbs/supplements which may not have evidence to support their use or claims.</p>	<p>No change. Guideline already incorporates the general theme of this comment by advising kinesiologists to act in their patient’s best interests and to ensure that the therapy has a reasonable expectation of improving the patient’s condition or helping achieve their goals.</p>
<p>Not only do you need to look at this more specifically from a Kinesiological and scientific perspective but you must also look at this from a legal regulatory perspective enabling the College to assist its members' in compliance with our regulations and safe accountable practice. How have you done this? Perhaps you need to think of how members engaging in these ill-defined activities can avoid complaints in this regard. Put some "meat on these guidelines" they are just too fluffy and unhelpful. It is also important to remember how we differ from physicians in both our legal scope and competencies.</p>	<p>No change. The Guideline explicitly advises kinesiologists that they must comply with the governing laws, standards and guidelines.</p>
<p>This would be a great addition to the service a kinesiologist can offer as long as the kinesiologist has the proper credentials/certifications to offer the specific complementary services.</p>	<p>No change.</p>
<p>The association with non-evidence based practices should not be included in the practice. Services offered in tangent by practitioners should not be regarded as kinesiology. Firm distinction should be made</p>	<p>No change. Some complementary/alternative therapies may fall within the scope of</p>

where a kinesiologist's scope of practice ends.

practice of kinesiology. This is particularly true given that complementary/alternative therapies may include emerging therapies/approaches and/or conventional therapies/approaches applied in novel circumstances.

Resolution – Practice Guideline – Complementary Alternative Therapies

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

Whereas a Practice Guideline – Complementary Alternative Therapies was drafted in 2019, in response to member inquiries regarding how complementary and alternative therapies may be incorporated into member’s practice; and

Whereas the Practice Guideline – Complementary Alternative Therapies was reviewed by the Quality Assurance Committee and Council in 2019 and was referred for public consultation; and

Whereas the Practice Guideline – Complementary Alternative Therapies has been revised based on feedback from the consultation and comparison with the most current versions of the relevant College of Physicians and Surgeons Policy and Advice to the Profession; and

Whereas the Practice Guideline – Complementary Alternative Therapies was reviewed and referred to Council by the Quality Assurance Committee in November 2022;

Therefore, be it resolved that Council approves the Practice Standard – Complementary Alternative Therapies for publication by the College.

Moved by: _____

Seconded by: _____

Date: March 20, 2023

Issue / Decision Note

Issue or Decision: Public Consultation regarding proposed amendments to By-law 6 - Election of Officers
Prepared for: Council
Date: March 20, 2023

Issue:

Review of results of a 60-day public consultation regarding proposed amendments to By-law 6 – Election of Officers.

Background:

The provincial government has proposed a series of reforms and modernization initiatives that will impact the governance of health professional regulatory colleges in Ontario. The College of Kinesiologists of Ontario (“the College”) will be required to implement and abide by these reforms once they have been incorporated into legislation, including the *Regulated Health Professions Act* (RHPA, 1991).

To that end, the College has undertaken a review of its by-laws, including By-law 6, which pertains to the election of officers of the College (“officers”). Officers are elected from among members of Council and include the President and Vice-President of Council, and “[...]such other officers as Council may determine from time to time.” The intent of the College is to ensure that by-laws pertaining to the nomination and election of officers are clear, relevant and consistent with current and anticipated legislation and best practices.

Following an environmental scan and internal review of By-law 6, amendments were put to Council for consideration on December 5, 2022. At that meeting, the proposed amendments were approved for circulation in a 60-day public consultation, as required by s. 94(2) of the Health Professions Procedural Code (Schedule 2 to the *RHPA, 1991*).

Issue for Consideration:

Review of the results of the 60-day public consultation, which ended February 8, 2023, regarding proposed amendments to By-law 6.

Analysis:

The public consultation took the form of a six-question survey, which was posted on the College’s website. Registrants of the College were notified via email at the beginning of the consultation period.

A total of six responses to the public consultation were received. All respondents indicated general agreement that the proposed amendments clearly describe the process for election as an Officer of the College. All respondents also indicated agreement that the by-law is relevant and important to College governance. Two additional comments were made regarding the proposed amendments to

By-law 6. A more detailed review of the consultation is provided in the consultation report, which is included as Appendix A to this decision note.

After due consideration of survey responses and additional comments, as described in the consultation report, no further changes are proposed to the amended By-law 6 (a more detailed review of all proposed changes to the by-law is included as Appendix B to this decision note).

Public Interest Rationale:

Unclear or inconsistent by-laws pertaining to the selection and appointment of Officers of the College (including selection or appointment of individuals to fill a vacancy or vacancies):

- 1) Could result in decisions or processes that are not based on principles that apply universally
- 2) Could result in decisions or processes that create an unfair advantage or disadvantage (or the perception of an unfair advantage or disadvantage)
- 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 College
- 6) Could create liability for either the College and/or the person involved.

Recommendations:

Staff recommend that Council adopt the following:

- 1) Approve the proposed amendments to By-law 6 for publication.

Consultation Report: Proposed Amendments to By-law 6

March 20, 2023

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 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 governance practices.

The CKO's governance framework includes its by-laws, including by-law 6, which addresses the election of officers of the Council ("officers"). Officers, in this case, are the President and Vice-President of Council. Their duty is to ensure that Council members understand their responsibilities and duties, and that Council is fulfilling its mandate and strategic goals.

The purpose of this consultation was to obtain feedback on the proposed amendments to by-law 6. These amendments have been proposed to ensure that the College's by-laws are internally consistent and aligned with regulatory governance best practices and anticipated governance reforms that will be implemented by the provincial government.

Consultation process

In December 2022, the College notified, via email, registrants and stakeholders of the consultation and its process. 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 February 8, 2023.

What we heard

Feedback from Survey

The consultation involved a survey which was available on the College’s website. The survey was designed to gather feedback on the draft by-law amendments.

In addition to basic demographic information (a question asking the respondent to identify as one of seven categories of stakeholders, including “Other”), the survey asked respondents to indicate their agreement or disagreement with, and provide comments regarding, the following questions:

- Question 2: Do the by-law amendments clearly describe the process for election as an Officer of the College?
- Question 3: Are the by-laws relevant and important to College governance?
- Question 4: Are there any details that could be made more clear?
- Question 5: Do you have any concerns with the proposed amendments?
- Question 6: How can the by-laws be improved?

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

Analysis of feedback and how the feedback was used

Six respondents completed the survey. All respondents identified as Registered Kinesiologists.

Among the highlights of the survey:

- All respondents (100%) felt that the by-law amendments clearly describe the process for election as an Officer of the College.
- All respondents (100%) felt that the by-laws were relevant and important to College governance.

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

Comment	Change	Rationale
Response to Question 4: “Is there a time limit in which a vacancy for President or Vice-President is filled?”	No change	By-laws 6.03 and 6.04 state that vacancies are filled for the remainder of the term. There is no time limit set out in the by-laws regarding when vacant offices may be filled. This ensures that the by-laws do not prevent an office from being filled in the event of an emergent/urgent need, which may occur at any time in an Officer’s term of office.
Response to Question 6:	No change	The proposed amendments to by-laws 6.03 and 6.04 specify

<p>“Just ensure that it is only for the duration of one term and that it can’t be applied to a subsequent term.”</p>		<p>that holding an office to fill a vacancy is not counted towards an office-holder’s maximum term limit. This is intended to remove a potential barrier to or cost associated with filling vacancies.</p> <p>By-laws 6.03 and 6.04 (including proposed amendments) state that an individual who holds an office to fill a vacancy will hold that office for the remainder of the current term. After that term ended, the individual who filled the vacancy would be required to stand for election as per the by-laws and would be subject to typical eligibility requirements.</p> <p>It is anticipated that appointments or elections to fill a vacant office will be infrequent/rare.</p>
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Appendix B: Proposed Amendments to By-law 6 of the College of Kinesiologists of Ontario

DRAFT

The following is an overview of proposed amendments to By-law 6 of the College of Kinesiologists of Ontario.

Document Layout

The document is structured as a table that sets out the current by-law provision, the proposed changes (additions are in red, deletions are in red and struck out), additional amendments made as a result of the public consultation and the rationale for the latter proposed amendments.

By-Law 6: Election of Officers

Current by-law	Proposed by-law	Changes as a result of public consultation	Rationale for consultation changes
<p>6.03 Filling Vacancies (President) In the event that the President is removed from office, resigns or dies or the position of President becomes vacant for any reason, the Vice-President shall become the President for the remaining term of the office and the office of the Vice-President shall become vacant.</p>	<p>6.03 Filling Vacancies (President) In the event that the President is removed from office, resigns or dies or the position of President becomes vacant for any reason, the Vice-President shall become the President for the remaining term of the office and the office of the Vice-President shall become vacant. <u>Time spent as President of the College to fill a vacancy is not considered for the purposes of determining an individual's maximum term limit.</u></p>	<p>No change</p>	<p>By-laws 6.03 and 6.04 state that vacancies are filled for the remainder of the term.</p> <p>There is no time limit set out in the by-laws regarding when vacant offices may be filled. This ensures that the by-laws do not prevent an office from being filled in the event of an emergent/urgent need, which may occur at any time in an Officer's term of office.</p> <p>An individual who holds an office to fill a vacancy will hold that office for the remainder of the current term. After that term ended, the individual who filled the vacancy would be required to stand for election as per the by-laws and would be subject</p>

			to typical eligibility requirements.
<p>6.04 Filling Vacancies (Vice-President) In the event that the Vice-President is removed from office, resigns or dies or the position of Vice-President becomes vacant for any reason, Council may elect a new Vice-President to hold office for the remainder of the term.</p>	<p>6.04 Filling Vacancies (Vice-President) In the event that the Vice-President is removed from office, resigns or dies or the position of Vice-President becomes vacant for any reason, Council may elect a new Vice-President to hold office for the remainder of the term. <u>Time spent as Vice-President of the College to fill a vacancy is not considered for the purposes of determining an individual's maximum term limit.</u></p>	<p>No change</p>	<p>By-laws 6.03 and 6.04 state that vacancies are filled for the remainder of the term.</p> <p>There is no time limit set out in the by-laws regarding when vacant offices may be filled. This ensures that the by-laws do not prevent an office from being filled in the event of an emergent/urgent need, which may occur at any time in an Officer's term of office.</p> <p>An individual who holds an office to fill a vacancy will hold that office for the remainder of the current term. After that term ended, the individual who filled the vacancy would be required to stand for election as per the by-laws and would be subject to typical eligibility requirements.</p>



Resolution – Amendments to By-law 6 Election of Officers

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

Whereas the government of the Province of Ontario has proposed a series of governance reforms and modernization initiatives; and

Whereas these reforms and modernization initiatives may impact the eligibility criteria and processes associated with nomination and election of Council members as Officers of the College; and

Whereas other health regulatory Colleges’ by-laws have begun to reflect some of the measures proposed by the Provincial government to reform and modernize health profession regulation governance; and

Whereas the College has reviewed its nomination and election processes and is proposing amendments and revisions to By-law 6 in keeping with proposed governance reforms, modernization initiatives and practices at other Colleges that may be recognized as exemplars or best practices; and

Whereas Council has reviewed and approved the proposed amendments to By-law 6 for circulation in a 60-day public consultation; and

Whereas Council has reviewed the results of the 60-day public consultation regarding By-law 6;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 6.

Moved by:

Seconded by:

Date: March 20, 2023

Issue / Decision Note

Issue or Decision: Public consultation regarding proposed amendments to By-law 10: Election of Council Members
Prepared for: Council
Date: March 20, 2023

Issue:

Review of the results of a 60-day public consultation regarding proposed amendments to By-law 10 – Election of Council Members.

Background:

In January 2022, the provincial government proposed a series of reforms and modernization initiatives regarding the governance of health professional regulatory colleges in Ontario. The College of Kinesiologists of Ontario (“the College”) will be required to implement and abide by any proposed reforms that are incorporated into legislation, including the *Regulated Health Professions Act (RHPA, 1991)*.

To that end, and from the perspective of streamlining and facilitating the College’s elections processes, the College has undertaken a review of its by-laws, including By-law 10, which pertains to the election of members of the Council of the College (“Council”). The intent of this review of By-law 10 is to ensure that by-laws pertaining to the Council nomination and election process are clear, relevant and consistent with current and anticipated legislation and best practices in regulatory governance.

Following an environmental scan and internal review of By-law 10, proposed amendments were presented to Council for consideration on December 5, 2022. The proposed amendments were approved for circulation in a 60-day public consultation, as required by s. 94(2) of the Health Professions Procedural Code (Schedule 2 to the *RHPA, 1991*).

Issue for Consideration:

Review of the results of the 60-day public consultation, which ended February 8, 2023, regarding proposed amendments to By-law 10.

Analysis:

The public consultation took the form of a six-question survey, which was posted on the College’s website. Registrants of the College were notified via email at the beginning of the consultation period.

A total of five responses to the public consultation were received. All respondents indicated general agreement that the proposed amendments clearly describe the Council election process. All respondents also indicated agreement that the by-law is relevant and important to College governance. One additional comment was made regarding the proposed amendments to By-law 10,

specifically suggesting that consideration be given to the elimination of electoral district 7. A more detailed review of the consultation is provided in the consultation report, which is included as Appendix A to this decision note.

After due consideration of survey responses and the additional comment as described in the consultation report, no further changes were made to the amended By-law 10 (a review of all proposed changes is included as Appendix B to this decision note).

Public Interest Rationale:

Unclear or inconsistent by-laws pertaining to the nomination and election of members to Council (including election, selection or appointment of individuals to fill a vacancy or vacancies):

- 1) Could result in decisions or processes that are not based on principles that apply universally
- 2) Could result in decisions or processes that create an unfair advantage or disadvantage (or the perception of an unfair advantage or disadvantage)
- 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 College
- 6) Could create liability for either the College and/or the person involved.

Recommendations:

Staff recommend that Council adopt the following:

- 1) Approve the proposed amendments to By-law 10 for publication.

Appendix A: Consultation Report: Proposed Amendments to By-law 10

March 20, 2023

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
- 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 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 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.

In addition, the College has proposed amendments to By-law 10, which pertains to the election of Council members. These amendments have been proposed to promote internal consistency within the by-laws, to facilitate the elections process and to promote alignment with governance best practices and anticipated legislative reforms to health professional regulatory governance.

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

Consultation process

In December 2022, the College notified, via email, registrants and stakeholders of the consultation and its process. 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 February 8, 2023.

What we heard

Feedback from Survey

During the consultation period, a survey was available on the College’s website to gather feedback on the proposed amendments to By-law 10.

In addition to a question pertaining to demographics (the respondents were asked to identify themselves as one of seven categories, including “Other”), the survey asked respondents to indicate their agreement or disagreement with, and provide comments regarding, the following questions:

- Question 2: Do the by-law amendments clearly describe the process for election to Council?
- Question 3: Are the by-laws relevant and important to College governance?
- Question 4: Are there any details that could be made more clear?
- Question 5: Do you have any concerns with the proposed amendments?
- Question 6: How can the by-laws be improved?

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

Analysis of feedback and how the feedback was used

5 respondents completed the survey. All respondents identified as a Registered Kinesiologist.

Among the highlights of the survey:

- All respondents (100%) felt that the by-law amendments clearly describe the eligibility criteria and nomination process for election to Council.
- All respondents (100%) felt that the by-laws were relevant and important to College governance.

Below is a table capturing specific comments in the feedback and proposed changes to the by-laws associated with these comments.

Comment	Change	Rationale
Response to Question 6: “Give consideration to removal of District 7. It gives a small minority of the profession disproportionate power. While appreciating the academic contribution they are not health care practioners in the full sense.”	No change	The intention of electoral districts (including District 7) is to promote broad participation in Council rather than direct representation of the interests of that District. All Council members, regardless of electoral district, have a fiduciary duty to the College and its mandate of public protection. Council members may not speak on behalf of or otherwise advocate for their electoral district, particularly where such advocacy would conflict with their fiduciary duty as Council members.

		In addition, Council members elected in District 7 do not wield undue influence beyond that of any other elected or appointed Council member (participation in discussions and voting on motions).
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Appendix B: Proposed Amendments to By-law 10 of the College of Kinesiologists of Ontario

DRAFT

The following is an overview of proposed amendments to by-law 10 of the College of Kinesiologists of Ontario.

Document Layout

The document is structured as a table that sets out the current by-law provision(s), the proposed changes (additions are in red, deletions are in red and struck out), additional amendments made as a result of the public consultation and the rationale for the latter proposed amendments.

By-Law 10: Election of Council Members

Current by-law	Proposed by-law	Changes as a result of public consultation	Rationale for consultation changes
<p>10.02 Eligibility to Vote in an Electoral District 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>10.02 Eligibility to Vote in an Electoral District A member <u>who holds a certificate of registration in good standing with the College (in the General or Inactive Class)</u> 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>No change</p>	<p>N/A</p>
<p>10.02 Eligibility to Vote in an Electoral District A member, who is eligible in Electoral District 7 to run for election, is eligible to vote in Electoral District 7.</p>	<p>10.02 Eligibility to Vote in an Electoral District A member, who <u>holds a certificate of registration in good standing with the College and is eligible in Electoral District 7 to run for election</u> a member of a <u>faculty or department of kinesiology of a university in</u></p>	<p>No change</p>	<p>N/A</p>

	<u>Ontario</u> , is eligible to vote in Electoral District 7.		
N/A	<u>10.03 Assignment of Electoral District</u> <u>Where there may be ambiguity regarding a member's Electoral District, the Registrar may, for the purposes of voting and election eligibility, assign the member to an Electoral District that most closely matches the member's primary practice or primary residence.</u>	No change	N/A
10.05 Maximum Term 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.	<u>10.065 Maximum Term</u> A member who has served on Council for nine two (2) consecutive <u>three (3) year terms</u> years is ineligible for election to Council until a full three (3) year term has passed since that member last served on Council. This maximum term applies to new members of Council elected on or after July 2023. Members elected or appointed to Council prior to July 2023 may serve for a maximum term of nine (9) years. The first nine year period does not commence until after the first election in each electoral district.	No change	N/A
N/A	<u>10.07 Maximum Term Exceeded</u>	No change	N/A

	<p><u>Where there may be exceptional circumstances, such as where Council may not be properly constituted or may not have quorum, a member may exceed their maximum term limit for up to 6 months or until the member's successor is elected or appointed.</u></p>		
<p>10.09 Eligibility for Election 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"> i. the member is eligible to vote in the electoral district in which the member is nominated; ii. the member is not the subject of any disciplinary or incapacity proceedings; iii. no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years; iv. the member is not subject to any order, direction, or term, 	<p>10.1009 Eligibility for Election (Districts 1 through 6) 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"> i. the member is eligible to vote in the electoral district in which the member is nominated<u>holds a certificate of registration in good standing with the College in the General or Inactive Class of registration;</u> ii. <u>the member primarily practises in, has been assigned by the Registrar to or, if they are not practising the profession, resides in the Electoral District in which they have been nominated;</u> 	<p>No change</p>	<p>N/A</p>

<p>v. 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</p>	<p>iii. the member is not the subject of any disciplinary or incapacity proceedings of the College or any other regulatory body;</p> <p>iv. the member has not been the subject of a finding of professional misconduct, incompetence or incapacity in the preceding three years at the College or with any other regulatory body;</p> <p>v. the member is not subject to any order <u>or</u> direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee at of the College or with any other regulatory body;</p> <p>vi. <u>the member's certificate of registration is not subject to any terms, conditions and limitations other than those that apply to all members in the member's class of registration;</u></p> <p>vii. the member has not been in a leadership</p>		
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<p>vii. in the previous three (3) years; 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>position, including but not limited to being an employee, officer or director of any professional association 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, such that a real or apparent conflict of interest may arise</p> <p>viii. <u>three (3) calendar years have passed since the member last served on Council for the maximum term;</u></p> <p>ix. the member has not been disqualified from the Council or a committee of the College in the previous three (3) years;</p> <p>x. the member is not a member of the Council or of a committee of the college of any other health profession;</p> <p>xi. the member has not been a member of the staff of the College at any time within the preceding three (3) years;</p> <p>xii. the member is not holding a responsible</p>		
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	<p>position with any organization/group whose mandate or interests conflict with the College;</p> <p>xiii. the member is not a consultant to third party providers engaged by the College;</p> <p>xiv. the member has not resigned from Council within the previous three years other than for health or personal reasons acceptable to Council;</p> <p>xv. the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College;</p> <p>xvi. the member is not in default of completing and submitting any required form or information to the College;</p> <p>xvii. the member does not have a criminal finding of guilt that is relevant to the registrant's ability to practise the profession;</p> <p>xviii. the member is not the subject of a charge that is relevant to the registrant's ability to practise the profession;</p> <p>and</p>		
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	<p>xix. before the nomination deadline, the member has successfully completed any qualification process established by the Council.</p>		
<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"> i. the member is a full-time member of faculty or department in an Ontario university degree program in Kinesiology; ii. the member is eligible to vote in the electoral district in which the member is nominated; iii. the member is not the subject of any disciplinary or incapacity proceedings; iv. no findings of professional misconduct, incompetence or incapacity has been made against the member in the preceding three years; 	<p><u>10.11 Eligibility for Election (District 7)</u></p> <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"> i. the member is a full-time member of a faculty or department in an Ontario university degree program in Kinesiology; ii. the member is eligible to vote in the electoral district in which the member is nominated;<u>holds a certificate of registration in good standing with the College;</u> iii. the member is not the subject of any disciplinary or incapacity proceedings of the 	No change	N/A

<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>College or any other regulatory body;</p> <p>iv. the member has not been the subject of a finding of professional misconduct, incompetence or incapacity in the preceding three years at the College or any other regulatory body;</p> <p>v. <u>the member is not subject to any order or direction of the Discipline Committee, the Fitness to Practise Committee of the College or with any other regulatory body;</u></p> <p>vi. <u>the member's certificate of registration is not subject to any terms, conditions and limitations other than those that apply to all members in the member's class of registration</u></p> <p>vii. 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 of the College</p>		
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<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>or any other regulatory body;</p> <p>vii. 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 for three years 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;</p> <p>viii. <u>three (3) calendar years have passed since the member last served on Council for the maximum term;</u></p> <p>ix. the member has not been disqualified from the Council or a committee of the College in the previous three (3) years;</p> <p>x. the member is not a member of the Council or of a committee of the college of any other health profession;</p> <p>xi. the member has not been a member of the staff of the College at any</p>		
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	<p>time within the preceding three (3) years;</p> <p>xii. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</p> <p>xiii. the member is not a consultant to third party provider engaged by the College;</p> <p>xiv. the member has not resigned from Council within the previous three years other than for health or personal reasons acceptable to Council;</p> <p>xv. the member is not in default of any fees, fines, costs, or other amounts owed to the College;</p> <p>xvi. the member is not in default of any completing and submitting any required form or information to the College;</p> <p>xvii. the member does not have a criminal finding of guilt that is relevant to the registrant's ability to practise the profession;</p> <p>xviii. the member is not the subject of a charge that</p>		
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	<p>is relevant to the registrant's ability to practise the profession; and</p> <p>xix. before the nomination deadline, the member has successfully completed any qualification process established by the Council.</p>		
<p>10.13 Nominations</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>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,</p>	<p>10.153 Nominations</p> <p>The nomination shall be signed by the candidate.</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.</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 and a new call for nomination(s). 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</p>	<p>No change</p>	<p>N/A</p>

<p>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. 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>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>10.28 Postal Disruption</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>10.28 Postal Disruption</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>10.29 Grounds for Disqualification</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"> i. is subject of any disciplinary or incapacity proceeding; ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; iii. is found to be an incapacitated member by a panel of the Fitness to Practise Committee; 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; 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>10.30 10.3029 Grounds for Disqualification</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"> i. is subject of any disciplinary or incapacity proceeding of the College or any other regulatory body; ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee of the College or any other regulatory body; iii. is found to be an incapacitated member by a panel of the Fitness to Practise Committee of the College or any other regulatory body; 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; v. fails to attend a hearing or review of a panel for 	<p>No change</p>	<p>N/A</p>
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<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</p>	<p>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. assumes 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 such that a real or apparent conflict of interest may arise;</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</p>		
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<p>the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p> <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>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>xi. defaults on the payment of any fees, fines, costs, or other amounts owed to the College or court of law;</p> <p>xii. defaults in submitting any required form or information to the College;</p> <p>xiii. ceases to hold a certificate of registration; or</p> <p>xiv. is found guilty of a criminal or other offence 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;</p> <p>xv. 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</p>		
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	<p>that warrants disqualification;</p> <p>xvi. <u>is subject to any terms, conditions and limitations applied to the member's certificate of registration other than those that apply to all members in the member's class of registration</u></p> <p>xvii. 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;</p> <p>xvii. Becomes a member of the staff of the College;</p> <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 part providers engaged by the College; or resigns from Council other than for health or personal reasons acceptable to Council.</p>		
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<p>10.31 Vacancies 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) The President shall declare the office of the member on the Council to be vacant if:</p> <ul style="list-style-type: none"> i. an elected member of the Council dies, resigns or is disqualified from sitting on the Council; or 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>Any members appointed or elected to the Council to fill a vacancy will be deemed to serve the balance of the former elected member's term.</p>	<p>10.321 Vacancies 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) The President shall declare the office of the member on the Council to be vacant if:</p> <ul style="list-style-type: none"> iii. an elected member of the Council dies, resigns or is disqualified from sitting on the Council; or iv. during an election for Council, no candidates eligible for nomination in an electoral district have been nominated after two<u>one</u> additional call for nominations. <p>Any members appointed or elected to the Council to fill a vacancy will be deemed to serve the balance of the former elected member's term. <u>Time spent as a member of Council following appointment or election to fill a vacancy is not considered for the purposes of determining an individual's maximum term limit.</u></p>	<p>No change</p>	<p>N/A</p>
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Resolution – Amendments to by-law 10 Election of Council Members

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

Whereas the government of the Province of Ontario has proposed a series of governance reforms and modernization initiatives; and

Whereas these reforms and modernization initiatives may impact the eligibility criteria and processes associated with nomination and election to the Council of the College; and

Whereas other health regulatory Colleges’ by-laws have begun to reflect some of the measures proposed by the Provincial government to reform and modernize health profession regulation governance; and

Whereas the College has reviewed its nomination and election processes and is proposing amendments and revisions to By-law 10 in keeping with proposed governance reforms, modernization initiatives and practices at other Colleges that may be recognized as exemplars or best practices; and

Whereas Council has reviewed and approved the proposed amendments to By-law 10 for circulation in a 60-day public consultation; and

Whereas Council has reviewed the results of the 60-day public consultation regarding By-law 10;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 10.

Moved by:

Seconded by:

Date: March 20, 2023

Issue / Decision Note

Issue or Decision: Public consultation regarding proposed amendments to By-law 12 - Committees - General
Prepared for: Council
Date: March 20, 2023

Issue:

Review of results of a 60-day public consultation regarding proposed amendments to By-law 12 - Committees - General.

Background:

The provincial government has proposed a series of reforms and modernization initiatives that will impact the governance of health professional regulatory colleges in Ontario. The College of Kinesiologists of Ontario (“the College”) will be required to implement and abide by these reforms once they have been incorporated into legislation, including the *Regulated Health Professions Act* (RHPA, 1991).

To that end, the College has undertaken a review of its by-laws, including By-law 12, which pertains to the general composition of committees of the Council of the College. The intent of the College is to ensure that by-laws pertaining to committee composition are clear, relevant and consistent with current and anticipated legislation and best practices.

Following an environmental scan and internal review of By-law 12, proposed amendments were presented to Council for consideration on December 5, 2022. At that meeting, the proposed amendments were approved for circulation in a 60-day public consultation, as required by s. 94(2) of the Health Professions Procedural Code (Schedule 2 to the *RHPA, 1991*).

Issue for Consideration:

Review of the results of the 60-day public consultation, which ended February 8, 2023, regarding proposed amendments to By-law 12.

Analysis:

The public consultation took the form of a six-question survey, which was posted on the College’s website. Registrants of the College were notified via email at the beginning of the consultation period.

A total of six responses to the public consultation were received. All respondents indicated general agreement that the proposed amendments clearly describe the process for election as an Officer of the College. All respondents also indicated agreement that the by-law is relevant and important to College governance. One additional comment was made indicating support for the proposed amendments to By-law 12. A more detailed review of the consultation is provided in the consultation report, which is included as Appendix A to this decision note.

After due consideration of survey responses and additional comments, as described in the consultation report, it was determined that no changes were required to the amended By-law 12 (a review of all proposed changes is included as Appendix B to this decision note).

Public Interest Rationale:

Unclear or inconsistent by-laws pertaining to committee composition:

- 1) Could result in decisions or processes that are not based on principles that apply universally
- 2) Could result in decisions or processes that create an unfair advantage or disadvantage (or the perception of an unfair advantage or disadvantage)
- 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 College
- 6) Could create liability for either the College and/or the person involved.

Recommendations:

Staff recommend that Council adopt the following:

- 1) Approve the proposed amendments to By-law 12 for publication.

Appendix A: Consultation Report Proposed Amendments to By-law 12

March 20, 2023

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
- 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 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 (“the College”) has commenced the process of reviewing its regulatory practices.

In its [strategic plan for 2019-2022](#), the College committed to improving the way it operates. The first step 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.

In addition, the College has conducted a review of its by-laws. This review included consideration of an environmental scan of other regulatory colleges in Ontario. The College also considered the by-laws through the lens of governance best practices. The by-laws were also evaluated for internal consistency. This review resulted in proposed amendments to By-law 12, which sets out general criteria applicable to committees of the College. These proposed amendments were considered by Council on December 5, 2022 and referred for public consultation

The purpose of this consultation was to obtain feedback on the proposed amendments to By-law 12.

Consultation process

In December 2022, the College notified its registrants and stakeholders of the consultation and its process. 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 February 8, 2023.

What we heard

Feedback from Survey

During the consultation period, a survey was available on the College’s website to gather feedback on the proposed amendments to By-law 12.

In addition to basic demographic information (a question asking the respondent to identify as one of seven categories of stakeholders, including “Other”), the survey asked respondents to indicate their agreement or disagreement with, and provide comments regarding, the following questions:

- Question 2: Do the by-law amendments clearly describe the general composition of committees of the College?
- Question 3: Are the by-laws relevant and important to College governance?
- Question 4: Are there any details that could be made more clear?
- Question 5: Do you have any concerns with the proposed amendments?
- Question 6: How can the by-laws be improved?

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

Analysis of feedback and how the feedback was used

6 respondents completed the survey. All respondents identified as Registered Kinesiologists.

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 Committee member.
- All respondents (100%) felt that the by-laws were relevant and important to board governance.

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

Comment	Change	Note
Response to Question 6: “Good addition for clarity”	No change	Pertains to the proposed insertion of a new by-law (12.05). This by-law was proposed to reduce confusion that may be associated with overlapping terms where an at-large committee member may have been elected or appointed to Council).

Consultation feedback reports

The following are attached:

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

Appendix B: Proposed Amendments to By-law 12 of the College of Kinesiologists of Ontario

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The following is an overview of proposed amendments to By-law 12 of the College of Kinesiologists of Ontario.

Document Layout

The document is structured as a table that sets out the current by-law provision(s), the proposed changes (additions are in red, deletions are in red and struck out), additional amendments made as a result of the public consultation and the rationale for the latter proposed amendments.

By-Law 12: Committees - General

Current by-law provision	Proposed by-law	Changes as a result of public consultation	Rationale for consultation changes
N/A	<p><u>12.05 Election to Council</u> <u>A non-Council committee member who is elected or appointed to Council during their term as a committee member shall resign from the committee upon their election or appointment to Council. They may then be re-appointed to the committee (or other committee(s) of the College) as a Council member.</u></p>	No change	N/A



Resolution – Amendments to By-law 12 Committees - General

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

Whereas the government of the Province of Ontario has proposed a series of governance reforms and modernization initiatives; and

Whereas these reforms and modernization initiatives may impact the eligibility criteria and processes associated with nomination and election to the Council of the College; and

Whereas the College has identified areas where the by-laws and governance of other health professional regulatory colleges in Ontario may serve as an exemplar or best practice and has compared the by-laws of the College with the by-laws of other colleges; and

Whereas the College has identified a means to reduce term overlap where a non-Council committee member may have been elected to Council, and is proposing this as an amendment to By-law 12;

Whereas Council has reviewed and approved the proposed amendments to By-law 12 for circulation in a 60-day public consultation; and

Whereas Council has reviewed the results of the 60-day public consultation regarding By-law 12;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the proposed amendments to By-law 12.

Moved by:

Seconded by:

Date: March 20, 2023

Issue / Decision Note

Issue or Decision: Proposed Amendments to By-law 13: Specific Composition and Selection of Committees
Prepared for: Council
Date: March 20, 2023

Issue:

Review and revision of By-law 13 in keeping with Governance reform and modernization initiatives.

Background:

The government of the Province of Ontario has proposed a series of reforms and modernization initiatives that will impact the governance of health professional regulatory colleges in Ontario. The College of Kinesiologists of Ontario (“the College”) will be required to implement and abide by these reforms once they have been incorporated into legislation, including the *Regulated Health Professions Act* (RHPA, 1991).

To that end, the College has undertaken a review of its by-laws, including By-law 13, which pertains to the specific composition and selection of committees of the Council of the College (“committees”). The intent of the College is to ensure that such by-laws are clear, relevant and consistent with current and anticipated legislation and best practices.

Proposed amendments to By-law 13 were presented to Council on December 5, 2022. Council referred the proposed amendments for further review, the results of which are presented here for Council’s consideration.

Issue for Consideration:

The by-laws were reviewed for consistency with regulatory governance best practices and the abovementioned anticipated governance reforms and modernization. This review included an environmental scan, which considered the relevant by-laws of the following bodies:

- | | |
|--|---|
| College of Chiropractors and Podiatrists of Ontario | College of Dental Hygienists of Ontario |
| College of Medical Laboratory Technologists of Ontario | College of Dental Technologists of Ontario |
| College of Medical Radiation Technologists of Ontario | College of Pharmacists of Ontario |
| College of Chiropractors of Ontario | College of Respiratory Therapists of Ontario |
| College of Physiotherapists of Ontario | College of Dietitians of Ontario |
| College of Occupational Therapists of Ontario | College of Audiologists and Speech-Language Pathologists of Ontario |
| College of Registered Psychotherapists of Ontario | College of Opticians of Ontario |
| College of Psychologists of Ontario | College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario |
| College of Homeopaths of Ontario | College of Naturopaths of Ontario |
| Royal College of Dental Surgeons of Ontario | College of Midwives of Ontario |
| | College of Optometrists of Ontario |
| | College of Physicians and Surgeons of Ontario |
| | Ontario College of Teachers |

The College’s environmental scan focused on two key areas relevant to Governance reforms and current best practices:

- Council and committee terms (including, but not limited to, maximum term limits and cooling-off periods)
- Election processes (including, but not limited to, eligibility and nominations)

The information gathered in the environmental scan was used to inform proposed amendments to the College’s by-laws. An overview of proposed amendments to By-law 13 is included in the table below. A more comprehensive review is included as Appendix A to this Decision Note.

By-law:	Proposed Change:	Rationale:
13.08	<p>Amend such that term of office is three (3) years (was originally one (1) year). Also inserted “A committee member shall be eligible for appointment for a maximum of two (2) consecutive three (3) year terms or a maximum of six (6) consecutive years.”</p> <p>Inserted reference to a committee member appointed by Council.</p> <p>Removed reference to term of office of chair of a committee.</p> <p>Inserted wording indicating that this takes effect September 2023.</p>	<p>Proposed term limit consistent with governance best practices (for example, CNO’s “Vision 2020” document, which has been broadly supported by the College of Kinesiologists). Also consistent with anticipated governance reform and modernization by the provincial government.</p> <p>The environmental scan indicated that CNO, OCT, CPSO, CDO, CTCMPAO, CRTO and COTO have moved to 3 year terms, with COCOO’s terms ending at the “first Council meeting which is more than two calendar years following that appointment.”</p> <p>The inclusion of “[...] or a maximum of six (6) consecutive years” is intended to ensure that multiple appointments, concurrently or sequentially, do not extend the maximum term limit. This is consistent with the by-laws of other Colleges (for example: CPSO).</p> <p>Note re: “appointed by Council”: This insertion is proposed to avoid confusion</p> <p>Inclusion of “unless stated otherwise[...]” is intended to promote flexibility (for example where a committee may be constituted for a</p>

		<p>specific purpose or a specific length of time that is less than 3 years).</p> <p>September 2023 effective date selected as this is normally the time when appointments to Committee are made.</p>
13.09 (proposed)	Insertion of a by-law permitting a committee member to exceed the maximum term limit in exceptional circumstances.	Consistent with other Colleges (for instance, CPSO) and is intended to create a specific and time-limited provision allowing a committee to function and be properly constituted in exceptional circumstances.
13.09 (current, proposed change to 13.10)	Inserted “The chair of every statutory and non-statutory committee shall be eligible for appointment for a maximum of three (3) consecutive three one (1) year terms.	Extending the maximum term for a committee chair is intended to promote succession planning, mentorship, decision making and institutional knowledge.
13.11 (proposed)	Insertion of a by-law indicating that the term of a committee member appointed to fill a vacancy expires when the original term would have expired.	Intended to promote participation in committees, particularly where an appointment may be required to maintain quorum/proper constitution. This proposal is consistent with by-laws of other Colleges (17 as per the environmental scan).
13.12 (proposed)	Insertion of a by-law indicating that time spent as a member to fill a vacancy is not used for the purpose of determining an individual’s maximum term limit.	Intended to reduce barriers or perceived cost associated with filling vacancies. Also intended to promote participation where an appointment may be required to maintain quorum/proper constitution. This is consistent with by-laws of other Colleges (6 as per the environmental scan).
13.10 (current, proposed 13.13)	Proposed insertion of “and at other times as needed” and “with consideration given to committee member requests regarding appointments”.	Intended to provide a mechanism by which committee member requests regarding their committee assignment(s) may be considered.
13.11 (current, proposed)	13.11.ii amended to “13.14.ii.” and added “and the member holds a certificate of registration in good standing with the College”	Amended to require a certificate of registration in good standing with the College.

change to 13.14)	“13.14.v” inserted new item that “the member is not subject to any order or direction of the Discipline Committee or the Fitness to Practise Committee of the College or of any other regulatory body;”	Amended to remove explicit reference to QA. This is consistent with other Colleges, as well as with the principles of the QA program (not punitive, confidential and open exchange of information). 10.09.iii, iv and v appear to be adequate to prevent someone who may have committed professional misconduct, be incompetent or incapacitated from standing for election.
	13.11.v amended to “13.14.vi” and amended to read “the member’s certificate of registration with the College or any other regulatory body is not subject to any terms, conditions and limitations other than those that apply to all members in the member’s class of registration”	
	13.11.x amended to “13.14.xi” and amended to read: “three (3) calendar years have passed since the member last served on Council or a committee of the College for the maximum term”	Creates a formal 3-year cooling-off period, which is consistent with other Colleges’ (including the CNO) by-laws. This was specifically worded to not apply to an individual who had not served for the full maximum term (they may have resigned, not been re-elected to Council or chosen not to stand for re-election or re-appointment). Consistent with recommendations from the Cayton Report regarding the College of Dental Surgeons of British Columbia (inquiry-into-the-performance-of-the-college-of-dental-surgeons-of-british-columbia.pdf) (professionalstandards.org.uk) (see pg. 21 of this document, item 3.35).
13.12 (current, proposed amendment to 13.15)	13.12.i amended to “13.15.i” and amended by insertion: “of the College or of any other regulatory body”	Consistent with other by-laws (By-law 10, By-law 13.11)
	13.12.ii amended to “13.15.ii” and amended by insertion: “of the College or of any other regulatory body”	
	13.12.iii amended to “13.15.iii” and insertion: “of the College or of any other regulatory body”	
	13.15.iv new item “holds a certificate of registration with the College or any other	Consistent with other by-laws (By-law 10, By-law 13.11).

	regulatory body that becomes subject to terms, conditions and limitations other than those that apply to all members in the member’s class of registration.	
	13.12.vi amended to “13.15.vii” and removed “primary” from “ceases to either have a primary practice of kinesiology or a primary residence in Ontario”	vii. Proposed amendment to account for members of the College who may, temporarily, be practising outside Ontario or who may be practising in Ontario via virtual means. This is intended to promote consistency with By-law 13.13.ii (which requires practise in Ontario but does not specify or require “primary” practise in Ontario. The intent is to ensure that the eligibility and disqualification criteria are internally consistent.

Public Interest Rationale:

Unclear or inconsistent by-laws pertaining to composition and selection of committees:

- 1) Could result in decisions or processes that are not based on principles that apply universally
- 2) Could result in decisions or processes that create an unfair advantage or disadvantage (or the perception of an unfair advantage or disadvantage)
- 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 College
- 6) Could create liability for either the College and/or the person involved.

Stakeholder Consultation

Proposed amendments to By-law 13 will, upon approval in principle by Council be circulated externally for consultation. Following this consultation period, further amendments may be made to the by-law based on stakeholder feedback. The by-law will then be referred to Council for final approval.

Recommendations:

Staff recommend that Council adopt the following:

- 1) Approve the proposed amendments to By-law 13 for a 60-day external consultation.

Appendix A: Proposed Amendments to By-law 13 of the College of Kinesiologists of Ontario

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The following are proposed amendments to By-law 13 of the College of Kinesiologists of Ontario.

Document Layout

The document is structured in a table that sets out the current by-law provision, the proposed changes (additions are in red and underlined, deletions are in red and struck out) and the rationale for the change. Only proposed changes are included here (by-laws for which no change was proposed have been excluded from this document).

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 June 2023 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 June 2023. Once the amendments are approved, staff will communicate these changes to registrants and other stakeholders.

By-Law 13: Specific Composition and Selection of Committees

Current by-law provision	Proposed change	Rationale / Explanation
<p>13.08 Term of Office of Committee Members 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>13.08 Term of Office of Committee Members <u>Effective September 2023, and unless stated otherwise in the by-laws or the committee terms of reference, the term of office of a committee member appointed by Council shall commence immediately after the appointment and shall continue for approximately one (1) year three (3) years. A committee member shall be eligible for appointment to any committee(s) for a maximum of two (2) consecutive three (3) year terms or a maximum of six (6) consecutive years.</u> The chair of every statutory and non-statutory committee shall be eligible for</p>	<p>September 2023 effective date selected as this is normally the time when appointments to Committee are made.</p> <p>Inclusion of a reference to “unless stated otherwise[...]” is intended to promote flexibility (for example where a committee may be constituted for a specific purpose or a specific length of time that is less than 3 years).</p> <p>The environmental scan indicated that CNO, OCT, CPSO, CDO, CTCMPAO, CRTO and COTO have moved to 3-year terms, with COCOO’s terms ending at the “first Council</p>

	<p>appointment for a maximum of two (2) consecutive one (1) year terms.</p>	<p>meeting which is more than two calendar years following that appointment.”</p> <p>The inclusion of “[...] or a maximum of six (6) consecutive years” is intended to ensure that multiple appointments, concurrently or sequentially, do not extend the maximum term limit. This is consistent with the by-laws of other Colleges (for example: CPSO).</p> <p>Extending both the term of office and maximum committee term limit will move CKO governance into alignment with anticipated governance reforms and best practices. Longer committee terms and term limits will also promote mentorship, maintenance of institutional knowledge and succession planning.</p>
	<p><u>13.09 Maximum Term Exceeded</u> <u>Where there may be exceptional circumstances, a committee member may exceed their maximum term limit for the earlier of 6 months or until the committee member’s successor is appointed.</u></p>	<p>Consistent with other Colleges (for instance, CPSO) and is intended to create a specific and time-limited provision allowing a committee to function and be properly constituted in exceptional circumstances.</p>
<p>13.09 Chairs 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>13.1009 Chairs 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. <u>Unless stated otherwise in these by-laws, the chair of every statutory and non-statutory committee shall be eligible for appointment for a maximum of two three (3) consecutive one (1) year terms.</u></p>	<p>Moved the maximum term information regarding committee chairs from 13.08 to 13.09.</p> <p>Extending the maximum number of terms for committee chairs (from 2 terms to 3) is intended to promote mentorship and succession planning. Note that there are instances of chairs exceeding the current maximum term (2 consecutive 1-year terms).</p>

	<p><u>13.11 Term of Office - Vacancies</u> <u>The term of office of a committee member appointed to fill a vacancy will continue until the original term would have expired.</u></p>	<p>Intended to promote participation in committees, particularly where an appointment may be required to maintain quorum/proper constitution in exceptional circumstances.</p>
	<p><u>13.12 Maximum Term – Vacancies</u> <u>Time spent as a member of a committee to fill a vacancy is not considered for the purposes of determining an individual's maximum term limit.</u></p>	<p>Intended to reduce barriers or perceived cost associated with filling vacancies. This is consistent with by-laws of other Colleges.</p>
<p>13.10 Decisions Regarding Appointments As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, the Governance and Nominations 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. 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 to serve as the committee provided that a quorum exists. If any vacancies occur in the chair or membership of any committee, the Governance Committee shall recommend a member to serve as a replacement. The Council shall appoint a replacement chair. 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</p>	<p><u>13.130 Decisions Regarding Appointments</u> As soon as possible after the annual election of the President, the Vice-President and the Executive Committee, <u>and at other times as needed</u>, the Governance and Nominations 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, <u>with consideration given to committee member requests regarding appointments</u>. The Council shall <u>review the proposed slate and</u> appoint the chair and members of each committee <u>as required</u>. 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 to serve as the committee provided that a quorum exists. If any vacancies occur in the chair or membership of any committee, the Governance Committee shall recommend a</p>	<p>Proposed insertion is intended to make explicit that committee member requests regarding their appointments may be considered when the slate is reviewed.</p> <p>This will provide a mechanism by which the slate can be reviewed and adjusted. The insertion of “and at other times as needed” is intended to explicitly permit review of the slate whenever needed (examples may include when new applications are received, or when a new Council member may be elected or appointed).</p> <p>These proposed changes are intended to permit a flexible approach to committee slate composition within the parameters of a 3-year term.</p>

<p>person to act on his/her own behalf, failing which the President shall appoint an acting chair from the committee. Despite the above, in circumstances of urgency, the Executive Committee can act to immediately fill a vacancy.</p>	<p>member to serve as a replacement. The Council shall appoint a replacement chair. 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. Despite the above, in circumstances of urgency, the Executive Committee can act to immediately fill a vacancy.</p>	
<p>13.11 Eligibility for Appointment to a Committee 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"> i. The member has filed a completed application in the form approved by the Registrar; ii. the member practises kinesiology in Ontario, or if the member does not practise Kinesiology, the member resides in Ontario; iii. the member is not the subject of any disciplinary or incapacity proceedings; iv. no finding of professional misconduct, incompetence or incapacity has been made against the member in the preceding three (3) years; v. the member is not subject to any order, direction, or term, condition or limitation of the Discipline Committee, the Fitness to Practise 	<p>13.141 Eligibility for Appointment to a Committee 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"> i. ifThe member has filed a completed application in the form approved by the Registrar; ii. the member practises kinesiology in Ontario, or if the member does not practise Kinesiology, the member resides in Ontario and holds a certificate of registration in good standing with the College; iii. the member is not the subject of any disciplinary or incapacity proceedings of the College or any other regulatory body; iv. the member has not been the subject of a finding of professional misconduct, incompetence or incapacity in the preceding three (3) years at the College or any other regulatory body; 	<ul style="list-style-type: none"> ii. Amended to require a certificate of registration in good standing with the College. v., vi. Amended to remove explicit reference to QA. This is consistent with other Colleges, as well as with the principles of the QA program (not punitive, confidential and open exchange of information). There are currently measures in these by-laws adequate to prevent someone who may have committed professional misconduct, be incompetent or incapacitated from serving on a committee. xi. Creates a formal 3-year cooling-off period, which is consistent with other Colleges' (including the CNO) by-laws. This was specifically worded to not apply to an individual who had not served for the full maximum term (they may have resigned, not been re-elected to Council or chosen not to stand for re-election or re-appointment).

<p>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 each of the three (3) consecutive prior terms.</p> <p>xi. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</p> <p>xii. the member is not a consultant to third party provider engaged by the College;</p> <p>xiii. the member has not resigned from Council or a College committee within the previous three years</p>	<p>v. <u>the member is not subject to any order or direction of the Discipline Committee or the Fitness to Practise Committee of the College or of any other regulatory body;</u></p> <p>vi. <u>the member's certificate of registration with the College or any other regulatory body is not subject to any terms, conditions and limitations other than those that apply to all members in the member's class of registration;</u>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>vii. 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>viii. the member has not been disqualified from the Council or a committee of the College in the previous three (3) years;</p> <p>ix. the member is not a member of the Council or of a committee of the college of any other health profession;</p> <p>x. the member has not been a member of the staff of the College</p>	<p>Consistent with recommendations from the Cayton Report regarding the College of Dental Surgeons of British Columbia (inquiry-into-the-performance-of-the-college-of-dental-surgeons-of-british-columbia.pdf (professionalstandards.org.uk)) (see pg. 21 of this document, item 3.35).</p>
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<p>xiv. other than for health or personal reasons acceptable to Council; the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College;</p> <p>xv. the member is not in default of completing and submitting any required form or information to the College;</p> <p>xvi. the member does not have a criminal finding of guilt that is relevant to the member's ability to practise the profession;</p> <p>xvii. the member is not the subject of a charge that is relevant to the registrant's ability to practise the profession; and</p> <p>xviii. before the appointment, the member has successfully completed any qualification process established by the Council.</p>	<p>at any time within the preceding three (3) years; and</p> <p>xi. the member has not been appointed to a committee of the College as a non-Council member in each of the three (3) consecutive prior terms <u>three (3) calendar years have passed since the member last served on Council or a committee of the College for the maximum term;</u></p> <p>xii. the member is not holding a responsible position with any organization/group whose mandate or interests conflict with the College;</p> <p>xiii. the member is not a consultant to third party provider engaged by the College;</p> <p>xiv. 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;</p> <p>xv. the member is not in default of payment of any fees, fines, costs, or other amounts owed to the College;</p> <p>xvi. the member is not in default of completing and submitting any required form or information to the College;</p> <p>xvii. the member does not have a criminal finding of guilt that is relevant to the member's ability to practise the profession;</p> <p>xviii. the member is not the subject of a charge that is relevant to the registrant's ability to practise the profession; and</p>	
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	<p>xix. before the appointment, the member has successfully completed any qualification process established by the Council.</p>	
<p>13.12 Removal of Committee Members The Council shall disqualify a person appointed to a Committee from sitting on that Committee if the person:</p> <ul style="list-style-type: none"> i. is subject of any disciplinary or incapacity proceeding; ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; iii. is found to be incapacitated by a panel of the Fitness to Practise Committee; iv. fails to attend two consecutive meetings of the Committee in which he or she is a member, without reasonable cause in the opinion of Council; v. fails to attend a hearing or review of a panel for which the person has been selected, without reasonable cause in the opinion of Council; vi. ceases to either have a primary practice of kinesiology or primary residence in Ontario; 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 	<p>13.152 Removal of Committee Members The Council shall disqualify a person appointed to a Committee from sitting on that Committee if the person:</p> <ul style="list-style-type: none"> i. is subject of any disciplinary or incapacity proceeding <u>of the College or of any other regulatory body;</u> ii. is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee <u>of the College or of any other regulatory body;</u> iii. is found to be incapacitated by a panel of the Fitness to Practise Committee <u>of the College or of any other regulatory body;</u> iv. <u>holds a certificate of registration with the College or any other regulatory body that becomes subject to terms, conditions and limitations other than those that apply to all members in the member's class of registration;</u> v. fails to attend two consecutive meetings of the Committee in which he or she is a member, without reasonable cause in the opinion of Council; vi. fails to attend a hearing or review of a panel for which the person has 	<p>i., ii., iii., Consistent with other by-laws of the College (such as by-law 10.09, 10.29 and by-law 13.11.iii.). The intent is to ensure that a situation that renders a member ineligible should also be considered as disqualifying.</p> <p>iv. Consistent with other proposed changes to the by-laws (by-law 10.09, 10.29 and by-law 13.11.vi.).</p> <p>vii. Proposed amendment to account for members of the College who may, temporarily, be practising outside Ontario or who may be practising in Ontario via virtual means. This is intended to promote consistency with by-law 13.13.ii (which requires practice in Ontario but does not specify or require "primary" practice in Ontario. The intent is to ensure that the eligibility and disqualification criteria are internally consistent.</p>

<p>director of the Ontario Kinesiology Association;</p> <p>viii. becomes a member of the Council 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 person has been appointed, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p> <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 completing and returning 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>A person who is disqualified from sitting on a committee shall cease to be a member of that committee.</p>	<p>been selected, without reasonable cause in the opinion of Council;</p> <p>vii. ceases to either have a primary practice of kinesiology or primary residence in Ontario;</p> <p>viii. 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>ix. becomes a member of the Council or a committee of the college of any other health profession;</p> <p>x. 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>xi. fails to discharge properly or honestly any office to which the person has been appointed, in the opinion of the Council, after being given notice of the concern and an opportunity to respond;</p> <p>xii. 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>xiii. becomes in default of completing and returning any information required by the College</p> <p>xiv. ceases to hold a certificate of registration; or</p>	
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	xv. is found guilty of a criminal offence which, in the opinion of Council, is of such a nature that warrants disqualification.	
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Resolution – Amendments to By-law 13: Specific Composition and Selection of Committee Members

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

Whereas the government of the Province of Ontario has proposed a series of governance reforms and modernization initiatives; and

Whereas these reforms and modernization initiatives may impact the eligibility criteria, selection processes, term lengths and maximum term limits for committees of the College; and

Whereas other regulatory colleges have previously reviewed and amended their by-laws in anticipation of these proposed governance reforms and modernization initiatives; and

Whereas the College has identified areas where the by-laws and governance of other health professional regulatory colleges in Ontario may serve as an exemplar or best practice and has compared the by-laws of the College with the by-laws of other colleges;

Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the circulation of proposed amendments to By-law 13 for a 60-day external consultation.

Moved by:

Seconded by:

Date: March 20, 2023

College Performance Measurement Framework (CPMF) Reporting Tool

November 2022

DRAFT

Table of Contents

Introduction	4
The College Performance Measurement Framework (CPMF)	4
CPMF Model.....	5
The CPMF Reporting Tool.....	7
Completing the CPMF Reporting Tool	8
What has changed in 2022?	8
Part 1: Measurement Domains.....	9
DOMAIN 1: GOVERNANCE	9
DOMAIN 2: RESOURCES	27
DOMAIN 3: SYSTEM PARTNER.....	31
DOMAIN 4: INFORMATION MANAGEMENT	33
DOMAIN 5: REGULATORY POLICIES	35
DOMAIN 6: SUITABILITY TO PRACTICE.....	38
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT.....	51
Part 2: Context Measures.....	54
Table 1 – Context Measure 1.....	55
Table 2 – Context Measures 2 and 3	57
Table 3 – Context Measure 4.....	58
Table 4 – Context Measure 5.....	59
Table 5 – Context Measures 6, 7, 8 and 9.....	61

Table 6 – Context Measure 10.....	63
Table 7 – Context Measure 11.....	65
Table 8 – Context Measure 12.....	66
Table 9 – Context Measure 13.....	67
Table 10 – Context Measure 14.....	69
Glossary.....	70

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Introduction

The College Performance Measurement Framework (CPMF)

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

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

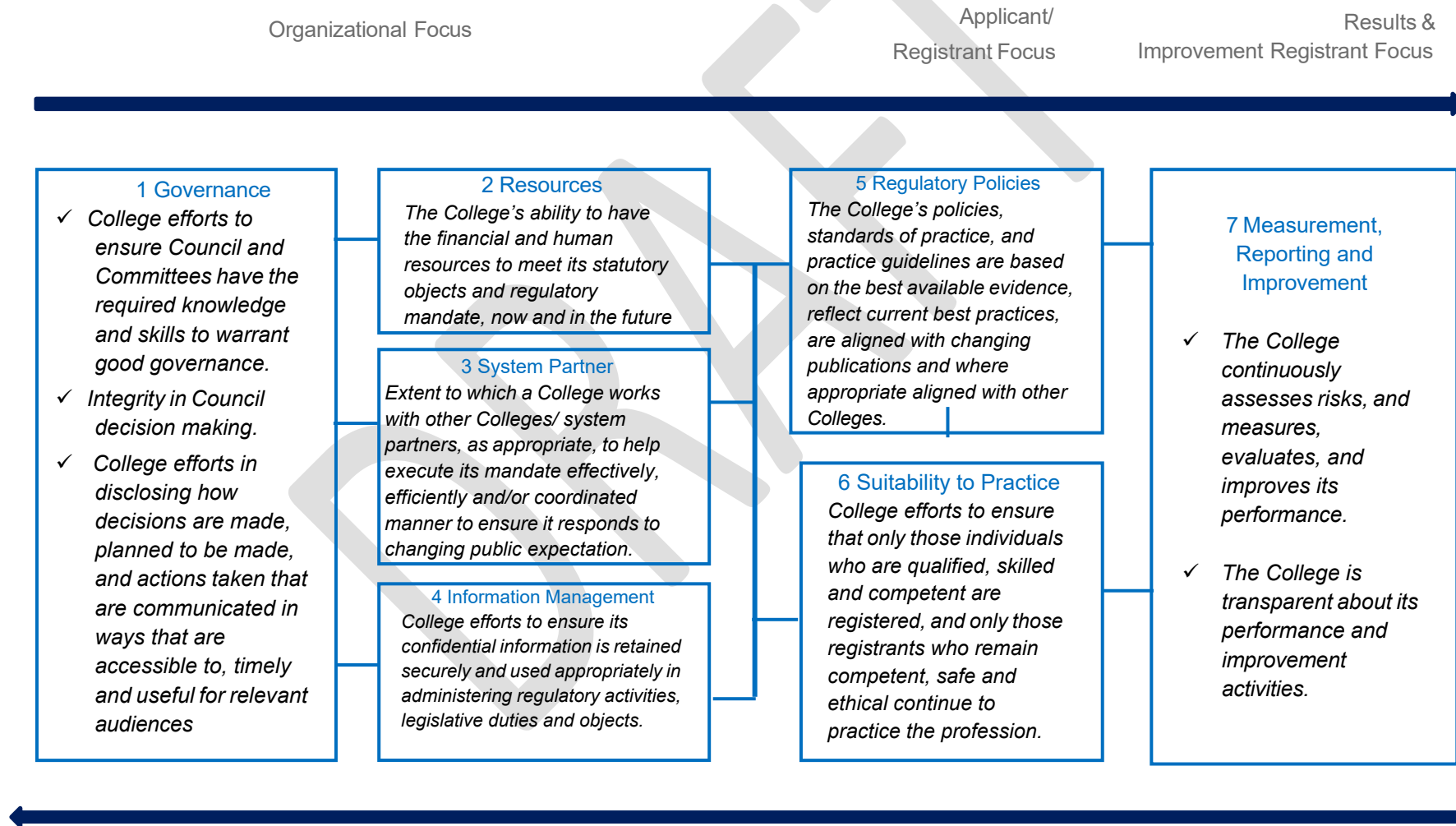


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: and

In French:

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence

Completing the CPMF Reporting Tool

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

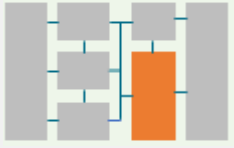
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, seven pieces of Evidence have been categorized as benchmarks i.e. as excellent regulators, Colleges are expected to meet or work towards meeting these Evidence. Benchmarks are clearly identified in Part 1 of the tool. If a College does not meet, or partially meets a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmark Evidence.

Additionally, the CPMF tool expands the use of drop-down menus to make the tool easier to complete. Where a College fully met the Standard or Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'.

Part 1: Measurement Domains

		<p>Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 1: GOVERNANCE</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 1</p>	<p>Required Evidence</p>	<p>College Response</p>
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>Council eligibility criteria for Professional members are set out in the By-laws of the College (specifically By-Law 10). A summary of the eligibility criteria may be found here: Eligibility-for-Election-Website.pdf (coko.ca), with a more comprehensive version available here: The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca) (pp: 19-20).</p> <p>The Eligibility criteria were recently reviewed and updates to By-law 10 have been proposed, reviewed by Council and circulated for 60-day public consultation. The consultation can be found here: By-law 10 amendments regarding the election of Council members – College of Kinesiologists of Ontario (coko.ca). The consultation period ended on February 8, 2022, with By-law 10 being submitted to Council for approval on March 20, 2022.</p> <p>The College’s Competencies for Council, which are available here: https://www.coko.ca/wp-content/uploads/2021/06/APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf. The profile includes the following competencies for individual Council/committee members:</p> <ul style="list-style-type: none"> - Understanding basic Governance responsibilities and Fiduciary Duties - Financial and Organizational Oversight - Leadership - Professionalism/Good Character - Emotional Intelligence - Communicator/Communications Skills - Thinks Broadly/Thought Process - Inclusiveness/Respectful of Diversity - Understanding of Public Sector and Health Systems <p>The Competencies also include additional competencies for Council and committees as bodies/groups:</p> <ul style="list-style-type: none"> - Diversity on Council/committee

			<ul style="list-style-type: none"> - Experience - Knowledge <p>The College's Governance and Nominations Committee (see Terms of Reference, Attachment 3 to Schedule 4 to the By-laws: https://www.coko.ca/wp-content/uploads/2022/12/College-By-Laws-Updated-December-5-2022.pdf, pg. 137-142) is responsible for ensuring that nominees meet the prescribed eligibility criteria (competencies, suitability).</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>						
		<p>ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="784 786 2196 854">The College fulfills this requirement:</td> <td data-bbox="2196 786 2604 854" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="784 854 2604 1321"> <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The College's Council Elections webpage (Council Elections – College of Kinesiologists of Ontario (coko.ca)) includes a link to an online Council Orientation Module: Council Orientation Module - Overview Rise 360 (articulate.com). This module must be completed by all nominees as part of the eligibility requirements set out in By-law 10 (Eligibility-for-Election-Website.pdf (coko.ca)).</p> <p>The module is divided into 13 parts (10 sections, 1 section containing "Helpful Resources", plus a Quiz and Final Thoughts/Acknowledgement). The content in the module is presented, where possible, in an interactive format intended to promote active engagement with the material. The Quiz at the end consists of 10 questions which pertain to the key sections of the module (sections 1 – 10). The nominee completes a Google form (link found in section 13: "Final Thoughts") to verify completion of the module.</p> </td> </tr> <tr> <td data-bbox="784 1321 2196 1362"><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2196 1321 2604 1362" style="text-align: center;">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The College's Council Elections webpage (Council Elections – College of Kinesiologists of Ontario (coko.ca)) includes a link to an online Council Orientation Module: Council Orientation Module - Overview Rise 360 (articulate.com). This module must be completed by all nominees as part of the eligibility requirements set out in By-law 10 (Eligibility-for-Election-Website.pdf (coko.ca)).</p> <p>The module is divided into 13 parts (10 sections, 1 section containing "Helpful Resources", plus a Quiz and Final Thoughts/Acknowledgement). The content in the module is presented, where possible, in an interactive format intended to promote active engagement with the material. The Quiz at the end consists of 10 questions which pertain to the key sections of the module (sections 1 – 10). The nominee completes a Google form (link found in section 13: "Final Thoughts") to verify completion of the module.</p>		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Yes								
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>The College's Council Elections webpage (Council Elections – College of Kinesiologists of Ontario (coko.ca)) includes a link to an online Council Orientation Module: Council Orientation Module - Overview Rise 360 (articulate.com). This module must be completed by all nominees as part of the eligibility requirements set out in By-law 10 (Eligibility-for-Election-Website.pdf (coko.ca)).</p> <p>The module is divided into 13 parts (10 sections, 1 section containing "Helpful Resources", plus a Quiz and Final Thoughts/Acknowledgement). The content in the module is presented, where possible, in an interactive format intended to promote active engagement with the material. The Quiz at the end consists of 10 questions which pertain to the key sections of the module (sections 1 – 10). The nominee completes a Google form (link found in section 13: "Final Thoughts") to verify completion of the module.</p>									
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.								

			<i>Additional comments for clarification (optional):</i>
		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. <p>The College's Governance and Nominations Committee (Terms of Reference can be found as Attachment 3 to Schedule 4 to the By-laws: https://www.coko.ca/wp-content/uploads/2022/12/College-By-Laws-Updated-December-5-2022.pdf, pg. 137-142) is responsible for ensuring that Committee candidates/applicants meet all eligibility criteria, including possessing the required competencies to serve on the Committee.</p> <p>The College's Council and Committee Competency Profile was approved by Council in March, 2021 (Council-Package-March-1-2021.pdf (coko.ca), pg. 117). The development of this Competency Profile was in keeping with the College's 2019-2022 Strategic Plan: 2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca)</p> <p>The College's Council and Committee Competency Profile can be found here: APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf (coko.ca)</p> <p>Applications to serve on Committees of the College are also evaluated based on the eligibility criteria set out in By-law 13: Specific Composition and Selection of Committees: The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca) (pp. 30-33).</p> <p>The eligibility criteria in By-law 13 have been reviewed in keeping with the College's goals of alignment with governance best practices. This review included an environmental scan of the competency and suitability criteria published by other regulatory Colleges in Ontario. Proposed amendments that emerged from this review will be presented to Council in March 2022, with circulation for 60-day public consultation to follow. Following the consultation period, amendments to By-law 13 will be presented to Council in June 2023.</p>
			<p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>

	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 412 2196 464">The College fulfills this requirement:</td> <td data-bbox="2196 412 2628 464">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 464 2628 1107"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>As per the College's 2019-2022 Strategic Plan (2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca)), and a Resolution passed by Council in March 2021 (Council-Package-March-1-2021.pdf (coko.ca), pg. 118), all Committee members (Council and Non-Council) attend Committee orientations at the first Committee meeting following approval of the Committee slate by Council (September Council meeting). Orientations are conducted via teleconference software and are facilitated by College staff. Committee members who are appointed after the orientation has taken place (for example, a Council member elected via by-election or a Public Council member appointed by the Lieutenant Governor in Council) receive individual Committee orientation via teleconference.</p> <p>All Committee orientations include the following topics:</p> <ul style="list-style-type: none"> • Committee mandate, terms of reference and applicable legislation; • Committee portfolio and accountabilities; • Committee Governance (including conflicts of interest and confidentiality); and • Committee decision-making framework <p>These orientation meetings (or ad hoc orientation sessions that may be required from time to time) are scheduled to ensure adequate time is allotted for discussion and questions.</p> </td> </tr> <tr> <td data-bbox="776 1107 2196 1159"><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2196 1107 2628 1159">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 1159 2628 1421"><i>Additional comments for clarification (optional):</i></td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>As per the College's 2019-2022 Strategic Plan (2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca)), and a Resolution passed by Council in March 2021 (Council-Package-March-1-2021.pdf (coko.ca), pg. 118), all Committee members (Council and Non-Council) attend Committee orientations at the first Committee meeting following approval of the Committee slate by Council (September Council meeting). Orientations are conducted via teleconference software and are facilitated by College staff. Committee members who are appointed after the orientation has taken place (for example, a Council member elected via by-election or a Public Council member appointed by the Lieutenant Governor in Council) receive individual Committee orientation via teleconference.</p> <p>All Committee orientations include the following topics:</p> <ul style="list-style-type: none"> • Committee mandate, terms of reference and applicable legislation; • Committee portfolio and accountabilities; • Committee Governance (including conflicts of interest and confidentiality); and • Committee decision-making framework <p>These orientation meetings (or ad hoc orientation sessions that may be required from time to time) are scheduled to ensure adequate time is allotted for discussion and questions.</p>		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	<i>Additional comments for clarification (optional):</i>	
The College fulfills this requirement:	Yes									
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<i>Additional comments for clarification (optional):</i>										

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
			<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>One of the goals set out in the College's 2019-2022 Strategic Plan was to strengthen the College's decision-making capacity, including by the development of training mechanisms for Council and Committees that focus on the public interest and reducing risk of harm to patients/clients (2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca)). As per a resolution passed by Council in March 2021 (Council-Package-March-1-2021.pdf (coko.ca), pg. 119), public appointees to Council receive an orientation (via teleconference software and facilitated by College staff) prior to attending their first Council meeting. These orientations typically last for 1-1.5 hours and include the following topics:</p> <ul style="list-style-type: none"> - Governance - Financial planning and stewardship - Chair training (where necessary and applicable) - The role of College and the role of Council - Where Council's role begins and ends, and the role of staff - Duties and responsibilities of a Council member (e.g. conflict of interest) - What a registered kinesiologist does and information on the educational requirements to enter the practice of kinesiology in Ontario <p>The President of the College often attends these orientation sessions to provide their perspective and experience as a Council member.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>The College’s Council Effectiveness Review Framework (CERF) was developed and approved in 2014 see pg. 10: Minutes-June-17-18-2014.pdf (coko.ca).</p> <p>The main components of the CERF include:</p> <ul style="list-style-type: none"> • Chair Performance Feedback Survey • Member Self-Reflection Survey • Committee Effectiveness Evaluation Survey <p>The Executive Committee is responsible for ensuring that the CERF is completed “at least once every two years beginning in 2014.” To-date, the CERF has been administered in:</p> <p>2014 - Minutes-September-22-23-2014.pdf (coko.ca) (pg. 11, “President’s Report”)</p> <p>2016 - Minutes-March-7-2016.pdf (coko.ca) (pg. 8, “Council Self-Evaluation”) and Minutes-December-5-2016.pdf (coko.ca) (pg. 5 “Registrar’s Report”)</p> <p>2018 - Meeting-June-25-2018.pdf (coko.ca) (pg. 1, “In-Camera Session”)</p> <p>2021 - Minutes for organization meeting (short form) (coko.ca) (pg. 5, “President’s Report”). The report on the Committee and Council Effectiveness Review Framework is publicly posted here: Team Meeting Agenda Template (coko.ca) (pp. 136-143)</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<p><i>Additional comments for clarification (optional)</i></p> <p>As per the Terms of Reference of the Governance and Nominations Committee: https://www.coko.ca/wp-content/uploads/2022/12/College-By-Laws-Updated-December-5-2022.pdf (Attachment 3 to Schedule 4 to the By-laws, pg. 137-142), which state that the Governance and Nominations Committee is responsible for oversight of this effectiveness and performance evaluation. The next is expected to take place in Q1-Q2 of fiscal year 2023-2024 and will be conducted by an external, third-party consultation with oversight by the Governance and Nominations Committee.</p>								
		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<table border="1"> <tr> <td data-bbox="776 475 2196 540">The College fulfills this requirement:</td> <td data-bbox="2196 475 2615 540">No</td> </tr> <tr> <td colspan="2" data-bbox="776 540 2615 760"> <ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? No • If yes, how often do they occur? • Please indicate the year of last third-party evaluation. <p>The College's current Council effectiveness review framework does not include a third-party assessment.</p> </td> </tr> <tr> <td data-bbox="776 760 2196 816">If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</td> <td data-bbox="2196 760 2615 816">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 816 2615 1440"> <p><i>Additional comments for clarification (optional)</i></p> <p>As described in the College's previous CPMF submission, the College has partnered with a sub-group of other regulatory Colleges to collaborate on a strategy and plan to meet the requirements of this CPMF measure. Emerging from these discussions was a question as to who may conduct the third-party assessment of Council (specifically, whether the Registrar or a designated staff member at another regulatory College could do so). A letter was sent to the Ministry of Health regarding the feasibility of this proposed approach to third-party assessment of Council. This letter was dated October 31, 2022 and sent on November 4, 2022, with a response from the Ministry on December 23, 2022.</p> <p>The Ministry's response stated that the intent of the assessment is to "[...]provide a subject matter expert's view on Council effectiveness with the purpose of identifying improvement opportunities[...] and that "[s]uch a review does not necessarily require a full assessment of College governance."</p> <p>The Ministry's response also clarified that "Colleges are encouraged to engage assessors who have expertise in the field of professional regulation and who do not have a conflict of role or interest. Given that this evaluation might necessitate the delivery of some critical observations and/or recommendations, having assessors who are not peers (e.g., a current Registrar of another health regulatory College) may be more suitable."</p> <p>Based on this response, the College is proposing and will implement the following plan in order to meet the requirements of this CPMF Measure:</p> <ul style="list-style-type: none"> - The College has, in February 2023, engaged with a consultant with suitable experience and subject matter expertise - This consultant has provided, in February 2023, a proposal for this work - It is currently expected that the third-party evaluation process, as conducted by the consultant and overseen by the Governance and Nominations Committee, </td> </tr> </table>	The College fulfills this requirement:	No	<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? 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			<p><i>will be completed by Q2 of the 2023-2024 fiscal year.</i></p> <ul style="list-style-type: none"> - <i>Council will receive a report following completion of the evaluation process, no later than the end of Q2 2023-2024 fiscal year.</i> 		
		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">The College fulfills this requirement:</td> <td style="width: 20%; text-align: center; vertical-align: middle; padding: 5px;">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>In General: Council and Committee Training was informed by the most recent Council and Committee Effectiveness Review. Opportunities for development were also identified by feedback provided by Council and Committee members (informally and during the College’s most recent assessment via the College’s Council Effectiveness Review Framework (CERF). The following training has been provided to Council and Committee members:</p> <ol style="list-style-type: none"> 1) Chair and Vice-Chair training (Monday November 7, 2022 – Committee Chairs and Vice-Chairs) facilitated by an external consultant. <ul style="list-style-type: none"> • This training was informed by feedback from Council and Committee members, as well as the College’s adoption of a Council Mentorship and Succession Planning Policy (Succession-Planning-and-Mentorship-Program-Policy-22.12.5.pdf (coko.ca)). Feedback received by the College indicated that Council and Committee members occasionally experienced some hesitation in putting themselves forward for consideration for roles as Committee Chairs or Vice-Chairs. • The goal of this training is to promote the competencies required for effective Council and Committee function and decision-making, consistent with the College’s 2019-2022 Strategic Plan: 2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca) 2) Governance training for Council members (Monday September 26, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/10/Council-Package-September-26-2022-5.pdf, see pg. 2, Agenda Item 7.) <ul style="list-style-type: none"> • This training provided Council with subject matter expert perspective on regulatory College governance. Governance training ensures that Council members are well-equipped to consider the College’s governance structure, including how it may change or may be required to change for consistency with identified governance best practices or legislated requirements. • This training was also consistent with the goal of strengthening the College’s decision-making capacity, as described in the College’s 2019-2022 Strategic Plan (2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca)) 3) Conflict of Interest training for Council members (Monday, September 26, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/10/Council-Package-September-26-2022-5.pdf, see pg. 2, Agenda Item 8.) <ul style="list-style-type: none"> • This training was informed by the College’s review in 2021 and 2022 of its Conflict of Interest policies and procedures, and the goal of ensuring compliance with the College’s Conflict of Interest by-laws (by-law 16: The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca), pgs. 33-35). 4) Discipline training (Monday September 26, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/10/Council-Package-September-26-2022-5.pdf, see pg. 2, Agenda Item 8.) 	The College fulfills this requirement:	Yes
The College fulfills this requirement:	Yes				

			<p>September-26-2022-5.pdf, see pg. 3, Agenda Item 12.)</p> <ul style="list-style-type: none"> As all Council members are required to serve on the College’s Discipline Committee, it was determined that regular (annual) comprehensive training delivered by a subject matter expert regarding this regulatory function is important, particularly for newer and less-experienced Council members. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> <p><i>Additional comments for clarification (optional):</i></p>
		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. Please insert a link to Council meeting materials and indicate the page number where this information is found OR Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>The College maintains an awareness of evolving public expectations by:</p> <ul style="list-style-type: none"> Documenting inquiries received from the public in an internal database, a high-level overview of which was presented in the 2021-2022 Annual Report (CKO-Annual-Report-2021-2022.pdf (coko.ca), pgs. 9, 17). Reviewing its Risk Management Plan twice each fiscal year. The most recent review was completed and submitted to Council for approval at the September 26, 2022 (the relevant documents can be found here: Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). With each review, the College may add or revise risks, assign risk priorities based on probability of a risk occurring and severity of impact of an occurrence and describe (for risks added) or update, if necessary, the risk mitigation strategy associated with each risk. The College’s Committees and Portfolios (Quality Assurance, Patient Relations, Inquiries, Complaints and Reports, Discipline, and Fitness to Practice) proceedings, decision-making and operations help to provide information regarding risk identification and management. Summaries of these Committee’s activities can be found in the College’s Annual Reports (for example: CKO-Annual-Report-2021-2022.pdf (coko.ca) pgs. 12-16). <p>The following training was provided based on evolving public expectations (including the College’s Risk Management Plan, Disaster Recovery Plan, Emergency Preparedness Plan) and identified opportunities (including via the College’s Strategic Plan):</p> <p>1) EDI-B training (Monday December 5, 2022 – all Council) (link to meeting Agenda: https://www.coko.ca/wp-content/uploads/2022/12/Council-Package-Dec-5-2022.pdf, see pg. 2, Agenda Item 7)</p> <ul style="list-style-type: none"> The College engaged a subject matter expert to provide information regarding this emerging and developing issue. This training was provided to help Council better understand the College’s progress towards its strategic goal (see Goal 1 of the College’s 2019-2022 Strategic Plan: 2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca)) of increased focus on equity to strengthen the College’s decision-making processes.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i> <i>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in understanding current issues and training needs related to Diversity, Equity and Inclusion. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera highlighted the following recommendations related to the needs for ongoing training:</i></p> <ul style="list-style-type: none"> • BE Thought Leaders: <i>Regulators must work across traditional boundaries and divisions to be thought leaders in equity/anti-racism work.</i> • TRAIN for the future: <i>Activities that address equity and anti-racism must include education and awareness raising, however, must move beyond awareness raising towards skill development and action.</i> <p><i>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next [one or two] reporting periods to engage our Council and Committee members in ongoing learning related to DEI. Specifically, we anticipate using the materials to evaluate our current strengths and gaps in Q2 of Fiscal Year 2023-2024, for action planning in Q3-Q4 of Fiscal Year 2023-2024 and beginning implementation to close key gaps in Q4 of Fiscal Year 2023-2024.</i></p>	Yes
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STANDARD 2	<p>Measure: 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>		
	Required Evidence	College Response	
	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and</p>	<p>The College fulfills this requirement:</p>	Yes
<ul style="list-style-type: none"> • Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The College’s Conflict of Interest Policy and relevant By-law (By-law 16: Conflicts of Interest) was last reviewed and updated in 2021. The process was as follows:</p> <ul style="list-style-type: none"> • September 27, 2021: Proposed amendments to By-law 16: Conflicts of Interest were reviewed by Council and approved for public consultation. The relevant minutes can be found here: Council-Minutes-Sept-27-2021.docx (live.com), pg. 9. • September 27, 2021: A new Conflict of Interest Policy was reviewed and approved by Council. The relevant Council meeting minutes can be found here: Council-Minutes-Sept-27-2021.docx (live.com), pg. 9. • October 30 – November 30, 2021: The public consultation period for the proposed amendments to By-law 16: Provide your Feedback – College of Kinesiologists of Ontario (coko.ca), specifically: DRAFT-Proposed-amendments-to-By-law-16-table-Sept-23-2021-Council-Revised2.docx (live.com) • December 6, 2021: By-law 16 was reviewed by Council following public consultation, with Council approving the By-law 16 amendments in principle pending legal 			

		<p>emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>review of specific subsections (see Council-Minutes.-December-6-2021.pdf (coko.ca), pg 10). The by-laws were formally approved following receipt of the requested legal advice in December 2021.</p> <ul style="list-style-type: none"> An overview of amendments to By-law 16: <ul style="list-style-type: none"> Amendments for consistency within the By-laws Insertion of reference to Conflict of Interest Policy Insertion of language pertaining to Pre-Meeting Declaration forms and Declarations of Conflicts of Interest prior to meetings. Insertion of wording clarifying disclosure potential of Conflicts of Interest, declaration of Conflicts of Interest and the procedure where a member of Council believes that another member may have a Conflict of Interest.
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i> The next scheduled review of the Council Code of Conduct and Conflict of Interest By-laws and Policy will take place in Calendar Year 2024 (Fiscal Year 2023-2024 or later if necessary and depending in part on the College's Equity, Diversity and Inclusion self-assessment), though these materials may be reviewed earlier in the event of unanticipated changes in the legislative environment and/or governance best practices. Our upcoming self-assessment of our practices pertaining to Equity, Diversity and Inclusion will help to inform that review by identifying any potential systemic barriers or unconscious biases embedded in our Code of Conduct and Conflict of Interest Policy.</p>	
		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The Conflict of Interest Policy was reviewed and approved by Council on September 27, 2021. The relevant Council meeting minutes can be found here: Council-Minutes-Sept-27-2021.docx (live.com), pg. 9. Conflict of Interest By-law 16 was last discussed at Council on March 28, 2022 (Council-Package-March-28-2022.pdf (coko.ca), pg. 2). It was confirmed that the action item (legal review of specific elements of the by-law) had been completed.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> <p><i>Additional comments for clarification (optional)</i></p>
		<p>b. The College enforces a minimum</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>

time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).

Further clarification:

Colleges may provide additional methods not listed here by which they meet the evidence.

- Cooling off period is enforced through: By-law
- Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated.
- Please provide the length of the cooling off period. Three years
- How does the College define the cooling off period?
 - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;
 - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**
 - Where not publicly available, please briefly describe the cooling off policy.

Cooling off period set out in By-law 10: Election of Council Members and is specifically included under by-law 10.09: Eligibility for Election ([The following draft by-laws were adapted from the proposed homeopathy by-laws \(coko.ca\)](#), pgs. 18-19). The three year cooling-off period is prescribed in by-law 10.09 for anyone who:

- 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;
- has been disqualified from Council or a committee of the College;
- who has been staff of the College; or
- who has resigned from Council for reasons other than health or personal reasons acceptable to Council.

By-law 10 was last discussed at Council on December 5, 2022 (see: [Council-Package-Dec-5-2022.pdf \(coko.ca\)](#), pgs. 154-160). At this meeting, Council reviewed proposed amendments to by-law 10, including:

- Inserting an item clarifying the three-year cooling off period as it impacts eligibility for election: “three (3) calendar years have passed since the member last served on Council for the maximum term.” This item is in addition to existing references to three-year cooling-off periods that apply to election eligibility for individuals who have been disqualified from Council, resigned from Council (other than for health or personal reasons acceptable to Council or were/are a member of the staff of the College.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i> In Q2 2022-2023 (as described above: December 5, 2022), the College presented proposed amendments to by-laws 6, 10, 12 and 13. Included in these amendments were clarifications regarding the cooling-off periods and how they may apply (for example: non-Council committee members seeking to stand for election to Council, or Council members who have not served a full term of office). Such clarifications were intended to promote transparency, internal consistency and consistency with governance best practices. Following a 60-day consultation period that concluded on February 8, 2023, proposed amendments to by-laws 6, 10 and 12 will be presented to Council for approval on March 20, 2023. Additional review of by-law 13 amendments will also be presented to Council on March 20, 2023 for approval for external consultation.</p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>The College’s Council Committee and Volunteer Conflict of Interest policy states that “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.”</p> <p>Additional requirements of the Policy include: “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.” and “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.”</p> <p>The conflict of interest disclosure form can be found here: Conflict-of-Interest-Disclosure-Form.docx (live.com)</p> <p>The College’s pre-meeting conflict of interest questionnaire was approved, as part of the College’s Council and Committee Member and Volunteer Conflict of Interest Policy and revisions to the Conflict of Interest (By-law 16: The following draft by-laws were adapted from the proposed homeopathy by-laws (coko.ca), pgs. 33-35), at the September 27, 2021 meeting of Council (Council-Minutes-Sept-27-2021.docx (live.com), Agenda Item 15 on pg. 9).</p> <p>The questionnaire was first implemented as part of the December 6, 2021 Council meeting (Council-Minutes.-December-6-2021.pdf (coko.ca), pgs. 1-2 for Conflict of Interest declarations and pg. 5 for an update regarding the conflict of interest declaration form, presented as part of the Registrar’s report).</p> <p>Conflict of Interest declaration forms were most recently completed by Council members prior to the December 5, 2022 Council meeting (see: Council-Package-Dec-5-2022.pdf (coko.ca), pg. 2: Agenda header and Agenda Item 3).</p>	<p>Yes</p>

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>The College has improved its performance regarding this measure as follows:</p> <p>The public interest rationale for decisions to be made by Council is included in the briefing or decision note associated with the agenda item in question. The briefing notes are included in the Council material package, which is publicly available on the College’s website: Council and Committee Meetings – College of Kinesiologists of Ontario (coko.ca). The current year’s Council meeting materials are included, as is an archive of meeting materials from the previous 5 years.</p> <p>One example of how the public interest rationale is incorporated into a note for Council is found in the December 5, 2022 Council meeting materials (Council-Package-Dec-5-2022.pdf (coko.ca), pg. 106).</p> <p>Another example of how public interest rationales are provided in Council materials is the resolution associated with each decision to be made by Council. The resolution is written to include a high-level overview of the rationale behind a given item presented for Council’s consideration. An example of how a resolution may be used to identify the public interest rationale is found here in the Council meeting materials for June 27, 2022 (Council-Package-June-27-2022.pdf (coko.ca), pg. 101).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

	<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The Risk Management Plan is structured based on a framework that was first approved by Council in September 2014 (Minutes-September-22-23-2014.pdf (coko.ca), pgs. 3-4) and was most recently reviewed in September 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). The framework involves identification of a risk and determination of a risk priority associated with that risk. The risk priority, based on a matrix (severity of impact x likelihood of occurrence) is directly proportionate to the need and timeframe for intervention and/or adjustment of the College’s operations.</p> <p>The framework currently includes the following 8 risk types:</p> <ul style="list-style-type: none"> - Financial - Information Management - Loss/Damage of Capital Equipment/Furnishings - Loss/Compromise of Examination - Human Resources - Loss of Public/Registrant Confidence - Governance - Compliance <p>The College’s Risk Management, Disaster Preparedness and Business Continuity Plans are reviewed by staff and presented to Council for review and approval twice each year. The most recent presentation of the current Risk Management Plan occurred on September 26, 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44).</p>			
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>The College will continue to review its Risk Management Plan, including risk matrix and risk mitigation strategies, twice each year, including presenting the reviewed Risk Management Plan to Council. The next scheduled review will be presented to Council on March 20, 2023, with an additional review to take place in September 2023. The College will also undertake a review of its Disaster Preparedness and Business Continuity Plans, with these documents to be presented to Council no later than September 2023.</p>			

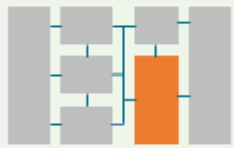
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure: 3.1 Council decisions are transparent.	
		Required Evidence	College Response
		<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Council meeting minutes are posted here: Council and Committee Minutes – College of Kinesiologists of Ontario (coko.ca)</p> <p>Information regarding the meetings and discussions, including status updates regarding Council decisions and other action items emerging from any given Council meeting, falls under the College’s Communications portfolio. Requests for this information may be made by email or telephone to the College’s Manager, Communications.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>
		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ol style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and 	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>Information regarding Executive Committee meetings, including the Agenda for upcoming meetings, is posted here: Council and Committee Meetings – College of Kinesiologists of Ontario (coko.ca).</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>

		<p>decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</p> <p>iv. if decisions will be ratified by Council.</p>	<p><i>Additional comments for clarification (optional)</i></p>	
<p>Measure: 3.2 Information provided by the College is accessible and timely.</p>				
		<p>Required Evidence</p>	<p>College Response</p>	
		<p>a. With respect to Council meetings:</p> <p>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</p> <p>ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. <p>Council meeting agenda and meeting materials are posted here: Council and Committee Meetings – College of Kinesiologists of Ontario (coko.ca). This webpage also includes brief notes regarding RSVP for attendance, visitor/observer code of conduct and accessibility.</p> <p>Archived materials (dating back 5 years, currently to 2017) are also posted on this web page.</p> <p>Approved meeting minutes are posted here: Council and Committee Minutes – College of Kinesiologists of Ontario (coko.ca)</p> <p>The College also maintains a page on its website for Council meeting highlights: Council Highlights – College of Kinesiologists of Ontario (coko.ca)</p>	<p>Met in 2021, continues to meet in 2022</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				
		<p>b. Notice of Discipline Hearings are</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>

		<p>posted at least one month in advance and include a link to allegations posted on the public register.</p>	<ul style="list-style-type: none"> • Please insert a link to the College’s Notice of Discipline Hearings. <p>Notices of Discipline Hearings are posted here: Upcoming Discipline Hearings – College of Kinesiologists of Ontario (coko.ca)</p> <p>This web page includes:</p> <ul style="list-style-type: none"> - Notice of hearing - Hearing Date - Summary of allegations - A link to the full allegations.
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Measure:</p> <p>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>		<p>College Response</p>	
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>The College has not implemented a formal DEI/EDI-B (Equity, Diversity, Inclusion and anti-Bias) plan. However, the College has, as part of an HPRO working group convened to address this issue, been able to conduct a preliminary assessment and has concluded that it currently takes a Reactive approach to DEI/EDI-B, which can be described as follows:</p> <ul style="list-style-type: none"> • Active participation as a Steering Committee member of the previously mentioned HPRO Working Group • Surface-level consideration of EDI-B issues as they arise • Providing some orientation/training to Council regarding EDI-B topics and issues. • Some efforts to embed EDI-B principles into its operations as follows: 	<p>Partially</p>	

			<p>The College’s 2019-2022 Strategic Plan (2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca)), presented to Council on April 15, 2019 (Council-Package-April-15-2019.pdf (coko.ca), pgs. 32-35) included, as a Strategic Initiative: “Increased Council and Committee competency development in technical, leadership, decision-making and interpersonal skills, with a focus on equity, diversity and inclusion.”. As part of its Strategic Plan, the College incorporated EDI-B principles within its Council and Committee Competency Profile (APPROVED-Council-and-Committee-Competency-Profile-FINAL.pdf (coko.ca)).</p> <p>In keeping with the Strategic Plan, the College has worked to build Council and committee EDI-B awareness and competency by inviting a subject matter expert to present to Council on December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), pg. 2, Agenda Item 7).</p> <p>The College has also embedded EDI-B principles in its Policy and Material Development and Review Framework, as approved by Council on December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), see Decision Note pgs. 104-106).</p> <p>A Statement on Systemic Racism, issued in July 2020: College statement on systemic racism – College of Kinesiologists of Ontario (coko.ca)</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>Council receives regular updates on the progress of a collaborative initiative sponsored by HPRO regarding EDI-B and anti-racism (most recent update provided to Council on December 5, 2022 as part of the Registrar’s Report (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 3-4). This project is scheduled for completion in March 2023. Project deliverables will include:</p> <ul style="list-style-type: none"> • An equity, diversity and inclusion (EDI) framework and strategy to support sustainable current and future EDI initiatives and structural change in regulation; • An EDI self-assessment checklist and reporting tool; and • The development of an EDI toolkit, including internal training components for colleges. <p>The College will use these tools to support the development and implementation of a formal EDI-B/DEI strategy and policy. The first step in the process will be, in Q3-Q4 2022-2023 Fiscal Year, consideration of the deliverables of the HPRO project and how they may be applied. This will include a specific workplan for a formal EDI-B self-assessment, which is expected to be concluded by Q2 of Fiscal Year 2023-2024. The results of this self-assessment will be used to develop and implement a performance improvement action plan specific to EDI-B. This may include, as described earlier, incorporation of an EDI-B lens into review of the College’s Code of Conduct and Conflict of Interest policies and by-laws, which is expected to occur in Fiscal Year 2023-2024 (Calendar Year 2024)</p>			
		<p>b. The College conducts Equity Impact</p>	<p>The College fulfills this requirement:</p>
			<p>Partially</p>

	<p>Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. <p>In 2022, the College developed a Policy and Material Development and Review Framework (Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca)). The framework explicitly states (pg. 7, item 29) that an EDI-B lens, which may include an Equity Impact Assessment, will be applied to all materials developed and published by the College.</p> <p>For clarification and additional detail, Step 4 of the process (assessing readiness for policy/document/other material development) includes the application of an analytical framework to a given issue or problem. The analytical framework includes assessment of the Effects of the proposed policy/document/other material. The effect of the proposed policy/document/other material from an Equity perspective is explicitly included in the analytical framework. This analysis and assessment would be supported by ensuring that identification of relevant stakeholders/subject matter experts/sources of information includes consideration of diverse perspectives, consistent with the principles of EDI-B.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>As part of a collaborative project supported by HPRO, the College will, in 2023 (expected project completion: March 2023), have access to an EDI-B toolkit (including an equity impact assessment, a self-assessment checklist and reporting tools), intended to facilitate the analysis and assessment of College operations and materials (including Policies and other documents) through an equity lens.</p> <p>The first step in the process will be, in Q3-Q4 2022-2023 Fiscal Year, consideration of the deliverables of the HPRO project and how they may be applied. This will include a specific workplan for a formal EDI-B self-assessment, which is expected to be concluded by Q2 of Fiscal Year 2023-2024.</p>



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

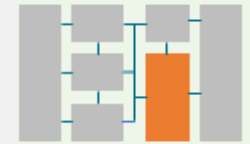
Required Evidence	College Response	
<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement:	
	<p style="text-align: right;">Yes</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. <p>The College's strategic plans can be found here: Corporate Documents – College of Kinesiologists of Ontario (coko.ca) (scroll down to "Strategic Plans" tab). The most recent strategic plan: 2019-2022-Strategic-Plan-scaled.jpg (2560x1978) (coko.ca). Each Council meeting includes an overview, via quarterly dashboards, of work in each portfolio that pertains to Strategic Plan goals/priorities/projects (example of a Dashboard: Council-Package-Dec-5-2022.pdf (coko.ca) pgs. 25-27).</p> <p>The College's current budget was reviewed and approved by Council on June 27, 2022 (Council-Package-June-27-2022.pdf (coko.ca), pg. 34)</p> <ul style="list-style-type: none"> Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. <p>Projects and other initiatives are identified as part of the Strategic Plan development process/cycle. This process includes a strategic planning workshop, which results in the identification, via research, analysis and consultation, of overarching goals or priorities to be addressed by the strategic plan. A series of strategic initiatives are then set, based on consideration of how the goal or priority in question may be accomplished. Each of these strategic initiatives is assigned a timeline/completion date.</p> <p>Strategic plan development is associated with financial forecast/review to ensure resources available to complete the projects that may be associated with any given strategic initiative identified in the Strategic Plan. This forecast is used to inform the development of the College's annual budget, with resources allocated to the strategic initiatives expected to be completed during any given fiscal year (note that the College's fiscal year runs from August 1 to September 31 of the following calendar year).</p> <p>Progress towards strategic initiatives can be monitored using the quarterly dashboards, as well as by providing quarterly budget updates to the non-statutory Planning and Finance Committee and Council.</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>		

		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<table border="1"> <tr> <td data-bbox="776 282 2126 337">The College fulfills this requirement:</td> <td data-bbox="2126 282 2628 337">Met in 2021, continues to meet in 2022</td> </tr> <tr> <td colspan="2" data-bbox="776 337 2628 784"> <ul style="list-style-type: none"> Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. <p>The College’s financial reserve policy was first considered by Council in 2011 (prior to Council meetings being made public) and was revised on:</p> <ul style="list-style-type: none"> April 9, 2014 (Minutes-April-9-2014.pdf (coko.ca), Agenda Item 7, pgs. 2-3) <ul style="list-style-type: none"> Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. <p>The financial reserve policy was most recently reviewed and updated on December 3, 2018 (Minutes-December-3-4-2018.pdf (coko.ca), pg. 3).</p> <ul style="list-style-type: none"> Has the financial reserve policy been validated by a financial auditor? Yes <p>The College’s most recent audit included a review of the College’s financial reserves. The auditor made recommendations regarding the amount of funds that should be held in the reserve (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 34-51).</p> </td> </tr> <tr> <td data-bbox="776 784 2233 839">If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</td> <td data-bbox="2233 784 2628 839">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 839 2628 974">Additional comments for clarification (if needed)</td> </tr> </table>	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	<ul style="list-style-type: none"> Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. <p>The College’s financial reserve policy was first considered by Council in 2011 (prior to Council meetings being made public) and was revised on:</p> <ul style="list-style-type: none"> April 9, 2014 (Minutes-April-9-2014.pdf (coko.ca), Agenda Item 7, pgs. 2-3) <ul style="list-style-type: none"> Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. <p>The financial reserve policy was most recently reviewed and updated on December 3, 2018 (Minutes-December-3-4-2018.pdf (coko.ca), pg. 3).</p> <ul style="list-style-type: none"> Has the financial reserve policy been validated by a financial auditor? Yes <p>The College’s most recent audit included a review of the College’s financial reserves. The auditor made recommendations regarding the amount of funds that should be held in the reserve (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 34-51).</p>		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	Additional comments for clarification (if needed)	
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Additional comments for clarification (if needed)											

	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. <p>The College has an internal HR manual.</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The College’s internal HR manual was most recently reviewed and approved by Council on September 14, 2020 (Council-Package-September-14-2020.pdf (coko.ca), pgs. 58-121).</p> <p>The HR manual includes each of the College’s HR policies. In addition to the policies contained in the HR manual, the College has additional policies that support organizational success by facilitating effective human resource planning and management. These policies include:</p> <ul style="list-style-type: none"> A Council Succession Planning and Mentorship Policy, approved by Council on December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 140-146). A Procurement Policy, which includes consideration of how the College may obtain consulting services (for example, specific expertise or strategic advice) in a transparent manner intended to maximize value for the College. A Committee Slate Selection Policy, which supports Council and College Staff in developing the committee slate based on the competencies and preferences of Council members and members of the College who have submitted expressions of interest to serve on committee(s). A Peer Assessor Selection Policy (Peer-Assessor-Selection-Policy-September-2015.pdf (coko.ca)), which governs the selection and appointment of members of the College who have expressed an interest in serving as a Peer Assessor. An internal Business Continuity Plan and Disaster Recovery Plan, intended to provide a framework for College operations in exceptional circumstances. These were most recently discussed as part of a review of the College’s Risk Management Framework at a meeting of Council on March 28, 2022 (Council-Package-March-28-2022.pdf (coko.ca), pgs. 243-244). <p>As per the College’s Policy and Material Development and Review Framework (Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca), approved by Council on December 5, 2022), the College has committed to ensuring that all College policies, documents and materials are reviewed, revised and, where required, approved by Council, in accordance with a schedule or as needed to address urgent or emergent issues. This Framework guides how written operational policies (including those regarding the College’s staffing complement and other human resources policies) are developed and reviewed.</p>	<p>Yes</p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>								
		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<table border="1"> <tr> <td data-bbox="776 375 2233 435">The College fulfills this requirement:</td> <td data-bbox="2233 375 2615 435">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 435 2615 1133"> <ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College’s data and technology plan, including cyber security, is managed by a third-party provider. In 2022, the College chose to change service providers to ensure that its information technology operational and security needs are met in the most efficient and cost-effective manner possible. The third-party software provider is responsible for maintaining the following in keeping with the College’s operational needs:</p> <ul style="list-style-type: none"> Updating registrant database and digital records maintenance 3rd-party IT provider provides hourly system backups for cyber security. HIROC cyber security insurance Maintenance of documents and other electronic records on a server owned by the College. File/document material access is limited/controlled via permissions on the College’s shared drive. Regular system and software updates. <p>The College has also transitioned to a primarily virtual entry-to-practice examination. The virtual examination is administered by a third-party service provider with relevant expertise and experience. This service provider is responsible for ensuring:</p> <ul style="list-style-type: none"> Exam security, including preventing the loss or release of information that could compromise the exam’s fairness or integrity Exam integrity, accomplished by remote proctoring tools and reports made to the College regarding individual exams where problematic behaviors may have occurred. Exam integrity is also maintained by processes to preserve exam progress in the event of a local or wide-spread issue that impacts applicants’ ability to complete the exam </td> </tr> <tr> <td data-bbox="776 1133 2233 1182"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2233 1133 2615 1182">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="776 1182 2615 1375"> <p><i>Additional comments for clarification (optional)</i></p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College’s data and technology plan, including cyber security, is managed by a third-party provider. In 2022, the College chose to change service providers to ensure that its information technology operational and security needs are met in the most efficient and cost-effective manner possible. The third-party software provider is responsible for maintaining the following in keeping with the College’s operational needs:</p> <ul style="list-style-type: none"> Updating registrant database and digital records maintenance 3rd-party IT provider provides hourly system backups for cyber security. HIROC cyber security insurance Maintenance of documents and other electronic records on a server owned by the College. File/document material access is limited/controlled via permissions on the College’s shared drive. Regular system and software updates. <p>The College has also transitioned to a primarily virtual entry-to-practice examination. The virtual examination is administered by a third-party service provider with relevant expertise and experience. This service provider is responsible for ensuring:</p> <ul style="list-style-type: none"> Exam security, including preventing the loss or release of information that could compromise the exam’s fairness or integrity Exam integrity, accomplished by remote proctoring tools and reports made to the College regarding individual exams where problematic behaviors may have occurred. Exam integrity is also maintained by processes to preserve exam progress in the event of a local or wide-spread issue that impacts applicants’ ability to complete the exam 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	<p><i>Additional comments for clarification (optional)</i></p>	
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<p><i>Additional comments for clarification (optional)</i></p>											

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A

College response

Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.

Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.

The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.

Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

- *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).*

In 2022, the College’s system partner engagements included (but were not limited to):

Health Profession Regulators of Ontario (HPRO):

The College has participated in a range of ad hoc HPRO working groups and committees, including serving on the Steering Committee of an anti-racism project. This project began in October 2020 and is expected to be completed in March 2023. The outcome is the development of tools and resources to facilitate the embedding of EDI-B principles and practices into regulatory College operations. A similar initiative is participation (since January 2022) in an HPRO working group exploring strategies for third-party assessment and evaluation of Council performance and effectiveness.

The College also attends and contributes to regular HPRO briefings and portfolio-specific committees and working groups, including consideration of items circulated for review and requesting feedback regarding specific developing/ongoing issues. Engagement with the HPRO Communications working group has included support for an HPRO Public Awareness Campaign and Communicators’ Forum and planning/organizational support for the HPRO Communications

conference (held in December 2022).

The Ontario Regulators for Access Consortium (ORAC):

Due to the challenges of COVID-19, the ORAC group has not met as frequently as in previous years and therefore, has not had the opportunity to address and discuss public initiatives (e.g. mission statement) in the way it has in the past. Any public facing initiatives would be communicated through the ORAC website: <https://regulatorsforaccess.ca/about/>. The Working Group is currently going through a self-examination process through a sub-working group to redefine ORAC's mandate and determine the best format for ORAC moving forward. This initiative remains ongoing.

The ORAC Working Group convened on March 2, 2022 to discuss recent changes to regulation as well as communications received from the Office of the Fairness Commissioner (OFC). Additionally, the Working Group has had several off-line discussions throughout the year to provide support and reach consensus on matters such as: professional liability insurance, applicant accommodation, approaches to practice hour requirements and language proficiency requirements. As an organization, CKO sought and received feedback from the Working Group on July 20, 2022 and October 18, 2022 relating to examination appeal policies to ensure consistency with other regulators' approaches to policy exemptions and requirements and information pertaining to database management systems.

Associations of regulatory bodies:

Regulatory associations, including CNAR (Canadian Network of Agencies for Regulation) and CLEAR (Council on Licensure, Enforcement and Regulation) work to disseminate and promote identified and emerging best practices in professional regulation. College staff and Council members attend and participate in conferences, seminars and other training and development activities hosted or sponsored by these associations. Such events and activities are opportunities to exchange information and build and maintain professional networks.

The Public:

In keeping with its public protection mandate, the College seeks to engage with members of the public, including the patients/clients of members of the College. The College maintains a webpage containing ongoing and completed public consultations ([Provide your Feedback – College of Kinesiologists of Ontario \(coko.ca\)](#)). The College is also a Partner of the Citizen's Advisory Group (CAG: [Citizen Advisory Group – Bringing patient and caregiver voices to health regulation in Ontario](#)). This latter body describes itself as working to bring patient perspectives to health professional regulation in Ontario. The work of the CAG involves public/patient review of regulatory college materials, processes and policies. This work may be completed via CAG meetings, through facilitated focus groups, or by other means (such as surveys that may be sent pertaining to specific materials).

Engagement with the public is also achieved through the College's general email (info@coko.ca), Practice Advice service and the "Patients/Clients" section of the College's website, which provides information regarding health professional regulation, the profession of kinesiology and the College's Complaints processes (including measures to prevent and eliminate sexual abuse of patients by kinesiologists).

Post-secondary educational institutions in Ontario offering programs of study in kinesiology and related disciplines:

This includes faculties and/or departments of Kinesiology (or, in some circumstances, related subject areas, such as Human Kinetics and Physical Education) at

	<p>Universities in Ontario. In addition, the College may also engage with Colleges offering certificate programs, such as post-degree training in Kinesiology or related subjects. University Liaisons Committee meeting and University Visits. 20 Universities (to be confirmed). Up to 100 specific contacts (3 connections for each meeting). Follow-ups scheduled: webinar recording for circulation, .pdf of presentation forwarded, responses to any questions from individual universities or students. Universities and Colleges. In some cases there have been multiple presentations. Discussions and collaboration regarding the relationships between the College's requirements (the College's Registration portfolio) and University curricula. The most recent work of this nature was from February 23, 2022 to November 10, 2022. The College has committed, through this process, to building and maintaining open communication with academic system partners.</p> <p>Professional associations that represent registrants of the College:</p> <p>The College may engage and have relationships with professional associations that serve and represent its members. Such engagements and partnerships may be undertaken where there are issues relating to public protection that also fall within the scope and mandate of the professional association. An example of this may be the College responding to a request to provide information regarding its standards, guidelines and policies to members of an Association.</p>
	<p>Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</p> <p>The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).</i> <p>The following examples illustrate how the College engaged, in 2022, with system partners and other stakeholders to respond to changing and evolving public and societal expectations:</p> <p>Informal or ad hoc engagement with system partners (including other regulators):</p> <p>In 2022, the College engaged in specific outreach to system partners regarding operational/resource management issues such as:</p> <ul style="list-style-type: none"> - Review of the College's fee schedule (including consideration of how other Colleges, particularly those of similar size and scope, have addressed and managed the question of changes to fee schedules. This information was used to support the College's business case regarding its fee schedule, as well as in the preparation of a Communications strategy to disseminate proposed changes to the fee schedule and associated by-laws.

- IT service procurement, specifically the identification of potential vendors/service providers that would be able to meet the College’s requirements in a secure, reliable and cost-effective manner.
- Review of College employee health benefits package. This review was conducted to ensure that the College’s total compensation package is aligned with the general environment, to ensure that the College can attract and retain suitable staff in key operational portfolios and roles.
- Other regulatory Colleges were consulted for suggestions/recommendations regarding a review of the College’s auditor and identification/selection of alternative service providers. This advice ensures that the College’s financial affairs are transparently and effectively reviewed in keeping with financial oversight requirements and best practices.
- Investment/financial management policies to promote organizational financial planning/security.

As part of the development of a Policy and Material Development and Review Framework, the College identified and consulted with a number of other regulatory Colleges (CNO, CDO, COTO, CRTO, College of Optometrists of Ontario). This process was begun in March 2022 and concluded in December 2022. The process included outreach (facilitated by HPRO Practice Advisors Working Group) and included review of other College’s CPMF submissions and websites to identify appropriate opportunities for partnership and learning.

In addition, and where appropriate, communication and engagement with system partners supports the College’s Professional Conduct portfolio activities. For example, the College may occasionally share or receive information regarding a member of the College who is dual-registered with another regulatory College.

Professional Associations:

On November 26, 2022, the College participated in a “Safe Sport Summit” hosted by the Ontario Athletic Therapists Association (OATA). Some members of this Association are registered with the College as kinesiologists. The College was invited to provide information regarding how the College, within its mandate and jurisdiction, addresses sexual abuse of patients/clients by kinesiologists. The presentation included discussion of the College’s mandatory reporting requirements and guidelines.

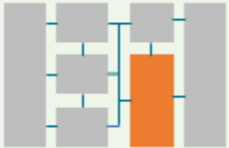
Public Groups:

In 2022, the College conducted the following public consultations:

- Registration Policies (Registration Timelines, Language Proficiency, Inactive Class Certificate of Registration and Reissuance of the General Class Certificate of Registration). These consultations ended in May 2022.
- 60-day public consultations regarding the College’s by-laws (specifically by-law 6, 10 and 12) began in December 2022 and ended in February 2023.

These public consultations provided the public an opportunity to review proposed new and amended/revised materials and provide specific and general feedback by responding to surveys associated with each of the consultations. An example of how the consultation process is presented to the public can be

	<p>found here: Changes to the Inactive Class Certificate of Registration Policy – College of Kinesiologists of Ontario (coko.ca)).</p> <p>Educational Bodies:</p> <p>The College’s relationship with Universities and Colleges includes the College’s University Liaisons Committee, which last met in December 2022 and provides an opportunity for engagement and discussion regarding current and emerging issues.</p> <p>From March 2022 to November 2022, the College directly engaged with an academic institution. The goal of this initiative was to promote greater clarity and understanding of the College’s registration requirements. The College also provides regular University and College “campus visits” (virtual format at this time) to inform students of Kinesiology and some related disciplines about the College’s mandate, scope, and processes/policies (including the entry-to-practice examination and registration). This provides students an opportunity to ask questions regarding the role of the College and its mandate and jurisdiction.</p> <p>The above relationships allow the College to maintain an ongoing awareness of the practice and regulatory environments. Engagement with stakeholders, including the public, promotes alignment with best practices through feedback regarding the College’s activities.</p> <p>The College maintains a database of system partners and stakeholders, which is reviewed and updated as required (for example, where emerging issues such as EDI-B indicate that there are or may be potential system partners and stakeholders with which the College does not have an existing relationship or connection. The College may identify such groups, bodies, organizations or individuals via its existing system partner/stakeholder network or by engaging with subject matter experts (such as external consultants).</p>
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	<p>Measure: 7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.</p>		
	<p>STAND ARD 7</p>	<p>Required Evidence</p> <p>a. The College demonstrates</p>	<p>College Response</p> <p>The College fulfills this requirement:</p>

how it:
 i. uses policies and processes to govern the disclosure of, and requests for information;

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

The College’s Risk Management Plan, which was most recently reviewed by Council on September 26, 2022 ([Council-Package-September-26-2022-5.pdf \(coko.ca\)](#), pgs. 17-44) includes consideration of risks associated with inappropriate or unauthorized disclosure of information. The Risk Management Plan has incorporated risk mitigation strategies to address potential related compliance issues. Among the risk mitigation strategies in place is the College’s internal Privacy Code, which was adopted voluntarily. The Privacy Code “[...]endeavors to adapt the Canadian Standards Association (CSA) principles included in Schedule 1 to *PIPEDA* in a manner that is appropriate for a regulatory body.”

The Privacy Code states that the College’s collection, use and disclosure of personal information is done for the purpose of regulating the profession of kinesiology in the public interest. The Privacy Code is based on the following principles:

Principle 1: Accountability
 Principle 2: Identifying Purposes
 Principle 3: Consent
 Principle 4: Limiting Collection
 Principle 5: Limiting Use, Disclosure or Retention
 Principle 6: Accuracy
 Principle 7: Safeguards
 Principle 8: Openness
 Principle 9: Individual Access
 Principle 10: Challenging compliance

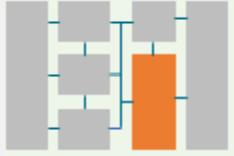
Some additional, publicly available policies that are guided by the Privacy Code (and other legislative requirements) include:

Registration Policy – Access to Records Policy: [Note to Finance Committee \(coko.ca\)](#)
 Quality Assurance – Member File Retention Policy: [Member-File-Retention-Policy-April-2015.pdf \(coko.ca\)](#)

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.

Additional comments for clarification (optional)

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College's Risk Management Plan (see: Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44 for the most recent version as reviewed and approved by Council) includes descriptions of the risk mitigation strategies, including cybersecurity measures and backups, in place to address issues such as:</p> <ul style="list-style-type: none"> - Breach(es) of confidentiality associated with or due to compromised information management/technology systems - Unintended loss or destruction of records - Systems being compromised by cyber attacks (virus, malware/ransomware or other security breach) - Theft of or damage to equipment, such as computers or data storage devices or servers - Breach of exam security <p>The College's Information Technology is managed by a third-party contractor. Part of the consideration process associated with selecting a service provider included ensuring that cybersecurity measures specific to the health professional regulatory environment are in place, and that security issues would be considered and addressed on an ongoing basis.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

Yes

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

The College’s Policy and Material Development and Review Framework ([Material-Development-and-Review-Framework-22.12.5.pdf \(coko.ca\)](#)) was developed in 2022 and reviewed and approved by Council on December 5, 2022 (see: [Council-Package-Dec-5-2022.pdf \(coko.ca\)](#), pgs. 104-121).

This framework is based on an 8-step process (which emerged from evidence gathered by the College through an environmental scan and in consultation with other regulatory Colleges) as follows:

- Step 1: Identify, describe and analyze the need, issue or problem
- Step 2: Identify and analyze options to address the need, issue or problem
- Step 3: Determine and understand stakeholders, decision-makers and influencers;
- Step 4: Assess readiness for policy/document/other material development;
- Step 5: Develop an action plan;
- Step 6: Implement the action plan;
- Step 7: Facilitate the adoption and implementation of the policy/document/other material that has been developed;
- Step 8: Monitor and evaluate policies/documents/other materials.

This process is applied in a flexible manner to adapt to the needs of the issue at hand, and may not always be used in a linear fashion.

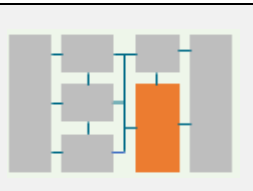
The following review criteria have been incorporated into the framework:

Policies: 3 years from creation or last review;

			<p>Practice Standards or Guidelines; 5 years from creation or last review; By-laws: 3 years from creation or last review The framework also includes mechanisms by which review and revision may occur outside the stated timelines (for example, changes in legislation/regulation and other issues that may arise).</p> <p>College staff are responsible for monitoring their portfolio(s) and ensuring that materials are reviewed in a timely fashion based on the framework.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <p>i. evidence and data;</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>

		<ul style="list-style-type: none"> ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>The College’s Policy and Material Development and Review Framework (Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca)) describes the factors that are considered as part of the development and review of policies, practice standards, practice guidelines and other materials. The framework considers each of the listed components as follows (all page number references below pertain to the link above):</p> <ul style="list-style-type: none"> i. evidence and data: considered in steps 1-4 of the framework (pgs. 2-4) ii. the risk posed to patients/the public: embedded throughout the framework, but particularly in steps 1, 2 and 4 (pgs. 2-4) iii. the current practice environment: primarily embedded in steps 1, 2, 7 and 8 (initial review, environmental scan, implementation and monitoring/evaluation steps) (pgs. 2, 3, 5 and 6). iv. alignment with other health regulatory Colleges: considered as part of steps 1 and 2, also as part of ongoing review/evaluation in step 8 (pgs. 2, 3, 5 and 6) v. expectations of the public: considered throughout steps 1 – 4 of the framework (pgs. 2-4) and may also be considered as part of the adoption and implementation process as part of Step 7 (pg. 5). vi. stakeholder views and feedback: primarily considered in steps 3 and 5 of the framework (pgs. 3-5). <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p><i>The College will use the EDI-B self-assessment tool developed as part of an HPRO EDI-B/anti-racism in health regulation project to apply an EDI-B lens to the review of policies, practice standards, practice guidelines and other materials. This tool is expected to be available after March 2023. The College will actively participate in and pursue opportunities to learn how this tool may be most effectively applied, including discussions with representatives of other regulatory Colleges. It is anticipated that this preparatory/training work will begin in Q3-Q4 of the 2022-2023 Fiscal Year and will be concluded by Q2 of Fiscal Year 2023-2024.</i></p>
		c. The College's policies,	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p>

	<p>guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>The College’s Material-Development-and-Review-Framework-22.12.5.pdf (coko.ca) implicitly and explicitly refers to EDI-B principles and how they will be applied to the review and development of College policies, practice standards, practice guidelines and other materials (specifically, item 29. on pg. 7 states that an EDI-B lens will be applied to the development of College materials).</p> <p>Examples of how these principles are currently embedded in College materials include:</p> <p>Among the Principles of Ethical Conduct contained in the College’s The Code of Ethics: College of Kinesiologists Policy and Procedure Manual (coko.ca), pg. 2) are:</p> <ul style="list-style-type: none"> - Respect: “Members are respectful of the differing needs of each individual an honour the patient’s right to privacy, confidentiality, dignity and treatment without discrimination”; and - Autonomy and Well Being: “Members are at all times guided by a concern for the patient’s well-being. Patients have the right to self-determination and are empowered to participate in decisions about their health-related quality of life and physical functioning.” <p>Several Competencies and Performance Indicators included in the Essential Competencies of Practice address matters relevant to EDI-B. Examples of this can be found in Unit 3: Professionalism and Ethics, particularly Competencies 3.1 and 3.2 and their related Performance Indicators (Essential-Competencies-of-Practice-for-Kinesiologists-in-Ontario-March-2018.pdf (coko.ca), pgs. 29-31).</p> <p>As part of a review in 2022 of the College’s Practice Standard – Discharging a Client, the College updated the Practice Standard to explicitly state that a member of the College may not discharge a patient/client for reasons considered to fall within the protected grounds in the Ontario Human Rights Code (see: College of Kinesiologists Policy and Procedure Manual (coko.ca), top of pg. 2). This emerged from an environmental scan regarding this Practice Standard and was supported by legal advice. This was reviewed and approved by Council on September 26, 2022 (see: Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 56-62).</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>		

	<p>Measure:</p> <p>9.1 Applicants meet all College requirements before they are able to practice.</p>									
	<p>DOMAIN 6: SUITABILITY TO PRACTICE</p> <p>STANDARD 9</p>	<table border="1"> <thead> <tr> <th data-bbox="758 370 2091 427">Required Evidence</th> <th colspan="2" data-bbox="758 370 2580 427">College Response</th> </tr> </thead> <tbody> <tr> <td data-bbox="758 427 2091 1438"> <p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p> </td> <td data-bbox="2091 427 2580 483"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2091 427 2580 483"> <p>Met in 2021, continues to meet in 2022</p> </td> </tr> <tr> <td data-bbox="758 483 2091 1438"></td> <td colspan="2" data-bbox="2091 483 2580 1438"> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>The College’s Required Documents Policy sets out the full documentary requirements for registration; additional policies outline the specific requirements for individual registration documents, such as the Criminal Record Check Report or the professional liability insurance. Below is a summary of how the CKO verifies registration requirements:</p> <ul style="list-style-type: none"> • Confirmation of graduation is verified by way of an official transcript submitted directly to the CKO from the educational institution where the candidate completed their education in kinesiology (or a related field). • Applicants who obtained their education in kinesiology (or a related field) outside of Canada must have their academic qualifications verified by a College-approved international credentialing agency. The credential agency attests to the authenticity of the documents reviewed and prepare a course-by-course evaluation report as required. • All applicants for registration must arrange for an original Police Criminal Record Check Report to be sent directly to the College from their local police service; the report must show that the search was completed no more than 6 months prior to the date of application (https://www.coko.ca/wp-content/uploads/2020/06/Good-Conduct-Policy-formerly-Police-Background-Check-Policy-June-2017.pdf). • Letters of standing are received directly from other regulators. • The entry-to-practice examination is administered by the CKO’s trusted third-party exam administrator; exam results and candidate profiles are also received directly from the exam administrator The exam administrator maintains a high standard of security and delivery, and has an established reputation with numerous regulators across North America. • When the applicant’s first language is not English or French and their relevant health care education was not in English or French in accordance with the College’s Language Proficiency Policy, the applicant must demonstrate fluency in either language by completing an approved language test, the results of which must be sent directly to the College from the test administrator (https://www.coko.ca/wp-content/uploads/2022/07/Language-Proficiency-Policy-June-2022.pdf). • Evidence of professional liability insurance coverage is obtained by way of a certificate issued by the insurance provider to the candidate. Each candidate’s </td> </tr> </tbody> </table>	Required Evidence	College Response		<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>		<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>The College’s Required Documents Policy sets out the full documentary requirements for registration; additional policies outline the specific requirements for individual registration documents, such as the Criminal Record Check Report or the professional liability insurance. 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Each candidate’s
Required Evidence	College Response									
<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>								
	<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>The College’s Required Documents Policy sets out the full documentary requirements for registration; additional policies outline the specific requirements for individual registration documents, such as the Criminal Record Check Report or the professional liability insurance. Below is a summary of how the CKO verifies registration requirements:</p> <ul style="list-style-type: none"> • Confirmation of graduation is verified by way of an official transcript submitted directly to the CKO from the educational institution where the candidate completed their education in kinesiology (or a related field). • Applicants who obtained their education in kinesiology (or a related field) outside of Canada must have their academic qualifications verified by a College-approved international credentialing agency. The credential agency attests to the authenticity of the documents reviewed and prepare a course-by-course evaluation report as required. • All applicants for registration must arrange for an original Police Criminal Record Check Report to be sent directly to the College from their local police service; the report must show that the search was completed no more than 6 months prior to the date of application (https://www.coko.ca/wp-content/uploads/2020/06/Good-Conduct-Policy-formerly-Police-Background-Check-Policy-June-2017.pdf). • Letters of standing are received directly from other regulators. • The entry-to-practice examination is administered by the CKO’s trusted third-party exam administrator; exam results and candidate profiles are also received directly from the exam administrator The exam administrator maintains a high standard of security and delivery, and has an established reputation with numerous regulators across North America. • When the applicant’s first language is not English or French and their relevant health care education was not in English or French in accordance with the College’s Language Proficiency Policy, the applicant must demonstrate fluency in either language by completing an approved language test, the results of which must be sent directly to the College from the test administrator (https://www.coko.ca/wp-content/uploads/2022/07/Language-Proficiency-Policy-June-2022.pdf). • Evidence of professional liability insurance coverage is obtained by way of a certificate issued by the insurance provider to the candidate. Each candidate’s 									

			certificate is reviewed by staff to confirm it satisfies the requirements of the College’s Professional Liability Insurance Policy (https://www.coko.ca/wp-content/uploads/2020/06/Professional-Liability-Insurance-Policy-June-2017.pdf).
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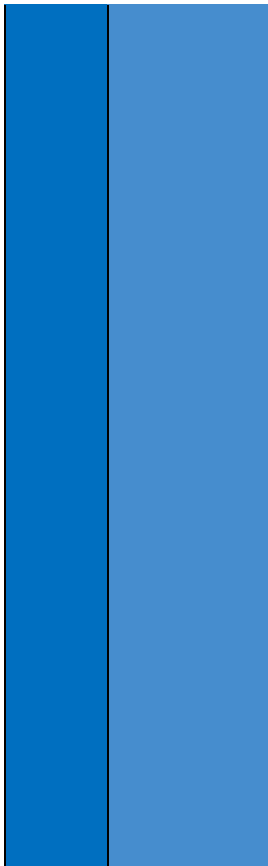
¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated.\ • The CKO has various policies governing its registration processes, which are available for review on our website under “Registration Policies: https://www.coko.ca/about/corporate-documents/ . • Graduates of non-Ontario kinesiology programs are required to complete the College’s Academic Assessment Form, which provides the Registration Committee a standardized approach in reviewing programs for substantial equivalency. Registration Committee members also receive orientation training and are provided decision making tools to ensure informed decision making. • The CKO assesses policies and processes related to registration requirements on a cyclical basis to ensure they are current, meet fair registration principles set out by the Ontario Fairness Commissioner, and demonstrate best practices amongst provincial and national regulators. The CKO is actively compliant with the recent regulatory directives from the Ministry aimed at modernizing the registration process and reducing barriers for applicants to regulatory health professions in Ontario. The CKO also conducts regular environmental scans both independently and in consultation with the Ontario Regulators for Access (ORAC) working group, to ensure processes and policies are consistent with current best practices. • In September 2022 the CKO engaged a psychometric consultant to begin a comprehensive review of the kinesiologist core competency profile, which is a collection of validated statements or competencies that describe the performance required to demonstrate competence in the role of a kinesiologist at the entry-to-practice level. The profile provides the foundation for the development of the CKO’s entry-to-practice examination and the exam blueprint, which describes the structure of the exam. The revalidation project will include a review and update of the exam blueprint, as well as a refresh of the Academic Assessment Form. The project has an anticipated project completion of summer 2023. • The CKO maintains an internal log of previous Registration Committee outcomes to ensure consistency throughout the review and decision-making process. • In December 2022, the College established a policy review schedule to assist in determining when a policy is due for review. Registration policies, including those related to the processes above, will undergo review on a regular basis in the coming years. 	

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

**Measure:
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**

<p>c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>As per section 7 (2) of the General Registration Regulation of the Kinesiology Act 2007, registrants issued a General class certificate of registration must practise the profession for at least 1,500 hours during every three-year period where the first three-year period begins on the first September 1 following the day that the member is issued a general certificate of registration and each subsequent three-year period begins on the first anniversary of the commencement of the previous period.</p> <p>The College ensures that this requirement is met by requiring that registrants self report their practice hours yearly as part of the annual renewal process. Registrants who fail to suffice the minimum practice hours requirement are referred to the Quality assurance department and may be required to undergo a peer and practice assessment to ensure their continued competency in kinesiology.</p> <p>All kinesiology registered in the General class must complete a self-assessment every two years. The 90-day self-assessment period begins on December 1 and ends March 1 of the next calendar year. The self-assessment asks kinesiology a series of questions related to the practice standards and Essential Competencies that allows them to assess their knowledge, skills, and judgement. Kinesiology are required to identify a minimum of three learning goals, which form the basis of step two of the Quality Assurance Program: Continuing Professional Development (CPD). The College does not require kinesiology to collect a certain number of CPD hours or credits per year, and CPD activity does not need to be pre-approved by the College. Rather, learning is self-directed. Registrants are encouraged to select learning activities based on their own needs and goals, and to reflect on how learning impacts their individual practice.</p> <p>Kinesiology in the Inactive Class applying to return to the Active Class must satisfy to the requirements of the College’s Reissuance of the General Class Certificate of Registration policy. Similarly, registrants applying to return to the Active Class after administrative revocation (that is, a member who has been suspended for three consecutive years and has had their license revoked) must satisfy the requirements set out in the Reinstatement to the General Class after Administrative Revocation policy. Both policies were developed to ensure that out of practice kinesiology have the requisite knowledge, skill and judgement to return to practice.</p>	



Kinesiologists also have specific mandatory reporting requirements to the College as it relates to their conduct and the conduct of other kinesiologists. Kinesiologists must file a mandatory or self-report with the College if they:

- believe a patient/client may have been or is being sexually abused by a kinesiologist. (Special rules apply to how this type of report is made. Kinesiologists should consult the Mandatory Reporting Guideline or consult with the College);
- end a partnership, health profession corporation or association with a kinesiologist or other regulated health professional for reasons of professional misconduct, incompetence or incapacity;
- have been charged with or found guilty of an offence, or are subject to any bail or similar restrictions;
- have a finding of professional malpractice or negligence;
- have a finding or proceeding by another regulatory body.

In 2022, the College conducted an audit of registrants' Professional Liability Insurance (PLI) coverage. This was identified as an area of risk by the College, namely that registrants without adequate PLI may present a risk to the public in the event that a claim. (as described in the [Professional Liability Insurance Policy](#)). Of the 300 randomly-selected registrants, 22 were determined to have submitted insufficient evidence of holding PLI that meets the College's standards.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

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

Measure:		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued 	
	<p>The CKO was audited by the Office of the Fairness Commissioner (OFC) in 2016. To review the report, please visit: https://www.fairnesscommissioner.com/en/Professions_and_Trades/Pages/Registration-Practices-Assessment-Report-2016---Kinesiologists.aspx</p> <p>The last publicly available report submitted by the College to the OFC was for the year 2020. Release of the 2021 reporting template to health regulators was delayed by the OFC until late Fall 2022, as the OFC was implementing a series of changes to the format and measurables. Once released, the report was circulated and submitted in a SurveyMonkey format which does permit for the export of a shareable report.</p> <p>Previous Fair Practice Reports can be found on the College’s website: https://www.coko.ca/applicants/start-an-application/fair-registration-practices/</p> <p>The OFC’s Risk Informed Compliance Framework rating of the 2022/20223 was low risk.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>		

<p>Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> - Name of Standard Practice Standard – Infection Control - Duration of period that support was provided Ongoing (since 2020/start of the COVID-19 pandemic) - Activities undertaken to support registrants The College developed a range of materials regarding practice during the COVID-19 pandemic. Such materials supplemented the information contained in the Practice Standard – Infection Control (College of Kinesiologists Policy and Procedure Manual (coko.ca)), as well as containing specific and up-to-date information during an evolving public health emergency. These materials were developed and made available throughout the COVID-19 pandemic (beginning in 2020 and remain available). Materials have been updated on an ongoing basis to ensure that registrants have access to information that is current and relevant. Needs were and may be identified through: <ul style="list-style-type: none"> - Registrant surveys - Tracking registrant questions received through the College’s Practice Advice portfolio - Information and updates provided by government and other Public Health authorities <p>Information that was created to supplement the Practice Standard included:</p> <ul style="list-style-type: none"> - A COVID-19 portal on the College’s website, with information and links to resources, including provincial government information: COVID-19 – College of Kinesiologists of Ontario (coko.ca) - A webinar, produced in conjunction with other regulatory colleges and Public Health Ontario (live date: June 22, 2020) regarding COVID-19 Infection Prevention and Control for Regulated Health Professionals - A webinar (live date: March 25, 2021, 6-7pm) regarding practice during the COVID-19 pandemic (Practicing during COVID-19 - YouTube) - Revisions to the Practice Standard – Infection Control (approved by Council June 27, 2022: Council-Package-June-27-2022.pdf (coko.ca), pgs. 87-94). The Practice Standard was amended to provide resources more relevant to the practice of kinesiology in Ontario (specifically, public health and IPAC guidelines and guidance from organizations in Canada and Ontario). <ul style="list-style-type: none"> - % of registrants reached/participated by each activity - The 2020 webinar regarding infection control has been posted to the College’s Youtube channel, where it has been viewed 874 times since June 26, 2020. - The 2021 webinar regarding practice during COVID-19 was viewed has been viewed 97 times since March 31, 2021.

Met in 2021, continues to meet in 2022

- Evaluation conducted on effectiveness of support provided
 - Webinar attendees were provided with webinar effectiveness surveys and contact information for follow-up questions.
 - 31% of Practice Advice inquiries between 2020-2021 pertained to Infection Control and other COVID-19 related questions.
 - 19% of Practice Advice inquires in 2021-2022 pertained to Infection Control and COVID-19.
- Does the College always provide this level of support: **No**
If not, please provide a brief explanation:
- The College publishes supplemental material/provides additional guidance to registrants on an as-needed basis, where a Practice Standard is identified as being associated with higher-risk areas of practice or where there is evidence that understanding of the Practice Standard may be incomplete. Such issues may be identified through the College’s Professional Conduct portfolio, Practice Advice service or reporting of aggregate data through the College’s Quality Assurance portfolio. The College continues to provide additional support regarding Practice Standards and Practice Guidelines by:
- Creation of eLearning modules relevant to specific Practice Standards and Guidelines. All registrants are required to complete the prescribed eLearning modules regarding Prevention of Sexual Abuse and Ethics and Professionalism.
 - Providing online FAQs on the College’s website
 - Providing articles, webinars, explainer videos and tools (such as checklists) on the College’s website
 - Newsletter articles (i.e., “Case of the Month”) describing scenarios related to the Practice Standards, with explanations and links to the relevant Practice Standard(s).

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes

Additional comments for clarification (optional)

The College’s [Material-Development-and-Review-Framework-22.12.5.pdf \(coko.ca\)](#), approved by Council on December 5, 2022, includes specific stages in the material development and review process that pertain to ensuring that the implementation of new and revised materials is adequately resourced and supported. Specifically:

- Step 5 of the Framework states that communications planning will be incorporated into the action plan developed for new or revised material(s).
- Step 7 of the Framework specifically indicates that plans will be made to “facilitate the adoption and implementation of the policy/document/other material that has been developed”.
- Step 8 establishes the ongoing monitoring of new and revised College materials.

The intent of the Framework is to facilitate the adoption process for new and/or revised materials by ensuring that communications plans are considered early in the development and review process. This will, in turn, promote effective operational planning and ensure that resources are used efficiently.

Over the next reporting year, the College will apply this model to the consideration of materials provided by the College aimed at the prevention and elimination of sexual abuse of patients by kinesiologists. At present, a review is underway of the College’s eLearning module, intended to support registrants of the College in their application and understanding of the College’s Practice Standards and Guidelines pertaining to Sexual Abuse, Professional Boundaries and Mandatory Reporting. The College will work to implement an effective communications strategy regarding this material, which is expected to be completed and available to registrants by September 2023.

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. <p>An overview of the development of the College's QA assessment process (Peer and Practice Assessment) can be found here: Development-of-PPA-Final-Report-March-2015-Abbreviated-February-2021.pdf (coko.ca) (pgs. 1-10, with Appendices pgs. 11-21). This describes how the Peer and Practice Assessment was developed to apply a Behavior-Based Interviewing lens to the <i>Essential Competencies of Practice for Kinesiologists</i>. The essential competencies and specific performance indicators (which may be described as sub-competencies which fall under each essential competency) were ranked by focus groups of kinesiologists based on the importance of each essential competency and frequency a given competency may be used by kinesiologists. The ranking established by the focus groups was further refined from the perspective of public protection/risk to the public.</p> <p>The College's Peer and Practice Assessment – General Requirements Policy (PPA-General-Requirements-Policy-March-2017.pdf (coko.ca)) sets out, on pages 1-2, the participation and selection criteria as well as exclusions that may apply.</p> <p>The essential competencies and performance indicators evaluated during Peer and Practice Assessments are associated with specific “core”, “clinical” and “trigger” questions. All members selected for Peer and Practice Assessment are expected to participate in situation-based interviews which cover each of the identified “core” questions. In addition, specific “trigger” questions may be assigned to a member's situational interview based on information received from the member in a Pre-Assessment Questionnaire, regarding:</p> <ul style="list-style-type: none"> The member's practice environment (clinical, non-clinical or mixed practice) Whether the member completes certain specified tasks or duties. <p>Members practising in clinical or mixed (clinical and non-clinical) practice environments will, as part of their situational interview, also be asked “clinical” questions. Such registrants also participate in a case-based interview and patient record review specific to the clinical aspects of their practice.</p> <ul style="list-style-type: none"> Is the process taken above for identifying priority areas codified in a policy: NO <i>If yes, please insert link to policy</i> 	<p>Partially</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>

			<p><i>Additional comments for clarification (optional)</i></p> <p>The College will review and, if necessary, revise its Peer and Practice Assessment process to ensure consistency with the Essential Competencies of Practice and that the assessment tool is robust and consistent with its goal of optimizing practice quality. To this end, the College will undertake the following review:</p> <ul style="list-style-type: none"> - A review of the current status of the Peer and Practice Assessment, to be presented as a business case for seeking an external consultant to review the portfolio (to be presented to Council at the June 2023 Council meeting) - Based on this review, and with Council’s approval, the College may engage an external consultant to complete a review of its Peer and Practice Assessment (expected project completion in fiscal year 2023-2024).
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³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. <p>A cross-functional review of the Peer and Practice Assessment by College staff (Quality Assurance, Registration and Professional Conduct) identified Professional Liability Insurance (“PLI”) and participation in Quality Assurance portfolio activities as areas of potential risk associated with members’ practice. The latter risk may already be addressed through existing Peer and Practice selection criteria (see: PPA-General-Requirements-Policy-March-2017.pdf (coko.ca), pgs. 1-2). The Quality Assurance Committee reviewed these findings and a proposal that the latter risk (PLI) may be addressed using Peer and Practice Assessment via stratified random sampling (which is already included in the General Requirements Policy as a possible selection criteria).</p> <p>The following steps were implemented in keeping with a right-touch approach:</p> <ul style="list-style-type: none"> - College staff would conduct audits of member PLI. - Members identified as having not provided evidence of PLI, or evidence of PLI that does not meet the College’s standards, would be duly advised and given 30 days to provide evidence of PLI that meets the College’s standards. - Members who did not provide evidence of PLI upon request would be entered into a stratified random sampling pool for Peer and Practice Assessment, in addition to any other actions the College may take. <p>The first such audit was conducted in 2022, with the results to inform Peer and Practice Assessment in early 2023. The Quality Assurance Committee determined an initial target of 20% of Peer and Practice Assessments will be selected via stratified random sampling.</p> <ul style="list-style-type: none"> • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). 2022 <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> 	Yes
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		<ul style="list-style-type: none"> - <i>Public</i> No - <i>Employers</i> No - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes 						
		<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td style="width: 20%;">Yes</td> </tr> </table>	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes				
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes							
		<p><i>Additional comments for clarification (optional)</i></p> <p>Aggregate data regarding the results of Peer and Practice Assessments will be reported and may be used to identify additional opportunities to apply stratified random sampling to more comprehensively adopt a right-touch approach to Peer and Practice Assessments. Cross-functional reviews by staff will continue, including where new or developing information (such as complaints, or decisions regarding Peer and Practice Assessments) may indicate an issue that could be addressed using a right-touch regulatory approach.</p>						
	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">The College fulfills this requirement:</td> <td style="width: 25%;">Met in 2021, continues to meet in 2022</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>PPA-General-Requirements-Policy-March-2017.pdf (coko.ca) (pg. 5, "Reporting, review and notice – unsatisfactory PPA Reports" items 30-34)</p> <p>Competency-Enhancement-Policy-November-2015.pdf (coko.ca) (pgs. 1-7)</p> <p>More specific information regarding the College's Mentorship Program is available here: CKO-Mentorship-Program-Information-Package.pdf (coko.ca)</p> </td> </tr> <tr> <td><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td>Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>PPA-General-Requirements-Policy-March-2017.pdf (coko.ca) (pg. 5, "Reporting, review and notice – unsatisfactory PPA Reports" items 30-34)</p> <p>Competency-Enhancement-Policy-November-2015.pdf (coko.ca) (pgs. 1-7)</p> <p>More specific information regarding the College's Mentorship Program is available here: CKO-Mentorship-Program-Information-Package.pdf (coko.ca)</p>		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
The College fulfills this requirement:	Met in 2021, continues to meet in 2022							
<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>PPA-General-Requirements-Policy-March-2017.pdf (coko.ca) (pg. 5, "Reporting, review and notice – unsatisfactory PPA Reports" items 30-34)</p> <p>Competency-Enhancement-Policy-November-2015.pdf (coko.ca) (pgs. 1-7)</p> <p>More specific information regarding the College's Mentorship Program is available here: CKO-Mentorship-Program-Information-Package.pdf (coko.ca)</p>								
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.							
		<p><i>Additional comments for clarification (optional)</i></p>						
	<p>Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>							
	a. The College tracks the results	<table border="1" style="width: 100%;"> <tr> <td style="width: 75%;">The College fulfills this requirement:</td> <td style="width: 25%;">Yes</td> </tr> </table>	The College fulfills this requirement:	Yes				
The College fulfills this requirement:	Yes							

of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.

- Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities **OR** please briefly describe the process.

The College’s Peer and Practice Assessment – General Requirements Policy ([PPA-General-Requirements-Policy-March-2017.pdf \(coko.ca\)](#), pgs. 5-6) sets out the reporting, review and notice procedures where a member’s knowledge, skill and judgement may have been found to be unsatisfactory. The College’s Competency Enhancement Policy ([Competency-Enhancement-Policy-November-2015.pdf \(coko.ca\)](#)) sets out how the College may determine that a given form of competency enhancement may be completed to ensure that the member demonstrates the required knowledge, skill and judgement to practise safely and meet the College’s expectations.
- Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** please briefly describe the process.

As per the Competency Enhancement Policy ([Competency-Enhancement-Policy-November-2015.pdf \(coko.ca\)](#)), members who are directed to participate in competency enhancement may demonstrate remediation as follows:

Demonstrated Change Reports (pg. 2, item 7. of the Policy): the member must submit to the College evidence that includes:
 - a review of the relevant College Practice Standard (or other material as indicated by the Quality Assurance Committee)
 - what they have learned
 - changes made to their practice based on this new knowledge
 - how these changes/this new knowledge impacts patient/client care or service.
 Course/learning module (pg. 2, Item 8. of the Policy): the member must provide evidence of successful completion of the course or learning module to the College.

Mentorship (pg. 2-3, Items 9-15 of the Policy): the member and their mentor will agree to a learning plan and sign a Mentorship Agreement Contract, which will be reviewed and approved by the College before the mentorship begins. College staff will also review interim and final evaluations, which will be submitted by the mentor.

Note re: assessment: As per the Competency Enhancement Policy ([Competency-Enhancement-Policy-November-2015.pdf \(coko.ca\)](#)) (pg. 3-6, Items 16-43)), members who have been directed to participate in competency enhancement may also be directed to participate in a second Peer and Practice Assessment. Such a direction would typically be made alongside the direction to participate in a Mentorship. This second Peer and Practice Assessment may facilitate the assessment of whether the member demonstrates satisfactory knowledge, skill and judgement following competency enhancement (i.e., Mentorship).

<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
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Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1		
		The College enables and supports anyone who raises a concern about a registrant.		
		Required Evidence	College Response	
		<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process,</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. <p>College webpage (describes the complaints process and how to submit a complaint): Concerns and Complaints – College of Kinesiologists of Ontario (coko.ca)</p> <p>About Sexual Abuse webpage (including information regarding how patients/clients may access funding for therapy/counselling following allegations of sexual abuse): Understanding Sexual Abuse – College of Kinesiologists of Ontario (coko.ca)</p> <p>Addressing Sexual Abuse webpage: (provides more details regarding how the College addresses complaints) Addressing Sexual Abuse – College of Kinesiologists of Ontario (coko.ca)</p> <ul style="list-style-type: none"> Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>The College’s complaint form (a fillable form that anyone wishing to make a complaint can complete and submit to the College) is found here: Complaints-Form.pdf (coko.ca)</p>	Yes
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	

		<p>including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and;</p>	<p><i>Additional comments for clarification (optional)</i></p>	
		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>Complainants are asked at the end of the intake process if the information on the website is useful and easy to understand. Changes are made as needed. No changes were required in the reporting period.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
		<p>b. The College responds to 90% of</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>

		<p>inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>All inquiries to the college in 2022 received a detailed response within 5 business days. The current policy regarding follow-up and response timelines can be found here: https://www.coko.ca/wp-content/uploads/2020/05/Client-Service-Policy-December-2014.pdf Notes regarding Service Policy/response to inquiries by mail, telephone, email.</p> <p>Other follow-up timelines can be found here (in the FAQ section at the bottom of the page): https://www.coko.ca/patients-and-clients/concerns-and-complaints/</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> <p><i>Additional comments for clarification (optional)</i></p>
		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p> <p>Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> Please list supports available for the public during the complaints process. Members of the public are provided with direct support from the assigned college investigator who is available via phone or email as a resource for questions related to the process or potential outcomes. Members of the public are referred to the Complaints section of the college website, which has a frequently asked questions section, which addresses topics of a general nature such as how long the process may take, who makes the decision about the complaint and how to appeal the decision. Members of the public who confirm a complaint receive specific information regarding the range of decisions that can be issued by the ICRC and if they will appear on the member's profile on the public register. The Complaint Confirmation Letter also states that the ICRC has no ability to direct the member to pay money or make a refund. The College also posts information on its website pertaining to the Discipline process, Understanding sexual abuse, Addressing sexual abuse and the Fitness to Practice program: https://www.coko.ca/patients-and-clients/concerns-and-complaints/discipline/ https://www.coko.ca/patients-and-clients/understanding-sexual-abuse/ https://www.coko.ca/patients-and-clients/understanding-sexual-abuse/addressing-sexual-abuse/ https://www.coko.ca/patients-and-clients/concerns-and-complaints/fitness-to-practise/ Please briefly describe at what points during the complaints process that complainants are made aware of supports available.

Complainants are made aware of the available supports and related information upon making contact with the assigned college investigator. Supports may be reviewed and accessed by the complainant throughout the complaints process on an as-needed basis.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

Measure:

11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.

a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).

The College fulfills this requirement:

Yes

- Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) **OR** please provide a brief description.

Once the complaint is confirmed, the Complaint Confirmation Letter serves to accurately summarize the specific issues that require investigation by the college as well as a response from the registrant. The letter also provides an overview of the process and the timelines.

Both the complainant and the registrant are provided with the contact information of the college staff or investigator that is facilitating the case and this person is available to answer any process related questions at any time from either party.

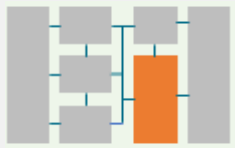
- Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) **OR** please provide a brief description.

Both the complaint and the registrant are updated at key milestones in the complaints process including the deadlines for written responses as well as the date of the ICRC meeting where the case will be discussed.

In the unlikely event that the case should extend beyond 150 days from the date that the complaint was confirmed by the complainant, a delay letter is sent to both

			parties explaining the reason for the delay. No delay letters were required during the reporting period.	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. <p>The College assesses risk on intake using a three point risk matrix from: 1 – Low, 2 – Medium, 3 – High. This risk value is assigned on intake and updated at after the member response and before the matter appears before the ICRC.</p> <p>Risk levels are used to prioritize case investigations and scheduling for ICRC meetings there is currently no formal decision matrix or triage protocol.</p> <p>All complaints, reports and investigations conducted in the calendar year were completed within established statutory timelines.</p> <ul style="list-style-type: none"> Please provide the year when it was implemented OR evaluated/updated (if applicable). 	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	
		a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. <p>The College’s Good Conduct Policy, which pertains to Registration and Inquiries, Complaints and Reports Committee decisions regarding member conduct, states that “[b]oth committees may also direct the Registrar to disclose the information to another relevant body, such as another regulator, should the seriousness of the applicant’s or member’s conduct warrant it.” (Note to Finance Committee (coko.ca), pg. 3).</p> <p>With regards to information that may have been requested, or where proactive sharing of such information may be considered, the College abides by the Confidentiality provisions set out in s. 36(1) (and associated subsections and clauses) of the <i>Regulated Health Professions Act, 1991i (RHPA, 1991)</i> (Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)). The College responds to requests for information pertaining to an applicant or a member in keeping with this legislation.</p> <p>The College maintains its Public Register in keeping with the requirements set out in s. 23 of the Health Professions Procedural Code (Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)). The Public Register is accessible through the College’s website: Find a Kinesiologist – College of Kinesiologists of Ontario (coko.ca)</p> <ul style="list-style-type: none"> Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>The College has shared information regarding member standing with other regulatory Colleges (for example, where a member of the College has applied to become a member of another College). Such information sharing is typically requested by the member (for example, in the form of requests for a letter of good</p>

		standing).	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<p><i>Additional comments for clarification (if needed)</i></p> <p>The College has received, through HPRO, a document pertaining to disclosure principles (what can, may or will be disclosed, under what circumstances, and to whom) under s. 36 of the <i>RHPA, 1991</i>. The College is also supporting an ongoing initiative to establish clear criteria for proactive and reactive disclosures that may be permissible under s. 36 of the <i>RHPA, 1991</i>.</p> <p>Action plan:</p> <ul style="list-style-type: none"> - Complete survey, providing general information around the College’s reactive and proactive sharing of information/disclosure of information. This survey is being supported by an HPRO working group focused on information sharing. The survey itself was developed by the College of Physiotherapists of Ontario. - The survey results will be compiled in February/March 2023. - The results will be presented to the HPRO board. - The College will consider the results of this survey (once published) and determine whether a policy may be required, and where it may be appropriate to align its practices with those of other regulatory Colleges. 	
	<p>Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</p>		
DOM	Required Evidence		College Response
	a. Outline the College’s KPIs,		<p>The College fulfills this requirement:</p> <p style="text-align: right;">Met in 2021, continues to meet in 2022</p>

	<p>including a clear rationale for why each is important.</p>	<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>KPIs are defined in both the College's strategic plan (https://www.coko.ca/wp-content/uploads/2020/05/2019-2022-Strategic-Plan-scaled.jpg) and it's annual operational plans (Council-Package-June-27-2022.pdf (coko.ca), pgs. 36-39). KPIs in the strategic plan are chosen with the help of an external facilitator, who guides Council and staff in prioritizing needs and how to realistically achieve the strategic objectives.</p> <p>Council is updated at each meeting regarding the College's performance with respect to KPIs in the form of quarterly financial reports and dashboards (example: Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 25-31). KPIs in the operational plans are chosen to ensure staff are achieving the overall strategic objectives.</p> <p>Some examples of KPIs set out in College policies and operations:</p> <ul style="list-style-type: none"> - Client Service Policy in place for CKO response times: https://www.coko.ca/wp-content/uploads/2020/05/Client-Service-PolicyDecember-2014.pdf - Tracking of open rates / bounce back rates for e-mail correspondence. This is to ensure delivery of key targeted communication to registrants, applicants and stakeholders. - Tracking engagement on external communication platforms (Youtube, LinkedIn, Facebook, Twitter) - Use of a database to track and report on Practice Advice Inquires (for an example of how this is reported, see the Annual Report (Challenges Conquered: Modernizing Regulatory Excellence (coko.ca), pg. 17).
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		<p>Choose an item.</p>

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach. 	<p>The College fulfills this requirement:</p> <p>Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> • Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>These items were most recently discussed by Council as follows:</p> <ul style="list-style-type: none"> - Progress against stated strategic initiatives and regulatory outcomes: December 5, 2022 (Council-Package-Dec-5-2022.pdf (coko.ca), pgs. 15-16 (report on Registration outcomes), pgs. 20-27 (Committee reports and Q1 Dashboard, and discussed in the Registrar’s Report to Council, documented on pg. 3 as Agenda Item 9)) - Risk Management Plan: September 26, 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). Council was advised that the Risk Management Plan would be regularly (twice per year) reviewed by staff and would be revised and updated accordingly.
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>

Additional comments for clarification (if needed)

Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid blue;"/> <p style="text-align: center; color: blue;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid blue;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. <p>Performance and risk reviews are done biannually and presented to Council. The most recent review of risks, business continuity planning and disaster preparedness planning was done on September 26, 2022 (Council-Package-September-26-2022-5.pdf (coko.ca), pgs. 17-44). There have also been discussions of the College’s performance indicators at Council (for example: Council-Package-June-27-2022.pdf (coko.ca), pgs. 36-39). The College has also begun using its CPMF submission(s) as a means to identify opportunities for process development and alignment with best practices. The CPMF and its review by Council also presents an opportunity to describe and elaborate on progress towards organizational goals (for example: Council-Package-March-28-2022.pdf (coko.ca) pgs. 150-221).</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
Measure: 14.3 The College regularly reports publicly on its performance.		

		<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	The College fulfills this requirement:)	Yes
			<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>Dashboard updates are provided at each quarterly Council meeting (example: Council-Package-Dec-5-2022.pdf (coko.ca) pgs. 25-27). The College also posts all annual reports on its Corporate Documents webpage (Corporate Documents – College of Kinesiologists of Ontario (coko.ca)).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

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Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

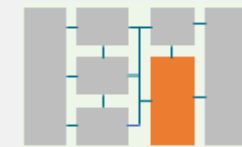
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

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Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Self-Assessment	2483	
ii. eLearning Module: Ethics and Professionalism	193	
iii. Peer and Practice Assessment	52	
iv. Competency Enhancement – Demonstrated Change Report	NR	
v. Competency Enhancement – Mentorship Program	NR	
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		

<p>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</p> <p>NR</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>i. The College's biennial Self-Assessment cycle opened on December 1, 2022 and will close on March 1, 2023.</p> <p>iii. This includes members who were selected for Peer and Practice Assessment in the Fall of 2021, but their assessments were conducted in 2022.</p> <p>iii. This does not include members selected for Peer and Practice Assessment in the Fall of 2022 but completed their assessments in calendar year 2023.</p>	

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Table 2 – Context Measures 2 and 3

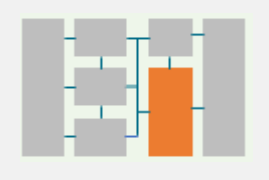
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2022	2483	100	<i>What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
NR			
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

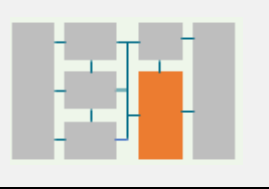
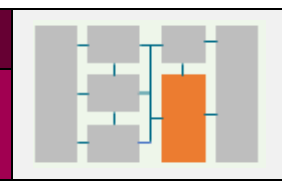
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)	#	%	
CM 4. Outcome of remedial activities as at the end of CY 2022:**			<p><i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i></p>
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	NR	100	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>-</p>			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar	Investigations
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication	1	25		
IV. Competence / Patient Care	2	50		
V. Intent to Mislead including Fraud				
VI. Professional Conduct & Behaviour	1	25		
VII. Record keeping				
VIII. Sexual Abuse				
IX. Harassment / Boundary Violations				
X. Unauthorized Practice				
XI. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**	4	100%		100%

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

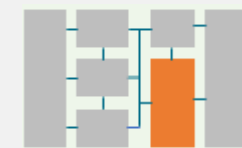


<p>Formal Complaints NR Registrar's Investigation</p> <p><i>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

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

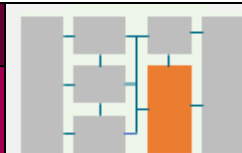
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	3	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	0	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	0	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)		
II. Formal complaints that were resolved through ADR		
III. Formal complaints that were disposed of by ICRC	3	100
IV. Formal complaints that proceeded to ICRC and are still pending		
V. Formal complaints withdrawn by Registrar at the request of a complainant		
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious		
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>		



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

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE								
STANDARD 12								
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. If a College method is used, please specify the rationale for its use:								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2022								
Distribution of ICRC decisions by theme in 2022*		# of ICRC Decisions++						
Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising								
II. Billing and Fees								
III. Communication		1	1					
IV. Competence / Patient Care		1						
V. Intent to Mislead Including Fraud								
VI. Professional Conduct & Behaviour								
VII. Record Keeping								
VIII. Sexual Abuse								
IX. Harassment / Boundary Violations								



X.	Unauthorized Practice						
XI.	Other <please specify>						
<p>* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.</p> <p>++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or decisions.</p> <p>NR</p>							
<p>What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.</p>							
<p>Additional comments for clarification (if needed)</p> <p style="text-align: center;">-</p>							

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Table 7 – Context Measure 11

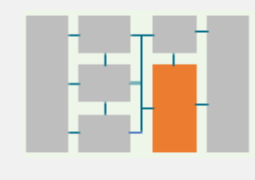
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</i>
I. A formal complaint in working days in CY 2022	95	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2022	N/A	
Disposal		
<i>Additional comments for clarification (if needed)</i>		
-		

Table 8 – Context Measure 12

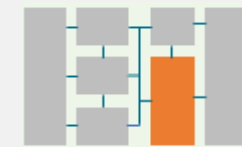
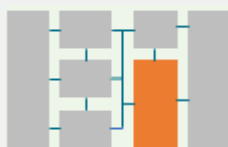
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2022	N/A	
II. A contested discipline hearing in working days in CY 2022	2	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
Additional comments for clarification (if needed)		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse		
II. Incompetence		
III. Fail to maintain Standard	1	
IV. Improper use of a controlled act		
V. Conduct unbecoming		
VI. Dishonourable, disgraceful, unprofessional		What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.
VII. Offence conviction		
VIII. Contravene certificate restrictions		
IX. Findings in another jurisdiction		
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

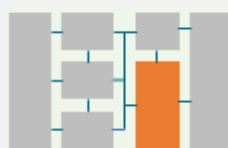
* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

Additional comments for clarification (if needed)

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation		
II. Suspension	1	
III. Terms, Conditions and Limitations on a Certificate of Registration		
IV. Reprimand	1	
V. Undertaking	1	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
Additional comments for clarification (if needed)		

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

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

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

Whereas all health regulatory colleges are required to complete and submit their 2022 CPMF submission to the Ministry of Health and post the final copy to their websites by March 31, 2023; and

Whereas Council has, on March 20, 2023, reviewed the College's draft 2022 CPMF submission; and

Whereas further refinement of the CPMF submission may occur after the March 20, 2023 Council meeting;

Therefore, be it resolved that Council approve the draft CPMF for submission to the Ministry and posting to the College website on March 31, 2023.

Moved by:

Seconded by:

Date: March 20, 2023



Risk Management Plan

September 2022- August 2023

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College of Kinesiologists Risk Management Plan

September 2022 – August 2023

Risk Management Plan Purpose

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

Stakeholder Roles and Responsibilities

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

Risk Management Process and Activities

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

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

Risk Analysis Matrix

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

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

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

Types of Risk Identified

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

Risk Occurrence Matrix

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		
Negligible Low financial loss, small impact on operations	0	0	0	0	0	0		
Minor Some financial loss, moderate impact on business	1	1	2	3	4	5		
Serious High financial loss, moderate loss of reputation, moderate business interruption	2	2	4	6	8	10		
Major Major financial loss, major loss of reputation, major business interruption	3	3	6	9	12	15		
Catastrophic Complete cessation of business, extreme financial loss, irreparable loss of reputation	4	4	8	12	16	20		

Legend

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

Risk Assessment

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

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

Risk Management Table

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

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
3. Financial	<p>Insufficient financial resources impact the ability of the College to meet its mandate resulting from:</p> <ul style="list-style-type: none"> • Lack of retained funds • Low registration in College • Uneven cash flow • Extraordinary expenditures 	2 Unlikely	2 Serious	4 Moderate	Council, Registrar, Directors/ Managers	<ul style="list-style-type: none"> ❖ Use of 3-5 year time horizon for financial planning ❖ Manage projects to ensure cash flow is planned ❖ Maximize retention of funds to achieve targeted level of one year's operating costs ❖ Cost sharing with other Colleges on various initiatives ❖ 18-24 month monthly cash flow projections maintained and reviewed with Finance Committee to determine needs for adjustment. ❖ All unbudgeted financial commitments in excess of \$20,000 require prior review by Finance and Planning Committee and approval by Council ❖ Regular financial reporting to Council at each Council meeting
4. Financial	Poor financial management results in the College being unable to meet strategic initiatives	2 Unlikely	2 Serious	4 Moderate	Council, Registrar	<ul style="list-style-type: none"> ❖ Use of 3-5 year time horizon for financial planning ❖ Use multiple scenarios for forecasting and develop plans that are flexible ❖ Quarterly review of financial forecasts and the projections for cash flow ❖ Monthly update to 18-24 month cash flow projections ❖ Re-evaluation of financial commitments following annual registration renewal. ❖ Annual audits by outside/independent auditor <ul style="list-style-type: none"> ○ Audit opinion provided and advice ○ Advice is implemented accordingly <p>Reserve Fund policies reviewed by Finance and Planning Committee. Target Operating Capital Unrestricted Reserve set by Finance and Planning Committee.</p> <p>Review of fee structure to ensure it meets demands of the regulation</p>
5. Financial	<p>Unfair, non-transparent and non-competitive procurement processes lead to:</p> <ul style="list-style-type: none"> • Inability to assure Council and registrants that the College has achieved best value for money • Loss of vendor confidence • Difficulties in contract management • Potentially higher costs 	2 Unlikely	1 Minor	2 Low Risk	Registrar, Executive Committee	<ul style="list-style-type: none"> ❖ Procurement Policy of College defines requirements for competitive procurement processes ❖ Registrar reports to Council on procurement strategies for all consulting contracts ❖ Procurement process requires the development of a Request for Proposal for projects exceeding particular amounts ❖ Review of procurement policy on a regular and periodic basis

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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
6. Financial	Inadequate oversight by Council may lead to non-adherence to Financial Plan and Procurement policies by College staff with resulting financial loss	2 Unlikely	2 Serious	4 Moderate	Registrar, Finance and Planning Committee, Council	<ul style="list-style-type: none"> ❖ Training for Council and Finance & Planning Committee on financial oversight, interpreting statements, etc. ❖ Council ensures that appointments to Finance and Planning Committee include individuals with financial expertise ❖ Finance and Planning Committee is provided with information on procurement strategies for large projects ❖ Council annually hires reputable auditor to carry out an audit of the College's finances ❖ Annual review and approval of budget by Council. ❖ Council reviews in-year expenditure and revenue reports on a quarterly basis ❖ Business plans and briefing notes reviewed by Council or Committees prior to proceeding with expenditures on planned projects
7. Financial	Inefficient project management leading to: <ul style="list-style-type: none"> • Inadequate project staffing • Failure to adhere to timelines • Poor quality of deliverables 	2 Unlikely	2 Serious	4 Moderate	Registrar, Directors/ Managers	<ul style="list-style-type: none"> ❖ Conduct comprehensive project planning and preliminary research to determine resource requirements ❖ Clear communication with stakeholders/vendors ❖ Training for staff on project/contract management to ensure project goals are met ❖ Business cases reviewed by Committees including Finance and Planning Committee as necessary. ❖ Periodic review of contracts and legal review where necessary

College of Kinesiologists Risk Management Plan

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

						<ul style="list-style-type: none"> ❖ ASI has implemented many security containment controls for CloudPlus clients, including: ❖ Practicing secure development and testing policies for the iMIS product in accordance with guidelines issued by the Open Web Application Security Project® (OWASP) ❖ Conducting quarterly internal web application penetration testing of the iMIS product ❖ Engaging a third party on an annual basis to perform web application penetration testing of the iMIS product including the API ❖ Deploying SentinelOne Managed Detection Response (MDR) antimalware agents on every endpoint in all ASI networks, enforcing their placement and anti-tampering by policy ❖ Partnering with Critical Start and their global Security Operations Center to monitor the SentinelOne MDR agents 24/7/365 ❖ Protecting all web sites behind a Cloudflare Web Application Firewall (WAF) to actively defend against attacks before access is granted to any page on any iMIS web site ❖ Enforcing Multi-Factor Authentication (MFA) on any form of remote access to any asset on any ASI-controlled network, this includes RDP, FTP, and VPN access as well ❖ Deployment of Privileged Access Workstation System controls to limit domain administration privileges only to known trusted users accessing from known trusted physical devices ❖ Deployment of Local Administrator Password Solution (LAPS) controls to limit local administration privileges only to known trusted users with MFA verification ❖ Using automation, they monitor vulnerable third-party web controls installed on any Virtual Machine in their production operations environments with immediate remediation ❖ Using automation, monitor for known malware script signatures installed on any VM in their production operations environments with immediate remediation ❖ Practice their Data Protection and Privacy operations in accordance with their fully mature Data Protection Plan that aligns with the framework created by the National Institute of Standards and Technology Framework for Improving Critical Infrastructure Cybersecurity v1.1, as published April 16, 2018 ❖ Achieved ISO 27001:2013 certification as of 18 June 2021 ❖ Ensuring iMIS system is up to date with the most recent Service Pack release to ensure protection from known security vulnerabilities
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College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
15. Information Management	<p>Computers systems are compromised due to:</p> <ul style="list-style-type: none"> • Virus • Security breach • Malware / Ransomware 	1Rare	3 Major	3 Moderate	Registrar	<ul style="list-style-type: none"> ❖ Contracts are in place for monitoring computers and servers, with detection of unauthorized access/entry and attempts to access/enter ❖ Maintenance of appropriate and up-to-date firewall and anti-virus software by IT service provider ❖ Critical Security updates provided by new IT service provider, 24/7 monitoring of PC's, Servers and Network ❖ Dark Web Monitoring ❖ Server Monitoring, ❖ Disk Space & Data Backups Monitoring ❖ Cloud Based Server Virtualization (Disaster Recovery) ❖ Full Disaster Recovery in 30min-1 hr ❖ Automated hourly backups of server ❖ Ability to shut down system remotely to prevent breach of security ❖ Staff/Council maintain strict protocols re: use of passwords, change of passwords, access levels ❖ Procurement of Cyber insurance coverage (including Ransom insurance) ❖ Development of cyber security roster ❖ Training provided for all new staff via new IT service provider regarding cyber security e.g., phishing emails Multi-factor Authentication used for certain applications for staff login ❖ Ensure antivirus and malware protection, and Zoom software updates regularly ❖ Cyber Security Insurance is in place for a variety of scenarios - \$200,000 to \$5,000,000 coverage ❖ Health benefit provider has implemented Multi-Factor Authentication in order for staff to access information ❖ Multi-Factor Authentication for staff to login to their computers ❖ Password policy implemented to change passwords every 3 months

College of Kinesiology Risk Management Plan

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

College of Kinesiologists Risk Management Plan

18. Examination	Exam Security is breached	2 Unlikely	3 Major	6 Moderate	Examinations Coordinator, Director (Registration) Contractors	<ul style="list-style-type: none"> ❖ Strict protocols are in place for handling and storage of examination materials ❖ Staff and all persons involved in the development and approval of exam items and test forms trained on the risk of breach of the exam ❖ Reports of breach are addressed immediately through appropriate process (refer to policy) ❖ No hard copies or electronic copies of the examination or of items are retained by the College or any other person involved in the development of exam items and test forms ❖ Invigilators, and members of the IWC and EC sign confidentiality agreement and are provided with training ❖ Database service provider & contractors' agreement specifies accountabilities for security of examination related materials ❖ Regular review of risk management with hosting and development ❖ Different exam form administered for consecutive exams ❖ Exam service provider conducts annual third-party penetration testing on the Exam service provider's Exam Platform ❖ Exam service provider utilizes the following security controls in the protection of critical infrastructure: <ul style="list-style-type: none"> - All web application servers are fronted by Cloudflare's WAF - All exam service provider corporate endpoints are monitored 24x7 by CrowdStrike using Falcon Complete - All Internet-facing web application servers are in private network segments with all inbound traffic routed through third party servers - Access is granted on a need-to-know, role-based model adhering to the least-privileged-access principle - Privileged access to infrastructure requires multi-factor authentication - Administrative access to databases requires three distinct sets of credentials including one MFA authentication - SSH access to infrastructure endpoints requires two distinct sets of credentials in addition to the credentials required to access the server/endpoint itself ❖ All SSH traffic is routed through an SSH-proxy server ❖ Encryption <ul style="list-style-type: none"> ○ Data in transit is encrypted using a minimum of TLS1.2 or higher ○ Data at rest is encrypted with a minimum of AES256 encryption. This includes: ○ Databases use Transparent Database Encryption (TDE)
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College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
19. Examination	Breach of confidentiality for exam, applicant or registrant information as a result of student placement	2 Unlikely	3 Major	6 High	Director (Registration), Examination Coordinator, Manager, Professional Practice	<ul style="list-style-type: none"> ❖ Exam is offered online. Requests for paper exam is rare. Exam is no longer stored on premises. ❖ Student not working in office without other staff present ❖ Appropriate electronic and physical access restrictions in place. ❖ Student trained on importance of confidentiality; signed confidentiality agreement in place. ❖ Discussions about registrants or applicants are conducted in private
20. Examination	Validity of examination content is legally challenged	2 Unlikely	2 Serious	4 Moderate	Registrar, Exam Service Provider	<ul style="list-style-type: none"> ❖ Examination development conducted by highly qualified contractor with extensive experience and high credibility. ❖ Examination Committee is comprised of persons with appropriate expertise and diversity with no conflicts of interest (no Council members) ❖ Each exam sitting undergoes extensive psychometric analysis and further review by Examination Committee ❖ Ensure discussions about exam with Council are well informed (public meetings) ❖ Periodic review of Exam Blueprint (every 5-7 years)
21. Examination	Validity of the administration of the exam sitting is challenged due to: <ul style="list-style-type: none"> • Hydro failure • Fire drill • Medical emergency, or • Other irregular circumstances 	1 Rare	2 Serious	2 Low	Registrar, Director (Registration), Examination Coordinator, Exam Service Provider	<ul style="list-style-type: none"> ❖ Educate candidates on withdrawing prior to exam if they have serious health issues ❖ Procedures in place for Invigilators to deal with emergencies and are periodically reviewed and updated as required ❖ Examination Appeals Policy in place to deal with procedural irregularities and is periodically reviewed and updated as required
22. Examination	Item Bank and test forms lack sufficient items that: <ul style="list-style-type: none"> • reflect the examination blueprint • are high quality • can be correctly answered by the entry-level practitioner 	2 Unlikely	2 Serious	4 Moderate	Registrar, Exam Service Provider	<ul style="list-style-type: none"> ❖ Continuous recruitment and development of high-quality item writers to maintain robust bank of items ❖ Set target quotas for new items ❖ Executive Committee reviews the qualifications of nominees to ensure breadth and depth on IWC ❖ Examination Candidates are surveyed regarding the relevancy of test questions

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
23. Human Resources	<p>Disruption in work due to unexpected and /or extended absence of employee, or employee permanently leaving organization resulting in:</p> <ul style="list-style-type: none"> • Backlog in work • Inability to meet required timelines • Major interruption in work 	<p>2 Unlikely</p>	<p>2 Serious</p>	<p>4 Moderate</p>	<p>Registrar, All staff</p>	<ul style="list-style-type: none"> ❖ Procedures are documented for all key functions ❖ Each person is assigned a “back-up” role ❖ Succession planning, including an awareness of who may be named Acting Registrar in the absence of the Registrar. ❖ Staff to receive cross-functional exposure and training to provide the necessary competencies and knowledge base to act as Registrar when/if required. ❖ Council, Executive Committee and other relevant Committees are kept informed of ongoing matters that involve the Registrar’s powers of investigation or other regulatory matters. ❖ Registrar is briefed bi-weekly on work in progress ❖ Regular staff meetings to update all staff on work in progress ❖ Handover plans provided to appropriate support persons and Executive Assistant/Program Coordinator. ❖ Emergency contact information provided by each staff member ❖ Staff receive training to develop more advanced skills and knowledge ❖ All staff provided with opportunities to act in other roles within the organization ❖ Succession plan in place for critical positions ❖ Organization has disability benefits in place to mitigate financial risks associated with employee on long-term disability
24. Human Resources	<p>Extended disruption in work due to emergency situation, such as:</p> <ul style="list-style-type: none"> • Fire • Flood • Extreme weather event • Security Incident • Extended public lockdown (Pandemic) • Transportation disruption • Power loss • Similar emergency circumstances 	<p>2 Unlikely</p>	<p>2 Serious</p>	<p>4 Moderate</p>	<p>Registrar Director (Finance and Operations)</p>	<ul style="list-style-type: none"> ❖ Emergency plan in place with assigned roles for staff, up-to-date contact information for staff ❖ Back-up arrangements in place with appropriate service providers (e.g. alternative work measures, remote access to computer systems, etc.) ❖ Training for staff and Council on emergency procedures ❖ Activation of Business Continuity Plan and Disaster Management Plan

College of Kinesiologists Risk Management Plan

Risk Type	Risk and Description	Risk Likelihood	Risk Impact	Risk Priority	Risk Owner	Risk Mitigation Strategy
25. Human Resources	Lack of French-speaking staff member is raised as an issue, the Ministry, the Fairness Commissioner or other authoritative body	2 Unlikely	3 Major	6 Moderate	Registrar	<ul style="list-style-type: none"> ❖ All key website content and publications provided in French and English ❖ Consider ways in which French language services can be easily accessed ❖ Ability to procure translation services quickly if needed in an extraordinary circumstance ❖ Recruitment of French-speaking staff member(s) where possible ❖ Collaborate with other Colleges regarding shared translation resources and services, including options for front-line communications in French.
26. Human Resources	Organizational culture issues caused by/resulting in: <ul style="list-style-type: none"> • Low staff morale • Interpersonal conflicts • Complaints of harassment • Decreased productivity • High staff turnover rate 	2 Unlikely	2 Serious	4 Moderate	Registrar, Council, Staff	<ul style="list-style-type: none"> ❖ Performance management system in place for all staff which identifies and addresses issues of performance and contributions to team-building. ❖ Policy on Violence & Harassment in the Workplace reviewed annually and training provided annually to Council, staff and Committees. ❖ Staff meetings held on a regular basis, which encourage openness, respect and collaboration ❖ Team-building events held involving all staff ❖ Develop and facilitate culture and values to promote positive team interactions, collaboration, inclusivity and fairness ❖ Registrar addresses all issues of conflict promptly ❖ Registrar provides coaching and feedback to staff regarding contributions to the team ❖ Collaborative decision-making where appropriate ❖ All staff receive due recognition ❖ Appropriate and up-to-date HR policies in place and regularly reviewed ❖ President/Council oversight and regular performance review of Registrar ❖ Employee Assistance Plan and other benefits in place for full-time staff. ❖ Measures in place for reporting to Registrar or designate staff ❖ Development and implementation of team-building/morale-boosting staff activities. ❖ Ensure staff are aware of resources and supports to help promote and maintain health and well-being.

College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

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

College of Kinesiologists Risk Management Plan

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

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Risk Strategy

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

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

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

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

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

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

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

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

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

Risk Management Plan Approvals

Approved by:

Registrar

Council President

INSURANCE SUMMARY

March 20, 2023

POLICY	DESCRIPTION OF COVERAGE	INSURER	TERM
Liability and Crime	<ul style="list-style-type: none"> • Covers liability including physical and personal injury to a third party. ▪ Covers employee dishonesty and other financial losses. ▪ Covers cyber liability (\$5M), First Party Cyber Event Coverage (\$500k) and Ransom Extortion (\$75k). 	HIROC	JAN. 1 2023 – JAN 1, 2024
Property <i>(incl. Property Service Fee + 1st Party Cyber Coverage)</i>	Covers all owned property as well as property of others for which you are responsible on an all-risk basis (e.g., building, contents, equipment, leasehold improvements)	HIROC & FM GLOBAL	JULY 1, 2022 – JULY 1, 2023
Travel and Occupational Accident	Covers board members and volunteers in the event of accidental death and dismemberment (AD&D) while travelling or engaged in occupational activities on behalf of your organization.	AIG	JULY 1, 2022 – JULY 1, 2023

Directors and Officer Liability Insurance

- Directors and Officers Liability Insurance renewed annually.
- Policy Term: January 1, 2023 to January 1, 2024
- Limit of Insurance is \$5,000,000
- Deductible is “0”
- A Council member is obligated to apply diligence, obedience, honesty and loyalty in the performance of his or her duties.
- Each Council member is expected to act in good faith and in the best interest of the College within the scope of authority granted to him.

Issue / Decision Note

Issue or Decision: Update to the College of Kinesiologists of Ontario Committee Slate
Prepared for: Council
Date: March 20, 2023

Background

Sections 94(1)(h.1) and 94(1)(h.2) of the *Health Professions Procedural Code* (schedule 2 to the *Regulated Health Professions Act, 1991* (“RHPA, 1991”) enumerate the authority of Council to make by-laws pertaining to filling vacancies on committee(s) and providing for the composition of committees. The College of Kinesiologists of Ontario’s (“the College”) By-law 12 (Committees – General), By-law 13 (specific composition and selection of committees) set out some of the applicable criteria regarding appointments. The College’s *Council and Committee Competency Profile* and relevant policies (such as the *Committee Slate Selection Policy* and the *Governance and Nominations Committee External Member Selection Policy*) provide additional details.

Appointments to the College’s committees may be made based on the needs of each committee (including the Terms of Reference of each committee), the eligibility criteria set out in the College’s by-laws and policies, the expressions of interest received from Council and non-Council members and the relevant competencies, skills and experience of individuals who have indicated their interest in serving on a committee or committees.

Issue

Changes, proposed by the Executive Committee, to the 2022-2023 slate of appointments to the College’s committees

Analysis:

The Executive Committee met on March 2, 2023 to review the slate of appointments to the College’s committees, with the following changes proposed:

Committee	Proposed change(s)
Planning and Finance	<ul style="list-style-type: none"> • Appointment of Chad McCleave as Chair • Appointment of Jotvinder Sodhi
Quality Assurance Committee	<ul style="list-style-type: none"> • Appointment of Jotvinder Sodhi
Inquiries, Complaints and Reports Committee (ICRC)	<ul style="list-style-type: none"> • Appointment of Jotvinder Sodhi
Examination Appeals Committee	<ul style="list-style-type: none"> • Appointment of Jotvinder Sodhi • Removal of Leanne Smith • Removal of Jennifer Pereira

Governance and Nominations Committee	<ul style="list-style-type: none"> • Appointment of Jennifer Pereira • Appointment of Chad McCleave • Appointment of Victoria Nicholson • Appointment of Claude Balthazard as an External member • Appointment of Melanie Jones-Drost as an External member
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The current slate, with proposed changes identified, is included as Appendix A to this decision note.

Public Interest

Transparent and objective selection and appointment processes promote the College’s public protection mandate by ensuring that committee slate recommendations, committee needs and the committee member’s skills, experience and competencies, are aligned with the governing by-laws, policies and procedures of the College. This serves the public interest by ensuring that committee members can and will effectively discharge their fiduciary duties, roles and responsibilities.

Decision for Council

To consider proposed changes to the slate of appointments to committees of the College for approval.

Committee Slate 2022/2023 (changes as of March 2, 2023)

Key: **Green = Committee Chair** **Pink = Vice-Chair** **Blue = Members removed from a committee**

Orange = Newly added member

Committee	2022-2023 Professional Members	2022-2023 Public Members	Members-at-large
Executive	<ul style="list-style-type: none"> Jennifer Pereira Ben Matthie Sue Garfat 	<ul style="list-style-type: none"> Victoria Nicholson Chad McCleave 	
Planning and Finance	<ul style="list-style-type: none"> Ben Matthie, Chair⁶ Jennifer Pereira Ryan Wight 	<ul style="list-style-type: none"> Chad McCleave, Chair Vice-Chair⁷ Jotvinder Sodhi¹ Brad Markis² 	
Registration	<ul style="list-style-type: none"> Jennifer Pereira, Vice-Chair Ryan Wight Corby Anderson Sue Garfat Heather Westaway Leanne Smith 	<ul style="list-style-type: none"> Sara Gottlieb, Chair Victoria Nicholson Jana Smith 	<ul style="list-style-type: none"> Miriam Fong William Gittings Agnes Coutinho Daniel Crête Conny Glenn Kristen Hoving Katelyn Methot Jasmeet Cheema Nino Baialardo

Committee	2022-2023 Professional Members	2022-2023 Public Members	Members-at-large
Quality Assurance	<ul style="list-style-type: none"> • Matthew Daher • Leanne Smith • Heather Westaway • Ryan Wight 	<ul style="list-style-type: none"> • Victoria Nicholson, Chair • Teresa Bendo, Vice Chair • Chad McCleave • Brad Markis (alternate) • Jotvinder Sodhi¹ 	<ul style="list-style-type: none"> • Mehrdad Alizadeh-Meghrazi • Delissa Burke • Casey Capaz • Jasmeet Cheema • Tudor Chirila • Jane Gage • Daniel Crête • Adeola Giwa • Brooke Hamilton • Stefano Rulli • Sherry Parent • Logan Strasser
ICRC	<ul style="list-style-type: none"> • Ben Matthie, Chair • Susan Garfat, Vice Chair • Corby Anderson • Ryan Wight • Leanne Smith • Heather Westaway 	<ul style="list-style-type: none"> • Teresa Bendo • Brad Markis • Jotvinder Sodhi¹ • Chad McCleave • Jana Smith 	<ul style="list-style-type: none"> • Delissa Burke • Jasmeet Cheema • Daniel Crête • Tudor Chirila • Conny Glenn • Brooke Hamilton • Stefano Rulli

Committee	2022-2023 Professional Members	2022-2023 Public Members	Members-at-large
Patient Relations	<ul style="list-style-type: none"> • Corby Anderson • Matthew Daher • Heather Westaway • Ryan Wight 	<ul style="list-style-type: none"> • Teresa Bendo, Chair • Victoria Nicholson, Vice-Chair • Jana Smith 	<ul style="list-style-type: none"> • Jane Gage • Aaron McCullagh • Casey Capaz • Brooke Hamilton • Stefano Rulli • Ashley Lowe • Ariel Zohar
Examination Appeals	<ul style="list-style-type: none"> • Matthew Daher • Ben Matthie • Leanne Smith⁴ • Jennifer Pereira⁵ 	<ul style="list-style-type: none"> • Chad McCleave, Chair • Brad Markis • Jotvinder Sodhi¹ 	
Discipline	<ul style="list-style-type: none"> • Jennifer Pereira, Vice-Chair • All 	<ul style="list-style-type: none"> • Sara Gottlieb, Chair • All 	<ul style="list-style-type: none"> • Mehrdad Alizadeh-Meghrazi • Conny Glenn • Sean Sabbatini
Fitness to Practise	<ul style="list-style-type: none"> • Ben Matthie, Chair • All 	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • Nino Baialardo • Sean Sabbatini
Steering Committee: Strategic Planning	<ul style="list-style-type: none"> • Jennifer Pereira 	<ul style="list-style-type: none"> • Chad McCleave • Victoria Nicholson 	

Committee	2022-2023 Professional Members	2022-2023 Public Members	Members-at-large
Steering Committee – Review of Kinesiology Core Competency Profile	<ul style="list-style-type: none"> • Corby Anderson • Jennifer Pereira • Ben Matthie • Leanne Smith • Heather Westaway • Ryan Wight 		
Governance and Nominations³	<ul style="list-style-type: none"> • Jennifer Pereira 	<ul style="list-style-type: none"> • Chad McCleave • Victoria Nicholson 	<ul style="list-style-type: none"> • Claude Balthazard • Melanie Jones-Drost

Notes:

1) **Jotvinder Sodhi** – New public appointee to Council. It is proposed that he be appointed to the Planning and Finance, Quality Assurance, ICRC, Examination Appeals and Discipline and Fitness to Practise Committees.

2) **Bradley Markis** – Outgoing public Council member.

3) **Governance and Nominations Committee** – A non-statutory committee, the composition of which was proposed by the Executive Committee on March 2, 2023. The Chair of this committee will be elected by the committee, as per the committee TORs.

4) **Leanne Smith** – Removed from the Examination Appeals Committee due to a concurrent appointment to the Registration Committee. Such a concurrent appointment is contrary to the TORs of the Examination Appeals Committee (Section 3 – Composition of Committee).

- 5) **Jennifer Pereira** – Removed from the Examination Appeals Committee due to a concurrent appointment to the Registration Committee. Such a concurrent appointment is contrary to the TORs of the Examination Appeals Committee (Section 3 – Composition of Committee).
- 6) **Ben Matthie** – Executive Committee proposed removal as Chair of Planning and Finance Committee due to the Terms of Reference of the committee stipulating that the Chair must be a member of the committee who is a public appointee to Council.
- 7) **Chad McCleave** – Executive Committee proposed appointment as Chair of Planning and Finance Committee in keeping with the Terms of Reference of the committee.



Resolution - Revised Committee Slate for 2022/23

Whereas Executive Committee is required to appoint Council members and non-Council members to committees; and

Whereas the Executive Committee has received and reviewed expressions of interest and applications from Council members and external individuals regarding service on the Governance and Nominations Committee; and

Whereas after the appointment of a new public member of Council, the newly elected Council member, was canvassed for their interest regarding which committees they wished to serve on for the coming year; and

Whereas per by-law 13, the Executive Committee at its last meeting proposed revisions to the slate for committee membership based on the needs of each committee and the interests and skills of Council members;

Therefore, be it resolved that Council approve the proposed changes to the 2022/2023 Committee Slate.

Moved by:

Seconded by:

Date: March 20, 2023



Five-year Schedule of Council Meetings

2024	2025	2026	2027	2028
March 25	March 31	March 30	March 22	March 27
June 24	June 30	June 29	June 28	June 26
September 9	September 8	September 14	September 27	September 25
December 2	December 1	December 7 or (December 8)	December 6	December 4