

## Council Meeting Agenda

**Date and Time:** December 4, 2017 at 9:30 a.m.

**Location:** College of Kinesiologists of Ontario  
160 Bloor Street East, Suite 1402, Boardroom  
Toronto, ON M4W 1B9

	ITEM	BY WHOM	TYPE	ACTION	TIME
<b>1</b>	Call to Order Roll Call, Welcome Introduction	M.P. Moore	Verbal	Information	9:30 a.m.
<b>2</b>	Committee Reports <ul style="list-style-type: none"> <li>• Registration</li> <li>• QA</li> <li>• ICRC</li> <li>• Discipline</li> <li>• Patient Relations - nil report</li> </ul>	Chairs of Committees	Verbal	Information	9:35 a.m.
<b>3</b>	Mandatory Reporting Guideline & review of checklist	C. Moroney	Document	Decision	10:00 p.m.
<b>BREAK</b>					
<b>4</b>	Alternative Dispute Resolution (ADR) Policy on facilitators	C. Moroney	Document	Information	11:15 p.m.
<b>LUNCH</b>					
<b>5</b>	Registrar's Report	B. Kritzer	Verbal	Information	1:00 p.m.
<b>6</b>	President's Report	M.P. Moore	Verbal	Information	1:30 p.m.
<b>7</b>	Report on Communications	R. Pestana	Verbal	Information	2:00 p.m.
<b>8</b>	Finance and Planning Report	C. McCleave N. Leris	Document	Decision	2:30 p.m.
<b>BREAK</b>					
<b>9</b>	Registration Statistics Report	U. Ifesi	Verbal	Information	3:15 p.m.
<b>10</b>	New Business <ul style="list-style-type: none"> <li>• Revisions to Council Code of Conduct</li> </ul>	M. P. Moore	Verbal	Information	3:45 p.m.
<b>11</b>	Review of Action Items	M.P. Moore	Verbal	Action	4:15 p.m.
<b>ADJOURNMENT</b>					4:30 p.m.

<b>College of Kinesiologists of Ontario Council Meeting Minutes- Day 1 – Training and Orientation</b>	
<b>Date/Time of Meeting</b>	Monday, September 25, 2017 at 9:05 a.m.
<b>Chair</b>	Mary Pat Moore
<b>Note taker</b>	Ryan Pestana
<b>Present</b>	Ken Alger, Nelson Amaral, Steve Anderson, Marilyn Bartlett, Lori-Anne Beckford (teleconference), Jennifer Bushell, Nicole DiFilippo, Kalen Johnson (teleconference), Chad McCleave, Michelle Meghie, Mary Pat Moore, Stefanie Moser, Jennifer Pereira (teleconference), Graydon Raymer, Michelle Young
<b>Regrets</b>	Samantha Eyles, Elwin Lau, Alexander Stephen
<b>Staff/guests in Attendance</b>	<b>Staff:</b> Brenda Kritzer, Nancy Leris, Lara Thacker, Cara Moroney, Ugie Ifesi, Magdalena Reder, Ryan Pestana
<b>Constitution of the Meeting</b>	As a notice of the meeting had been duly given in accordance with the by-laws of the College of Kinesiologists of Ontario and a quorum was present, the meeting was duly constituted for the transaction of business.
	<b>Training Overview</b>
	<p>President Mary Pat Moore began the meeting by welcoming the newly elected Council members- Nelson Amaral, Jennifer Bushell and Stefanie Moser. They introduced themselves, followed by the rest of Council and staff.</p> <p>Brenda Kritzer, Registrar and CEO, explained that this was an orientation meeting. She explained that new Council members would learn about the College’s mandate, the role of committees, and the due diligence responsibilities of Council members. Brenda noted that training for Council members is ongoing.</p>
	<b>Conflict of Interest</b>
	<p>Cathi Mietkiewicz, an associate at the law firm Steinecke Maciura LeBlanc, joined the meeting to present an overview of conflict of interest. She discussed the differences between conflict of interest and bias and highlighted different types of conflict of interest. Cathi emphasized the importance of declaring potential conflicts and noted that conflicts are bound to arise. She explained that being in a conflict of interest is not necessarily a negative situation; what is problematic is if Council members do not declare a conflict or potential/perceived conflict. A number of scenarios were presented and Council members explored how the sample situations involved conflict of interest.</p>
	<b>Governance Training</b>
	<p>Brenda Kritzer provided an overview of the health professions regulatory system in Ontario. She reviewed various pieces of legislation and explained how they relate to the College’s work. She noted that college councils differ from most other boards of directors because Council’s role is specifically defined in legislation. Brenda highlighted the relationship between the registrar and Council, and the College’s relationship with the Ministry of Health and Long-Term Care. She briefly highlighted legislative changes resulting from the</p>

	<p>passing of Bill 87, the <i>Protecting Patients Act</i>. Council would hear more about Bill 87 on day two of its meeting.</p> <p>Before Council broke for lunch, Mary Pat acknowledged the resignation of Samantha Eyles. She thanked Samantha for her work on Council and the Registration Committee. Mary Pat explained that Samantha had one year left in her term. This meant that her resignation caused a short-term vacancy. In such cases, Council is required to appoint the next eligible member from the last election in Samantha’s district to fill the vacancy. Brenda noted that Walter Ackworth would be the next eligible candidate from the election. However, he is currently a peer assessor and has indicated his interest in remaining in that role at this time. The next eligible candidate is Ryan Wight who has indicated that he is prepared to assume the seat vacated by Samantha Eyles on Council. Council decided that Ryan would be formally appointed on day two.</p> <p>Following lunch, training of Council members continued with presentations concerning governance and challenges faced by Councils of health regulators, due diligence, How meetings are conducted and a high level sketch of Robert’s Rules of Order, used as the format for conducting meetings and making decisions.</p>
	<p style="text-align: center;"><b>Finance Overview</b></p> <p>Nancy Leris, Director of Operations and Financial Services, provided an overview of Council’s role in financial management. She explained how the College’s budget is developed and how the College projects its revenues, noting various financial terms and what they mean. Nancy explained that Council will receive quarterly reports detailing the College’s revenues and expenditures. An effective Council member will ask questions, consider management’s approach to administration of resources and ensure long term financial stability and accountability.</p>
	<p style="text-align: center;"><b>Portfolio Summaries</b></p> <p>Council heard presentations from the following portfolio leads:</p> <ul style="list-style-type: none"> <li>• Ugie Ifesi, Registration</li> <li>• Lara Thacker, Quality Assurance</li> <li>• Cara Moroney, Professional Conduct</li> <li>• Ryan Pestana, Communications</li> </ul> <p>They presented on the role of their portfolio and current work underway at the College’s various committees.</p>
	<p style="text-align: center;"><b>Other Training</b></p> <p>Brenda Kritzer provided the mandatory workplace violence and harassment training. She explained meaning of terms, the employer’s role in preventing violence and harassment, and policies the College has in place regarding this topic. She outlined the College’s policy regarding complaints from staff and how such complaints are addressed.</p>
<b>Adjournment</b>	<b>Meeting adjourned at 4:30 p.m.</b>

	<b>College of Kinesiologists of Ontario Council Meeting Minutes Day 2 Business Meeting</b>
<b>Date/time of meeting</b>	Tuesday, September 26, 2017 at 9:00 a.m.
<b>Present</b>	Ken Alger, Steve Anderson (teleconference), Marilyn Bartlett (teleconference), Lori-Anne Beckford, Jennifer Bushell, Nicole DiFilippo, Kalen Johnson (teleconference), Chad McCleave, Michelle Meghie, Mary Pat Moore, Stefanie Moser, Jennifer Pereira (teleconference), Graydon Raymer, Michelle Young
<b>Regrets</b>	Nelson Amaral, Samantha Eyles, Elwin Lau, Alexander Stephen
<b>Staff/guests in Attendance</b>	<p><b>Staff:</b> Brenda Kritzer, Nancy Leris, Lara Thacker, Cara Moroney, Ugie Ifesi, Magdalena Reder, Ryan Pestana</p> <p><b>Guests:</b> Stuart Moulton, Ontario Kinesiology Association; Kristina Vlcek, the CG Group</p>
<b>Conflict of Interest</b>	None declared.
<b>Approval of Agenda</b>	<b>UPON A MOTION duly made by Graydon Raymer and seconded by Ken Alger, it was resolved that the agenda be approved as circulated. CARRIED.</b>
<b>Approval of Minutes</b>	<b>UPON A MOTION duly made by Michelle Meghie and seconded by Chad McCleave, it was resolved that the Minutes of June 26-27, 2017 be approved. CARRIED.</b>
	<p style="text-align: center;"><b>Action Items from the June 26-27, 2017 Meeting</b></p> <ul style="list-style-type: none"> <li>• Staff to identify the operational impact of implementing the draft Specialities Assessment Framework- <b>On-going</b></li> <li>• Staff to develop a risk analysis of approving/not approving the draft Specialities Assessment Framework- <b>On-going</b></li> </ul> <p>Brenda Kritzer noted that staff would need more time for these two tasks as they required further analysis and planning. For example, the College would need to identify agencies qualified to undertake the accreditation of specialities. The College also needed to respond to the submission from the Ontario Athletic Therapist Association.</p> <ul style="list-style-type: none"> <li>• College to schedule an Executive Committee meeting for July 10 at 7 p.m. for the Registrar's performance review- <b>Completed</b></li> <li>• College to schedule a Council meeting for July 19 at 7 p.m. to approve a new registration policy- <b>Council to consider this item on September 26, 2017</b></li> </ul>
	<p style="text-align: center;"><b>Election of Officers and Striking of Committees</b></p> <p>On the first day, Council members were given the opportunity to complete a form indicating their interest in serving as president, vice-president or Executive Committee member.</p> <p>As per the College By-Laws, Council was required to elect the president first, followed by the vice-president, both of whom are members of the Executive Committee, and then the remaining members of the Executive Committee. The Committee must include three Council members who are kinesiologists and two</p>

public members.

**Election of officers**

Mary Pat presented a motion that would allow the Registrar to chair the portion of the meeting related to the election of officers.

**MOTION**

Moved by Ken Alger and seconded by Nicole DiFilippo that Brenda Kritzer, Registrar and CEO, chair the portion of the meeting related to the election of officers. **Carried.**

Brenda then presented a motion to appoint Ryan Pestana and Nancy Leris scrutineers.

**MOTION**

Moved by Lori-Anne Beckford and seconded by Nicole DiFilippo that Ryan Pestana and Nancy Leris be appointed scrutineers. **Carried.**

Brenda reviewed the statements of interest submitted for president. She declared that Mary Pat Moore (public member) was re-elected president by acclamation.

Brenda reviewed the statements of interest submitted for vice-president. The following Council members had put their name forward:

- Ken Alger (public member)
- Michelle Meghie (public member)
- Jennifer Pereira, R.Kin

Each candidate was given two minutes to speak. Ken Alger withdrew his nomination. Ballots were distributed and those on the phone were asked to email their votes to Ryan. Jennifer Pereira was elected vice-president by a majority of Council members voting.

Brenda reviewed the statements of interest received for the position of the remaining public member on the Executive Committee. The following Council members had put their name forward:

- Ken Alger (public member)
- Steve Anderson (public member)

Each candidate was given two minutes to speak. Ballots were distributed and those on the phone were asked to email their votes to Ryan. Steve Anderson was elected as a public member on the Executive Committee by a majority of Council members.

Brenda reviewed the statements of interest submitted for the remaining two positions on Executive Committee to be filled by kinesiologists on Council. She declared that Michelle Young, R.Kin was re-elected by acclamation to the Executive Committee.

Brenda opened the floor for nominations for the remaining seat on Executive Committee to be filled by a Council member who is a kinesiologist. Jennifer Bushell, R.Kin put her name forward. Stefanie Moser and Graydon Raymer supported her nomination. Jennifer Bushell was elected by acclamation to the Executive Committee.

Brenda presented a motion to destroy the ballots.

**MOTION**

It was moved by Michelle Young and seconded by Ken Alger that the ballots be destroyed. **Carried.**

Brenda presented a motion for the president to re-assume the position of chair.

**MOTION**

Moved by Graydon Raymer and seconded by Michelle Meghie that the president re-assumes the position of chair. **Carried.**

Mary Pat presented a motion to appoint the new Executive Committee.

**MOTION**

It was moved by Chad McCleave and seconded by Ken Alger that the following Council members be appointed to the Executive Committee:

- Mary Pat Moore, President
- Jennifer Pereira, Vice-President
- Steve Anderson
- Jennifer Bushell
- Michelle Young

**Carried.**

Mary Pat presented a motion to appoint Ryan Wight to Council, filling the seat vacated by Samantha Eyles for District 5.

**MOTION**

Moved by Michelle Young and seconded by Jennifer Bushell that Ryan Wight be appointed to Council for a period of one year as the member from District 5. **Carried.**

**2017/2018 committee slate**

Mary Pat explained that at the last meeting of the previous Executive Committee, they reviewed Council members' committee preferences and the applications received from College members interested in joining committees as members-at-large. They appointed committee members and committee chairs (committee slate attached).

Council members were given a moment to review the document. Due to the resignation of Samantha Eyles, Ken Alger was asked to chair the Registration Committee and Ryan Wight was added to the Registration Committee. Mary Pat presented a motion to approve the proposed 2017/2018 committee slate.

	<p><b>MOTION</b> It was moved by Nicole DiFilippo and seconded by Michelle Meghie that Council approve the committee slate for 2017/2018. <b>Carried.</b></p> <p>Brenda noted that Ryan Wight was only on one committee; Council members are required to sit on at least two committees. It was suggested that Ryan be added to the Patient Relations Committee and that Jennifer Pereira be removed from the Patient Relations Committee as she was now Vice-President and Chair of the Quality Assurance Committee. Ken Alger made a motion that was seconded by Stefanie Moser to revise the 2017/2018 committee slate.</p> <p>Mary Pat then presented a motion to revise the 2017/2018 committee slate.</p> <p><b>MOTION</b> Moved by Nicole DiFilippo and seconded by Jennifer Bushell that Council approve the revised 2017/2018 committee slate, with Ryan Wight added to and Jennifer Pereira removed from the Patient Relations Committee. <b>Carried.</b></p>
	<p style="text-align: center;"><b>Committee Reports Discussion</b></p> <p>Prior to the meeting, reports from the Registration, Quality Assurance, Inquiries, Complaints and Reports, and Patient Relations committees were circulated to Council members. The chair opened the floor to questions; none were received.</p> <p>Nancy Leris presented the interim second quarter financial report. Discussion ensued concerning renewals, and the number of members who are late in completing renewal of their registration.</p> <p><b>MOTION</b> Moved by Michelle Meghie and seconded by Michelle Young that Council accept the presented second quarter financial and Business Plan updates. <b>Carried.</b></p>
	<p style="text-align: center;"><b>Registrar’s Report</b></p> <p><b>Collaboration and Cooperation Working Group</b></p> <p>Brenda reported that she had invited 10 small colleges (those with a membership of less than 3500) to a meeting to discuss ways that they could become more efficient and effective together. The colleges responded enthusiastically and the first facilitated meeting was held on August 23<sup>rd</sup>. She noted that the group had discussed a number of ways in which collaboration might achieve efficiencies and that there are many opportunities to work collaboratively both on current deliverables and also on larger program –related opportunities including in the Quality Assurance area. At the next meeting, the group is expected to identify governing principles for collaborative work. It was noted that not all projects identified by the group will be of value to all colleges and some others may involve collaboration with additional colleges.</p> <p><b>Federation of Health Regulatory Colleges (FHRCO)</b></p> <p>Brenda explained that all health professions regulators are members of FHRCO and that the registrars make up the board of directors. FHRCO provides a forum for sharing information, and for working together on such important matters as</p>

	<p>development of resources for regulators, providing training, and representing the views/position of the health professions regulators on matters before the courts, coordinating responses to government consultations, etc.</p>
	<p style="text-align: center;"><b>New Registration Policy</b></p> <p>Ugie Ifesi, Manager of Registration Services, presented a new policy that would provide an exemption to the requirement that applicants register within one year of completing the entry-to-practice exam. The policy would allow the Registration Committee to consider competency when exempting an applicant from the one year provision. The proposed policy is modelled on the current Inactive Class policy. If an applicant registers within two years of writing the exam, they will be deemed to still possess the necessary knowledge, skill and judgement to practise competently. If an applicant proposes to complete registration more than two years after writing the exam, they will be referred to the Registration Committee. The Committee will then decide if the applicant has the necessary knowledge, skill and judgement to practise competently, or if they require further training.</p> <p>Some Council members asked if applicants could just enter the Inactive Class directly or if the conditions to go Inactive could be expanded. It was noted that the College’s Registration Regulation requires applicants to first register in the General Class before going Inactive. The College provides a pro-rated refund to members admitted to the Inactive Class.</p> <p><b>MOTION</b>  Moved by Nicole DiFilippo and seconded by Michelle Young that Council approve the <i>Expiration of 1-year Period for Registration Following Notification of Eligibility Policy</i> and that it is posted immediately on the College’s website.  <b>Carried.</b></p>
	<p style="text-align: center;"><b>Briefing on Bill 87 and Proposed By-Law Changes</b></p> <p>Cara Moroney, Director of Professional Conduct, presented on Bill 87, <i>the Protecting Patients Act</i>. The Bill gives colleges more power to deal with the sexual abuse of patients/clients by healthcare practitioners. Among the changes:</p> <ul style="list-style-type: none"> <li>• Touching of a sexual nature of a patient’s/client’s genitals, anus, breasts or buttocks will now result in mandatory revocation of a certificate of registration;</li> <li>• For findings of sexual abuse that do not result in revocation, the minimum penalty must include a suspension;</li> <li>• The ICRC can now order an interim suspension of a practitioner when it receives a complaint or appoints an investigator when it believes that there is risk to the public in not suspending the member;</li> <li>• The ICRC and Discipline Committee can no longer impose gender-based restrictions (e.g. a male practitioner can only practise on male patients/clients);</li> <li>• The fines for failing to report sexual abuse have increased to \$50,000 for individuals and to \$200,000 for corporations.</li> </ul> <p>The government also added a provision (not yet in force) that would define “patient” in relation to sexual abuse to include former patients who ceased</p>



	<p>seeking treatment from a practitioner within one year of the date of the occurrence. Even though this change is not yet in force, Cara noted that the College is already communicating this change to kinesiologists.</p> <p>Cara explained that the College’s By-Laws require updating to ensure consistency with Bill 87 provisions. The College is presenting a series of changes to By-Law 21- The Public Register, and is asking that Council approve these changes to be published for feedback.</p> <p><b>MOTION</b>  Moved by Lori-Anne Beckford and seconded by Ken Alger that Council approve for circulation for a period of 60 days the proposed changes to By-Law 21- The Register. <b>Carried.</b></p>
	<p style="text-align: center;"><b>Revisions to Practice Standards and Guidelines</b></p> <p>Cara Moroney explained that the College is proposing a series of changes to some of the practice standards and guidelines as a result of the passing of Bill 87. The following changes are proposed:</p> <ul style="list-style-type: none"> <li>• Change the term “therapeutic-client relationship” to “professional relationships” in the <i>Practice Standard - Professional Boundaries</i> to better reflect the varied nature of kinesiology practice.</li> <li>• Other changes were made to respond to common questions by kinesiologists and insights gathered from a focus group helping to develop content for a sexual abuse prevention e-learning module.</li> <li>• Re-name the <i>Practice Guideline - The Therapeutic-Client Relationship and the Prevention of Sexual Abuse</i> to the <i>Practice Guideline- Professional Boundaries and the Prevention of Sexual Abuse</i>. Other changes to this guideline include defining “touching of a clinical nature” and updating the types of sexual touching that lead to mandatory revocation of a licence to practise.</li> <li>• Eliminate the <i>Practice Standard- Sexual Abuse</i> because it addresses College processes, i.e. how the College would deal with matters of sexual abuse, Practice standards are directed at members. The named standard that is to be eliminated does not describe standards of professional conduct and the prevention of sexual abuse.</li> </ul> <p><b>MOTION</b>  Moved by Michelle Meghie and seconded by Nicole DiFilippo that Council approve the changes to the <i>Practice Standard- Professional Boundaries</i> and that the document be posted to the website immediately. <b>Carried.</b></p> <p><b>MOTION</b>  Moved by Jennifer Bushell and seconded by Ken Alger that Council approve the changes to the <i>Practice Guideline- The Therapeutic Client Relationship and the Prevention of Sexual Abuse</i>, and that it be re-named the <i>Practice Guideline- Professional Boundaries and the Prevention of Sexual Abuse</i>. <b>Carried.</b></p> <p><b>MOTION</b>  Moved by Stefanie Moser and seconded by Michelle Young that Council</p>

	approve the elimination of the <i>Practice Standard- Sexual Abuse</i> . <b>Carried.</b>
	<b>Action Items</b>
	<ul style="list-style-type: none"> <li>• College to inform Ryan Wight of his appointment to Council and provide him with an orientation manual.</li> <li>• College to inform newly appointed members-at-large of their appointment to committees and thank those who were not appointed.</li> </ul>
<b>Adjournment</b>	<b>Meeting adjourned at 2:20 p.m.</b>



Cataloguing Information	
Number:	
Committee:	
Subject:	

### Decision Note

Date: June 27, 2017

Issue: Revised Mandatory Reporting Guideline

#### Background:

- The College wants to take a proactive approach with respect to sexual abuse, both in prevention and in addressing any matters that are reported.
- There has been a great deal of scrutiny on the issue of how Colleges respond to allegations of sexual abuse, including, the Sexual Abuse Task Force Report published in 2016/
- There have been many proposed legislative changes outlined in Bill 87 that come out of the recommendations made in the Task Force Report/
- One such amendment is to increase the fines for failing to make a mandatory report from \$25,000 to \$50,000/
- It is rare for a regulated health professional to be prosecuted for failure to make a report. Most cases are dealt with at the ICRC level and do not get referred/
- The fines act as a deterrent and there are no other legislative changes around mandatory reporting.
- The College feels that increasing fines without raising awareness and education around mandatory reporting does not fully tackle the problem of regulated health professionals not reporting matters.
- Therefore, the College is undertaking an awareness campaign on mandatory reporting. The revisions to the guideline and the circulation of the guideline are ways the College will use to raise awareness.
- The Patient Relations Committee reviewed the changes and amendment suggestions were made. The section on “protection for reporters” was moved to the beginning of the guideline as recommended by the committee.
- The PRC has recommended to Council the approval of the revised guideline for circulation.

#### Analysis

- The proposed revisions to the Mandatory Reporting guideline are not so much in the content, as they are in form. A copy of the existing guideline as well as the proposed revised guideline are attached for comparison.
- The main changes are in the organization of the guideline, which moves reporting of sexual abuse to the beginning to give it more prominence.
- When developing the Sexual Abuse Learning module, College staff learned that many kinesiologists are unclear as to exactly what constitutes mandatory reporting for sexual abuse.
- More detail and insight are provided for members, employers, facility operators on how patients/clients may report abuse and how to respond to it.



Cataloguing Information	
Number:	
Committee:	
Subject:	

- The Guideline reflects upon how difficult a practitioner may find reporting on a colleague especially where there is uncertainty, and emphasizes that such reporting is critical to protection of patients who are in a position of vulnerability in relation to any health care service provider.
- Other changes include shortening the introduction, simplification of language and organization, and adding a section on protection for reporters.
- The 'Mandatory Reporting' web page on the College's website provides a very brief overview of what must be reported as well as providing a link to a reporting form.

Next Steps:

- Revising the guideline and circulating for feedback is part of the College's awareness and education campaign on mandatory reporting.
- In the last newsletter, there was a multiple choice question to gauge members' knowledge of what the fine was for failure to report. The upcoming newsletter will contain an article on the upcoming revised guideline with further knowledge testing questions. The aim is to get the members thinking and reflecting on this issue
- The College will be working on a communications plan to ensure employers are aware of their reporting obligations vis à vis this guideline.

Motion:

- To approve the revised Mandatory Reporting Guideline for circulation to stakeholders

Decision of Council/Committee:

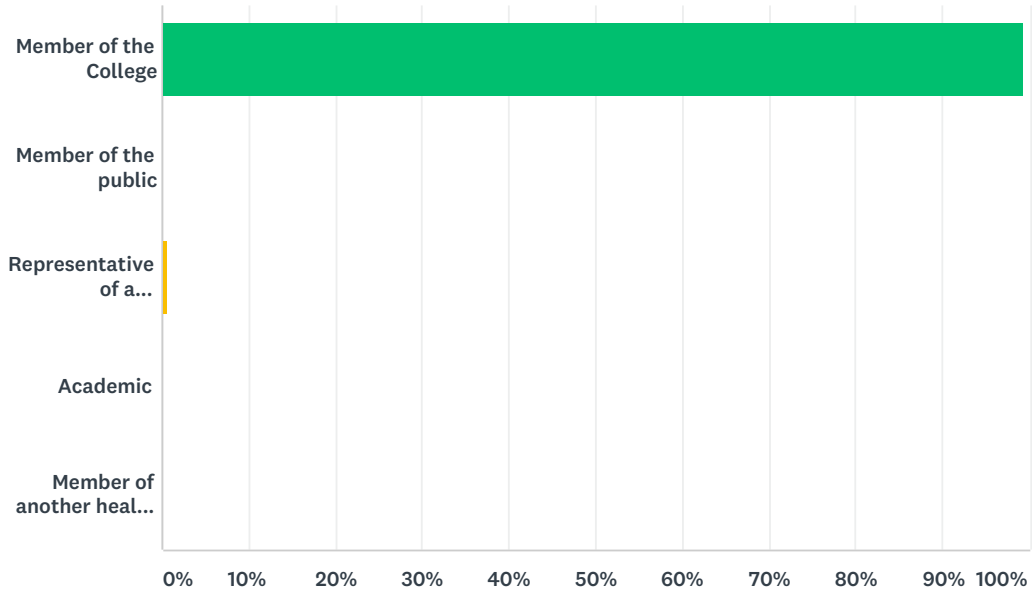
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Moved by\_\_\_\_\_. Seconded by\_\_\_\_\_

Date:\_\_\_\_\_

### Q1 I am a/an:

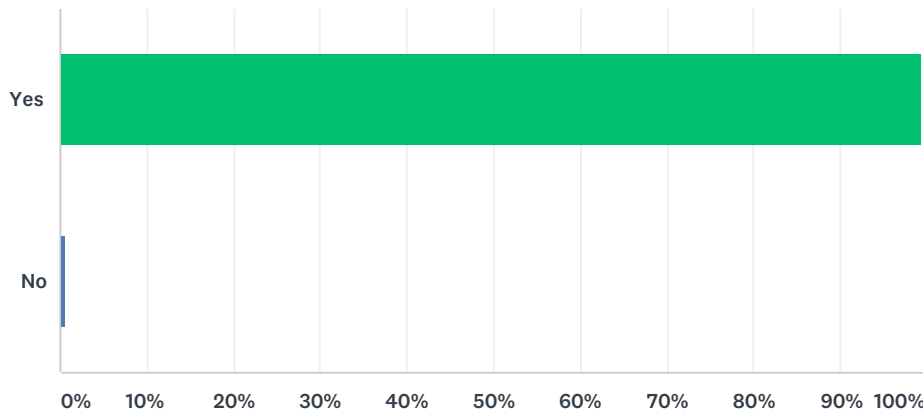
Answered: 177 Skipped: 0



ANSWER CHOICES	RESPONSES	
Member of the College	99.44%	176
Member of the public	0.00%	0
Representative of a professional association	0.56%	1
Academic	0.00%	0
Member of another health profession	0.00%	0
<b>TOTAL</b>		<b>177</b>

## Q2 Is the guideline clear and comprehensive in terms of explaining the legal obligations?

Answered: 175 Skipped: 2

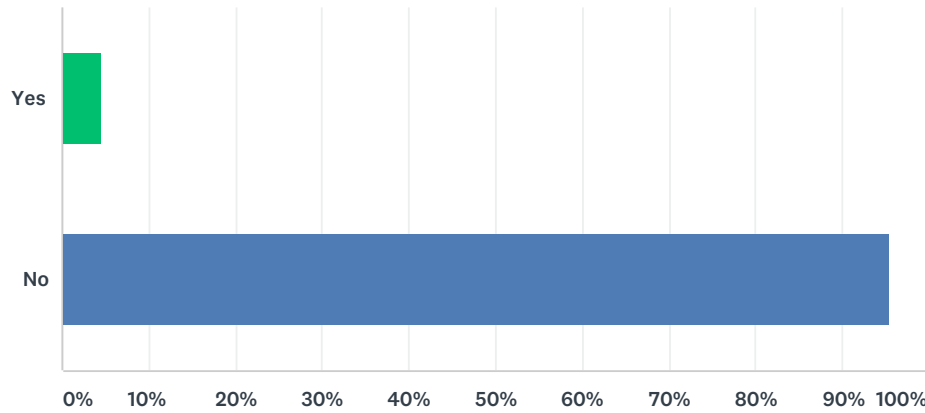


ANSWER CHOICES	RESPONSES
Yes	99.43% 174
No	0.57% 1
TOTAL	175

#	COMMENTS:	DATE
1	more situational examples would be helpful	7/26/2017 3:59 PM
2	The added details makes it more clear.	7/17/2017 10:19 PM
3	Very straight forward	7/11/2017 1:32 PM
4	one section sounds backwards wordy	7/11/2017 8:00 AM
5	It may be easier to get signed informed consent from current client; it may be difficult to get that consent from a former client Concern of being sued for violating the privacy of a former client if consent is mutual. Will you be providing wording for client waivers regarding this?	7/11/2017 7:03 AM

### Q3 Are there any statements or terms that require further explanation?

Answered: 173 Skipped: 4

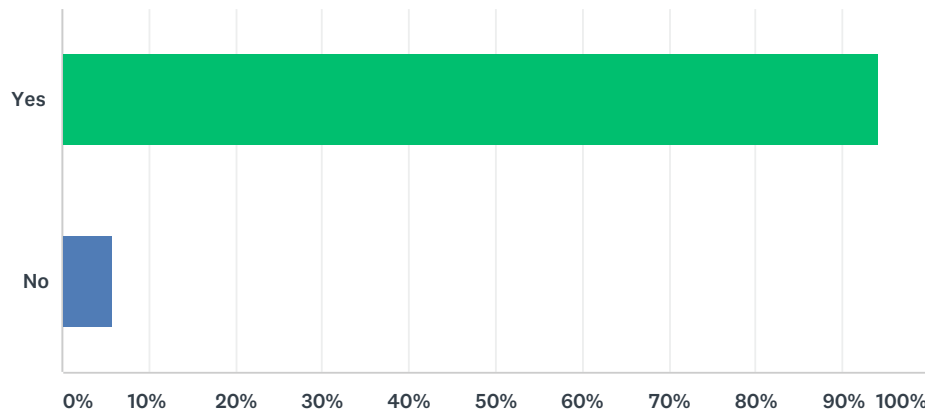


ANSWER CHOICES	RESPONSES	
Yes	4.62%	8
No	95.38%	165
TOTAL		173

#	COMMENTS:	DATE
1	Sexual remarks	7/19/2017 12:09 PM
2	The information was fairly straight forward in outlining when mandatory reporting to the College is required.	7/18/2017 4:18 PM
3	Where to report elder abuse...is it also to the CFSA?	7/13/2017 1:46 PM
4	Sexual nature	7/12/2017 7:25 PM
5	maybe some time . More concrete example	7/11/2017 2:06 PM
6	see above	7/11/2017 8:00 AM
7	Legal Implications of informing when only suspected but cannot be proven	7/11/2017 7:03 AM

## Q4 Does the guideline better raise awareness of the importance of reporting suspected sexual abuse?

Answered: 173 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	94.22%	163
No	5.78%	10
TOTAL		173

#	COMMENTS:	DATE
1	I believe it only making us aware we need to report it if we are aware of it but it doesn't create better awareness about sexual abuse	9/4/2017 8:12 PM
2	It should already be commonplace and common sense, period.	7/20/2017 9:36 AM
3	Helped clarify when mandatory reporting of suspected sexual abuse must be reported.	7/18/2017 4:18 PM
4	The proposed charges help define the need to make any reports of suspicion or knowledge of sexual abuse.	7/18/2017 10:31 AM
5	Sending it out via email raised better awareness.	7/12/2017 7:25 PM
6	I am not sure. Posting the amount of the possible fine does underscore the weight of it.	7/11/2017 2:45 PM
7	It summarizes well the importance of reporting but I don't feel it raises awareness.	7/11/2017 1:32 PM
8	This change in the guideline led me to review sexual abuse reporting guidelines and the increase in the fine.	7/11/2017 9:23 AM
9	Abuse of any kind is important to report.	7/11/2017 7:03 AM



## Q5 Additional comments:

Answered: 14 Skipped: 163

#	RESPONSES	DATE
1	The restriction of a relationship between a kinesiologist and former patient for a full year is excessive in my opinion and begging for a breach. Although rare, attraction would be impossible to predict before treatment and could be asking for a violation as a year is a long time to restrain from a mutually consensual relationship between two adults.	7/21/2017 10:14 PM
2	n/a	7/19/2017 9:07 PM
3	Good and timely information thanks	7/19/2017 12:09 PM
4	The information included in this email made me more aware that suspicion of misconduct, incompetence or incapacity requires reporting to the college. Also, if I am charged with an offence I must self-report, even if I am innocent.	7/18/2017 4:18 PM
5	none	7/16/2017 9:07 PM
6	None.	7/15/2017 4:49 PM
7	Thank you for your work on this Cara and others!	7/14/2017 9:34 PM
8	The guides and responsibilities and obligations with respect to misconduct, incompetence, and incapacity are clear.	7/12/2017 8:15 PM
9	Thank you for asking.	7/12/2017 4:46 PM
10	I believe these guide lines are very through and I do not have any additional comments.	7/11/2017 6:10 PM
11	Fine seems very large for not reporting. The \$25,000 seems like it is sufficient to get the point across.	7/11/2017 10:26 AM
12	The topic is a serious and sensitive one. I believe the Mandatory Reporting Guideline has covered all the circumstances surrounding the topic. Reading it has raised my awareness.	7/11/2017 8:23 AM
13	that is one hefty fine for an individual!	7/11/2017 7:27 AM
14	What happens to the kinesiologist who is unaware of the situation; will they be charged...feel that this fine is unreasonable...	7/11/2017 7:03 AM

# Mandatory Reporting for Kinesiologists, Employers, Facility Operators

## Introduction

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As regulated health professionals under the *Regulated Health Professions Act (RHPA), 1991*, kinesiologists, and those who employ or work with kinesiologists, have obligations to report certain important information to the College of Kinesiologists of Ontario (the College) and/or other bodies. This is known as mandatory reporting. Mandatory Reporting ensures that the College becomes aware of and can investigate incidents of possible professional misconduct, incompetence or incapacity on the part of its members, which will serve to protect the public interest.

By ensuring that registered kinesiologists and employers of registered kinesiologists are aware of their reporting obligations, the public can have greater confidence in professional regulation. The RHPA and the accompanying *Health Professions Procedural Code* (the Code) outlines the circumstances in which a mandatory report is required and prescribes certain requirements for the report. **Employers, facility operators** and **regulated health professionals** all have specific reporting obligations.

### Protection for Reporters

Reporters are protected against liability under the RHPA when making a mandatory report, even if the allegations later turn out to not be substantiated. Kinesiologists, employers, facility operators, do not have to have proof of the conduct they are reporting only reasonable suspicion. This reflects the principle of public protection and ensuring that concerns that could pose a risk of harm are dealt with appropriately.

Fulfilling the mandatory reporting requirements is not only a legal duty placed upon regulated health professionals and employers or facility operators, but an ethical one. While the College understands that making report about another regulated health professional is difficult, it is necessary in order to ensure that concerning behaviour is adequately addressed and prevented from happening again. Making a mandatory report is about putting the interests of the patient/client(s) first over that of the practitioner.

### What must be reported?

#### Sexual Abuse

Sexual abuse of a patient/client by a regulated health professional is a serious matter; it is an abuse of power and breach of trust that can cause devastating and long-term effects for victims. It is crucial that all regulated health professionals, employers and facility owners know and recognize what constitutes sexual abuse in order that they report it appropriately. Sexual abuse includes the following behaviours as outlined in the Code:

- (a) *Sexual intercourse or other forms of physical relations between the member and the patient*
- (b) *Touching of a sexual nature of the patient by the member*
- (c) *Behaviour or remarks of a sexual nature<sup>1</sup> by the member towards the patient*

Any sexual relationship with a patient/client during the clinical relationship, even if the patient/client consents, is sexual abuse because of the position of power the healthcare professional holds. If a kinesiologist becomes aware that another regulated health professional is in a relationship with a client (and in some cases a former client) they must report it to the relevant college. [In the case of former clients, kinesiologists are not permitted to engage in a sexual relationship with a former patient/client for a period of at least one year.<sup>2</sup>](#)

Regulated health professionals, employers and facility owners are required to report sexual abuse. The reporter only needs to have a reasonable suspicion, not proof that the abuse occurred. Further, when a patient/client discloses information to a regulated health professional about the conduct of another regulated health professional, it is unlikely that the patient/client may use the words 'sexual abuse'. They may be vague in their details and only imply that they felt something was done that was inappropriate. Kinesiologists must be keen listeners and sensitive to patients/clients who might be gauging whether or not their own feelings around the experience was/is valid or to take the onus off themselves to make a complaint. Kinesiologists should always listen and take seriously what a patient/client is telling them and potentially probe for more information, particularly the identity of the regulated health profession the patient/client is referring to, in a supportive manner. [However, kinesiologists are not to evaluate or screen the information for validity.](#) Once the report is made, the onus is on the College to investigate the particulars of the allegations.

The reporter must make best efforts to inform the patient/client of his/her reporting obligations and attempt to gain consent to use the patient's/client's name in the report. This consent should be obtained in writing and kept on file. If the patient/client does not consent, the reporter must still make the report to the College, but should omit the patient's/client's name. In many sexual abuse cases, the patient/client is reluctant to provide consent immediately. However, it can be sought after the report is made. Lack of consent should not stop the kinesiologist, employer or facility operator from making the report.

The aim of the provisions in the RHPA related to sexual abuse and the College's mandate is to strive towards the elimination of sexual abuse in the healthcare context. Kinesiologists, facility operators,

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<sup>1</sup> [Sexual nature is a term that would be determined upon the information obtained during an investigation. It is an action, behaviour or remark that is not motivated by clinical needs.](#)

<sup>2</sup> [This one year minimum period is not currently outlined in the governing legislation – the Health Professions Procedural Code. This amendment is not yet in force, but the College advises all members to adhere to this new rule immediately.](#)

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and employers need to take this reporting obligation seriously as the College relies on this information to fulfill its mandate. It is important to understand what sexual abuse is and to be able to identify when it may be happening, keeping in mind that sexual abuse often does not start with overt actions on the part of the abuser. A regulated health professional who has a patient/client disclose potential abuse, and who does not take appropriate action, further undermines that patient/client's trust in the health care system.

Facility operators, employers and individual regulated health professionals face potential investigation and substantial fines for failure to make a report.

The College recognizes that the prospect of making a mandatory report about another regulated health professional regarding potential sexual abuse is very difficult. Kinesiologists are urged to contact the College if they require guidance as to how to recognize abuse and make a report.

**The fine for not making a report of suspected sexual abuse is \$50,000 for individuals and \$200,000 for corporations. Where there is information to believe a member or a professional corporation did not make a mandatory report of sexual abuse, the Registrar will initiate an investigation.**

### **Terminations, restrictions, investigations**

Employers and facility operators are required to report if they terminate, suspend or otherwise restrict the practice of a regulated health professional for reasons of suspicion of professional misconduct. Terminations in this context are not to be confused with terminations with or without cause, which are legal terms associated with employment law.

Employers or facility operators are also required to report if they investigate the practice or conduct of a regulated health professional for reasons of suspicion of misconduct, incompetence or incapacity. Investigations can include audits, inquiries, examinations, etc.

For more information on reports related to terminations, restrictions and/or investigations please refer to >>>> (LINK TO Richard's piece)

### **Conduct of Others**

Kinesiologists are also required to promptly report incidents of unsafe practice by other members. If the unsafe practice would reasonably be considered professional misconduct the kinesiologist should report it to the appropriate source. This may be the employer or facility operator. Or, in some cases, may be the College.

### **Incompetence**

A regulated health professional is considered to be incompetent if his/her *“professional care of a patient displays a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted”*. Incompetence is not necessarily demonstrated by one mistake, but by a repetition or pattern of deficiencies that places patients/clients at risk of harm.

## **Incapacity**

Incapacity is defined in the Code as a regulated health professional who is suffering from a physical or mental condition or disorder that requires his/her practice to be restricted or suspended in the interest of public safety.

It is important to note the two aspects of the definition: first, the existence of a recognized physical or mental condition or disorder, and second, the fact that such a condition or disorder requires restricted or suspended practice. A regulated health professional may not be considered incapacitated under the Code if he/she has a condition or disorder that he/she is successfully coping with and not posing a risk of harm to patients/clients. Employers or facility operators should be supportive of regulated health professionals with disabilities and be mindful of their duty to accommodate under human rights and other employment related legislation.

The Code specifies that employers and/or facility operators must report incompetence or incapacity. The College's professional misconduct regulation specifies that kinesiologists must promptly report any incidents of unsafe practice. Where unsafe practice is a result of suspected incapacity or incompetence, kinesiologists should report the issue to the appropriate source.

## **Other Reporting Obligations**

Other legislation exists that obligates certain professionals to report abuse. As regulated health professionals who may be providing services to children or the elderly, kinesiologists have an obligation to report child abuse as per the *Child and Family Services Act, 1990* and elder abuse as per the *Long-Term Care Homes Act, 2007*. Kinesiologists should be aware of other legislation relevant to their practice.

For reporting obligations regarding suspected child abuse or neglect, please refer to the following information <<<<<<<<<< (link to article)

## **Self-Reporting (Kinesiologists)**

### **Guilty of an offence**

A member has a duty to report to the College if he or she has been found guilty of *any* offence in *any* jurisdiction. The member must report within 30 days of the finding. If a member has been pardoned, or received an absolute or conditional discharge instead of a conviction, the member must still self-report to the College.

### **\*\*Charges and Restrictions<sup>3</sup>**

New amendments to the Code will create these new legislated reporting obligations. Members must report any charges for any offences. Like findings of guilt, members must report all offences, not just criminal offences, but any provincial offences as well.

When reporting any charges, the member must report whether, as a result of the charge, there are any court-imposed restrictions, or in the case of criminal offences, bail conditions, as well as, the status of the matter.

#### **Finding of professional negligence or malpractice**

A member must report to the College if he or she has been sued and a civil court has found the member to be liable for professional negligence or malpractice.

#### **Finding or proceeding by another professional regulatory body<sup>4</sup>**

Kinesiologists are required to inform the College of whether they are regulated in another profession inside or outside Ontario.

A kinesiologist must report to the College if they are the subject of a regulatory proceeding by another regulatory body inside or outside Ontario. Kinesiologists are required to report the matter whether the proceeding is on-going or a finding has been made. For example, if a kinesiologist has been referred to discipline by another health regulatory college in Ontario, they must make the report at the time of the referral, not at the conclusion of the matter at a disciplinary hearing.

### **How and when to report**

#### **Self-reporting**

For all self-reporting obligations kinesiologists must report within 30 days of receiving notice of the finding.

The self-report must contain the following information:

- (a) the name of the member filing the report;
- (b) the nature of, and a description of, the offence or finding;
- (c) the date the member was found guilty of the offence or the date the finding was made;

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<sup>3</sup> These provisions are not yet in effect, however, College by-laws require the reporting of any court restrictions and consider it members' responsibilities to commence reporting any charges immediately. The guideline will be revised when the new provisions come into effect.

<sup>4</sup> These reporting obligations currently exist in College By-laws, but new legislative amendments will come into effect at a later date that will make them enforceable under the Code. However, College By-laws expand this duty by requiring members to report if they are the subject of a regulatory proceeding, therefore, members would be expected to make a report, in some instances, before a finding. See the checklist for further details. Under the By-laws, members are also to report if they are the subject of an incapacity proceeding. The Code will not specify this.

- (d) the name and location of the court that found the member guilty of the offence or the governing body that made the finding; and
- (e) the status of any appeal.

#### **Sexual abuse, incompetence and incapacity**

These reports must be filed with the applicable college within 30 days of the information being discovered, or, immediately if the reporter has reasonable and probable grounds to believe that the regulated health professional is an on-going threat to patients/clients.

The report must be addressed to the Registrar of the College and must include the following:

- (a) the name of the person filing the report;
- (b) the name of the member who is the subject of the report;<sup>5</sup>
- (c) An explanation of the alleged sexual abuse, incompetence or incapacity; and
- (d) If the report is related to a particular patient/client of the member who is the subject of the report, the name of that patient/client, if the patient/client consents to disclosing their name.

#### **Failure to report**

It is considered professional misconduct if a member fails to report any of the above. If the College becomes aware of such a failure, the College can investigate. Failure to make a mandatory report is an offence punishable with a fine of up to \$50,000.00 for a first offence.

Where information becomes available that a member or professional corporation has failed to make a mandatory [report](#) where the practice or conduct at issue is considered serious and a substantial risk to the public, the Registrar will initiate an investigation.

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<sup>5</sup> If the facility operator, employer or member does not know the name of the member who is the subject of the report, they should attempt to ascertain the member's identity. However, if the person is unable to identify the member, there is no duty to report.

**Mandatory Reporting Checklist for Kinesiologists**

	In the last 30 days have you?	Yes	No	Have you reported it to the College?	Yes	No
1.	Changed your legal name					
2.	Changed the name which you are known by in practice (i.e. nickname)					
3.	Changed your primary residence and/or telephone number					
4.	Changed your email					
5.	Changed employers, title/position, description of role, duties and responsibilities or employment category and status and/or your business name and address or telephone number					
6.	If a shareholder in a professional corporation, has made to the information on the original application (see clause 22.07 of College By-laws					
7.	Become registered with another professional regulatory body*(see below) inside or outside of Ontario)					
8.	Been denied registration by another health regulatory bodyinside or outside of Ontario					
9.	Been the subject of a regulatory proceeding*(see below) by another regulatory body for professional misconduct, incompetence or incapacity					
10.	Had a finding of professional misconduct, incompetence or incapacity made against you by another regulatory body (in or out of Ontario)					
11.	Been found guilty of professional negligence or malpractice in a civil court (in or out of Ontario)					
12.	Been charged with an offence*with details of any restrictions imposed as a result (e.g. bail conditions)					
13.	Been found guilty of any offence (in or out of Ontario)					
15.	Had knowledge of an unsafe incident*(see below) by another registered kinesiologist					
16.	Have reasonable grounds to believe a kinesiologist or another regulated health professional has sexually abused a patient/client					
17.	No longer registered with another regulatory body and was not in good standing when					

**Comment [CM1]:** This is not yet proclaimed in the Code, but it is in our By-laws

**Comment [CM2]:** This is not yet proclaimed in the code, but it is in our General Regulation

**Comment [CM3]:** Not yet in force



	registration ceased (in or out of Ontario) (see below)					
18.	Any other event that would provide reasonable grounds for the belief that you will not practise kinesiology in a safe and professional manner (in or out of Ontario)					
19.	If you operate a facility where a kinesiologist practises, and you have reasonable grounds to believe the kinesiologist is incompetent, incapacitated or has sexually abused a patient/client					
20.	If you employ a kinesiologist and terminate the employment or if you are in partnership or association with a kinesiologist and it is dissolved for reasons of professional misconduct, incompetence or incapacity					

**8. Registered with another professional regulatory body:**

This means another body that is created by a provincial or federal statute that regulates a specific profession in the public interest (i.e. another college). It does not include membership in voluntary professional associations (e.g. OKA, OATA). It can apply to organizations outside and inside Canada.

**9. A regulatory proceeding includes the following:**

- a) If a panel of the Inquiries, Complaints and Reports Committee (ICRC) of another health regulatory college in Ontario has made an interim order regarding an on-going investigation (or equivalent in another jurisdiction)
- b) If a panel of the ICRC of another health regulatory college in Ontario has directed that the member appear before a panel of the ICRC to be cautioned or directed the member to complete a Specified Continuing Education and Remediation Program (SCERP)
- c) If a panel of the ICRC of another health regulatory college in Ontario has referred allegations of professional misconduct or incompetence to the Discipline Committee or has referred the member to the Fitness to Practise Committee for incapacity concerns (or equivalent in another jurisdiction)

**15. An unsafe incident by another registered kinesiologist would include:**

- a) An incident that caused serious patient/client harm
- b) An incident that could be reasonably seen as likely to cause serious patient/client harm

- c) An incident indicating the kinesiologist might be incapacitated. Incapacity means that a kinesiologist may be suffering from a physical or mental condition or disorder that affects their practice and may reasonably be seen as likely to harm patients/clients
- d) A series of incidents that may reasonably be seen as incompetent. Incompetence is where a kinesiologist's professional care displayed a lack of knowledge, skill or judgment of a nature or to an extent that demonstrates that the kinesiologist is unfit to continue practising

When deciding whether or not an incident is serious enough to warrant a report, kinesiologists are encouraged to speak with their employer and/or the College.

**17. No longer registered with another regulatory body and was not in good standing when registration ceased**

This means that at the time registration ceased the member was:

- a) suspended or revoked for an administrative purpose (e.g. non-payment of fees); or
- b) was facing a disciplinary hearing or hearing related to incapacity or had sanctions imposed as the result of disciplinary action or an incapacity matter; or
- c) resigned while under investigation.



**Resolution- Approval of Revised Mandatory Reporting Guideline and Checklist**

**Whereas** legislative changes as a result of Bill 87 require the College to ensure that all resources are up-to-date and accurate; and

**Whereas** raising awareness on the issue of mandatory reporting, particularly with respect to sexual abuse, is an important function of the College; and

**Whereas** the Council has already reviewed the changes and circulation with the membership resulted in positive feedback; and

**Whereas** the College wants to ensure all resources regarding mandatory reporting is comprehensive and clear and that members adhere to these obligations;

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves the revised Mandatory Reporting Guideline and accompanying checklist**

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Date: December 4, 2017

Cataloguing Information	
Number:	
Committee:	
Subject:	

### Decision Note – ADR Facilitator Policy

Date: December 4, 2017

Issue: Approval of the ADR Facilitator Policy

Below is the original issue note from the June meeting when the draft policy was brought Forward. At the end, there is a new section entitled “Feedback” and “Further Developments”.

#### Background:

- When addressing complaints received by the College, there are essentially only 2 processes in which to do so – investigation or alternative dispute resolution (ADR)<sup>1</sup>
- *The Health Professions Procedural Code* (the Code) specifically allows complaints to be resolved using ADR, except in cases of sexual abuse
- Further, new legislative amendments in Bill 87 provide more flexibility for the Colleges to use ADR, mainly in allowing more time for the process
- The Council previously approved the ADR Process Policy which established criteria for complaints to be considered suitable for ADR and outlining the process. This was the initial step for creating a process and program, which will better enable the College to use ADR
- This policy is further defining the process and speaks to how the College will retain facilitators, which is a crucial feature of being able to effectively utilize ADR.
- The policy contemplates the use of volunteer facilitators, who would receive only a nominal honorarium along with any reasonable expense reimbursements

#### **ANALYSIS**

##### Why the Roster?

- For many smaller Colleges, ADR is more challenging to implement because of the confidentiality provisions around the use of it. If an agreement is not reached or either party withdraws consent once the process has been initiated, then the staff person involved is conflicted out. Therefore, in many Colleges there is not another staff member that could effectively take over the matter; such is the case at the College. At this time, if the College wished to use ADR and avoid any potential conflicts, either the mediation or investigation would have to be outsourced at a cost to the College. The default position for many Colleges is to simply investigate everything, without considering the possibility of ADR, because it is less expensive and quicker.
- The roster allows for mediation to take place at a greatly reduced cost while avoiding any conflicts of interest. The Director, Professional Conduct would still be the

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<sup>1</sup> There is a Frivolous & Vexatious option, which is rarely used

- contact point for complainants and members in order to explain the process of ADR and any other processes under the professional conduct umbrella.
- The hope is to increase the use of ADR and, specifically, mediation in the complaints process. The College wants to foster a growth in the use of ADR and promote the fundamental value of conflict resolution - that it goes beyond only offering individual solutions to the parties involved, but offers greater public protection and public confidence. While the public is demanding greater transparency and information about members, a process by which individual complainants have a say in the outcome is equally responsive to the public's need in feeling protected.
  - A fully developed ADR program will assist in the success of the ADR process. A successful ADR process contributes to public protection in the following ways:
    - Producing outcomes that both parties are satisfied with, recognize as mutually beneficial, and a better alternative to traditional investigation
    - Holding registrants to meaningful accountability without being punitive
    - Educating the public on what the standards of the profession are and how they are considered to be met or not
    - Providing a fully voluntary and confidential process
    - Engaging complainants and members in a participatory process, which is responsive to both parties needs
    - Providing a credible and transparent process using facilitators with appropriate knowledge, experience and training

#### Policy development and key features

- The original idea for developing a volunteer roster of ADR facilitators came from the College of Veterinarians of Ontario (CVO), who developed such a program
- The CVO enlisted the help of Stitt, Feld, Handy Group (SFH) a well-respected ADR Facilitation firm which provides ADR services as well as training programs. The CVO had SFH conduct a call out to all of their former participants who had completed a certain level of training with SFH. SFH is accredited both with the Law Society of Upper Canada and the Alternative Dispute Resolution Institute of Ontario (ADRIO). Their programs are recognized by ADRIO as meeting the educational requirements for the designation of Qualified Mediator and Chartered Mediator.
- The CVO program had this basic requirement and candidates were to submit a resume. If they met this basic requirement they were placed on the roster and contacted should a case become available.
- The College consulted with the CVO's Manager of Investigations of Resolution to confirm this was the extent of the policy as of 2015. There were no written policies available. The College's policy differs through several key features:
  - i) requiring that candidates have facilitated an ADR matter;
  - ii) passing an interview phase; and
  - iii) requiring they attend training, provided by the College, about the health regulatory system they will be mediating in.
- There is also more flexibility with respect to educational requirements as the College does not plan to limit its reach only to those who have completed training at SFH
- The College also organized several meetings with professional conduct colleagues from other Colleges to discuss the idea of the roster. These meetings helped inform the College of concerns and potential risks and how to address these (which will be discussed below).
- The policy has been reviewed by the Charlene Rochman, ADR Liaison at the Ontario College of Pharmacists (OCP). The OCP has a more robust ADR program and currently hires paid mediators to mediate any suitable complaints. They have

expressed interest in the College's policy development and Ms. Rochman provided valuable feedback and comments on this draft policy

- The policy is informed by ADRIO requirements for the Qualified Mediator designation as well as some of the requirements for mediators to be selected as part of Ontario Mandatory Mediation Program which is administered by the Ministry of the Attorney General and involves civil litigation cases.
- Finally the policy has been reviewed by the College's legal counsel and no major revisions were suggested

#### Risks and Opportunities

- The College has identified 4 main areas of risk as follows:
  - 1) Quality control & resource management
  - 2) College's reputation & meeting the mandate
  - 3) Inefficiency & delays
  - 4) Financial/liability

#### Quality control & resource management

- The use of volunteers can create a risk that more experienced ADR facilitators would not be interested or committed to the work
- Less experienced ADR facilitators may not gain the confidence of parties and secure agreements
- Further, with any volunteer position, there is often a high turnover rate
- Lastly, the maintenance of the roster will add some administrative work for staff of the College in the Professional Conduct department

#### Addressing the risk

- The criteria specified in the policy and the process by which candidates will be selected, as well as the provision for regulatory training, is entirely aimed at ensuring the College can retain appropriate ADR facilitators. The policy itself is the risk mitigation strategy on this point
- The College's ADR Process Policy also spells out suitability criteria for complaints to be referable for facilitation. Complex and serious cases that pose a significant risk to public safety would not be referred. Facilitators will be assigned low or no risk complaints commensurate with the level of expertise being sought by the College
- To decrease turnover and limit the amount of human resources expenditures at the College, a smaller roster will be developed at first
- The interview phase also creates a layer of relationship building with the College and an opportunity to ensure that facilitators are committed to being on the roster
- Further, in confirmation letters, facilitators will be directed to notify the College if they wish to be removed from the roster

#### College reputation and fulfilling the mandate

- This risk ties into the first risk, in that, if the College does not uphold high standards for the ADR process and selection of facilitators this could damage the College's reputation.

#### Addressing the risks

- The policy is designed to be rigorous enough to establish an appropriate standard for the type of work being conducted by volunteer facilitators.
- Again, as noted above, facilitators will only be assigned low risk complaints
- Further, the requirement that facilitators attend training by the College will ensure they understand the health regulatory context, such as, the relevant provisions of the

RHPA, the role of ICRC and any statutory limitations on what can be agreed to by parties.

- The ADR Process Policy also ensures that, should facilitators have questions relating to the clinical nature of kinesiology practice, appropriate resources will be available
- The Director, Professional Conduct will still be available to complainants and members to explain the College's process and explain that participation in the program is completely voluntary and that consent to participate can be withdrawn at any time
- New legislative amendments allow the Registrar to approve a resolution between the complainant and member; before it went directly to the ICRC. The Registrar can still refer the resolution to the ICRC to ratify. This is an important layer of oversight and ensures that the resolution is not out of line with the College's mandate.
- The College will be seeking further targeted feedback on this policy from various regulators during the consultation period, including, OCP and CVO again. The College also hopes to bring it to the attention of other Colleges through FHRCO
- On the other hand, this project also has the potential to build the College's reputation in a positive light and demonstrate a willingness to create programs that are new and innovative that meet the College's mandate. The hope is to share this policy and have it adopted in full or in part by other Colleges

#### Inefficiency and delays

- Often the process of getting 'buy-in' from members and complainants to participate in ADR can be lengthy, which, if the process fails to produce a resolution will then further the time it takes to investigate the complaint
- Locating and confirming a facilitator may take time as well depending on the nature and location of the complaint as well as availability of facilitators
- Facilitations by volunteers may not be prioritized as highly as paid work which may lead to further delays and/or lack of confidence by the parties

#### Addressing the risks

- The College will be diligent in moving the process along. While the benefits of ADR are numerous, where parties show on-going resistance an investigation will ensue.
- At the same time, complainants and/or members who are unsure of the process will have the opportunity to speak to the facilitator, learn more about the process, and provide consent on an on-going basis. It will be communicated clearly that they can withdraw at any time. This will hopefully minimize delays at the initial stage and at least have the ADR process be initiated. Often participants don't appreciate the benefits of ADR until they are already engaged in the process
- The College will communicate clearly and periodically with roster facilitators and ensure they know to update the College as to their contact details and availability to serve on the roster
- The facilitator on a particular file will be required to communicate with the Director, Professional Conduct, about the status of the matter and the Director will ensure the facilitator is adhering to reasonable timelines
- Further, while new legislative amendments extend the 150 day time limit for complaints to be disposed of by the ICRC when ADR is being used, they limit this extension to 120 days

#### Financial/liability

- There are some financial costs to the College, including, the provision of training, expenses in conducting the facilitations and honorariums paid to facilitators
- Liability for the conduct of facilitators who are agents of the College

#### Addressing the risks

- The College has always demonstrated sound financial judgment and conservatism. Expenses by facilitators must be pre-approved, which would reduce the risk of high cost facilitations
- While honorariums will be given for facilitations, there will be no per diems paid for the facilitations or for attending training. Training will be conducted by the Director, Professional Conduct
- The College does not receive a high volume of complaints and many complaints either aren't suitable for ADR or one or both parties are unwilling to participate in the process. Therefore, it is unlikely that within the next 2-3 years this program will be of substantial cost to the College
- If other Colleges sign on to use the roster the costs can then be shared
- All agents of the College are covered by the College's insurance.
- Further, the RHPA provides strong coverage against liability for anything that is done in good faith. A failed facilitation is not grounds for a claim or complaint to the College

### **Feedback**

- The College met with several other representatives of smaller Colleges and one larger (Pharmacy) who are interested in using ADR and a roster of mediators. The policy was shared with them and no major concerns were highlighted.
- Many of these Colleges expressed great interest in the use of a roster but indicated they wanted to see further development and use of it. The policy was also reviewed by the College's legal counsel, again, with no major concerns

### **Further Developments**

- The College made contact with the Osgoode Mediation Clinic to discuss a partnership and to learn more about the program. The OMC offers free mediations as part of the program to train law students. All students are supervised by a trained mediator provided either by Osgoode or by the partner organization. The Clinic Director, Martha Simmons, was very interested in the prospect of mediating complaints in the health regulatory field and said referrals could begin at any time.
- Further, she indicated that students could also be tasked with developing materials such as a mediators' training manual or mediation fact sheets for the College
- Another College, CASLPO, is piloting the first mediation with OMC and will be providing valuable feedback to the group of regulators interested in this model.
- The CKO policy has been revised to allow for the use of mediators provided by an organization rather than just a roster of individual mediators
- The CKO also put a call out for individual mediators with the assistance of Stitt Feld Handy on November 12, 2017.
- The College has received over 50 resumes of interested candidates. A spreadsheet of the candidates is developed to describe qualifications. Individual interviews and training may only take place when matters come forward for mediation. Further, this list can also be used by other Colleges
- Also, because of the extensive interest in serving on the roster, the policy has been amended in terms of process that would make interviews and training necessary only after matters are deemed suitable for ADR. The resources involved interviewing so many candidates at a stage where there may be no cases is unduly onerous and ineffective as later these candidates may not be available

### **Outcome Desired:**



- To approve the ADR Facilitator Policy

Decision of Council/Committee:

- Brief description (approved for Council, approved by Council etc.)

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Moved by \_\_\_\_\_ seconded by \_\_\_\_\_

Date: \_\_\_\_\_

<b>College of Kinesiologists Policies and Procedures</b>		
<b>SECTION:</b> Professional Conduct		
<b>POLICY:</b> ADR Facilitator Policy		<b>COVERAGE:</b> College
<b>CREATED:</b> March 2017	<b>REVISED:</b>	<b>NEXT REVIEW:</b>

**Policy statement:** The College will develop and utilize a roster of facilitators in order to provide an alternative dispute resolution process to complainants and kinesiologists.

### Introduction

The College is required by law to address all complaints filed. The Alternative Dispute Resolution (ADR) process can be an effective way in which to resolve complaints that satisfies both the complainant and the kinesiologist while serving to protect the public interest. The *Health Professions Procedural Code* specifically allows for the use of ADR to address complaints (s. 25.1(1)). The process is not disciplinary in nature nor does it involve an investigation of the facts of the case. Instead, the process provides both parties a confidential space to discuss the matter openly and provides education both to the kinesiologist and the complainant about how the standards of practice are met. It promotes accountability on the part of the kinesiologist and creates the opportunity for a mutually beneficial agreement to be reached. The process provides the complainant and the kinesiologist the opportunity to be directly involved in the settlement of the complaint.

### Facilitator Qualifications

This policy will set out the criteria for candidates who wish to serve as ADR facilitators and the expectations for a facilitator. Facilitators are neutral third parties who assist in guiding two parties to a mutually agreeable and voluntary settlement of a matter. Facilitators help the parties to communicate their individual and mutual interests, identify and articulate the issues that have given rise to the dispute/conflict/complaint, and generate potential solutions.

ADR facilitators are not decision makers. Facilitators need to demonstrate the following characteristics:

- Patience and non-judgment
- Empathy and objectivity
- Trustworthiness (ADR processes are confidential)

- Strong verbal and active listening skills
- Flexibility and creativity
- Confidence and control of the process
- Ability to recognize and manage power dynamics

Candidates will be selected on the basis of their experience and training in ADR as well as their educational and professional/work background. Candidates will also be assessed through the application process for their demonstration or evidence of the characteristics listed above.

### **Criteria - individuals**

The College requires specific and minimum criteria for individual facilitators to be placed on the roster. They are as follows:

- Has undertaken at least 40 hours of basic mediation/negotiation training in a course approved by the College<sup>1</sup>
- Individuals with additional advanced or specialized mediation/negotiation training beyond the basic 40 hours training will be given preference
- Has completed<sup>2</sup> at least:
  - two matters utilizing an alternative dispute resolution process as the lead facilitator; or
  - three matters utilizing an alternative dispute resolution process as a co-facilitator;
- If the candidate is part of any regulated profession or trade, the candidate must be in good standing<sup>3</sup> with that organization.

### **Criteria – partner organizations**

The College may also partner with organizations that provide facilitation services and facilitators. The partner organization will be required to assure the College that their lead facilitators meet the criteria listed above. A memorandum of understanding will be signed between the College and the organization outlining the requirements of the College's ADR policy and Facilitator Policy with any necessary modifications. The application process

<sup>1</sup> The College will refer to guidelines and lists of approved courses by organizations such as the Alternative Dispute Resolution Institute of Ontario (ADRIO), the Law Society of Upper Canada, etc.

<sup>2</sup> Completion of these matters must be confirmed by the referral source. A matter may include, but is not limited to, mediation experience in counseling, pastoral care, social work, law, work with or within agencies, boards, commissions or tribunals, workplace settings or mediation clinics. Mediation experience can include paid and volunteer mediations.

<sup>3</sup> Good standing means the candidate is in good standing administratively (i.e. has paid all their fees) and has no published conduct history

outlined below would then be exempted for individual facilitators who are providing services for the partner organization.

## Process

### Application

- 1) The candidate must complete and/or submit the following to the College:
  - A completed application form;
  - A resume which lists all post-secondary education, as well as any professional degrees, certificates and/or designations;
  - A copy of any and all supporting documentation, including proof of completion of ADR training and completion of a matter(s) utilizing ADR;
  - A letter of good standing from any professional regulatory bodies;
  - At least two reference letters from relevant sources.

~~2)1) Once the application is reviewed and is determined to meet the initial requirements. The applicant will be placed on the roster ~~the candidate will be interviewed by an appropriate College staff member~~~~

~~3)1) If a candidate passes the interview phase, they will be required to take part in the College's regulatory training.~~

~~4)2) A candidate will be required to read and understand the College's confidentiality policy and sign the College's Confidentiality Agreement.~~

### Selection on a matter

- If a case is assessed as being suitable for ADR, a facilitator will be contacted and interviewed by an appropriate College staff member to determine their suitability for the matter
- A conflict check will be undertaken before the facilitator is formally assigned to the case, which includes, but is not limited to, a facilitator not being registered with the College or with a College from which the complainant may be registered
- The facilitator will also be required to undertake any necessary training prior to commencing work on the file
- The facilitator will be required to read and understand the College's confidentiality policy and sign the College's Confidentiality Agreement
- Once the facilitator has been formally assigned and the parties notified, the facilitator will be required to make contact with the parties within 7 days

### The facilitation

- The facilitator may conduct a mediation in-person or electronically (eg. By telephone or videoconference) and may use shuttle diplomacy in order to facilitate a settlement

- The facilitator will be required to ensure that both parties are fully informed about the process and provide informed consent to participate throughout the process of facilitation. The facilitator will document the consent in their notes
- The facilitator will be required to respond to any College requests for updates on the matter and estimated timelines within a reasonable time
- A facilitator will not disclose any content of the discussions with any College staff unless there is a statutory duty to disclose information<sup>4</sup>
- The facilitator will have the necessary practice resources available to them including a practice advisor to answer any questions of a clinical or regulatory nature if required
- The facilitator will be required to draft the settlement agreement on a template form provided by the College and submit it to the College with all the required signatures
- Facilitators will be expected to follow the College's Code of Conduct and all other relevant policies and procedures
- The facilitator, in consultation with the Director, Professional Conduct (or designate), will secure an appropriate and private location at a reasonable cost, which will be borne by the College. Any cost for the location must be approved by the College first.

### Compensation

- Facilitators will be compensated for any travel expenses associated with a case that have been pre-approved by the College
- Facilitators will be provided with compensation at a lump-sum rate by the College, which is an honorarium and not remuneration for time spent on the file

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<sup>4</sup> Facilitators will be trained as to the various statutory exceptions to confidentiality

COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO



# Communications Update

Ryan Pestana  
Communications Officer

# DISCUSSION POINTS

- University visits
- Employer brochure
- Communications survey
- IDS statistics
- FHRCO
- Database upgrade



# UNIVERSITY VISITS



13 schools visited



Two career fairs



Nearly 400 students



# EMPLOYER BROCHURE

- Resource for employers explaining their obligations
- Using kinesiology to reach employers
- Over 200 clicks to this resource



# COMMUNICATIONS SURVEY

- First comprehensive survey in five years
- Looking for feedback on website, publications, communications in general
- Goal is to gain a better understanding of how our audience wants to receive information and the information they need
- Will be emailed to kinesiologists and stakeholders and posted to the website

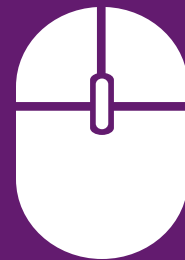


# IDS CANADA

- Ontario-wide brochure campaign (July 2017- July 2018)
- Placed in doctor's offices and the diabetes health network



7882 brochures picked up



20 sessions



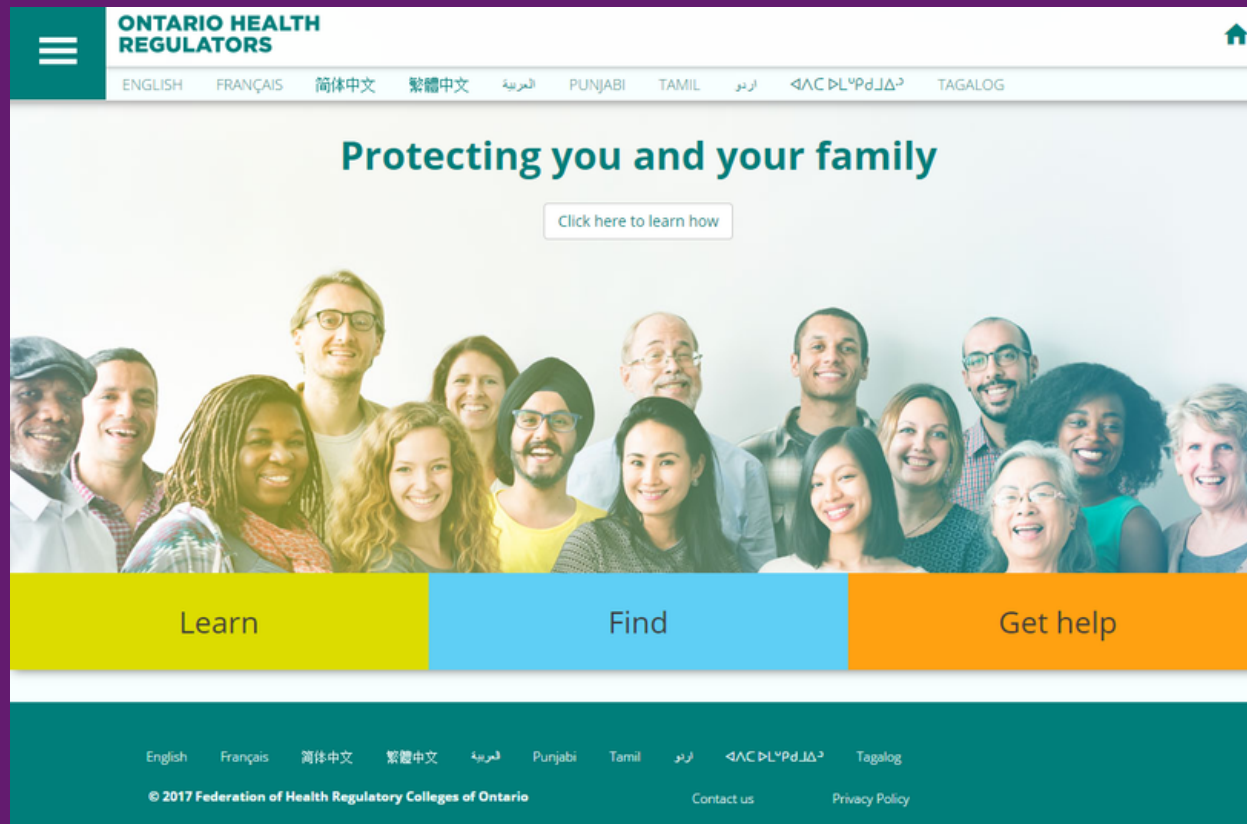
Average of 10 minutes on page



30% bounce rate

# FHRCO

- New website created for the public



# FHRCO

- Video created to help market the website



# DATABASE UPGRADE

- New consulting team hired in January
- Strategic review of the database undertaken
- Conducted focus groups with staff to determine needs
- Work underway to upgrade the database and website
- Focus groups with R.Kins to gather feedback



THANK YOU!



QUESTIONS?

## Briefing Note - Payment Processing Options

### Purpose

To inform Council that the College has begun to explore providing registrants with additional payment options for renewal fees which will provide benefits to registrants and also to reduce the fees currently paid by the College for processing of credit card payments by registrants.

### Background and Rationale

Currently registrants and applicants pay fees through credit card. Some registrants request a payment plan to manage the renewal fee over a period of time within the program year. Those using a payment plan remit cheques to the College for instalment payments. Only a limited number of registrants use this option and it requires approval by the Registrar. The College lacks the resources to directly process payments by registrants.

Credit card payments are processed securely by a third party company such as PayPal and Global Payments. These companies charge a processing fee which varies depending upon the type of credit card used. Banks also charge fees for receiving these processed credit card payments.

The amount paid out by the College annually for processing these credit card payments is in excess of \$60,000. The College has made numerous attempts to renegotiate rates with the credit card payment processing service provider with no significant drop in rates over the years.

In consultation with the Planning and Finance Committee, the College has been investigating other models which would reduce these overall payment processing costs. The College met with several banks and discussed options while in the process of selecting a competitive bank service provider.

The selected bank service provider, CIBC, has suggested that the College consider offering registrants additional payment options including direct debit. The College believes that implementing additional payment options would be of benefit to registrants and will be working towards this over the next several months.

Implementation of additional payment options will require system changes, and a major communications strategy to ensure that registrants understand and are encouraged to use a debit option. The College recognizes that additional data security measures may be required to ensure our continued legal compliance, and incentives may be needed to encourage registrants to use the new payment options. Our communications strategy will include explanations of the advantages of the different payment models and how these impact the college and the individual registrant.



Any potential impacts on the fee rates or new fees would be circulated to College registrants as required under the RHPA.

### **Next Steps**

The College will begin work in early 2018 to develop a project outline, determine implementation costs, ongoing costs to maintain a debit payment option. Work will continue with our iMIS service provider and the CIBC and any other service providers necessary to implement the debit payment model. A detailed proposal with implementation plan will be reviewed with the Planning and Finance Committee. The Communications strategy, if the College intends to proceed will be reviewed with Executive Committee and Council at the Spring meeting.

**Resolution—to establish the College of Kinesiologists of Ontario Line of Credit  
with the Canadian Imperial Bank of Commerce (CIBC)**

**Preamble:**

Whereas, the College of Kinesiologists of Ontario has selected the Canadian Imperial Bank of Commerce as its service provider for banking services including a all bank accounts for operating and holding funds; and

Whereas the College's Planning and Finance Committee asked the College to investigate interest rates and other terms that would be imposed on a line of credit for the college including limits, as part of its investigation to select a competitive banking institution for the College; and

Whereas the Canadian Imperial Bank of Commerce has been selected to provide banking services for the College and has proposed to the College an overdraft protection type of model at \$125,000 as a demand revolving operating credit to finance general business expenditures with an interest rate of prime plus (up to) 1% on outstanding balances only; and

Whereas the College feels that it is making adequate provision through annual deposits to the reserve accounts, for unplanned demand-driven expenses in investigations and prosecutions, a well as operating costs; and

Whereas, the risk is low that the need will arise for the College to draw upon a line of credit and should more than \$125,000 be required at any point in time, the bank would consider such a request; and

Whereas the College has enquired into the practice of other health professions regulators and found that most do not carry a line of credit and one that did so in the past has terminated it;

**Therefore**

**Motion #1**

Be it resolved that the College of Kinesiologists of Ontario establish an Operating Line of Credit with the Canadian Imperial Bank of Commerce (CIBC) based on the terms presented in their proposal in an amount of \$125,000.

**Moved by:**

**Seconded by:**

**Date: December 4, 2017**





**Resolution–Transfer of funds from the College’s Bank Account to another banking institution**

**Matter #1- Transfer of the College of Kinesiologists bank account from Royal Bank of Canada (RBC) to Canadian Imperial Bank of Commerce (CIBC).**

**Preamble:**

Whereas, the College’s bank account was established at the Royal Bank of Canada in 2013; and

Whereas the College’s bank charges have increased significantly over the years and the College has met with a number of banking institutions to investigate options to reduce banking charges and gain efficiencies in banking services with an effort to streamline the manual processes; and

Whereas the College has determined that the Canadian Imperial Bank of Commerce has offered a service model which is responsive to the needs of small not-for-profit organizations such as ours, and as no other banking institution including the Royal Bank of Canada responded to our request for proposals with a comparable service approach and an interest in helping us to reduce overall banking charges to meet our needs; and

Whereas the College has discussed its findings with the Planning and Finance Committee which had an opportunity to review the CIBC proposal, and the Committee is recommending to Council a change from the Royal Canadian Bank to the Canadian Imperial Bank of Commerce;

**Therefore :**

**Motion #1**

Be it resolved that Council approve the transfer of funds from the Royal Bank of Canada to the Canadian Imperial Bank of Commerce on a schedule and in a manner which can be accommodated by the College bookkeeping and fee processing systems and procedures, and that at the conclusion of the transfer, all accounts at the Royal Bank of Canada be terminated.

**Moved by:**

**Seconded by:**

# REVENUES

COLLEGE OF KINESIOLOGISTS OF ONTARIO - REVENUE PROJECTIONS TO YEAR END  
FOR THE FISCAL YEAR 2017/2018  
(as of Apr 1 - Nov. 15, 2017)

updated 29/11/2017

	1	2	3	4	5
CATEGORY	APPROVED REVENUE FORECAST	REVENUES RECEIVED TO DATE (interim)	REVISED PROJECTIONS	VARIANCE	
	\$	\$	\$	\$	
<b>Revenue:</b>					
Jurisprudence Fee (\$48.25)	14,475	17,277	19,152	4,677	
Application Fee (\$100)	30,000	31,300	39,300	9,300	
Examination Fee (\$400)	120,000	121,000	178,600	58,600	
Registration Fees*	1,656,563	1,615,236	1,660,411	3,848	
Interest Income	3,000	2,541	3,174	174	
<b>TOTAL</b>	<b>1,824,038</b>	<b>1,787,354</b>	<b>1,900,637</b>	<b>76,599</b>	

*	Approved Forecast	Interim Actual (Apr- Nov)
	\$	\$
New Registrants	101,563	72,800
- Sept - Nov (\$650)		
- Dec - Feb (\$487.50)		
- Mar - May (\$325)		17,875
- Jun - Aug (\$162.50)		10,400
Renewal (\$650 & Installments)	1,493,700	1,433,511
Inactive (\$200 & Installments)	54,000	72,100
Inactive Late (\$50)	1,000	2,250
Registration Late Fee (\$100)	6,000	5,700
Re-instatement Fee (\$325)	300	-
Professional Corp Reg Fee		600
Total	1,656,563	1,615,236

**Notes**

All revenue categories are expected to exceed projections by Q3 and by year end.

## EXPENDITURES

Page 2

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO  
YEAR END 2017/2018  
(as of Apr 1 - Nov. 15, 2017)

update 29/11/2017

	1	2	3	4	5
CATEGORY	BUDGET	EXPENDITURE TO DATE	FORECAST TO YEAR END	VARIANCE	
	\$	\$	\$	\$	
<b>Expenditure:</b>					
Council & Committees	60,500	13,839	30,448	30,052	
Professional Fees	29,125	20,286	29,125	0	
Communications & Media	145,700	74,091	141,396	4,304	
Rent & Facility Costs	224,421	144,864	224,421	0	
Office & General	108,910	90,747	128,718	<b>-19,808</b>	
Salaries & Wages	895,903	535,604	895,903	0	
Registration	169,150	92,735	196,800	<b>-27,650</b>	
Quality Assurance	82,170	31,787	82,170	0	
Professional Conduct	59,500	4,307	46,289	13,211	
<b>TOTAL</b>	<b>1,775,379</b>	<b>994,421</b>	<b>1,543,302</b>	<b>109</b>	

### Notes:

#### Council & Committees including AGM

Payment of expenses for QA & Registration, ICRC and Council meetings to happen by end of Q3 and Q4. Savings resulted from working group meeting to define inactive being postponed due to staff vacancy; patient relations and executive committee not meeting and meeting costs coming lower than expected.

#### Registration

Expenses for database maintenance are higher than projections due to additional support required for the database upgrade. Upgrade of platform is expected in Q4. Allocation for additional work on database approved by Planning and Finance.

#### Office and General

Increase in Bank Charges due to the volume of registration renewals. Proposal for payment processing options still under investigation. Committee/Council to consider the impact on membership. Savings under

Professional development and Council training

Professional Conduct

Expenditures for Investigations and hearings and legal advice are demand driven. Actual spending has been allocations. Surplus will be directed to reserve fund.





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## Code of Conduct

- 1) This Schedule applies to members of Council and members of all Committees of the College.
- 2) Council and Committee members must, at all times, maintain high standards of integrity, honesty and loyalty. Members of Council and Committees who are members of the profession must adhere to the standards of the profession and all bylaws and regulations pertaining to the profession.
- 2)3) ~~When~~ When discharging their College duties, all Council and Committee members ~~They~~ must act in the best interest of the College. They shall:
  - i) be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991* and its regulations, the *Health Professions Procedural Code*, the *Kinesiology Act, 2007* and its regulations, and the by-laws and policies of the College;
  - ii) be prepared to participate in Council meetings and Committee work including reading background materials and briefing documents;
  - iii) diligently take part in Committee work and actively serve on Committees as appointed by the Council;
  - iv) regularly attend meetings on time (including not missing two (2) or more consecutive meetings without reasonable cause) and participate constructively in discussions;
  - v) offer opinions and express views on matters before the College, Council and Committee, when appropriate during meetings;
  - vi) participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Council and Committee members;
  - vii) uphold the decisions made by a majority of Council and Committees, regardless of the level of prior individual disagreement;
  - viii) place the interests of the College, Council and Committee above all other interests;
  - ix) avoid and, where that is not possible, declare any appearance of or actual conflicts of interest;
  - x) refrain from including or referencing Council or Committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one's titles or positions held at the College in

one's curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);

xi) preserve confidentiality of all information before Council or Committee unless disclosure has been authorized by Council or is otherwise exempted under s. 36(1) of the *RHPA*;

xii) refrain from attempting to influence a statutory decision unless one is a member of the panel or, where there is no panel, of the Committee dealing with the matter;

xiii) refrain from discussing any matter which is before Council or a Committee outside of a meeting of that body

xiv) refrain from expressing personal views which may reflect bias, encourage bias

xv) adhere to all policies, bylaws regulations and directives concerning confidentiality

xvi) respect the boundaries of staff whose role is not to report to or work for individual Council or Committee members including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to that Committee or the Council or where otherwise appropriate;

xvii) be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment;

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## **Resolution- Approval of Revised Mandatory Reporting Guideline and Checklist**

**Whereas** the transitional Council approved Code of Conduct to ensure that Council and Committee members would understand what is expected from them in relation to attendance at meetings, conduct in meetings and preparation for meetings; and

**Whereas** Council and Committee members are expected to always ensure that their actions, and participation in decision-making are always above question, demonstrate fairness, and due diligence; and

**Whereas** the Council has reviewed the [proposed changes to the Code of Conduct and believes that the amendments serve to provide further clarification and direction to ensure fairness, avoidance of conflict of interest , and due diligence;

**Therefore, be it resolved that the Council of the College of Kinesiologists of Ontario approves proposed amendments as discussed and requires that this Code of Conduct be discussed annually by Council and Committees as part of orientation**

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Date: December 4, 2017

## Registration Report

<b>Committee:</b> Registration
<b>Prepared for:</b> Council
<b>Date:</b> December 4, 2017

- **Registration Committee meetings**

There has been a referral to the Registration Committee since the last Council Report. On October 12th, 2017, an orientation was held for new and existing members of the Registration Committee facilitated by Ugie Ifesi, Magdalena Reder and the College's Lawyer Rebecca Durcan.

- **Fall Examination**

The fall sitting of the College's entry-to-practice examination occurred on Saturday, September 16, 2017. There were 303 candidates registered for the fall exam making this one the biggest one yet with 5 candidates requested testing accommodations. As we approached closer to the exam date we had applicants withdrawn from writing and in the end 281 candidates wrote the exam.

In 2017, a total of 507 candidates, an increase of 35 candidates, or a 7% increase compared to the previous year.

Number of Candidates	Spring	Fall	Total
2013	100	141	241
2014	141	252	393
2015	174	271	445
2016	207	265	472
2017	226	281	507

- **Membership Renewal**

Renewal notices were sent to all 2735 members on July 4, 2017. Members had until September 1, 2017 to complete renewal. A detailed report of the renewal data will be presented in the December council meeting. In the meantime, here is the breakdown:

Renewed	2576
Resigned	118
Suspended	32
Deceased	1

A total of 150 members or 5.2% of membership have either resigned or been suspended for non-payment of fees.

With the completion of the 2017 renewal, registration keeps going. As of November 23, 2017 the College has registered 138 new members since September 1. The total membership stands at 2,710 members, with 2,350 in the general class and 360 in the inactive class.

COLLEGE OF  
KINESIOLOGISTS  
OF ONTARIO



# Registration Statistics

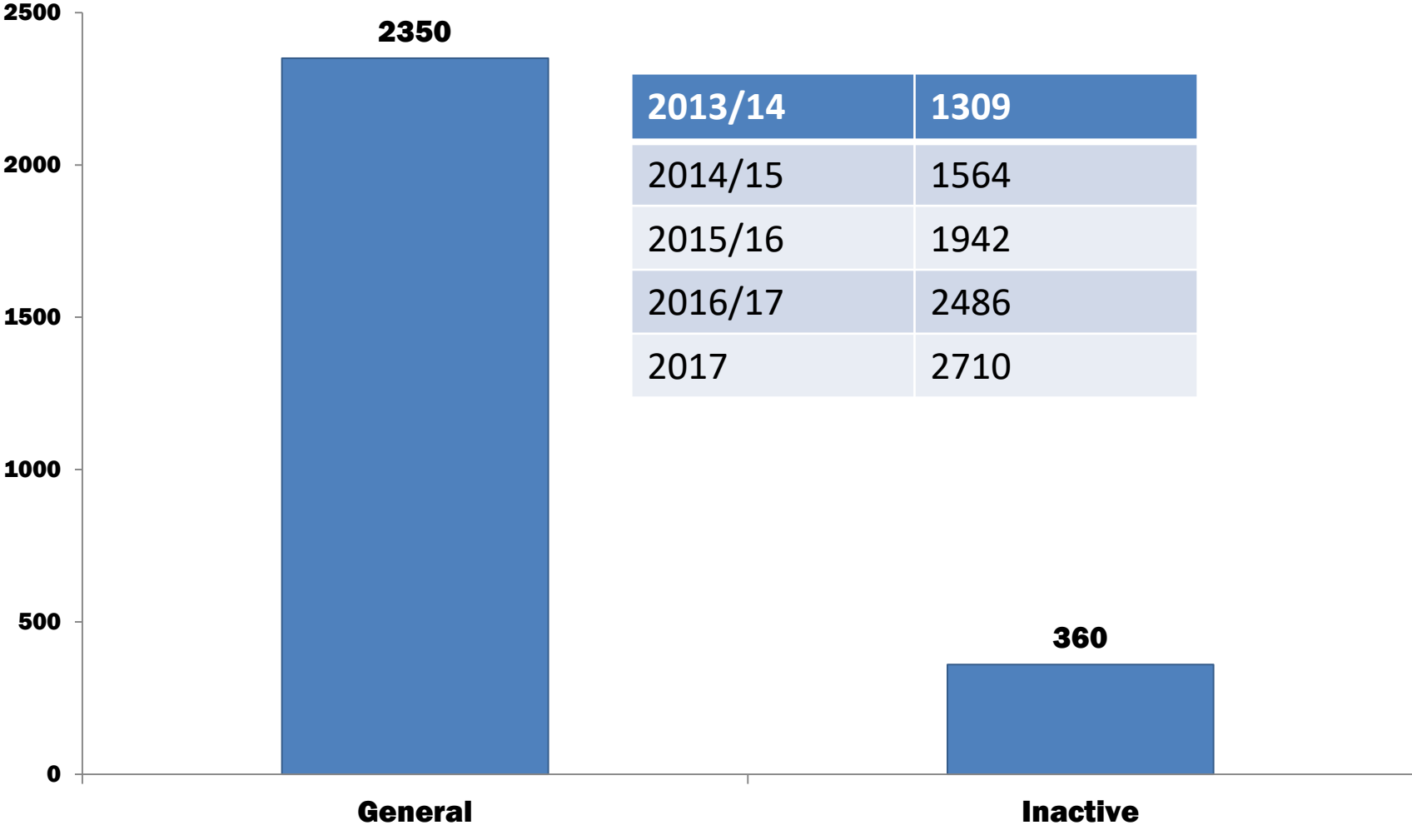
December 4, 2017





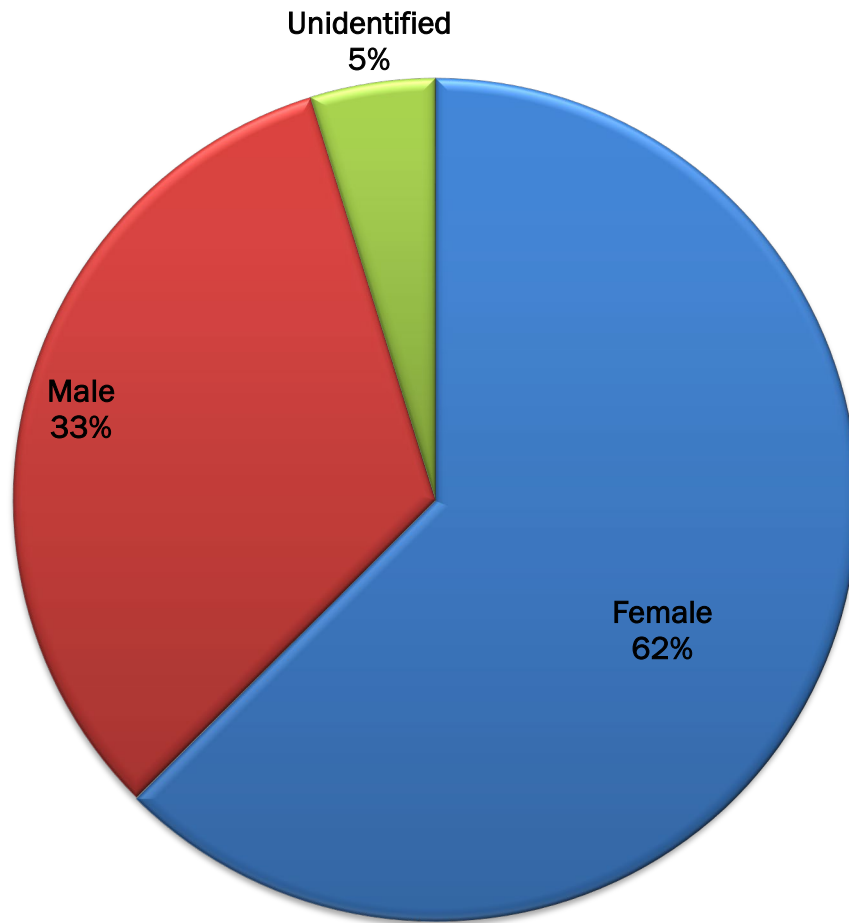


# CURRENT REGISTRATION STATUS



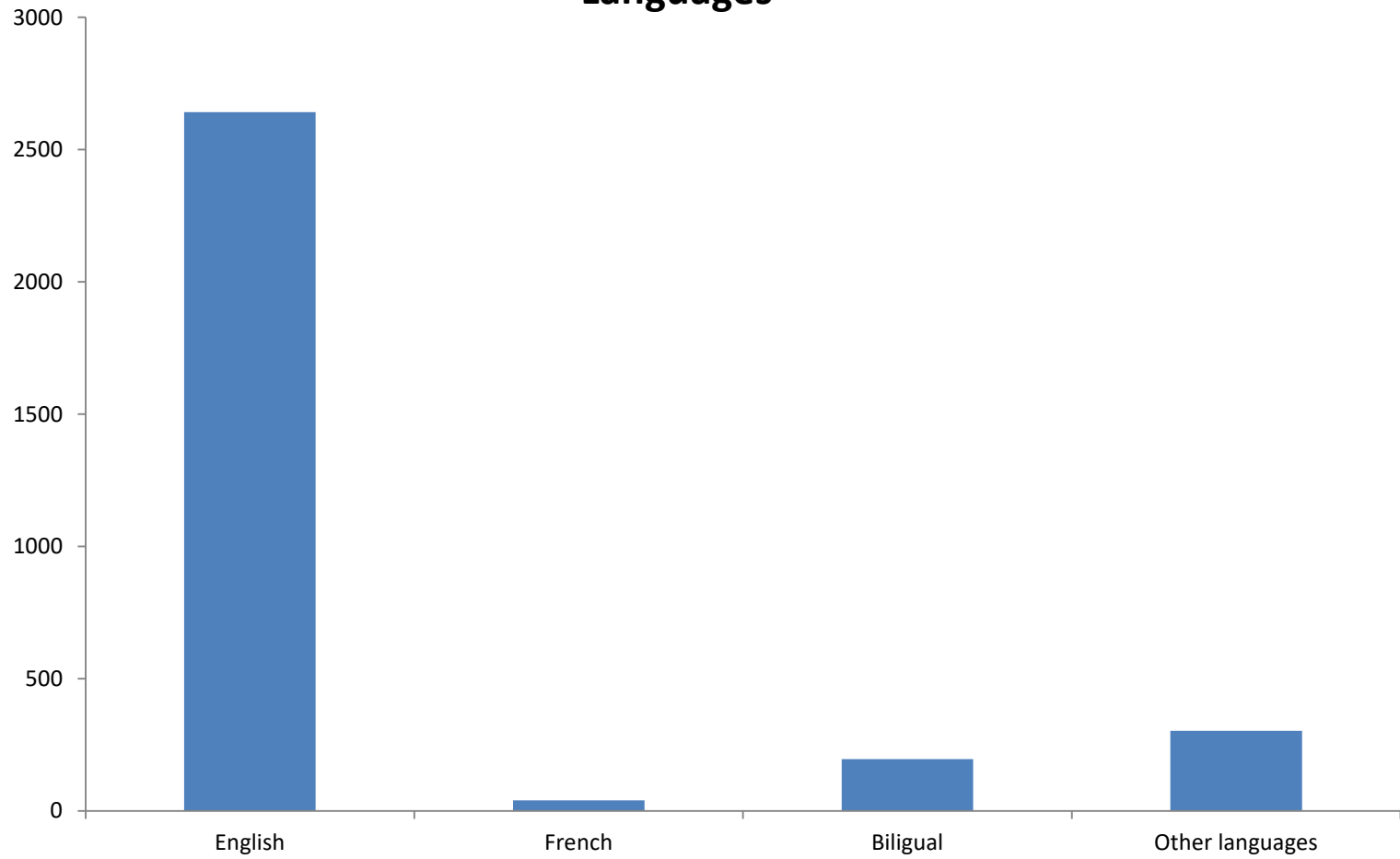


## Gender





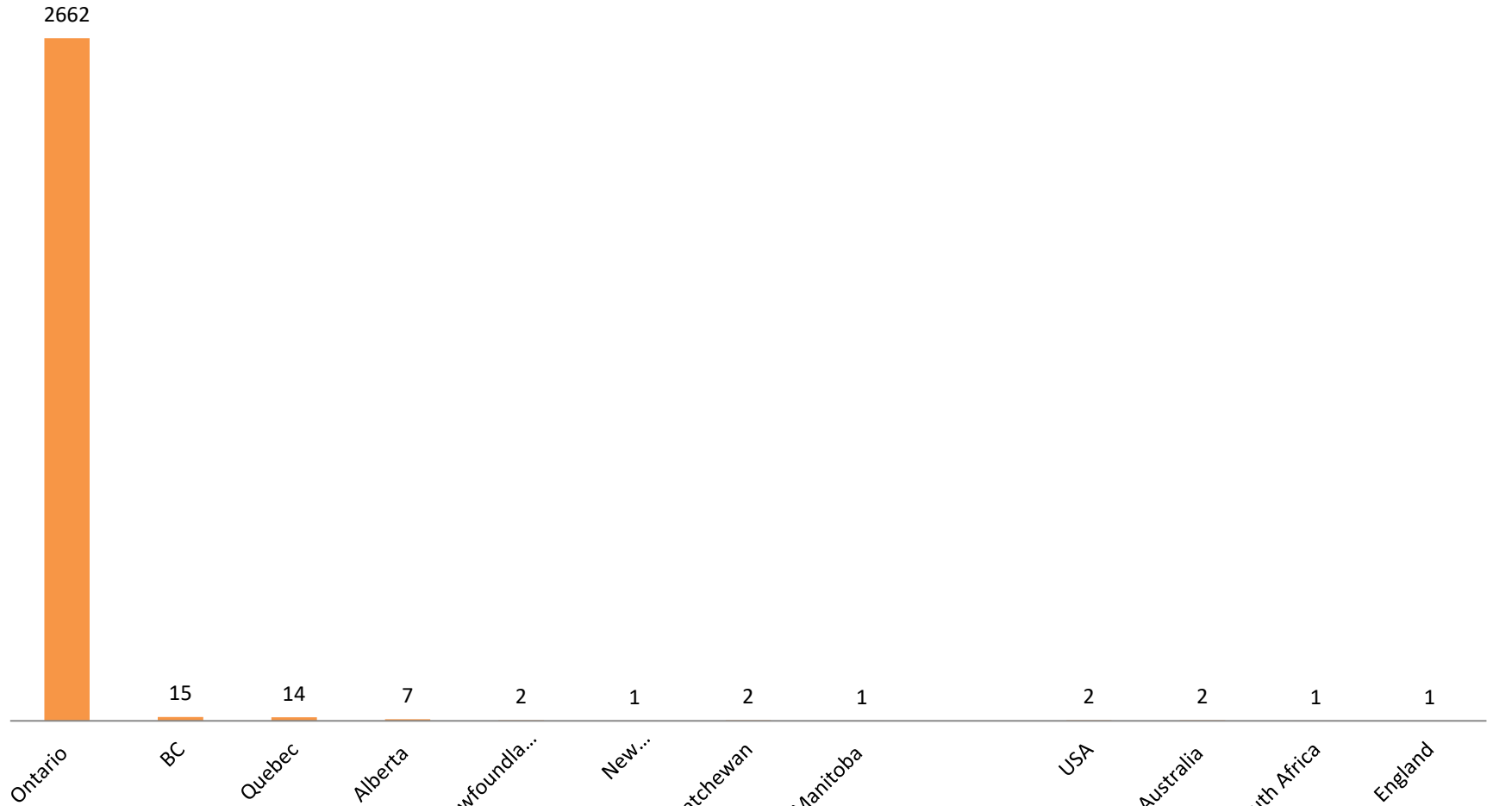
## Languages

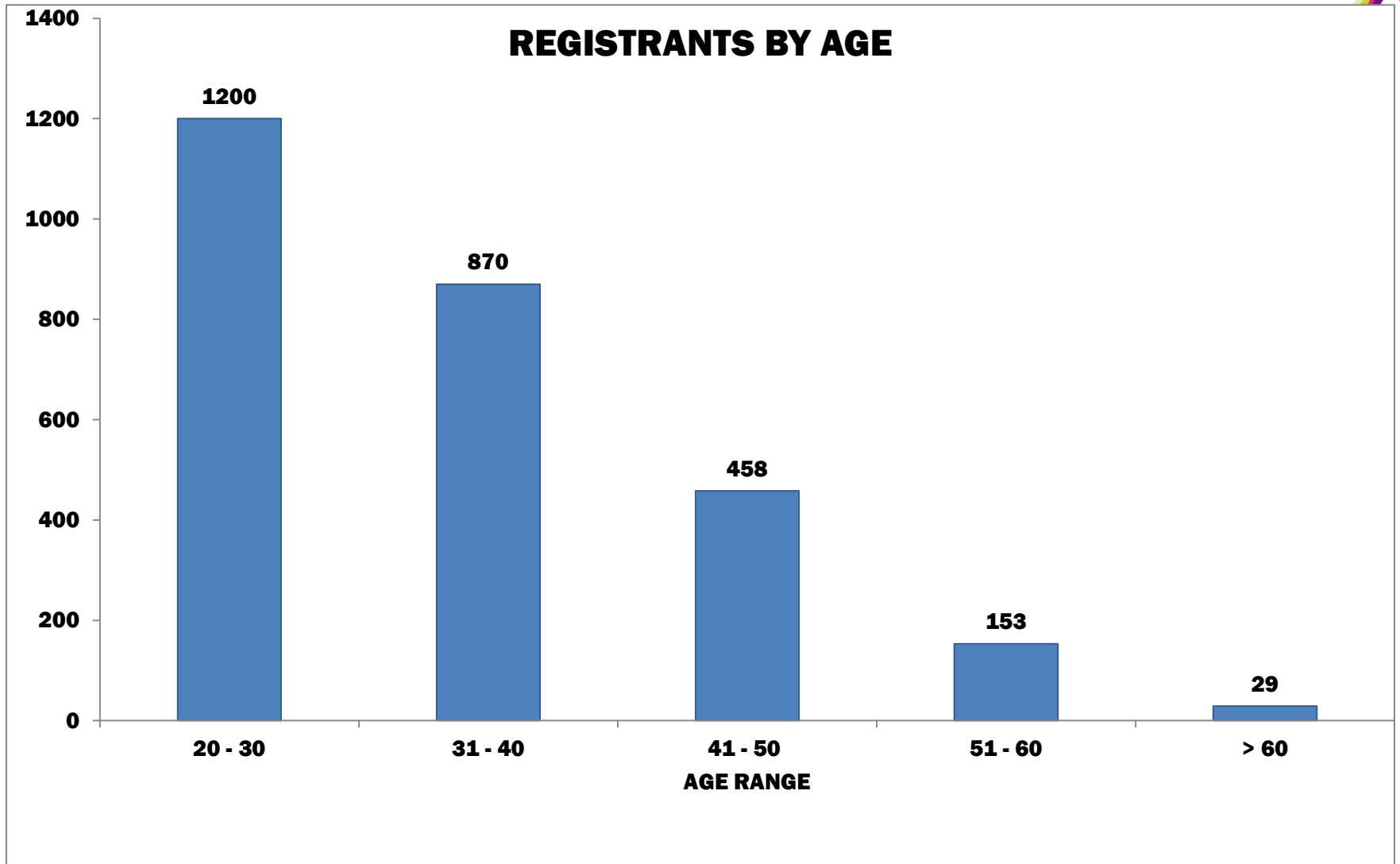




# Chart Title

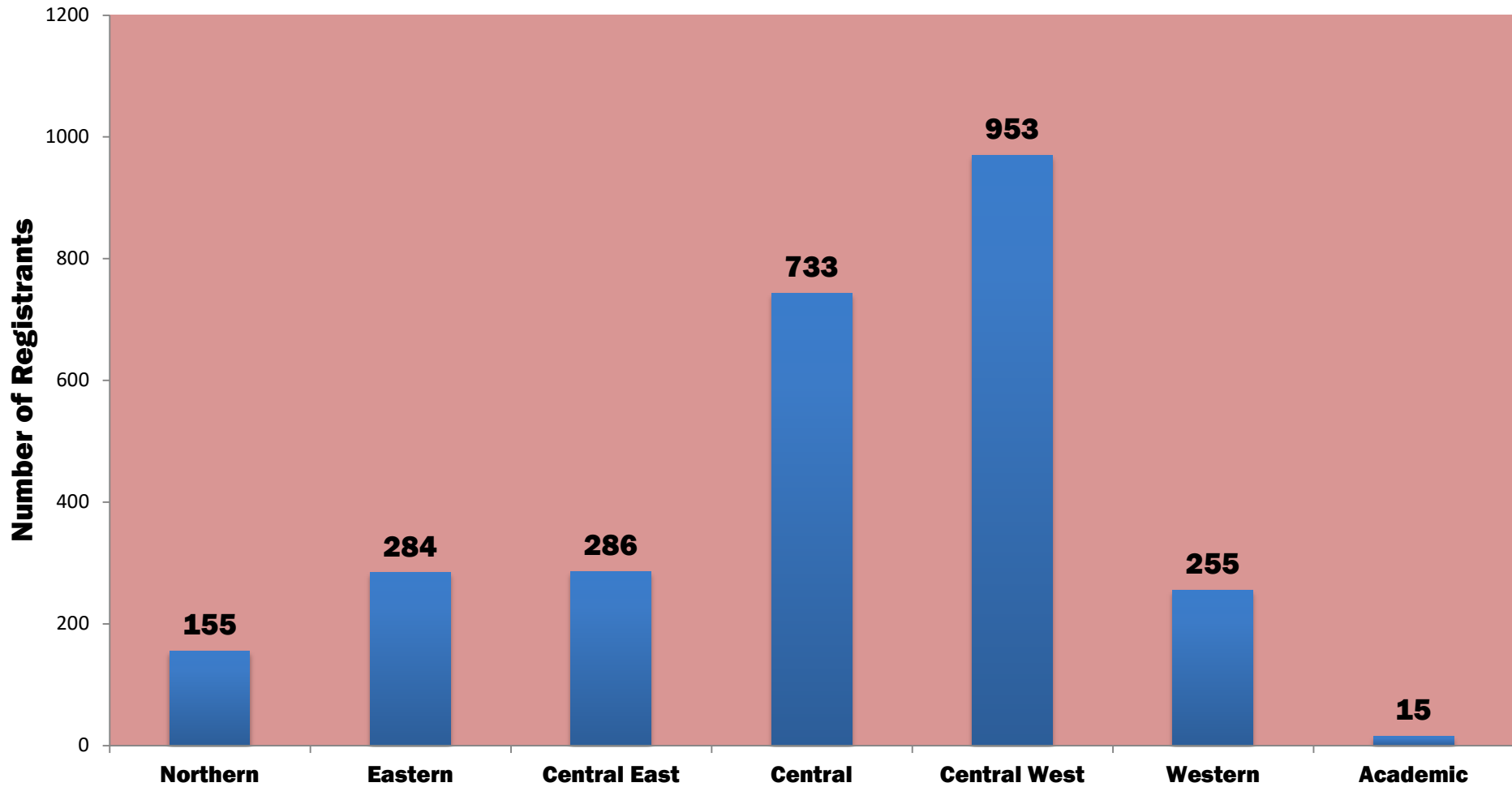
## Practice by Province and other countries





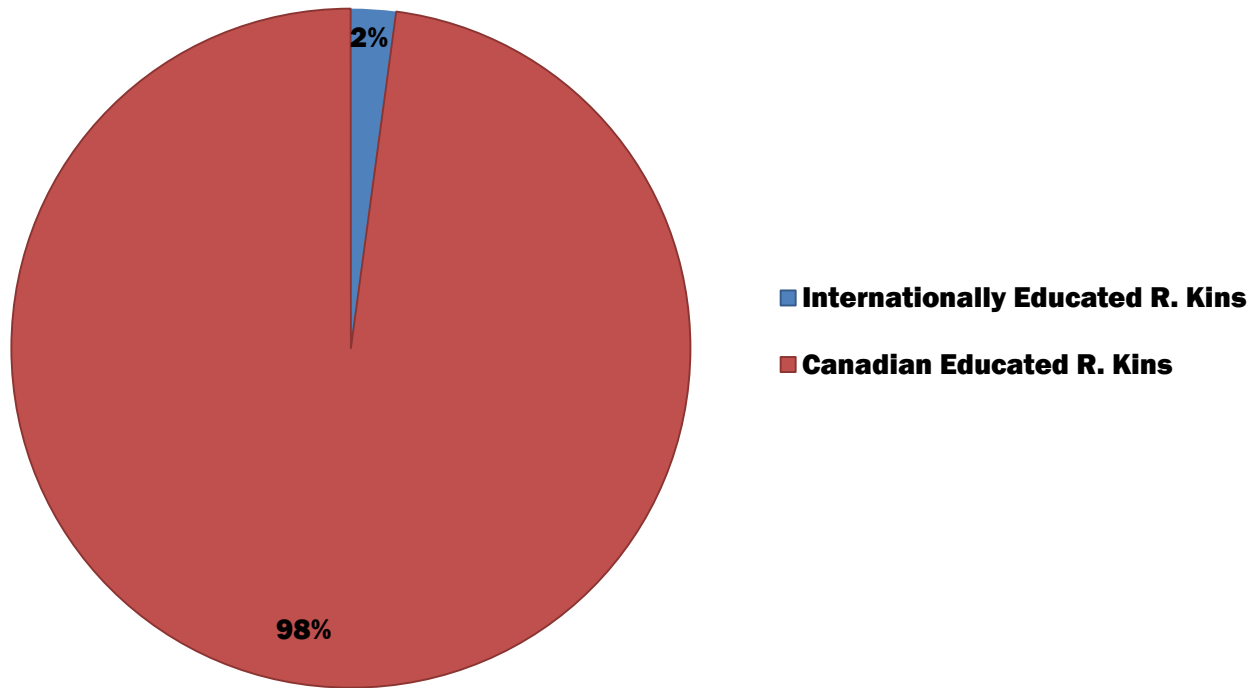


## REGISTRANTS BY ELECTORAL DISTRICT

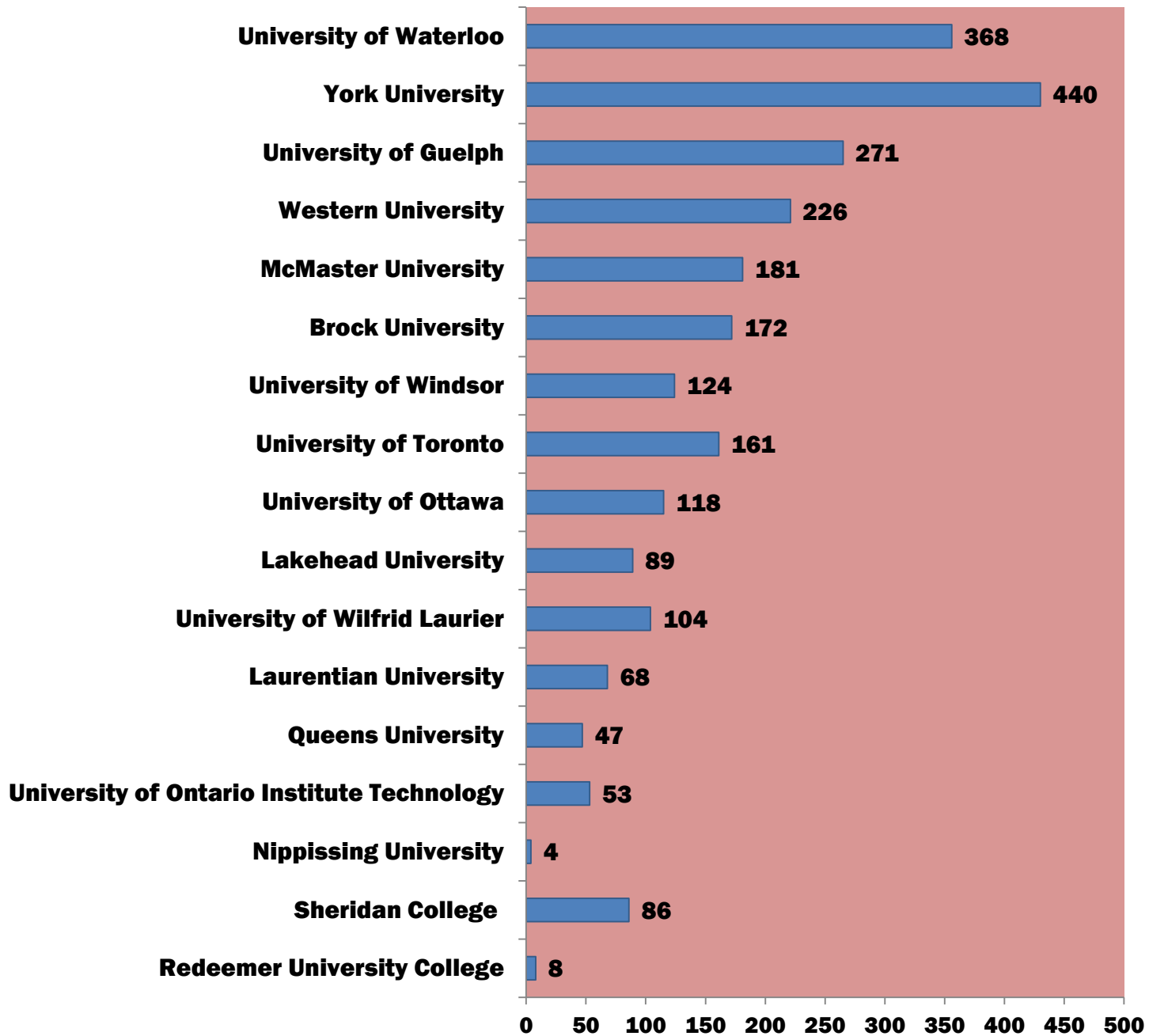




## Canadian vs. Internationally Educated R. Kins



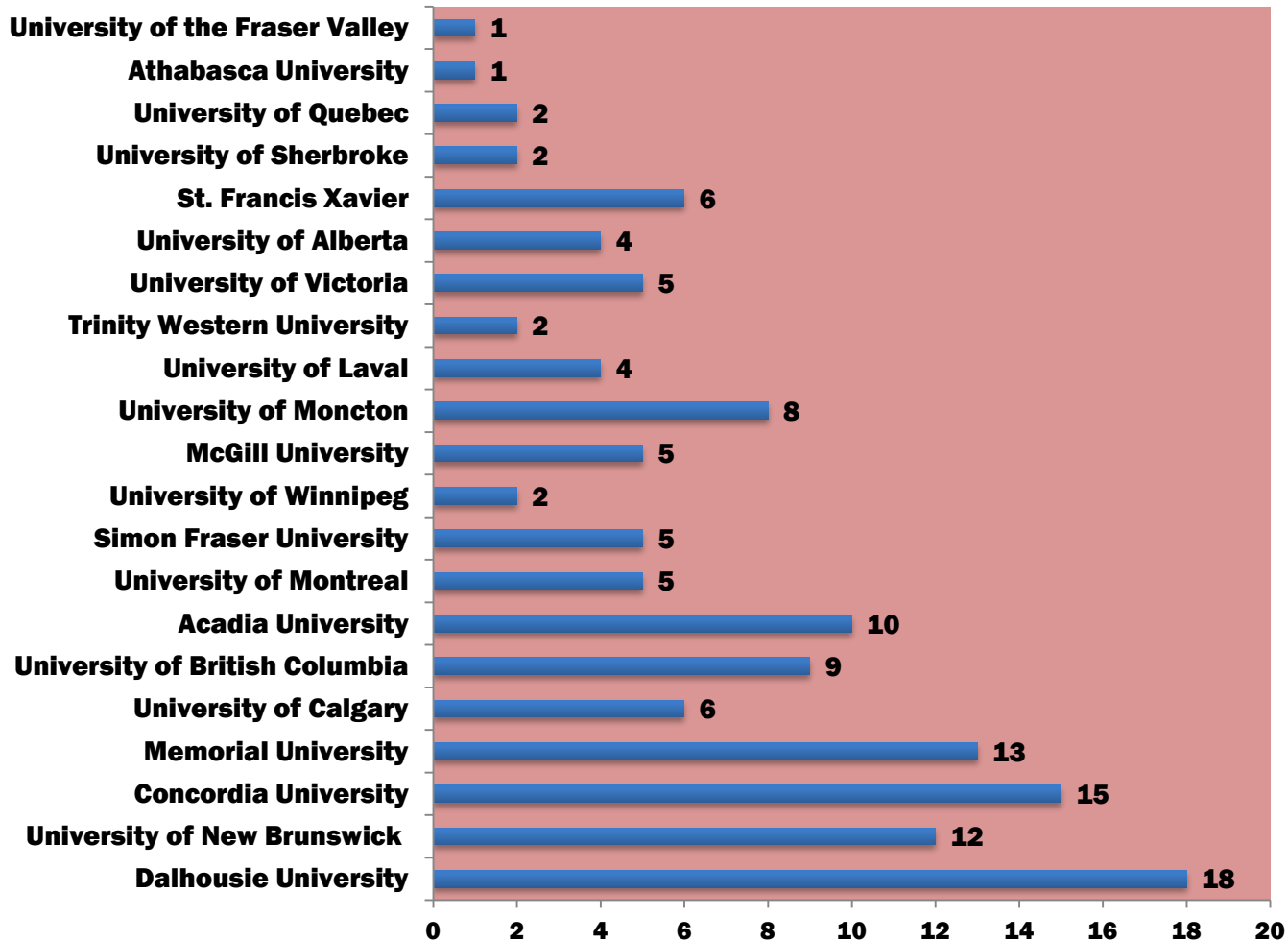
# BREAKDOWN OF ONTARIO DEGREE PROGRAM





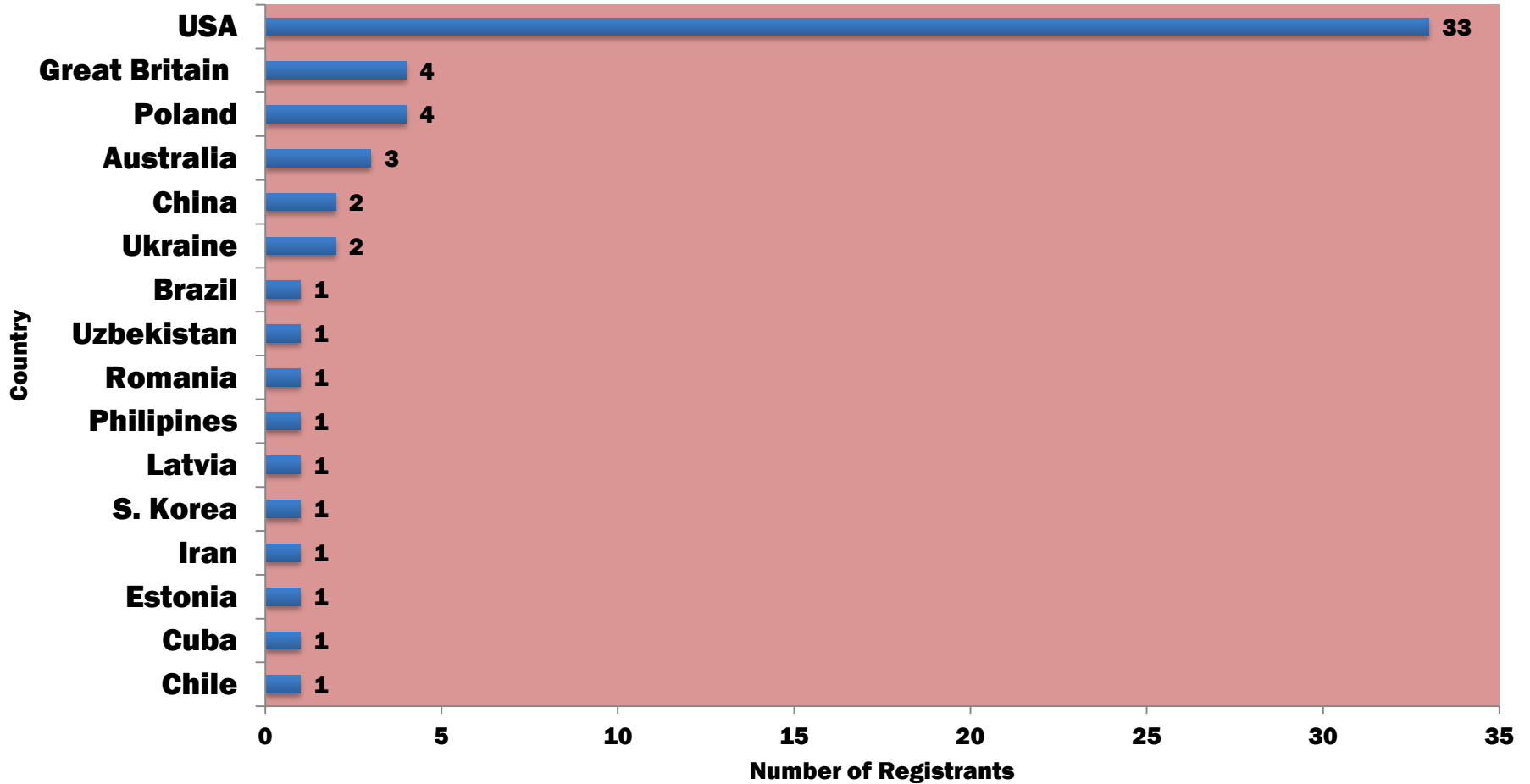


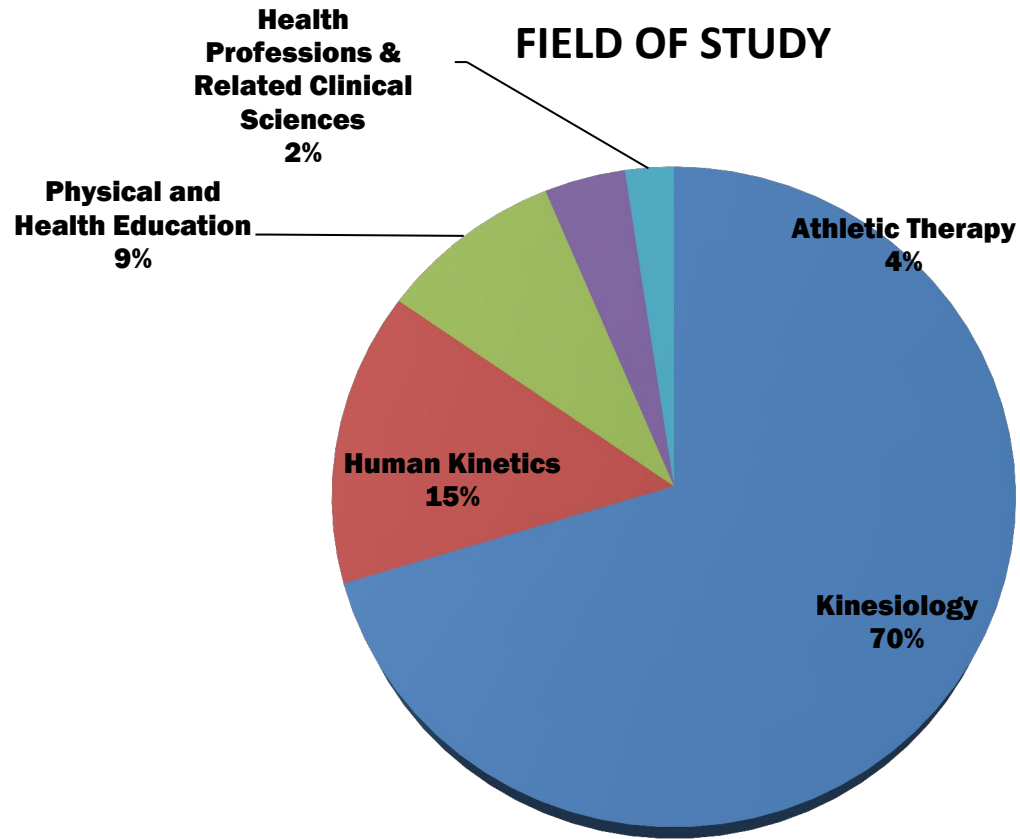
## Breakdown by Canadian Degree Programs (Outside Ontario)





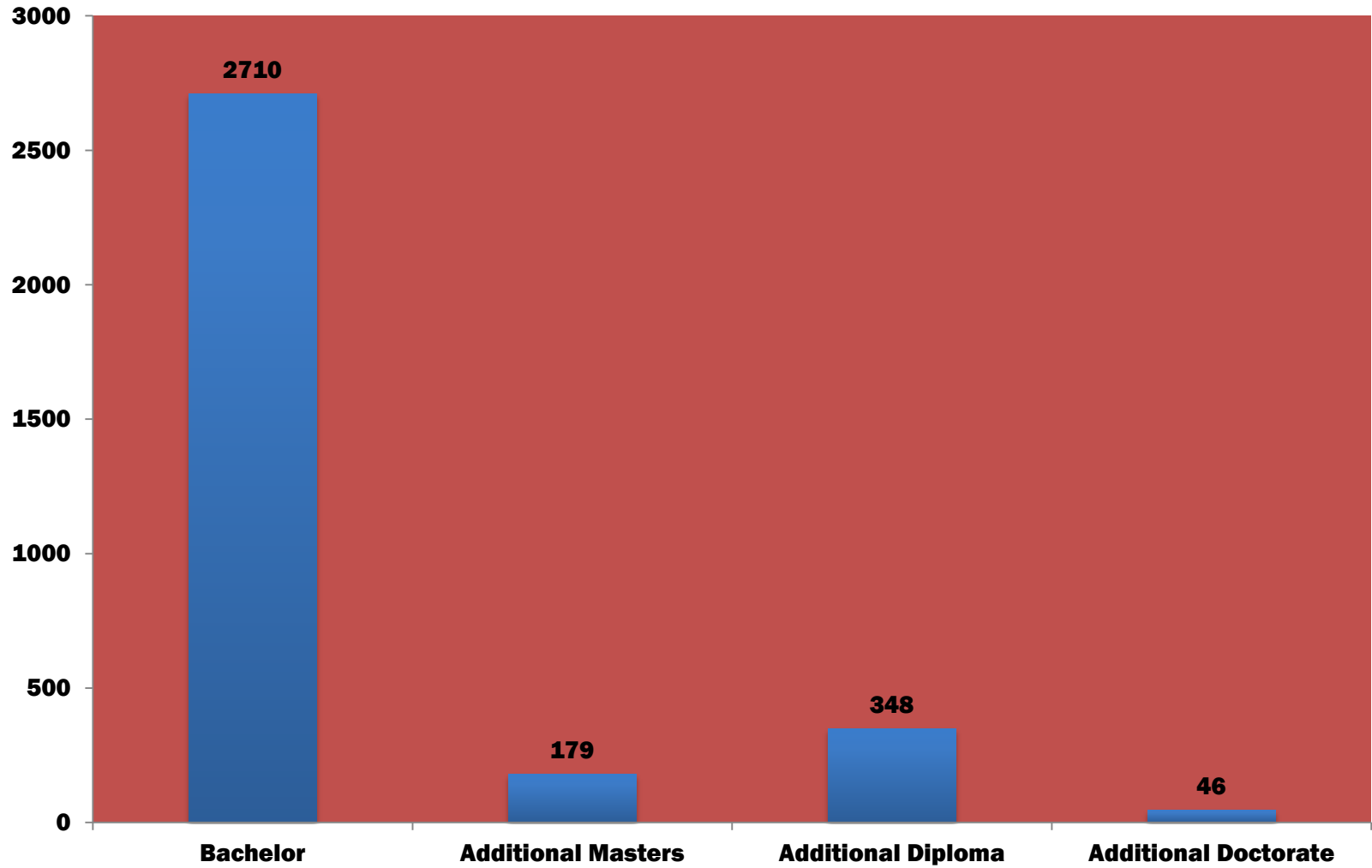
## DISTRIBUTION OF INTERNATIONALLY EDUCATED R. Kins





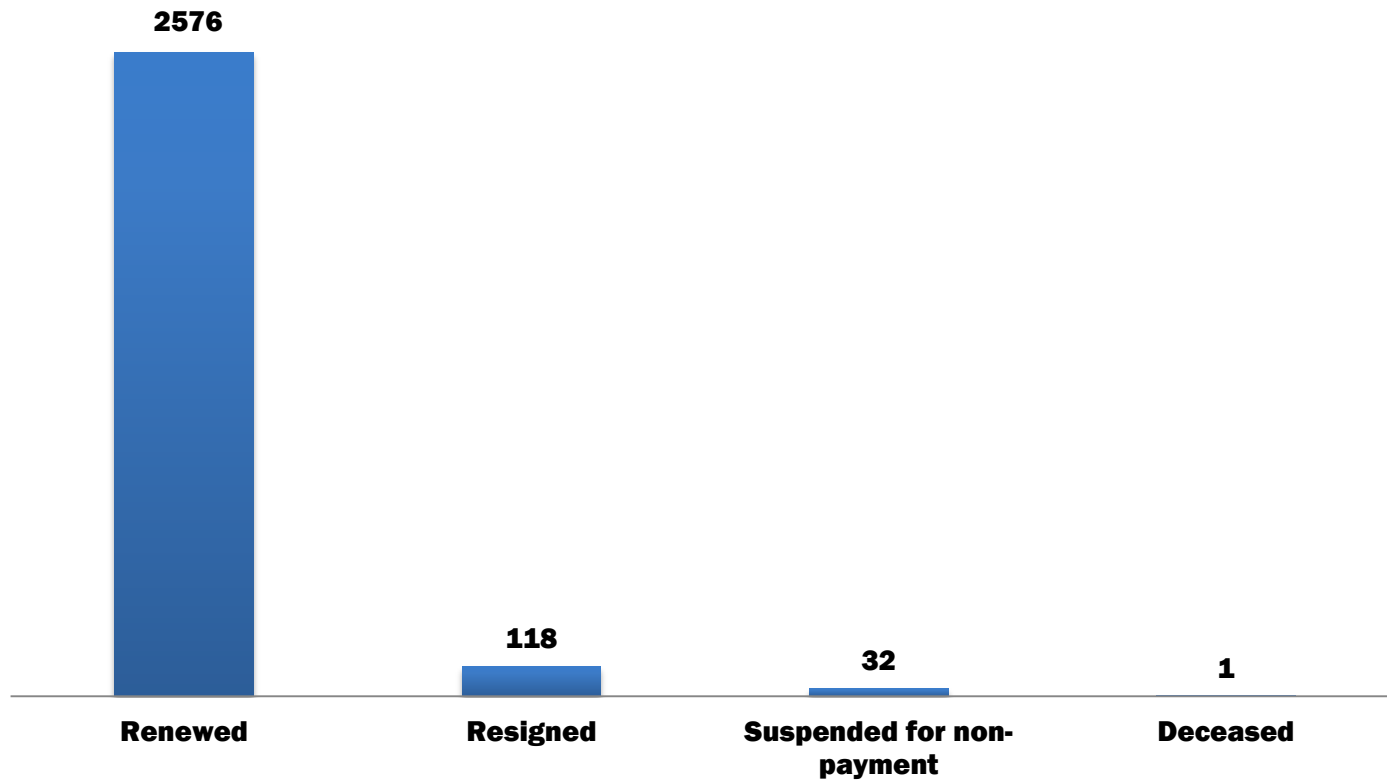


## BREAKDOWN BY DEGREE



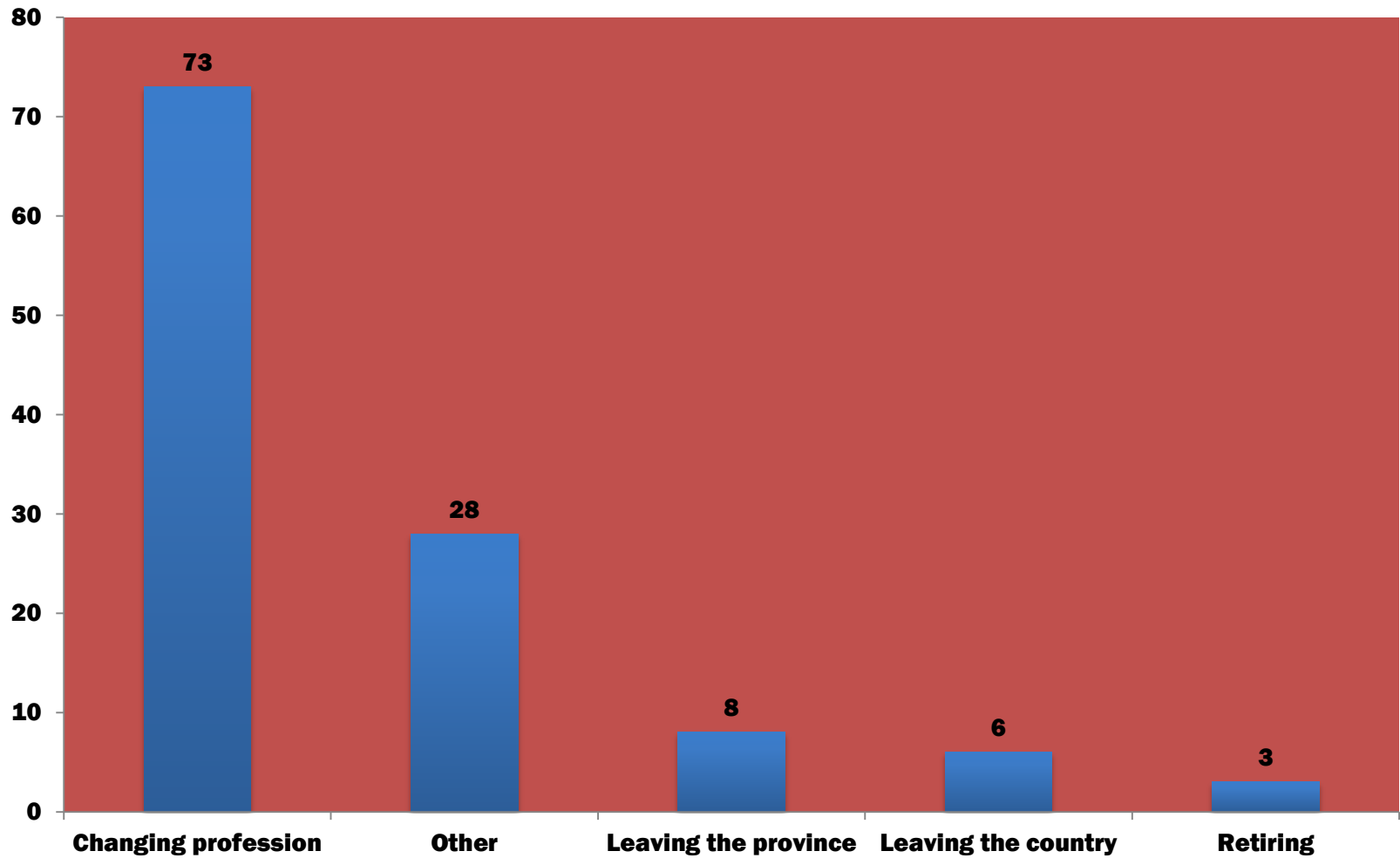


## RENEWAL 2017



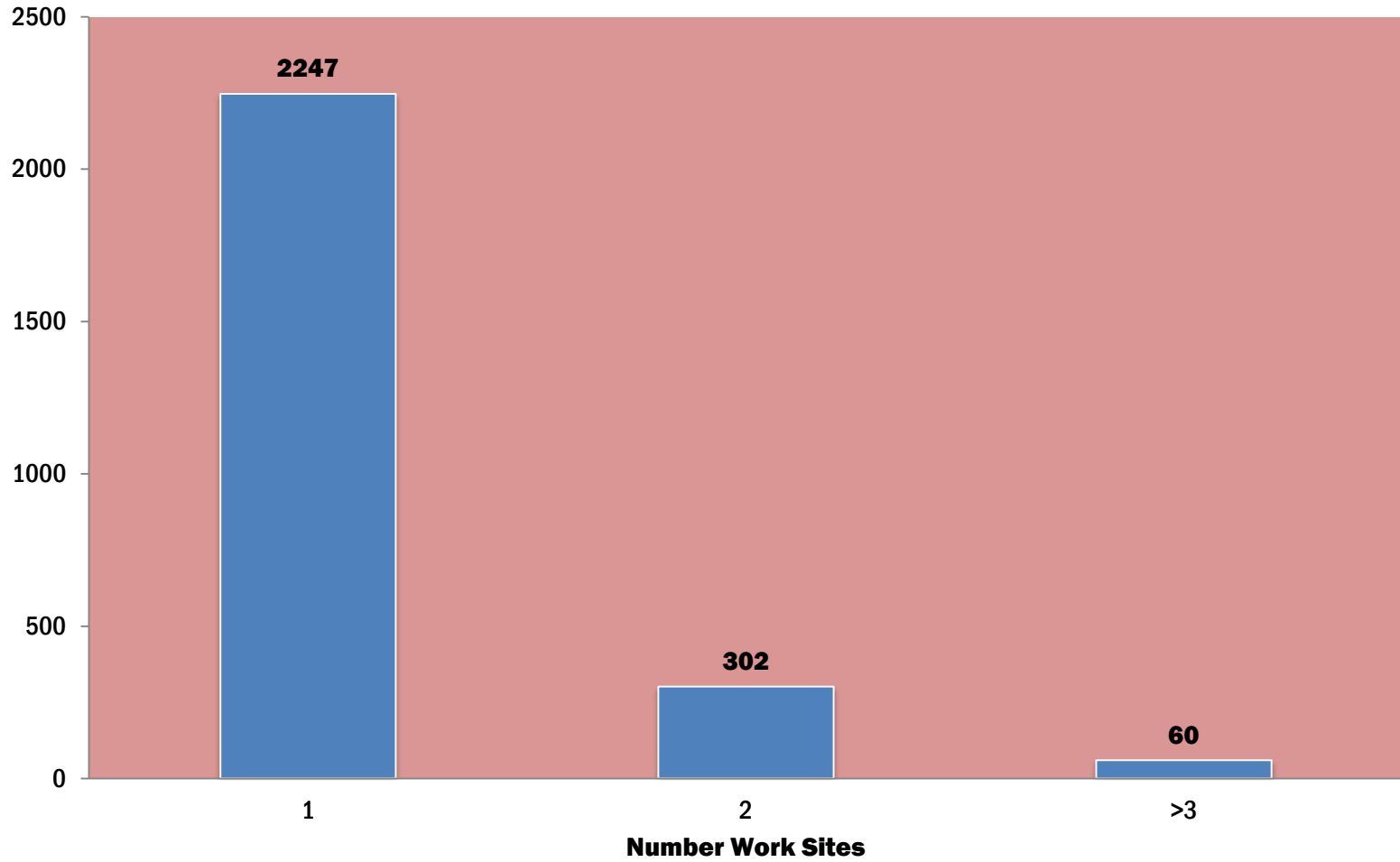


## REASON FOR RESIGNATION



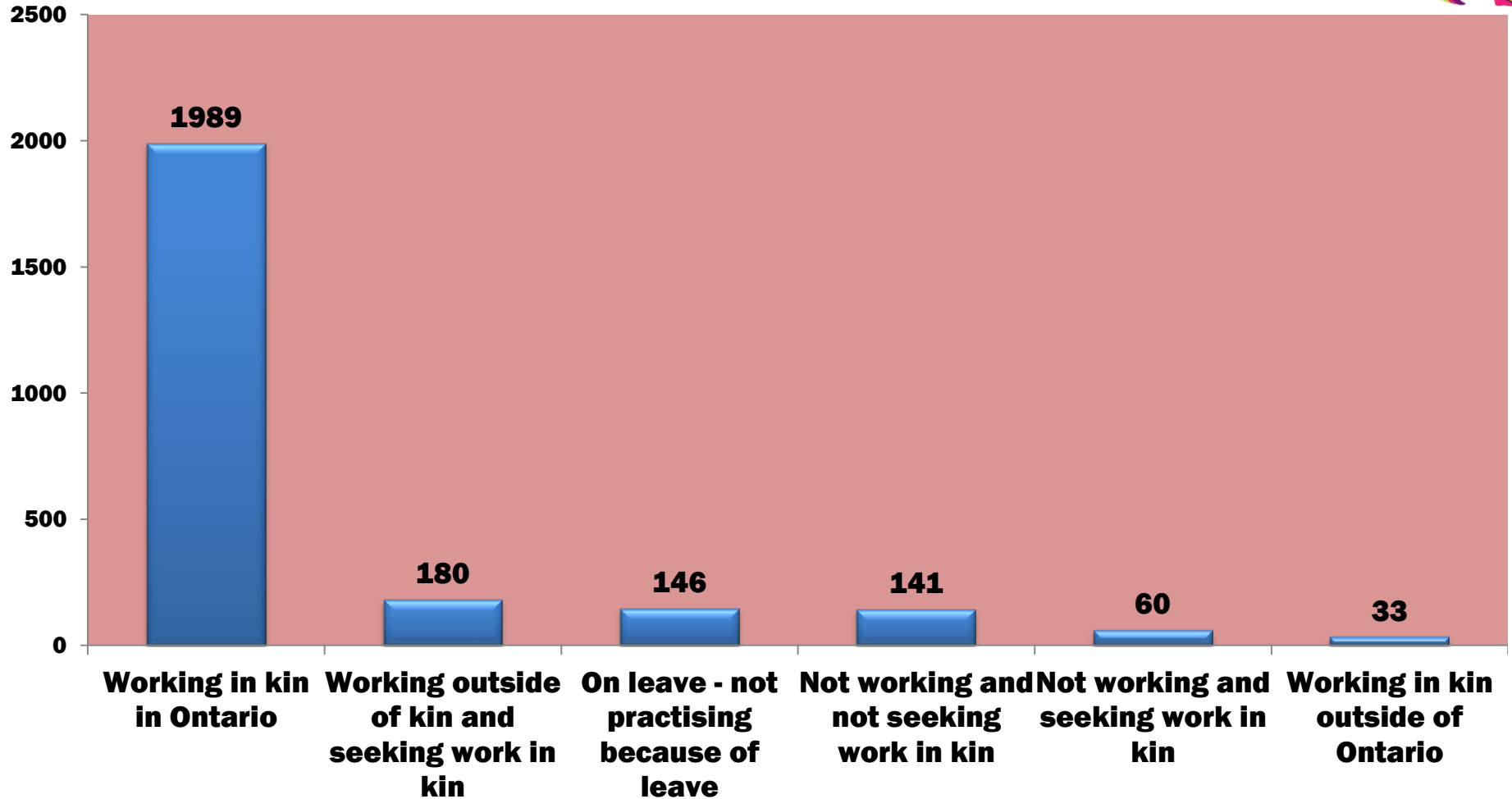


## PRIMARY WORK SITES



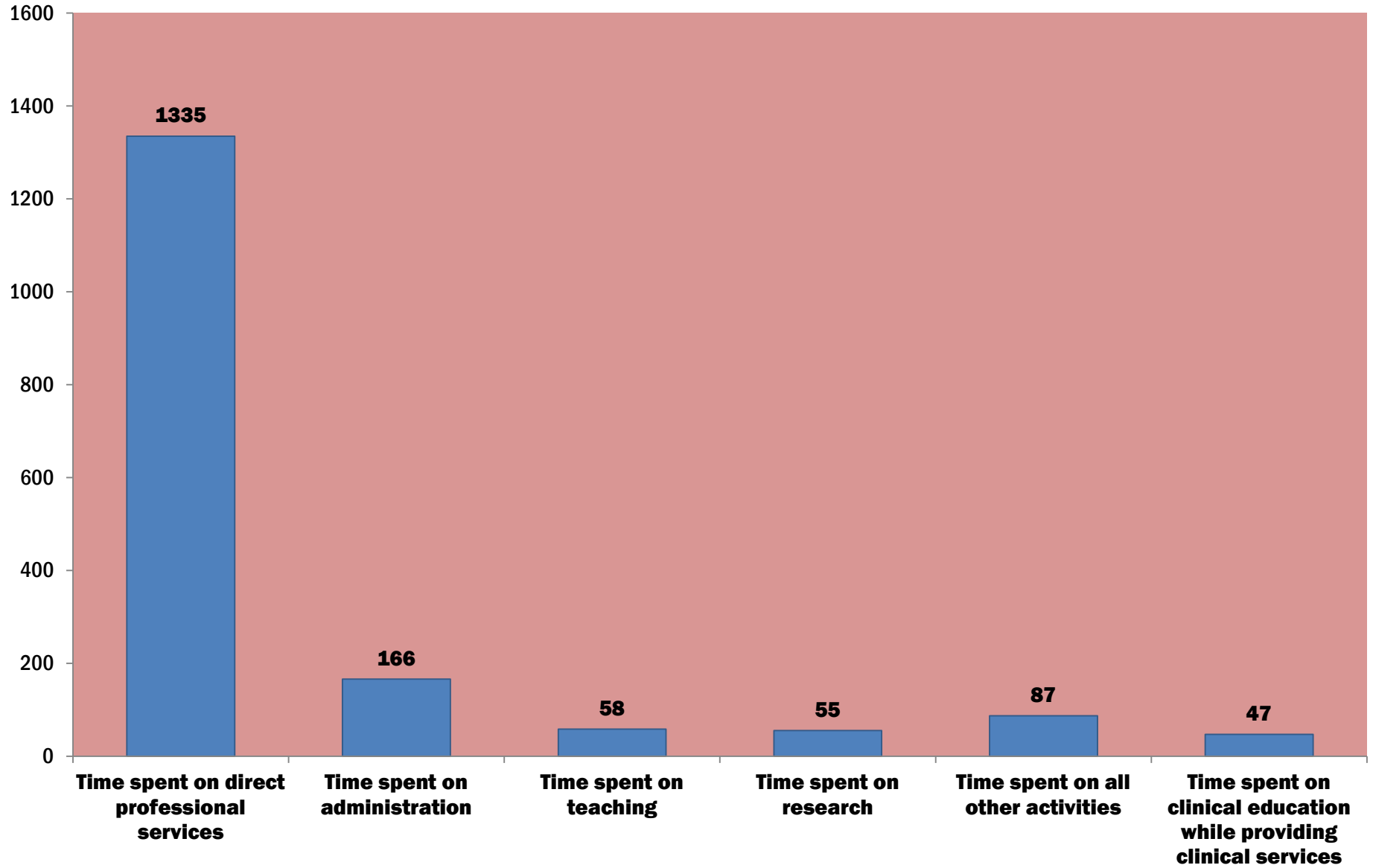


## CURRENT EMPLOYMENT STATUS

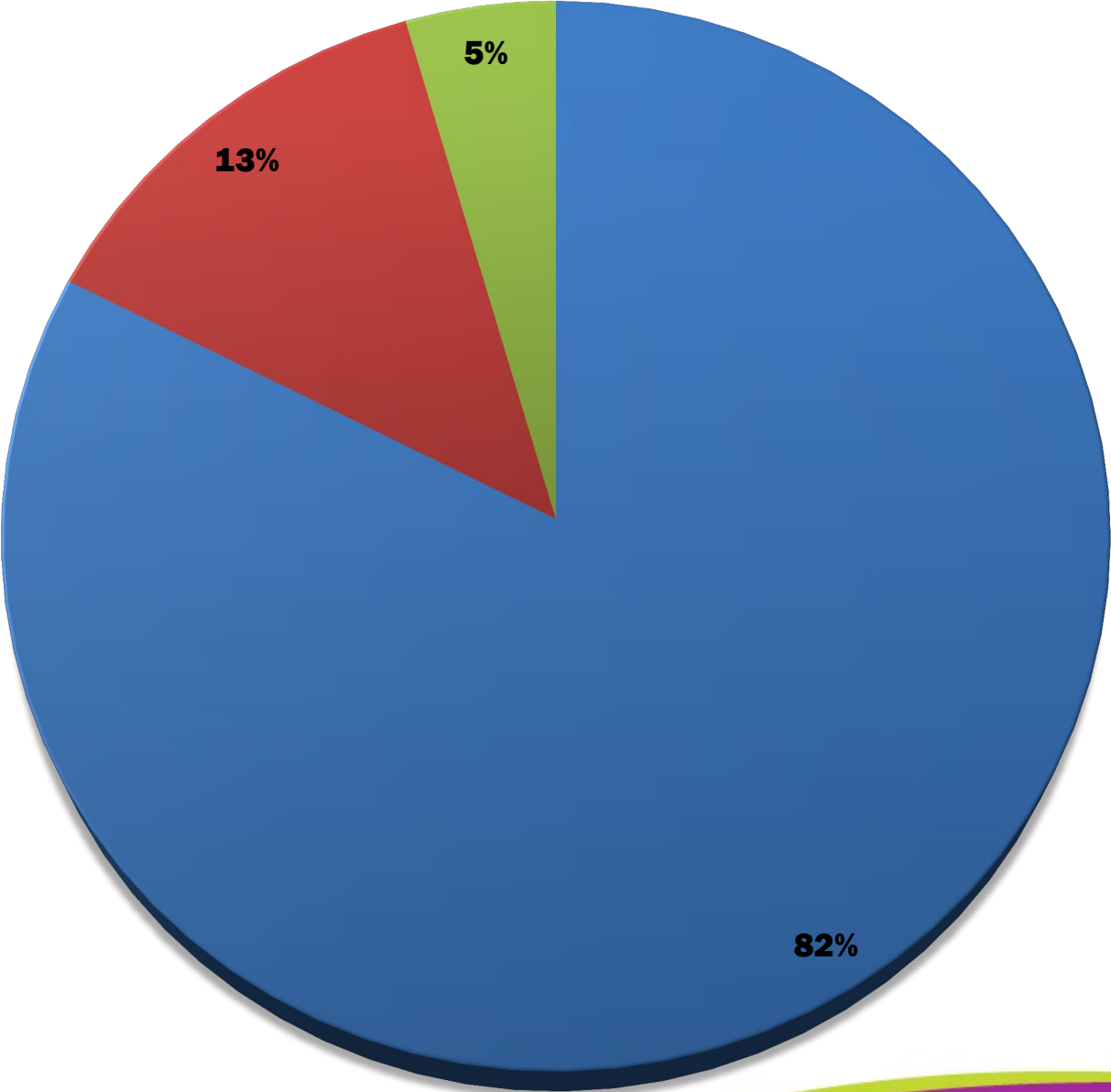




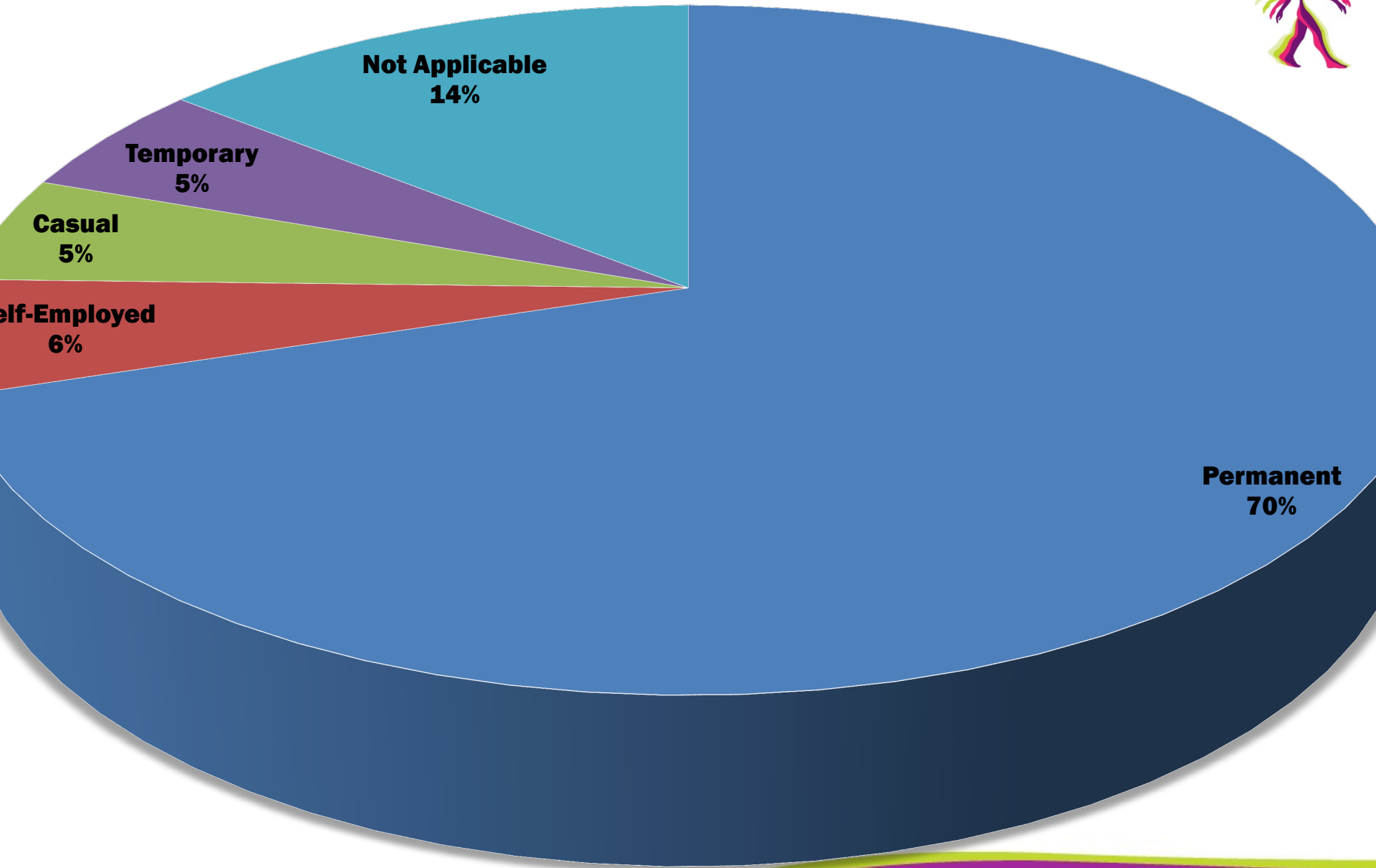
# PROPORTION SPENT ON EACH ACTIVITY > 60%



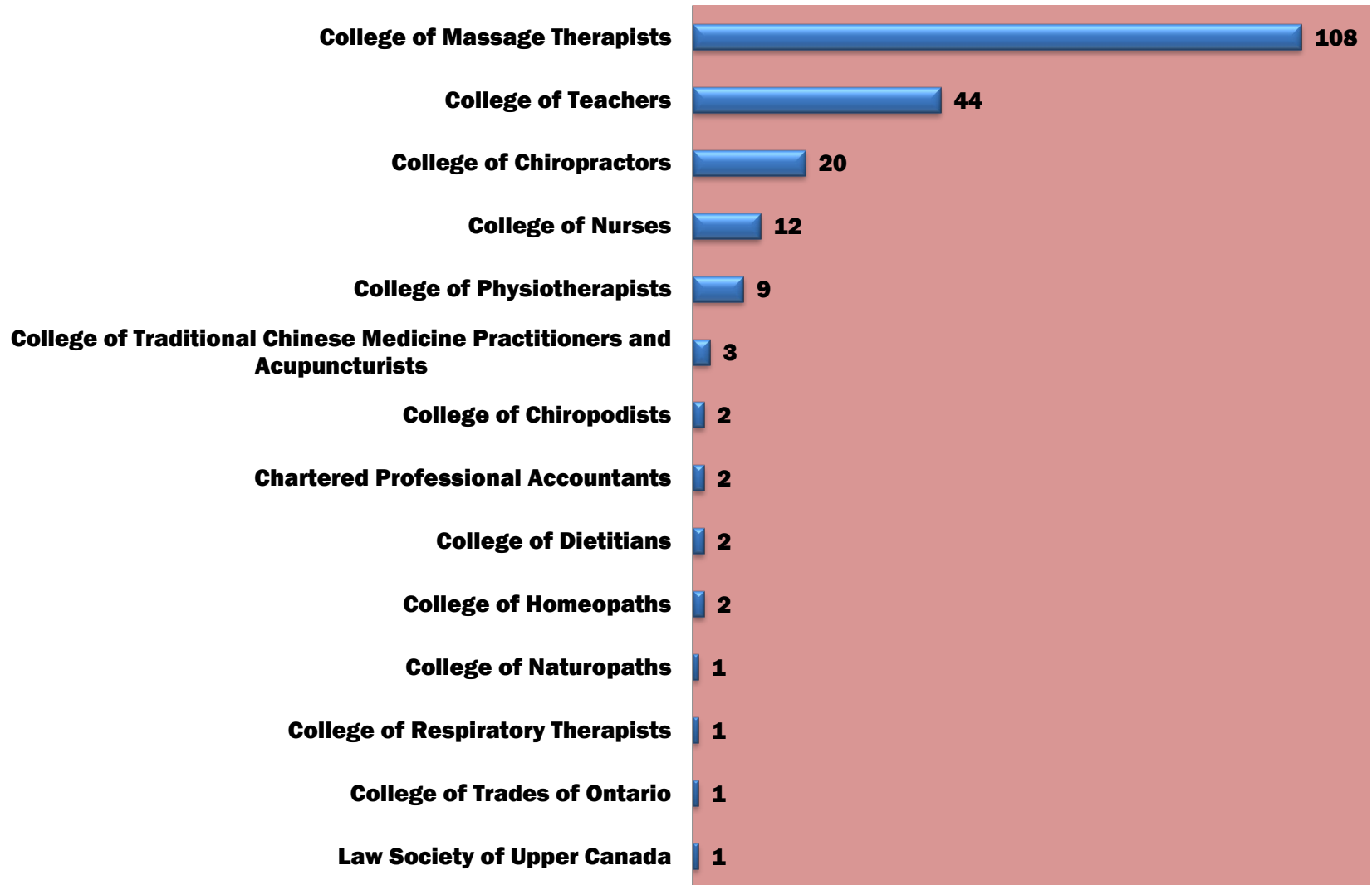
# EMPLOYMENT STATUS



- Full-Time
- Part-Time
- Casual

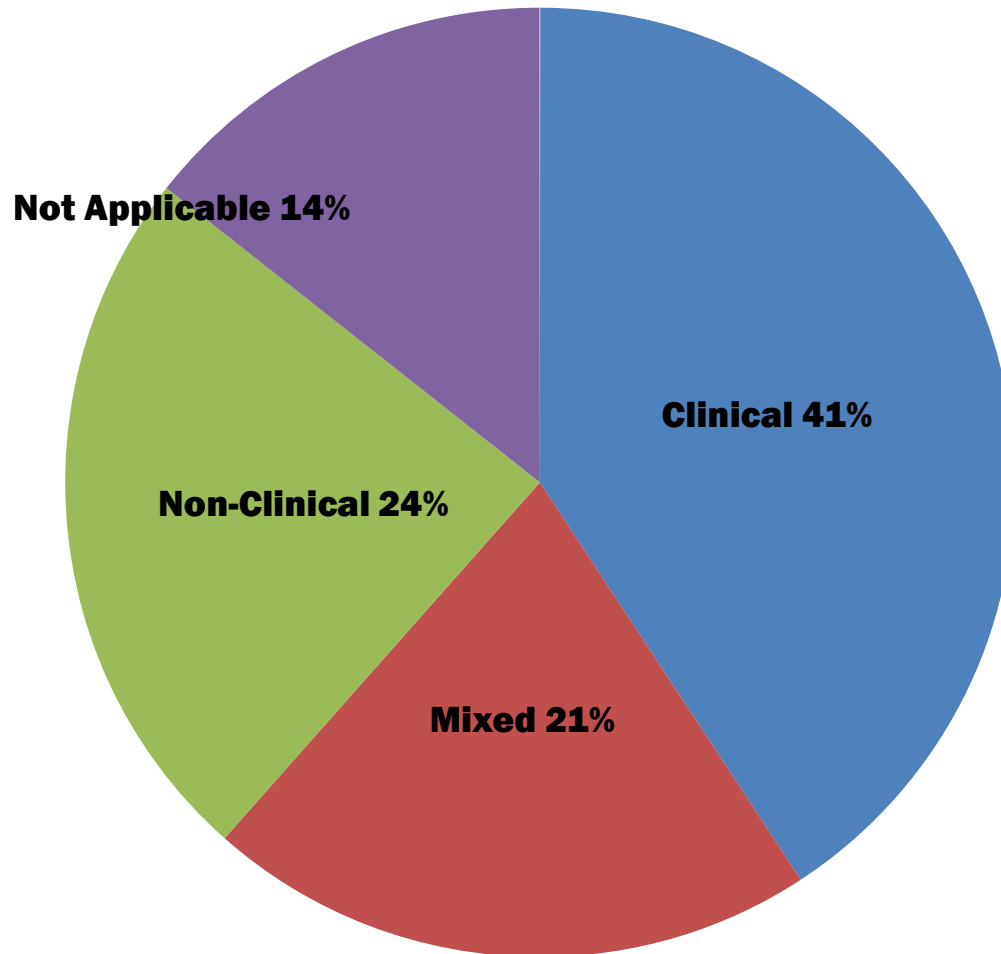


# CONCURRENT REGISTRATION



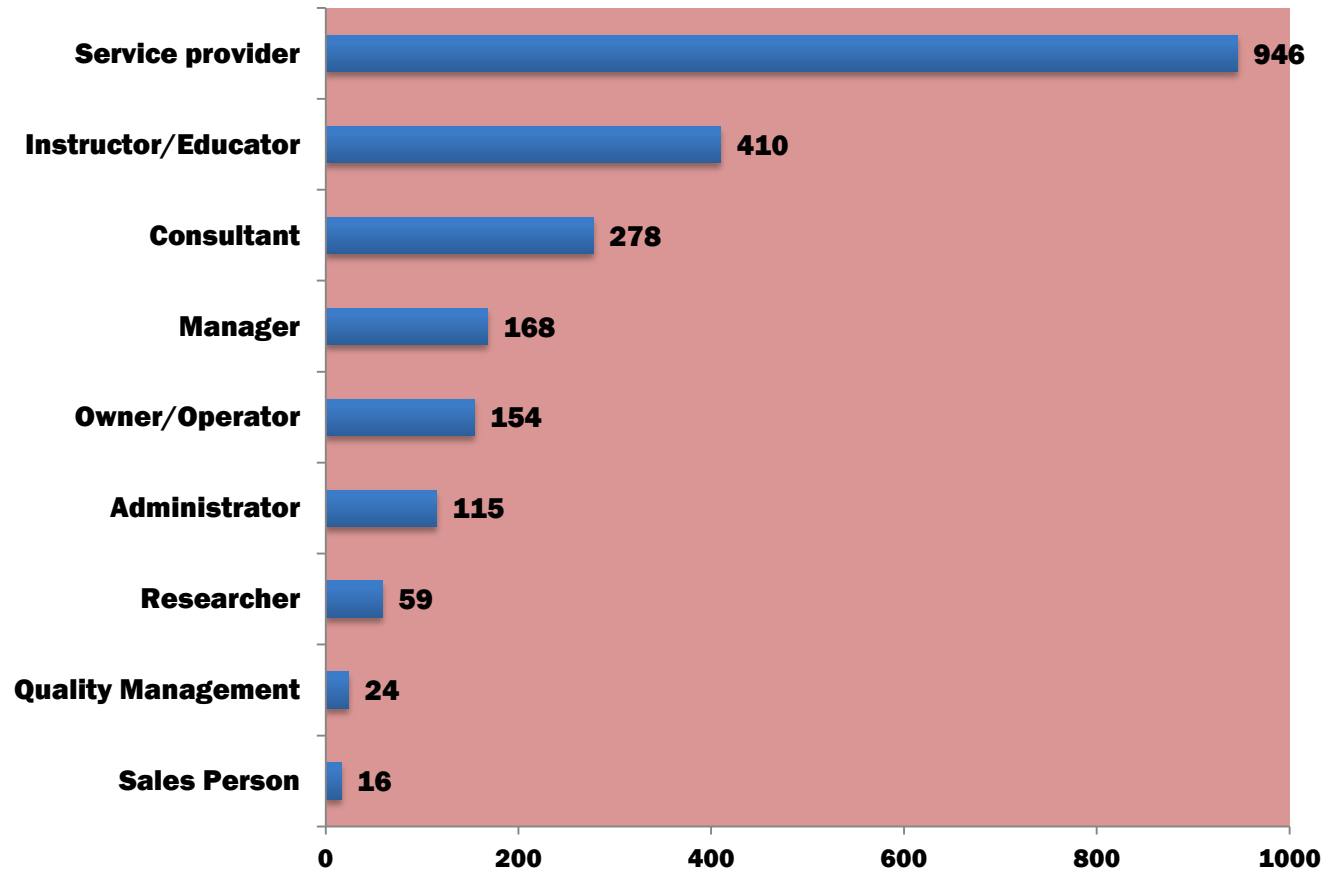


## NATURE OF PRACTICE

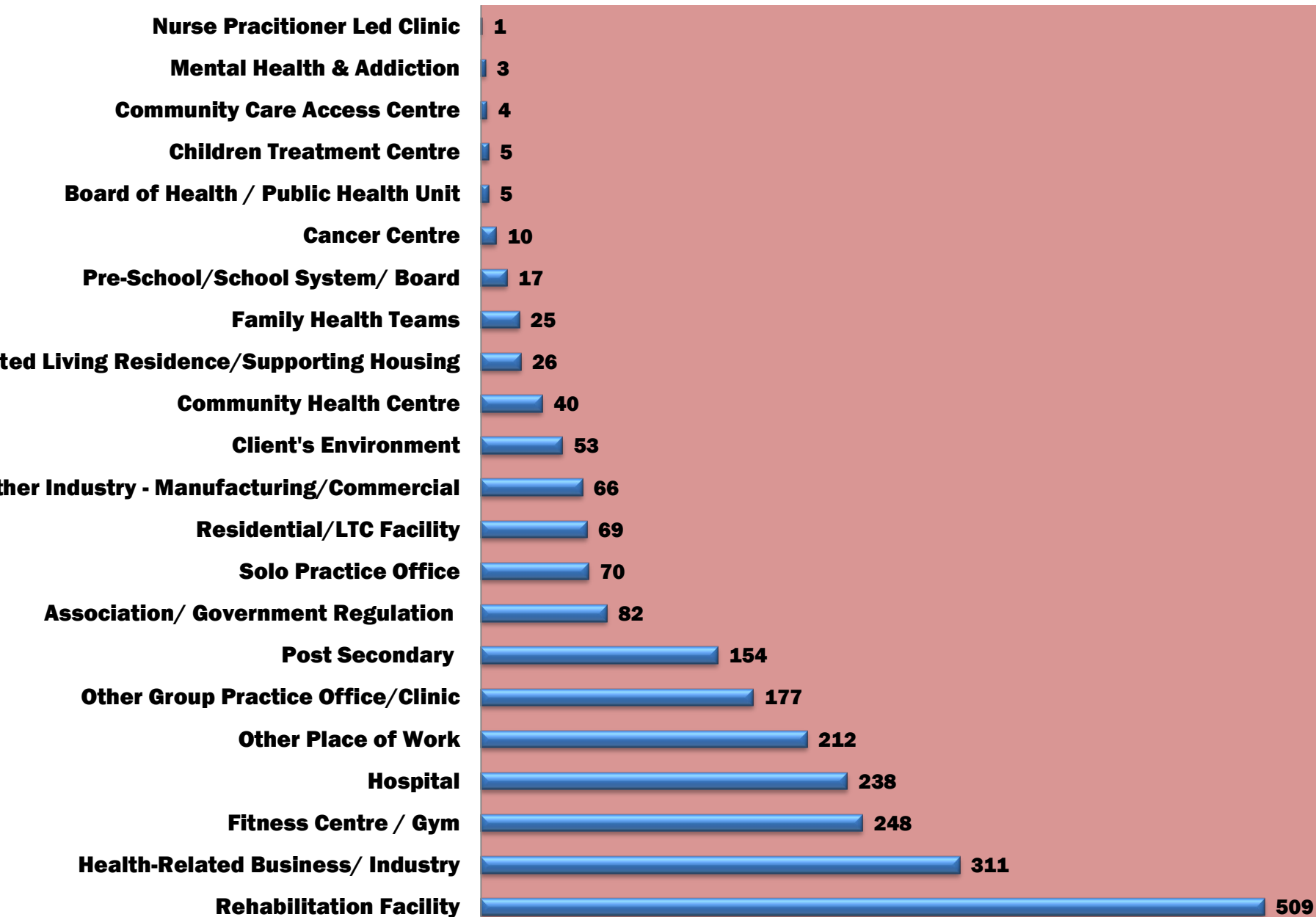


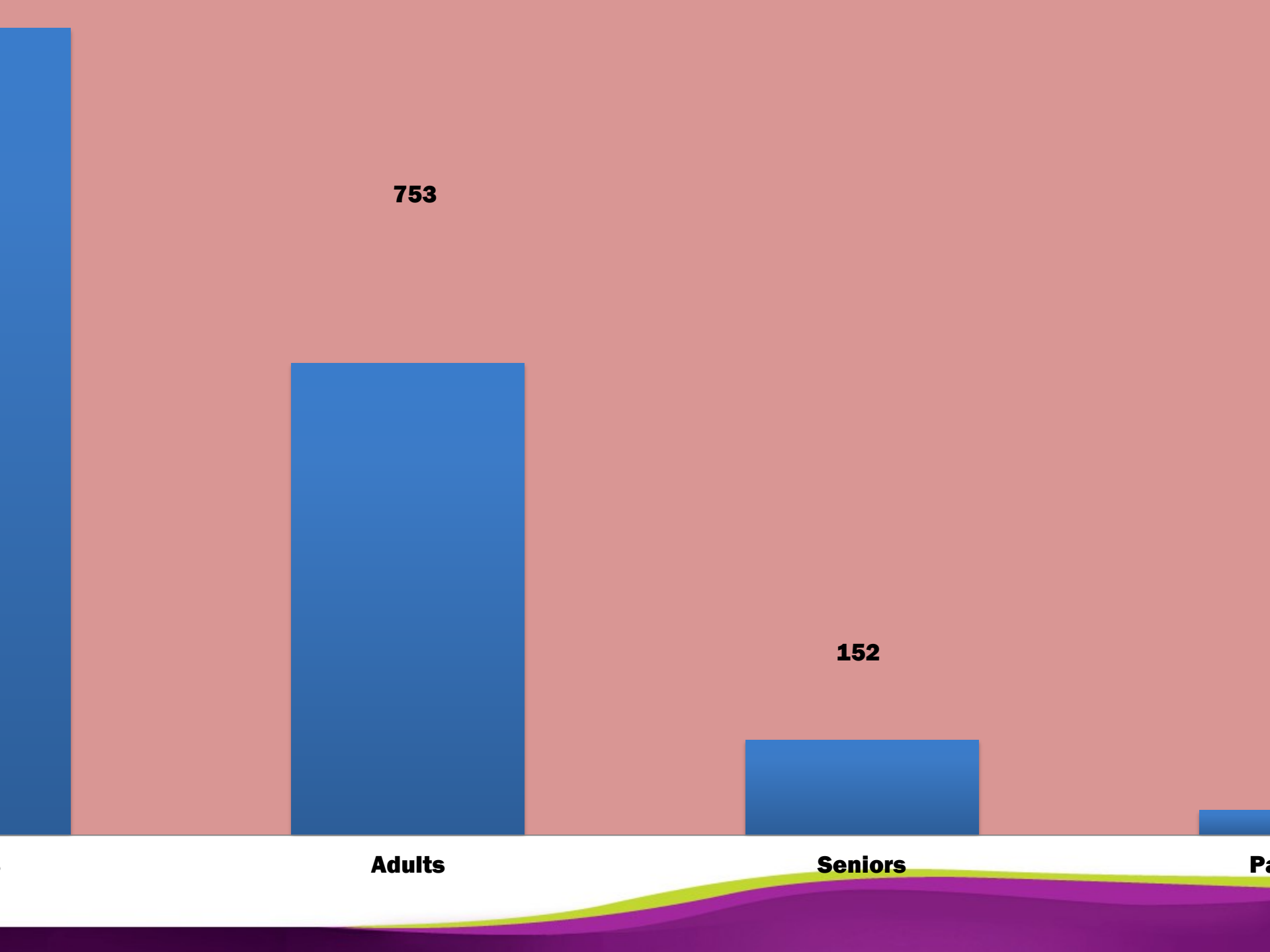


# PRIMARY ROLE



# PRIMARY PRACTICE SETTING

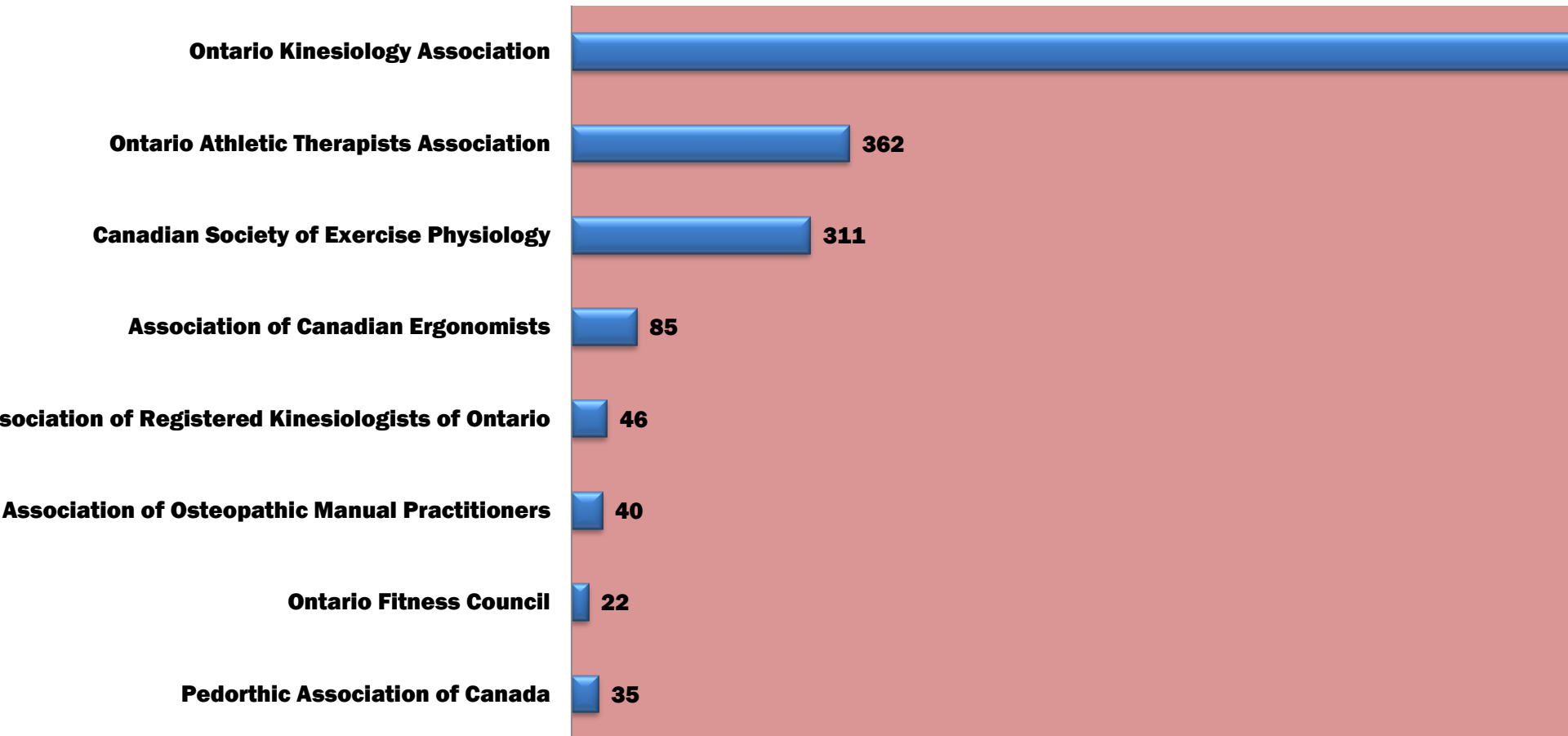


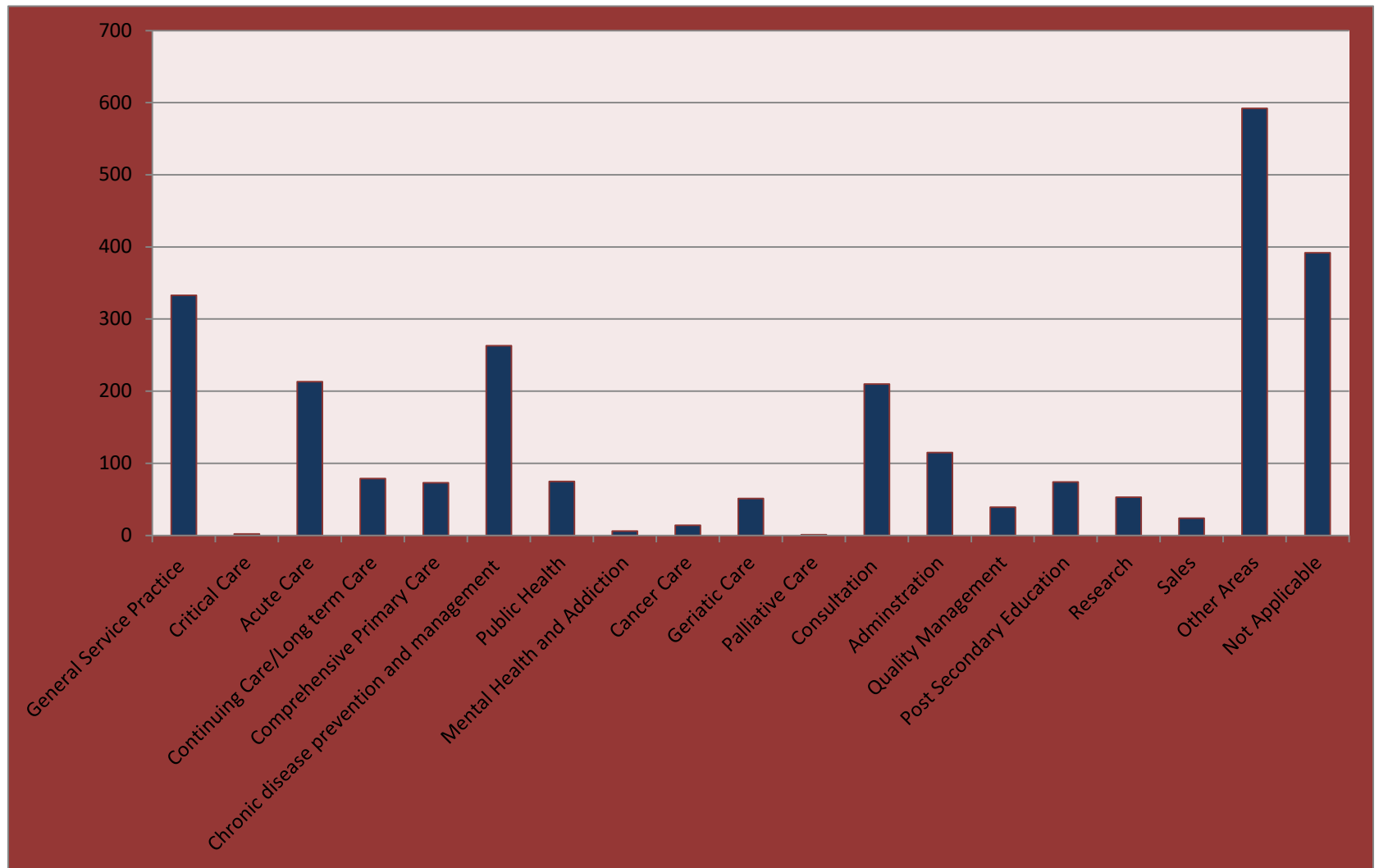






## ASSOCIATIONS





**Practice Area**



# Entry to Practice Examination

	Spring	Fall	Total Candidates
2013	101	143	244
2014	141	253	394
2015	174	271	445
2016	207	265	472
2017	226	281	507

# Examination Results – April 1



Number of Candidates	
Registered	236
Writing	226
Passing	161
Failing	65
% Passing	71%



# Examination Results - Sept 17

Number of Candidates	
Registered	303
Writing	281
Passing	191
Failing	90
% Passing	68%



*Questions?*

## Committee Report

<b>Committee:</b> Quality Assurance
<b>Prepared for:</b> Council
<b>Date:</b> December 4, 2017

The Quality Assurance Committee met twice since the September 2017 Council meeting.

### Committee Orientation and Training

The newly constituted QA Committee received training on the mandatory program requirements prescribed by the *Regulated Health Professions Act, 1991* to assist them in understanding their mandate and duties. The training session covered governance and conflict of interest; the process for reviewing peer and practice assessment cases and rendering decisions and reasons; and the criteria for referrals to the Inquiries, Complaints and Reports Committee.

### Peer and Practice Assessment

Twenty three peer and practice assessments (PPA) are being conducted in the fall cycle, which ends December 15, 2017. All participants this cycle were randomly selected. Assessor reports are being sent to members along with summaries of opportunities for improvement.

The remaining newly appointed assessors have had an opportunity to shadow experienced assessors and receive feedback from College staff to ensure inter-rater reliability.

The Committee rendered decisions for the thirteen PPAs conducted in the Spring/Summer 2017 PPA Cycle. Decision and reasons letter are being sent to members.

### Ethics and Professionalism E-Learning Module

All General Class members were required to complete the Ethics and Professionalism e-Learning Module by July 31, 2017. Final notices were distributed to 80+ members who were non-compliant with this mandatory program requirement. Members who fail to complete the module by the extended deadline will be required to participate in a peer and practice assessment, and may be referred to the Inquiries, Complaints and Reports Committee for investigation into professional misconduct.

Academic institutions' individual performance on the e-learning module will be disseminated at the CKO-Universities Liaison Committee meeting on December 11, 2017.

### 2017 Self-Assessment

The College commenced its 4<sup>th</sup> Annual Self-Assessment. General Class members are required to complete their self-assessments and individual learning plans by March 1, 2018. Members may include the upcoming Prevention of Sexual Abuse e-Learning Module towards their continuing professional development activities in their individual learning plans.



### ICRC/Professional Conduct Report

The ICRC met on October 25 for its annual training and to consider two cases – 1 registrar’s report and 1 complaint. The complaint was about a member’s Facebook which posted information that the complainant found to be insensitive. The panel agreed to issue advice. They also asked the Director, Professional Conduct to provide guidance to the membership on issues around the use of social media. An article is going out in the next newsletter with a link to a module that was created by other Colleges called “Pause Before You Post”.

With respect to the registrar’s report, the panel directed the member to appear for a caution as well as complete a Specified Continuing Education and Remediation Program. This member does have a very similar prior history with the College, which the panel felt necessitated stricter action.

There are currently 3 complaints at various stages of investigation. It is anticipated that 2 complaints will be decided at a panel meeting in January and the other later on in 2018. All 3 investigations are outsourced to external investigators and the College has secured the support of one investigator to support the ICRC meetings during the vacancy period of the Director position.

An HPARB hearing was held on September 28 – Cara Moroney and Magdalena Reder represented the College. No questions were asked of the College by the HPARB panel. The HPARB decision was received on November 27 and the decision was to confirm the decision of the ICRC panel. The parties can seek judicial review; we have not yet had any notice of this.

A review of the annual renewal self-reports did not result in any investigations.