

Council Meeting Agenda

Date & Time: Monday, June 24, 2019 9:30 a.m. – 4:00 p.m.

Teleconference Details: 1 (866) 261- 6767 (from outside the GTA)
(416) 850 -2050 (from Toronto)
Access Code: 67893747#

1	Call to Order Roll Call, Welcome	J. Pereira	Verbal		9:30 a.m.
2	Conflict of Interest Declarations	J. Pereira	Verbal	Decision	9:35 a.m.
3	Approval of Agenda	J. Pereira	Verbal	Decision	9:35 a.m.
4	Approval of Minutes	J. Pereira	Verbal	Decision	9:40 a.m.
5	Action Items from the April 15 Meeting <ul style="list-style-type: none"> • Development of a strategic dashboard which helps Council visualize the operational plan of the College – in progress • Summary of the Strategic Plan to be shared and circulated with the membership and public • Amendment to the letter regarding the CNO submission to the Ministry to be circulated to Council, forwarded to the Minister, and posted on website - complete • Add the fee breakdown to the College’s website, perhaps under the membership portal – in progress • Add information to the website regarding the benefits of being a regulated health professional • Addition of specific areas to the Renewal Form to better target collection of data for the College and members – in progress 				9:45 a.m.
6	Committee Reports – questions only <ul style="list-style-type: none"> • Registration • Quality Assurance • ICRC • Q3 Finance Report 	Committee Chairs	Document included	Information	10:00 a.m.
7	Item Writing Committee Slate	M. Reder	Document	Decision	10:10 a.m.
8	Draft Complementary/Alternative Therapies Guideline	E. Bruce	Document	Information	10:20 a.m.
9	Academic Assessment Form	K. Simpson	Document	Information	10:35 a.m.
BREAK					
10	Correspondence <ul style="list-style-type: none"> • Response to comments from observer at last Council meeting • Letter to Minister re: CNO Governance Proposal • Member Correspondence 	B. Kritzer	Documents	Information	11:00 a.m.

LUNCH					
11	Committee on Specialities Update	M.P. Moore	Verbal	Information	12:30 p.m.
12	Draft policy re: review of specialty proposal (committee selection)	B. Kritzer	Document	Information	1:00 p.m.
13	Registrar Performance Review Template	J. Pereira	Document	Decision	2:45 p.m.
14	Registrar Update <ul style="list-style-type: none"> • Elections • Other 	B. Kritzer	Verbal	Information	1:30 p.m.
15	Budget <ul style="list-style-type: none"> • 2019-2020 budget • Reserve fund allocation 	J. Pereira	Document	Decision	2:00 p.m.
16	Motion to go in-camera in order to discuss the results of the compensation survey and to set the new salary range for the position of Registrar.	J. Pereira	Document	Decision	3:00 p.m.
17	Motion to close in-camera session and resume Council meeting.	J. Pereira	Document	Decision	4:00 p.m.
ADJOURNMENT					4:05 p.m.

	College of Kinesiologists of Ontario Council Meeting Minutes
Date/time of meeting	Monday, April 15, 2019 at 9:00 a.m.
Chair	Ken Alger
Note Taker	Danae Theakston
Present	Derek DeBono, Mary Pat Moore, Michelle Meghie, Stephanie Moser, Michelle Young (Teleconference), Elwin Lau, Ryan Wight, Ken Alger, Chad McCleave, Jenn Bushell, Kalen Johnson, Graydon Raymer, Nelson Amaral, Nicole DiFilippo
Regrets	Jennifer Pereira, Lori-Anne Beckford, Marilyn Bartlett
Staff/guests in Attendance	Staff: Brenda Kritzer, Nancy Leris, Danae Theakston, Eric Bruce, Tracey Scott, Sue Behari, Keisha Simpson Guests: Samia Shaheen (MOHLTC), Don Gracey (OATA), Stuart Moulton (OKA) (Teleconference), Tyler Quennell (CATA), Sandy Jespersen (CATA)
Conflict of Interest	President Ken Alger provided an overview on the importance of declaring conflicts of interest and how Council's role is to make decisions in the public interest. Ken Alger asked members to declare any conflict of interest on agenda items excluding item 13 on the agenda. He reminded Council members that in view of the potential sensitivity of item 13, Rebecca Durcan of our law firm Steinecke, Maciura LeBlanc, would attend to assist Council on the matter of conflict of interest relating to the selection of a committee to review a proposal on specialties, submitted by the Ontario Athletic Therapist Association No conflicts of interest were declared for items 6 through 12 on the agenda.
Constitution of the Meeting	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.
Approval of Agenda	President Ken Alger, asked to amend item 13 on the agenda, Specialties OATA Framework to be divided into four topics. The amended agenda for item 13 would read as: Specialties Proposal – OATA <ul style="list-style-type: none"> i) A. Conflict of Interest Conversation and Discussion w/ Rebecca Durcan ii) B. Process for Selection of Committee on Specialties iii) C. Declarations of Conflict of Interest iv) D. Selection of Committee <p>UPON A MOTION duly made by Nelson Amaral and seconded by Graydon Raymer, it was resolved that the agenda be approved as amended. Carried.</p>

<p>Approval of Minutes</p>	<p>UPON A MOTION duly made by Nelson Amaral and seconded by Jennifer Bushell, it was resolved that the Minutes of December 3-4, 2018 be approved. Carried.</p>
	<p style="text-align: center;">Action Items Review</p> <ul style="list-style-type: none"> • Add the fee breakdown to the College’s website, perhaps under the membership portal – in progress • Add information to the website regarding the benefits of being a regulated health professional – in progress • Schedule a facilitated discussion regarding Core Competencies • Addition of specific areas to the Renewal Form to better target collection of data for the College and members – in progress
	<p style="text-align: center;">Committee Reports Discussion</p> <p>Reports were provided by the ICRC, Quality Assurance, Registration and Planning and Finance Chairs regarding their Committees, which highlighted committee meetings, activities, changes and discussions that took place since the December Council meeting. The reports were posted with the Council package.</p> <p>Chad McCleave, Chair of Finance and Planning Committee brought Council’s attention, two important initiatives by the College to save money in the operating budget. Specifically, the College has moved to a new service provider for the purchase of the employee health benefits package and for this purpose, has joined a buying group originated by the College of Physicians and Surgeons of Ontario.</p> <p>Secondly the College has also joined a separate buying group for fees processing and expects to realize substantial savings in transactions. This will be shown in the line on Banking charges.</p>
	<p style="text-align: center;">Competency Development and Implementation – Phase 1</p> <p>Danae Theakston, Communications Officer, presented on a proposed phased approach for appointing members to non-statutory committees to ensure candidates applying for the positions meet the requirements necessary to compose a diverse, knowledgeable committee. The approach involves combining the current considerations that are used to select members with core governance competencies to ensure a broad range of diversity, knowledge, skills and background could be brought to the table.</p>
	<p style="text-align: center;">2019 Election Dates</p> <p>A schedule for the 2019 Council Election was brought forward to Council to approve the proposed election period for districts 1, 4, 5 and 7.</p> <p>Upon a motion duly made by Nicole DiFilippo and seconded by Michelle Meghie, it was resolved that Council approve the proposed election dates of July 9-16, 2019 and publish immediately as the election dates for districts 1, 4, 5 and 7. Carried.</p>

	<p style="text-align: center;">Complementary/Alternative Therapies Guideline</p> <p>Eric Bruce, Director of Professional Conduct, presented a new guideline that was developed to address enquiries surrounding the ability to offer complementary/alternative therapies. The draft guideline sets out general principles applicable to both conventional and complementary/alternative therapies, as well as specific requirements for members who intend to offer such therapies or who deal with patients who request or receive such therapies from another source.</p> <p>Members of Council noted that where kinesiologists do not have the necessary competencies/certifications to offer complementary therapies, Kinesiologists should respond to patients' requests by making appropriate referrals or advising patients where they can get information about practitioners. Amendments were made by Council to the Guideline to reflect the recommendations of Council.</p> <p>Upon a motion duly made by Kalen Johnson and seconded by Stefanie Moser, it was resolved that Council approves in principle the draft Practice Guideline on Complementary and Alternative Therapies as per the amended changes made in Council, and directs staff to circulate the draft Practice Guideline to the membership and to the public for comment for a period of at least sixty (60) days. Carried.</p>
	<p style="text-align: center;">BREAK</p>
	<p style="text-align: center;">Strategic Planning Review</p> <p>Christine Forsyth provided an overview of materials which will form the basis of the Strategic Plan for the College for 2019-2022. The materials provided reflect the two-day planning workshop that the Council participated in on March 25-26 with Christine Forsyth as the facilitator. She highlighted the specific goals and initiatives that came out of the two day strategic planning workshop, and how these outcomes will shape the College's strategic plan for the next three years.</p> <p>Council members were provided the opportunity to ask questions and provide further input to the Draft Summary Report.</p> <p>In response to a question by the President and Council, the registrar indicated that the material provided was sufficient to develop an operational plan as well as a concise strategic plan to direct the College's efforts for the next three year period.</p> <p>Upon a motion duly made by Graydon Raymer and seconded by Michelle Meghie, it was resolved that Council approve the Summary Report and direct staff to prepare a summary Strategic Plan for posting on the website and communication to registrants. Carried.</p>
	<p style="text-align: center;">Funding for Therapy Policy</p> <p>As per the Health Professions Procedural Code, the College is required to establish a program to provide funding for therapy and counselling for persons</p>

	<p>alleging sexual abuse by a member, while they were a patient. The College established such a fund in 2013, administered by the Patient Relations Committee.</p> <p>Eric Bruce, Director of Professional Conduct, spoke to the proposed policy governing the administration of the fund, and the supporting documents which would assist a patient to apply for funding, including an Application Form, Counsellor/Therapist Information Form and Frequently Asked Questions sheet.</p> <p>The policy approved by the Patient Relations Committee, expands on the provisions in the Health Professions Procedural Code to provide more details regarding the requirements. In addition, the policy and administration documents will facilitate patients in making a request for funding and provide transparency regarding the process that the College will follow.</p> <p>Upon a motion duly made by Nicole DiFilippo and seconded by Stefanie Moser, be it resolved that the Council approves the Policy for Funding for Therapy and Counselling and supporting documentation (Application Form, Counsellor/Therapist Information Form, Frequently Asked Questions) as presented. Carried.</p>
	<p style="text-align: center;">Council Report re: Special Meeting on CNO Submission to Ministry</p> <p>On February 22, 2019 the Council held a special meeting to review and discuss the College of Nurses of Ontario (CNO) submission to the Ministry of Health and Long-Term Care regarding Vision 2020. Council reviewed the CNO’s submission and determined which areas of the report they could support. Following an in-depth discussion and review of the report, Council provided final remarks on their interest in supporting the CNO’s submission. Ken Alger presented a draft letter drafted to reflect the discussion and decisions of Council at the February 22nd meeting.</p> <p>Following review of the letter, Council requested the following additions/amendments to be made to the letter prior to sending to the Ministry.</p> <ul style="list-style-type: none"> - Where it is noted that we do not support that public appointees be remunerated by each College, the Council would be in support of public appointees and professional members being paid the same per diem, with Colleges continuing to pay the professional per diems and the Ministry paying the public appointees per diem. <p>The amendments to the letter will be made by Brenda Kritzer and circulated to Council, then sent to the Ministry of Health and Long-Term Care.</p>
	<p>Specialties Proposal Framework and Striking of Committee on Specialties</p> <p>The following guests attended for this discussion item on the agenda: Don Gracey (OATA), Sandy Jespersen, Executive Director of CATA, Tyler Quennell, Board of Directors for CATA</p> <p>i) Conflict of Interest (COI) Discussion</p>

Rebecca Durcan of Steinecke Maciura LeBlanc Law Firm joined Council to provide a presentation and open discussion regarding Conflict of Interest. She reminded Council that conflict of interest may be real or perceived as discussed in Bylaw 16. If a conflict of interest is not disclosed or declared, it can undermine the final decision that is made. She also noted that conflict of interest may not exist at the beginning of a project but may arise as more information is learned and as decisions are brought forward to Council or a Committee. Conflict of interest must be disclosed or declared at any point of the process.

It was noted with importance that declaring a conflict of interest is part of Council members' fiduciary duties. All business must be carried out with integrity placing the interests of the College (its mandate and legislated role) ahead of any other interests. Members of Council are held responsible for recognizing, acknowledging and declaring any potential unconscious bias or conflict of interest.

Rebecca reminded Council of the difference between a declaration of conflict and disclosure. In the latter instance, a Council member may be uncertain. S/he then discloses the circumstances and connections and Council then will determine whether there is a real or perceived conflict of interest.

Finally, Rebecca noted that all members of Council are responsible for bringing forward concerns regarding conflict of interest. The concern may relate to their own circumstances or to the circumstances of another member of Council.

ii) Process for Selection of Committee on Specialties

Discussion opened concerning the process for determining the Committee on Specialties.

A document had been provided by the College to assist Council in appointing a Committee, *Decision Note: Appointment of a Special Committee to Review Specialty Framework Submissions, under the Policy: Framework for Assessment of Specialties*. After considerable discussion Council agreed that the Decision Note should be altered to form a Policy Implementation piece which would be joined to the Framework for Assessment of Specialties Policy. The proposed edits were intended to make the document more generic (not specific to the OATA proposal) and to provide direction on composition of Committees formed to review proposals from the membership on specialties. Revised Document attached to Minutes)

Upon a motion duly made by Stefanie Moser and seconded by Michelle Meghie Council:

- adopted the edited Decision Note (edits included removal of all references to the specific proposal from OATA) as an adjunct to the Policy *Framework for Assessment of Specialties*; and
- approved that the composition of a Committee on Specialties be 5 members made up of 3 public members and 2 professional members; and
- that Committee members be appointed by Council.

Carried.

iii) Declaration of a Conflict of Interest

The President called for declarations of conflict of Interest concerning review of the proposal on Specialties submitted by the Ontario Athletic Therapist Association (OATA)

The following Council members disclosed that they might be in a perceived conflict of interest as they are members of the OATA and are Certified Athletic Therapists a conflict of interest leaving it up to Council to make the determination of whether their conflict of interest was real or perceived:

- Elwin Lau, Nicole DiFilippo, Derek DeBono, and Michelle Young
- Nelson Amaral disclosed that he may be in a perceived conflict of interest as he is a Certified Athletic Therapist, a member of OATA, and that he sat on the OATA Board of Directors six years ago during the period when the first proposal to the College was being made. He disclosed that his role on the Board of OATA was in advertising, and that he had no role in the development of the proposal to the College for authorization of a specialty.
- Jennifer Bushell disclosed that she may be in a perceived conflict of interest as she is a Certified Athletic Therapist designation, a member of OATA and had sat on the board of OATA nine years ago and occupied the role of secretary. She further disclosed that she had no role in the development and promotion of the proposal to the College by OATA for authorization of a specialty.
- Ken Alger, President and Chair of Council disclosed that Stephanie Moser could be in a perceived conflict of interest based on her role as Chair of the Board of OATA during the period when OATA submitted a proposal to the College for authorization of the specialty, her participation in meetings with the College as a representative of OATA at that time, discussing the proposal and advocating for the proposal, and based on verbal comments previously made.

Stephanie Moser stated a position that she was not in a conflict of interest, perceived or real as she had not been on the Board of OATA for some time and had specifically met the conditions for election to Council (By-law 10.09 [v])

It was moved to Council to make the determination of whether there was a real or perceived conflict of interest.

At this point Rebecca Durcan assisted Council in gathering more information from the members of Council who had disclosed the possibility of perceived conflict of interest:

- Elwin Lau - further disclosed that he had not been on the Board of Directors of OATA when it was dealing with the proposal to the College;

had not stated publicly a position regarding the proposal made by OATA to the College; had not participated in the development of the proposal or of documents used by OATA in making the proposal.

- Nicole DiFilippo - further disclosed that she had not been on the Board of Directors of OATA when it was dealing with the proposal to the College; had not stated publicly a position regarding the proposal made by OATA to the College; had not participated in the development of the proposal or of documents used by OATA in making the proposal.
- Derek DeBono - further disclosed that he had not been on the Board of Directors of OATA when it was dealing with the proposal to the College; had not stated publicly a position regarding the proposal made by OATA to the College; had not participated in the development of the proposal or of documents used by OATA in making the proposal.
- Nelson Amaral - further disclosed that he had not dealt directly with the proposal to the College; had not stated publicly a position regarding the proposal made by OATA to the College; had not participated in the development of the proposal or of documents used by OATA in making the proposal.
- Jennifer Bushell - further disclosed that she had not dealt directly with the proposal to the College; had not stated publicly a position regarding the proposal made by OATA to the College; had not participated in the development of the proposal or of documents used by OATA in making the proposal.
- Stephanie Moser- disclosed that she had been on the board and served as Chair when the board first made submissions to the College, had participated in meetings with the College and advocated at that time for the proposal from OATA. She further disclosed that her role with the board was at least five years before this date and she had no part in the development of the last submission from OATA.

Upon a motion duly made by Ryan Wight and seconded by Chad McCleave Council **decided** that Stefanie Moser is in a perceived conflict of interest in relation to the proposal submitted by the Ontario Athletic Therapist Association and is thus disqualified from sitting on the Committee on Specialties to review the proposal from OATA. **Carried.**

At this point and in response to Council's decision, Stephanie Moser excused herself from the remainder of the meeting which would be focused on Committee selection.

Upon a motion duly made by Graydon Raymer and seconded by Chad McCleave that Nelson Amaral has a perceived conflict of interest and should not sit on the Committee on Specialties to review the Framework submission brought forward by the Ontario Athletic Therapists Association. **Motion declined.**

The President called for any motions concerning the disclosures by other Council members. No motions were made.

Striking of Committee

	<p>The President called for public appointees to indicate their interest in and willingness to serve on the Committee on Specialties to review the proposal from OATA. Public members Mary Pat Moore, Kalen Johnson and Ken Alger agreed to serve on the Committee. Ken Alger offered to first canvass Lori-Ann Beckford to determine whether she would be able to serve on the Committee. (As Lori Ann declined based on time constraints, Ken’s appointment stands).</p> <p>The President called for professional members of Council to serve on the Committee. Professional members Ryan Wight and Graydon Raymer were identified.</p> <p>Upon a motion duly made by Graydon Raymer and seconded by Nelson Amaral, it was moved to strike a Committee on Specialties to review the OATA Speciality Submission, being composed of Ryan Wight, Graydon Raymer, Kalen Johnson, Mary Pat Moore and Ken Alger. Carried.</p>
	<p style="text-align: center;">Review of Action Items</p> <ul style="list-style-type: none"> - Development of the competencies to be used for recruiting of members to the Item Writing Committee - Development of a strategic dashboard which helps Council visualize the operational plan of the College - Summary of the Strategic Plan to be shared and circulated with the membership and public - Amendment to the letter regarding the CNO submission to the Ministry to be circulated to Council, forwarded to the Minister, and posted on website. - Add the fee breakdown to the College’s website, perhaps under the membership portal – in progress - Add information to the website regarding the benefits of being a regulated health professional – in progress - Schedule a facilitated discussion regarding Core Competencies - Addition of specific areas to the Renewal Form to better target collection of data for the College and members – in progress
	<p style="text-align: center;">Motion for Adjournment</p> <p>Moved by Mary Pat Moore and seconded by Michelle Meghie at 4:40 p.m. Carried.</p>

Registration Report

Committee: Registration Committee and Examination Appeals Committee
Prepared for: Council
Date: June 24, 2019

Registration Committee

The Registration Committee met once since the last report to council on April 15, 2019. The next Registration Committee meeting is scheduled for July 27, 2019.

Below is a synopsis of the content covered at the last committee meeting.

1. Review of submission from the University of Ottawa for Substantial Equivalency

The Committee was asked to review a submission from the University of Ottawa requesting the Committee to deem the four-year Honours BSc in Human Kinetics, with Option: Applied Studies in Kinesiology as substantially equivalent to a bachelor's degree in kinesiology that is at least four years in length from an Ontario university. The Committee has requested additional information from the University of Ottawa prior to rendering its decision.

2. Merged Academic Assessment Form, Requirements for Educational Equivalency and Course Description documents

The Committee approved the merger of the Academic Assessment Form, Requirements for Educational Equivalency and Course Description Documents. These documents were merged at the Committee's request to make them more accessible and understandable to applicants.

The content of these documents have not been changed; only their layout and structure has been updated. The merged documents have been circulated to Council for information purposes only.

3. The Director of Professional Conduct, Eric Bruce, provided information on the Committees decision making powers

The Committee was briefed on their decision making powers, procedural fairness, and how to make decisions that are consistent and defensible.

4. Gender Neutral Language

There was a discussion on the barriers faced by The College of Registered Psychotherapists of Ontario (CRPO) in their reporting to the Ministry of Health and Long Term Care for the Health Force Ontario (HFO) report as a result of recent changes they have made to their application form adding a third gender option.

There currently exist no means whereby colleges can report via the HFO report members who do not identify as either “male” or “female”. The CRPO is concerned that without creating a third gender option for transgender or non-binary members, an inequity was being created regarding gender expression , and that this inequity is discriminatory.

The Committee was asked to consider the use of gender neutral language in decision letters and all communication to the membership and applicants. The Committee also discussed adding a third gender option to the CKO application forms.

5. Mentorship Program

The Registration Committee has requested that the College explore the development of a mentorship program in conjunction with the Quality Assurance department. The Committee often recommends that applicants who are requesting an additional attempt at the entry to practice examination, and members who have had a long period of inactivity and are seeking reinstatement to the general class, gain practical experience in the profession under the direction of a registered kinesiologist.

Currently, there is not a roster of mentors for members or applicants to draw from. The quality assurance department has established a mentorship program for members who are undergoing a peer and practice assessment. The College feels that this program can be reformed to serve the needs of both the quality assurance department and the registration department. The registration department has been tasked with establishing guidelines, eligibility requirements and a policy that would govern the mentorship relationship for the committee to review.

Examination Appeals Committee

There were no appeals made to the Examination Appeals Committee.

- **Annual Historical Examination Counts**

Year	Examinees	Percentage of Examinees that passed
2013	224	73%
2014	394	65%
2015	445	70%
2016	472	72%
2017	507	69.5%
2018	451	74%
April 2019	191	70%

- **Spring Exam – April 6, 2019**

The College 2019 Spring Entry-to-Practice examination was held on April 6, 2019. A total of 191 candidates wrote the exam.

See below for breakdown:

Number of Exam Candidates	
Registered	214
Writing	191
Passing	133
Failing	58
% Passing	70%

Membership Update

As of June 13, 2019 the College has 2902 total members registered. There are 2495 members in the General Class and 407 members in the Inactive class.

- **Annual Historical Registration Counts**

Registration Numbers as of March 31 of each year

Years	General Class	Inactive Class
2014	1280	29
2015	1419	123
2016	1731	215
2017	2294	287
2018	2422	372
2019 *	2441	410

* As of March 11th, 2019

Committee and Program Report

Committee: Quality Assurance
Prepared for: Council
Date: June 24, 2019

A Panel of the Quality Assurance Committee met once since the last report made on April 15, 2019. Below is a summary of the decisions, discussion, recommendations and actions accomplished at this meeting. Attendees: 8 members of the QA Committee.

1. Summary of Peer and Practice Assessment Decisions made on May 29, 2019:

PPA Cycle	Number of Member PPA Files reviewed	Decisions
		Demonstrated Change Report (DCR) No Further Action (NFA)
Spring 2018	3 Files 1 request for a deferral > 18 months	2 – NFA 1 – DCR 1 – option to do PPA or further deferral of 18 months with special undertaken
Fall 2018	9 Files	5 – NFA 1 – DCR 1 – Review of previous decision request from the Registrar resulting in NFA 1 – Request of more information (from Assessor and Member) in order for the Committee/Panel to make a decision

		1 – no decision, rather the Panel was just apprised of the status of the member’s competency enhancement
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The QA committee made a Total of 13 decisions regarding PPA’s.

2. Spring 2019 Peer and Practice Assessment - update

Focus this spring 2019 PPA cycle was on members who self-declared that they did not practice for > 1500 hours over the last three years on their last year’s renewal form.

Used join dates of 2013 to 2015 to limit the list to a manageable number - Twenty-six members identified. Suggest future selection do join date in 2016, 2017, 2018 and so on for a more objective selection process for this insufficiency group.

Five members deferred from a previous cycle notified

Total notified = 31

Number incorrectly notified = 5

One member had done the PPA in the past and < 5 years – our error

Four members did not understand what “practicing the profession” meant and based on the information they provided on the PPA Pre-assessment questionnaire clearly they are in practice and therefore should not have checked the box indicating < 1500 practice hours over the last three years.

Two members plan to resign over the next year and so have signed an undertaken.

Four deferrals – two granted by staff, one member (from spring 2018) requesting a deferral >18 months therefore committee decision needed and one member is yet to submit request for deferral.

In sum, expect to do ~20 PPA this cycle.

Most of the members who report insufficiency are not working as Kinesiologists although they have chosen to maintain their active general status. Consequently, most of the assessments will be non-clinical in nature featuring questions related to core competencies only, no record review and likely a telephone interview.

Some members were inactive recently due to maternity leaves or being in full time educational programs.

Members are incorrectly and under-reporting practice hours. Registration was notified of this issue and plans are underway to improve instructions about this check box for the next renewal period.

3. Review of policy regarding members who are non-compliant with self-assessment and e-learning modules

This issue is brought to the attention of the Quality Assurance Committee for a possible revision of current policy or at minimum to have a discussion on the issue of non-compliance with self-assessment.

For the current cycle of Annual Self-Assessment (SA), namely the 2018 SA all active general members as of December 1, 2018 were required to complete the 2018 Self-Assessment and given a 90-day period from December 1, 2018 to March 1, 2019 to complete it. The first self-assessment was in 2013, so this is our sixth cycle for self-assessment.

Due to some issues with our Skillsure platform this year members were given an extra month to complete the 2018 Self-Assessment.

As of May 29, 2019, 253 members have not completed their self-assessment. This is not unusual. The College of Kinesiologists of Ontario does not get great compliance with the Self-Assessment.

The Panel reviewed other College's practices for non-compliance. Other Colleges' consequences for non-compliance with self-assessment or the continuing education component of their QA Program include:

- Multiple notices
- Fine of \$30 – 100
- Members submitting reasons for non-compliance
- Peer and practice Assessment

The QA Panel requested that this issue be brought back to the QA Committee for further discussion. The Panel specifically requested more information on percentage of compliance of other Colleges as well as policies regarding non-compliance from the following Colleges:

- Nurses
- Physiotherapists
- Occupational therapists
- Chiropractors
- Dietitians

4. The Director of Professional Conduct, Eric Bruce, provided information on articulating good reasons for decisions.

This item was added to the agenda in view of the Registrar's request to have a PPA decisions reviewed and revisited by the QA Committee. In addition, it was noted by staff that it can be difficult to articulate (and write) clear reasons for decisions in particular when the cases are different from common decisions.

Summary of guiding questions that can be used to articulate reasons that are not straightforward:

- What is the issue?
- Why is there an issue?
- Is the issue related to a standard, competency etc.

- Is the issue likely to cause harm to members of the public or more specifically the member's clients?
- Is the issue a question of client's or patient's safety?
- Is the members practice behaviour risky, unethical, dangerous etc.
- In writing up good decisions, clarity about what you want the member to do is also necessary.

The Panel was also reminded to use the college's resources (Registrar and Director of Professional Conduct) when faced with a decision that is complex or when the Committee/Panel is unsure about something.

5. PPA Tools Review

This issue was brought to the attention of the Quality Assurance Committee from the College Council. The Council had asked the QA Committee to review the PPA process and tools to see if there is an opportunity to shorten the time it takes for members to prepare for and participate in the PPA.

At a recent council meeting a member presented on her experience with the PPA. Following her presentation there was discussion at council about the PPA process, tools and feedback from members. Council noted the feedback from members regarding the burden to members to prepare and participate in a PPA.

Council asked that the QA committee review the tools used to conduct the PPA with the intention of seeing whether they can be shortened.

Process conducted so far to inform revising/shortening the tools:

1. Reviewed feedback from members who have completed the PPA - more than a 1/3 of the 47 members who completed the feedback survey reported that it took over 6 hours to prepare for the PPA. This does not include the 2 - 4 hours of the actual PPA and any follow-up required after the assessment.
2. Reviewed all PPA conducted so far to identify competencies and performance indicators - related questions that are likely to be scored "no" by an assessor based on the member's responses at the time of the assessment. The QA Panel concluded that it would not be advisable to remove the questions assessing these performance indicators from the tools.
3. Sought feedback from kinesiologists on council and committees and assessors about questions asked during a PPA. Specifically, asked which performance indicators are not critical to assess during a PPA. Received feedback from 11 kinesiologists.
4. Detailed review of 15 patient/client record reviews from the Fall 2018 Cycle of PPA to identify areas where members are likely to have issues. The QA Panel concluded that it would

not be advisable to remove the questions assessing these performance indicators from the tools.

QA Panel Recommendations:

1. The Panel recommended that the Assessors receive further training for future PPA's – perhaps before the Fall 2019 Cycle of the PPA. It was suggested that members of the QA Committee be invited to part of this training.
2. Before a PPA, a member should be alerted to common issues identified by the PPA process.
3. QA director to revise the tools based on the feedback received and being mindful not to remove questions related to the Performance Indicators where members are likely to be scored a “no” by the assessor. These revised tools should be reviewed by the QA Committee before the next administration of the PPA.
4. The Panel recommended that staff keep a record of changes to the tools over time (for each administration) and if possible track the impact of these changes on the outcome of the PPA's over time.
5. Use the results of the PPA to show members how they can incorporate them in their annual Self-Assessment. For example developing an abbreviation list can be a professional improvement goal.

Committee Report

Committee: Inquiries, Complaints, and Reports Committee
Prepared for: Council
Date: June 24, 2019

Since its last report to Council in April 2019, panels of the Inquires, Complaints, and Reports Committee (ICRC) have met on three occasions (May 10, May 28, May 31). At these meetings, panels have taken the following actions:

- Requested the appointment of an investigator under clause 75(1)(c) of the *Health Professions Procedural Code* in three complaint matters.
- Conducted an initial review of two complaint and four report matters, which remain under consideration by the ICRC.
- Issued a decision in one complaint matter to take no action.

There are currently four complaint matters under investigation and pending review by the ICRC.

Notes

Revenue categories for Jurisprudence & Application fees are expected to come lower than projected. Registration revenues are expected to come lower as a result of resignations. Interest Income increased as a result of change in banking service provider. Initial projections were based only on income from laddered GICs however, interest income includes interest on funds in operating account.

EXPENDITURES

Page 2

COLLEGE OF KINESIOLOGISTS OF ONTARIO - EXPENDITURE FORECAST TO YEAR END 2018/2019 (as of Sept 1 - May 31st 2019)

update 06/06/2019

	1	2	3	4	5
CATEGORY	APPROVED BUDGET 2018/2019	ACTUALS (Sept 1 to May 31 2019)	REVISED FORECAST Q1 to Q4 (Sept to Aug)	VARIANCE TO YEAR END	
	\$	\$	\$	\$	
Expenditure:					
Council & Committees	86,800	57,315	93,286	-6,486	
Professional Fees	85,132	50,329	76,132	9,000	
Communications & Media	109,500	32,314	46,564	62,936	
Rent & Facility Costs	236,342	167,046	227,998	8,344	
Office & General	123,760	81,992	123,760	0	
Salaries & Wages	945,772	744,148	922,244	23,528	
Registration	161,170	63,702	116,027	45,143	
Quality Assurance	66,080	26,302	50,080	16,000	
Professional Conduct	7,500	24,213	28,500	-21,000	
TOTAL	1,822,056	1,247,361	1,684,591	137,465	
Reserve fund contribution	30,000				
Excess/deficiency of revenue over expenses			203,178		

Notes:

Council & Committees including AGM

Payment of expenses for Quality Assurance, Registration, ICRC, Patient Relations, University Liaison, Executive, Finance and Planning, two- day strategic planning meetings, strategic planning focus groups with Committees, Council Orientation, Council and Committee to define "Specialty" and Elections. Projections in Q4 for Item Writing committee, Quality Assurance, Council, Executive, Registration Finance & Planning and Committee for "Specialty". Shortfall by end of Q4 as a result of focus groups

and specialty committee meetings including other Committee meetings such as QA, Registration and Executive meeting more often. We also had more in-person meetings. Savings from Professional fees to cover shortfall.

Professional Fees

Payment for bookkeeping services, shared costs for salary survey, strategic planning and general legal fees. Projections in Q4 for ongoing bookkeeping support, general legal fees and final payment for salary survey. Savings resulted from competitive bidding for strategic planning and shared cost for salary survey.

Communications & Media

Payment for IT support, translations, design and layout of annual report, lanyards, banners, development of video on "Consent" . Projections in Q4 for ongoing IT support, printing of student brochures and website upgrade. We planned regional town hall meetings which was postponed. Some of the savings to be used for the "Registration" budget line for database maintenance.

Rent and Facility Costs

Payments reflect a 1% rent increase and an upgrade to IT equipment by end of the fiscal year. We originally budgeted for a 2% rent increase. Savings under this category.

Salaries & Wages

Projections for Q4 include salary increases & benefits for staff. Our savings resulted from delayed hiring in three positions.

Registration

Payments for September 2018 Exam, database maintenance, hosting of database, and printing of certificates of registration. Q4 projections are for work to be completed on database maintenance prior to renewal, payment for April 2019 Exam and printing of certificates of registration. Savings from digitization project and database licensing to be also used for the database maintenance.

Quality Assurance

Payment for self assessment portal annual license and peer and practice assessments. Projections in Q4 for peer and practice assessments and hosting of sexual abuse and ethics and professionalism online modules. Savings resulted from PPA costs being lower than projected. System revisions for integration of IMIS with the self assessment portal and prevention of sexual abuse online modules postponed.

Professional Conduct

Expenditures for three complex investigations exceeded overall budget. Shortfall to be covered by savings from the Communications budget line.

Decision Note – Appointment of Item Writing Committee

The current terms of reference for the Item Writing Committee (IWC) state that the majority of members are to be recruited and appointed from among the membership, along with an invitation to the Ontario Universities to invite faculty of kinesiology programs to apply as well. In May, the College sought applications from members interested in participating on the IWC.

Following review of the applications and resumes, Executive Committee has taken into consideration the following in order to develop a recommended slate of nominees for the IWC for consideration by Council.

- *A balance in years of experience:* Nominees were selected who have more than ten years or less than five years. This ensures that the committee will have input from those who have a breadth and depth of experience and who may have supervised new kinesiologists as well as kinesiologists who are relatively recent entrants to the practice.
- *Education:* Nominees were selected to ensure that there was variety in where they received their bachelor's degree.
- *Area of Practice:* Nominees were selected from various areas of practice to ensure the development of items from across the field of kinesiology.
- *Demographics:* Nominees were selected to ensure reasonable gender balance and representation from all areas of the province.
- *Language:* The slate of nominees includes individuals who are bilingual (if possible).
- *Academia:* Nominees were selected from various universities and various areas of specialty.

Executive Committee is satisfied that the nominees have demonstrated through their resumes and by being known and respected in the kinesiology community, that they have the knowledge and desire to contribute to the work of Council in developing and reviewing items to be included in the item bank from which will be drawn questions to be included in the entry-to-practice examination.

New members will receive training from Yardstick Assessment Strategies, the company hired by Council.

The persons listed in the attached table below are appointed to serve for a period of two years, with potential for re-appointment, on the Item-Writing Committee of the College of Kinesiologists of Ontario.

Item Writing Committee Applicant Summary

Name of Candidate	City of Work	Education/ Degree Level	Areas of Practice	Years of Experience/ Years registered
Nicholas Serafini, R.Kin.	Cambridge	Honours Bachelor of Kinesiology & Graduate diploma Professional Kinesiology – Lakehead University	Cardiac Rehabilitation – exercise therapy, education and administration	EXP: 4-5 REG: 12/2014
Pheing Ngo R.Kin.	Ottawa	BSc Human Kinetics, University of Ottawa	<ul style="list-style-type: none"> - Self-employed kinesiologist, assists patients with rehabilitation due to injury, surgeries and lifestyle in a clinical setting - Design and implement programs on psychomotor learning, biomechanics and functional movement - Works in areas of assessment and rehabilitation (ergonomics) 	EXP: 6 REG: 7/2013
Nicole Last R.Kin Inactive	Niagara Region	BSc Kinesiology, Diploma in Fitness & Health Promotion, University of Guelph-Humber Thesis-based Master of Science – McMaster University	<ul style="list-style-type: none"> - Trains individuals to act as standardized patients employed by McMaster for use in educational programs - Previously clinic manager, kinesiologist and Standardized patient educator responsible for administrative, clinic operations and hiring and training 	EXP: 3 REG: 6/2017
Adam Jongsma R.Kin.	Newmarket	BA Kinesiology & Physical Education – Wilfrid Laurier University M.Sc. Rehabilitation Science, University of Toronto	<p>Founder of Kinetic Performance Movement Education</p> <ul style="list-style-type: none"> - Develop education materials, participant materials and assessments 	EXP: 10 REG: 4/2013



			<p>for live and online courses</p> <ul style="list-style-type: none"> - Present live education courses across Canada 	
Scott Thomas R.Kin.	Toronto	<ul style="list-style-type: none"> - BSc Honours Physiology, University of Western - Masters of Science, Physiology – University of Western - Doctorate of Philosophy & Physiology, University of Western - Post-Doctorate Fellowship, Respiratory Physiology, Beckman Research Institute 	<p>Academic – Professor at University of Toronto</p> <ul style="list-style-type: none"> - Teaching in Master professional Kinesiology, research exercise and health - Previously – associate Dean of Research, Faculty of Kinesiology and Physical Education – University of Toronto - Previously –Associate Dean Graduate Education and Research, Faculty of Kinesiology – University of Toronto <p><i>*Limited French</i></p>	<p>EXP: 30 years REG: 4/2016</p>
Amanda Whaling R.Kin.	Ottawa	BSc, Honours Kinesiology – University of Waterloo	<p>Registered Kinesiologist/Lead Vision Therapist</p> <ul style="list-style-type: none"> - Plans and implements rehabilitation programs for clients under the direction of supervising optometrist - Execution and marking of standard testing on traumatic brain injury clients 	<p>EXP: 5 years REG: 5/2014</p>
Benjamin Phalavong R.Kin.	Windsor	<p>Bachelor of Human Kinetics – University of Windsor Master of Human Kinetics – University of Windsor</p>	<p>Occupational rehabilitation</p> <ul style="list-style-type: none"> - Works in a multidisciplinary setting to treat and manage MVA, WSIB, LTD and private patients - Design and implement therapeutic exercise programs, work conditioning and return to work programs - Perform functional abilities evaluations 	<p>EXP: 3 REG: 12/2016</p>
Brittany Wilcox R.Kin.	Pickering	Bachelor of Health Sciences, Kinesiology – University of Ontario Institute of Technology	<ul style="list-style-type: none"> - Creation of home exercise programs for patients in collaboration with physiotherapists - Teaching and overseeing exercises of 	<p>EXP: 4 REG: 12/2015</p>



			<p>patients</p> <ul style="list-style-type: none"> - Creating and teaching falls prevention classes to senior citizens in retirement homes working within restorative programs with physiotherapists 	
Miguel Reyes R.Kin.	Mississauga	Bachelor of Kinesiology, University of Toronto	<p>Clinical Manager</p> <ul style="list-style-type: none"> - Staff training, monitor of services delivery execution - Ensures clinical performance indicators are met based on clinic standards - Patient/client experience 	<p>EXP: 5 years REG: 11/2014</p>
Humberto Omana R.Kin.	London	<ul style="list-style-type: none"> - Bachelors, Kinesiology, University of Waterloo - Master's Thesis, Kinesiology, Neuroscience, University of Waterloo - Doctorate, Health and Rehabilitation Sciences, Physical Therapy, University of Waterloo – in progress 	<ul style="list-style-type: none"> - Research assistant – Graduate Teaching Assistant at University of Western - Long-term care and assistive living communities - Health and rehabilitation - Falls prevention - GAIT - Cognition <p><i>*Speaks Spanish</i></p>	<p>EXP: 3 years REG: 5/2016</p>
Christina Ziebart R.Kin.	London	<ul style="list-style-type: none"> - BSc, Kinesiology, Minor in Human Nutrition, University of Waterloo - Masters of Science, Kinesiology – University of Waterloo - MPT/PhD; Health and Rehabilitation Sciences combined Physical Therapy – University of Western – in progress 	<ul style="list-style-type: none"> - Patient assessment, exercise prescription, monitoring patients - Current – Research leader, University of Western - Research assistant 	<p>EXP: 9 years REG: 3/2016</p>



<p>Kristan Lingard R.Kin.</p>	<p>Toronto</p>	<ul style="list-style-type: none"> - Honours BSc Kinesiology, University of Western - Master of Science, Kinesiology – York University 	<ul style="list-style-type: none"> - Associate Dean – Humber College, in the Wellness cluster (Fitness and Health promotion, Exercise Science and Lifestyle Management, Wellness Coaching, Kinesiology, etc.) - Lead, develop, deliver and assess programs and curriculum 	<p>EXP: 14 years REG: 9/2013</p>
<p>Darshpal Gill R.Kin.</p>	<p>Pickering</p>	<ul style="list-style-type: none"> - Specialized Honours BA Kinesiology & Health Sciences – York University - Honours BA, Psychology – York University 	<ul style="list-style-type: none"> - Registered kinesiologist and fitness specialist - Design specialized exercise/fitness programs for clients - Correspondence with clients remotely to ensure client goals - Assessment of client motivational issues providing motivational interviewing/coaching 	<p>EXP:10 years REG: 3/2016</p>
<p>Michael Herbert R.Kin.</p>	<p>London</p>	<ul style="list-style-type: none"> - Bachelors Physical Education and Health, Laurentian University - Masters of Human Kinetics – Laurentian University 	<ul style="list-style-type: none"> - Exercise physiology lab instructor at University of Western - Kinesiologist working in workplace assessment <p><i>*Former member of the IWC</i></p>	<p>EXP: 11 years REG: 6/2013</p>
<p>Calvin Orok R.Kin.</p>	<p>Mississauga</p>	<ul style="list-style-type: none"> - BSc, Kinesiology – University of Waterloo - Master of Science, Kinesiology – University of Waterloo 	<ul style="list-style-type: none"> - Kinesiologist and ergonomic specialist for MVA, Return to Work, insurance and employer cases - Disability management, fitness and functional testing <p><i>*Former member of the IWC</i></p>	<p>EXP: 32 years REG: 9/2013</p>



<p>Marc Mitchell R.Kin.</p>	<p>London</p>	<ul style="list-style-type: none"> - BSc, B.PHE, Physical and Health Education – Queen’s University - M.Sc, Exercise Sciences, Physical and Health Education – University of Victoria - Ph.D., Exercise Sciences – University of Toronto - Post-Doctoral Fellowship – Toronto Rehabilitation Institute – UHN 	<ul style="list-style-type: none"> - Assistant professor – Western University Faculty of Health Sciences, School of Kinesiology - Focus on Chronic disease prevention and management <p><i>*Conversational French</i></p>	<p>EXP: 15 years REG: 6/2015</p>
<p>Dylan Crake R.Kin.</p>	<p>Ottawa</p>	<ul style="list-style-type: none"> - BSc, Honours Human Kinetics – University of Guelph - Masters of Science- Human Kinetics – University of Ottawa - Advanced Diploma, Massage Therapy – Algonquin College 	<ul style="list-style-type: none"> - Rehabilitative exercise - Assess physical fitness of patients at beginning of rehabilitation and before discharge - Asses functional ability with WSIB patients 	<p>EXP: 4 years REG: 6/2015</p>
<p>Douglas Lafreniere R.Kin.</p>	<p>Belleville</p>	<ul style="list-style-type: none"> - Bachelor of Physical Education – McMaster University - Master of Science, Kinesiology – McMaster University 	<ul style="list-style-type: none"> - Teaching, examinations, director of CSEP laboratory, - Retired professor and academic coordinator 	<p>EXP: 32 years REG: 6/2013</p>

Resolution- Appointments to the Item Writing Committee

WHEREAS appointments to the Item Writing Committee have expired and suitable nominations for re-appointment to the Item Writing Committee have been received and reviewed by the College, and

WHEREAS new suitable nominations to the Item Writing Committee have been received and reviewed by the College for appointment, and

WHEREAS the slate of nominees presented by the College includes nominees with diverse areas and years of practice, from various parts of the province, a balance in gender, and qualified educators involved in teaching within degree programs in kinesiology and human kinetics; and

WHEREAS Council is satisfied that the nominees have demonstrated through their résumés and by being known and respected in the kinesiology community, that they have the knowledge and desire to contribute to the work of Council in developing and managing an exemplary entry-to-practice examination; and

WHEREAS all members of the Committee receives training from the company hired by Council, Yardstick Assessment Strategies Inc., and are required to sign a confidentiality agreement; and

WHEREAS Council has determined that continuity and a clear understanding of the roles of the Committee and the responsibilities and requirements of individual committee members requires that appointments to the Committee should be for a period of at least two years,

Therefore be it resolved that:

- | | |
|----------------------|----------------------|
| • Nicholas Serafini | • Humberto Omana |
| • Pheing Ngo | • Christina Ziebart |
| • Nicole Last | • Kristin Lingard |
| • Adam Jongsma | • Darshpal Gill |
| • Scott Thomas | • Michael Herbert |
| • Amanda Whaling | • Calvin Orok |
| • Benjamin Phalavong | • Marc Mitchell |
| • Brittany Wilcox | • Dylan Crake |
| • Miguel Reyes | • Douglas Lafreniere |

are appointed to serve for a period of two years, with potential for re-appointment, to the Item Writing Committee of the College of Kinesiologists of Ontario.

Moved by:

Seconded by:

Date:

Issue or Decision Note

Issue or Decision: Draft Practice Guideline Complementary and Alternative Therapies
Prepared for: Council
Date: June 14, 2019

NB: *In order to provide these materials as far in advance of Council as possible, the following decision note was prepared prior to the deadline for receipt of comments on the draft Guideline (June 17, 2019.) If additional comments are received, they will be included in an addendum to this note, as required.*

Background

At its meeting on April 15, 2019, Council approved the Draft Practice Guideline Complementary and Alternative Therapies (CATs) in principle and directed that the Guideline be circulated to the membership and stakeholders for comment for a period of sixty days.

The Guideline was posted on the consultations section of the College's website and an e-mail message calling for feedback was sent to all members of the College with a link to an online survey. Notice of the proposed guideline and a link to the survey was also posted on the College's social media account (Facebook page). A copy of the e-mail message and survey are attached (Appendix A).

The Guideline was also shared with the other Ontario health regulatory colleges through the Federation of Health Regulatory Colleges of Ontario's practice advisors network. The deadline for receipt of comments was June 17, 2019.

Summary of Online Survey Feedback

As of the date of writing, the College received seventy-one (71) responses to its online survey, as follows:

Respondent	Number of Responses
Kinesiologist	67
Member of the Public	2
Professional Association Representative	1
Other health professional	1

Although representing only a small fraction of the total membership of the College, this is a larger response rate than during previous consultations. The responses also tended to include a higher number of written comments. A compilation of all written comments received from the online survey is attached (Appendix B).

In general, many of the written comments received were critical of the guideline and questioned whether it provided enough specific information to assist kinesiologists dealing with issues around specific CATs. Comments are discussed further below with respect to each survey question.

Q: Is the Guideline clear about the College's expectations with respect to the use of CAT in kinesiology practice?

Response	Number of Responses
Yes	58
No	12

Ten comments were received, all of which were generally critical of the Guideline. Respondents' comments included the following:

- The Guideline “creates confusion from the outset”, is “very ambiguous”, and uses “nebulous” terminology.
- The Guideline should be more specific as to what constitutes “competence” in a given modality and how such competence would be established.
- A commentator questioned how kinesiologists would, and whether kinesiologists even should, be able to provide CATs outside of the core kinesiology scope of practice.

Q: Does the Guideline provide enough guidance for kinesiologists offering or receiving requests from patients with respect to CAT?

Response	Number of Responses
Yes	49
No	21

Ten comments were received. All comments stated that additional clarification of the Guideline, whether specifically or more generally, was required. Respondents' comments included the following:

- A commentator wrote that a “reasonable professional opinion is too vague” and suggested that opinions should be based on “currently available evidence”.
- A commentator questioned a kinesiologist's ability to provide accurate information about CATs without additional training and qualifications.
- Commentators suggested including case studies, specific or hypothetical examples, and/or common CATs that the College would approve of and the training required for them.

Q: Are there considerations that the College has not identified in the Guideline?

Twenty-eight responses were received that covered a variety of issues and questions, including many themes already referenced above in respect of previous questions. The responses also included the following comments/questions:

- Are additional steps required for documentation and billing?
- Could the College provide a list of CATs that are “absolutely not permitted” or, conversely, that are approved by the College?
- How does the proposed Guideline relate to the College’s Code of Ethics and other professional standards? How will breaches of the Guideline be handled?
- Can the Guideline be made more specific and provide more prescriptive direction for kinesiologists working with particular CATs?

Q: Is the Guideline consistent with the College’s mandate to protect the public interest?

Response	Number of Responses
Yes	64
No	4

Five comments were received. One commentator wrote that they “applaud the College for tactfully addressing this challenging issue.” Another commentator suggested that by permitting kinesiologists to offer CATs, the College was providing tacit support for such CATs.

Q: Additional Survey Comments

Respondents were given a space in which to provide any additional comments they wished. Twenty-one (21) responses were received. The comments reiterated many of the themes and questions referenced above in previous questions. Comments included the following:

- The Guideline should prohibit the use of CATs by kinesiologists entirely.
- The Guideline should distinguish between CATs that are evidence-based and those that are not. The Guideline should prohibit CATs that are not evidence-based and make the firm distinction that these are not part of kinesiology practice.
- The Guideline should be more directive and use language like “kinesiologists are expected to...” instead of “kinesiologists should...”
- The Guideline should replace the term “patient” with “client.”
- The Guideline is “just too fluffy and unhelpful” and needs more “meat” to assist members in complying with their legal obligations.

Summary of Additional Feedback

The College also received formal written comments from the following organizations:

- Ontario Kinesiology Association (Appendix C)

In addition, staff members at certain health regulatory colleges provided informal comments and feedback directly to the Director, Professional Conduct; as these comments were not official responses on behalf of the respective colleges, they have been summarized below.

Ontario Kinesiology Association

In its written submission, the Ontario Kinesiology Association (OKA) expressed concern that the Guideline may be perceived as overtly supportive of CATs at the expense of conventional practice. The OKA clarified that it was concerned that the Guideline as written suggested that kinesiologists were permitted to perform a range of CATs outside the scope of practice of kinesiology. It suggested

- clearly defining the motivation and justification for the Guideline prior to listing definitions;
- delineating between “complementary/alternative medicine” and “complementary/alternative therapy”; and/or
- providing guidance about the types of CATs that do not fall within the scope of practice of kinesiology.

Comments from Regulatory Colleges

A practice advisor from a regulatory college provided comments about their experience with members of their profession seeking to provide CATs. They noted that members often sought guidance on

- CATs that involved regulated acts;
- CATs that did not involve controlled acts, but which were outside the scope of the profession; and
- CATs that did not involve controlled acts and that were within the scope of the profession.

The practice advisor suggested that it may be useful to provide more detailed guidance on each of these distinct categories as part of the Guideline.

Recommendation

In light of the breadth and nature of the feedback received from members and stakeholders, it is recommended that Council direct staff to revisit the Guideline in light of the above comments and feedback and to bring a revised version of the Guideline back to a future meeting of Council.

Appendices

- A. E-mail message to Membership and Response Survey Questions
- B. Compilation of Written Comments from Response Survey
- C. Letter from Ontario Kinesiology Association

Appendix A



Draft Complementary/Alternative Therapies Guideline

From time to time, the College receives enquiries from kinesiologists regarding their ability to offer complementary/alternative therapies in addition to conventional kinesiology treatment.

Complementary/alternative therapies fall within a broad group of therapeutic practices, services, remedies, or devices based on various theories or beliefs, which may or may not be grounded in evidence-based practice and scientific principles. Examples include herbal supplements, cupping therapy, and homeopathic remedies. Complementary/alternative therapies may be specifically regulated by law, such as acupuncture, or may be unregulated.

In light of the increasing popularity of such therapies, and in order to address some of the common questions that arise, the College is proposing a draft guideline on complementary/alternative therapies in kinesiology practice. The draft guideline is largely based on a similar guideline developed by the College of Physicians and Surgeons of Ontario, which currently applies to all physicians in Ontario.

The draft guideline sets out general principles applicable to both conventional and complementary/alternative therapies, as well as specific requirements for kinesiologists who intend to offer such therapies or who deal with patients who request or receive such therapies from another source. Some key expectations from the draft guideline are that kinesiologists will:

- Act in the best interests of the patient
- Respect the autonomy of patient choice
- Avoid or appropriately manage conflicts of interest
- Practice within the scope of their competence
- Comply with governing laws and standards
- Conduct a conventional kinesiology assessment first
- Provide accurate and unbiased information about therapies
- Make appropriate referrals to other qualified practitioners, where required

The Council of the College approved the draft guideline in principle at its meeting on April 15, 2019, and directed that it be circulated to the membership for comment.

The College invites kinesiologists to provide their comments and feedback on the draft guideline by completing the online survey linked below. Kinesiologists may also send comments or questions to Eric Bruce, Director of Professional Conduct, at eric.bruce@coko.ca.

Comments must be received by the College by **June 17, 2019**.

[Click here to provide your feedback](#)

Find us on:



Please take a moment to share your thoughts on the proposed practice guideline.

* 1. I am a/an:

- Registrant of the College
- Member of the public
- Representative of a professional association
- Academic
- Member of another health profession

2. Is the guideline clear about the College's expectations with respect to the use of complementary/alternative therapies in kinesiology practice?

- Yes
- No

Comments:

3. Does the guideline provide enough guidance for kinesiologists offering or receiving requests from patients with respect to complementary/alternative therapies?

- Yes
- No

Comments:

4. Are there considerations that the College has not identified in the guideline?

5. Is the guideline consistent with the College's mandate to protect the public interest?

Yes

No

Comments:

6. Additional Comments:

Appendix B

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

Question 2

Is the guideline clear about the College's expectations with respect to the use of complementary/alternative therapies in kinesiology practice?
<p>The introduction creates confusion from the outset by referring to a functional ability assessment as a therapy. It is an assessment, not therapy. Additionally Kinesiology therapies are more accurately rooted in anatomy, physiology, biomechanics, motor control and learning (psychomotor behaviour), and social psychology. Biology is too vague a term whereas physiology and motor control are pillars. Alternative therapies can also be behavioural in nature and the guideline should not overlook them. For example EFT tapping.</p>
<p>Very ambiguous, are kinesiologists able to administer cupping as a modality?</p>
<p>I would like to suggest that the word "competence" be formally defined either within the text of the guideline or hyperlinked to that section within the Colleges website so that there is clear understanding of what competence means. Example: does a colleague showing you how the cups work in cupping therapy qualify as having the appropriate training to deem competence?</p>
<p>In accordance with our regulations, R.KIN's MUST provide services within our legislative scope of practice as well as within our scope of competence. Further, there must be a scientific Kinesiological basis for their practice and services. Based on the current Ontario undergraduate Bachelor Kinesiology Degree programs and the ones that we utilized to establish minimal entry to practice requirements, including the core competencies, the Lyons share of these therapies fall beyond our entry to practice scope of practice if not certainly our core competencies. I would strongly advise my peers to have "established" scope of competencies in these particular "complementary/alternative therapies" beyond the College entry to practice requirements. Primarily because R.KIN's remain vulnerable and exposed to complaints and disciplinary action trying to establish and defend their beyond the potential legal scope and or core competencies interventions and services. It is also important to adhere to informed consent, transparency and our ethical requirements of nonmaleficence. One must ask themselves can they do all this when providing these complementary and alternative therapies. Moreover, these nebulous terms must be defined. What is an alternative therapy; alternative to what exactly and then how is it within our legal scope particularly if it is alternative to it?</p>
<p>It would be more clear to specify some therapies we are allowed to use</p>
<p>Approval for the application of these therapies should be vetted by the college because there is a big potential to change the basis of the profession and the perception of the profession. I do not want alternative/complementary therapies associated with the profession because of the conflict of interest it can create when choosing health care providers</p>
<p>What is considered conducting a conventional kinesiology assessment? Clarification on this point please. Practice within the scope (complementary/alternative therapies are not within scope if not evidence based) of their competence therefore conflicting message.</p>
<p>Basic guidelines are "basic" and appropriate, but specifics to each alternative may need to be</p>

clearer.
"Practice within the scope of their competence" may be interpreted with lack specificity. Does this apply if you have other certifications/training? Is this treatment evidence-based?
I think the scope of practice is also unclear now that athletic therapists have joined the college- it seems that their scope of practice has now become a Kinesiologists scope of practice, even though Kinesiologists do not cover any assessment, rehabilitation, or manual therapy techniques in their curriculum. They are not therapists, they are exercises professionals. I don't think they have enough background knowledge to provide hands on treatment/ alternative therapies when other health care professionals have to go through a lot of extra training in order to provide these therapies- it also gets very confusing for the public and I think it's irresponsible of the college to add alternative therapies to a Kinesiologists scope of practice.

Question 3

Does the guideline provide enough guidance for kinesiologists offering or receiving requests from patients with respect to complementary/alternative therapies?
In the section on Patient (Client) Discussion, reasonable professional opinion is too vague. Perhaps adding based on currently available evidence.
In the patient discussion section are statements about the need for the R Kin to provide "accurate and objective information about all therapeutic options" and "the extent to which the therapy is supported by conventional kinesiology practice and scientific evidence". These statements rely on the R Kin's ability to evaluate the claim and to convey their judgement to the client. These evaluation and communications abilities may be part of current practice but this expansion of practice requires that all R Kin's become expert in evaluating clinical evidence. The College should only move ahead with this expansion of practice if R Kin's are required to demonstrate their expertise. This would be similar to the other training requirements such as for abuse and for legal issues. Given the ability of various groups to convincingly communicate false claims (consider measles) we must ensure that R Kin's do not become purveyors of false claims for therapies.
Possibly site some case studies or some hypothetical examples?
Should specify if we can do certain therapies. Which common alternatives have enough evidence currently to be acceptable?
As above hyperlinks to the words "law" and "standards" should be considered to provide full clarification of these terms.
No, the College has not clearly defined these terms making it difficult to fully adhere or adhere at all to our regulatory and practice standards requirements. Providing advice and guidance regarding any service that may complement any one particular legal scope of Kinesiology practice intervention or service is simply practice.
Is proof of training required? Or just competency based?
As long as the Kinesiologist has some training and stays within the scope of that training.

More guidance on acceptable training to provide alternative therapies.
Not enough specific examples given as to what can be done or not.

Question 4

Are there considerations that the College has not identified in the guideline?
What is the impact of this guideline on patients who are actively involved in research trials and also under the care of a Kinesiologist?
Is there anything special that needs to be done related to documentation or billing?
As mentioned above social/psychological or behavioural interventions. We motivate, counsel and coach clients within scope but should use techniques that are based on principles in these areas.
A major concern that is only partially addressed is the risk of failure to provide effective conventional Kinesiology therapy as a consequence of moving on to a complementary/alternative therapy. It is too easy to fail the client by not providing behavioral supports to exercise.
There should be additional information detailing how this guideline connects to the overall ethical policies and procedures of the college and should detail possible reprimands for members who don't follow the guidelines.
Which alternatives therapies are absolutely not permitted?
Some alternative therapies may have their own certification process. If that is the case, then the extra certification should be obtained.
May wish to expand list of possible complementary therapies.
On the draft, there needs to be clarification on what these complementary and or alternative therapies entail. I recognize that the scope claims to not cover 'instrument assisted soft tissue release' (as some classes are offered for kinesiologists) and leaves the onus to the kinesiologists to 'mind the gap' - would like this to be addressed.
Ensure that proper documentation regarding the complementary/alternative therapy is completed. If patient asks about CBD treatment, charting on enquiry and advice/direction provided should be noted. Is there a standard response that can be provided to patients that has been deemed acceptable and appropriate from the College? Perhaps a sample of responses within the guidelines will help Kinesiologists.
It might be a good idea to make it more specific (even though it already somewhat is).
I do not believe the college has addressed the fact that complementary alternative therapies should not be associated with the profession. The practice of alternative therapies should remain separate from a kinesiologist's scope of practice.

We need more direction for those who work in disability management and use modalities like CBT and MPS.
Csep certifies members to do glucometer testing. This requires breaking the skin. Also other jurisdictions provide training/guidelines to adjust oxygen for clients on O2 therapy Guidelines as mentioned above aren't necessarily specific enough.
Special class of Kin's that can do specific therapies?

Question 5

Is the guideline consistent with the College's mandate to protect the public interest?
Kinesiologists should not be expanding their areas of practice within the umbrella of kinesiology without specific training in evaluation of claims and then specific training in providing that therapy. It would be better for the R Kin to respectfully communicate that they are not aware of evidence to support that claim, that there may not be evidence to refute the claim but that simply means lack of credible evidence and that the client is free to seek out the therapy from another person. By permitting R Kin's to provide such therapies we provide tacit support for those therapies - even if the R Kin identifies that the therapy is not part of Kinesiology practice. This may damage the client either through neglect of safe, effective exercise therapy or directly from the alternative therapy.
I do not think so give the comments and issues I have identified.
Though some of these therapies are not all supported through scientific evidence. The Kinesiologist should have the right to refuse exploration of these treatments if they are not comfortable with them, and refer for those specifically elsewhere.
Somewhat with exception provide accurate and unbiased information about therapies; so if it's not evidence based is this covered in scope of practice?
I applaud the College for tactfully addressing this challenging issue.

Question 6

Additional Comments
This is a great guideline. However in it there was no mention of the kinesiologist working as a support role for another healthcare professional who is a primary care giver and who makes the ultimate clinical decision in regards to therapies that is best for the patient. Other than this it sounds very reasonable!
I see that the word "should" is often used in this guideline (e.g., kinesiologists should keep patient clinical histories etc...). I would recommend using stronger language such as "kinesiologists are expected to..."

<p>I am curious about why Indigenous/First Nations were specifically identified in the Respect the Autonomy of Patient Choice section versus a statement that was more broad such as: Kinesiologists should acknowledge the diversity of cultures within a multicultural patient population (E.g. First Nations, Muslim, Mennonite) and respect how these differing cultural perspectives may inform patient choice. The way it's worded currently seems to almost specifically highlight that there is a particularly special consideration that needs to be given to this population/cultural which I don't think is the real purpose of the statement. I think it is more inclusive to provide examples as noted above or take the reference out entirely.</p>
<p>In the final section titled "Patients Receiving Therapies Elsewhere" please consider the following edit: In the 2nd sentence replace the term "possible interactions" with "known interactions". It is a high bar for Kinesiologists to be mindful of all possible interactions of alternative therapies especially since these therapies may not have much evidence or research to support their use or outline side-effects/interactions.</p>
<p>Just wondering when why we have changed reference to the science type around kinesiology... Document references biology, anatomy, and biomechanics... In previous documents (not 100% on this) we refer to our core sciences being anatomy, physiology, biomechanics, and psychomotor behaviour (or motor control and learning).</p>
<p>Please cease the use of the term patient; it is clear that this is taken directly from the Physician sick care model and language. Kinesiologists use the term client.</p>
<p>This guidance should include a statement that R Kinesiologists should not provide these alternative/complementary therapies. It may damage the public interest and it certainly will damage the profession.</p>
<p>There are well worded recommendations in the guideline asking members to discuss with patients if the therapy is supported by scientific evidence and that there must be an expectation of improving the patient's condition. We need to hope then that members put this into practice and do not recommend or perform therapies that are known not to have any scientific backing or evidence, such as homeopathy. Otherwise we risk discrediting the profession as a whole.</p>
<p>Some alternative therapies may have their own certification process. If that is the case, then the extra certification should be obtained.</p>
<p>This guideline opens up kinesiologists to potentially offer alternative therapies that are not evidence based. If an additional therapy falls under the scope of practice of a kinesiologist and the practitioner can prove they are competent in the therapy because they have completed additional education in it then the kinesiologist is able to provide the service. Perhaps a comprehensive list of approved additional treatment options that kinesiologists can provide would be better suited. Kinesiology is so broad of a field and some specificity in the sub field within kinesiology would be helpful.</p>
<p>Please be specific on the draft on what exactly these alternative and complementary therapies would entail - possibly adding the definition between alternative AND / OR complementary therapies if possible. Thank you!</p>
<p>As a regulated health care professional, kinesiologists should not be providing advice/offering services that are not evidenced-based. Therefore, should not be promoting, recommending or counseling on homeopathic supplements as well as other herbs/supplements which may not have</p>

evidence to support their use or claims.

Not only do you need to look at this more specifically from a Kinesiological and scientific perspective but you must also look at this from a legal regulatory perspective enabling the College to assist its members' in compliance with our regulations and safe accountable practice. How have you done this? Perhaps you need to think of how members engaging in these ill-defined activities can avoid complaints in this regard. Put some "meat on these guidelines" they are just too fluffy and unhelpful. It is also important to remember how we differ from physicians in both our legal scope and competencies.

This would be a great addition to the service a kinesiologist can offer as long as the kinesiologist has the proper credentials/certifications to offer the specific complementary services.

The association with non-evidence based practices should not be included in the practice. Services offered in tangent by practitioners should not be regarded as kinesiology. Firm distinction should be made where a kinesiologist's scope of practice ends.

Appendix C

May 27, 2019

Ms. Brenda Kritzer, Registrar
College of Kinesiologists of Ontario
160 Bloor Street East, Suite 1402
Toronto ON, M4W 1B9

Dear Ms. Kritzer:

RE: Draft Complementary/Alternative Therapies Guideline

Thank you for the opportunity to review and provide feedback on the College of Kinesiologists of Ontario (CoKO) proposed "Practice Guideline – Complementary/Alternative Therapies".

In its current form, we are concerned that the Practice Guideline may be perceived as overtly supportive of complementary/alternative therapies at the expense of undermining conventional practice. We believe that this can be addressed in two ways.

1. The flow of information within the Practice Guideline could follow best practice recommendations by clearly defining the motivation and justification for the guideline prior to listing definitions.
2. The Practice Guideline should delineate between complementary/alternative medicine and complementary/alternative therapy, or alternatively, provide guidance about the types of complementary/alternative therapies that do and do not fall within the scope of practice of a Kinesiologist.

Detailed Explanations:

1. To prevent readers from misinterpreting the intent, we believe it is important to provide the motivation and justification for the Practice Guideline, prior to introducing definitions. For example, the CPSO exemplar used to inform the CoKO guideline begins with preamble outlining the rights of patients and the role of physicians in supporting patients who may have questions or choose to pursue complementary/alternative therapies. The flow of information adopted within the CPSO exemplar is consistent with the "*Model guidelines for the use of complementary and alternative therapies in medical practice*" published in 2005 by the National Academy of Science in the United States. The 2005 model guidelines indicate that initial preamble is important to clarify why the Practice Guideline is necessary to prevent readers from unintentionally misinterpreting the reason for the guideline. In our first reading of the draft Practice Guideline, without initial preamble and context, we perceived the Practice Guideline as being overtly supportive of complementary/alternative therapies at the expense of conventional

therapy, which we do not believe is the intended message.

2. When defining complementary/alternative therapies we believe it is important to differentiate between those complementary/alternative therapies that are and are not within the scope of practice. This may require differentiating between complementary/alternative *medicine* and *therapy*. Unlike physicians or surgeons who may be able to administer a wide range of complementary or alternative therapies (medicines) within their scope, we do not believe that all complementary and alternative therapies (medicines) fall within the scope of a Kinesiologist.

As per the Act, *the practice of kinesiology is the assessment of human movement and performance and its rehabilitation and management to maintain, rehabilitate or enhance movement and performance*. When defining conventional therapy in the Practice Guideline, movement-centric examples included exercise prescription and functional ability assessment, which are clearly within the scope of practice outlined in the Act. However, herbal supplementation and homeopathy were listed as examples for complementary/alternative therapies. Herbal supplementation and homeopathy are often considered as complementary or alternative *medicines*, but we disagree that such medicines can be dually considered as *therapy*, and more importantly, likely fall beyond the scope of kinesiology as defined in the act. Instead, examples of complementary/alternative therapies that are movement-centric and within scope, like Yoga or Reiki, may be better examples.

In its current form, we have reservations that the Practice Guideline may imply that a Kinesiologist can perform a range of therapies (medicines), well beyond the scope of practice as long as such therapies are considered complementary/alternative therapy and such therapy is within the sphere of competence of the Kinesiologist. We do not believe this is the intent of the CoKO, however, we are concerned that the current draft Practice Guideline could easily be interpreted as such.

We greatly appreciate the opportunity to respond to the proposed Practice Guideline – Complementary/Alternative Therapies document. In appreciating the role of the College in protecting the public, we believe the above-mentioned edits should be considered. If any further clarification on our comments are required we would be pleased to provide them at Councils request.

Sincerely,

ONTARIO KINESIOLOGY ASSOCIATION



Krista Crozier, R.Kin

President

Issue or Decision Note

Issue or Decision: Draft Practice Guideline Complementary and Alternative Therapies (Addendum)
Prepared for: Council
Date: June 18, 2019

Addendum

The College received two additional comments on the draft Practice Guideline as follows:

- A member of the College provided written comments, appended below.
- A health regulatory College provided informal feedback noting that the draft Guideline was clear and well-written; however, the College also pointed out that the policy from the College of Physicians and Surgeons of Ontario on which the draft Guideline was based is currently under review as part of that College's regular policy review cycle.

I am concerned with the language in this proposed guideline. It seems that with the publication of this guideline there may be either an unintentionally communicated bias or an outright statement by the College of Kinesiologists of Ontario (and perhaps other Colleges too) that kinesiologists, other health care providers, insurers, employers, and the public should seek out only registered practitioners as health care providers whenever possible.

This leads the groups mentioned above to infer that non regulated health care professionals are considered by the government to be 'complimentary/alternative' therapists.

Please be cautious. It is inappropriate to either imply or send an intentional message that, because a professional is not a registered member of a regulated health profession, that the 'complimentary/alternative' therapist is of a lower standard than a regulated health care practitioner.

It may be then understood by extension that, because the provider is not regulated, they have received subpar education and training in their chosen modality. It follows that this provider could quite possibly treat a client or patient in an inappropriate, unethical, and unskilled fashion and could cause harm. In other words - we don't know! It's the Wild West if you aren't working with a regulated provider!

This is simply not the case. It may, in fact, be quite misleading.

That a profession is regulated does not mean they are more 'acceptable' or qualified to practice than any other health care professional. Their profession is simply accountable to a government body rather than a governing body. We know that among the criteria for regulating a health care profession, there must be a significant enough number of providers AND a real or perceived threat of harm to the public before an application for regulation would even be considered for examination by the Ministry of Health and Long Term Care (MOHLTC).

A 'complimentary/alternative' therapy may be smaller in number or simply not be perceived as harmful enough (i.e. not have enough documented complaints to the MOHLTC) to warrant the process and expense of achieving regulatory status.

As you know, quite a few kins now combine their work as kinesiologist with training in another unregulated health care discipline in order to work with a wider range of clients or, better yet, to specialize in a unique way with a particular kind of client. Or kins may simply refer their clients/patients to, for example, osteopathic manual practitioners, holistic nutritionists, personal trainers and strength coaches, as well as yoga and Pilates teachers.

The motivation to seek additional training in a complimentary health care profession or the ability to understand how and when to refer a client needing different care than a kinesiologist can provide only speaks to the integrity, knowledge, and the professionalism of the kinesiologist.

The kinesiologist is no less a professional should they aim to help their clients by seeking further knowledge and training in a 'complimentary/alternative' therapy themselves or if they make a successful referral to a non regulated 'complimentary/alternative' therapist. They've learned to stay in their lane!

There is a growing amount of research behind the treatment modalities learned and practiced by these 'complimentary/alternative' therapists. Well designed research studies may have been done but simply not published by a journal for many possible reasons. That doesn't mean that the research does not exist.

We know that it is sometimes VERY challenging to get research published in established journals with a particular 'market' or funding model. We must acknowledge that publication bias exists here too.

We also understand that some treatments and some client results simply cannot be captured in objective ways. Such is the beauty of the human body and mind! We

practically have no way of clearly documenting a wide range of treatment benefits with traditional scientific methods.

It may be very beneficial to our clients for us to provide trained care in any way that we safely and ethically can - without the blinders/biases/prejudices of solely requiring published research to guide us. This way of thinking (requiring an exclusively evidence based practice) leads to the possible dismissal of often very helpful treatments largely provided by non regulated providers.

Let's be clear. We all realize that there are excellent/not so excellent non-regulated providers. But the same can also be said for regulated providers :)

Simply, with this new guideline, please don't create confusion for kins, other regulated professionals, insurance companies, employers, or the public. It is not as simple as equating the regulated status of a health care professional with quality service provision and only fantastic outcomes for clients/patients. There is a place for 'complimentary/alternative' therapists without the perception that their care is never appropriate where regulated professional care exists.

I appreciate that we all have to start somewhere in making sure that we are keeping the standards of health care high – but let's ensure that we are all working to the same common goal. There is room for all health care providers. Ignorance of another therapist's training/perspective/skill is not a reason for dismissal as a treatment option. It's narrow minded. All good therapists – mental and physical - will rise to the top – no matter what their regulated status!

I appreciate the opportunity to send you my two cents! Please feel free to reach out to me should you require clarification or wish to further discuss my opinion :)

Angela Pereira: angela@firstlineeducation.com



June 17, 2019

Eric Bruce
Director of Professional Conduct
College of Kinesiologists of Ontario
160 Bloor Street East, Suite 1402
Toronto, ON M4W 1B9

RECEIVED JUN 21 2019

Dear Mr. Bruce:

Thank you for giving the Ontario College of Social Workers and Social Service Workers (the College) the opportunity to comment on the College of Kinesiologists of Ontario's (CKO) *Practice Guideline – Complementary and Alternative Therapies*. As the regulatory body for social workers and social service workers in Ontario, our mandate is to serve and protect the public interest through self-regulation of the two professions.

We were impressed with the obvious effort and rigour put into the development of the *Practice Guideline* and believe that it will be a very useful tool for providers.

In our view, the *Practice Guideline* effectively:

- emphasized the need to practise competently;
- gave clear instruction that kinesiologists must first perform and formulate conventional patient assessments and treatments prior to recommending a complementary/alternative therapy to a patient;
- highlighted the importance and need for evidence-based practice; and
- made explicit the criteria for recommending complementary/alternative therapies.

We have a couple of suggestions which we felt might strengthen and/or further enhance the clarity of the document:

- Page two, bullet five, states that kinesiologists should “appropriately manage potential conflicts of interests.” We felt that this point could be reinforced by expanding upon how a personal or financial interest may influence a kinesiologist to recommend or provide complementary/alternative therapies.

- We agree with the point made on page three, bullet six, that the “kinesiologist must never make a claim...other than a claim that can be supported as reasonable professional opinion.” This point could perhaps be made more clearly if a description as to what constitutes a “reasonable professional opinion” was added.

We congratulate CKO on the development of the *Practice Guideline – Complementary and Alternative Therapies* and hope that our comments are of assistance. Thank you once again for the opportunity to provide feedback.

Sincerely,



Lise Betteridge, MSW, RSW
Registrar and CEO

Academic Assessment Form and Requirements for Educational Equivalency

*Please note that the content of this form has not changed, however, we have merged multiple forms to make it easier for you to complete.



Requirements for Educational Equivalency

The information below explains how the College awards points for the educational equivalency process.

Scoring is done on a points system and points are assigned based on the information provided in course outlines. Points range from 0-2 for one full university course and 0.5 for one full course from a public community college.

- 2 points – the evidence submitted shows that the applicant’s education addressed all content in the course descriptions
- 1 point – the evidence submitted shows that the application’s education addressed some of the content in the course descriptions
- 0.5 points – the maximum points awarded per college course
- No points – the evidence submitted shows that the applicant’s education did not address any of the content in the course descriptions

*These are the minimum requirements

REQUIRED	DESCRIPTION	POINTS
You must have all five of the following core courses:		
Human anatomy	Provides a systems approach to human anatomy that includes the musculoskeletal system, and may also include consideration of the cardiovascular, respiratory, nervous, endocrine, and/or reproductive systems.	10 points (5 courses x 2 points per course for a total of 10 points)
Human physiology	Provides a systems approach to human physiology that includes consideration of cardiovascular, respiratory, musculoskeletal, renal, endocrine, and metabolic systems.	
Human biomechanics	Addresses the fundamentals of mechanics as applied to the execution and control of human movement, including consideration of anthropometry, kinematics and kinetics.	
Human psychomotor learning/ neuroscience	Addresses the principles of the nervous system’s control of human movement, cognition, learning and behaviour.	
Exercise physiology	Provides a systems approach to acute and chronic responses to exercise, including consideration of the neuromuscular, cardiovascular, respiratory and metabolic systems.	
You must have at least two courses in:		
Assessment and exercise prescription *Courses should provide opportunities for the student to obtain practical skills	Address techniques to assess physical activity, cardiorespiratory fitness and functional capacity; and the fundamentals of exercise prescription for (1) enhancement of health in healthy individuals and (2) treatment of individuals with disease and/or injury. The courses should provide opportunities for the student to obtain practical skills in assessment and exercise prescription.	Total of 3 points

You must have at least two of the following courses:

Health or sports psychology	Addresses the psychological and behavioural aspects or factors that influence health behaviours, including participation in physical activity and/or sport at the individual, group, or societal level.	4 points (2 courses x 2 points per course for a total of 4 points)
Pathology	Addresses the fundamentals of disease and/or injury to a body system or body systems, such as musculoskeletal, neurological, cardiopulmonary, and/or metabolic.	
Ergonomics	Provides a systems approach to the analysis and quantification of injury risks through the evaluation of external factors as they relate to human capabilities and limitations.	
Principles of nutrition	Addresses the fundamentals of nutrition as it relates to human performance and/or health in both healthy and chronic disease states.	
Research design, methodology, and/or statistics	Addresses the fundamentals of statistics, interpretation of data, and/or methods and techniques employed in research design.	

ELECTIVE	DESCRIPTION	POINTS
At least five courses in any of the following areas*:		
Introduction to kinesiology	Addresses basic information on the core sciences related to the discipline of kinesiology.	10 points (5 courses x 2 points per course for a total of 10 points) No more than 4 points per area
Health and physical activity	The interrelationships among physical activity, cardiorespiratory fitness, and health across a wide range of health outcomes.	
Human growth and development	The study of human growth and development, related to movement, through the life span.	
Gerontology/physical activity/aging	The psychological, physiological and/or sociological changes that occur in response to physical activity in older adults.	
Sociology of movement/exercise/sport	The social significance of physical activity, and/or sport at the individual, group, and/or societal level.	
Sports medicine and rehabilitative techniques	The prevention, assessment, treatment, and rehabilitation of musculoskeletal/athletic injuries.	
Individual/independent study in kinesiology	Development of and/or participation in an independent study/research project that is typically applied and/or includes field investigation.	
Practicum/internship in kinesiology	Field placement within the scope of practise of kinesiology.	
Thesis/independent research project in kinesiology	Completion of a thesis or an independent research project in kinesiology that will include evaluation of original findings.	
Other kinesiology-related elective	Other course content clearly related to the academic discipline or scope of practice of kinesiology.	

*If you have taken more than one course in any of the required areas, you may be awarded a maximum of 2 points for those additional courses that may be counted towards the elective area. For example, if you took three anatomy courses, 2 points are awarded in the required area and only 2 points will be awarded in the elective area.

Candidate Name: _____

Date: _____

ACADEMIC ASSESSMENT FORM

THIS IS A FILLABLE FORM. Type your information in the boxes below.

Complete one (1) copy of the Academic Assessment Form. You must provide the following information for each course:

1. **Course Name and Number:** List the courses you have completed that you believe meet each requirement.
2. **University/College Name:** Write the name of the institution where the course was completed.
3. **Evidence:** Indicate the type of documentation you are submitting that describes the course content. This information will be reviewed to determine whether the course meets the requirements for equivalency.

The following additional documentation is required in order to evaluate your application:

1. Documents that describe the content of each course you listed on the Academic Assessment Form. This documentation might take the form of a course description from an institution's calendar or a course outline. If any documents are in a language other than English or French, you must arrange to have these documents translated before you submit them to the CKO. Send these documents along with your completed Academic Assessment Form. The College requires official translation of all documents that are not in English or French. For more information on translation, you can read our [Translation Policy](#).
2. Official university/college transcripts that list the courses taken. These must be sent directly to the CKO from the academic institution.

Submit one (1) copy of the Academic Assessment Form and the supporting documentation which describes the content of each course.

The College will review the information you provide and make a determination regarding whether your academic record demonstrates substantial equivalence to a Bachelor's degree in Kinesiology issued by an Ontario university.

Make sure to provide all of the required information. Incomplete documentation may delay the evaluation of your submission.

Candidate Name: _____

Date: _____

Completing the form

Transfer information from your university and/or college transcript(s) into the form. You can list up to four courses per area (for Assessment and Exercise Prescription, list a maximum of eight). List each course under the most appropriate heading. Credit hours counted in one area cannot be counted toward another, with the following exception. If the content of a course addressed more than one area, you can allocate *partial* credit to the different areas. One additional course in a required area can count as an elective.

*One course consists of 3 credits or 36 hours of study.

Submitting the form

The academic assessment form and course outlines can be uploaded to your online application at www.coko.ca.

Alternatively, if you are unable to upload the form to your online application, you can mail it to the College at the below address.

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

EXAMPLE #1. This student took a two semester course in anatomy and two semester course in physiology (both are required areas). For each course, 3 credits can be counted as *Required* and 3 can be counted as *Elective*.

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits
REQUIRED AREAS			
Within any given Required area, a maximum of 1 course/3 credits/36 hours of study will be counted. Beyond this, up to one additional course (3 credits/36 hours) can be counted toward meeting the Elective requirement.			
Human anatomy	Provides a systems approach to human anatomy that includes the musculoskeletal system, and may also include consideration of the cardiovascular, respiratory, nervous, endocrine, and/or reproductive systems.		
<i>PHED 1506 - Anatomy and Kinesiology I</i>	<i>Laurentian Univ.</i>	<i>Course outline</i>	<i>3 credits</i>
<i>PHRD 1507 - Anatomy and Kinesiology II</i>	<i>Laurentian Univ.</i>	<i>Course outline</i>	<i>3 credits</i>
Human physiology	Provides a systems approach to human physiology that includes consideration of cardiovascular, respiratory, musculoskeletal, renal, endocrine, and metabolic systems.		
<i>PHED 2506 - Physiological basis of human performance I</i>	<i>Laurentian Univ.</i>	<i>Course outline</i>	<i>3 credits</i>
<i>PHED 2506 - Physiological basis of human performance II</i>	<i>Laurentian Univ.</i>	<i>Course outline</i>	<i>3 credits</i>

Candidate Name: _____

Date: _____

EXAMPLE #2. This student took a two semester course that covered both anatomy and physiology, for a total of 6 credits. Because each semester covered two different required areas, half of each semester's credit should be counted under Anatomy and the other half should be counted under Physiology. This student also took a course in musculoskeletal anatomy which can be counted toward the elective total.

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits
REQUIRED AREAS Within any given Required area, a maximum of 1 course/3 credits/36 hours of study will be counted. Beyond this, up to one additional course (3 credits/36 hours) can be counted toward meeting the Elective requirement.			
Human anatomy Provides a systems approach to human anatomy that includes the musculoskeletal system, and may also include consideration of the cardiovascular, respiratory, nervous, endocrine, and/or reproductive systems.			
K1A03 - Human Anatomy and Physiology I	McMaster Univ.	Course outline	1.5
K1A3 - Human Anatomy and Physiology II	McMaster Univ.	Course outline	1.5
Kin 2E03 - Musculoskeletal Anatomy	McMaster Univ.	Course outline	3
Human physiology Provides a systems approach to human physiology that includes consideration of cardiovascular, respiratory, musculoskeletal, renal, endocrine, and metabolic systems.			
K1A03 - Human Anatomy and Physiology I	McMaster Univ.	Course outline	1.5
K1A3 - Human Anatomy and Physiology II	McMaster Univ.	Course outline	1.5

Candidate Name: _____

Date: _____

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits	CKO Use only	
				Score	Comments (for scores 0 or 1)
REQUIRED AREAS					
Within any given Required area, a maximum of 1 course/3 credits/36 hours of study will be counted. Beyond this, up to one additional course (3 credits/36 hours) can be counted toward meeting the Elective requirement.					
Human anatomy					
Provides a systems approach to human anatomy that includes the musculoskeletal system, and may also include consideration of the cardiovascular, respiratory, nervous, endocrine, and/or reproductive systems.					
Human physiology					
Provides a systems approach to human physiology that includes consideration of cardiovascular, respiratory, musculoskeletal, renal, endocrine, and metabolic systems.					
Human biomechanics					
Addresses the fundamentals of mechanics as applied to the execution and control of human movement, including consideration of anthropometry, kinematics, and kinetics					
Human psychomotor learning/ neuroscience					
Addresses the principles of the nervous system's control of human movement, cognition, learning, and behaviour.					

Candidate Name: _____

Date: _____

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits	CKO Use only	
				Score	Comments (for scores 0 or 1)
Exercise physiology	Provides a systems approach to acute and chronic responses to exercise, including consideration of the neuromuscular, cardiovascular, respiratory, and metabolic systems.				
Assessment and Exercise Prescription¹	The courses address techniques to assess physical activity, cardiorespiratory fitness and functional capacity; and the fundamentals of exercise prescription for (1) enhancement of health in healthy individuals and (2) treatment of individuals with disease and/or injury. The courses should provide opportunities for the student to obtain practical skills in assessment and exercise prescription.				
Health or sports psychology	Addresses the psychological and behavioural aspects or factors that influence health behaviours, including participation in physical activity and/or sport at the individual, group, or societal level.				

¹ For *Assessment and Exercise Prescription*, a total of 2 courses/6 credits/72 hours are required.

Candidate Name: _____

Date: _____

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits	CKO Use only	
				Score	Comments (for scores 0 or 1)
Pathology	Addresses the fundamentals of disease and/or injury to a body system or body systems, such as musculoskeletal, neurological, cardiopulmonary, and/or metabolic.				
Ergonomics	Provides a systems approach to the analysis and quantification of injury risks through the evaluation of external factors as they relate to human capabilities and limitations.				
Principles of nutrition	Addresses the fundamentals of nutrition as it relates to human performance and/or health in both healthy and chronic disease states.				
Research design, methodology, and/or statistics	Addresses the fundamentals of statistics, interpretation of data, and/or methods and techniques employed in research design.				

Candidate Name: _____

Date: _____

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits	CKO Use only	
				Score	Comments (for scores 0 or 1)
ELECTIVE AREAS		Within any single elective area listed below, a maximum of 2 courses/6 credits/72 hours will be counted. In addition, up to one additional course (3 credits/36 hours) in any one of the Required areas listed above (e.g., Human Anatomy, Human Physiology) can be counted.			
Introduction to kinesiology		Addresses basic information on the core sciences related to the discipline of kinesiology.			
Health and physical activity		The interrelationships among physical activity, cardiorespiratory fitness, and health across a wide range of health outcomes.			
Human growth and development		The study of human growth and development, related to movement, through the life span.			
Gerontology/physical activity/aging		The psychological, physiological and/or sociological changes that occur in response to physical activity in older adults.			

Candidate Name: _____

Date: _____

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits	CKO Use only	
				Score	Comments (for scores 0 or 1)
Sociology of movement/exercise/sport	The social significance of physical activity and/or sport at the individual, group, and/or societal level.				
Sports medicine and rehabilitative techniques	The prevention, assessment, treatment, and rehabilitation of musculoskeletal/athletic injuries.				
Individual/independent study in kinesiology	Development of and/or participation in an independent study/research project that is typically applied and/or includes field investigation.				
Practicum/internship in kinesiology	Field placement within the scope of practise of kinesiology.				

Candidate Name: _____ Date: _____

COURSE List the name and number of the course as it appears on your transcript	UNIVERSITY or COLLEGE List the university or college where the course was taken	DOCUMENTATION List the document that describes the course (e.g., course outline)	# of courses/ hours/credits	CKO Use only	
				Score	Comments (for scores 0 or 1)
Thesis/independent research project in kinesiology	Completion of a thesis or an independent research project in kinesiology that will include evaluation of original findings				
Other kinesiology-related elective	Other course content clearly related to the academic discipline or scope of practice of kinesiology.				

Total Scoring / CKO Use Only

Required Courses

/10	/3	/4	Total: /17
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Elective Courses

/10

OATA Correspondence – Specialties Framework Response

Good afternoon Don;

Thank you for your comments and for sharing your views so candidly. I will be sharing this response with Council and it will be posted on our website in Council materials.

You have stated that in your opinion, Council's discussion regarding conflict of interest of members should have been held in-camera once individual members of Council were disclosing either their own or another member's potential to be in or to be perceived to be in a conflict of interest.

Our Council is committed to transparency. This commitment was reinforced during the strategic planning meeting held over 2 days in March. Transparency is intended not only to provide valuable information and clarity around the processes of governance, but also to engender and encourage public trust. The public is keenly interested to know that the people involved in decision-making concerning protection of the public, are free from conflict of interest or that any potential conflict of interest has been discussed openly and addressed. Governing bodies that are not open and transparent risk public criticism and suspicion. They risk being seen as “the old boys’ club”. Conflict of interest discussions should occur in open Council. This need for transparency far outweighs any concerns for individual sensitivities.

All Council members knew that conflict of interest (COI) regarding the proposal from the Ontario Athletic Therapist Association would be discussed at the April 15th meeting. It had briefly been touched upon at the strategic planning meeting and that discussion was terminated because it was felt that the discussion should occur in an open and transparent manner, in a regular meeting of Council. All members of Council had time to reflect upon their personal situation, to review the bylaws, and to request advice if needed. I imagine that many Council members felt that it would be a difficult discussion. I believe that Council members understand that from time to time there will be difficult discussion and disagreement. I am confident that Council members to-date, have understood that disagreement is not bad and in fact will often lead to more fulsome discussion and consideration of many different views.

All members of Council were informed in advance that legal counsel for the College would be present to assist Council with the discussion and decisions regarding conflict of interest. The RHPA permits but does not require exclusion of the public from a portion of a meeting where instructions will be given to or opinions received from the solicitors for the College; (RHPA Procedural Code 7 (2) (a)). In the matter of conflict of interest, there is an overriding public interest and Council acted appropriately by ensuring an open and transparent discussion.

I completely understand and appreciate your concern for one Council member who was found to be in a position where a reasonable person in possession of the facts, would perceive there to be a conflict of interest. I believe all Council members were concerned as I was because it had been a difficult discussion. Appropriately, the Council member left the meeting following the vote on COI so that Council could proceed to the specific item on the agenda. As our legal counsel explained, this is the expected process once a conflict has been declared or determined. There was no need for any other Council member or member of staff to follow the excluded Council member. From time to time all Council members may find themselves in a similar situation or in a situation where their vote stands alone and offside from the rest of Council. That is the process.

In your voice message you mistakenly indicate that Council's decision that the Council member was in a perceived conflict of interest concerning the matter of selecting the members of the Committee, was a "finding of dishonesty and a lack of professionalism". I assure you that this was not the case at all. In fact, Rebecca Durcan, our legal counsel, took considerable care in her briefing of Council describing how a declaration or disclosure by a member of Council concerning themselves or a peer, or a decision by Council that a member of Council is in COI or is likely to be perceived as in COI, is a demonstration of due diligence. In no way does Council's decision suggest anything else. If there is any question about this from the Canadian Athletic Therapists Association, I will be happy to write to them to clarify the matter, on the Council member's behalf.

The fact that the Council member did not agree with Council's decision is her right. However, the fiduciary duty of speaking with one voice requires the Council member to respect the will of the majority. All Council members must uphold the decisions of Council and not speak against any decision of Council. I have every confidence that the members of Council understand this obligation and will consult with the President or me if there is any doubt.

You indicate in your voice message that you have personal knowledge that the member would not be in a conflict of interest. Several Council members who are certified athletic therapists disclosed that they might be perceived to be in a conflict of interest and why they felt that might be the case. Council addressed this question with each person who made a disclosure. To be clear, Council voted that the member, whom you are concerned about, was in a perceived conflict of interest. The reasons for this decision were clearly explained and will be recorded in the Minutes of the meeting. As you were at the meeting as an observer, I believe that you are aware of the reasons for Council's decision.

You also made comments in your voice message concerning the procedures of Council. In this I can also assure you that Council observes in every respect, the intent of parliamentary procedures. Council members are not parliamentarians. They are engaged individuals, committed to public protection, respectful of each other and of due process. Council does not have an ever-present guardian to ensure strict observance and yet, all matters are decided by vote. I have had the opportunity to observe many types of Council and many chairs and I feel confident about the following:

- All Council members are given ample opportunity to address any matter before Council;
- All matters are discussed in an open and transparent manner unless Council believes it is prudent (and permitted) to move in camera per s. 7 of the Code);
- All decisions are voted upon. There is a mover and a seconder and the vote is taken in an orderly fashion. There is usually considerable discussion on a matter before the Motion is put forward. Generally once a Motion is made there is a call for additional discussion and amendments may be proposed. The Minutes record the final Motion and the outcome of the vote. Council reviews the Minutes and members have the opportunity to make corrections or additions.
- The President makes himself or herself available to Council members, to raise any concerns.

You questioned the procedures concerning the "on-the-spot editing" of a document. Council became involved in discussion concerning both the minor editing aimed at making the document more generic, and also in determining the number of people who should sit on Special Committee to review a proposal for specialties. Members appropriately identified that a Motion had not been made on one decision and they checked with the recording secretary. This was appropriate. They then proceeded to address the required decision through appropriate motions and votes.



While I value and appreciate your comments, I find that in this criticism of Council, you are unduly harsh, that you are not acknowledging that on all matters of decision there is a clear voting procedure in place, and that Council members work hard to ensure that all views have been heard. I have no doubt that there are many examples outside of our Council where the procedures, the respectful environment, and the transparency around discussion and decision, are not so apparent.

I appreciate your apology for your abrupt departure and the unfortunate slamming of the door. I understand that this was not intended. The College and Council welcome observers at Council meetings. You will be provided with an outline of expectations of guests.

Sincerely,

Brenda Kritzer
Registrar and CEO



April 15, 2019

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Elliott:

Re: Support for College of Nurses of Ontario's Vision 2020

The Council and staff of the College of Kinesiologists of Ontario have reviewed the submission to you from the College of Nurses of Ontario's dated January 8, 2019, regarding its vision for modernizing regulatory governance in Ontario. We are writing to you to express our support for that submission and most of the recommendations contained therein.

We applaud the extensive work and research undertaken by the College of Nurses in developing *Vision 2020*. Our College believes that the proposed reforms are based on solid evidence, and will improve governance by health regulatory colleges, enhance the protection of the public, and inspire greater public trust in the regulation of health professionals.

The College of Kinesiologists would welcome the legislative change necessary for our College to implement most of the reforms outlined in the submission. In particular, we support:

- Reducing the size of our Council to a number determined by the board;
- Increasing the proportion of public members on our Council to 50%;
- Appointing (not electing) all members of our Council on the basis of competencies;
- Allowing each College to determine its needs for an Executive Committee; and
- Removing the obligation for Council members to form part of the panels of statutory committees.

The College of Kinesiologists would also welcome name changes replacing the title "College" with a more descriptive name such as "Regulatory Authority", and replacing the term Council with the term "Board of Directors".

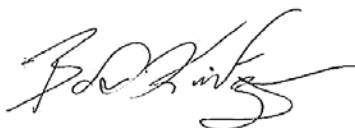
With regard to the recommendation from the College of Nurses concerning remuneration of all appointees to the board, the College of Kinesiologists feels that it is important for the Government of Ontario to continue to appoint and remunerate representatives of the public to the governing bodies for the professions. The College of Kinesiologists has always ensured that remuneration of members of the profession on Council remains on par with the remuneration paid to public appointees. This is enshrined in our bylaws and demonstrates that the College and its governor's value equally the diverse competencies required for effective governance in the public interest. In addition, we feel that remuneration of public members by the College would lack transparency and undermine public trust in the value of having independent public appointees participating in the governance of professions.

Please do not hesitate to contact me if you have any questions. Our College would welcome the opportunity to be consulted as you move forward with these reforms.

Yours sincerely,



Ken Alger
President, College of Kinesiologists of Ontario
kenalger29@gmail.com
(613) 986-2039



Brenda Kritzer
Registrar and CEO
Brenda.Kritzer@coko.ca
(416) 962-7000 (ext. 100)

Copy: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerri, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight
President and Registrar, College of Nurses of Ontario

Conny Glenn, R.Kin.
34 Howe Island Ferry Rd.
Kingston, Ontario, K7L 4V1

June 17, 2019

College of Kinesiologists of Ontario
Brenda Kritzer, Registrar and CEO
160 Bloor St. E.
Toronto, Ontario, M4W 1B9

Dear Brenda,

As you and The Council are aware Registered Kinesiologists provide a number of services to injured workers in Ontario that assist them in returning to work. These include but are not limited to functional capacity evaluations (FCEs), various ergonomic and vocational assessments, and job coaching.

It has been well-established that return to work services such as those mentioned above are a primary area of practice for Kinesiologists. The Health Professions Regulatory Advisory Council report 'New Directions' (2006) used these services as examples of the standard services and roles of Kinesiologists in Ontario. The College's work reinforced this as a primary area of practice by making them core competencies for entry to practice. Then further the College underpinned the significance of what Registered Kinesiologists do in this area of practice by expanding upon them in the Essential Competencies.

Yet, despite the well-researched and developed standards there is a general failure of organizations to recognize Kinesiologists as highly qualified providers of these services. Or when recognized it is only at a rudimentary level rather than as advanced practitioners.

Most recently this has occurred with the Workplace Safety and Insurance Board (WSIB). The WSIB has released a request for proposal (RFP) for the provision of External Assessment Services (i.e. ergonomics, vocational services, functional testing, job coaching) that is discriminatory in nature and based on incorrect assumptions made in the requirements for providers. My hope is that this is due to a lack of understanding regarding the scope of practice of Kinesiology and the regulatory framework under which Kinesiologists and other health professionals must work.

To that end, as a member of the College and Past President, I am requesting your assistance in clarifying the scope of practice and the services that a Registered Kinesiologist can provide, in this context, to WSIB.

The two services of particular concern are 'Specialized Ergonomic Assessments', and 'Cognitive Work Capacity Assessments' and subsequently 'Cognitive Job Coaching'. I am unable to elaborate further as a requirement for obtaining the RFP from WSIB was to agree to non-disclosure regarding the content. The non-disclosure is further cause for concern as only the proponents (companies) are aware of the criteria for services and service providers. This is clearly not a transparent process which I would have expected of a government agency. To obtain a copy you will either need to request it from WSIB or download it from Biddingo. (www.biddingo.com)

I am also requesting your assistance in addressing this lack of transparency with WSIB as transparency is a cornerstone of practice for Registered Kinesiologists and other health professionals, and this places us in a compromised position.

Once you and Council have an official copy of the RFP and we can openly communicate about the requirements I would like to fully explain and expand upon my concerns. Thank you in advance to you and the Council for your consideration and assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Kin". The signature is fluid and cursive, with the first letter being a large capital "C".

Conny Glenn R.Kin.

President

Work Wellness Ergonomic Specialists Inc.

Resolution to approve the letter being sent to the WSIB concerning competencies of Kinesiologists in the area of ergonomics

Whereas Council has been presented and reviewed the content of the letter concerning competencies of Kinesiologists in the area of ergonomics;

Therefore, be it resolved that the Council approves the letter to be sent to the WSIB as circulated.

Moved by: _____

Seconded by: _____

Date: June 24, 2019

Policy

Type:	Governance Procedures and Requirements		
Number:			
Name:	Formation of a Committee to Review a Proposal to Authorize a Specialty		
Status:	Draft	Version #:	1
Date Approved:	April 15, 2019	Date Revised:	

Background

The policy Review and Approval Framework for Authorization of a Specialty requires Council to appoint a special committee to review, lead consultations and provide recommendations to Council concerning.

In March 2018, Council gave its final approval to the Assessment Framework for Specialties within the profession of kinesiology. Previously, Council had considered the Framework on a number of occasions, had posted the draft Framework on the College website for public consultation, and commissioned a review of the Framework by an education expert with extensive experience in accreditation of post-secondary educational programs, particularly in those related to kinesiology.

The Framework specifies that a proposal for authorization of a specialty must meet the following criteria:

- i) Key Decision Criteria
 - (a) Does the proposed specialty make the case that it is necessary for improved public protection?
 - (b) Does the proposed specialty demonstrate strength of certification/education program?
 - (c) Is the proposed specialty broadly understood and accepted within the profession?

The Framework further defines specific criteria relating to education, practice, certification and the requirements which must be met for an organization to be accepted as a body to grant certification, diplomas or degrees. In this latter requirement, the College relied upon accreditation requirements established by other bodies.

The Framework provides for the establishment of a Committee to review a proposal for authorization of a specialty. Each time that the College receives such a proposal, Council will be asked to appoint a Committee to review the proposal. The Committee is to conduct extensive consultation, may request presentations and consult further with the proposing individual or group, etc. The Committee appointed by Council may include external experts on the practice of kinesiology, education, accreditation, and also may include external individual and group representatives able to provide public interest perspectives. The Committee may consult with legal counsel and legal experts, and may include, although not necessarily, members of Council.

Selection of a Committee

Council will consider the expertise required for thorough competent and fair assessment of a submission, as described in the Assessment Framework, and will appoint and/or request participation from individuals with such expertise.

(A) Considerations to assist Council in appointing a committee to review a submission proposing authorization of a specialty.

1. Kinesiologists with certain types of certifications and professional designations are permitted to use such designations as part of their title, placing the designation after the R.Kin. title. This is described in the Guideline: Use of Title and Designations. The Committee must have the knowledge and skills to assess whether the submission has defined a unique area of practice which requires designation in order to protect the public from unqualified practitioners within the practice of kinesiology.

Deliberations on this question may require a legal opinion as to whether authorization of a specialty would protect the title of the specialty to the extent that the College could take action against unregistered or registered practitioners lacking proper certification using this title as a designation.

Competencies required for this deliberation: legal expertise, understanding of risk of harm across the profession, understanding of the broad practice of kinesiology and the many areas in which kinesiologists may focus their practise, understanding of the issues in use of designations and title currently impact the public from a risk of harm perspective, understanding of how practitioners in the proposed specialty area make known to the public, their qualifications to practice in the area of proposed specialty.

2. The Ontario Government determined that the regulation of the profession of kinesiology under the *Regulated Health Professions Act, 1991* was necessary to protect the public from risk of harm. Kinesiologists practise in many settings with many different populations. Settings include hospitals, clinics, long term care facilities as well as other health care facilities, patients' homes, educational facilities, in health and fitness settings, and at the field of play. Practitioners tend to focus their practice in areas such as rehabilitation (cardiac, cancer, ABI), elder care, public health, case management, ergonomics, physical performance enhancement for healthy individuals, and education and teaching. The Committee must assess whether practise of the proposed specialty poses a risk of harm which exceeds the risk in other areas of practice which could only be addressed by an increased level of regulation for those practising the proposed specialty.

Competencies required for this deliberation: a deep understanding of the risk of harm across many areas of practice of kinesiology, an understanding of public perceptions of risk of harm, understanding of how the risk of harm is manifested in the different areas of the practice of kinesiology.

3. The approved Framework for Assessment indicates that specialties will be authorized only in those areas identified and accepted by the profession and where advanced knowledge and skills are essential to maintain or restore health or to provide the required support to the development of the profession. The Framework also requires that formal advanced education and training be required pertaining to the proposed specialty beyond what is attained in the four or five-year kinesiology degree from a recognized Ontario university or degree program determined to be substantially equivalent and used to meet the education requirements in the application for registration with the College. The purpose of the Program and the design of the curriculum must be to provide the special knowledge and skills required for practise of the proposed specialty.

Competencies required for this deliberation: Competencies in evaluation of post-secondary education and/or certification programs; skills to consult with members of the profession to compare and contrast the education requirements for certification in the specialized area of practice, with the education requirements for entry to the College and practice in other (sample) areas of practice; understanding of the nature of practice of kinesiology in various settings and with various client/patient needs; understanding of the scope and nature of practice of kinesiologists and the specific skills required in kinesiology practice (clinical skills, assessment skills, exercise therapy skills, program/exercise prescription skills, communication skills); competencies to differentiate between education and training programs at the level of professional development/continuing education expected of all professionals, and education and training focused on furthering knowledge, understanding and competency of a particular practice area to the level of specialist

4. Guidance from the Ministry of Health and Long -Term Care has indicated that Colleges seeking new regulations must be able to demonstrate that all other options have been explored and further regulation (within the profession in this case) is required. This requires the Committee to determine (a) whether the practice of the proposed specialty should be regulated in a manner which is differentiated from how others in the profession are regulated; b) whether other measures such as the Guideline on Use of Titles and Designations, have not been sufficiently effective in allowing members to communicate their expertise (through use of recognized titles and designations); and c) that creation of a specialty is the appropriate route to ensuring protection of the public from risk of harm. Consideration will be given to options such as increasing public education and awareness initiatives, creation of a class, or creation of a specialty. In this deliberation the Committee will work to formulate recommendations to Council on how to proceed.

Competencies required for this deliberation: competencies and understanding of the regulatory processes of government, analytical and conceptual competencies to evaluate conceptually effective ways to achieve improved public protection through measures other than regulation; strengths in representing and articulating public interest concerns, and needs; competencies to consult with employers, patients, the public and experts concerning the level of regulation required to protect the public.

(B) Accessing expertise to support fair, thorough, and competent evaluation of the proposal and development of specific recommendations for Council

While Council members may demonstrate some of the competencies described above, some of the required competencies will have to be provided by external resources with specific expertise in such areas as education program evaluation, law, government processes, etc. In addition, as the pivotal consideration revolves around risk of harm and public protection, Council may wish to seek in very specific ways, input from public representatives through such mechanisms as the Citizens Advisory Group, focus groups or other avenues which may be available for seeking public input.

Identified areas of Expertise:

- Legal expertise, in depth understanding of *Regulated Health Professions Act, 1991*, regulation development and regulatory processes;
- Broad and deep understanding of the many areas of practice within the profession;
- Specific understanding of the practice of kinesiology in areas of specialized practice;
- Expertise in accreditation/evaluation of post-secondary education programs;
- Knowledgeable perspectives on public perceptions of risk of harm;
- Expertise/deep understanding of Kinesiology baccalaureate degree programs in Ontario as well as any additional education that may have been required to meet the requirements of the proposed specialty; and
- Ability to chair/lead the Committee through a complex evaluation task, consultations, stakeholder representatives, members of the public and external advisors/resources, and to develop specific recommendations to Council. It is expected that the Committee will review and seek dialogue with professional associations, representatives from the proposed area of specialty, universities, the, potentially other health professions regulators, and possibly the Ministry of Health and Long-Term Care.

A committee appointed to review a proposal for authorization of a specialty title will be composed of three (3) public members and two (2) professional members of Council.

Timelines

As a proposal to authorize a specialty must address risk of harm it is incumbent upon the Committee to treat the matter with high priority and to bring forward recommendations to Council in a timely manner which demonstrates this priority.

Resolution to approve the revised policy regarding review of specialities

Whereas Council has been presented and reviewed the content of the revised policy regarding specialities for Kinesiologists;

Therefore, be it resolved that the Council approves the revised policy as circulated.

Moved by: _____

Seconded by: _____

Date: June 24, 2019

**COLLEGE OF
KINESIOLOGISTS
OF ONTARIO**



Registrar Evaluation Guide

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Introduction ---

According to Robert E. and Richard K. Toomey governance relates to “the exercise of authority by a group of appointed or elected individuals who are responsible and accountable for the direction and control of the organization.” One of the important functions or responsibilities of Council is to assure the organization has effective executive management. This includes hiring the Registrar and chief executive officer, setting expectations as defined in the employment contract, job description and the annual goals and objectives of the organization, and evaluating the performance of the Registrar and CEO.

The board establishes the policies of the organization and it delegates authority and responsibility to manage and run the organization to the CEO. Given today’s management challenges and legislated role of the Registrar, a formal evaluation is required in the bylaws of the College for the purpose of assuring that the Council and the Registrar have a clear consensus of the organization’s goals, job expectations and performance measures.

This guide provides information on how the Registrar evaluation is to be conducted.

The evaluation form and Guide have been approved by Council. From time to time the Registrar and Council may wish to modify it to fit their changing needs and circumstances.

Value of Registrar Evaluation ---

Much has been written about CEO evaluation and the benefits derived therefrom for the organization, the board of directors and the senior executive in the organization - whether it is not-for-profit or for-profit. With increased scrutiny and demands for boards of directors to be accountable for the organizations which they govern, it is essential that a regular process be in existence for Council to review the performance of the Registrar, provide feedback, and determine any corrective actions or further development required.

The purposes and benefits of such performance review include:

- ✓ Focusing the Registrar’s activities on the College’s mission and strategic plan
- ✓ Providing a mechanism to assess how effectively the Registrar has implemented board policies and decisions
- ✓ Providing a basis for future Registrar performance expectations
- ✓ Creating a formal system for Registrar professional and personal development
- ✓ Communicating board expectations of the Registrar in a formalized constructive process
- ✓ Protecting the Registrar against the considerable risk associated with a board directed organization
- ✓ Establishing parameters for Registrar performance that enable the Council to retain,

provide constructive feedback regarding professional and personal performance and, if necessary, to appropriately terminate the Registrar.

- ✓ Linking compensation to Registrar performance and providing an objective basis for recognizing and rewarding excellent performance.

Evaluation of the Registrar is one of the most critical processes used by Council to systematically maintain accountability for the actions of the Registrar and the College. The evaluation process is carried out annually, and as a formal process, avoids or reduces subjective judgments of performance and makes clear the expectations of Council for both the Registrar and Council. A review of the College's strategic plan will occur annually as well, to ensure Registrar and Council agreement on the direction the College takes over a given timeframe. Use of a formal evaluation strengthens the congruence between the mission, goals and objectives of the College and those of the Registrar.

The evaluation is conducted to facilitate Registrar improvement. Results of performance evaluation should be tied to compensation.

Policy Statement

(Excerpt from Human Resources Policies)

6. a. (Part 2-Registrar) PURPOSE:

The College of Kinesiologists of Ontario believes that regular evaluation of the Registrar's performance against the College's operational and strategic goals strengthens organizational effectiveness. Given today's management challenges and the legislated role of the Registrar, a formal evaluation is required under the policies of the College for the purpose of assuring that the Council and the Registrar have a clear consensus of the organization's goals, job expectations and performance measures

The purposes and benefits of such performance review include:

- ✓ Linking compensation to Registrar performance and providing an objective basis for recognizing and rewarding excellent performance
- ✓ Focusing the Registrar's activities on the College's mission and strategic plan
- ✓ Providing a mechanism to assess how effectively the Registrar has implemented board policies and decisions
- ✓ Providing a basis for future Registrar performance expectations
- ✓ Creating a formal system for Registrar professional and personal development
- ✓ Communicating board expectations of the Registrar in a formalized constructive process
- ✓ Protecting the Registrar against the considerable risk associated with a board directed organization
- ✓ Establishing parameters for Registrar performance that enable the Council to retain, provide constructive feedback regarding professional and personal performance and, if necessary, appropriately terminate the Registrar's employment.

6. b. (Part 2-Registrar) PROCEDURES

The Registrar will undergo an annual performance evaluation. The evaluation will follow the approved format described in the *Registrar Evaluation Guide*. All members of Council will be asked to provide input to the evaluation.

On behalf of Council, the President will conduct the performance evaluation interview at a scheduled meeting with the Registrar within 60 days of the anniversary date of the Registrar's employment. A second member of Executive Committee may also be in attendance if agreed by the President and the Registrar.

The President will document the interview and return the evaluation report to the Registrar for final comment and signature. The President will sign and date the evaluation report, with the Registrar's comments and place a copy on the Registrar's file and return a copy to the Registrar.

Signature by the Registrar indicates that the Registrar has read and understands the evaluation report. Should the Registrar not sign the evaluation report, the President will file the Report after signing and will indicate that the Registrar has received a copy and been provided with an opportunity to comment.

A performance evaluation is expected to have been completed within 12 months of a scheduled salary review date even if no salary change is proposed.

The Registrar may rebut the performance evaluation in writing. These comments become part of the Registrar's employment file.

Conducting the Registrar Evaluation

Council has adopted a standard process for performance evaluation of the Registrar, which allows for input from all Council members. Performance expectations should be developed and agreed in advance by both the Council and the Registrar prior to the evaluation period. Prior to the evaluation, the Registrar and Council should review together the performance and accomplishments of the College over the evaluation period, factors impacting performance of the College, unexpected or unplanned developments and the College's response, and issues or challenges that impacted performance. The context for such a review is likely to be the year-end review and report.

Following the year-end reporting, Council members will be provided with the Registrar Evaluation form and will be asked to complete it and return results to the President. AS part of the Registrar Evaluation form will be a written status report of the Registrar's current year's goals. In addition the Registrar's goals for the upcoming year should be attached. The Registrar has much to contribute to the evaluation process as a peer and a colleague.

The President will then arrange an interview with the Registrar. The interview has the purpose of collecting and assessing information relative to performance targets and also of discussing future actions where the goals and objectives of the institution may need adjustment and future directions need to be confirmed.

After the interview, the President will discuss the outcomes of the evaluation with Executive Committee, complete a written evaluation, including observations and reasons for any recommended actions. The summary report will be presented to all Council members and included in the Registrar's confidential file.

Results of Registrar Evaluation

The College requires a positive working relationship between Council and College management. Boards need to evaluate top management periodically and recommend new ideas to further enhance the operation of the organization. The outcome of effective Registrar evaluation will benefit both the Registrar and Council. The Registrar will receive appropriate recognition and compensation and Council will benefit in seeing the goals of the College realized. The key to effective performance appraisal is the development of a mutually agreed upon format and a process for evaluation that is objective and timely. If both Council and the Registrar are in agreement on the performance standards to be used, the evaluation can be a positive force in developing and meeting the College's goals.

The Evaluation

Section I

Personal and Professional Characteristics

The Performance Evaluation of the Registrar is intended to provide constructive feedback first through a rating by all Council members of the Registrar's demonstration of qualities of leadership, administration, relationship management and regulatory competency; and secondly by providing feedback on the strengths of the Registrar and on those areas of competency that require further enhancement.

Using the following definitions of levels of performance, please indicate below your perceptions and evaluations of the Registrar's work performance. Mark only those categories in which you feel able to evaluate his/her performance. Additional written comments can be made.

Ratings	Performance Characteristics to Achieve the Rating
5 Excellent	<ul style="list-style-type: none">• Performance is superior — it far exceeds standards or expectations.• Performance is exceptional on a continuous basis.
4 Good	<ul style="list-style-type: none">• Performance generally meets or exceeds standards or expectations.• Attains all or nearly all of position objectives
3 Satisfactory	<ul style="list-style-type: none">• Performance is adequate — it meets standards or expectations, and is developing within the position.
2 Needs Improvement	<ul style="list-style-type: none">• Fails to meet one or a few job expectations
1 Unacceptable	<ul style="list-style-type: none">• Performance is below accepted levels.
NR No response	<ul style="list-style-type: none">• Have not observed this skill or activity

Whenever a Council member enters NR for no response, that question will be removed from the scoring of the Registrar's performance by that individual.

All scores will be converted to a percentage and tallied by the President or person designated by the President.

The Evaluation

1) Leadership & Management Characteristics	5	4	3	2	1	NR
<p>Performance Indicators</p> <ul style="list-style-type: none"> • Maintains a keen awareness of the College’s environment and drives the performance of the College. • Ensures that the values of the College are applied consistently from top to bottom, across the College. • Provides effective leadership and direction to College staff. • Evaluates programs, practices, policies, and procedures effectively. • Analyzes situations to determine basic problems, rather than symptoms, and to develop realistic solutions. • Establishes clear vision and direction for the College. • Monitors current budget and operational data to ensure continued viability of the organization. 	Enter a single score					
2) Personal Qualities	5	4	3	2	1	NR
<p>Performance Indicators</p> <p>The Registrar</p> <ul style="list-style-type: none"> • Is a person of integrity. • Demonstrates a professional demeanour. • Establishes an environment where respect for others, fairness, and transparency are valued and expected from everyone. • Demonstrates commitment to a strong vision and finds ways to nurture this vision, while testing its veracity in a changing environment. • Remains open to the feedback of others, including staff, other regulators, and stakeholders, to help refine and develop the vision for the College. 	Enter a single score					
3) Risk Management	5	4	3	2	1	NR
<p>Performance Indicators</p> <ul style="list-style-type: none"> • Assesses the College financial condition, providing complete and regular reports to Council and Executive Committee • Monitors and appraises the results of programs and services and ensures regular reports to Council. • Provides relevant and effective education programs for Council and Committee members to ensure effective decision-making. • Supports the policies, procedures and philosophy of the Council 	Enter a single score					
4) Public Relations/Political Effectiveness	5	4	3	2	1	NR
<p>Performance Indicators</p> <ul style="list-style-type: none"> • Serves as the interface between internal operations and external stakeholders. • Develops programs promoting a positive image of the College, and creates awareness of available services to the public and to stakeholders. • Represents the College in stakeholder and regulatory activities. • Works closely with other health regulatory leaders to improve self-regulation by health professionals in Ontario and beyond. • Maintains an active advocacy role in promoting the needs of the 	Enter a single score					

The Evaluation

<p>College and its mission.</p> <ul style="list-style-type: none"> Effectively communicates activities of the College to the members of the College and other stakeholders. 						
5) Council Relations	5	4	3	2	1	NR
<p>Performance Indicators</p> <ul style="list-style-type: none"> Sustains a high level of credibility by demonstrating thorough and deep knowledge of relevant legislation and regulation, the self-governance model for health professions in Ontario, and the legislated roles of the Registrar. Works closely with Council developing Strategic Planning goals of the College. Informs Council of developments within the regulatory environment and among stakeholders, where they may impact the work of the College or impact on achievement of strategic goals. Works with Council to create an optimal governance environment.. Creates a sense of transparency, trust and confidence in Council/Registrar relations. 	Enter a single score					
6) Human Resources Management	5	4	3	2	1	NR
<p>Performance Indicators</p> <ul style="list-style-type: none"> Conducts formal performance reviews. Involves staff in major projects both in the College and externally. Ensures implementation of human resources policies which are fair, transparent and reflect modern practices in the management and treatment of staff within the organization. Encourages and fosters an environment of respect, mutual support and team where all members are valued. Provides recognition and rewards for team and individual performance. 	Enter a single score					

Total Score: _____

Report on Deliverables

Deliverables for 20__-__	
<i>GOALS</i>	<i>STATUS</i>
1. Transparency	
•	
2. Strategic Planning	
Major efforts will focus on the key strategic priorities approved by Council •	•
3. Service Delivery	
•	•
4. Stakeholder Relations	
	•
5. Public Protection	
•	•
6. Risk Management	
•	•
7. Regulatory Leadership	
•	•
8. Resources Management	
•	•
9. Human Resources Management	
•	•

The Evaluation

Section III

Performance Rating

Overall Performance

Excellent	Good	Acceptable	Needs Improvement	Unacceptable
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Section IV

Strengths & Opportunities for Development

Based on the responses throughout your evaluation:

- 1) What are the Registrar's major strengths?

- 2) What are the areas that need further development?

- 3) What assistance or resources are needed to address developmental needs

Other Comments

Planning for Next Year _____

Goals for 20__-__

GOALS	STATUS
1. Public Protection	
2. Transparency	
3. Service Delivery	
4. Stakeholder Relations	
5. Strategic Planning	
6. Risk Management	
7. Regulatory Leadership	
8. Resources Management	
9. Human Resources Management	

Resources

AHA trustee Workbook 1 January 1996, "CEO Evaluation and Compensation," James E. Orlikoff and Mary K. Totten

Effective Practices in CEO Performance Appraisal, Jephtha W. Dalston, Ph.D., FACHE, Texas College Trustees, Spring Forum, March 7, 1998

Trustee Guidelines for CEO Evaluation, Iowa College Association, 1987, reprinted 1994 and 1999.

College of Kinesiologists of Ontario - Revenue Projections & Operating Cost Estimation - 2018/2019 - 2022/2023

	Approved Revenue Forecast	Revenues Received to date	Revised Projections (Sept to Aug)	Revenue Forecast	Revenue Forecast	Revenue Forecast	Revenue Forecast
	2018/2019	Sept 2018 to May 2019	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Revenues	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Jurisprudence Fee	21,713	11,966	20,506	20,506	20,506	20,506	20,506
Application Fee	45,000	23,600	42,500	42,500	42,500	42,500	42,500
Examination Fee	170,000	82,750	170,000	170,000	170,000	170,000	170,000
Registration Fees	1,652,150	258,653	1,623,153	1,665,238	1,716,688	1,764,138	1,821,138
Interest At Bank	8,000	25,000	31,610	25,000	25,000	25,000	25,000
Total Revenue Projections	1,896,863	401,969	1,887,769	1,923,244	1,974,694	2,022,144	2,079,144
Operating Expenses	Approved Budget 2018/2019	Expenditure To Date Sept 2018 to May 2019 \$	Revised Projections 2018/2019 (Sept to Aug) \$	2019/2020 \$	2020/2021 \$	2021/2022 \$	2022/2023 \$
Council and Committees*	86,800	57,315	93,286	88,800	88,800	88,800	88,800
Professional Services	85,132	50,329	76,132	56,132	56,132	56,132	71,132
Communications/Media**	109,500	32,314	46,564	151,500	103,500	100,500	103,500
Rent and Facilities Costs	236,342	167,046	227,998	229,458	234,007	238,647	247,380
Office and General	123,760	81,992	123,760	147,750	147,750	147,750	147,750
Staff Salaries/Benefits & Stat Remittances	945,772	744,148	922,244	997,008	1,015,358	1,066,126	1,119,433
Registration Costs***	161,170	63,702	116,027	150,500	131,119	151,763	142,405
Quality Assurance Costs**	66,080	26,302	50,080	77,080	58,080	65,080	58,080
Professional Conduct	7,500	24,213	28,500	30,000	21,500	21,500	21,500
TOTAL OPERATING COSTS	1,822,056	1,247,361	1,684,591	1,862,228	1,820,246	1,900,298	1,999,980
SURPLUS (DEFICIT)	74,807		203,178	64,265	157,697	126,495	79,164
Reserve Fund Contribution	30,000			20,000	20,000	20,000	20,000

Strategic Goal 1*

The College of Kinesiologists of Ontario delivers public interest focused, competency-based governance to enhance oversight processes that improve patient safety and protection from risk of harm.

Training will be provided to Council & Committee members through attendance at conferences and other forums to encourage and facilitate effective and efficient discharge of governance responsibilities for public protection.

Strategic Goal 2**

CKO promotes safe, competent and ethical patient-centred kinesiology practice and effective, respectful interprofessional collaboration to reduce risk of harm and enhance patient care.

- a. We will be undertaking a major revamp of our website to ensure that it is user friendly and that up to date standards and practices are posted. The website will be patient/public focused to help with risk reduction and avoidance.
- b. Refocused Peer and Practice Assessments to risk reduction
- c. Interprofessional collaboration and patient centered practice will be promoted in areas of item writing for the exams to ensure that Kins have the required competencies for practice.

Strategic Goal 3***

CKO uses an effective performance measurement and reporting system in the interest of improving governance and enhancing accountability for patient safety and care.

We will continue to build performance measurement criteria based on decisions on how patient risk may be reduced and quality of care enhanced. These performance measurements will focus on registration, compliance and quality assurance. This will provide members with better choices about improving patient care and help inform the public's decision in assessing health choices. Some of these costs will be covered under database support in Registration.



Resolution: Approval of Budget for new fiscal year 2019-2020

Whereas Council and the Planning and Finance Committee have reviewed the proposed Budget presented by the College and considered whether provision has been made to meet the requirements of the College during the new fiscal year September 1, 2019 to August 31, 2020; and

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

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

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

Therefore, be it resolved that Council approves the budget for the new fiscal year 2019-2020, beginning September 1, 2019.

Moved by:

Seconded by:

Date:



Resolution: Reserve fund allocation for investigations and hearing

MOTION

Whereas in 2016 the total amount in the internally restricted reserve fund was \$220,000;
and

Whereas the internally restricted funds are for Abuse Therapy (\$10,000),
Investigations/Hearings (\$120,000) and Property & Technology (\$90,000) to address
unplanned expenses and/or increases in expenditure in the future; and

Whereas the College experienced an increase in the number of complaints received over the
last year and this fiscal year; and

Whereas the College made an additional allocation of \$30,000 to the reserve fund for
investigations and hearings in the 2018/2019 budget;

**Therefore, be it resolved that Council approves the additional allocation of \$30,000 to the
internally restricted reserve fund for investigations/hearings for the fiscal year 2018/2019.**

Moved by:

Seconded by:

Date:



Motion: Council to go in-camera

Whereas Council is required to have its meetings open to the public; and

Whereas Council is permitted to exclude the public (go in-camera) for a part of a meeting pursuant to section 7(2) (d) of the Health Professions Procedural Code in order to discuss personnel matters;

Therefore, be it resolved that Council move in-camera to discuss results of the Compensation Survey and to review the new salary range for the position of Registrar.

Moved by

Seconded by

June 24, 2019

COLLEGE OF
KINESIOLOGISTS
OF ONTARIO



Compensation Survey 2019: → Setting Salary Ranges



Benefits of Conducting a Compensation Survey

- Ensures employees are paid fairly.
- Current market data ensures the organization can make a competitive offer attracting qualified individuals.
- Beneficial for employee morale
 - Demonstrates that the organization cares about their wellbeing, values their contributions and wishes to retain them



Partners* & Participants

- College of Kinesiologists of Ontario*
- College of Medical Radiation Technologists of Ontario
- College of Midwives of Ontario
- College of Audiologists and Speech-Language Pathologists of Ontario*
- College of Physiotherapists of Ontario
- College of Psychologists of Ontario*
- College of Respiratory Therapists of Ontario*
- College of Dental Hygienists of Ontario
- College of Dietitians of Ontario*
- College of Massage Therapists of Ontario
- Ontario College of Pharmacists
- College of Occupational Therapists of Ontario*
- College of Optometrists of Ontario
- Ontario College of Teachers



Salary Data Elements Reported

- Salary Range- minimum and maximum
- Base Salary Policy
- Total Cash Design
- Base Salary
- Total Cash
- Total Cash at Target
- Bonus Target \$ (where eligible)
- Bonus Target % (where eligible)
- Bonus Payout \$ (where eligible)
- Bonus Payout % (where eligible)



How Report is Constructed

- Salary information collected for all data elements.
- Maximum & minimum with values assigned at different levels within the range.
 - For example, if the values are \$1000 at maximum and \$100 at minimum. The percentage of respondents at various points within that range would be shown.
- Median and average also shown.



Salary Range

- The range of pay established by the employer to pay to employees performing a particular job or function.
- Generally a minimum pay rate, a maximum pay rate, and a series of mid-range opportunities for pay increases.
- Determined by market pay rates, established through market pay studies, for people doing similar work in similar industries in the same region of the country.



Midpoint

- Point at which the employer considers the employee is fully functional in the role and capable of performing all the job functions.
- Usually aligned to the market rates for similar jobs (comparators)
- The salary policy determines whether the midpoint is pegged to the median market rate or whether it is related to another point, for example the upper quartile.



Base Salary Policy

- The midpoint tends to be the hiring target salary within the range.
- Fully competent person likely to be hired at up to 25% above midpoint.
- Person who is mostly but not fully competent hired at 15-25% below midpoint.



Base Salary

- The annualized amount paid for work performed on a regular, ongoing basis.
- Includes contractually agreed guaranteed payments such as fixed bonuses, length of service awards and vacation allowances.
- Does not include variable bonus or incentive payments, or overtime payments.



Cash

- Total Cash Design is current salary plus target increase or bonus.
- Total Cash is the current salary plus actual increase or bonus paid out

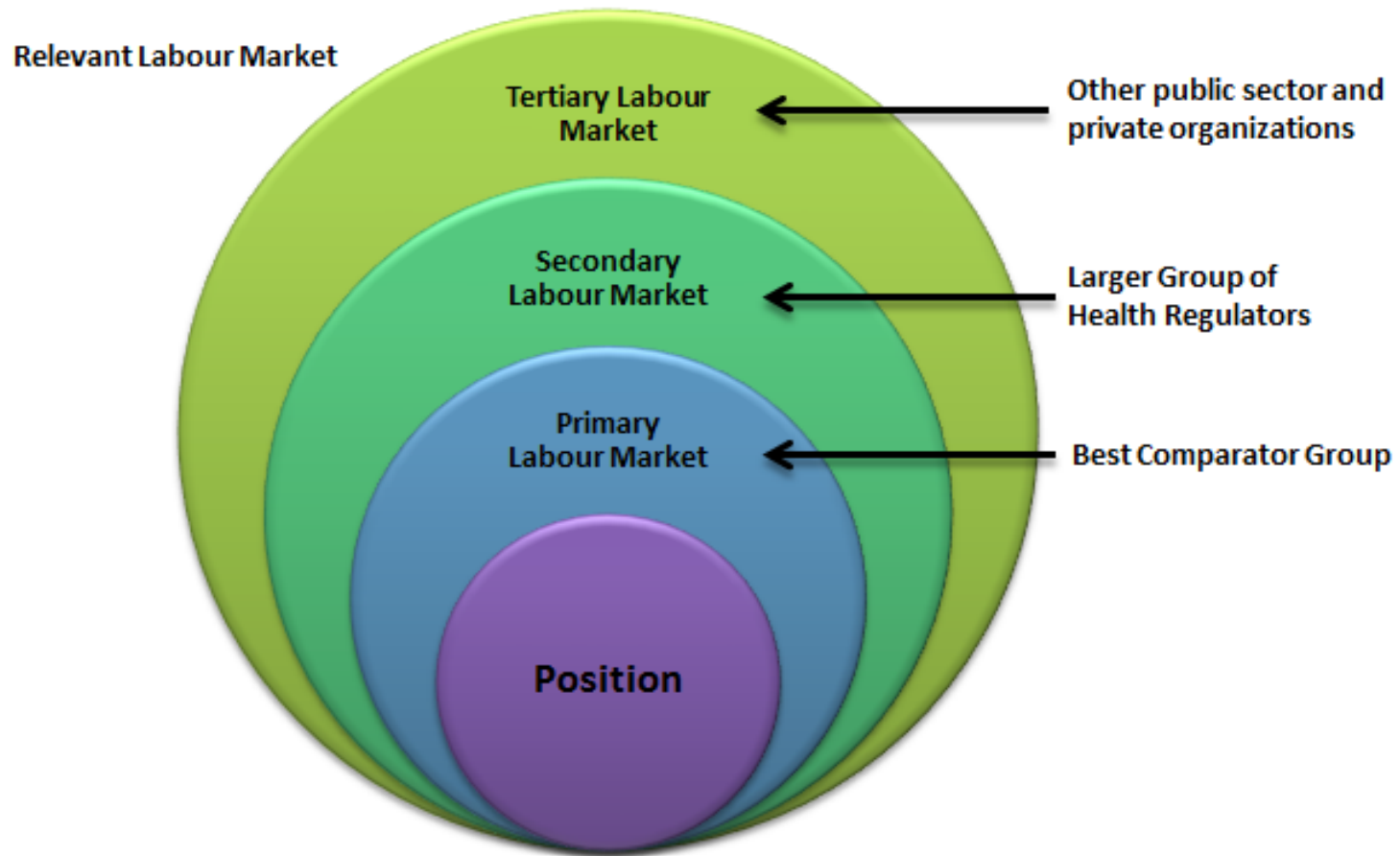


Our Compensation Philosophy

- Compensation comprised of salary, benefits, paid time off.
- Commitment to remain competitive within the job market, benchmarking through participation in compensation surveys, every three years.



How we Benchmark





Administration of our Salary Plan

- Salary ranges first benchmarked in 2014.
- Salary ranges divided into steps.
- Incumbents placed within range dependent upon current salary and seniority.
- Employee progresses through steps to maximum.
- Individual progress based on combined COLA and merit award.
- Range of increase determined based on market factors, COL or CPI.



Roles in Salary Administration

- Compensation Philosophy set by College, endorsed by Council and administered by Registrar
- Compensation Policy relating to Registrar is approved by Council
- Salary Range for Registrar set by Executive Committee. All others, set by Registrar.
- Salary awards set by Executive for Registrar; set by Registrar for all others

Recommended Salary Range for Registrar Position



- Considerations:
 - Position within the market
 - Ability to recruit from a pool of competent people who are able to perform the duties and responsibilities from point of hiring
- Minimum \$
- Maximum \$
- Range to be reviewed again in 2020

Resolution to receive and endorse the salary range as approved by the Executive Committee

Whereas Council has been presented and reviewed the salary range as approved by the Executive Committee;

Therefore, be it resolved that the Council approves the salary range as circulated.

Moved by: _____

Seconded by: _____

Date: June 24, 2019



Resolution: Council to go close the in-camera session

Whereas Council is required to have its meetings open to the public; and

Whereas Council has completed its discussion of the Results of the Compensation Survey and review of the new salary range for the Position of Registrar.

Therefore, be it resolved that Council terminate the in-camera session and open the meeting to the public.

Moved by

Seconded by

June 24, 2019